Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

BOARD of DIRECTORS
MEETING AGENDA
February 18, 2015 1:00 PM
Board Room (Burney)

Board of Directors

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

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare

to improve quality of life through dedicated, compassionate staff and innovative technology.

1	**CALL MEETING TO ORDER – Abe Hathaway, President**	
2	**CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS:** Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. **Comments should be limited to matters within the jurisdiction of the Board.** Pursuant to the Brown Act (Govt. Code section 54950 et seq.) **action or Board discussion cannot be taken** on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	**APPROVAL OF MINUTES:** 3.1 Regular Meetings – January 28, 2015 **(ATTACHMENT A)**	*ACTION ITEM*
4	**OPERATIONS** ▶ C3 Report (CEO, CNO, CCO) FACILITIES MANAGEMENT, SUPPORT SERVICES, COMPLIANCE**(ATTACHMENT B)** **WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY**	Information
5	**BOARD COMMITTEES:** **5.1 Finance Committee – Chair Allen Albaugh** 5.1.1 Committee Meeting Report 5.1.2 January 2015 Financial review and acceptance of financials (*dispersed separately)* 5.1.3 Board Quarterly Finance Review (binder)—verify and accept review of payments made to ALPHA Fund (workers comp), CAHHS (unemployment liabilities, EDD (annual premiums; IRS (FICA, Medicare, withholdings), State Board of Equalization (sales tax), CEO expenditures/reimbursement.......................... 5.1.4 USDA Update... 5.1.5 Clinic Update.. **5.2 Strategic Planning Committee – Chair Abe Hathaway** 5.2.1 Committee Meeting Report – No Meeting 5.2.2 Board Assessment Presentation (Kerns)... **5.3 Quality Committee – Chair Mike Kerns** 5.3.1 Committee Meeting Report...	Information *ACTION ITEM* *ACTION ITEM* Information Discussion Information Information

6	**NEW BUSINESS/REPORTS** 6.1 Quarterly Worker's Compensation Report.	Information
7	**7.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS** ▶ Board Education – QHR Webinar 2nd Tuesdays 2015, 10 a.m.	Information/ discussion
8	**ANNOUNCEMENT OF CLOSED SESSION:** **8.1 Government Code Section 54962** Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff), and to consider and approve **8.2 Government Code Section54957: Personnel:** CEO Quarterly Evaluation **8.3 Approval of Closed Session Minutes from October 29, 2014 and January 28, 2014**	*ACTION ITEM*
9	**RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION**	
10	**ADJOURNMENT:** Next Regular Meeting March 25, 2015 – Fall River Mills	

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

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

Posted/Distributed: 02/12/15

Date: January 28, 2015
Time: 2:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

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

1. CALL MEETING TO ORDER: President Abe Hathaway called the regular meeting to order at 1:01 p.m. on the above date with the following present:

> Abe Hathaway, President
> Beatriz Vasquez, Secretary
> Allen Albaugh, Treasurer

Board Members Absent: Art Whitney, Mike Kerns

Staff Present: Matt Rees, CEO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Sherry Wilson, CNO; Kathy Broadway, ED Manger; Bob May, Ambulance Manger; Caleb Johnson, CCO; Keith Earnest, CCO

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

3. APPROVAL OF MINUTES – *A motion/second (Albaugh, Hathaway), and carried, the Board of Directors accepted the minutes for the regular and special meetings – December 18, 2014 Approved All*

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

► *Matt Rees, CEO:*
- In addition to the written report. Rees reported that he and Lakey had called the USDA today. Anita at the state office had just received a review. There are still some concerns. A major concern was that all of the GO Bonds were not in there. Rees told her that it was not going to happen because of a commitment to the community.
- Chocolate Festival $15,000 gross – last year $10,000 gross

► *Keith Earnest, CCO:*
- Clinical Division is struggling with internet being down. Can't order or bill prescriptions. Images can't be transmitted.
- Physical Therapy referrals have been robust. We are struggling with being able to see them all. We are back to where we were before we lost physicians. Certified Physical Therapy Aid coming March 1. We are looking for a PT. One option is splitting with Modoc. We can use registry, but would love to hire our own. We have 31 patients waiting to be seen. This is a cause of frustration with patients and physicians. PT's see Swing Patients 2 time a day.
- Vasquez asked about alcohol breath testing device – Earnest explained. Looking into buying one, but need to look into the revenue and expenses. This would help us to meet requests from Department of Transportation. It is good revenue. We do urine drug tests. Albaugh asked if there is any other businesses out there we can get for these drug screenings. Possibly ask a local business who does their random drug testing. Earnest will check with Carpenter's Trucking.

► *Sherry Wilson, CNO:*
- Both nursing homes have been under quarantine for about 3 weeks from

respiratory outbreak. Lifted in FRM on Monday and Burney today.
- CNA class waiver has been issued, but Feather River has to get approval from Shasta College. There is a meeting set for February 11th. There are about 30 people wanting to take the class. There are a couple of CNA's wanting to take LVN class. It will be good for our employment prospects. Earnest asked about home health add-on. Wilson didn't think it was a part of the class.
- Wilson will be moving out of her office to make room for more SNF patients. Rees reviewed some potential ideas of where to put extra swing bed patients and long term care patients.

▶ **EMR – Louis Ward, Chief Operating Officer** – See written report. Out with baby

▶ **Caleb Johnson, Chief Compliance Officer**
- In addition to the written report Johnson highlighted a large total revenue month in December; largest in the last 5 years. This is attributed to increase Acute and Swing utilization. We should have an above normal month in January. We are at about $97,000/day in charges. Johnson and Lakey are still working diligently in business office. There are new processes to avoid having amounts age as they have before. Johnson believes it is a process problem, not a personnel problem. We have been changing the process and we will see how it tracks. Follow-up biller needs to get into accounts in a timely fashion. We are starting to shed light on the issues. We need to productively manage the "ticklers". We are running reports and asking questions; the follow-up process is being fixed.

