

## **AGENDA**

## **COMMUNITY HEALTH SERVICES BOARD**

## Library Conference Room SPECI AL MEETI NG

December 8, 2014 at 12:00pm

At CCMC, we believe that healthy people create a healthy community.

## **President**

Kristin Carpenter term expires 4/16

## Vice-President

Tim Joyce term expires 03/17

## **Secretary**

David Reggiani term expires 08/15

## **Board Members**

Bret Bradford term expires 03/15 James Burton term expires 03/15 Tom Bailer term expires 03/17 Hayley Hoover term expires 03/15

## **CEO/ Administrator**

Stephen Sundby

## OPENING

- A. Call to Order
- **B.** Roll Call Kristin Carpenter, David Reggiani, Bret Bradford, Tim Joyce, James Burton, Tom Bailer and Hayley Hoover.
- 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 agenda item to which they are addressing.
- III. CONFLICT OF INTEREST
- IV. APPROVAL OF AGENDA
- V. APPROVAL OF CONSENT CALENDAR

Minutes from the September 18, 2014 Special Meeting Minutes from the October 15, 2014 Special Meeting

## VI. REPORTS AND CORRESPONDENCE

- A. Administrator's Report
- B. President's Report
- C. Finance Report ~ September Financials

## VII. ACTION ITEMS

- A. Approval of the 2015 CCMC Budget
- \*\* Previously distributed via email on 11/10/14 \*\*
- B. Credentialing of Privileging of Mary Jo Groves, M.D.
- C. Credentialing of Privileging of Kathleen Myers, M.D./MPH

## VIII. DISCUSSION I TEMS

IX. AUDI ENCE PARTI CI PATI ON (limited to 3 minutes per speaker)

Members of the public are given 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.

- X. BOARD MEMBERS COMMENTS
- XI. EXECUTI VE SESSI ON
- XII. ADJOURNMENT

<sup>\*</sup>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 the person may request a public discussion; 3) Matters which by law, municipal charter, or ordinance are required to be confidential; 4) Matters involving consideration of governmental 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 Library Conference Room October 15, 2014 – 5:30 PM Special Meeting

## I. CALL TO ORDER AND ROLL CALL -

Kristin Carpenter called the HSB special meeting to order at 5:32 pm. Board members present: Kristin Carpenter, David Reggiani, Bret Bradford (arrived at 5:37pm), Tim Joyce, James Burton and Tom Bailer.

A quorum was established.

CCMC staff present: Stephen Sundby, CEO; Tiffany Varnadoe, CFO; Randy Apodaca, OT

## II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- Guest Speakers None
- Audience Comments
   Judy Fulton ~ I'm really happy to see that there might be potential Doctor's here all the time, we're very happy and very pleased.

## III. CONFLICT OF INTEREST - None

## IV. APPROVAL OF AGENDA

**M**/ **Joyce S**/ **Bailer** move to approve the agenda.

Carpenter ~ I was going to propose that we add under Discussion item is Budget which was emailed out but not made a part of the Agenda, and there are copies here if anyone wants to see one.

<u>Upon voice vote, Agenda as amended passes 5-0.</u> <u>Upon voice vote, Main motion passes 5-0.</u>

## V. APPROVAL OF CONSENT CALENDAR

Minutes from the July 2, 2014 Regular Meeting

M/ Joyce S/ Bailer move to approve the Consent Calendar.

Upon voice vote, Motion passes 5-0.

## VI. REPORTS AND CORRESPONDENCE

## Administrator's Report

Stephen Sundby reported in Staffing, Margarita Moore was hired as the new Director of Nursing: Ruby Vergara is our new Dietary Manager: Greg Vergara is the Building Services Manager; we had Kari Collins accept the Long Term Care Coordinator position but she has since resigned so we have that position open; Megan Schmid is our Primary Care Clinic Nurse and Renee Lindow is our new Floor Nurse. We currently have four Nurses that we're using as travelers; three staff and one Long Term Care Coordinator. And we have two Providers. Open positions, Dr. Blackadar we keep in contact with him, we're just waiting for him to receive his license. The hold up on is that every Physician in the State is being renewed at this time and they only have one staff person who is working on that. He (Dr. Blackadar) keeps assuring us that as soon as he gets his license he'll sign the contract, give his notice and he'll come on full time and will live here, he's looking at long term like fifteen years. We met with Dr. Gear earlier today and presented a contract to him, he is in the National Guard so he has to see what the National Guard is going to require of him and he should know that sometime in November. He's one that everyone is familiar with and we've told him that we would work with him on what kind of schedule he would want but he has to see what the National Guard says. We have two Nursing positions open, one C.N.A position open, one casual Cook position and as you

all know Tim James has given his notice so the Human Resource Coordinator position is open as well, we've had four local applications and we interviewed the first applicant today.

