



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
APRIL 25, 2017 at 6:30PM
REGULAR MEETING

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

Board of Directors

Kristin Carpenter exp. 3/20
April Horton exp. 3/19
Sally Bennett exp. 3/19
John Harvill exp. 3/18
Dorne Hawxhurst exp. 3/18

CCMC CEO

Scot Mitchell

OPENING

1. Call to Order
2. Roll Call – April Horton, Dorne Hawxhurst, John Harvill, Kristin Carpenter, Sally Bennett
3. Establishment of a Quorum

A. APPROVAL OF AGENDA

B. CONFLICT OF INTEREST

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS (Speaker must give name and agenda item to which they are addressing.)

1. Audience Comments (limited to 3 minutes per speaker).
2. Guest Speaker

D. BOARD DEVELOPMENT

1. Hospital Strength Index

E. APPROVAL OF CONSENT CALENDAR

F. APPROVAL OF MINUTES

1. March 9, 2017 Regular HSB Meeting Minutes Pages 1-3

G. REPORTS OF OFFICER and ADVISORS

1. CEO Report – Scot Mitchell, CEO Pages 4-7
2. Finance Report – Lee Holter, CFO Pages 8-25
3. Medical Director Report - Dr. Blackadar Pages 26-30
4. Nursing Report - Helen McGaw, Interim CNO Page 31

H. CORRESPONDENCE

I. ACTION ITEMS

1. Election of Officers
2. Update CCMC Check Signers Pages 32-33
3. 340B Retail Pharmacy Pages 34-37
4. Conflict of Interest Policy Approval Pages 38-45
5. City Distribution Request for PERS Page 46
6. Delineation of Privileges – Dr. Mary Jo Groves Page 47
7. Board Meeting Schedule

J. DISCUSSION ITEMS

K. AUDIENCE PARTICIPATION (limited to 3 minutes per speaker)

Members of the public are given the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session.

L. BOARD MEMBERS COMMENTS

M. EXECUTIVE SESSION

N. ADJOURNMENT

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

Minutes
Community Health Services Board
Cordova Center – Community Rooms A & B
March 9, 2016 at 7:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Josh Hallquist called the HSB regular meeting to order at 7:00pm. Board members present: **Tim Joyce (telephonically), Josh Hallquist, James Wiese, and David Allison.**

A quorum was established. 4 members present; 3 members absent.

CCHMC staff present: Scot Mitchell, CEO; Lee Holter, CFO; and Faith Wheeler-Jeppson, Executive Admin Assistant.

A. APPROVAL OF AGENDA

M/Allison S/Wiese “move to approve the agenda.”

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. APPROVAL OF CONSENT CALENDAR ~ None

E. APPROVAL OF MINUTES

M/Allison S/Wiese “move to approve the January 12, 2017 and the February 9, 2017 Regular Meeting minutes.”

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

F. REPORT OF OFFICERS AND ADVISORS

1. President’s Report ~ Joyce reported that he had worked with Scot on the Agenda for tonight’s meeting.
2. Administrator’s Report ~ Scot Mitchell stated that his written report was in the packet, there are a few things that have come up since I wrote the report that I wanted to fill you in on. The House has entered a Bill to repeal and replace the Affordable Care Act. A few highlights on the new version would be the employer mandate, the Medicaid Enhanced match, change in the Medicaid rates to a Per Capita basis, and limiting the retroactive Medicaid, which could have a huge impact on us. A few others are tax credits and cost savings for small businesses, those will go away. The Cadillac tax which is a 40 percent excise tax on employer plans exceeding \$10,200 in premiums per year for individuals and \$27,500 for families. That tax was scheduled to take effect in 2018, it’s been moved to 2025. There is a Save Rural Hospital Bill, this bill amends titles XVIII (Medicare) of the Social Security Act (SSAct) to increase payments to, and modify various requirements regarding, rural health care providers under the Medicare program. CAH’s make up 30% of all hospitals, but receive less than 5% of total Medicare payments.
3. Finance Report ~ Holter reported on some of the highlights from the January Financials
4. Nursing Report ~ Lisa Cuff, CNO is not able to be here to tonight, but her written report is in the packet.
5. QHR Report ~ Ken Ward first congratulated everyone on the establishment of the new board. Ken reported that at the November 2016 meeting he provided an overview of the

MOON (Medicare Outpatient Observation Notice) requirement and that went into effect yesterday March 8, 2017.

6. 340B Pharmacy Program Presentation ~

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. FS 350 ~ Charity Care Policy

M/Allison S/Wiese "move to approve the revised Charity Care/Discounted Fees Policy, number FS 350."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

2. Personnel Organization Plan

M/Allison S/Wiese "move to approve the updated Personnel Organization Plan."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

3. CCMC 2016 Financial Statement Audit

M/Wiese S/Allison "move to approve the proposal from Dingus Zarecor & Associates, PLLC to perform the audit of the 2016 CCMC financial statement for a cost of \$20,000 plus out-of-pocket expenses to be billed at actual cost."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

4. Integrated Pharmacy Services Agreement

M/Joyce S/Wiese "move to approve authorize the CEO to enter into an Integrated Pharmacy Services Agreement with TranscendRx with an initial service fee of \$25,000 and an additional monthly maintenance fee of \$3,000 per month."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

5. CCMC Check Signers

M/Wiese S/Allison "move to approve the Resolution of the Cordova Health Services Board designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

6. 4th Quarter of 2016 Quality Improvement Report

M/Allison S/Wiese "move to accept the 4th Quarter 2016 Quality Improvement Report."

Vote on motion: 4 yeas, 0 nays, 3 absent.

Motion passed.

I. DISCUSSION ITEMS ~ None

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Wiese ~ I second that, I think that any of us would have been happy to stay on.

Hallquist ~ Thank everybody for their time.

Allison ~ I'd like to thank you all for running for the board, we've left you with an excellent staff. And Thank you to the rest of the staff and board.

Joyce ~ I want to say I appreciate the new members, I wish you the best of luck, and Thank you to the HSB.

- L. ADJOURNMENT –**
M/Allison S/Wiese “I move to adjourn the meeting.”
Hallquist declared the meeting adjourned at 8:21pm

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
April 25, 2017 Meeting
Scot Mitchell, CEO

The Big Picture

We are not quite 100 days into the new administration in Washington, DC, yet there has already been a lot of activity that has an impact on CCMC. Most of the health-care related Cabinet appointments have been confirmed and the House of Representatives had started working on the Affordable Care Act repeal and replace promise they made to the country. There was a lot of publicity about this effort, and ultimately the House did not have the votes to pass the Budget Reconciliation bill, and therefore they were forced to table the vote.

In the past few days there have been some conversations about bringing up the potential repeal and replace again, as part of the federal budget discussion. The ACA repeal was being pushed through using the budget reconciliation process, which would have allowed the Senate to pass the bill with a simple majority vote and not have to worry about a filibuster by the Democratic Party to stop the measure. The only changes that can be made through the budget reconciliation process are those that have a direct impact on the federal budget, therefore the ACA could not be repealed out right.

The reconciliation process was put forth to help the Senate actually pass the measure because the Republican majority does not have enough votes to stop a filibuster. In reality, the House Republicans were not even able to get a simple majority to move the bill to the Senate. There are still a lot of ways that healthcare can be changed, and we are already starting to see discussions about changing the Medicaid program in some very significant ways. CCMC receives a great deal of funding through the Medicaid program, especially for long term care reimbursement. I will keep the board updated as we continue to see more regulatory changes in the healthcare industry.

Status Updates

- CCMC has been very busy during the first quarter of 2017. The hospital utilization has gone up drastically compared to previous years. We have been averaging around 4 patients in the hospital, while last year our average census was about one patient per day. Lee Holter, CFO will provide a more detailed overview of our utilization and financial situation at the upcoming board meeting.
- As of last week, the Alaska Legislature was still working on the 2018 budget for the Department of Health and Social Services. At that time there was a \$45 million shortfall in the DHSS budget. While the budget has not yet been approved, we do know some of the proposed cuts as noted below:

- \$8 million from reducing the professional fee rates by 12% to 13%
- \$6.2 million from a 5% reduction in inpatient and outpatient hospital reimbursements
- \$600,000 by not rebasing facilities for FY2018
- \$12.8 million by reducing the services covered to those as of January 2015
- \$2.6 million from reducing day habilitation benefits to 8 hours per week

The remainder of cuts to cover the shortfall have not yet been determined. CCMC does stand to have some cuts to our Medicaid reimbursement and potentially other services paid from the State as a result of the budget issue.

