



HOSPITAL SERVICES BOARD AGENDA
December 19, 2023 SPECIAL MEETING
12:00PM HYBRID IN-PERSON & ZOOM

CCMC, WE BELIEVE THAT HEALTHY PEOPLE CREATE A HEALTHY COMMUNITY.

Board

Kelsey Hayden	exp. 3/26
Liz Senear	exp. 3/24
Ann Linville	exp. 3/25
Chris Iannazzone	exp. 3/26
Vacant	exp. 3/24

CEO

Hannah Sanders, M.D.

OPENING: Call to Order

Roll Call - Kelsey Hayden, Liz Senear, Chris Iannazzone, and Ann Linville.
Establishment of a Quorum

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS
(Speaker must give name and agenda item)

1. Audience Comments
2. Guest Speaker

B. BOARD DEVELOPMENT ~ none

C. CONFLICT OF INTEREST

D. APPROVAL OF AGENDA

E. APPROVAL OF MINUTES

1. October 26, 2023 Regular Board Meeting Minutes
2. November 27, 2023 Special Board Meeting Minutes

Pgs 1-4

Pgs 5-6

F. REPORTS OF OFFICERS OR ADVISORS

1. Board Chair Report
2. CEO Report
3. Director of Finance Report

G. DISCUSSION ITEMS

H. ACTION ITEMS

1. Approval of 2023 DZA Audit Engagement letter
2. Delineation of Privileges for Murray Buttner, MD
3. Delineation of Privileges for Mary Horner, MD
4. CCMC 2024 Budget Approval
5. CCMC Salary Philosophy Approval

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Pgs 30-35

Pgs 36-37

Pgs 38-40

I. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker) Members of the public are given the opportunity to comment on matters which are within the subject matter authority of the Board and are appropriate for discussion in an open session.

J. BOARD MEMBERS COMMENTS

K. EXECUTIVE SESSION

1. CCMC Leadership and Staff Compensation Philosophy, a subject which is a matter the immediate knowledge of which would clearly have an adverse effect upon the finances of the entity.

L. ADJOURNMENT

This Hospital Services Board meeting will be held via ZOOM:

<https://us02web.zoom.us/j/4675701050?pwd=TXEvSFVHOHhIL1JvOGNua1RUUjdQUT09>

Meeting ID: 467 570 1050; Passcode: 379187

To call in: 1-253-215-8782

Meeting ID: 467 570 1050; Passcode: 379187

For a full packet, go to www.cityofcordova.net/government/boards-commissions/health-services-board

*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
CCMC Authority – Board of Directors
In-Person Meeting
October 26, 2023 at 12:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:00pm.

Board members present: **Kelsey Hayden, Liz Senear, Ann Linville, and Chris Iannazzone.**

Linnea Ronnegard was absent

Quorum was established. 4 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Alexis Allen, CAH Director of Nursing; Denna Stavig, Director of Finance; Noelle Camarena, Director of Operations and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- 1. Audience Comments** ~ None
- 2. Guest Speaker** ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Senear S/Linville "I move to approve the Agenda."

Ronnegard – absent, Senear- yea, Linville – yea, Hayden – yea, and Iannazzone - yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

E. APPROVAL OF MINUTES

M/Iannazzone S/Linville "I move to approve the August 31, 2023 Meeting Minutes."

Senear- yea, Ronnegard – absent, Hayden – yea, Iannazzone – yea, and Linville – yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

F. REPORTS OF OFFICERS and ADVISORS

1. Board Chair report – I've been checking in with Dr. Sanders. I don't have too much to report, Dr. Sanders did a great overview at City Council last night.

2. CEO Report – Dr. Sanders reported that her written report is in the packet. One of the things that I will point out is that \$76,000 was written off in Charity Care for the canneries for August, this does not include September. Or our claims for June and July was not captured in that data. I am currently working on a letter to each of the canneries to identify their specific amount that we wrote off just from that month and ask that they require their employees to obtain insurance when they come to Cordova. They do this in Dutch Harbor, so it is not a unique idea, we're hoping that we can get them to participate. The other thing that has been a major issue for us is that our CT Scanner has been down

more than it's been up for the last couple of months. That's not going to change in the next few months, the parts for our particular CT Scanner are becoming very hard to find and they're finding it very hard to keep our machine functional. This was a refurbished machine when we bought it in 2015. I don't feel like we had the visibility when we got this machine to see that we were going to need to replace it in a few years. We are currently working on a replacement plan. Some of the smaller communities will get a 5-year lease on a machine and when that lease is up, they will start a new lease with a new machine so the lease rates get baked into your cost report each year and becomes part of your operating cost. I think we have options for the replacement of our CT Scanner.

3. **Director of Finance Report – Denna Stavig** reported that the August Financials are in the packet. Septembers will be in your next month's packet. In August every was pretty good, our **Benefits** were a lot less, we had a stop-loss payment from PBS for the month and it was roughly \$70,000 so that lowered our Taxes and Benefits this time. Other than that, our **Cash** and our **Payables** are both doing fine.
4. **Medical Director Quarterly Report – Dr. Bejes'** written report is in the packet. Dr. Sanders is available to answer any questions the Board might have.
5. **Quality Quarterly Report – Noelle Camarena** stated that the facility continues to work on a lot of Quality efforts. One of the avenues in which we are trying to make sure that there is a high quality of care is through staff trainings. We've had a number of successful staff training; we've had trainings with the Police Department and Emergency Preparedness where they put on Active Shooter trainings. There was a Trauma training that was between our EMS community and our Emergency Department regarding the transfer of care, we had our annual education day for Nursing which encompassed two days and twenty different topics to help be survey ready. And a big nod to Daniella Rossi, out LTC DON. We have been recognized with two awards for Quality, one through the American Healthcare Association, and the other from the Alaska Healthcare and Hospital Association. We are currently working on a grant that is all staff for training and education within the individuals field as long as it benefits the organization as well as the staff member.
6. **Nursing Department Quarterly Report – Alexis Allen** stated that her report was in the packet. Just a few things that have changed since I wrote the report, Daniella is still doing to LTC DON work remote, in house we have Generose doing in-house for the times that she is working, myself and Noelle are no longer being involved in the LTC side when it comes to that. Staffing we're doing pretty well, the CNA's we actually have quite a few more since the last Quarterly Board report due to the recent CNA Class that they passed. For the Education Plan you may have heard about the Unit Clerk Orientation PowerPoint, its now referred to as the Reference PowerPoint it is a resource for the Unit Clerks. It is continuously updated with input from different departments. And then just to touch on the grant that Noelle was talking about, that actually helped me get approved to teach BLS, ACLS and PALS so we have an instructor on site.
7. **Ancillary Services Quarterly Report – Tamara Russin** stated that her report was in the packet. Items to note are that we just got the Moderna vaccine in last week, and the Clinic is actively giving Covid vaccines and Flu vaccines. If you haven't gotten your Flu vaccine yet and you want one you should get it soon. Lab, Radiology and Rehab are all doing well. PT staff utilized the training and education grant.