**Employee Satisfaction**, this is already out, the employees are answering those so we should get the results we can compared those with what we got last year. The **CT Scanner**, as you all are aware we got the \$250,000 from the Murdock Charitable Trust, The Rasmuson Foundation came on October 9<sup>th</sup>, Christopher Perez was here for a real quick visit. Our **Electronic Health Record** we are in the process of finalizing the contracts, Tiffany meets with them once or twice a week. We're in the final revision for the implementation plan for the EHR. We have contracted with Providence for an **Ultrasound Technician**, which was successful. We're not sure; she may not be able to come back, so we're working on pursuing our options as we know that we would like an Ultrasound Tech here on a somewhat regular basis. **Sound Alternatives** had a successful survey with the Joint Commission, when he left he was very complimentary. He said that on average when they come to a new site they usually have between twenty and forty items that have room for improvement and we only had six. As soon as we submit our Plan of Improvement tomorrow morning they will send us our accreditation.

## **President's Report**

**Carpenter** reported that she has been talking with the City Manager about putting together a draft contract for us to present to our Administrator. We do have an Executive Session on our Agenda, we could talk about it in there is people wanted to at least look at the draft to start with

#### Finance Report

**Tiffany Varnadoe** reported that in July our **Revenue** is a little over budget at \$5,192,000; our **Expenses** are pretty much in line like we had budgeted for. The things that there are variances on that are a little bigger are Insurance, Repairs and Maintenance is down, Other Expenses are high and the reason for that is we had to pay our survey fees that we had to pay to CMS that we didn't budget for. Professional Services is up because we still have a lot of travelers. Supplies are down a little bit. Minor Equipment is pretty much in line. Utilities and Fuel is way down, I would imagine as we go into winter that it will go up. Our Rent/Lease is up because of the traveling staff, hopefully as we start to hire permanent staff. Our Net Operating Income before depreciation is \$127,934.00, I do want you to be aware that in that \$127 also includes the Medicare settlement that we got earlier in the year, that might not be something that we get every year. Our Patient Days are right in line with where we budgeted. Our Long Term Care Bed Days are down a hair. Swing Bed Days are up, Medicare Swing Days are down. Outpatient Visits are down a little bit. ER visits are down, but our Clinic visits are up. What's happening is, patients that usually would just go to the ER are now going to the Clinic. And our Cash on hand for July was down to 26 days.

#### VII. ACTION ITEMS

- A. Credentialing and Privileging of Thomas Hunt, MD
- B. Recredentialing and Privileging Melissa Brooks, FNP
- C. Approve API's Credentialing and Privileging of Mark Erickson, MD for the Joint Commission.

**M**/ **Joyce S**/ **Burton** "I move to approve the Credentialing and Privileging of Thomas Hunt, MD; Melissa Brooks, FNP and API's Credentialing and Privileging of Mark Erickson, MD."

**Upon Voice Vote, Motion Passes 6-0** 

D. Request to Increase the Charge Master

**M/ Joyce S/ Bradford** "I move that we approve the increase of the Charge Master." **Upon Voice Vote, Motion Passes 6-0** 

**Carpenter** ~ In the future I would love to see something presented in writing, even just a short narrative to explain what it is or a justification for what you're asking.

E. Review and Approval of the CCMC Employee Handbook

 $\,$  M/ Joyce S/ Bailer "I move to approve the Grievance Procedure for the CCMC Employee Handbook, Section 12"

**Stephen Sundby** gave a brief history informing HSB that the update has been ongoing and that not all of the current Senior Leadership had had a chance to review the Handbook. The Attorneys however have asked that Section 12 Grievance Procedure be approved this evening.

