

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
Meeting of the Board of Commissioners
August 22, 2024
East Adams Rural Healthcare
Conference Room
Ritzville, WA

- I) Call to Order
- II) Additions or Corrections to the Agenda
- III) Public Comment
- IV) Approval of Minutes-Regular Board Meeting Minutes July 24, 2024
Approval of Minutes-Special Board Meeting Minutes August 7, 2024
- V) Consent Agenda
 - i) Chief Nursing Officer Report
 - ii) HR Report
 - iii) Quality Report
- VI) Medical Staff Report
- VII) CEO Report
- VIII) Committee Reports
 - i) Finance Committee
 - (1) Financials – July
 - (2) Approval of Warrants and Vouchers
 - ii) Building Committee
 - iii) Compliance Committee
- IX) Old Business
 - i)
- X) New Business
 - i) Mission/Vision Statements
 - ii) Behavioral Health Services
- XI) Public Comment
- XII) Executive Session
 - i) Medical Staff Credentialing
 - ii)
- XIII) Next Board Meeting September 25, 2024 at 5:30 p.m.
- XIII) Adjourn

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

East Adams Rural Hospital

903 S. Adams

Ritzville, WA 99169

Meeting of the Board of Commissioners

July 24, 2024

PRESENT:	John Kragt	Board Chairman
	Eric Walker	Vice-Chair
	Riley Hille	Commissioner/Secretary
	Dan Duff	Commissioner
	Matt Kubik	Commissioner
	Corey Fedie	CEO
	Matt Gosman	CFO
	Lurisa Sackman	CNO
	Lexie Zuver	Chief of Staff

GUESTS: None

There were two community members present.

Board Chair, John Kragt called the meeting to order at 5:30 p.m.

INTRODUCTIONS-None

ADDITIONS AND CORRECTIONS

John Kragt asked to add under executive session; RCW 42.30.110 (b) To consider the selection of a site or the acquisition of real estate by lease or purchase.

PUBLIC COMMENT

Judy Watkins was in attendance to get educated on the facility and operations.

APPROVAL OF MINUTES

The June 26 regular board meeting minutes were presented. Commissioner Eric Walker made a motion to approve the June 26 regular board meeting minutes as presented. Commissioner Riley Hille seconded. The motion passed unanimously.

CONSENT AGENDA

Board Chair, John Kragt, polled the Board if they would like anything off the consent agenda moved to the regular agenda. Nothing was requested.

MEDICAL STAFF REPORT

Dr. Zuver reported that there will be peer review this month at Med Staff meeting. Providers have been talking to the lab about adding some additional lab tests for ER patients. John asked if Dr. Zuver has a plan to transition in the new providers. Dr. Zuver said they will start by shadowing our DWC providers doing the walk-in clinic. Dr. Zuver reported that she will remain the Chief of Staff however, Dr. Hatz will assume the role of Hospital Medical Director. Corey provided some education on the structure of roles and oversight. Riley asked if there was a specific ratio of providers. Corey said that we have to have over half of the clinic providers be mid-levels. Dr. Zuver added that a provider can't have oversight over more than 5 mid-levels.

CEO REPORT- See attached

Corey reported that three providers have signed on for the clinic and an ER provider. There will be some overlap in the ER and walk-in clinic temporarily. John asked if we are going to discontinue our contracted staff. We are working on phasing them out. There is still some work to schedules that needs to be done. Corey reported that we are putting a hold on any additional recruitment right now until we figure out how much additional coverage we need. John asked about the ER provider seeing the inpatients. Dr. Zuver explained that is part of their duties. Eric asked about the amount of phishing emails being clicked. Corey explained that we are using a platform called "know before" that when a test phishing email is sent out and someone clicks on a link it automatically provides immediate education.

COMMITTEE REPORTS

FINANCE COMMITTEE

CFO REPORT – See attached

Matt reported that June business has slowed as predicted. Total revenues were over \$1 million which is higher than the previous June. Adjustments increased revenues. Operating income is within 3% of the budget. Total expenses were high largely in part to contracted services. Our priority is to hire our own staff. Total revenues were over 30%. AR continues to decrease; it is the lowest it has been since 2021. We are being very conservative and not writing off anything that we can possibly collect on. AR days went down. Riley asked what our target AR days are. Matt said our target would be 60 days' gross. There is a 120 minimum for days before an account can be sent to collections. Collections for May were \$1.16 million and June was \$996,000. July is already estimated at 2 million. Eric asked about the status of the 2022 audit. Matt said he is still working on it and there will be some audit adjustments that will likely decrease our revenues. Corey explained that we are finally able to get the data out of EPIC. Matt reported that the state audit was completed and now Matt will focus on 2022 audit. DZA will present 2022 and 2023 audits together.

WARRANTS & VOUCHERS

Commissioner Riley Hille presented the following warrants for approval Accounts Payable Warrants #67556 to #67643 for \$365,567.82. Commissioner Eric Walker made a motion to approve, Commissioner Matt Kubik seconded. Motion passed unanimously.

BUILDING COMMITTEE

John asked about the status of the kitchen. Corey said that we have options for a mobile unit. We are prepared to come to the board however, we are working with the city on codes for placement of the unit.

COMPLIANCE COMMITTEE-Nothing to report

OLD BUSINESS

EMS Update: There was no report. The Board requested to have the item removed from the agenda.

NEW BUSINESS

Mobile Clinic-Washtucna: There was discussion regarding the volume of patients being seen on the mobile clinic in Washtucna and whether it was feasible to continue providing the service there. We also have a standing building that is not being used. Eric suggested the Care-a-Van go pick up the patients and bring them to the Ritzville Clinic and then take them back home. Corey explained that we don't currently have the bandwidth to provide that at this time. We do have a pending grant for an additional transport vehicle. Kylie explained to the Board that Pam Gilmore, Clinic Manager did state that we did discontinue services through the winter and did just recently start them back up because of provider shortage. We do have two scheduled patients for the mobile in Washtucna and she asked that the Board consider giving it time to reestablish patient volume. The Board agreed to hold on any decisions for the time being.

Request for appointment of Infection Preventionist: Lurisa asked for appointment of Jason McCoy, ACNO as the Infection Preventionist. He has completed his education and training. Commissioner Eric Walker made a motion to appoint Jason McCoy as the Infection Preventionist. Commissioner Dan Duff seconded. Motion passed unanimously.

PUBLIC COMMENT

Judy Watkins suggested using Boxwood for the kitchen. John and Corey explained that we would have to have access at all times and it would have to meet commercial requirements. Boxwood would not be able to conduct business out of the building.

The Board went into executive session at 6:25 p.m. to discuss Medical Staff Credentialing and RCW 42.30.110(g) To review the performance of a public employee. The estimated length of the executive session was 30 minutes. The Board came out of executive session at 7:05 p.m.

Commissioner Eric Walker made a motion to approve appointment of John Bauer, PA to the Medical Staff, Commissioner Matt Kubik seconded. Motion passed unanimously. Commissioner Riley Hille made a motion to approve appointment of Elizabeth Hatz, DO to the Medical Staff, Commissioner Eric Walker seconded. Motion passed unanimously. Commissioner Eric Walker made a motion to approve temporary privileges for Sarah Fatool, MD, Commissioner Dan Duff seconded. Motion passed unanimously.