8. Sound Alternatives Quarterly Report – Barbara Jewell is not available, but her written report is in the packet. Dr. Sanders reported that we do have a new traveler Clinician who started seeing patients. Things seem to be stable and doing well in the department. Dr. Sanders is available to answer any questions about anything in Barb's report or in the Department.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Update the CCMC Authorized Check Signers

M/Senear S/Linville "I move to approve the Resolution of the CCMC Authority Board of Directors designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center."

Senear- yea, Hayden – yea, Ronnegard – absent, Iannazzone – yea, and Linville – yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

2. Emergency Preparedness Portable Shelter Purchase

M/Linville S/Iannazzone "I move that the CCMC Authority Board of Directors approve the purchase of an Emergency Preparedness Portable Shelter at a cost no greater than \$47,000 as presented."

Iannazzone – yea, Hayden – yea, Linville – yea, Ronnegard – absent, and Senear- yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

3. Approval to Close a CCMC Account

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the request for CCMC staff to close the existing savings account and open a repurchase account with those funds."

Senear- yea, Ronnegard – absent, Iannazzone – yea, Linville – yea, and Hayden – yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

4. Generator Compliance Approval

M/Iannazzone S/Senear "I move that the CCMC Authority Board of Directors approve the request for CCMC staff to issue an RFP for the design, and construction to modify the CCMC current electrical generator system to bring it into compliance with applicable requirements within NFPA 70, NFPA 70E, NFPA 72, NFPA 99, NFPA 101, the IBC, and the IMC."

Iannazzone – yea, Senear- yea, Ronnegard – absent, Linville – yea, and Hayden – yea.

4 yeas, 0 nay, 1 absent; Motion passed 4-0.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Iannazzone ~ A lot of positive things, good to see. I definitely like these noon meetings. Thank you, guys!

Hayden ~ I've been talking with folks in the community and getting good feedback. People are excited about all of the positive things that are happening.

Senear ~ Nice to see everything going so smoothly.

Linville ~ Hopefully this training and education grant will go assist with retention. Great job!

Administration and The Board of Directors discussed and agreed to change the time of the monthly Board meetings to 12:00pm going forward.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Senear S/Linville "I move to adjourn"

Kelsey Hayden declared the meeting adjourned at 12:50.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
November 27, 2023 at 12:00pm
Special Meeting via ZOOM

CALL TO ORDER AND ROLL CALL –

Kelsey Hayden called the Board Meeting to order at 12:00pm.

Board members present: **Kelsey Hayden, Liz Senear, and Ann Linville.**

Chris Iannazzone was absent

Quorum was established. 3 members present.

CCMC staff present: Dr. Hannah Sanders, CEO; Tamara Russin, Director of Ancillary Services; Denna Stavig, Director of Finance; and Faith Wheeler-Jeppson.

A. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- 1. Audience Comments** ~ None
- 2. Guest Speaker** ~ None

B. BOARD DEVELOPMENT ~ None

C. CONFLICT OF INTEREST ~ None

D. APPROVAL OF AGENDA

M/Senear S/Linville "I move to approve the Agenda."

Senear- yea, Linville – yea, Hayden – yea, and Iannazzone - absent.
3 yeas, 0 nay, 1 absent; Motion passed 3-0.

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair report** – I don't really have much to report, I have been doing some groundwork to see if we could fill our vacant seat. I didn't come up with too much, Liz has some great options. Hopefully we can find someone who wants to continue long term.
- 2. CEO Report – Dr. Sanders** reported that her written report is in the packet. I do have to make one clarification; CCMC is pursuing the CT Scanner replacement and I previously stated that CCMC is not doing lung screenings but I was misinformed. CCMC does currently screening exams. And by replacing the CT Scanner we will be continuing to perform them. Other than that, I don't have any other updates that are pertinent today. I am happy to answer any questions that you might have.
- 3. Director of Finance Report – Denna Stavig** reported that the September Financials are in the packet. We got some Swing Bed patients, so Swing was up for the month. Overall, we ended with a pretty good month. Nothing out of the ordinary happened, Cash is still fine. If you have any questions on that let me know. With our Bad Debt policy that we approved, I need to disclose the amount to you each month so September's Bad Debt that we wrote off was \$88,752. We will have more in November, but then hopefully we

won't have anymore large amounts after that. I do have the October Financials; I can share my screen with you as we review them. October was another good month for Swing, and we did pretty good overall for the month. We finalized the final review of our 2021 Medicare Cost Report. We received our demand letter for it, so that is reflected in our contractuals this month which is why they look a little bit larger. This month again Cash is fine. October Bad Debt written off was \$10,660.

G. DISCUSSION ITEMS ~ None

H. ACTION ITEMS

1. Update the CCMC Authorized Check Signers

M/Senear S/Linville "I move to approve the Resolution of the CCMC Authority Board of Directors designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center as presented."