**Upon Voice Vote, Motion Passes 6-0** 

F. Election of Officers (open position is for Vice President)
M/ Bradford S/ Reggiani "I nominate Tim Joyce"
Upon Voice Vote, Motion Passes 5-0

## VIII. DISCUSSION ITEMS

## A. Budget

Tiffany Varnadoe stated that Revenue has a modest increase in 2015. The big variance in Patient Services is Behavioral Health and that is because I moved it to Patient Services versus remaining in Grants because it isn't a grant. Cost Recovery just a note for you, I did not budget the settlement. Other Grants the only difference there is that there had been an Emergency Preparedness Grant, we did not budget for that because the State has to do some cutbacks. In Kind Contributions includes the two Providence contracts as well. With Stephen being appointed the line items might change. Under Expenses, Wages of course is going up, just as a note on that I am working with Marty Michaels to find the best way to categorize some of those. And Taxes fall right in line with Wages. Professional Services, a big change is in Agencies. The other note is that Legal has gone up a tremendous amount in the past few years. And Non Productive is PTO, Vacation, On-call. Minor Equipment, there are a few things that we do need to buy this year so we've budgeted for that. Supplies, our new DON has noticed a good bit of waste and she is looking for ways to reduce that. Rents/Leases are up, but it is projected to go down as we hire permanent staff. And Utilities is pretty much in line where it should be. Dues and Subscriptions like ASHNHA for instance is \$26,000. Other Expenses is kind of our catch all, our bank fees, finance charges, holiday party for our staff etc. That brings our Net Operating Expenses to a loss of \$145,798.

HSB asked Tiffany Varnadoe, CFO for something in writing attached to the financial submissions in future meetings to aid in building a historical record.

#### IX. AUDI ENCE PARTI CI PATI ON ~ None

## X. BOARD MEMBERS COMMENTS

**Joyce** ~ I just want to thank Tiffany for all of the work that she put in on this budget. **Carpenter** ~ Thank you Tim for stepping up as Vice President.

## XI. Executive Session at 6:35pm

**M**/ **Reggiani S**/ **Bradford** "I move to go into Executive Session for matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity".

Carpenter called the Special Meeting back to order

HSB has picked October 23<sup>rd</sup> 2014 at 7pm for a Special Meeting

## XII. ADJOURNMENT -

M/ Bradford S/ Joyce Move to adjourn the meeting. Carpenter declared the meeting adjourned at 6:55pm.

Transcribed by: Faith Wheeler-Jeppson

#### **Minutes**

## Community Health Services Board Library Conference Room September 18, 2014 – 12:00 PM Special Meeting

#### I. CALL TO ORDER AND ROLL CALL -

**Kristin Carpenter** called the HSB special meeting to order at 12:00 pm. Board members present: **Kristin Carpenter, David Reggiani and Tim Joyce.** 

A quorum was not established. Carpenter advised that though there was not a quorum that the members present could have a discussion on the subject as there is no action to be had.

CCMC staff present: **Stephen Sundby, Interim CEO; Tiffany Varnadoe,** CFO.

Interested parties present telephonically: **Sean McCallister, Providence; Susan Humphrey-Barnett, Providence and Randy Robertson, City Manager.** 

#### II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- A. Guest Speakers None
- B. Audience Comments None
- **III. CONFLICT OF INTEREST –** None
- IV. APPROVAL OF AGENDA None
- V. APPROVAL OF CONSENT CALENDAR None

#### VI. REPORTS AND CORRESPONDENCE

- A. Administrator's Report None
- B. President's Report None
- C. Finance Report None
- VII. ACTION ITEMS None

## VIII. DISCUSSION ITEMS

A. Electronic Medical Records -

**Carpenter** ~ So you all have been talking to Healthland for a year?

**Sundby**  $\sim$  It's been longer than that actually, the contract was signed almost 2 years ago. Where we're at now with them is that they're trying to resolve all of the issues that we foresee. We've got \$430,000 invested already, and we looked at the cost of another and if we were to go with another company it would be \$1.2 million. So financially it would be good if we could work this out with Healthland rather than start over. Tiffany will be meeting with them on Monday.