- The Alaska State Hospital and Nursing Home Association recently provided us with some interesting data that outlines the payment cuts that CCMC has been subject to since the sequestration took effect in 2010. Since 2010, CCMC has had payment cuts of over \$230,000 from the sequestration, with more than \$700,000 additional cuts expected over the next nine years. Sequestration became a reality when Congress failed to pass a budget several years ago, resulting in a 2% cut to most components of the federal budget. These cuts have been part of the reasons for CCMC's financial struggles over the years.
- One of the Conditions of Participation in the Critical Access Hospital program is that we must annually perform a CAH periodic evaluation. This is an intense process where we must evaluate the services that CCMC provides and to make sure that those services are appropriate. Apparently this has not been done for at least several years, as CCMC has received a deficiency on the last two CAH surveys. I have developed a process for CCMC to get back in compliance with this requirement. We have a new framework that will be followed, and I have tentatively scheduled this evaluation to occur in late June of this year. Once the evaluation is completed, I will draft a written report that will be reviewed by our Quality Management Committee and then presented to the board for approval.
- In order to help improve upon the recent long term care, critical access hospital and fire life safety surveys, I have established a Survey Readiness Team that is laboring through various processes to improve our ability to have all employees ready for when we have our licensure and certification surveys. As part of this process, we will also have a mock CAH survey in July of this year.
- As you will learn, the electronic health record (EHR) system we have at CCMC does not meet our needs. As a result, we have been researching a new EHR system for the organization. Lee Holter is spearheading this process for us. We are now finalizing an RFP that will go out to a limited number of vendors. We already have two demos planned for later this spring. We will continue updating you as this process progresses.
- A few months ago the Alaska Public Employees Retirement System (PERS) conducted an audit, which was the first audit we've had since 2007. They found a few minor issues that we have addressed, but they also found a major one that was discovered in the 2007 audit that had never been addressed. The PERS staff are sending their report up the chain of command, and we expect that there will be a significant penalty from PERS due to the fact that the major issue was found in 2007 and had not been addressed during the past 10 years. We are working with PERS to try to make some additional changes to help reduce the burden PERS places on CCMC.
- The PERS requires employees to contribute 8% of their salaries, and the employer matches that amount. Due to the mismanagement of the PERS system over the years, it has a very sizable debt at this time. The State has developed a fix for the problem, which requires the employers to match an additional 22% of all our employee salaries and submit it to PERS. For CCMC, this is running us around \$35,000 to \$40,000 per pay period. Our employees do not get any of these additional dollars, it is strictly used to pay off the PERS debt. We are currently in arrears several payments on this unfunded mandate. We are working with the City to help us get current, and will be asking the board to request

a distribution from the City to cover these payments. These additional costs are an extreme burden on CCMC.

- In an effort to help reduce the health insurance costs to CCMC, the previous CCMC Health Services Board approved starting a 340B retail pharmacy. At the time of this approval, we did not have all the costs for actually starting the program. We needed to have this initial approval to submit our registration for this 340B pharmacy program to the federal government. You can only apply during a two week period every quarter. CCMC has submitted its registration and we expect that it will be approved, which would allow us to have the 340B pharmacy registration as of the first of July. We now have the expected costs and revenue estimates ready for this board to approve so that we can go ahead and start the process of purchasing the needed equipment and supplies, along with minor renovations as well as hire the staff needed to operate the 340B retail pharmacy. The reason we need board approval is that these costs were not included in the CCMC 2017 budget that was actually approved last October.
- In addition to looking at ways to reduce our health benefits costs, we are looking at other ways to save money, such as changing our holiday pay policies and even reducing the number of holidays we recognize. We are heavily scrutinizing our current staffing levels and any requests to fill staffing vacancies and only approving those with a justifiable need, considering the financial situation we find ourselves in. Last year, we ended the year with 9 fewer employees than when we started and through the first quarter of this year we have had another 4 employees leave and we do not plan on filling those positions at this time.
- We will have one physician privileging case for the board to address at this meeting. Dr. Mary Jo Groves' privileges will need to be renewed. The credentials verification package will be provided on paper due to confidentiality requirements. In consultation with the Medical Staff, and in accordance with the CCMC Medical Staff Bylaws, I granted emergency privileges for telebehavioral health for Dr. Michael Alexander on March 29, 2017. Those emergency privileges will expire on June 1, 2017. We are still working on the required credentialing paperwork and will present that information to the board at the May meeting for action. The reason for having to grant emergency privileges is that the previous physician that we had used for telebehavioral health from the Alaska Psychiatric Institute left that facility, leaving us with no physician to provide that service. Dr. Alexander was brought onboard by API to fill that void.
- One of the biggest impediments to continued success that CCMC has been dealing with is the lack of continuity of staff. This is true through all levels of the organization. For example, when I started last summer, our CFO and CNO were temporary staff, as were all the RNs on the hospital and nursing home side. We've made some good strides in improving this, and now have several permanent staff in several departments. We still have a long way to go, and my goal is to get us to the point that we have all our staff as permanent people who live in Cordova. We have a long way to go, but are continually looking for good, quality professionals who want to join our team.
- In the past couple weeks, CCMC has been the target of two different cyber-attacks. The first one was a "brute force attack" with the aim of installing "ransomware" on our system. This ransomware would then encrypt our data so we could not access it. The perpetrator would then require us to pay a ransom using digital currency in order to allow us to get access to our data again. Luckily, the attack was caught early and not successful in encrypting our data. The second attack was a "port scanning attack" on a videoconferencing system that is separate from our main computer hardware. This system is used for telemedicine consultations with physicians outside our area. Neither of these attacks resulted in any data being stolen or viewed by the perpetrators. We have made some changes to our IT security to help prevent these types of attacks in the future.

- CCMC has taken the lead to coordinate the planning for the Health Fair this year. It will be held on April 22, 2017 at the High School. We encourage everyone to attend, there are a lot of health agencies that will be there.
- CCMC will be participating in a disaster exercise on April 29, 2019. The scenario will involve a terrorist attack on the M/V Aurora. We are required to participate in at least two drills, or actual events each year. We have already had two actual events this year where we activated our Incident Command System, the first was a telephone threat received by a staff member and the second was the ransomware cyber-attack.



Monthly Financial Statements

February 2017

To the CCMC Health Services Board

February 2017 Financial Executive Summary

Pre-Audit

Stats

For February Acute Care patient days decreased to 22 a drop of 10 from January. February's Swingbed days also increased to 84 from 64 in January. Average Daily Census (ADC) for February was 3.8 on the strength of swingbed days, from 3.1 ADC in January.

The ER's for February decreased by 14 to total of 35 versus 49 visits in January. Clinic visits for February, dropped to 160 from 212 in January. Lab tests increased by 24 over January to 322 versus from 298 in January, while Diagnostic imaging had a decrease of 4 tests from the month of January. PT had a lower volume of 322 procedures down from 416 in January.

Balance sheet

Please note that the financials presented are pre-audit and may be modified in the audit. Cash increased by \$57K at the end of February from January. Day's cash on hand at the end of February was 12.8 versus January's month end which had 10.3 days.

Net AR increased by \$176K over the Net AR balance for January. Gross AR days were 83.6 for February compared to January which had 66.8 days.

AP increased \$152K in February from January. Payroll liabilities decreased \$35K in February from the prior month.

The \$3.1 Mil Long Term debt amount accounts for funds received from the city, with \$918K received 2016.

Income Statement

February's Gross revenue was down by \$44K from January's gross revenue. Acute care decreased (\$32K), Swing Bed increased \$61K, LTC (based on days) was the same, the Clinic increased \$6K and Outpatient decreased \$70K, additionally Behavioral Health saw an increase of \$4K in revenue for February.

Contractual adjustments decreased in February by \$122K, while Bad debt decreased by \$53K from January.

Payroll decreased from the prior month by \$28K. Payroll taxes and Benefits decreased in February by \$14K from January. Professional services decreased by \$70K from January to February. There were swings in supplies, rents and leases, as well as utilities in February. (I remind the board there was an

accounting change last year put the revenue for the UAC (Universal Access) funds offset into other Revenue.) The remaining expenses were similar to the prior month.

Overall expenses for February were lower from January by \$134K. The February expenses were below budget by \$87,791 and below February of 2016 by \$143,767

Year to Date

Please note that the financials presented are pre-audit and may be modified in the audit.

February Year-to-Date Net Income was \$204,326 compared to January with \$161,582. Compared to February Year-to-date Net Income for 2016 the is a positive Variance of \$623,978.

Activity and Projects

EHR

Work on E H R improvement continues, but is frustrating slow with setbacks. We are back on track with the internal system steering meeting and biweekly calls with Healthland technical support. There continue to be system problems, system work a rounds, and staff education issues to resolve. There are problems with clinical charting in Nursing, in the Physician Ordering module, in Medical records, to the billing module and to the GL. The system is not yet programed for the wasting of drugs, a reporting requirement that started January 1st for all hospitals.

The doctors are particularly frustrated with the Medical Necessity system when ordering labs as their choices do not coincide with what the lab sees (SNOMED codes vs. ICD10 codes.) SNOMED stands for (Systematized Nomenclature of Medicine) codes which were instituted for POE (Physician Order Entry) so hospitals could meet meaningful use requirements to get funds from the HITECH Act for their Electronic Medical Records systems. (ICD10 stands for International Classification of Diseases 10th revision.)

The New EHR replacement process has started, we have had three meetings and are collecting all of the departments needed functions to put into the RFP, which will go out to vendors, for them to respond with a quote for a system.

Budget

Business Line Statements/Departmental Statements

I am working on financial statements for our business lines, I.E., Sound Alternatives, Clinic, LTC in addition to the Hospital Financials. These individual financial statements would roll into the total CCMC financial statement you get each month. Also working to set up Departmental statements so managers can see their monthly departmental operation against budget.

Other items

The Audit for 2016 has been re-scheduled for the last week in April with the Change of Accounting firms. Once the Audit is complete the information will go to the cost report preparer for cost report to be prepared. There will be lots of detailed reconciliations/schedules to be filled out for both the Auditors and the cost report during the first three months of the New Year.

A charge master review has been scheduled for the third week of June, 2017, this will be a review of charge codes, proper use of CPT codes for billing compliance and a pricing review. Education will be provided to the department heads, administration and any board members who would like to attend the general session.