Senear - yea, Hayden – yea, Iannazzone – absent, and Linville – yea.
3 yeas, 0 nay, 1 absent; Motion passed 3-0.

2. CT Scanner Lease Approval

M/Linville S/Senear "I move that the CCMC Authority Board of Directors approve the request to enter into a lease for a new CT Scanner as presented."

M/Senear S/Linville "I move to go into Executive Session regarding the CT Scanner Lease, a subject which is a matter the immediate knowledge of which would clearly have an adverse effect upon the finances of the entity."

At 12:25pm **M/Senear S/Linville** "Move to back into regular session".

Voice Vote on the Main Motion

Iannazzone – absent, Hayden – yea, Linville – yea, and Senear- yea.
3 yeas, 0 nay, 1 absent; Motion passed 3-0.

I. AUDIENCE PARTICIPATION ~ None

J. BOARD MEMBERS COMMENTS

Hayden ~ Excited about the CT Scanner Project. Good work everybody.

Senear ~ It's great that you're still showing a profit this year. Good job everybody

Linville ~ I agree, it's a great thing to see (a profit). Good luck with the CT Project.

K. EXECUTIVE SESSION ~ None

L. ADJOURNMENT

M/Senear S/Linville "I move to adjourn"

Kelsey Hayden declared the meeting adjourned at 12:30.



MEMORANDUM

To: Hospital Services Board

Subject: Dingus, Zarecor & Associates PLLC

Date: 12/08/2023

Suggested Motion: "I move that the Hospital Services Board authorizes Hannah Sanders, CEO to enter into an agreement with Dingus, Zarecor & Associates PLLC for the purpose of conducting the 2023 Financial Audit."



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

October 27, 2023

Health Services Board
and Dr. Hannah Sanders, CEO
Cordova Community Medical Center
602 Chase Ave.
Cordova, Alaska 99574

We are pleased to confirm our understanding of the services we are to provide Cordova Community Medical Center (the Hospital) for the year ending December 31, 2023.

Audit Scope and Objectives

We will audit the financial statements of the Hospital, which comprise the statement of net position as of December 31, 2023, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ending, and the disclosures.

Accounting standards generally accepted in the United States of America (GAAS) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the Hospital's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the Hospital's RSI in accordance with GAAS. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- Management's Discussion and Analysis.

We have also been engaged to report on supplementary information other than RSI that accompanies the Hospital's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditors' report on the financial statements:

- Schedule of expenditures of federal awards.

- Schedule of Proportionate Share of Net Pension Liability
- Schedule of the Hospital's Contributions – Defined Benefit Pension Plan
- Schedule of Proportionate Share of Net Other Postemployment Benefits Liability
- Schedule of the Hospital's Contributions – OPEB Plan

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles (GAAP) and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements. The objective also includes reporting on —

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Auditors' Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of your accounting records, a determination of major programs in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves a fair presentation. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

With respect to cost reports that may be filed with a third party (such as federal and state regulatory agencies), the auditors have not been engaged to test in any way, or render any form of assurance on, the propriety or allowability of the specific costs to be claimed on, or charges to be reported in, a cost report. Management is responsible for the accuracy and propriety of all cost reports filed with Medicare, Medicaid, or other third parties.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provisions of laws and regulations that determine the reported amounts and disclosures on the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, including, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable amount of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures — Internal Control

We will obtain an understanding of the entity and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control.

Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures — Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the Hospital's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the Hospital's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the Hospital's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the Hospital in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*.

We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement, schedule of expenditures of federal awards, and related notes previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are responsible for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements.) Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

Management is responsible for making all financial records and related information available to us and for the accuracy and completeness of that information, including information from outside of general and subsidiary ledgers. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as: records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements, that we report.

Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review at the beginning of audit fieldwork.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes, and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Preparation of Cost Reports and Consulting

We will prepare the Hospital's Medicare cost report and Medicaid cost report for the year ending December 31, 2023.

We remind you that you have the final responsibility for the Medicare and Medicaid cost reports and, therefore, you should review them carefully before you sign and file them. We make no representation that our services will identify any or all opportunities to maximize reimbursement.

All of the information included in the cost reports is the representation of management. We direct your attention to the fact that management has the responsibility for the proper recording of the transactions in the books of account, for the safeguarding of assets, for the substantial accuracy of the cost reports, and for identifying and ensuring the Hospital complies with the laws and regulations applicable to its activities.

We will also provide Medicare and other reimbursement consulting services as requested throughout the year, including but not limited to review of Medicare rate settings and desk-review and audit adjustments. These services will be provided at our standard rates.

You are also responsible for management decisions and functions; for designating a senior management-level individual with suitable skill, knowledge, or experience to oversee the cost report preparation services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Conformance with Section 952 of Public Law 96-499

Section 952 of P.L. 96-499 requires access by the Secretary of Health and Human Services and the U.S. Comptroller General to the books and records of subcontractors of Medicare providers. Absent the allowability of such access, the provider's cost for such services would not be allowable for Medicare reimbursement purposes if the contract value over 12 months is \$10,000 or more. We would grant such access if this law is applicable to our services.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the Hospital; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Dingus, Zarecor & Associates PLLC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the regulatory agency, cognizant or oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Dingus, Zarecor & Associates PLLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by a regulatory agency. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit in approximately March 2024 and to issue our reports no later than June 2024. Shaun Johnson is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be as follows:

Audit	\$35,000
Preparation of Medicare cost report	\$12,000
Preparation of Medicaid cost report	\$5,000
Uniform Guidance Single Audit (if necessary)	\$10,000
State of Alaska Single Audit (if necessary)	\$10,000
State Grant Testing	\$3,500

Our fee for the Uniform Guidance Single Audit includes one major program to be audited. Each additional major program will increase our fee by \$4,500.