**Varnadoe** ~ They've promised me a new plan, we're also asking them for some names of other hospitals that have implemented the plan. I'd like to contact them and see what kind of problems they've had and what they like about the program.

**Carpenter** ~ wasn't there something about a certain module that wasn't part of their own software that you would have to buy separately?

**Varnadoe**  $\sim$  Yes, it's for the Long Term Care Unit, there was a line item for it when we signed the contract in 2012. Between then and now they've decided not to develop the module, they've purchased it third-party. It will be a separate program and a separate implementation.

**Sundby** ~ But the cost is supposed to be included since it was in the original contract, they've in essence just substituted what they were going to develop for one that is

already developed. There will be some additional costs, which are mainly just travel since that's not included in the cost.

**Varnadoe** ~ We'll have to pay for all implementation, Airfare, hotel, food etcetera.

**Carpenter** ~ So you've got \$420,000 into it, and at least \$330,000 more.

**Varnadoe** ~ \$330,000 to pay up the contract, I'm guessing around \$150,000 for implementation and then of course our hardware is \$170,000.

**Joyce** ~ One of my concerns, and this goes back to Susan and Sean, one of the things when we started down this road with Healthland was that we had a contract with them to have this installed by certain dates because there were some reimbursements that we could get. And if we exceeded those dates we could get into a penalty situation, and we've already done that. We're into that penalty situation where whenever we implement, whenever that happens we're going to be fined because we're late. So I'm wondering, is there some way that Providence can put some pressure on Healthland? **Humphrey-Barnett** ~ I agree with you, I think that is a really good idea for us to ask Providence to get with Healthland and say that we had intended to get some of our meaningful use money back based on our original implementation date through no fault of ours. I think we should try to get them to reduce what we owe or what we will owe if we stay with them by the amount that we could've gotten from meaningful use. I don't know if we're going to be in a penalty situation or not, maybe Tiffany can answer that. **Varnadoe** ~ we've missed the attestation for this year, we might be able to depending on when the actual implementation happens be able to attest for next year. But we've definitely missed it for this year. So we're already into the penalty for next year. **Carpenter** ~ So there's a penalty of a certain percentage if we don't get it working by

2015?

**Varnadoe** ~ Yes, it's just for the Medicaid patients, and they basically take 1% off the

**Joyce** ~ That's significant.

**Varnadoe** ~ It's not good, but the good thing is that our volume for Medicaid is small. **Humphrey-Barnett** ~ Yes I think that our In-patient and Swing bed Medicaid use is very small.

**Joyce** ~ It may not be a lot of money, but it's money we didn't need to lose.

**Carpenter** ~ What is it going to take to get Healthland to do what they said they were going to do? And I want to know that we're going down this road because it's going to give us long term functionality, not because we've already spent a bunch of money. Is this system going to be as functional as say CPSI?

**Sundby** ~ What they're claiming now is that they have 75% of the screenings for Clinical and Financial that we wouldn't have to build, which is still a lot, but much better than having to build all of it. And they're changing the plan on how they're going to implement it, a big concern of ours is that even though they deal primarily with small hospitals they are having a hard time understanding that we don't have a lot of extra staff. And I think now they understand that.

**Carpenter** ~ I keep coming back to CPSI because it's the only other package that I know of that's already been developed. Are you able to look at their system and get some kind of a functionality bench-mark of this is what they system is supposed to do for us? **Varnadoe** ~ CPSI will not let me look at their system, but I called some of the other

hospitals and talked with their IT people and find out how their implementation worked, how does their Clinical Staff like it, how does their Business Office Staff like it and those things.

**McCallister** ~ I do believe that if we were serious about switching vendors that CPSI

would come to Cordova and do a demonstration and certainly show the product. CPSI was Valdez's first choice about five years ago. And it was a difficult implementation and followed by significant dissatisfaction at the point of care. Now, we only had it for a couple of years and then Providence as an enterprise decided that for all of its facilities that they would migrate to Epic. And frankly our smaller facilities have struggled with Epic, even the larger ones. All of these EMR system products are very challenging. Now I do want to tell you with CPSI that in the middle of that we did ask CPSI to defer us to some of their customers around the country and we did make contact with some of them. There are facilities that are extremely pleased with the product, but not until they've been into it for about five years.