Commissioner Eric Walker made a motion to approve Corey Fedic, CEO employment contract with revisions per Board as edited, Commissioner Dan Duff seconded. Motion passed unanimously.

Commissioner Eric Walker made a motion, seconded by Commissioner Eric Walker to adjourn the meeting. Motion passed unanimously.

The meeting adjourned at 7:13 p.m.

Respectfully submitted,
Kylie Buell, Executive Assistant

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Special Meeting of the Board of Commissioners
August 7, 2024

Present:	John Kragt	Board Chair
	Eric Walker	Vice Chair
	Riley Hille	Commissioner
	Matt Kubik	Commissioner
	Dan Duff	Commissioner
	Corey Fedie	CEO

John Kragt, Board Chair called the meeting to order at 1:00 pm.

The Board went into executive session at 1:03 pm to discuss RCW 42.30.110 (b) To consider the selection of a site or the acquisition of real estate by lease or purchase and (c) To consider the minimum price at which real estate will be offered for sale or lease. The estimated length of the executive session was 30 minutes. The Board came out of the executive session at 1:30 pm.

Commissioner Eric Walker made a motion, seconded by Commissioner Matt Kubik for CEO Corey Fedie to engage with realtor Rick Sawyer to list the Washtucna clinic for \$50,000. Motion passed unanimously.

Commissioner Eric Walker made a motion, seconded by Dan Duff to offer \$150,000 on the bowling alley with the stipulation of closing in 90-120 days' contingent on another bonafide offer of equal or more value to purchase and turn into bowling alley then district will walk away. Commissioners Riley Hille and John Kragt voted nay. The motion passed with three yeas.

Commissioner Matt Kubik made a motion, seconded by Commissioner Eric Walker to adjourn the meeting. The motion passed.

The meeting was adjourned at 1:35 p.m.

Respectfully Submitted,
Kylie Buell
Executive Administrative Assistant

CNO Board Report
August 22, 2024
Reporting on July data

1. We had a busy month of interviews in July for nursing/NAC positions. We have officially made offers to all full time positions and after final acceptance, should have all full time positions filled.
2. Another Passport nurse from the Philippines is scheduled to onboard in August with the expectation that they are cross trained in both ED and Swing Beds.
3. We are excited to announce the acceptance of a Nurse Manager coming out from Ohio, she is planning to start onboarding in September and officially moved to Ritzville the first week of Oct.
4. The mobile clinic was a big focus in July to get sports physicals advertised and available. We are also working with Othello hospital on new advertising methods and ways to get the patients scheduled ahead of the visits.
5. Another strong push in nursing is the Swing Beds. We have been working with Cynthia, Amelia and Allevant on marketing measures in the surrounding hospitals on our bed availability and what resources we have to offer. We have scheduled Dr. Lindsay (the founder of Allevant) to come out and meet with the team prior to his visit with the Spokane hospitals. We are excited to see what he has to offer and what the referrals will look like after this visit.

Sincerely

Lurisa Sackman, RN, CNO



MINUTES

East Adams Rural Healthcare

7/18/2024 at 9:00am | Meeting called to order by Lurisa Sackman

In Attendance

Lurisa Sackman, Cynthia Lewis, Corey Fedie, Sheena Starkel, Pam Gilmore, Navin Adhikary, Tyler Dennis, Amanda Osborne, Jason McCoy, Kelly Ice, Dan Crisp, Megan Shepard,

Absent: Josh Brownlowe, Vanessa Grimm, Elizabeth Passmore

Approval of Minutes

No issues with previous month minutes.

Board

No Board members.

New Business

Infection Prevention:

Jason reported that there will be hand hygiene surveillance. The forms have been handed out to the nursing staff. These will be completed and handed into him. Jason spoke regarding the employee health phone number. He said that he called it and did not know where it went so he has updated it with his phone number. Jason reported that we had a hospital acquired UTI. It has been reported and there are some corrective action plans in process. Amanda gave Jason kudos on updating employee health records. Jason explained what process he is taking to get them updated. Lab has been great with getting the draws and documentation back. Dan reported that we are the only lab that has a 100% non-rejection rate per Lab Corp.

Antibiotic Stewardship:

Sheena reported that there were a couple of meetings to help build the program. Jason is tracking the antibiotic cultures. The hope is that by the next meeting we will be able to start reporting numbers. The plan for this meeting would be to report tier one medications used vs. non-recommended so it would be a percentage of all antibiotics prescribed vs. the percentage of not recommended. Cynthia reported that there is a meeting scheduled and it will be held quarterly thereafter. Sheena said that there will be condensed updated reported to quality and Med Staff.

There will be at least 5 standing orders/protocols implemented by January 2025 which include Cardiac level 2, Stroke level 3, Trauma level 5, Seizure and Sepsis. We will also continue to look at identifying additional order sets/protocols that need to be developed. There will be a Swing Bed admission order set beginning in October 2024. The final goal is to improve the quality of life for Swing Bed patients. The measures of success for ST Swing are 1. Readmissions within 30 days 2. Length of stay 3. Return to prior living arrangement 4. Functional status at admission and discharge 5. Patient satisfaction. Measures of Success Long Term 6. ER visits or acute care hospitalization 7. Patients on anti-psychotics, hypnotics or sedatives 8. Quarterly pharmacist assessment and gradual dose reduction if appropriate 9. Urinary Tract Infections 10. Falls 11. Functional status quarterly. There will be an activities plan implemented in August 2024 that will include the Dietician assessing patients within three business days of admission. We will make sure each patient has appropriate DME. Megan will be holding multi-disciplinary care plan meetings and including the pharmacist as well. Cynthia explained that we had existing order sets but we are improving them to be evidence based. Cynthia also said that the mock survey will be completed for this year and will continue next year. There will be a clinic mock survey next week.

Lurisa presented the Department Performance Improvement Projects. Managers were asked to review the measures and target and ensure they are accurate with what was agreed on with Carolyn. Each department will be asked to report at QA when it your rotation. There is a template for the proposed performance improvement project. Megan will put the template in the QA/QI folder on the I drive.

Megan presented a reporting calendar. There will be a rotating schedule of departmental reporting each month. Lurisa suggested starting the schedule next month.

Lab-Dan reported on the blood administration issuance with the benchmark met at 100%, blood stewardship benchmark was not met due to not being able to return units on time per our contract.

IT-Tyler reported that IT would like to utilize the "know before" platform that will provide education if a phishing email is clicked. Once we move to Office 365 that will help eliminate several of the phishing emails. Dan said that we have been seeing more and more orders coming through mobile devices. Kelly said there are also insurance cards that are on mobile devices. Tyler said he will work with Beth to see if we can come up with a solution.