- Albaugh suggested that a report be generated on what is billed and what is collected. Johnson has been working with Department Managers. Need to address quality of care and dollars and cents. Johnson can provide a report to managers.

- Gauge expectations against what is happening – accountability.

- Vasquez asked if managers have enough training to understand the financials. Johnson said probably not enough, but more than they used to. We are working on it.

- There have been a lot of changes – need to get settled in and go with a standard operating procedure.

- Will be pulling everything out of Mardon within next few weeks.

5. BOARD COMMITTEES:

5.1 Finance Committee – Chair Allen Albaugh
    5.1.1 Committee Meeting – *See minutes as distributed.* Financials looked good. Would like to see a cash report each month – not just revenue and a complete expense report.
    5.1.2 December 2014 Financials – *Approved All(Albaugh, Hathaway)*
    5.1.3 OB and Surgery Update – Condition of surgery department – volume is not what the model was. Many things are happening with trying to increase volume. The board will need to revisit at end of fiscal year. We may have another big decision. OB

rate increase will help. Need to discuss the CRNA expenses.

5.1.4 Ambulance Purchase Update Bob May, Ambulance Manager was present to give an update on the Ambulance purchase. *(See finance notes from May's presentation)* We are looking at a F350 4-Wheel Drive Chassis, with a $10,000 fleet discount. The ambulance is made in South Carolina. It will take at least 4 months to build. Everything is included; it is a turnkey rig - it will be complete. We paid $115,000 in 2007. This rig will have liquid filled suspension. We are able to run it for a while (shakedown) before we pay for it. ***Approved All (Albaugh, Vasquez) $169,170***

5.2 Strategic Planning Committee – Chair Abe Hathaway
    5.2.1 Committee meeting - *See minutes as distributed.*
    5.2.2 Retreat – April 2-3, 2015 – will be at the Heritage Room at the Inter-Mountain Fairgrounds.
    5.2.3 Board Assessment Presentation – *Tabled to February– Kerns Absent*

5.3 Quality Committee – Chair Mike Kerns
    5.3.1 Committee Meeting Report - *No committee Meeting*
    5.3.2 Policy & Procedure Approval (Albaugh, Vasquez) *Approved All*
    5.3.3 Quarterly P & P Review –Board will be completing manual reviews using the MCN software

6. NEW BUSINESS
    6.1 Clinic Update/ Review – Resolution 2015-1: Clinic Operating and Business Plan. Potential of the OB/GYN. Have put together the capital budget. *(Vasquez, Hathaway) Albaugh opposed. Roll Call Vote: Vasquez, Hathaway – aye; Albaugh - nay*
    6.2 Resolution 2015-2: Support of Partnership Grant – $68,000 renovations, $17,500 flooring, $15,000 equipment, FRM clinic renovations will be listed as "In Kind" on the grant application. The clinic will provide access to care – 35% of the patients will be Partnership patients. *(Vasquez, Albaugh) Approved All. Roll Call Vote: Albaugh, Hathaway, Vasquez - aye*
    6.3 JPIA Agreement – Rees gave an explanation of the JPIA Agreement. Rees presented the JPIA document to formalize agreement with Modoc, Lakeview, and Surprise Valley to work together on various projects. Lakeview has a recruiter now and this could benefit all members of the JPIA. There will be a money savings in many areas as we will be able to share and consolidate in many areas. We will be able to pick and choose what we want to participate in – Each facility's Board will have full authority to decide whether a hospital will participate in specific projects. This will help with rural health care to be able to collaborate. *(Albaugh, Vasquez) Approved All*
    6.4 Policy & Procedure Review Schedule – will be sending out schedule.

7. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS
    ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST

8. ANNOUNCEMENT OF CLOSED SESSION: (2:42 PM)

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

10. ADJOURNMENT: There being no further business, at the hour of 3:40 p.m., President Hathaway declared the meeting adjourned. Next meeting February 18, 2015 - Burney

**Operations Report
January 2015**

Mayers Memorial Hospital

Statistics	January YTD FY15 (current)	January YTD FY14 (prior)	January Budget YTD FY15
Surgeries (including C-sections)	65	38	55
➢ Inpatient	21	16	11
➢ Outpatient	44	22	44
Procedures (surgery suite)	108	23	54
Inpatient (Acute/OB/Swing) Days	1199	1061	1140
Emergency Room	2362	2149	2150
Skilled Nursing Days	15841	15392	15274
OP Visits (OP/Lab/X-ray)	8997	8911	9586
Hospice Patient Days	688	1786	703
PT	7220	5704	5922
Ambulance Runs	234	241	238

Operations District-Wide
Prepared by: Matthew Rees, Chief Executive Officer

Administration/CEO activities during the past month:

- Grant application for the grant funds for the clinic was submitted to Partnership. Met with Margaret, Partnership's Redding Manager about our proposal. She said this is the type of project that they are looking for. In talking to her about other issues and thanking her for the new OB rate, she told me they are interested in getting someone to handle transportation in the Intermountain area and there would be funding available for it. Margaret Truan followed up with a call about also submitting a grant for the balance of the funds we need for the ambulance. We submitted the grant as a second choice for funding.

- Last week I attended CHA Northern Council and CHA Board meetings. We discussed several legislative issues that CHA is proposing to fend off other legislation that may arise. We also discussed issues that may arise this legislative session that we will need to oppose.