Respectfully submitted

Lee Holter
CFO

Cordova Community Medical Center Statistics

	31	28	31	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Total	Average		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative		Monthly											
	31	29	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31			
Hosp Acute+SWB Avg. Census																										
FY 2017	3.1	3.8																							3.4	
FY 2016	0.8	1.9	1.6	2.0	1.6	2.2	1.2	0.3	0.7	1.1	0.5	1.1													1.3	
FY 2015	1.1	0.2	2.0	2.3	2.5	2.2	0.9	1.5	0.8	0.5	0.9	0.1													1.2	
Acute Admits																										
FY 2017	9	7																							16	8.0
FY 2016	6	8	3	8	9	5	7	5	6	10	6	8													81	6.8
FY 2015	1	1	4	6	5	2	5	1	5	5	3	1													39	3.3
Acute Patient Days																										
FY 2017	32	22																							54	27.0
FY 2016	16	15	18	22	26	20	11	10	18	22	15	17													210	17.5
FY 2015	2	3	7	8	16	3	10	2	11	6	7	2													77	6.4
SWB Admits																										
FY 2017	5	3																							8	4.0
FY 2016	2	2	0	2	1	3	1	0	1	2	1	2													17	1.4
FY 2015	1	1	3	3	2	0	0	3	1	1	0	0													15	1.3
SWB Patient Days																										
FY 2017	64	84																							148	74.0
FY 2016	10	40	32	37	24	46	25	0	3	11	1	17													246	20.5
FY 2015	31	3	55	60	60	62	18	45	12	10	19	0													375	31.3
CCMC LTC Admits																										
FY 2017	0	0																							0	0
FY 2016	1	0	0	0	0	0	2	0	0	0	0	0													3	0.3
FY 2015	0	0	0	1	1	2	1	2	2	1	0	0													10	0.8
CCMC LTD Resident Days																										
FY 2017	310	280																							590	295
FY 2016	310	290	310	297	310	298	292	310	300	310	300	310													3,637	303.1
FY 2015	310	280	308	287	307	300	274	273	388	309	300	310													3,646	304
CCMC LTC Avg. Census																										
FY 2017	10.0	9.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0														9.8
FY 2016	10.0	10.0	10.0	9.9	10.0	9.9	9.4	10.0	10.0	10.0	10.0	10.0														9.9
FY 2015	10.0	10.0	9.9	9.6	9.9	10.0	8.8	8.8	12.9	10.0	10.0	10.0														10.0
ER Visits																										
FY 2017	49	35																							84	42.0
FY 2016	52	45	52	52	59	79	85	74	51	55	37	53													694	57.8
FY 2015	23	46	49	40	104	73	104	97	47	56	37	39													715	59.6

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Cumulative Monthly	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec											
Outpatient Registrations w/ER																							
FY 2017	120	111																				231	116
FY 2016									165	146	126	137										574	144
FY 2015																						0	0
PT Procedures																							
FY 2017	416	322																				738	369
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415										4,407	367
FY 2015	224	197	280	347	321	224	319	345	216	170	296	269										3,208	267
OT Procedures																							
FY 2017	94	38																				132	66
FY 2016	105	107	51	139	124	53	31	26	36	62	66	111										911	76
FY 2015	24	55	95	67	108	65	35	107	90	99	115	128										988	82
Lab Tests																							
FY 2017	298	322																				620	310
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219										3,896	325
FY 2015	440	350	533	266	486	311	411	328	359	363	291	367										4,505	375
X-Ray Procedures																							
FY 2017	47	43																				90	45
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37										691	58
FY 2015	27	27	66	68	59	56	99	84	47	34	37	44										648	54
CT Procedures																							
FY 2017	7	7																				14	7
FY 2016									15	25	17	13										70	
FY 2015																						0	0
CCMC Clinic Visits																							
FY 2017	212	160																				372	186.0
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223										2,593	216
FY 2015	141	151	157	196	204	190	224	270	164	194	131	160										2,182	182
Behavioral Hlth Visits																							
FY 2017	70	98																				168	84.0
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122										967	81
FY 2015	94	90	73	97	37	68	112	49	106	70	71	76										943	79

Cordova Community Medical Center
Balance Sheet

ASSETS	<u>2/28/2017</u>	<u>1/31/2017</u>	<u>2/29/2016</u>
Current Assets			
Cash	340,422	282,988	188,011
Net Account Receivable	1,547,556	1,372,044	1,154,196
Third Party Receivable	-	-	0
Other Receivables	100,481	100,481	72,056
Prepaid Expenses	-	13,056	22,642
Inventory	134,306	153,284	148,482
Total Current Assets	2,122,764	1,921,853	1,585,387
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,763	7,006,763	7,006,763
Equipment	6,759,816	6,759,816	6,526,416
Construction in Progress	1,077,323	1,077,323	1,060,094
Subtotal PP&E	14,965,911	14,965,911	14,715,283
Less Accumulated Depreciation	(10,241,990)	(10,196,705)	(9,684,204)
Total Property & Equipment	4,723,921	4,769,206	5,031,079
Other Assets			
PERS Deferred Outflow	929,979	929,979	929,979
Total Other Assets	929,979	929,979	929,979
Total Assets	7,776,665	7,621,038	7,546,445
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	792,721	641,065	1,126,234
Payroll & Related Liabilities	726,523	761,617	718,168
Third Party Settlement Payment	0	0	0
Interest & Other Payables	7,606	7,598	1,497
Long Term Debt-- City	3,100,976	3,100,976	2,182,460
Other Current Long Term Debt	122,110	125,797	137,630
Total Current Liabilities	4,749,937	4,637,053	4,165,989
Long Term Liabilities			
2015 Net Pension Liability	5,015,100	5,015,100	5,015,100
Total Long Term Liabilities	5,015,100	5,015,100	5,015,100
Total Liabilities	9,765,037	9,652,153	9,181,089
Net Position			
Unrestricted Fund Balance	2,769,539	2,769,539	2,769,539
Temporary Restricted Fund Balance	13,035	13,035	13,035
Pension Deferred Inflow	88,788	88,788	88,788
Prior Year Retained Earnings	(5,064,060)	(5,064,060)	(4,086,354)
Current Year Net Income	204,325	161,582	(419,652)
Total Net Position	(1,988,372)	(2,031,115)	(1,634,644)
Total Liabilities & Net Position	7,776,665	7,621,038	7,546,445

Cordova Community Medical Center
 Gross AR Aging and Days in AR
 February 2017

TOTAL	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals	Feb Days In AR
Gross A/R	151,263	81,121	49,148	33,873	163,003	478,408	19.9%
Commercial	413,055	201,272	25,123	3,527	60,763	703,740	29.3%
Medicare	34,032	19,017	10,770	38,467	91,736	194,021	8.1%
Medicaid	252,624	55,195	25,720	(32,006)	114,613	416,147	17.3%
Long Term Care	24,558	13,238	28,666	11,622	35,305	113,389	4.7%
Other Govt payers	-	109	1,613	1,511	184,893	188,127	7.8%
Extended Pymt Terms	17,430	37,551	60,209	21,254	74,055	210,499	8.8%
Private Pay	13,348	14,157	10,753	7,499	51,262	97,018	4.0%
Work Comp	906,310	421,660	212,002	85,746	775,632	2,401,349	100.0%
Totals	37.7%	17.6%	8.8%	3.6%	32.3%	100.0%	81.8
						95,925	Credit Balances

Cordova Community Medical Center
Income Statement

	February 2017				Year To Date				
	Actual	Budget	Variance	Prior Yr	Variance	Budget	Variance	Prior Yr	Variance
REVENUE									
Acute	100,519	119,935	(19,416)	53,413	47,106	232,912	336	110,876	122,372
Swing Bed	230,100	20,925	209,175	92,825	137,275	42,364	356,990	110,452	288,902
Long Term Care	338,120	352,007	(13,887)	339,517	(1,397)	733,798	(37,594)	702,742	(6,539)
Clinic	72,592	71,083	1,509	86,708	(14,116)	135,011	3,646	139,543	(886)
Outpatients	146,490	192,812	(46,322)	152,099	(5,610)	383,959	(27,053)	284,694	62,212
Behavioral Health	24,312	58,375	(34,063)	45,051	(20,739)	88,065	(43,721)	86,160	(41,817)
Patient Services Total	912,132	815,137	96,995	769,613	142,519	1,616,109	252,604	1,444,468	424,245
DEDUCTIONS									
Charity	-	12,570	(12,570)	(616)	616	24,977	(24,977)	(616)	616
Contractual Adjustments	198,124	117,434	80,690	149,683	48,441	233,342	285,622	316,761	202,204
Bad Debt	21,509	23,043	(1,534)	73,707	(62,198)	45,786	50,887	64,986	31,687
Deductions Total	219,633	153,047	66,586	222,774	(3,141)	304,105	311,532	381,130	234,507
COST RECOVERIES									
Grants	18,095	47,702	(29,607)	99,474	(81,379)	75,763	26,107	99,474	2,396
In-Kind Contributions	93,754	113,189	(19,435)	105,860	(12,106)	179,771	7,738	188,335	(826)
Other Revenue	3,310	18,013	(14,703)	6,813	(3,503)	28,609	297,827	12,736	313,700
Cost Recoveries Total	115,159	178,904	(63,745)	212,147	(96,988)	284,143	331,671	300,545	315,269
TOTAL REVENUES	807,659	840,994	(33,335)	758,986	48,673	1,596,147	272,744	1,363,883	505,007
EXPENSES									
Wages	304,978	321,772	(16,794)	281,777	23,201	643,544	(5,489)	560,005	78,050
Taxes & Benefits	154,839	163,873	(9,034)	171,032	(16,194)	327,746	(4,142)	374,153	(50,549)
Professional Services	77,852	134,674	(56,822)	195,528	(117,676)	272,581	(46,827)	395,890	(170,136)
Minor Equipment	832	2,307	(1,475)	14,932	(14,101)	4,614	(1,226)	17,044	(13,656)
Supplies	58,459	32,544	25,915	40,214	18,245	67,882	23,508	60,381	31,010
Repairs & Maintenance	284	2,204	(1,920)	557	(273)	4,408	15,869	3,123	17,154
Rents & Leases	2,165	9,142	(6,977)	10,710	(8,545)	18,284	(6,141)	11,575	569
Utilities	96,830	104,360	(7,530)	100,970	(4,139)	209,015	(1,715)	201,293	6,007
Travel & Training	1,736	3,730	(1,994)	2,907	(1,171)	7,478	(1,891)	6,223	(636)
Insurances	14,836	17,959	(3,123)	30,414	(15,578)	35,918	(4,246)	44,281	(12,609)
Recruit & Relocate	119	4,167	(4,048)	2,797	(2,678)	8,334	(8,070)	3,568	(3,304)
Depreciation	45,285	43,750	1,535	42,143	3,141	87,500	3,070	83,306	7,264
Other Expenses	6,702	12,224	(5,522)	14,702	(8,000)	24,448	(9,887)	22,695	(8,134)
TOTAL EXPENSES	764,915	852,706	(87,791)	908,682	(143,767)	1,711,752	(47,187)	1,783,536	(118,971)
OPERATING INCOME	42,744	(11,712)	54,456	(149,696)	192,440	(115,605)	319,931	(419,652)	623,978
Restricted Contributions									
NET INCOME	42,744	(11,712)	54,456	(149,696)	192,440	(115,605)	319,931	(419,652)	623,978