Nursing-Rushel reported that we just got Trauma re-designation. Rushel reported on the charts audited, there is 7% decrease in complete documentation from May to June. Initial pain assessment in particular is not being done. Out of 108 patients seen in the ER in the month of June 2024, 21 patients or 19% did not undergo a sepsis screening. Rushel provided an SBIRT policy update



East Adams Rural Healthcare

903 South Adams
Ritzville, Washington 99169
509-659-1200

CEO Report to the Board

Board of Commissioners
East Adams Rural Healthcare
August 22nd, 2024

We are excited to announce the onboarding of John Bauer Physician Assistant-Certified and Patricia Cruz – Nurse Practitioner in July. John is from Spokane Valley and Patricia moved to Ritzville from Florida with her family. Her husband also works for us as an LPN and we are happy to have him as well. Patricia and John have been partnered up with other providers to get oriented to the facility, learn our processes and have started seeing patients. Initial feedback so far has been very positive. We will have them initially see walk in patients to help build their panels. Spread the word that they have openings! In addition we have signed Dr. Elizabeth Hatz, MD. She is trained in Emergency Medicine with many years of experience. She also has a background in Family Medicine. Together she brings great expertise to both the Emergency Department and Medical Unit to care for patients with emergencies and patients staying on our facility for acute care, long term care and transitional (swing bed) care. She has also started and is already making a positive impact. Much publicity is already out and more coming. In addition to that we are hosting an open house October 9th at the Legion Hall. Introductions at 5:30 PM. Please encourage our community to attend.

We continue to get questions about Therapy Services for our community. Specifically, why they can't get a referral to EARH from non-EARH providers. The answer is simple: It's patient choice. If EARH provides the care you need and you want to come here, then you have the right to get a referral here. It doesn't matter if you are from town, out of town or out of state. Patient choice applies to all healthcare providers. I personally had a family member from Wisconsin stay with us for his transitional care for many weeks and he had amazing care. To help spread the message and further educate the community the Therapy Department is working on some community outreach to talk about our Speech, Occupational and Physical Therapy specialties and what they can treat right here in Ritzville. In addition, a new advertising push will be coming to further inform. Please help us spread the word and educate friends, family and the community.

Lastly, we have to mention our upcoming end of summer BBQ at the park in partnership with the Lind-Ritzville Schools on August 21st as well as the Wheatland Communities Fair & Rodeo. We will have staff present and participating in both events. Excited for these times, but it is difficult to imagine summer nearing an end.

It is a privilege to serve the board and our community.

Respectfully,

Corey Fedie, CEO

FINANCE COMMITTEE AGENDA
Adams County Public Hospital District #2
Aug 21, 2024

- I. Call to Order
- II. Attendance
- III. Review/approve meeting minutes: July 23, 2024
- IV. Review of Warrants & Vouchers: July 2024
- V. Financial Statements: July 2024
- VI. Additional Information
- VII. Adjourn

Check Date	Vendor Name	Check Number	Check Amount	Purpose
7/1/2024	V00004--340B Holdings, LLC	67644	2,970.00	340b Program Management
7/1/2024	V00040--ALSCO	67645	3,322.70	Laundry Expense
7/1/2024	V00040--ALSCO	67646	2,181.99	Laundry Expense
7/1/2024	V00056--AMERISOURCEBERGEN	67647	8,394.99	Pharmaceuticals Expense
7/1/2024	V00075--Avanos Medical, Inc.	67648	7,304.46	Medical Supplies Expense
7/1/2024	V00077--AVISTA UTILITIES	67649	17,873.42	Utilities Expense
7/1/2024	V00082--BASIN REFRIGERATION	67650	1,640.89	Contract Services
7/1/2024	V00677--Best Western - Bronco Inn	67651	3,385.07	Contract Employee Housing Expense
7/1/2024	V00123--CAREFUSION	67652	3,662.33	Pharmaceuticals Expense
7/1/2024	V00131--CENTURYLINK	67653	4,242.43	Telecommunications Expense
7/1/2024	V00149--Connell Oil	67654	4,234.13	Plant Operations Expense
7/1/2024	V00183--DINGUS, ZARECOR & ASSOCIATES PLLC	67655	7,500.00	Auditors Expense
7/1/2024	V00847--DTMicro	67656	2,310.00	Telecommunications Expense
7/1/2024	V00711--EVCO Integrated Solutions	67657	1,471.22	Systems Testing
7/1/2024	V00206--Evco Sound and Electronics	67658	1,471.22	Systems Testing
7/1/2024	V00221--FISHER HEALTHCARE	67659	18,155.26	Medical Supplies Expense
7/1/2024	V00848--Free Press Publishing, Inc	67660	4,190.00	Advertising Expense
7/1/2024	V00595--Health Carousel	67661	27,121.97	Contracting Staff Expenses
7/1/2024	V00345--Heritage Imaging	67662	8,938.08	Imaging Expense
7/1/2024	V00251--Holistic Pain Management of Colorado LLC	67663	55,145.00	Pain Management Services Expense
7/1/2024	V00274--Jackson Physician Search	67664	5,844.20	Recruiting Expense
7/1/2024	V00297--Laboratory Corporation of America Holdings	67665	2,886.85	Lab Expense
7/1/2024	V00332--MEDICATION REVIEW	67666	7,022.24	Pharmaceuticals Expense
7/1/2024	V00334--MEDLINE INDUSTRIES, INC.	67667	3,102.29	Medical Supplies Expense
7/1/2024	V00695--MultiCare Health System	67668	28,696.87	EPIC Project Management Expense
7/1/2024	V00381--OWENS & MINOR	67669	8,033.00	Medical Supplies Expense

7/1/2024	V00621--Pacific Office Automation	67670	2,212.32	Information Technology Expense
7/1/2024	V00402--PHD WORKERS COMPENSATION	67671	14,958.00	Workers Compensation Expense
7/1/2024	V00446--RITZVILLE, CITY OF	67672	2,300.51	Utilities Expense
7/1/2024	V00487--STAPLES	67673	1,148.71	Office Supplies Expense
7/1/2024	V00513--The USF Group, Inc.	67674	2,678.83	Contract Services
7/1/2024	V00518--Travelers CL Remittance Center	67675	4,967.10	Insurance Expense
7/2/2024	V00802--Alliance One, LLC	67676	44,898.78	Contract Nursing
7/2/2024	V00762--Patient	67677	3,200.00	Patient Refund Expense
7/2/2024	V00166--DATAPRO SOLUTIONS INC	67678	1,347.84	IT Network Expense
7/2/2024	V00215--Fasthealth	67679	1,125.00	Employee Benefit Expense
7/2/2024	V00234--Gretchen Millard	67680	550.00	Dietician Expense
7/2/2024	V00381--OWENS & MINOR	67681	35.60	Medical Supplies Expense
7/2/2024	V00619--Pacific Office Automation	67682	70.59	Information Technology Expense
7/2/2024	V00621--Pacific Office Automation	67683	165.91	Information Technology Expense
7/2/2024	V00443--RITZVILLE PARTS HOUSE INC	67684	58.28	Maintenance Expense
7/2/2024	V00445--RITZVILLE TIRE COMPANY	67685	885.16	Maintenance Expense
7/2/2024	V00536--US Foods	67686	1,870.01	Dietary Expense
7/16/2024	V00762--Patient	67687	427.05	Patient Refund Expense
7/19/2024	V00802--Alliance One, LLC	67688	44,245.96	Contract Nursing
7/19/2024	V00040--ALSCO	67689	2,027.17	Laundry Expense
7/19/2024	V00077--AVISTA UTILITIES	67690	8,775.93	Utilities Expense
7/19/2024	V00116--Canon Medical Systems	67691	6,324.75	Imaging Expense
7/19/2024	V00131--CENTURYLINK	67692	158.36	Telecommunications Expense
7/19/2024	V00855--Comcast Business	67693	2,175.00	Telecommunications Expense
7/19/2024	V00149--Connell Oil	67694	4,081.12	Plant Operations Expense
7/19/2024	V00613--Data Innovations LLC	67695	13,913.21	Contract IT Maintenance
7/19/2024	V00171--DENNY'S 6870	67696	161.29	EMS Dietary