- I attended the DLHF (District Leadership Healthcare Forum) a division of ACHD (Association of California Healthcare Districts) meeting where we discussed some funding issues; one of which could bring between $900,000 to $4,8000,000 per year for 5 years to the hospital. This is one of the main reasons I attended, they are looking at how divide up $100 million between the district hospitals. I am lobbying and pushing for a calculation that gets us to the upper end. While at the meeting, I informed several of the CEO's who would benefit with us, if the calculations where done based on Medi-cal days. I showed them how much of an effect the calculation makes for us rural facilities with LTC's. For us it could be $15 million.

- This week Holly Green, OB Manager and I have met with the Image group and promoted OB and other services. Dr. Syverson and I also attended the Burney Chamber meeting where I introduced him and gave them some updates about the hospital. Dr. Syverson, Lisa Akin and I met with Hill Country to talk about surgery and OB referrals. We actually got a referral that afternoon after the visit.

- We are meeting with Michael Ryan today (Friday, Feb. 13) who will look at both clinic spaces to tell us what we will need to meet OSHPD 3 code. We are looking to make space compliant for any use. Currently we can only do a 1206 clinic, which does not have to meet that code.

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

Physical Therapy

- As of February 11, 2015 there were 22 patients waiting to be evaluated by physical therapy. This has decreased from the 31 patients waiting last month. Cheryl Neff, CPTA, has joined our PT team on contract but additional permanent staff is desperately needed.

Cardiac Rehab

- The new Holter monitors are implemented and staff is trained on using them.
- Trudi Burns, RN, manager is planning to increase referrals by promoting CHF as a cover diagnosis to new providers in our community.

Laboratory

- Chris Hall, CLS, manager, is working on a grant for equipment that would perform automated organism identification and sensitivities. This equipment will allow Mayers to test sensitivities to antibiotics not available for disc sensitivities.
- The laboratory department is expecting phlebotomy students from Shasta College as early as April.
- The speed of the labs centrifuges need to be measured quarterly per regulatory requirements. Our biomed contract only provides this service annually so a tachometer has been ordered so staff can perform this quality assurance
- A review and revision of Mayers antibiogram is still underway. This process includes manually tabulating all culture and sensitivity data for the last year. In the future we hope that the system will be automated through Paragon®.

Pharmacy

- E-prescribe was trialed and was not ready for full implementation. IT staff and pharmacy staff have worked some of the bugs out and will continue to test with a goal of implementing fully by the end of March.
- Once some e-prescribed prescriptions have been transmitted, the data transfer with CaptureRx will be tested so we can utilize 340B drug pricing benefit.

Imaging

Casey perform cardiac echoes at Mayers but are only in the initial stages of bringing this test back in house.
- The process of integrating PACS with Mountain Valleys' system is behind schedule due to resources not being available from Mountain Valleys' software company. We have their assurances that this process will resume this spring.

Hospice

- An in-service for employees and volunteers addressing safe patient mechanics was performed by PT staff.
- The Hospice Dinner is at the Rex Club March 28th.

Critical Access Hospital
Prepared by: Sherry Wilson CNO/Acute

Acute/Swing Nursing Unit
Outpatient Medical
- Patient census is improving. The census was increased in December to 77, and now 87 patient visits, with 109 procedures done in January. Last year's average was 104/patient visits per month. 2014 Year end statistics indicate Dr. Zittel's patient load accounts for 40+% of the Outpatient census. Dr. Dahle, Dr. Watson, and Dr. Weinhold's referrals, respectively, make up the remaining bulk of our patient load, with a small percentage of referrals from physicians no longer in the area making up the rest.

- OPM is ready to contribute to the hospital wide competency discussion tentatively scheduled for 2/5/15. We have prepped a wound care assessment, and pressure ulcer prevention training program to bring to the table for discussion.

- Outpatient Rooms have been updated with a new coat of paint, new trim, and backer board (protects the walls from the bed scrapes). They look modern and professional!

- The next goal is to develop the space at the Burney Annex to house the Wound Care Clinic. The intent is offer Mayer's wound care clinic with Dr. Zittel in Burney, as well as Fall River.

Surgery

- Our numbers are still looking very good. We are at exactly twice the budgeted # of procedures and above the budgeted # of surgeries.
- Two physician visits are scheduled for the month of February to get Dr. Syverson in the public eye. One with Hill Country and one with Pit River Health.
- Call back reports from patients rate the care they received as "excellent".
- Ongoing training of Stacie continues. She should be ready to take call in March.
- We will be losing Sean in July. A new posting for full time RN was submitted and training will need to take place as soon as one is hired.
- Our staff continues to go home early in an attempt to keep staff hours down.
- Pricing for our Total Knee came from the vender in a timely fashion! This means we can go forward in charging the patient now.
- Still watching the surgery charges for clean claims and appropriate charges.

Infection Control

- Dr. Weinhold is now the medical director for Infection Control (IC) and the Antimicrobial Stewardship Program (ASP).

- IC has begun the process of implementing the following: This past September, California Senate Bill 1311 was signed into law, specifying requirements for each California hospital to adopt and implement by July 1, 2015, an "antimicrobial stewardship policy in accordance with guidelines established by federal government and professional organizations, and to establish a physician-supervised multidisciplinary antimicrobial stewardship committee with at least on physician or pharmacist who has undergone specific training related to stewardship."