**Joyce** ~ The one thing I want to come away with after this meeting is that Monday when you meet with those folks if you're not perfectly satisfied or you're not getting the response that you were expecting then we need to come back and coming back to Sean and Susan again, we're going to need your help putting some pressure on them and getting things implemented. I'm really worried about what's going to happen here in the next few days if they come and give us more delays.

**McCallister** ~ Both Susan and I agree with you, I did attend the initial meeting and I did make sure that Healthland knew that I represented Providence. And absolutely we will put pressure on Healthland. I will be participating in Monday's call as well. Maybe it's that Providence needs to write a letter to Healthland to make that point that were serious and that this has to go smoothly and that Healthland has to deliver on its commitments and work with us to make this successful.

**Reggiani** ~ It's just very discouraging situation to be in.

**Carpenter** ~ How tight is our contract, if we're not able to hold them to deadlines what is our recourse?

**Sundby** ~ I requested those from Healthland and what they said was pretty much what we had. The original contract was the 1998 contract when we got Classic, and what they did was added an addendum for Centriq to that. In that contract it was pretty clear; if we already had it implemented and we wanted to get out of that maintenance fee it tells you how to do that. What it doesn't tell you is what happens like in our scenario, we haven't implemented it yet and it hasn't come, if we decided that we aren't happy with it then how do we get out of it. I even asked them, if we wanted to get out of this then how do we do it? And they said that they would have to go to their legal team and ask. **Carpenter** ~ Maybe this is something that Providence could help with if we decide to continue and accept their work plan, I would like to see them sign something that holds them accountable. If we don't have that now, I don't want to give them another dime

until we could get something in place.  $Varnadoe \sim we$  can certainly ask them to give us something in writing, to amend the contract.

**McCallister** ~ I believe you told me that the City's attorney Jennifer Alexander has the contract and is looking through it.

**Varnadoe** ~ Her response to Stephen and I was that she really didn't see an out or a way to not get out. It wasn't mentioned at all.

**Roberts** ~ I have spoken with Mrs. Wells and I have given Holly some bench marks that I'd like for her and her team to sit down and look at. I would encourage you all, I'm not sure if you want to keep putting money into a used car because you still have a used car. I didn't know this relationship was sixteen years old. But all that said and done, Holly is prepared to spend some time on this contract. Now that you all have given me a charter I can handle that.

 $\label{eq:Carpenter} \textbf{Carpenter} \sim \textbf{Stephen} \ \text{and} \ \textbf{Tiffany} \ \text{if you all could keep us posted with what you learn on } \\ \textbf{Monday}.$ 

- IX. AUDIENCE PARTICIPATION None
- X. **BOARD MEMBERS COMMENTS** None
- XI. EXECUTIVE SESSION None
- XII. ADJOURNMENT -

**Carpenter** declared the worksession adjourned at 12:35 pm.

Transcribed by: Faith Wheeler-Jeppson



P: (907) 424-8000 | F: (907) 424-8116 P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

**TO:** HSB, City Council Members **FROM:** Stephen Sundby, Ph.D., CEO

**DATE:** December 8, 2014

**RE:** Administrator's Report

## **Staffing**

We have hired the following employees since the last Board meeting.

- 1) Sam Blackadar, MD March 2, 2015 start date
- 2) Laura Cloward, HR Coordinator/IT

We have the following travelers at this time.

- 1) 3 Nurses
- 2) 1 Medical Providers (Physician)

Status of open positions and transitions:

- 1) Physician
- 2) Advance Nurse Practitioner/Physician Assistant
- 3) Nurse We have night shift and swing shift nursing position open.
- 4) CNA We have one open position.

## **Employee Satisfaction**

CCMC completed its second annual employee satisfaction survey in October. We are in the process of analyzing the data and will report to the HSB and staff.

## **CT Scanner**

- CCMC has received notification of award for \$250,000 from the Murdock Charitable Trust.
- CCMC has received verbal notification of award for \$250,000 from the Rasmuson Foundation.

## Electronic Health Record (EHR) - Healthland Centriq

• We have started the implementation of the hardware necessary for implementing the EHR.

### **Sound Alternatives**

• Sound Alternatives has been granted Joint Commission Accreditation.