Monthly Financial Statements

March 2017

To the CCMC Health Services Board

March 2017 Financial Executive Summary

Pre-Audit

Statistics

For Acute Care patient days increased to 29 an increase of 7 from February. Swingbed days were 109 in March from February's Swingbed days of 84, an increase of 25. Average Daily Census (ADC) for March was 4.5 versus 3.8 ADC in February.

The ER visits jumped up by 12 in March from February's 35. PT procedures in March were 497 up from the 322 in February. Lab tests declined in March with 284 compared to 322 in February. X-ray tests dropped by 6 from February which had 43. CT scans increased 6 with March at 13 versus February's tests at 7. March clinic visits increased to 197 compared to 175 for February. Behavioral health visits declined from 98 in February to 71 in March.

Balance sheet

Please note that the financials presented are pre-audit and may be modified in the audit.

Cash increased by \$31K from February to the end of March. Day's cash on hand at the end of March was 14.1 compared to February which had 12.8.

Net AR decreased in March by (\$116K) from February which was at \$1,548K. Days in AR declined to 71.5 in March from 83.6 in February. We were able to match credit balances of \$29,000 with over Net AR balance for January. Gross AR days were 83.6 for February compared to January which had 66.8 days. AP increased \$62K in March from February. Payroll liabilities decreased (\$231K) from February to March down to \$495K

The \$3.1 Mil Long Term debt amount accounts for funds received from the city, with \$918K received 2016.

Income Statement

Gross revenue for March was \$1,039K and increase of \$127K from February's gross revenue. Acute care increased \$10K, Swing Bed increased \$3K, LTC (based on days) was the same, the Clinic increased \$9K and Outpatient increased \$74K, Behavioral Health saw a decrease of (\$5K) in revenue for March.

Contractual adjustments increased in March by \$11K, while Bad debt increased by \$25K from February.

March payroll increased from February by \$48K, due to more days in the month and one time payouts of PTO to senior leaders who retired or left for another position. Payroll taxes and Benefits increased

from February by \$26K for March. Professional services increased by \$40K from February to March. Rents and Leases increased by \$18K from February because \$9K was doubled in March, but should have been recorded in February. (I remind the board there was an accounting change last year put the revenue for the UAC (Universal Access) funds offset into other Revenue.) The remaining expenses were similar to the prior month, except that recruitment increased by \$1.4K in March.

Overall expenses were higher in March by \$72K over February.

Year to Date

Please note that the financials presented are pre-audit and may be modified in the audit.

March Net Income was \$50,479 compared to February with a net income of \$42,744. Year to date net income is a positive \$254,805 compared to a budgeted loss of (\$407,639) and a Prior year loss of (\$584,046).

Activity and Projects

EHR

Work on E H R improvement continues, but is frustrating slow with setbacks. We are back on track with the internal system steering meeting and biweekly calls with Healthland technical support. There continue to be system problems, system work a rounds, and staff education issues to resolve. There are problems with clinical charting in Nursing, in the Physician Ordering module, in Medical records, to the billing module and to the GL. The system is not yet programed for the wasting of drugs, a reporting requirement that started January 1st for all hospitals.

The doctors are particularly frustrated with the Medical Necessity system when ordering labs as their choices do not coincide with what the lab sees (SNOMED codes vs. ICD10 codes.) SNOMED stands for (Systematized Nomenclature of Medicine) codes which were instituted for POE (Physician Order Entry) so hospitals could meet meaningful use requirements to get funds from the HITECH Act for their Electronic Medical Records systems. (ICD10 stands for International Classification of Diseases 10th revision.)

As I worked on schedules for the Auditors I have found that the AR and AP GL ledger accounts have been off from the AR and AP aging's, since the system went live in April of 2015. This is particular distributing in that takes considerable time and effort to find the reasons why the GL Accounts don't balance with an AP aging and AR aging. In the case of AP it was a system issue where voided invoices did not come off the system.

The New EHR replacement process is moving forward and an RFP will be sent out. Management feels we need to move the process up as we have to test the whole year of 2018 for Meaningful Use stage 3, rather than the 90 day periods we have been able to do in the past. It would be better to test on one system for the year.

Budget

Business Line Statements/Departmental Statements

I am working on financial statements for our business lines, I.E., Sound Alternatives, Clinic, LTC in addition to the consolidated Hospital Financials. These individual financial statements would roll into the total CCMC financial statement you get each month. Also working to set up Departmental statements so managers can see their monthly departmental operation against budget.

Other items

The Audit for 2016 has been re-scheduled for the last week of April due to the change in Audit firms.

A charge master review has been scheduled for the third week of June, 2017, this will be a review of charge codes, proper use of CPT codes for billing compliance and a pricing review. Education will be provided to the department heads, administration and any board members who would like to attend the general session.

Respectfully submitted

Lee Holter
CFO

Cordova Community Medical Center Statistics

	31	28	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	30	31	Cumulative Monthly	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec													
Outpatient Registrations w/ER																									
FY 2017	120	111	138																					369	123
FY 2016									165	146	126	137												574	144
FY 2015																								0	0
PT Procedures																									
FY 2017	416	322	497																					1,235	412
FY 2016	319	344	349	401	326	396	291	324	489	346	407	415												4,407	367
FY 2015	224	197	280	347	321	224	319	345	216	170	296	269												3,208	267
OT Procedures																									
FY 2017	94	38	0																					132	44
FY 2016	105	107	51	139	124	53	31	26	36	62	66	111												911	76
FY 2015	24	55	95	67	108	65	35	107	90	99	115	128												988	82
Lab Tests																									
FY 2017	298	322	284																					904	301
FY 2016	304	363	324	350	374	399	318	314	319	340	272	219												3,896	325
FY 2015	440	350	533	266	486	311	411	328	359	363	291	367												4,505	375
X-Ray Procedures																									
FY 2017	47	43	37																					127	42
FY 2016	60	52	64	56	76	71	63	74	52	44	42	37												691	58
FY 2015	27	27	66	68	59	56	99	84	47	34	37	44												648	54
CT Procedures																									
FY 2017	7	7	13																					27	9
FY 2016									15	25	17	13												70	
FY 2015																								0	0
CCMC Clinic Visits																									
FY 2017	212	175	197																					584	194.7
FY 2016	178	197	170	203	222	191	205	231	343	227	203	223												2,593	216
FY 2015	141	151	157	196	204	190	224	270	164	194	131	160												2,182	182
Behavioral Hlth Visits																									
FY 2017	70	98	71																					239	79.7
FY 2016	94	100	103	104	89	75	58	39	56	47	80	122												967	81
FY 2015	94	90	73	97	37	68	112	49	106	70	71	76												943	79