  - ASP is based on the premise of judicial use of antibiotics in the healthcare setting

  - ASP will follow state and federal regulations

  - ASP will be a sub-committee of IC

  - Dr. Weinhold will be taking on-line education that satisfies the requirements of both IC and ASP

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Operations Report
Prepared by: Louis Ward, Chief Operating Officer

Facilities:
- **Outpatient Surgery** – Completed refreshing the Outpatient rooms
  - All 3 Outpatient rooms have been fully completed: new paint, new chair rails, FRP on the lower 36" of the walls to prevent wall damage due to equipment movement, blinds, and re-hanging televisions.
  - We are working with OPM Manager, Kay Shannon and Dr. Zittle to meet the needs of the Burney area regarding wound care services.
    - Working to establish an appropriate space for wound care services.
    - Considering using the urgent care environment with some small retrofits and equipment purchases.
- **Burney and Fall River Clinic – 1206(b)**
  - Meet with contractors to determine a capital budget for renovations in both clinic spaces. See **attached document** from Hat Creek Construction
  - Worked with Margaret Truan, Grant Coordinator to establish a budget for Partnership Health grant.
    - Grant was submitted Jan 31, 2015 to Partnership Health.
    - Grants will be awarded February 20th. Funds to follow.

Information Technology:
- **EMR Stage 2 attestation began Oct 1, 2014**
  - 1 year reporting period
  - See Meaningful Use (MU) report for up to date statistics **(attached)**
- On Sept. 16, 2014 Reps. Renee Ellmers (R-NC) and Jim Matheson (D-UT) introduced the Flexibility in Health IT Reporting (Flex-IT) Act (H.R. 5481). This legislation would give hospitals and eligible professionals more flexibility in meeting meaningful use (MU) requirements for electronic health records in fiscal year 2015.
  - This Act would reduce the Attestation reporting period for Stage 2 to 90 days.
  - Referred to House Subcommittee on Health 09/19/2014
  - **Last update**: The Act has been reintroduced as the Flex IT Act of 2015 (H.R. 270)
    - CMS released statistics showing only 4% of physicians and 35% of all hospitals have met the requirements of Stage 2 in the first 90 days of the 365 day reporting period.
- **Purchased Anti-Virus Protection**
  - Purchased Kapersky Antivirus to safeguard the organization from external threats
  - Assists with prevention of Email based viruses
  - Prevents large scale threats to vital servers.
  - Protection for over 150 users and 40 servers.
- **Electronic Submittal of Prescriptions**
  - Software allowing Physicians to electronically submit prescriptions to receiving pharmacies has been installed.
  - Currently testing the functionality as it has intermittently worked.
  - Moving to meet the requirements of the 340B Drug Pricing Program
    - **http://www.hrsa.gov/opa/**
  - Working with McKesson to develop templates for Class 2 Drugs requiring a tangible written prescription.

Dietary:
- **Grant awarded for the purchase of a new Salad Bar**
  - Salad bar will be located in the employee and patient family dining location.
- **Healthy Lunch options for employees**
  - Beginning discussions to provided quick and healthy meal options to employees such as a wider variety of soup and salad options, healthy snacks, and low sugar beverage alternatives.
- **Working with Lani Martin, RD to determine the best approach of which patients she will see, and which will be seen by Dietary Staff.**
  - After discussions Lani is considering providing an additional day to see outpatient dietary consults. This will assist in our overall population health initiatives.
  - Developing an understanding of inputting electronic dietary care plans.

Purchasing:
- Re-configured the purchasing storeroom to allow for additional space. With this additional space we decided to move in all bulk routine supplies from the outdoor shed.
  - This was in an effort to provide convenience to staff as well as a safety concern I have had every winter.
- Purchasing will be procuring all new ADA toilets for the Acute environment

- o We are purchasing 12 new toilets at a cost of $168/Ea
- o We will also need to procure items associated with installation
- o We expect to pick the toilets up the week of the 16th
- o Funds are coming from Intermountain Healthcare Foundation

Environmental Services:
- Weekly walkthroughs have been setup with the EVS Manager and the Infection Control Nurse to ensure that patient rooms are thoroughly cleaned and free from bacteria.
- EVS Manager will provide in-service to all EVS staff to ensure a standardized as well as thorough cleaning of all patient rooms,
- After the development of a suitable schedule for the out-buildings (Finance, River View, Long Street) many seem pleased with the frequency of EVS visits to those locations.

Respectfully Submitted by,

Louis Ward, MHA
Chief Operating Officer

Compliance Report
Prepared By: Caleb Johnson, Chief Compliance Officer

Revenue Cycle
- Revenue Cycle Health Report. **Attached**. Noteworthy:

  1. Total Charges remained very high in January, with average daily revenue remaining above $100,000. Total Payments also remained above average, as expected, although the $1.54M was slightly below the goal of $1.6M. The combination of continued high revenue and lower-than-goal collections in January indicate that February will be another above-average cash collection month.

  2. Total AR grew slightly in January despite payment and collection activity that equaled charge activity – this is due in part to successful efforts to reduce the Total Credit Balance. Despite the growth in Total AR, Gross AR Days dropped to within 5% of our interim goal of 65 days. This indicates that we are maintaining billing productivity in the face of increased utilization; and

  3. The Clean Claim Rate improved another two percentage points (to 45%) in January, maintaining its slow upward climb to the goal of 60%. In turn, Percent over 120 Days did not improve as intended, due to unforeseen staffing challenges.

Clinics
- Susanville Clinic. In an effort to boost surgery volumes, Dr. Syverson has agreed to re-open his clinic in Susanville two Fridays a month. The clinic will be staffed with one Medical Assistant, under contract with Mayers, and two part time employees hired by Dr. Syverson. The clinic will open for business starting February 6.

MAYERS MEMORIAL HOSPITAL DISTRICT
Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: CPOERX - Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 60 percent of medication orders created by the EP or authorized providers of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of medication orders in the denominator recorded using CPOE.