7/19/2024	V00186--Docs Who Care Northwest, Inc	67697	107,654.00	Contracting Staffing Expense
7/19/2024	V00220--FIRST CHOICE HEALTH	67698	207.32	Employee Benefit Expense
7/19/2024	V00221--FISHER HEALTHCARE	67699	3,947.28	Medical Supplies Expense
7/19/2024	V00848--Free Press Publishing, Inc	67700	9,475.00	Advertising Expense
7/19/2024	V00595--Health Carousel	67701	67,009.07	Contracting Staff Expenses
7/19/2024	V00242--HEALTH FACILITIES PLANNING	67702	6,000.00	Contract Services
7/19/2024	V00602--HealthTech	67703	940.07	Contract Nursing
7/19/2024	V00274--Jackson Physician Search	67704	10,297.21	Recruiting Expense
7/19/2024	V00762--Patient	67705	30.00	Patient Refund Expense
7/19/2024	V00316--LocalTel Communications	67706	88.09	Telecommunications Expense
7/19/2024	V00326--MCKESSON	67707	4,165.79	Medical Supplies Expense
7/19/2024	V00332--MEDICATION REVIEW	67708	1,932.70	Pharmaceuticals Expense
7/19/2024	V00334--MEDLINE INDUSTRIES, INC.	67709	1,751.99	Medical Supplies Expense
7/19/2024	V00342--Molina Healthcare of Washington	67710	204.69	Insurance Refund Expense
7/19/2024	V00880--MRI Contract Staffing	67711	19,161.00	Contract Employee
7/19/2024	V00375--OMNI STAFFING SERVICES, INC.	67712	74,400.16	Contracting Staffing Expense
7/19/2024	V00381--OWENS & MINOR	67713	7,909.37	Medical Supplies Expense
7/19/2024	V00621--Pacific Office Automation	67714	67.10	Information Technology Expense
7/19/2024	V00619--Pacific Office Automation	67715	16.62	Information Technology Expense
7/19/2024	V00383--Pacific Office Automation INC	67716	5,663.44	Information Technology Expense
7/19/2024	V00912--Pamela Gilmore	67717	295.60	Employee Reimbursement Expense
7/19/2024	V00646--PARAREV	67718	5,400.00	Revenue Cycle Expense
7/19/2024	V00400--PETTY CASH - C	67719	59.37	Administration Expense
7/19/2024	V00401--PHD UNEMPLOYMENT COMPENSATION	67720	1,452.00	Unemployment Insurance Expense
7/19/2024	V00402--PHD WORKERS COMPENSATION	67721	10,283.00	Workers Compensation Expense
7/19/2024	V00599--Ricoh	67722	259.85	Copier/Fax Expense
7/19/2024	V00430--RICOH USA INC	67723	426.05	Copier/Fax Expense

7/19/2024	V00446--RITZVILLE, CITY OF	67724	2,300.51	Utilities Expense
7/19/2024	V00446--RITZVILLE, CITY OF	67725	6,052.85	Utilities Expense
7/19/2024	V00447--RLDatix	67726	517.10	Administration Expense
7/19/2024	V00467--Schwabe, Williamson & Wyatt	67727	884.00	Legal Expense
7/19/2024	V00925--Spokane Overhead Door, Inc	67728	412.55	Maintenance
7/19/2024	V00518--Travelers CL Remittance Center	67729	400.40	Insurance Expense
7/19/2024	V00884--UNIDOS NUEVA ALIANZA, FOUNDATION	67730	1,891.82	Grant Funded Consulting
7/19/2024	V00536--US Foods	67731	3,486.68	Dietary Expense
7/19/2024	V00573--Werfen USA LLC	67732	1,124.94	Medical Supplies Expense
7/29/2024	V00762--Patient	67733	1,600.00	Patient Refund Expense
7/29/2024	V00156--COVERYS	67734	2,946.00	Insurance Expense
7/29/2024	V00926--Daniel's Transport & 24 HR Towing LLC	67735	1,237.50	Towing
7/29/2024	V00856--Dynamic Collectors, INC	67736	455.18	Accounts Receivable Services
7/29/2024	V00869--Greg Galbreath	67737	1,500.00	Rent
7/29/2024	V00440--RITZVILLE JOURNAL	67738	70.00	Advertising Expense
7/29/2024	V00529--UNITED STATES TREASURY	67739	273.70	Tax
			770,113.09	

Finance Committee

Meeting Minutes

July 23, 2024

I. Call to order

Corey Fedie called the meeting of the Finance Committee for Adams County Public Hospital District #2 to order at 2 p.m.

II. In Attendance

Dan Duff, Board Member; Beverly Kelley, Volunteer Committee Member; Matt Gosman, CFO; Corey Fedie, CEO;

III. Review/Approve Meeting Minutes: Dan Duff made a motion to approve the June 25 Finance meeting minutes. Beverly Kelley seconded the motion, motion passed.

IV. Review Warrants and Vouchers: June 2024

- a) Dan asked about a reimbursement to a recently recruited provider.
- b) Dan Duff moved to approve, Beverly Kelley seconded the motion, motion passed.

V. Financial Statements:

- a) Matt presented the financial status for June, highlighting actual revenues of \$1,006,079 with adjustments increasing revenue by \$372,558, primarily due to swing bed days.
- b) Total expenses for June were \$1,629,693, resulting in a net loss of \$137,713 for the month and \$57,105 year-to-date.
- c) Budget variances for the year include operating income 2% below budget YTD, total expenses exceeding budget by 23%, and total operating revenue 30% above budget.
- d) Variances in purchased services and professional fees were discussed, driven by efforts to improve compliance and quality within the nursing structure.
- e) Revenue collection details were shared, with AR decreasing and AR days reducing by 3 days from May to June.
- f) Total collections in June were \$908,466, slightly below expectations but higher than previous Junes.
- g) An update on audits was provided, indicating ongoing adjustments that could impact net income.
- h) The outlook highlighted lower volumes but slightly higher total revenue in June, with improvements in swing volumes in July.

VI. Additional Information- None

Dan Duff moved to adjourn, Beverly Kelley seconded. The meeting adjourned at 2:43 p.m.

Respectfully Submitted by Kylie Buell



East Adams Rural Healthcare

903 S Adams Ave.
Ritzville, Washington 99169
509-659-1200

CFO Report to the Board
Board of Commissioners
East Adams Rural Healthcare
August 22, 2024

July Financial Status

Gross charges were \$1.3m, which is very high for July which trends as a lower volume month. Only a few months have had higher charges at any time of the year. The largest increases in volume were ER visits with a 30% increase over June, and IV therapy which had 240% higher charges than the 12 month average.