Out-of-pocket travel and shipping costs will be billed at our cost in addition to the above fees. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

You have requested that we provide you with a copy of our most recent external peer review report and any subsequent reports received during the contract period. Accordingly, our 2022 peer review report accompanies this letter.

Reporting

We will issue a written report upon completion of our audit of the Hospital's financial statements. Our report will be addressed to management and those charged with governance of the Hospital. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express an opinion or withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to Cordova Community Medical Center and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please print and sign a copy and return to us.

DINGUS, ZARECOR & ASSOCIATES PLLC

A handwritten signature in black ink, appearing to read 'Shaun Johnson', written in a cursive style.

Shaun Johnson, CPA
Owner

RESPONSE:

This letter correctly sets forth the understanding of Cordova Community Medical Center.

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

Title: _____

Date: _____

Report on the Firm's System of Quality Control

To the Members of
Dingus, Zarecor & Associates PLLC
and the Peer Review Committee of
the Colorado Society of CPAs

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC (the firm) in effect for the year ended November 30, 2022. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a system review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported on in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing and complying with a system of quality control to provide the firm with reasonable assurance of performing and reporting in conformity with the requirements of applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported on in conformity with the requirements of the applicable professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of and compliance with the firm's system of quality control based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including a compliance audit under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates PLLC in effect for the year ended November 30, 2022, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)*, or *fail*. Dingus, Zarecor & Associates PLLC has received a peer review rating of *pass*.

A handwritten signature in black ink that reads "KraftCPAs PLLC". The script is cursive and fluid, with the letters "K", "P", and "L" being particularly prominent.

KraftCPAs PLLC

May 30, 2023



Memorandum

To: Hospital Services Board

From: Administration

Subject: Approval of Privileges for Murray Buttner, MD

Date: 12/12/2023

Suggested Motion: "I move that the Hospital Services Board approve the Delineation of Privileges for Murray Buttner, MD, as presented."



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

Cordova Community Medical Center (CCMC) Request for Core Privileges:

Core Privileges include care in the following departments:

- Emergency Department
- Hospital Admissions
- Long term Care
- Family Medicine Clinic

To be eligible to apply for core privileges at CCMC, the initial applicant must meet the following criteria:

- Degree: MD or DO
- Current ACLS, Pals and ~~ATLS~~ *CALS*
- Board Certified Emergency medicine physicians will not be required to have or maintain ATLS.
- Successful completion of a residency or fellowship training program approved by the Accreditation Council for Graduate Medical Education ("ACGME") or the American Osteopathic Association ("AOA").

Board Certification: As stated in the Medical Staff Bylaws, applicants must have current certification OR active participation in the examination process leading to achievement of board certification within (5) years by the American Board of Emergency, Family or Internal Medicine or the American Osteopathic Board, or lose his/her right for reappointment to the Cordova Community Medical Center Medical Staff.

Required Previous Experience: The successful applicant must demonstrate involvement as an admitting physician for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Maintenance of Privileges:

- Demonstration of the provision of inpatient services to at least (2) patients in the past (2) years.
- Maintain ACLS, PALS AND ~~ATLS~~ (unless ABEM certified) *CALS*
- Performance of (15) procedures per year, to include either hospital or office procedures.

Privileged providers are expected to assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

CORE PRIVILEGE Procedures: - Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

ADULT CARE:

- ☒ Arterial Puncture *Lo ABG*
- ☒ Paracentesis
- ☒ Arthrocentesis
- ☒ Thoracentesis
- ☐ Central Venous Pressure
- ☐ Transtracheal aspiration
- ☐ Subclavian or internal jugular placement
- ☒ Emergency tracheotomy/tracheostomy
- ☒ Cardiopulmonary Resuscitation (Basic and Advanced)
- ☒ Diagnostic lumbar puncture
- ☒ Incision, local excision lesion (skin & subcutaneous)
- ☒ Simple suture
- ☐ Suture muscle, tendon and/or fascia
- ☐ Rigid sigmoidoscopy with biopsy
- ☒ Incision/excision perirectal or perianal
- ☒ Removal of nail, nail bed or nail fold
- ☒ Closed reduction of fractures
- ☒ Closed reduction wrist, elbow, shoulder region Patellar, Hip
- ☒ Splint and Cast Placement
- ☒ Joint Injection ☒ Shoulder ☒ Knee ☒ Wrist _____ Other
- ☐ Tendon Sheath Injections

GYNECOLOGY PRIVILEGES

- ☒ Care of gynecologic infectious disease
- ☐ Endometrial biopsy *Yes EMB*
- ☒ Incision and drainage or excision of vaginal or vulvar cyst abscess
- ☒ Simple excision or biopsy lesion on vulva or perineum are included but do not necessarily limit the scope of these privileges
- ☐ IUD Insertion

EMERGENCY OBSTETRICAL PRIVILEGES

- ☒ Emergency normal labor, delivery and postpartum care, including amniotomy, spontaneous delivery, episiotomy and repair including ~~3rd and 4th degree lacerations~~
- ☐ ~~Repair of vaginal lacerations~~
- ☒ Care of 1st trimester spontaneous abortion (threatened, incomplete, complete) including follow up and medical management; gestational diabetes controlled by diet;

ADULT MODERATE SEDATION

- ☐ Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- ☐ Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC MODERATE SEDATION

- ☐ Education: Completion of the approved Moderate Sedation Competency Relias Examination with a passing score of 85% and review of the Cordova Community Medical Center policy on Moderate Sedation.
- ☐ Maintenance Criteria: Passing score of 85% or better on the Cordova Community Medical Center Relias Moderate Sedation Competency Examination.