Denominator: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

2699 ÷ 3294 = 81.94%
Target: > 60 %
Measure Achieved
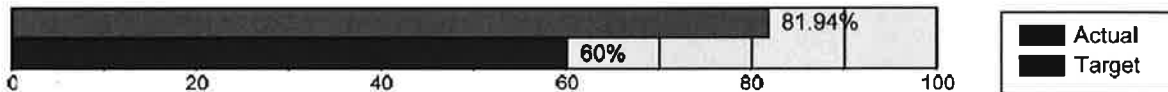
OBJECTIVE: CPOELB - Use computerized provider order entry (CPOE) for laboratory orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 30 percent of laboratory orders created by the EP or authorized providers of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of laboratory orders in the denominator recorded using CPOE.

Denominator: Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

2667 ÷ 3153 = 84.59%
Target: > 30 %
Measure Achieved
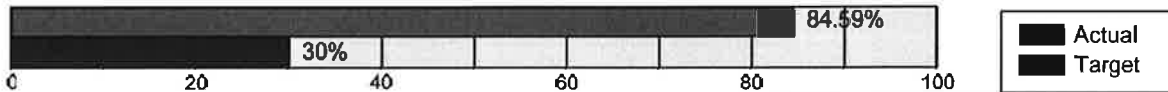
MAYERS MEMORIAL HOSPITAL DISTRICT
Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: CPOERAD - Use computerized provider order entry (CPOE) for radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 30 percent of radiology orders created by the EP or authorized providers of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of radiology orders in the denominator recorded using CPOE.

Denominator: Number of radiology orders created by the EP or authorized providers in the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

562 ÷ 720 = 78.06%
Target: > 30 %

Measure Achieved
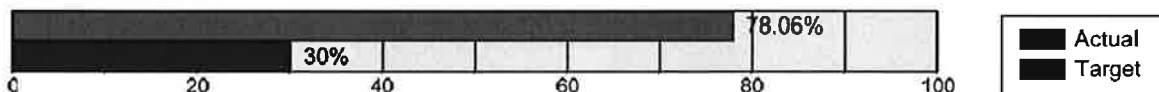
OBJECTIVE: D - Record the following demographics: preferred language, sex, race and ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

MEASURE: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.

Numerator: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to State law) recorded as structured data.

Denominator: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1117 ÷ 1119 = 99.82%
Target: > 80 %

Measure Achieved

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: VS - Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.

MEASURE: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.

Numerator: The number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. This information can be derived by looking in the height, weight and vitals tables. The Emergency Department triage process can also capture some of the information and should also be used to determine if all three of the fields exist for a person for the reporting period.
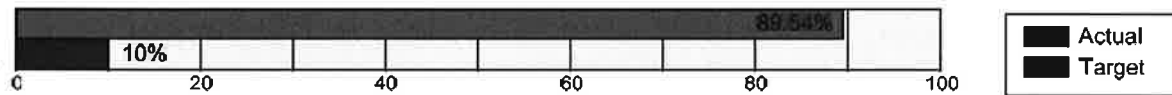
Denominator: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1083 ÷ 1119 = 96.78%
Target: > 80 %
Measure Achieved

OBJECTIVE: SM - Maintain and Record smoking status for patients 13 years old or older

MEASURE: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Numerator: The number of patients in the denominator with smoking status recorded as structured data. The data is captured in both Registration and within the Patient Profile module.

Denominator: Number of unique patients age 13 or older seen by the EP or admitted to an eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

924 ÷ 924 = 100.00%
Target: > 80 %
Measure Achieved

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: MED - Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMar).

MEASURE: More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.

Numerator: The number of orders in the denominator for which all doses are tracked using eMAR.

Denominator: Number of medication orders created by authorized providers in the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

$339 \div 2537 = 13.36\%$
Target: > 10 %
Measure Achieved
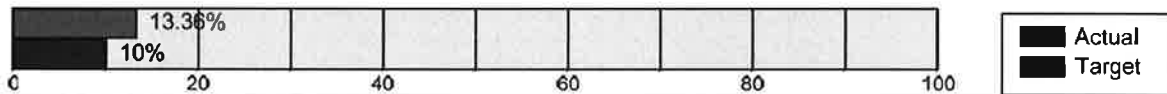
OBJECTIVE: AD - Record advance directives for patients 65 years old or older.

MEASURE: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAHs inpatient department (POS 21) have an indication of an advance directive status recorded.

Numerator: The number of patients in the denominator with an indication of an advanced directive entered using structured data. This information is captured within both Patient Profile and Registration.

Denominator: Number of unique patients age 65 or older admitted to an eligible hospital's or CAHs inpatient department (POS 21) during the EHR reporting period.

Numerator ÷ Denominator = Actual

$297 \div 297 = 100.00\%$
Target: > 50 %
Measure Achieved
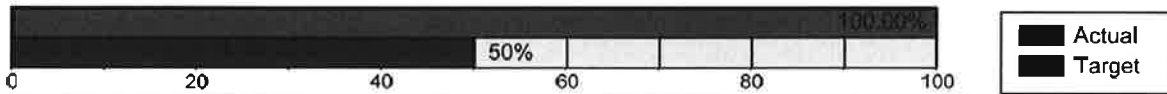
ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: ED - Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

MEASURE: More than 10 percent of all unique patients admitted to the eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.

Numerator: Number of patients in the denominator who are provided patient education specific resources

Denominator: Number of unique patients admitted to an eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1002 ÷ 1119 = 89.54%
Target: > 10 %
Measure Achieved

OBJECTIVE: MEDR - The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

MEASURE: The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23)

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed

Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAHs inpatient or emergency department (POS 21 to 23) was the receiving party of the transition. This would be for all admissions in Paragon.