Year-to-date expenses are over budget by 23%. We continue to attribute these overages primarily to contract staffing. The movement towards reducing reliance on contract staff has begun, with four new providers and two RNs entering service between July and October. Transitioning to internal staff is expected to reduce costs per RN FTE by 50% and NP/PA FTE by 25%.

In the prior meeting we noted that deductions from patient revenue would increase. These factors resulted in July's net loss of \$62,476 and a total year-to-date loss of \$119,581.

Key Financial Metrics:

- Gross Charges: \$1.3 million (significantly high for July)
- Net Income: -\$62,476 (resulting in a YTD loss of \$119,581)
- Revenue vs. Budget: +30% YTD
- Expenses vs. Budget: +23% YTD
- Total Cash: \$1.45 million (up from \$1.35 million in June)
- Revenue Cycle Collections: \$1.4 million (second highest month)

Revenue Collections

Total accounts receivable has increased by approximately \$150,000. This is mainly due to resolving previously unclosed provider charts causing those charges to become billable, and workforce issues noted below. However, we still have significant work ahead in the area of documentation.

The departure of a revenue cycle employee and health-related issues affecting two others have hindered our collections efforts for August. Although a very experienced new biller is hired, they are not yet onboarded. This will likely impact our collections in August.

AR days decreased by 12.1 days from June to July. We are beginning to adjust the uncollectable AR identified by the revenue cycle team, and deductions will increase in the coming months as these accounts are adjusted. Total collections in July were \$1.47 million, marking our second highest month.

Audit Update

The 2022 and 2023 DZA audit are ongoing, and currently the focus of the finance department.

Outlook

July was a very strong month for EARH, and August is trending higher than earlier summer months. EARH Swing volumes improved in July and are trending to improve slightly again in August.

Departmental Income Statement

As the board has requested, I am including an income statement broken out by department. This statement does not include indirect or administrative costs, and represents the direct output and costs associated with the department from January through July of 2024.

YTD 7/31/2024	Ambulance	Therapy	Hospital	Laboratory	Radiology	Pain Mgmt	Medical Clinic	Total
Revenue	\$ 436,648.75	\$ 363,242.00	\$ 2,441,554.02	\$ 1,019,805.72	\$ 1,444,519.00	\$ 1,092,286.95	\$ 641,032.42	\$ 7,439,088.86
Bad Debt Expense	\$ (25,032.09)	\$ (1,444.39)	\$ (185,182.98)	\$ (13,439.57)	\$ (9,562.26)	\$ (8,436.32)	\$ (16,548.71)	\$ (259,646.32)
Contract Adj Medicare	\$ (39,391.45)	\$ (29,869.94)	\$ 1,136,111.44	\$ (59,924.04)	\$ (60,376.40)	\$ (200,161.25)	\$ (29,149.48)	\$ 717,238.89
Contract Adj Medicaid	\$ (104,181.41)	\$ (1,306.76)	\$ (26,297.52)	\$ (4,366.94)	\$ (1,632.26)	\$ (8,970.83)	\$ (15,843.87)	\$ (162,599.59)
Contract Adj Commercial	\$ (50,368.84)	\$ (40,316.12)	\$ 302,919.15	\$ (75,061.05)	\$ (54,143.24)	\$ (200,780.56)	\$ (116,752.15)	\$ (234,502.81)
Self Pay Adj/Charity Care	\$ (7,507.59)	\$ (12,060.12)	\$ (623,980.28)	\$ (59,248.80)	\$ (49,404.39)	\$ (138,794.45)	\$ (86,459.12)	\$ (975,454.75)
Gross Revenue	\$ 210,167.37	\$ 278,244.69	\$ 3,045,123.83	\$ 807,765.32	\$ 1,269,400.45	\$ 537,143.54	\$ 376,279.09	\$ 6,524,124.29
Other Income	\$ -	\$ 58,840.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 58,840.00
Net Revenue	\$ 210,167.37	\$ 337,084.69	\$ 3,045,123.83	\$ 807,765.32	\$ 1,269,400.45	\$ 537,143.54	\$ 376,279.09	\$ 6,582,964.29
SALARIES & WAGES	\$ (429,008.67)	\$ (276,977.94)	\$ (618,838.34)	\$ (132,207.27)	\$ (259,835.67)	\$ -	\$ (607,999.45)	\$ (2,325,857.34)
Benefits	\$ (56,940.17)	\$ (75,211.03)	\$ (160,845.04)	\$ (42,762.46)	\$ (73,788.82)	\$ -	\$ (156,923.80)	\$ (566,471.32)
Contract Staffing	\$ (8,613.84)	\$ (432.00)	\$ (1,473,379.26)	\$ (124,827.30)	\$ (89,728.25)	\$ (307,175.00)	\$ (204,382.30)	\$ (2,298,538.04)
Drugs & Meds	\$ -	\$ -	\$ (57,074.34)	\$ -	\$ -	\$ -	\$ -	\$ (57,074.34)
Supplies	\$ (55,232.40)	\$ (9,850.73)	\$ (26,664.58)	\$ (134,903.20)	\$ (1,277.87)	\$ (31,665.27)	\$ (2,099.18)	\$ (261,693.23)
Other Expenses	\$ (5,566.81)	\$ (2,563.66)	\$ (503.25)	\$ (199.39)	\$ (4,143.60)	\$ -	\$ (4,110.40)	\$ (17,077.17)
Interest Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tax	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expense	\$ (556,341.89)	\$ (365,035.36)	\$ (2,337,304.81)	\$ (434,899.62)	\$ (428,774.21)	\$ (428,840.27)	\$ (975,515.28)	\$ (5,526,711.44)
Total Operating Income	\$ (346,174.52)	\$ (27,950.67)	\$ 707,819.02	\$ 372,865.70	\$ 840,626.24	\$ 108,303.27	\$ (599,236.19)	\$ 1,056,252.85
Grant Revenue	\$ 766.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 766.00
Tax Revenue	\$ 72,331.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 72,331.11
Total Other Revenue	\$ 73,097.11	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 73,097.11
Net Income	\$ (273,077.41)	\$ (27,950.67)	\$ 707,819.02	\$ 372,865.70	\$ 840,626.24	\$ 108,303.27	\$ (599,236.19)	\$ 1,129,349.96

Days cash on hand on July 31, 2024, was 37.24.