PEDIATRIC PRIVILEGES:

Procedures:

- ☒ Incision, local excision lesion (skin & subcutaneous)
- ☒ Simple skin suture or mucous membrane
- ☒ Closed reduction of fractures
- ☒ Closed reduction wrist, elbow or shoulder region (simple shoulder, elbow & patellar dislocations)
- ☐ Other _____

Pediatric Admission Privileges:

- ☒ Pediatric care admission privileges include ability to admit and care for patients with illness or problems requiring observation in a hospital setting or requiring supportive care (e.g. Rule out Appendicitis, Asthma, Diabetes, Failure to Thrive, Pneumonia, Pyelonephritis, Diarrheal Illness with Mild Dehydration, Uncomplicated Injuries), Metabolic Support, O2 Support (not ventilator), or IV Medications (e.g. meningitis, overdose, seizures, etc.), and uncomplicated Trauma.

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

W. Murray Butner

Practitioner Signature

12/1/23

Date

W. Murray Butner

Practitioner Print

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

11 December 2023 | 4:06 PM AKST

Date

CEO

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

11 December 2023 | 4:06 PM AKST

Date

Chief of Staff or Designee Verification

Cordova Community Medical Center (CCMC) Ambulatory Clinic Privileges:

Outpatient Clinic Privileges include care in the Family Medicine Clinic department.

Required Previous Experience: The successful applicant must demonstrate involvement as a clinical provider for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Granting of such clinical privileges is based upon education, clinical training, experience, demonstrated current competence, documented results of patient-care, and other quality review and monitoring deemed appropriate.

Primary care medicine is a dynamic and comprehensive field. Adult medicine, OB-GYN, pediatric care, and mental health care are integral components of a continuity of care. As a result, privileges in these areas are identified to pertain to primary care specialties of pediatrics, internal medicine, family practice, obstetrics/gynecology and community oriented behavioral health services.

The privileges for CCMC will be granted in the following classes:

☐ **LEVEL ONE (GENERAL)**

This class includes privileges for uncomplicated, basic procedures and clinical application of cognitive skills. Providers applying for privileges in this class will be graduates of approved medical/osteopathic/Podiatric Medicine schools or licensed schools for physician assistants or nurse practitioners. Providers will be properly licensed, and have demonstrated skills in appropriate general medicine practice.

☒ **LEVEL TWO**

Privileges in this class include Level One privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in residency programs. This privilege form will also be used by visiting specialist providers that are not seeking emergency or hospital privileges. Privileges may include procedures and clinical application of cognitive skills appropriate to the care in perinatal, behavioral health services, advanced pediatric care, cardiology, gynecological, orthopedic or adult medicine. Providers requesting privileges in this class will have met the criteria in Level One, and will also have either completed training in a residency program and/or will be Board Certified in the area of specialty, or will have documented experience, demonstrated abilities and current competence for the requested specific privileges.

IT SHOULD BE NOTED THAT, EVEN THOUGH A PROVIDER IS ASSIGNED ONE OF THE TWO CLASSES, HE OR SHE MAY ALSO ELECT TO APPLY FOR INDIVIDUAL PRIVILEGES THAT MAY BE CONSIDERED TO BE IN A HIGHER CLASS.

Please check the boxes next the procedure you are requesting privileges for. Line through any individual core procedure that you wish to exclude.

LEVEL ONE

- ☒ Management of Routine Pediatric Care
- ☒ Management of Routine Adolescent Care
- ☒ Management of Routine Adult Care
- ☒ Management of Routine Gynecologic Care
- ☒ Management of Routine Prenatal Care
- ☒ Management of Routine Geriatric Care
- ☒ Supervision of Residents & Students
- ☒ Cardiopulmonary resuscitation (BLS)
- ☒ Initial evaluation of musculoskeletal problems
- ☒ Suturing of simple lacerations (one layer)
- ☒ Use of local anesthetics for wound repair
- ☒ Superficial Nerve Block
- ☒ Debridement, skin or subcutaneous, tissue
- ☒ Treatment uncomplicated dermatological conditions
- ☒ Needle aspiration of subcutaneous lesion
- ☒ Excision, benign skin lesion
- ☒ I&D, Paronychia,
- ☒ I&D, uncomplicated soft tissue abscess
- ☒ Treatment of planter warts
- ☒ Dressing/Debridement, burn
- ☒ Foreign body removal, nose
- ☒ Foreign body removal, eye (not corneal)
- ☒ Foreign body removal, ear
- ☒ Incisional removal of foreign body
- ☒ EKG Interpretation
- ☒ PFT (pulmonary function test) interpretation
- ☒ IUD removal
- ☒ I&D, Bartholin Cyst
- ☒ Waived Laboratory Testing
- ☐ ~~Provider Performed Microscopy~~

LEVEL TWO

- ☒ I&D complicated abscess
- ☒ I&D perirectal abscess
- ☒ Biopsy, skin
- ☒ Ingrown toenail excision
- ☒ Joint aspiration and injection of major joints (i.e. shoulder, hip, knee)
- ☒ Lacerations, infected
- ☒ Suturing of simple 2 layer lacerations
- ☒ Trigger point injection
- ☐ ~~Endometrial Biopsy~~

- ☐ IUD insertion
- ☐ Cervical Biopsy
- ☐ Colposcopy
- ☐ Cervical Cryotherapy
- ☐ ~~LEEP~~
- ☐ Prenatal care with moderate risk, including
- ☐ history of genital herpes
- ☒ mild chronic hypertension during pregnancy
- ☐ gestational diabetes
- ☐ mild pre-eclampsia
- ☐ Outpatient subcutaneous heparin/LMW heparin management
- ☒ Joint Aspirations
- ☐ Procedures involving destruction of nail bed
- ☒ Treatment of Closed Dislocations and uncomplicated fractures
- ☒ Clinical Cardiology Care

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situations my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

W. Murray B. Hner

Practitioner Signature

12/1/23

Date

W. Murray B. Hner

Practitioner Print

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

CEO

11 December 2023 | 4:06 PM AKST

Date

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Chief of Staff or Designee Verification

11 December 2023 | 4:06 PM AKST

Date



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

PRACTITIONER CREDENTIALING

Kelsey Hayden, Chair
CCMC Authority Board
ccmcboardseate@cdvcmc.com
Cordova Community Medical Center
Cordova, AK 99574

RE: MURRAY BUTTNER, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed credentialing application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend **Murray Buttner, MD** for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:

Paul Gloe

6C24CD6B672F40A...