# CCMC

# 2015 BUDGET SUMMARY

	2012	2013	2014	2014	2014	2015	
				YTD Actual			
	Actual	Actual	Budget	Jan-July	Projected	Budget	Comments
REVENUE							
PATIENT SERVICES REVENU	JE						
Acute	193,405	581,571	618,148	361,235	619,260	648,050	
Swing Bed	316,858	693,530	765,394	554,264	965,167	1,013,425	
Long Term Care	3,448,159	3,993,438	4,233,044	2,152,498	3,689,997	3,874,497	
Clinic	582,591	548,027	580,909	455,861	781,476	795,549	
Outpatients-Other	2,359,166	2,279,338	2,810,623	1,679,546	2,879,222	3,023,184	
Behavioral Health	232,527	177,231	187,865	113,589	194,724	559,103	SA Waivers previously categorized in Cost Recoveries, but they are actual patient services so I reclassed them here.
Patient Services Revenue Total	7,132,706	8,273,135	9,195,983	5,316,993	9,129,846	9,913,808	
<b>DEDUCTIONS FROM REVEN</b>	JE						
Charity	123,945	194,258	204,468	250,937	350,000	353,000	Charity care application being addressed with patients on a more regular basis.
Contractual	1,194,370	1,944,055	1,825,522	286,493	1,174,560	1,832,762	CR settlement of \$150,000 estimated - this is not a guarantee
Bad Debt	310,975	354,404	376,000	182,732	375,000	375,000	
Deductions Total	1,629,290	2,492,717	2,405,990	720,162	1,899,560	2,560,762	
COST RECOVERIES TOTAL							
Grants	520,469	536,246	513,556	126,613	487,927	487,927	
In-Kind/Contributions	425,954	377,392	384,000	430,608	806,028	312,149	Providence contract change, this is City contributions for water/sewer/plowing and USAC for internet
Other Revenue	709,333	596,544	567,842	290,336	438,537		SA Waivers previously categorized in Cost Recoveries, but they are actual patient services so I reclassed them.
Cost Recoveries Total	1,655,756	1,510,182	1,465,398	847,557	1,732,492	880,076	
TOTAL REVENUE	7,159,172	7,290,600	8,255,391	5,444,388	8,962,778	8,233,122	
EXPENSES							
WAGES							
CNA's	257,439	259,089	299,783	169,925	291,299	294,212	
Nurses	660,203	575,900	651,041	421,893	723,245	730,477	
Management	412,726	444,160	614,016	445,046	762,936	790,565	All Department Heads are located in this category.

# CCMC

# 2015 BUDGET SUMMARY

	2012	2013	2014	2014	2014	2015	
				YTD Actual			
	Actual	Actual	Budget	Jan-July	Projected	Budget	Comments
NonProductive	339,786	283,900	183,220	250,359	428,833	405,121	This includes PTO, on call hours, holidays
Other	1,202,381	1,275,402	1,347,862	652,190	1,124,740	1,085,988	
Physicians	131,833	64,779	120,640	64,178	110,019	111,120	
PTO Accrual	-35,656	26,241	100,826	9,988	17,122	17,293	
Technicians	24,596	101,360	209,018	119,804	205,378	207,432	
Wages Total	2,993,308	3,030,831	3,526,406	2,133,383	3,663,573	3,642,208	*I have been talking with our CR expert and looking at the correct classifications for employees.
TAXES AND BENEFITS							
FICA	217,769	219,195	267,178	178,091	305,255	303,308	
Health and Life	596,509	535,464	644,997	382,939	656,433	654,998	
Retirement	534,233	559,822	737,375	454,379	778,826	785,015	
Taxes and Benefits Total	1,348,511	1,314,481	1,649,550	1,015,409	1,740,514	1,743,321	
RECRUIT/RELOCATE							
Recruit/Relocate Total	20,794	62,275	78,000	72,491	90,293	45,104	2014 had several positions filled - CFO, DON, Dietary Mgr & Facilities Mgr. This expense will be lower in 2015.
PROFESSIONAL SERVICES							
Locums	392,949	511,876	500,000	243,116	416,770	425,105	
Traveling Nurses	102,364	139,043	150,000	54,853	94,034	95,915	
Agency Staff	388	67,792	184,000	35,999	65,013	47,196	In 2014 we hired permanent PT and Lab Tech. This has reduced need for Agency staff in these areas.
Legal	5,060	27,412	28,000	30,224	51,813	50,000	
Professional -Other	739,478	636,979	486,850	304,250	434,083	448,763	Audit, Cost Report, Collection Agency, EICU. API, Pharmacist, Patient/Employee Surveys, Coding
Management Contract	87,503	-68,906	210,000	258,999	500,000	25,000	Providence contract reduced to 25,000
Professional Services Total	1,327,742	1,314,197	1,558,850	927,441	1,561,713	1,091,979	
MINOR EQUIPMENT							
Minor Medical Equipment	17,987	2,350	7,500	7,301	9,587	22,179	Glucometers needed that meet FDA regs
Other Minor Equipment	14,226	12,642	9,150	5,348	9,168	13,852	
Minor Equipment Total	32,213	14,992	16,650	12,649	18,755	36,031	
SUPPLIES							
Freight	54,183	47,745	49,800	39,129	67,079	68,921	
Medical Supplies	146,666	132,233	221,100	90,934	156,395	160,823	
NonMedical Supplies	47,654	45,504	33,125	27,679	46,857	47,794	
Pharmacy	76,940	103,591	108,900	58,158	99,699	101,693	