Respectfully submitted,
Matthew Gosman, CFO

Adams County Public Hospital District No. 2
Statement of Operations

For the Period and Year-to-Date Ending July 31, 2024

	Prior Month 6/30/2024		Month Ending 7/31/2024				Year To Date 7/31/2024				Prior YTD 7/31/2023	
	Prior Month Actual	Current Month Actual	Budget	Variance to Budget	% Variance	YTD Actual	YTD Budget	YTD Variance	% Variance	Prior Year YTD		
Operating Revenue												
Patient Service Revenue	\$ 34,216	\$ 29,709	\$ 101,149	\$ (71,440)	-71%	\$ 220,836	\$ 708,046	\$ (487,210)	-69%	\$ 666,022		
Daily Inpatient Services	\$ 52,631	\$ 98,351	\$ 105,067	\$ (6,716)	-6%	\$ 586,988	\$ 735,471	\$ (138,483)	-19%	\$ 691,819		
Swingbed Room Revenue	\$ 71,805	\$ 101,101	\$ 104,962	\$ (3,861)	-4%	\$ 663,774	\$ 734,734	\$ (70,960)	-10%	\$ 691,127		
Physician/Clinic Services	\$ 34,216	\$ 29,709	\$ 101,149	\$ (71,440)	-71%	\$ 220,835	\$ 708,046	\$ (487,211)	-69%	\$ 666,022		
Ancillary Inpatient Services	\$ 813,211	\$ 1,071,403	\$ 781,939	\$ 309,464	41%	\$ 6,122,310	\$ 5,333,575	\$ 788,735	15%	\$ 5,017,016		
Ancillary Outpatient Services	\$ 1,006,079	\$ 1,330,273	\$ 1,174,267	\$ 156,006	13%	\$ 7,954,811	\$ 8,219,871	\$ (265,060)	-3%	\$ 7,732,006		
Total Gross Patient Revenue	\$ (372,558)	\$ 156,269	\$ 282,497	\$ (126,228)	-45%	\$ (191,116)	\$ 1,977,479	\$ (2,168,595)	-110%	\$ (1,805,521)		
Deductions from Patient Revenue	\$ 1,378,637	\$ 1,174,004	\$ 891,770	\$ 282,234	32%	\$ 8,145,927	\$ 6,242,382	\$ 1,903,535	30%	\$ 9,537,527		
Net Patient Service Revenue	\$ 23	\$ 38,007	\$ 13,333	\$ 24,674	185%	\$ 104,246	\$ 93,333	\$ 10,913	12%	\$ 169,510		
Other Operating Revenue	\$ 1,378,660	\$ 1,212,011	\$ 905,104	\$ 306,907	34%	\$ 8,250,173	\$ 6,335,725	\$ 1,914,448	30%	\$ 9,706,037		
Expenses												
Salary and Wages	\$ 561,227	\$ 555,487	\$ 568,597	\$ (14,110)	-2%	\$ 3,829,356	\$ 3,987,180	\$ (57,824)	-1%	\$ 3,300,149		
Employee Benefits	\$ 115,126	\$ 138,990	\$ 174,400	\$ 24,590	21%	\$ 799,528	\$ 800,798	\$ (1,270)	0%	\$ 872,306		
Purchased Services	\$ 436,951	\$ 228,031	\$ 189,048	\$ 38,985	21%	\$ 2,081,336	\$ 1,323,325	\$ 738,011	56%	\$ 2,030,278		
Professional Fees	\$ 188,803	\$ 117,401	\$ 59,954	\$ 57,447	96%	\$ 963,776	\$ 419,679	\$ 544,097	130%	\$ 616,937		
Supplies	\$ 71,571	\$ 52,469	\$ 46,269	\$ 6,200	13%	\$ 516,705	\$ 323,865	\$ 192,820	60%	\$ 468,140		
Repairs and Maintenance	\$ 8,685	\$ 25,781	\$ 3,916	\$ 21,868	558%	\$ 77,851	\$ 27,409	\$ 50,443	184%	\$ 22,633		
Utilities	\$ 21,502	\$ 31,215	\$ 21,329	\$ 9,886	46%	\$ 208,652	\$ 149,304	\$ 57,348	38%	\$ 137,893		
Advertising and Marketing	\$ 13,963	\$ 17,502	\$ 14,348	\$ 3,554	25%	\$ 109,415	\$ 100,436	\$ 8,979	9%	\$ 60,569		
Depreciation	\$ 64,723	\$ 64,724	\$ 62,253	\$ 2,471	4%	\$ 453,065	\$ 435,773	\$ 17,292	4%	\$ 453,065		
Insurance	\$ (13,363)	\$ 18,971	\$ 13,508	\$ 5,466	40%	\$ 18,971	\$ 94,539	\$ (75,568)	-80%	\$ 64,192		
Education/Travel/Dues	\$ 28,843	\$ 15,505	\$ 11,740	\$ 3,765	32%	\$ 81,534	\$ 82,180	\$ (646)	-1%	\$ 182,701		
Taxes & Licenses	\$ -	\$ -	\$ 3,028	\$ (3,028)	-100%	\$ -	\$ 21,195	\$ (21,195)	-100%	\$ 20,182		
Rent Expense	\$ -	\$ -	\$ 284	\$ (284)	-100%	\$ 620	\$ 1,991	\$ (1,371)	-69%	\$ 2,440		
Bad Debt Expense	\$ 72,951	\$ 57,961	\$ 4,288	\$ 53,673	1252%	\$ 261,091	\$ 30,013	\$ 231,078	770%	\$ (82,658)		
Other Expenses	\$ 58,711	\$ 76,543	\$ 22,354	\$ 54,189	242%	\$ 287,362	\$ 156,478	\$ 140,884	90%	\$ 213,705		
Total Operating Expenses	\$ 1,829,693	\$ 1,429,824	\$ 1,165,947	\$ 263,877	23%	\$ 10,007,960	\$ 8,161,628	\$ 1,846,332	23%	\$ 8,570,019		
Operating Income (Loss)	\$ (251,033)	\$ (217,813)	\$ (280,843)	\$ 43,030	-16%	\$ (1,757,787)	\$ (1,825,903)	\$ 68,116	-4%	\$ 1,136,018		
Non-Operating Income												
Grant Revenue	\$ -	\$ 41,985	\$ 130,341	\$ (88,356)	-68%	\$ 842,067	\$ 912,365	\$ (70,318)	-8%	\$ 78,563		
Interest Income	\$ 130	\$ 162	\$ 4,417	\$ (4,255)	-96%	\$ 1,506	\$ 30,917	\$ (29,411)	-95%	\$ 1,249		
Tax Levy Income	\$ 113,180	\$ 113,180	\$ 141,090	\$ (27,900)	-20%	\$ 794,633	\$ 987,629	\$ (192,996)	-20%	\$ 915,126		
Total Non-Operating Income	\$ 113,320	\$ 155,337	\$ 275,847	\$ (120,510)	-44%	\$ 1,638,206	\$ 1,930,931	\$ (292,725)	-15%	\$ 994,958		
Net Income	\$ (137,713)	\$ (62,476)	\$ 15,004	\$ (77,480)	-516%	\$ (119,581)	\$ 105,028	\$ (224,609)	-214%	\$ 2,130,975		
Operating Margin	-18%	-16%			-16%				-12%			
Total Profit Margin	-10%	-5%			-1%				25%			

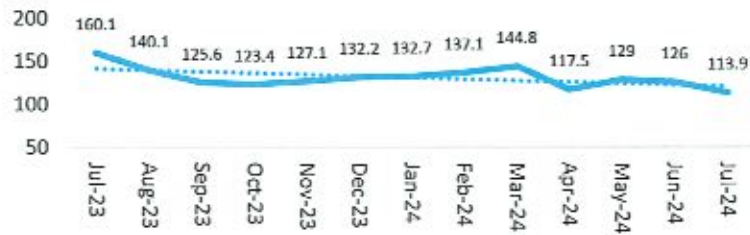
East Adams Rural Healthcare
Adams County Public Hospital District No. 2 Balance Sheet
As of July 31, 2024

Reporting Book:
As of Date:

ACCRUAL
7/31/2024

	Month To Date 05/31/2024 Actual	Month To Date 06/30/2024 Actual	Month To Date 07/31/2024 Actual
Current Assets			
Operating Cash	1,659,306	1,308,496	1,458,626
Patient Accounts Receivable	4,097,275	3,994,236	4,156,774
Allowance for Doubtful Accounts	701,735	830,021	1,151,956
Third Party Receivables	260,155	38,243	68,925
Taxes Receivable	(320,724)	(213,352)	(108,988)
Inventory	739,119	794,552	803,355
Reserve for Operations	28,664	28,789	28,921
Reserve for Funded Depreciation	2,294	2,303	2,312
Prepaid Expenses	117,507	26,242	37,214
Total Current Assets	7,285,331	6,809,530	7,599,095
Other Assets			
Property, Buildings, & Equipment	17,704,844	17,704,844	17,704,844
Accumulated Depreciation	(9,757,309)	(9,822,032)	(9,886,756)
Construction in Process	974,350	974,350	974,350
Other Assets	8,921,885	8,857,162	8,792,438
Total Assets	\$ 16,207,216	\$ 15,666,692	\$ 16,391,533
Current Liabilities			
Accounts Payable	1,154,903	1,348,656	1,384,320
Payroll & Related Liabilities	692,715	755,195	816,519
Third Party Cost Report Settlements	41,188	41,188	250,000
Current Portion of Long Term Debt	260,000	260,000	260,000
Other Accrued Expenses	804,507	859,806	874,724
Total Current Liabilities	(2,953,313)	(3,264,845)	(3,585,563)
Long Term Debt	(7,087,225)	(7,116,069)	(7,144,912)
Equity from Operations	(6,166,678)	(5,285,778)	(5,661,058)
Total Liabilities & Fund Balance	\$ (16,207,216)	\$ (15,666,692)	\$ (16,391,533)

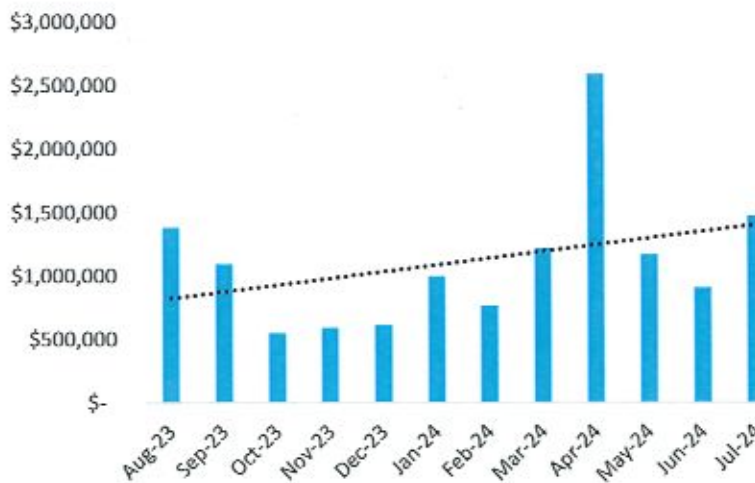
AR Days



EARRH Revenue Collections 12 Month Trend

Month/Year	Total Deposits	Grants/Other	Patient Care Collections
Jan-23	\$ 1,327,628	\$ 497,528	\$ 830,099
Feb-23	\$ 782,307	\$ 292,140	\$ 490,167
Mar-23	\$ 717,481	\$ 165,557	\$ 551,924
Apr-23	\$ 1,016,318	\$ 50,294	\$ 966,024
May-23	\$ 984,995	\$ -	\$ 984,995
Jun-23	\$ 252,104	\$ -	\$ 252,104
Jul-23	\$ 477,568	\$ -	\$ 477,568
Aug-23	\$ 1,727,860	\$ 341,979	\$ 1,385,881
Sep-23	\$ 1,097,674	\$ -	\$ 1,097,674
Oct-23	\$ 551,327	\$ -	\$ 551,327
Nov-23	\$ 621,355	\$ 27,886	\$ 593,469
Dec-23	\$ 610,607	\$ -	\$ 610,607
Jan-24	\$ 1,052,833	\$ 51,775	\$ 1,001,058
Feb-24	\$ 763,077	\$ -	\$ 763,077
Mar-24	\$ 1,216,896	\$ -	\$ 1,216,896
Apr-24	\$ 2,592,152	\$ 766	\$ 2,591,386
May-24	\$ 1,915,179	\$ 747,541	\$ 1,167,638
Jun-24	\$ 908,466	\$ -	\$ 908,466
Jul-24	\$ 1,518,793	\$ 41,985	\$ 1,476,808

EARRH Patient Care Revenue Collected





East Adams Rural Healthcare

VOUCHER CERTIFICATION AND APPROVAL

I, THE UNDERSIGNED AUDITING OFFICER, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED AND THE LABOR PERFORMED AS DESCRIBED HEREIN AND THAT THE CLAIMS ARE JUST AND PAID OBLIGATIONS BY ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIMS.

COREY FEDIE, SUPERINTENDENT

WARRANTS AUDITED AND CERTIFIED BY THE AUDITING OFFICER HAVE BEEN RECORDED ON THE ATTACHED LISTING.

WE, THE UNDERSIGNED BOARD OF DIRECTORS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, ADAMS COUNTY, WASHINGTON, DO APPROVE THOSE WARRANTS INCLUDED IN THE ATTACHED LIST AND FURTHER DESCRIBED AS ACCOUNTS PAYABLE WARRANTS #67644 THROUGH #67739 IN THE AMOUNT OF \$770,113.09.

SIGNED THIS 22ND DAY OF AUGUST 2024.

JOHN KRAGT, CHAIRMAN

ERIC WALKER, VICE-CHAIRMAN

RILEY HILLE, SECRETARY/COMMISSIONER

MATT KUBIK, COMMISSIONER

DAN DUFF, COMMISSIONER



East Adams Rural
Healthcare

BEHAVIORAL HEALTH PROPOSAL

Prepared by: Matthew Gosman, CFO

Request for unbudgeted FTE to provide on-site behavioral health service.



East Adams Rural Healthcare

Introduction:

EARH management has identified an opportunity and is seeking approval to add an unbudgeted FTE to provide in-person behavioral health, which will be referred to as **BH** in this document, services to ours and the surrounding communities.

EARH is ideally positioned to address the need for BH services in our community. People who face these issues often seek medical care as a coping tool. By integrating BH services within our hospital, we can provide a more holistic approach to patient care and provide appropriate care to these patients while relieving our medical practitioners of patients they are not qualified to treat.

Pending approval, we have successfully recruited a Licensed Independent Clinical Social Worker (LICSW) with extensive experience and education in BH. This professional is well-equipped to establish a strong program and is qualified to step into a management role as patient volumes increase and the need for additional staff becomes apparent.

The proposed plan requires the LICSW to provide in-person treatment at our facility for two days each month, during which they can see approximately 16 patients—a conservative estimate of the demand in our area. Should this demand exceed our initial capacity, the program can readily expand through additional in-person days, telehealth options, or by hiring additional staff.