Chief of Staff

11 December 2023 | 9:53 AM AKST

Date

DocuSigned by:

Hannah Sanders

A9259C1E5177486...

Chief Executive Officer

11 December 2023 | 4:06 PM AKST

Date

Cordova Community Medical Center
Request for Clinical Privileges

Practitioner Name: **MURRAY BUTTNER, MD**

MEDICAL DIRECTOR REVIEW

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

<input type="checkbox"/>	Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter	<input type="checkbox"/>	Peer Review results
<input checked="" type="checkbox"/>	Approved based on data submitted	<input type="checkbox"/>	Peer Recommendations
<input type="checkbox"/>	Mortality data	<input type="checkbox"/>	Professional performance
<input type="checkbox"/>	Pertinent results of performance improvements activities		
<input type="checkbox"/>	Clinical judgement and technical skills in performing procedures and treating and managing patient		

☒ **Recommendation:**

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:
none

DocuSigned by:
Curtis Byes
E73DD11B943F429...
Medical Director Signature

11 December 2023 | 4:01 PM AKST
Date

CCMC BOARD OF AUTHORITY

<input type="checkbox"/>	Approved as requested
<input type="checkbox"/>	Approve with conditions/modifications (see explanation below)
<input type="checkbox"/>	Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair

Date



Memorandum

To: Hospital Services Board

From: Administration

Subject: Approval of Privileges for Mary Horner, MD

Date: 12/12/2023

Suggested Motion: "I move that the Hospital Services Board approve the Delineation of Privileges for Mary Horner, MD, as presented."



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

Cordova Community Medical Center (CCMC) Ambulatory Clinic Privileges:

Outpatient Clinic Privileges include care in the Family Medicine Clinic department.

Required Previous Experience: The successful applicant must demonstrate involvement as a clinical provider for at least (20) patients during the past two (2) years.

References: Two peer references must come from peers in the same discipline who have worked with an applicant in the past (24) months; at least one in the same specialty.

Granting of such clinical privileges is based upon education, clinical training, experience, demonstrated current competence, documented results of patient-care, and other quality review and monitoring deemed appropriate.

Primary care medicine is a dynamic and comprehensive field. Adult medicine, OB-GYN, pediatric care, and mental health care are integral components of a continuity of care. As a result, privileges in these areas are identified to pertain to primary care specialties of pediatrics, internal medicine, family practice, obstetrics/gynecology and community oriented behavioral health services.

The privileges for CCMC will be granted in the following classes:

☒ **LEVEL ONE (GENERAL)**

This class includes privileges for uncomplicated, basic procedures and clinical application of cognitive skills. Providers applying for privileges in this class will be graduates of approved medical/osteopathic/Podiatric Medicine schools or licensed schools for physician assistants or nurse practitioners. Providers will be properly licensed, and have demonstrated skills in appropriate general medicine practice.

☒ **LEVEL TWO**

Privileges in this class include Level One privileges, as well as privileges for those procedures and cognitive skills involving more serious medical problems and which normally are taught in residency programs. This privilege form will also be used by visiting specialist providers that are not seeking emergency or hospital privileges. Privileges may include procedures and clinical application of cognitive skills appropriate to the care in perinatal, behavioral health services, advanced pediatric care, cardiology, gynecological, orthopedic or adult medicine. Providers requesting privileges in this class will have met the criteria in Level One, and will also have either completed training in a residency program and/or will be Board Certified in the area of specialty, or will have documented experience, demonstrated abilities and current competence for the requested specific privileges.

IT SHOULD BE NOTED THAT, EVEN THOUGH A PROVIDER IS ASSIGNED ONE OF THE TWO CLASSES, HE OR SHE MAY ALSO ELECT TO APPLY FOR INDIVIDUAL PRIVILEGES THAT MAY BE CONSIDERED TO BE IN A HIGHER CLASS.

~ Healthy People Create a Healthy Community ~

- ☒ Management of Routine Pediatric Care
- ☒ Management of Routine Adolescent Care
- ☒ Management of Routine Adult Care
- ☐ Management of Routine Gynecologic Care
- ☐ Management of Routine Prenatal Care
- ☐ Management of Routine Geriatric Care
- ☐ Supervision of Residents & Students
- ☐ Cardiopulmonary resuscitation (BLS)
- ☐ Initial evaluation of musculoskeletal problems
- ☒ Suturing of simple lacerations (one layer)
- ☒ Use of local anesthetics for wound repair
- ☒ Superficial Nerve Block
- ☒ Debridement, skin or subcutaneous, tissue
- ☒ Treatment uncomplicated dermatological conditions
- ☒ Needle aspiration of subcutaneous lesion
- ☒ Excision, benign skin lesion
- ☒ I&D, Paronychia,
- ☒ I&D, uncomplicated soft tissue abscess
- ☒ Treatment of planter warts
- ☒ Dressing/Debridement, burn
- ☐ Foreign body removal, nose
- ☐ Foreign body removal, eye (not corneal)
- ☐ Foreign body removal, ear
- ☒ Incisional removal of foreign body
- ☐ EKG Interpretation
- ☐ PFT (pulmonary function test) interpretation
- ☐ IUD removal
- ☐ I&D, Bartholin Cyst
- ☐ Waived Laboratory Testing
- ☒ Provider Performed Microscopy

LEVEL TWO

- ☐ I&D complicated abscess
- ☐ I&D perirectal abscess
- ☒ Biopsy, skin
- ☐ Ingrown toenail excision
- ☐ Joint aspiration and injection of major joints (i.e. shoulder, hip, knee)
- ☐ Lacerations, infected
- ☒ Suturing of simple 2 layer lacerations
- ☐ Trigger point injection
- ☐ Endometrial Biopsy


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- ☐ LEEP
- ☐ Prenatal care with moderate risk, including
- ☐ history of genital herpes
- ☐ mild chronic hypertension during pregnancy
- ☐ gestational diabetes
- ☐ mild pre-eclampsia
- ☐ Outpatient subcutaneous heparin/LMW heparin management
- ☐ Joint Aspirations
- ☐ Procedures involving destruction of nail bed
- ☐ Treatment of Closed Dislocations and uncomplicated fractures
- ☐ Clinical Cardiology Care

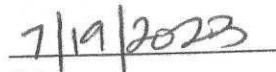
Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Cordova Community Medical Center and I understand that:

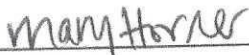
- a. In exercising any clinical privileges granted, I am constrained by Medical Staff bylaws, policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situations my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.