Cordova Community Medical Center
Balance Sheet

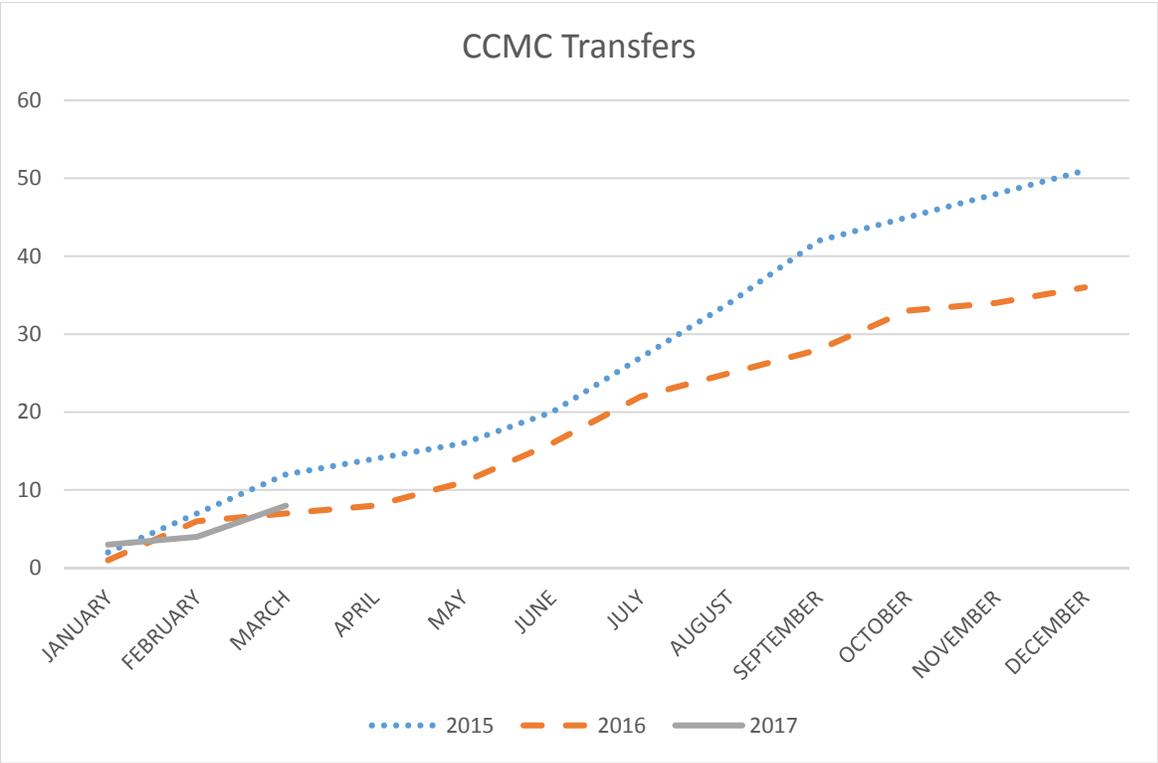
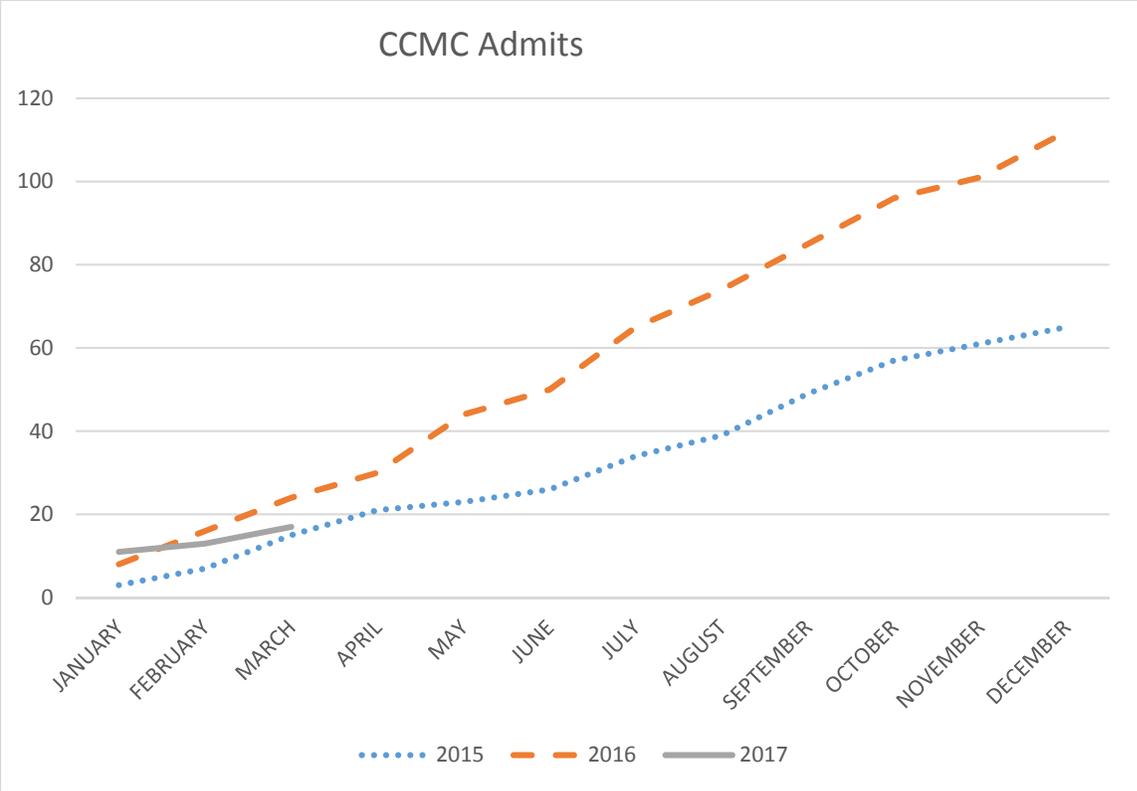
ASSETS	<u>3/31/2017</u>	<u>2/28/2017</u>	<u>3/31/2016</u>
Current Assets			
Cash	371,694	340,422	173,470
Net Account Receivable	1,431,884	1,547,556	1,198,186
Third Party Receivable	-	-	0
Other Receivables	100,481	100,481	91,533
Prepaid Expenses	11,760	5,387	22,642
Inventory	133,542	136,085	177,805
Total Current Assets	<u>2,049,361</u>	<u>2,129,931</u>	<u>1,663,636</u>
Property, Plant & Equipment			
Land	122,010	122,010	122,010
Buildings	7,006,763	7,006,763	7,006,763
Equipment	6,759,816	6,759,816	6,526,416
Construction in Progress	1,077,323	1,077,323	1,060,094
Subtotal PP&E	<u>14,965,911</u>	<u>14,965,911</u>	<u>14,715,283</u>
Less Accumulated Depreciation	(10,287,275)	(10,241,990)	(9,727,841)
Total Property & Equipment	<u>4,678,636</u>	<u>4,723,921</u>	<u>4,987,442</u>
Other Assets			
PERS Deferred Outflow	929,979	929,979	929,979
Total Other Assets	<u>929,979</u>	<u>929,979</u>	<u>929,979</u>
Total Assets	<u>7,657,976</u>	<u>7,783,831</u>	<u>7,581,057</u>
LIABILITIES AND FUND BALANCE			
Current Liabilities			
Accounts Payable	854,777	792,721	1,276,734
Payroll & Related Liabilities	495,509	726,523	766,666
Third Party Settlement Payment	0	0	0
Interest & Other Payables	8,232	7,606	1,505
Long Term Debt-- City	3,100,976	3,100,976	2,182,460
Other Current Long Term Debt	114,108	122,110	137,630
Total Current Liabilities	<u>4,573,604</u>	<u>4,749,937</u>	<u>4,364,995</u>
Long Term Liabilities			
2015 Net Pension Liability	5,015,100	5,015,100	5,015,100
Total Long Term Liabilities	<u>5,015,100</u>	<u>5,015,100</u>	<u>5,015,100</u>
Deferred Inflows of Resources			
Pension Deferred Inflow	88,788	88,788	88,788
Total Deferred Inflows	<u>88,788</u>	<u>88,788</u>	<u>88,788</u>
Total Liabilities	<u>9,677,492</u>	<u>9,853,825</u>	<u>9,468,883</u>
Net Position			
Unrestricted Fund Balance	2,769,539	2,769,539	2,769,539
Temporary Restricted Fund Balance	13,035	13,035	13,035
Prior Year Retained Earnings	(5,056,893)	(5,056,893)	(4,086,354)
Current Year Net Income	254,804	204,325	(584,046)
Total Net Position	<u>(2,019,515)</u>	<u>(2,069,994)</u>	<u>(1,887,826)</u>
Total Liabilities & Net Position	<u>7,657,976</u>	<u>7,783,831</u>	<u>7,581,057</u>

Cordova Community Medical Center
 Gross AR Aging and Days in AR
 March 2017

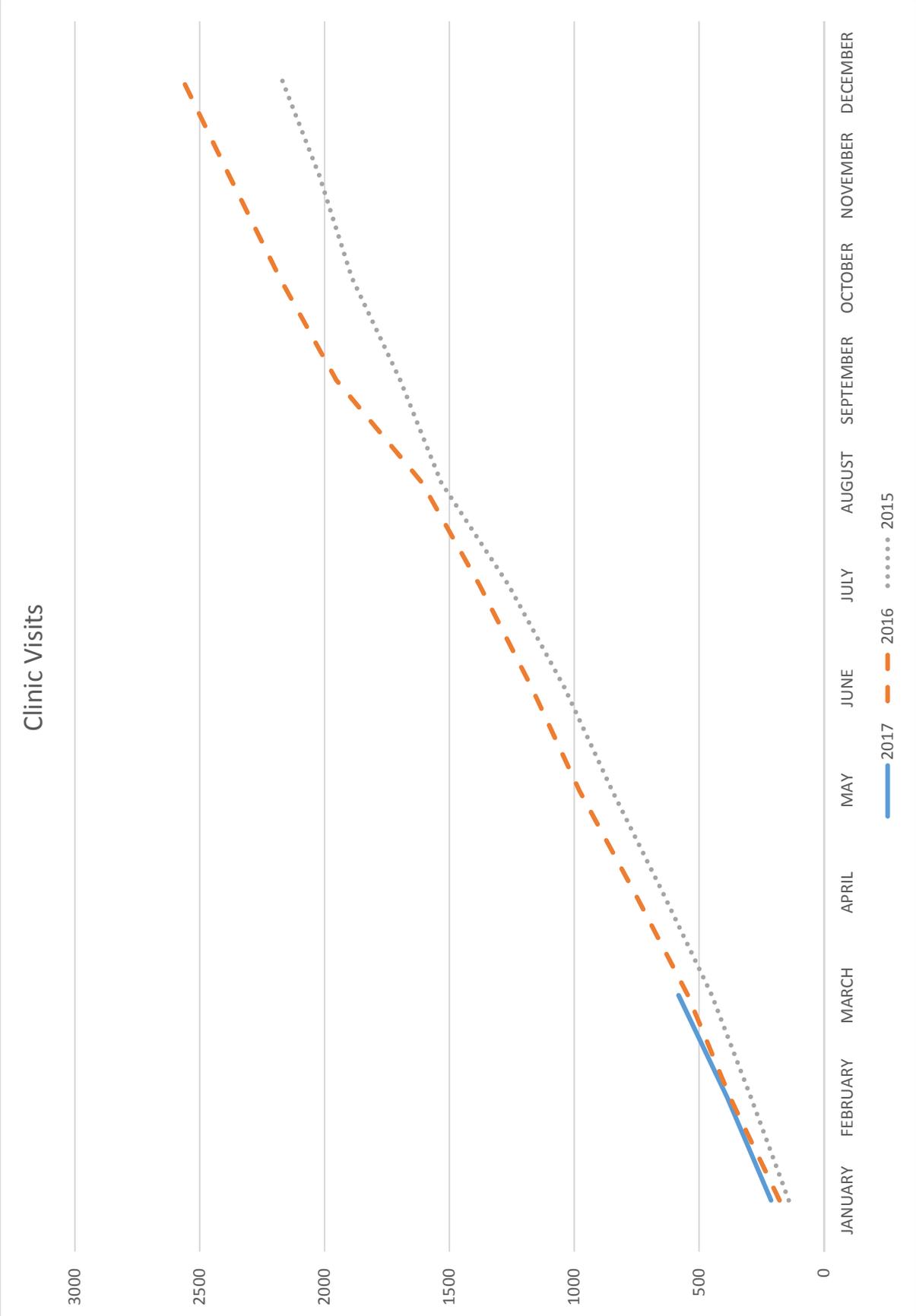
TOTAL	0 - 30	31 - 60	61 - 90	91 - 120	121+	Totals	Mar Days In AR
Gross A/R							
Commercial	127,052	93,969	45,350	33,976	171,801	472,147	20.4%
Medicare	278,824	137,521	34,921	3,830	73,334	528,430	22.9%
Medicaid	68,313	27,764	10,242	2,948	130,509	239,776	10.4%
Long Term Care	283,325	1,663	1,078	1,652	85,616	373,335	16.2%
Other Govt payers	46,280	28,238	13,958	8,112	38,164	134,752	5.8%
Extended Pymt Terms	-	-	536	20,426	188,353	209,315	9.1%
Private Pay	69,823	40,320	60,700	35,794	47,014	253,650	11.0%
Work Comp	9,672	14,006	14,157	637	61,154	99,625	4.3%
Totals	883,289	343,480	180,944	107,374	795,944	2,311,031	100.0%
	38.2%	14.9%	7.8%	4.6%	34.4%	100.0%	
						66,984	Credit Balances