Numerator ÷ Denominator = Actual

683 ÷ 1512 = 45.17%
Target: > 50 %
Measure NOT Achieved
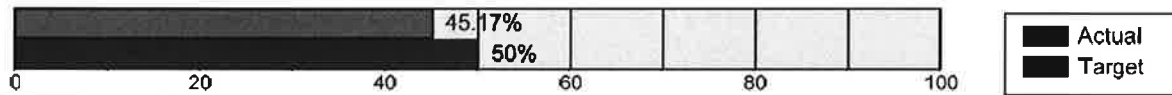
Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: IMA - Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.

MEASURE: More than 10 percent of all scans and tests whose result is one or more images ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology

Numerator: The number of results in the denominator that are accessible through Certified EHR Technology.

Denominator: Number of tests whose result is one or more image ordered by the EP or by an authorized provider on behalf of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

653 ÷ 708 = 92.23%
Target: > 10 %
Measure Achieved

10%				92.23%	

0   20   40   60   80   100

■ Actual
■ Target
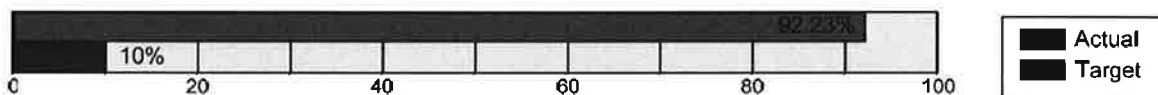
OBJECTIVE: FAM - Record patient family health history as structured data.

MEASURE: More than 20 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives

Numerator: Number of patients in the denominator that have more than one family history element.

Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

17 ÷ 1119 = 1.52%
Target: > 20 %
Measure NOT Achieved
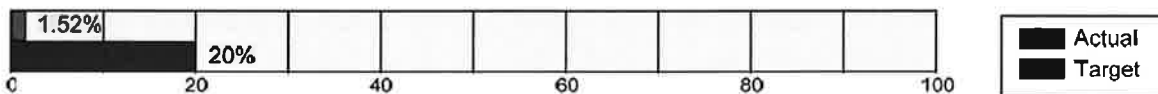
1.52%					
	20%				

0   20   40   60   80   100

■ Actual
■ Target

MAYERS MEMORIAL HOSPITAL DISTRICT
Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: ERX - Generate and transmit permissible discharge prescriptions electronically (eRx).

MEASURE: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.

Numerator: The number of prescriptions in the denominator generated, compared to a drug formulary and transmitted electronically.

Denominator: Number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.

Numerator ÷ Denominator = Actual

$0 \div 0 = 0.00\%$
Target: > 10 %

Measure NOT Achieved

0.00%									
10%									

0   20   40   60   80   100

■ Actual
■ Target
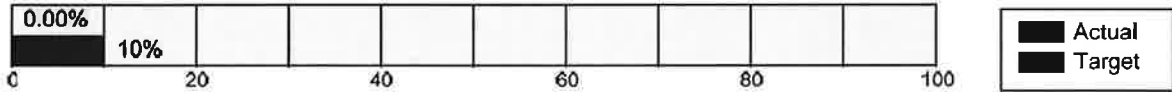
OBJECTIVE: HIOL - Provide patients the ability to view online, download and transmit information about a hospital admission.

MEASURE: More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.

Numerator: The number of patients in the denominator whose information is available online within 36 hours of discharge.

Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

$809 \div 1119 = 72.30\%$
Target: > 50 %

Measure Achieved
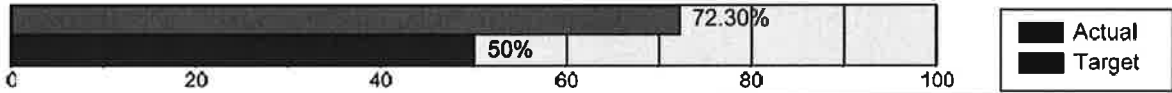
			72.30%		
	50%				

0   20   40   60   80   100

■ Actual
■ Target

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: HIVW - Provide patients the ability to view online, download and transmit information about a hospital admission.

MEASURE: More than 5 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

Numerator: The number of patients in the denominator who view, download or transmit to a third party the information provided by the eligible hospital or CAH online during the EHR reporting period.

Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAHs inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

23 ÷ 1119 = 2.06%
Target: > 5 %

Measure NOT Achieved
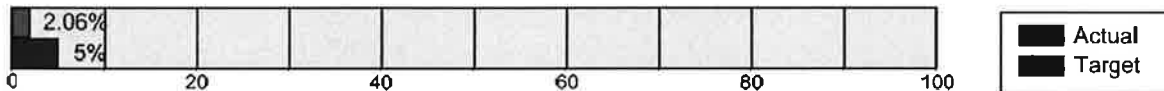
OBJECTIVE: CCDA - Provide a summary of care record at each transition of care.

MEASURE: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Numerator ÷ Denominator = Actual

0 ÷ 139 = 0.00%
Target: > 50 %

Measure NOT Achieved
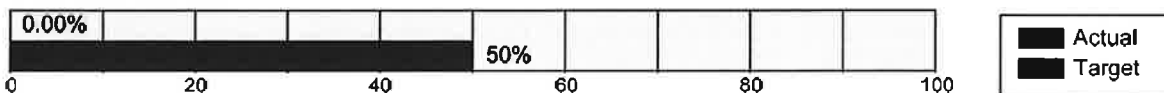
MAYERS MEMORIAL HOSPITAL DISTRICT
Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: CCDE - Provide a summary of care record at each transition of care.