BH treatment can add value as it:

1. **Improves Overall Health:** Effective BH care addresses mental health issues, leading to better physical health outcomes. Individuals with untreated mental health conditions often experience higher rates of chronic illnesses.
2. **Enhances Quality of Life:** Access to treatment helps individuals manage their mental health, leading to improved quality of life, better relationships, and increased productivity.
3. **Reduces Stigma:** Promoting BH treatment fosters understanding and acceptance, reducing stigma associated with mental health issues and encouraging more individuals to seek help.
4. **Economic Benefits:** Addressing BH can lead to reduced healthcare costs, decreased absenteeism in the workplace, and increased productivity. Communities benefit economically from a healthier workforce.
5. **Prevention of Crisis Situations:** Early intervention and treatment can prevent crises, such as suicides or substance abuse incidents, leading to safer communities.

Behavioral Health Proposal

6. **Supports Families:** BH treatment not only helps individuals but also supports families, reducing the burden on family members and improving family dynamics.
7. **Community Cohesion:** Access to BH services can strengthen community ties by fostering a culture of support and resilience.

This proposal outlines the plan to implement and grow BH services at EARH, ultimately ensuring that our community has access to the mental health support that it needs.

Income and Expense Analysis:

There are several financial incentives for providing BH services, including some specifically applicable to EARH:

1. BH providers are roughly half as expensive as medical providers, but BH visits are billed at roughly the same rates.
2. BH visits do not require medical supplies or other common medical expenses.
3. EARH receives special Medicare and Medicaid rates. All allowable visits are paid at these rates regardless of length or type. BH visits can be as short as 15 minutes or as long as an hour and are paid at the same rate by Medicare and Medicaid, meaning that two 30-minute visits would be paid the same as two full hour visits.
4. EARH has applied for a Medicaid rate rebase, which tentatively is set at 409.66 per visit. This is the rate at which all Medicaid BH visits will be paid, regardless of length or whether the appointment is in person.
5. Though EARH's overall (all departments) payor mix is used in the calculations below to be conservative, the patients who have been utilizing our contracted BH services are overwhelmingly Medicaid, indicating that our average reimbursement could be much higher based on our Medicaid rate.
6. The need for BH services and the lack of availability of these services in our region and regions like ours has been noted by several granting agencies. **Better Health Together has committed to fund the first year of this program**, matching our costs. It is likely that as the program progresses more funding will be available to help us fill this gap in care.
7. Recent legislative updates require telehealth services to be paid at the same rate as in-person services

In the analysis below, EARH Medicare rates, Medicaid rates, and commercial charges are distributed based on the percentage of patients that are covered by these payors, and contractual insurance adjustments are subtracted to calculate an average collection per visit of 242.89. The number of visits per month to cover costs identified under the expense section is indicated to be nine, or 4.5 per day, and further broken down to show that the provider would have to see .53 patients per hour to cover their own costs. Our expectation is that the provider will work a nine-hour shift and see one patient per hour with one hour set aside for paperwork and administrative tasks. At this rate collections should be \$3,886.29 per month, and after \$2,007.40 in costs the program will net \$1,878.89, indicating an **ROI of 94%** before any grant funds are considered. This ROI increases with the addition of telehealth services or additional days in the clinic. In the first year that the grant covers expenses, EARH will net the entire \$3,886.29 which in the first year will result in \$46,635.52.

Behavioral Health Proposal

Income	Month
CMS RHC Rate	\$ 226.34
Medicaid	\$ 409.66
BCBS	\$ 182.97
Commercial	\$ 160.60
EARH Payor Mix	Percent
APPLE HEALTH	27.96%
BCBS	13.38%
Commercial	17.00%
Medicare	41.65%
Average Charge/Visit	\$ 260.62
Average Adjustment (Commercial Only)	\$ (17.73)
Net Collection/Visit	\$ 242.89
Breakeven Visits	9
Min Visits/Hr	0.56
Anticipated Visits/Hr (1 Hr Admin Time/Day)	1
Total Collections	\$ 3,886.29
Income Before Grant Reimbursement	\$ 1,878.89
Expenses Covered by BHT Grant	\$ 2,007.40
Net Income	\$ 3,886.29
Annualized	\$ 46,635.52

Because BH services do not require medical supplies or equipment, and will be integrated into our current scheduling model, minimal expenses are associated with the position, including pay and travel. This position will receive increased pay in lieu of benefits to simplify the model.

Expense	Month
Stipend Costs	
Plane Tickets	\$ 400.00
IRS M&IE 59x3 Days of Meals	\$ 177.00
Car Rental Gas and Mileage	\$ 555.96
Total Stipends	\$ 1,132.96

Behavioral Health Proposal

Personnel Costs	
Pay/Day	\$ 437.22
Days per Month	2
Total Payroll	\$ 874.44
<hr/>	
EARH Cost/Month Total	\$ 2,007.40

Market Analysis:

This plan anticipates 191 BH visits in one year. Using the state analytics service, ours and the surrounding zip codes had 346 BH visits in 2023.

<u>Zip Code</u>	<u>BH Visits in 2023</u>
99032	59
99105	2
99169	285
Grand Total	346

We suspect that this number excludes a significant number of people who would benefit from BH services, but do not utilize them due to the lack of availability. Data from the Community Health Centers of Central Wyoming show that their clinics in rural service areas with similar populations to Adam’s County consistently see over 2,000 BH visits per year. For people in our communities to receive treatment, travel times and waitlists are a barrier to care. Anecdotally, our providers have noted a trend of patients being referred for BH services, but not following through due to the inconvenience of the travel.

Regulatory and Compliance Considerations:

EARH is authorized to provide BH services under the scope of the rural health clinic and has been providing these services through contractors and with internal family practice providers at a low level. EARH should not require additional considerations beyond the credentialing of the specific providers.

Though there are no federal, state, or local regulations requiring it, our internal policy requires that we advertise any new position. We are not required to consider any more than the first qualified candidate that applies, but will consider all applicants to ensure that we have the best person for this role.

Behavioral Health Proposal
Phased Implementation:

- **The pilot program** will establish the service model and be followed by phased expansions based on demand and outcomes. The program is based on the lowest likely patient volume and is designed to scale based on need.
- **Telehealth** can be utilized to manage initial overflow. Our priority will be to have consistent, in-person treatment to allow patients to get to know and become comfortable with the provider. Should these patients need additional care outside of scheduled hours, our EMR provides telehealth capability that can allow for additional treatment when the provider is not on site.
- **Additional FTEs** may become necessary to manage volume. The provider we have recruited has appropriate experience and education to manage the growth of the program should.
- **Review and adjust** projections based on actual performance to stay on track and make informed business decisions.

Conclusion:

In conclusion, the establishment of a behavioral health service in our rural health clinic is a critical step toward addressing the significant unmet need in our community.

The Licensed Independent Clinical Social Worker we have recruited is anxious to begin building a program that will help people in a meaningful way and possesses the extensive experience necessary to establish a robust program.

As BH services are becoming increasingly recognized by insurance providers, need for these services is at an all-time high, and this need is being recognized by organizations who would support efforts like ours to provide help to those who may not receive it any other way, this is an apt time to utilize these advantages.

By moving forward with this proposal, we can significantly enhance access to vital behavioral health services in our community, ultimately improving the mental well-being of our residents and fostering a healthier, more supportive environment, and add needed revenue to support overall hospital activities.