Practitioner Signature



Date



Practitioner Print

DocuSigned by:



A9259C1E5177486

CEO

11 December 2023 | 1:22 AM AKST

Date

DocuSigned by:



6C24CD6B672F40A

Chief of Staff or Designee Verification

09 December 2023 | 8:41 AM AKST

Date

~ Healthy People Create a Healthy Community ~

Cordova Community Medical Center Request for Clinical Privileges

Practitioner Name:

MEDICAL DIRECTOR REVIEW

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

<input type="checkbox"/> Approved for Delegated Privileges based on the attached AK Regional Hospital Approval letter <input checked="" type="checkbox"/> Approved based on data submitted <input type="checkbox"/> Mortality data <input type="checkbox"/> Pertinent results of performance improvements activities <input type="checkbox"/> Clinical judgement and technical skills in performing procedures and treating and managing patient	<input type="checkbox"/> Peer Review results <input type="checkbox"/> Peer Recommendations <input type="checkbox"/> Professional performance
--	--

☒ **Recommendation:**

☐ Approved as requested

☐ Approve with conditions/modifications (see explanation below)

☐ Deny (see explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

none

DocuSigned by:

 E73DD11B943F429...
Medical Director Signature

10 December 2023 | 3:49 PM AKST

Date

CCMC BOARD OF AUTHORITY

☐ Approved as requested

☐ Approve with conditions/modifications (see explanation below)

☐ Deny (See explanation below)

Reasons for recommendation, Reasons for conditions, Reasons for modifications and/or denial:

Board of Authority Chair**Date**



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

PRACTITIONER CREDENTIALING

JANUARY 25, 2024

Kelsey Hayden, Chair
CCMC Authority Board
ccmcboardseate@cdvcmc.com
Cordova Community Medical Center
Cordova, AK 99574

RE: MARY HORNER, MD

Dear Chairperson and Hospital Authority Board,

Cordova Community Medical Center has reviewed credentialing application for privileges to our hospital. In accordance with our medical staff bylaws, the credentialing committee has reviewed the application including practitioner licenses, professional references, and case logs. We recommend MARY HORNER, MD for privileges at Cordova Community Medical Center.

Sincerely,

DocuSigned by:
Paul Gloe
6C24CD6B672F40A...

Chief of Staff

09 December 2023 | 8:41 AM AKST

Date

DocuSigned by:
Hannah Sanders
A9259C1E5177486...

Chief Executive Officer

11 December 2023 | 1:22 AM AKST

Date



Memorandum

To: Hospital Services Board
Subject: CCMC 2024 Budget
Date: 12/08/2023

Suggested Motion: "I move that the Hospital Services Board approve the CCMC 2024 Budget as presented."

RUN DATE 12/14/23
TIME 15:05

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
Projected 2023 vs Budgeted 2024

	Actual 2022	Annualized 2023	Projected 2024	\$ Variance	% Variance
REVENUE					
ACUTE	1,120,178.34	1,536,988.39	1,567,253.80	(30,265.41)	(1.94)
SWING BED	3,450,247.14	3,498,576.21	3,078,747.29	419,828.92	13.63
LONG TERM CARE	4,693,758.47	5,704,949.28	5,704,949.28	.00	.00
CLINIC	833,711.25	1,311,477.04	1,337,706.41	(26,229.37)	(1.97)
ANCILLARY DEPTS	2,587,900.31	3,524,125.74	3,594,607.60	(70,481.86)	(1.97)
EMERGENCY DEPARTMENT	2,625,419.95	4,967,993.23	5,067,352.70	(99,359.47)	(1.97)
BEHAVIORAL HEALTH	229,222.37	293,816.07	299,692.38	(5,876.31)	(1.97)
RETAIL PHARMACY	1,380,714.51	1,549,020.10	1,580,000.52	(30,980.42)	(1.97)
	-----	-----	-----	-----	-----
PATIENT SERVICES TOTAL	16,921,152.34	22,386,946.06	22,230,309.98	156,636.08	.70
DEDUCTIONS					
CHARITY	232,198.22	253,664.52	253,664.52	.00	.00
CONTRACTUAL ADJUSTMENTS	4,105,238.27	6,248,195.33	5,485,646.69	762,548.64	13.90
ADMINISTRATIVE ADJUSTMENTS	378,787.04	33,817.76	100,000.00	(66,182.24)	(66.19)
BAD DEBT	3,000.00	954,171.64	849,171.64	105,000.00	12.36
	-----	-----	-----	-----	-----
DEDUCTIONS TOTAL	4,719,223.53	7,489,849.25	6,688,482.85	801,366.40	11.98
COST RECOVERIES					
GRANTS	745,447.05	402,557.11	529,480.57	(126,923.46)	(23.98)
PPP GRANT	.00	.00	.00	.00	.00
IN-KIND CONTRIBUTIONS	789,903.11	499,951.56	499,951.56	.00	.00
OTHER REVENUE	200,813.95	152,465.06	152,451.73	13.33	.00
	-----	-----	-----	-----	-----
COST RECOVERIES TOTAL	1,736,164.11	1,054,973.73	1,181,883.86	(126,910.13)	(10.74)
	-----	-----	-----	-----	-----
TOTAL REVENUES	13,938,092.92	15,952,070.54	16,723,710.99	(771,640.45)	(4.62)
EXPENSES					
WAGES	5,361,341.51	5,860,715.07	6,582,638.04	(721,922.97)	(10.97)
TAXES & BENEFITS	1,385,381.68	3,394,574.30	3,567,381.03	(172,806.73)	(4.85)
PROFESSIONAL SERVICES	2,111,318.39	2,282,715.34	2,387,062.17	(104,346.83)	(4.38)
SUPPLIES	1,861,509.66	2,043,482.51	2,145,637.15	(102,154.64)	(4.77)
MINOR EQUIPMENT	37,809.67	46,178.48	48,025.07	(1,846.59)	(3.85)
REPAIRS & MAINTENANCE	208,866.02	173,081.52	180,004.59	(6,923.07)	(3.85)
RENTS & LEASES	138,337.83	145,420.56	151,237.17	(5,816.61)	(3.85)
UTILITIES	533,982.80	600,071.86	623,283.50	(23,211.64)	(3.73)
TRAVEL & TRAINING	98,831.19	75,621.25	78,645.90	(3,024.65)	(3.85)
INSURANCES	222,530.75	223,527.27	253,221.17	(29,693.90)	(11.73)
RECRUIT & RELOCATE	26,613.34	9,289.65	9,661.22	(371.57)	(3.85)
DEPRECIATION	644,462.49	660,843.60	499,408.74	161,434.86	32.32
OTHER EXPENSES	294,326.08	189,909.20	197,505.24	(7,596.04)	(3.85)
	-----	-----	-----	-----	-----
TOTAL EXPENSES	12,925,311.41	15,705,430.61	16,723,710.99	(1,018,280.38)	(6.09)
	-----	-----	-----	-----	-----
OPERATING INCOME	1,012,781.51	246,639.93	.00	246,639.93	.00
NET INCOME	1,012,781.51	246,639.93	.00	246,639.93	.00
	=====	=====	=====	=====	=====