# CCMC

# 2015 BUDGET SUMMARY

	2012	2013	2014	2014	2014	2015	
				YTD Actual			
	Actual	Actual	Budget	Jan-July	Projected	Budget	Comments
Food	153,236	188,920	180,000	122,530	210,051	214,253	This includes the food for Senior Lunch
Other Supplies	14,458	12,754	35,700	5,629	9,359	11,767	
Supplies Total	493,137	530,746	628,625	344,059	589,440	605,251	
REPAIR & MAINTENANCE							
Repair & Maintenance Total	67,635	46,232	47,750	14,847	25,452	25,961	
RENTS/LEASES							
Equipment	38,483	38,898	21,500	7,813	13,394	13,662	
Buildings/Apts	2,025	19,047	27,800	51,924	88,784	90,016	This is for all of our travelers - hopefully we can reduce this once we have a physician full time
Rent/Lease Total	40,508	57,945	49,300	59,737	102,178	103,678	
UTILITIES		,				<u> </u>	
Electric	131,744	100,192	103,000	60,996	104,565	106,656	
Fuel	150,216	137,976	152,600	81,496	139,708	142,502	
Gas	4,442	5,696	6,200	2,791	4,785	4,881	
							Our internet is subsidized by USAC - we pay approx. \$500
Internet	0	244,159	253,100	166,264	285,599	,	per month out of pocket
Phone	452,000	54,587	56,700	18,691	32,034	32,675	
Television	3,325	7,808	7,700	6,351	10,886	11,104	
Water/Sewer/Plowing	13,787	20,754	20,700	17,589	30,160	30,764	
Utilities and Fuel Total	755,514	571,172	600,000	354,179	607,737	614,181	
TRAVEL & TRAINING							
Travel & Training Total	49,032	49,820	57,850	35,850	58,582	60,512	
FACILITY INSURANCES							
Facility Insurances	155,291	193,014	177,860	30,394	155,000	158,100	
OTHER EXPENSES							
Dues and Subs	39,948	29,069	33,060	16,904	28,978	29,557	·
License and Tax	7,455	1,246	2,150	310	531	543	
Other Expense	15,469	31,014	35,100	46,710	92,789		Survey fines in 2014, will not have in 2015
Other Expenses Total	62,872	61,329	70,310	63,924	122,298	103,744	
TOTAL EXPENSES	7,346,557	7,247,034	8,461,151	5,064,363	8,735,535	8,230,070	
NET OPERATING INCOME	-187,385	43,566	-205,760	380,025	227,243	3,052	

CCMC 2015 BUDGET SUMMARY

	2012	2013	2014	2014	2014	2015	
				YTD Actual			
	Actual	Actual	Budget	Jan-July	Projected	Budget	Comments
Depreciation	292,742	250,004	235,000	159,398	273,254	278,719	
NET INCOME	-480,127	-206,438	-440,760	220,627	-46,011	-275,667	