MEASURE: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record for more than 10 percent of transitions of care and referrals either (a) electronically transmitted using Certified EHR Technology to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the goverance mechanism ONC establishes for the nationwide health information network.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using Certified EHR Technology to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the goverance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Numerator ÷ Denominator = Actual

0 ÷ 139 = 0.00%
Target: > 10 %

Measure NOT Achieved
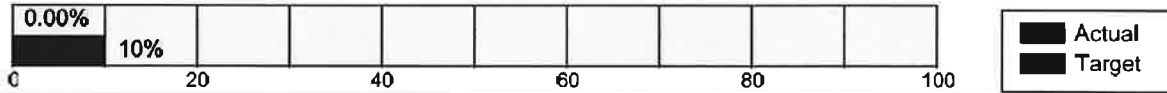
OBJECTIVE: LB - Incorporate clinical lab-test results into certified EHR technology as structured data

MEASURE: More than 40 percent of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

Numerator: The number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data. Consideration should include both those lab results entered via Paragon Laboratory or a 3rd party interfaced lab system. (Different tables are used for storage).

Denominator: The resulting percentage must be more than 40 percent in order for an eligible hospital or CAH to meet this measure.

Numerator ÷ Denominator = Actual

2124 ÷ 2504 = 84.82%
Target: > 40 %

Measure Achieved
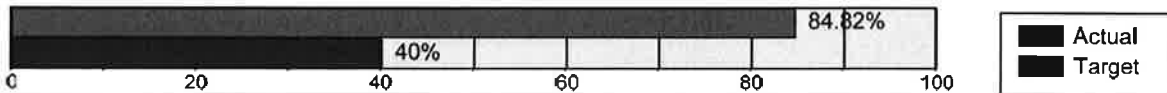
ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: NOTE - Record electronic notes in patient records.

MEASURE: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAHs inpatient or emergency department during the EHR reporting period. Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.

Numerator: The number of unique patients in the denominator who have at least one electronic progress note from an eligible professional or authorized provider of the eligible hospital's or CAHs inpatient or emergency department (POS 21 or 23) recorded as text searchable data.

Denominator: Number of unique patients admitted to an eligible hospital or CAHs inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1086 ÷ 1119 = 97.05%
Target: > 30 %
Measure Achieved
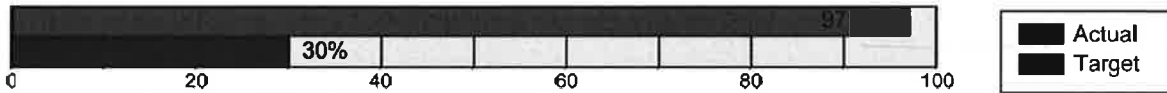
OBJECTIVE: AMBLBE - Provide structured electronic lab results to ambulatory providers.

MEASURE: Hospital labs send (directly or indirectly) structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.

Numerator: The number of structured clinical lab results sent to the ordering provider.

Denominator: The number of electronic lab orders received.

Numerator ÷ Denominator = Actual

2413 ÷ 3234 = 74.61%
Target: > 20 %
Measure Achieved
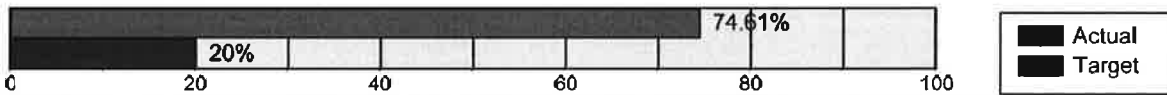
Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

OBJECTIVE: AMBLBA - Provide structured electronic lab results to ambulatory providers for all Lab orders received from Ambulatory provider.

MEASURE: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received (Alternate Measure)

Numerator: The number of structured clinical lab results sent to the ordering provider.

Denominator: The number of all lab orders received from ambulatory provider.

Numerator ÷ Denominator = Actual

2549 ÷ 3438 = 74.14%
Target: > 20 %

Measure Achieved

					74.14%				Actual
	20%								Target
0	20	40	60	80	100				
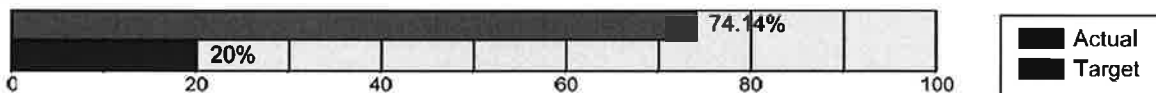
Attestations

Objective:	CDS - Use clinical decision support to improve performance on high priority health conditions
Measure:	EPs, eligible hospitals, and CAHs must satisfy both measures in order to meet the objective: 1.Implement 5 clinical decision support interventions related to 4 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.For the Clinical Decision Support rules that the customer has chosen to 'turn on', print the description of the rule and the date the rule was mapped. This measure has no threshold calculation that must be met for certification. It is the customer"s resonsibility to attest that they have met this objective. I attest that the facility has met the clinical decision support intervention measure by having the CDS interventions enabled for the entire reporting period. Signed _____ Date_____ 2.The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. Drug-drug interaction checks: print 'Contraindication Enabled' if the Pharmacy Reference Master Drug Screening Settings, CPOE tab, Drug-Drug interactions has CPOE Contraindicated set to anything other than 'Disabled'. Drug-allergy interaction checks: print the Minimum Security Level chosen on the Pharmacy Reference Master Drug Screening Settings, CPOE tab, Drug-Allergy interactions. This measure has no threshold calculation that must be met for certification. It is the customer"s responsibility to attest that they have met this objective. I attest that the facility has met the interaction checking measure by having drug-drug and drug-allergy interactions enabled for the entire reporting period. Signed _____ Date_____
Objective:	SEC - Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

Attestations

Measure:	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process. This measure has no threshold calculation that must be met for certification. It is the customer's resonsibility to attest that they have met this objective. I attest that the facility has met the protect electronic health information measure. Signed _____ Date _____
Objective:	IMM - Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.
Measure:	Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period. This measure has no threshold calculation that must be met for certification. It is the customer's resonsibility to attest that they have met this objective. I attest that the facility has met the capability to submit electronic data to immunization registries measure. Signed _____ Date Live _____
Objective:	ELB - Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.
Measure:	Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period as authorized. This measure has no threshold calculation that must be met for certification. It is the customer's resonsibility to attest that they have met this objective. I attest that the facility has met the submission of electronic reportable laboratory results measure. Signed _____ Date Live _____
Objective:	SUR - Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.
Measure:	Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period. This measure has no threshold calculation that must be met for certification. It is the customer's resonsibility to attest that they have met this objective. I attest that the facility has met the submission of syndromic surveillance data measure. Signed _____ Date Live _____
Objective:	CCDA - Provide a summary of care record at each transition of care.

Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 02/12/2015

Attestations

Measure: An EP, eligible hospital or CAH must satisfy one of the two following criteria:
(A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in 'measure 2' with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender's EHR technology; or
(B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.
I attest that the facility has met the conduct successful electronic exchange measure by completing an electronic exchange with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender's EHR technology or conducting a successful test with the CMS designated test EHR during the EHR reporting period.

Signed _____ Date _____

Electronic exchange sent to: _____ on _____

Recipient's CEHRT vendor _____

CMS test completed on _____

Objective: DXLS - Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.

Measure: Generate at least one report listing patients of the EP, eligible hospital, or CAH with a specific condition.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.
I attest that the facility has met the generate patient list measure by generating at least one list during the EHR reporting period.

Signed _____ Date _____

Date List Generated: _____

Conditions used to generate list: _____

_____

HAT CREEK CONSTRUCTION & MATERIALS, INC.

"WE SPECIALIZE IN SATISFIED CUSTOMERS"

To Louis Ward,

Here is some budgetary pricing to do some interior upgrades on the Burney Annex as per our walk through on 1/15/15, these are just to an estimate for some of the items we discussed.

1] Demo: $4,600.00
2] Framing: $ 7,200.00
3] Plumbing: $11,400.00
4] Electrical: $10,000.00
5] Drywall: $11,500.00
6] Painting: $10,000.00
7] Cabinets & Countertops: $16,500.00

Total: $71,200.00

This does not include cost of the plans, permit fees, Flooring and mic accessories

Vern Thornburg

	Current	Prior	Benchmark
Total Charges	3,100,039.74	3,222,920.15	2,700,000.00
Total Payments	1,545,641.42	1,599,552.78	1,500,000.00
Total Adjustments	1,518,170.10	1,609,779.37	1,200,000.00
Average Daily Revenue	100,001.28	103,965.17	87,096.77
Average Daily Payments	49,859.40	51,598.48	48,387.10
Average Daily Adjustments	48,973.23	51,928.37	38,709.68

Total AR	6,524,157.12	6,491,857.00	5,724,193.55
Total Credit Balance	(346,277.16)	(416,322.08)	(171,725.81)
Total Bad Debt	1,296,796.32	1,196,220.92	1,144,838.71

Adjustment Analysis

Contractual	1,128,004.81	1,141,708.75	960,000.00
Non-Covered	16,516.22	26,368.20	60,000.00
Untimely	159,583.37	165,938.90	60,000.00
Special Programs	111,024.78	140,176.89	60,000.00
To Bad Debt	103,040.92	135,586.63	60,000.00

Key Indicators

	Current	Prior	Benchmark
Gross AR Days	66.79	68.88	65.00
Percent Over 120 Days	25.7%	25.1%	15.0%
DNFB	13.86	11.86	7.00
Number of Denied Claims	160	199	130
Clean Claim Rate	45%	43%	60%
Adjusted Collection Rate	83.1%	82.4%	97.0%

ATB Payor Mix

	Current	Prior
BLUE CROSS	8.0%	8.8%
COMMERCIAL	10.9%	12.3%
MEDICAID	31.5%	32.9%
MEDICARE	32.3%	26.0%
MEDICARE ADVANTAGE	3.3%	3.8%
PRIVATE PAY	6.8%	9.1%
SELF PAY AFTER INSURANCE	5.1%	5.1%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	2.2%	2.1%

Payor Class	Unbilled	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 365 Days	366 + Days	Total Amount
BLUE CROSS	63,779.82	129,780.60	85,242.46	51,909.40	28,404.52	102,486.64	48,423.24	12,259.63	522,286.31
COMMERCIAL	83,262.48	149,935.70	103,457.75	60,052.66	51,496.47	57,332.47	123,232.15	84,218.44	712,988.12
MEDICAID	276,648.65	671,287.49	295,356.41	255,611.91	87,661.40	125,320.68	225,854.50	115,349.57	2,053,090.61
MEDICARE	887,522.52	662,420.15	231,948.25	116,640.10	34,400.13	40,537.03	102,973.37	28,297.55	2,104,739.10
MEDICARE ADVANTAGE	4,675.00	4,097.00	6,038.18	294.00	1,092.68	19,297.56	138,305.64	38,976.07	212,776.13
PRIVATE PAY	33,773.98	165,218.77	33,926.90	41,338.31	14,599.00	69,640.17	54,702.97	27,886.50	441,086.60
SELF PAY AFTER INSURANCE	672.00	33,215.32	58,312.92	42,650.97	30,005.19	75,977.52	59,337.36	35,259.84	335,431.12
UNKNOWN	-	-	-	-	-	-	-	-	-
WORKMANS COMP	3,857.00	33,484.90	13,446.60	1,534.00	587.00	11,163.55	56,140.87	21,545.21	141,759.13
Totals	1,354,191.45	1,849,439.93	827,729.47	570,031.35	248,246.39	501,755.62	808,970.10	363,792.81	6,524,157.12

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