What we do.

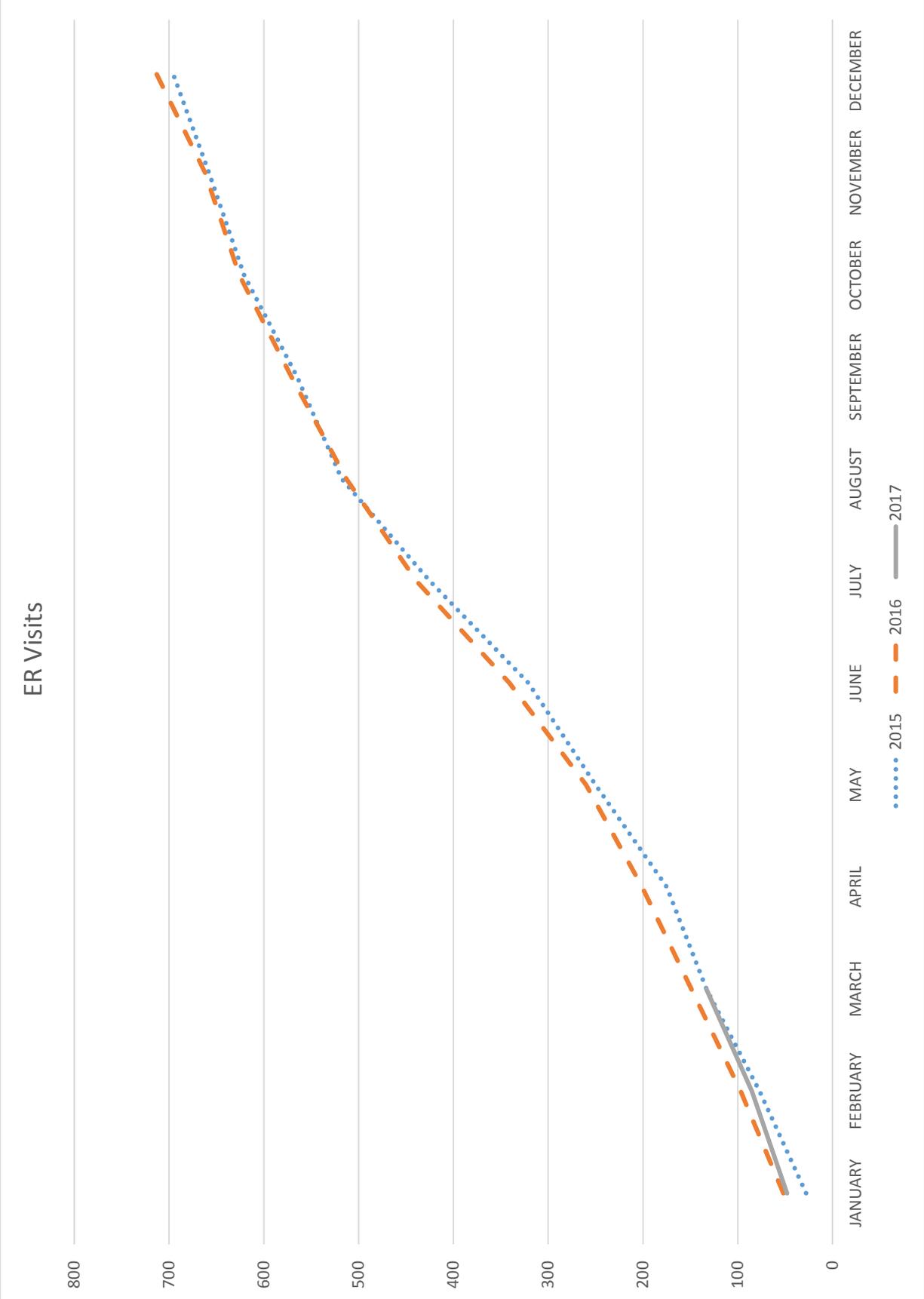
<u>Duty</u>	<u>Hours</u>
<i>Emergency Room Duty</i>	168
-Be available in 30 minutes for Emergencies -Answer calls and if need see inpatients and LTC -After hours patient issues	
<i>Clinic</i>	45
-See patient and perform minor procededures -Referrals, patient call backs, medication refills. -Answer other patient calls during the day -Charting	
<i>Acute Care/ Observation Paitients</i>	10 (varies)
-Admit, discharge and round on daily -Monitor progress and meet with families	
<i>Long Term care</i>	8 (varies)
-Supervise care of nursing home patients -Meetings and care conferences	
<i>Administration and committees</i>	10 hours
-Pharmacy, QA, Utilization Review, Antibiotic Stewardship Infection control, Medical Saff. Peer review. Training. Administrative requirments.	
Total	241Hours/2 = 120hrs/MD