MEMORANDUM

To: Hospital Services Board

Subject: CCMC Salary Philosophy

Date: 12/08/2023

Suggested Motion: "I move that the Hospital Services Board approve the CCMC Salary Philosophy as presented."

CORDOVA COMMUNITY MEDICAL CENTER STATEMENT OF COMPENSATION PHILOSOPHY

Cordova Community Medical Center (CCMC) maintains an aggressively competitive position in the wages which it provides to its employees. CCMC will establish and maintain a pay program which assures employees that pay for their jobs will be market competitive, internally equitable and fairly administered. Therefore, we will target pay ranges for all jobs at least at the 50th percentile, or the average salary, whichever is higher, of the market from which we compete and recruit. We pursue this strategy because we want to attract and retain highly qualified personnel who will help us succeed in the increasingly contentious healthcare industry.

While continuing to be aggressively competitive in the wages it provides, CCMC must also carefully position itself for labor costs generally in line with its competitors. A compensation philosophy that is too high compared to the labor needs of CCMC, considering such factors as the Consumer Price Index, relevant market surveys and difficulty in recruiting, would adversely affect CCMC's ability to remain financially viable in a time increasingly sensitive to the cost of healthcare.

Helping to ensure a balance between aggressive competitive wages and maintaining a reasonable cost structure is the responsibility of the CCMC Chief Executive Officer and Human Resources Department. The Human Resources Department relies on annual published salary surveys from the Alaska State Hospital and Nursing Home Association (ASHNHA) to ensure:

- CCMC salary range midpoints are aggressively competitive with range midpoints of labor market competition; and
- CCMC has a salary range spread of at least 40% from the minimum to the maximum of the range.

CCMC salary ranges will allow increases in individual base salaries through a range only to the maximum of the range considering the market value of the position. Payment of the salary increase shall be a percentage of base salary up to the maximum of the pay range. Any amount of an increase that would place an employee's base salary above the maximum of the assigned pay range shall be paid in the form of a lump sum cash payment. Individuals who have reached the maximum of the range in their classification will not receive base salary increases until range expansion occurs as the market moves.

Absent turnover, eventually an employee will reach the top of their range. In these cases, the expression of dissatisfaction of limited earning potential may occur. CCMC will responsibly and prudently manage its financial obligations in salary administration and not create or allow unlimited potential in salary. (Compliant with the Taxpayers Bill of Rights II)

Should the turnover rate due to salary limitations increase causing threat or loss of key positions, Cordova Community Medical Center will respond to the issue of supply and demand still maintaining prudent stewardship of fiscal resources.






CCMC annually will analyze labor market conditions and study ASHNHA salary survey recommendations to structure competitive salary ranges. In the event the ASHNHA salary survey is not available, the Chief Executive Officer shall select another market relevant salary survey to use. CCMC will respond quickly to labor market condition changes and respond accordingly.

As a result of this Compensation Philosophy Statement, Cordova Community Medical Center expects to:

- Pay employees extremely well in wages;
- Pay long tenured employees higher than they would likely receive at competitive employers;
- See the wages of long-tenured employees rise as labor rates rise through periodic range adjustments;
- Maintain salary ranges designed to ensure rates of pay that are internally fair and externally competitive; and
- Consider extra work on temporary assignments, temporary high census or internal operational conditions and financially reward employees on a case by case basis, subject to the approval of the Chief Executive Officer.

Approved by the CCMC Authority Board of Directors July 27, 2017

January 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 - CLOSED- 	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25 HOSPITAL SERVICES BOARD QTRLY MEETING HYBRID IN-PERSON 12PM	26	27 ICEWORM EVENTS 
28 ICEWORM EVENTS 	29 ICEWORM EVENTS 	30 ICEWORM EVENTS 	31 ICEWORM EVENTS 