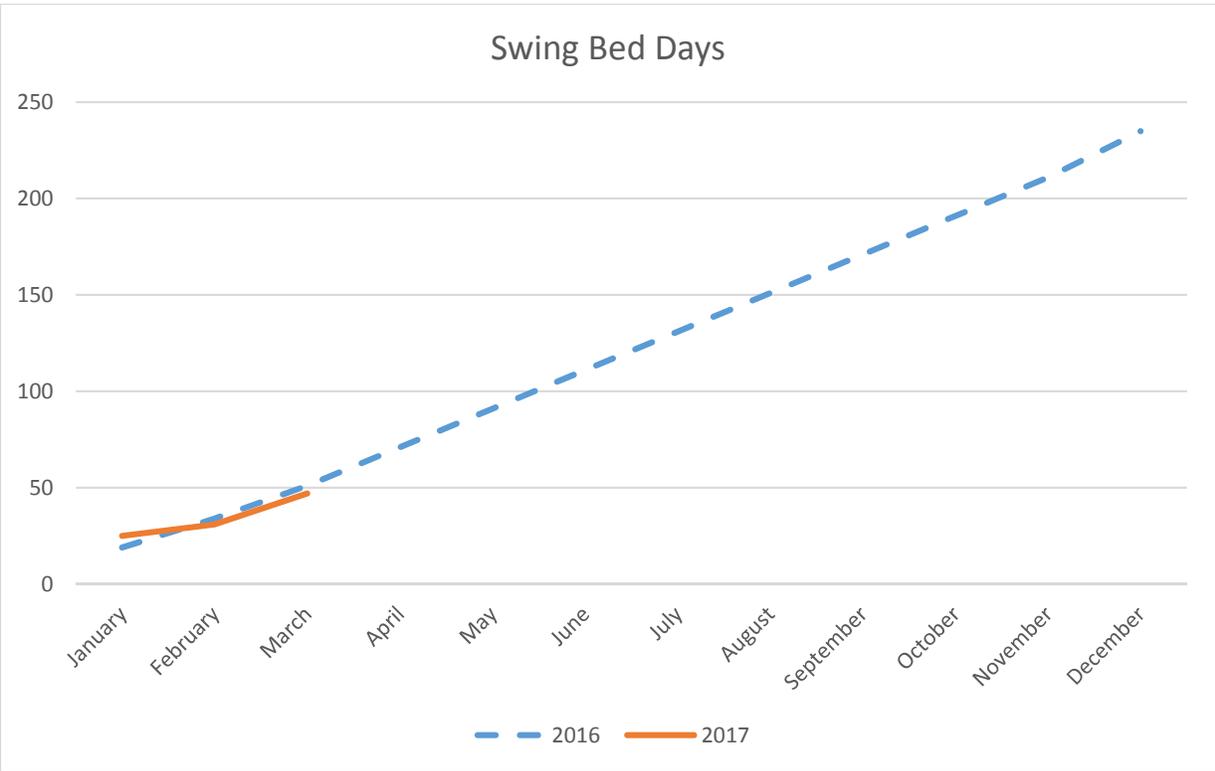
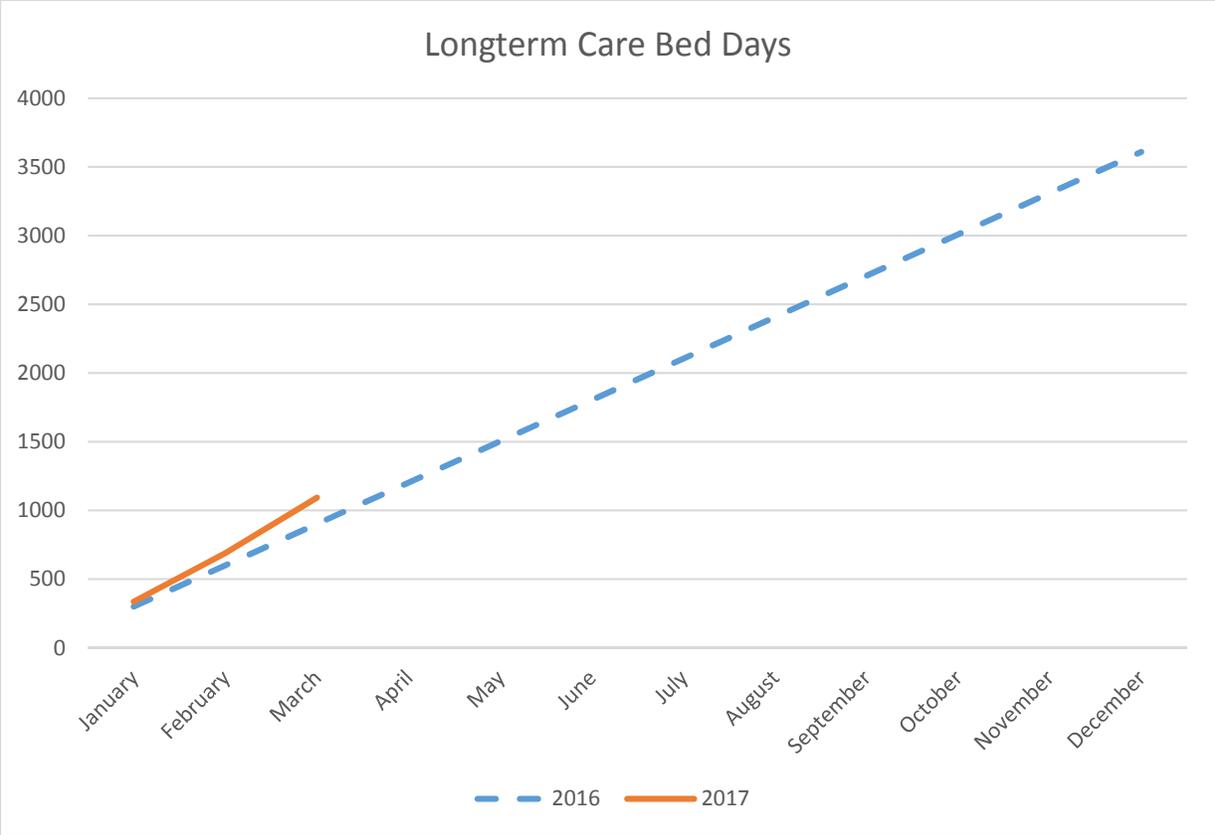
CCMC data 4/7/2017



CCMC data 4/7/2017



CCMC data 4/7/2017



CCMC data 4/7/2017



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

First Quarter 2017 Nursing Update

Let me start by say in how pleased I am to be in my 6th month here. I have worked many places across the state and for the State of Alaska and am very impressed with the drive and dedication of the staff here.

But the most important message I want you to hear today is that our quality of care is top notch. In comparing ourselves with the state and federal quality indicators for the Long Term Care and Swing Bed programs we are doing extremely well in comparison to other facilities of our size.

Our daily censuses, ER, and clinic visits remain high. You can certainly understand how this would drive staffing concerns. We have met the challenge of increased number and acuity of persons in our care without adding additional FTE. Through creative scheduling we now stagger our staff start hours to maximize the number of staff on duty to match the peak hours when care is needed. This also allows a few of our staff the opportunity to better blend their family and work obligations.

Continuity of staffing is improving. We now have 7.5 direct hire RN's! To round out the licensed staff there are 3 contracted LPN's and 1 contracted RN. The front line care providers, our CNA's, are all CCMC employees. These positions have very little turn-over and a key element in the quality of care being provided.

There is lots of work to be done. My attention is focused on building programs which are based on a systems approach, or providing sustainability to each program rather than putting on band aids. Specific initiatives are: 1) moving staff development from passive learning to a competency based performance of skill which integrate current evidence based practices; 2) building a robust infection control program based on continuous surveillance and monitoring; 3) developing a forward thinking program for case management, discharge planning, and utilization review; 4) "Be Prepared" or ensuring we are meeting or surpassing the state and federal requirements for licensure and certification. Each of these initiatives are developed on a foundation of improving interdepartmental communications and putting the patient, resident and family first in our care.

Respectfully Submitted

Helen G. McGaw, MHA, BSN, RN G-BC, LNHA



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: Resolution to update CCMC Authorized Check Signers
Date: April 20, 2017

In light of our recent changes at CCMC and with the Board it is necessary to update the CCMC Authorized Check Signers to reflect those changes:

To remove the following individuals as authorized check signers:

CNO Lisa Cuff

To add the following CCMC Employees as an authorized check signers:

HR Coordinator Kimberly Wilson

The updated list of CCMC authorized check signers will be as follows:

CEO Scot Mitchell
HR Coordinator Kimberly Wilson
BoD President
BoD Vice-President
BoD Secretary

Suggested Motion: “I move to approve the Resolution of the CCMC Authority Board of Directors designating the representatives authorized for signing checks, non-check payroll tax payment, and cash transfers for Cordova Community Medical Center.”

**Community Health Services Board
Resolution**

**A RESOLUTION OF THE CORDOVA COMMUNITY MEDICAL CENTER
AUTHORITY BOARD OF DIRECTORS DESIGNATING THE REPRESENTATIVES
AUTHORIZED FOR SIGNING CHECKS, NON-CHECK PAYROLL TAX PAYMENT,
AND CASH TRANSFERS FOR CORDOVA COMMUNITY MEDICAL CENTER.**

WHEREAS, the Cordova Community Medical Center checking accounts for the general fund, payroll fund, grant fund and nursing home patient trust accounts, require two (2) signatures; and

WHEREAS, CCMC investment accounts, funded depreciation accounts, and malpractice trust accounts require the Chief Executive Officer and one (1) Board Officer's original signatures, and

THEREFORE, BE IT RESOLVED THAT,

1. All checks issued require two signatures; at least one (1) CCMC Authority Board Officer's signature, and that non-check electronic payments and cash transfers from the general checking account to the payroll checking account should be signed off by at least one Board of Directors officer and another authorized signer;
2. The CCMC Authority Board of Directors authorizes the following individuals only to act as check signers on the above-mentioned accounts:

CEO	Scot Mitchell
HR COORDINATOR	Kimberly Wilson

BoD President
BoDVice-President
BoD Secretary

PASSED and approved this 25th day of April 2017.

Board Signature: _____ Date: _____



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: 340B/Retail Pharmacy
Date: April 20, 2017

Suggested Motion: “I move to approve the establishment of a 340B/Retail Pharmacy at CCMC, and authorize the expenditure of funds, as noted in the pro-forma budget presented by staff, to implement the 340B/Retail Pharmacy.”

Cordova Community Medical Center
 April, 2017
 Proposal for 340B retail Pharmacy

The management of CCMC believing that the addition of a 340B Pharmacy is a beneficial business model to the hospital and the community. Additionally there is improvement to the care of CCMC patients by having a pharmacist available for the Doctors to consult with.

We have identified space that is easily accessible to the public in the main hospital entrance and that will need only liminal revamping to start a pharmacy. We have shelving in-house that can be repurposed for the pharmacy.

A Third to half the cost of the pharmacist will be allocated to the hospital for monitoring Medications for LTC residents and maintaining formulary in the hospital. Total cost and allocated cost are both shown in the Income pro forma so you view the operation.

Start up costs		Sources of Cash	
Computer Hardware	\$ 7,800.00	Salaries not filled	
Computer Software	\$ 16,150.00	3 employees in	
Security System for hospital	\$ 64,700.00	2017 Budget	\$ 263,500.00
Installation of door and		Savings on benefits	\$ 131,750.00
Secured Window	\$ <u>9,650.00</u>	Reduction in	
Total Initial outlay	\$ 98,300.00	Housing costs	\$ 60,000.00
		Savings on employee	
Monthly operating costs		Drug costs on	
340B Management services	\$ 3,000.00 /MTh	Health Insurance	\$ <u>67,500.00</u>
Software support	\$ <u>300.00</u> /MTh	Total Source of Cash	\$ 522,750.00
In operating statement	\$ 3,300.00		

CCMC 3408 Retail Pharmacy Projection

Income Statement	June	July	August	September	October	November	December	January	February	March	April	May	Total	
Sales	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12		
Rx/Day	5	110	176	220	330	440	660	880	1100	1100	770	770	35	
Rx/Month	110	176	220	330	440	660	880	1100	1100	770	770	770	7328	
Sales	\$ 6,466.00	\$ 10,348.80	\$ 12,936.00	\$ 19,404.00	\$ 25,872.00	\$ 38,808.00	\$ 51,744.00	\$ 64,680.00	\$ 64,680.00	\$ 45,276.00	\$ 45,276.00	\$ 45,276.00	\$ 45,276.00	\$ 480,768.80
Cost of Goods	\$ 2,875.28	\$ 4,760.45	\$ 5,960.56	\$ 8,925.84	\$ 11,901.12	\$ 17,861.68	\$ 23,802.24	\$ 29,752.80	\$ 29,752.80	\$ 20,826.96	\$ 20,826.96	\$ 20,826.96	\$ 20,826.96	\$ 186,163.85
Gross Profit	\$ 3,492.72	\$ 5,588.35	\$ 6,985.44	\$ 10,478.16	\$ 13,970.88	\$ 20,956.32	\$ 27,941.76	\$ 34,927.20	\$ 34,927.20	\$ 24,449.04	\$ 24,449.04	\$ 24,449.04	\$ 24,449.04	\$ 232,815.15
Gross Profit %	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%

Expenses	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Pharmacist Salary	\$12,312	\$11,752	\$12,872	\$12,312	\$12,312	\$11,752	\$11,752	\$12,872	\$11,752	\$12,312	\$11,752	\$12,312	\$145,506.40
Hospital portion of Pharmacist	(\$4,063)	(\$3,876)	(\$4,248)	(\$4,063)	(\$4,063)	(\$3,876)	(\$3,876)	(\$4,248)	(\$3,876)	(\$4,063)	(\$3,876)	(\$4,063)	(\$48,017.11)
Employee Wages	\$3,939	\$3,760	\$4,118	\$3,939	\$3,939	\$3,760	\$3,760	\$4,118	\$3,939	\$3,760	\$3,760	\$4,118	\$46,008.48
Employee Benefits	\$5,658	\$5,305	\$5,810	\$5,305	\$5,305	\$5,305	\$5,305	\$5,810	\$5,305	\$5,305	\$5,305	\$5,305	\$65,846.38
Rent	\$0	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$1,800.00
Utilities	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$1,800.00
Minor Equipment	\$5,000	\$2,500	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$3,300	\$39,600.00
Computer & Management fees	\$3,300	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$1,800.00
Insurance	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$3,600.00
Taxes (SS, Payroll)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Loans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Fees	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$3,600.00
Bank Fees	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000.00
Repairs & Maintenance	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000.00
Dues & Subscriptions	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000.00
Delivery	\$0	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$3,000.00
Vials/Labels	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000.00
Advertising	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000.00
Telephone	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$1,200.00
Legal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accounting	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$1,200.00
Miscellaneous	\$30,095.69	\$25,839.07	\$24,252.31	\$22,139.07	\$22,945.89	\$22,445.89	\$21,639.07	\$23,752.31	\$20,832.45	\$22,706.37	\$21,639.07	\$22,706.37	\$280,793.15
Total Expenses	\$ 30,095.69	\$ 25,839.07	\$ 24,252.31	\$ 22,139.07	\$ 22,945.89	\$ 22,445.89	\$ 21,639.07	\$ 23,752.31	\$ 20,832.45	\$ 22,706.37	\$ 21,639.07	\$ 22,706.37	\$ 280,793.15
Expense %	465.3%	247.7%	187.5%	114.1%	88.7%	57.9%	41.9%	38.7%	32.2%	50.2%	47.8%	50.2%	65.2%

Net Profit	\$ (26,602.97)	\$ (20,050.72)	\$ (17,266.87)	\$ (11,660.91)	\$ (6,974.81)	\$ (1,480.37)	\$ 6,302.69	\$ 11,174.89	\$ 14,004.75	\$ 1,742.67	\$ 2,909.67	\$ 1,742.67	\$ (48,178.00)
Net Profit %	-411.3%	-193.7%	-133.5%	-60.1%	-34.7%	-3.8%	12.2%	17.3%	21.6%	3.8%	6.2%	3.8%	-11.2%

Capitalization Requirements

\$ 102,126.14 Cover first 4 months of fixed expenses

\$30,000 Inventory (first time)

\$132,126 Total

Assumptions

Sales - Projected

22 Days/Month

Average Rx = \$56

98/5 Split Rx/OTC

Cost of goods = 46%

Assume - pharmacy open 22 days/month

CCMC 340B Retail Pharmacy Projection

Income Statement	June	July	August	September	October	November	December	January	February	March	April	May	Total
Sales	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Rx/Day	40	40	40	40	40	40	40	40	0	0	0	0	280
Rx/Month	880	880	880	880	880	880	1040	0	0	0	0	0	6320
Sales	\$ 51,744.00	\$ 51,744.00	\$ 51,744.00	\$ 51,744.00	\$ 51,744.00	\$ 51,744.00	\$ 61,152.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 371,616.00
Cost of Goods	\$ 23,802.24	\$ 23,802.24	\$ 23,802.24	\$ 23,802.24	\$ 23,802.24	\$ 23,802.24	\$ 28,129.92	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 170,943.36
Gross Profit	\$ 27,941.76	\$ 27,941.76	\$ 27,941.76	\$ 27,941.76	\$ 27,941.76	\$ 27,941.76	\$ 33,022.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200,672.64
Gross Profit %	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	54.0%
Year 2													
Expenses	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Total
Pharmacist Salary	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$12,872	\$ 90,102.04
Hospital portion of Pharmacist	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	(\$4,248)	\$ (29,733.67)
Employee Wages	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$4,118	\$ 28,825.44
Employee Benefits	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$5,810	\$ 40,672.38
Rent													\$ -
Utilities	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$ 1,050.00
Computer Sup & Management fees	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$ 21,000.00
Insurance	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$ 1,050.00
Taxes (\$S. Payroll)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ -
Loans													\$ -
Professional Fees	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$ 2,100.00
Bank Fees	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$ 2,100.00
Repairs & Maintenance													\$ -
Dues & Subscriptions	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$ 700.00
Delivery													\$ -
Vials/Labels	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$ 3,500.00
Advertising	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$ 700.00
Telephone													\$ -
Legal													\$ -
Accounting													\$ -
Miscellaneous	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$ 700.00
Total Expenses	\$ 23,252.31	\$ 23,252.31	\$ 23,252.31	\$ 23,252.31	\$ 23,252.31	\$ 23,252.31	\$ 23,252.31	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 162,766.18
Expense %	44.9%	44.9%	44.9%	44.9%	44.9%	44.9%	38.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	43.8%
Net Profit	\$ 4,689.45	\$ 4,689.45	\$ 4,689.45	\$ 4,689.45	\$ 4,689.45	\$ 4,689.45	\$ 9,769.77	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,906.46
Net Profit %	9.1%	9.1%	9.1%	9.1%	9.1%	9.1%	16.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10.2%



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: Conflict of Interest Policy Approval
Date: April 20, 2017

Suggested Motion: “I move to approve the revised ADM 3020, Conflict of Interest Policy as presented.”

**Cordova Community Medical Center
Policy**

SUBJECT: Conflict of Interest DEPARTMENT: Administration Original Approval Date: February 8, 2002 Approved by: Scot Mitchell, CEO	ADM 302	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 3/29/2017
	Page 1 of 5	

Policy:

Cordova Community Medical Center (CCMC) protects its interests when it is considering entering into a transaction or arrangement that could benefit the private interest of an affected person and provides guidance and direction on actual, perceived, or potential conflicts of interest. A conflict of interest occurs when an individual's personal interests diverge from his or her professional obligations to CCMC. When this occurs, an independent observer may reasonably question whether an individual's professional actions or decisions are determined or affected by considerations of personal gain or benefit, whether financial or otherwise.

Affected persons as defined by this policy shall avoid actual, perceived or potential conflicts of interest. In the event that such a conflict arises, the conflict will be disclosed in accordance with this policy. Failure to disclose an interest in accordance with this policy may result in removal from a governance entity or corrective actions for employees, consultants, or others as appropriate.

Definitions:

Affected Person: Any CCMC employee or contracted entity; any member of the governing or advisory board(s); elected or appointed representatives of the Cordova City Council; and consultants acting on CCMC's behalf.

Conflict of Interest: A situation in which the personal and/or professional interests of a person performing duties on behalf of CCMC might appear to influence the objectivity of that person in carrying out her/his official duty to CCMC.

Immediate Family Member: As defined in 42 CFR 1001.1001(a)(2) means, a person's husband or wife; natural or adoptive parent; child or sibling; stepparent, stepchild, stepbrother or stepsister; father-, mother-, daughter-, son-, brother- or sister-in-law; grandparent or grandchild; or spouse of a grandparent or grandchild. For purposes of this policy, a member of the household is included in this definition. A Member of household means, with respect to a person, any individual with whom they are sharing a common abode as part of a single family unit, including domestic employees and others who live together as a family unit. A roomer or boarder is not considered a member of the household.

Financial Interest: A situation where an affected person or his/her immediate family member has a financial relationship with CCMC. In general, a financial relationship is a direct or indirect ownership interest, investment interest, or compensation arrangement with CCMC and/or any entity that conducts transactions with CCMC. Specifically for purposes of this policy, a financial interest includes:

- a. An ownership or investment interest in any entity or business in which CCMC has a transaction or arrangement; or
- b. A compensation arrangement with CCMC or with any entity, business, or individual with which CCMC has a transaction or arrangement; or

**Cordova Community Medical Center
Policy**

SUBJECT: Conflict of Interest DEPARTMENT: Administration Original Approval Date: February 8, 2002 Approved by: Scot Mitchell, CEO	ADM 302	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 3/29/2017
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- c. A potential ownership or investment interest in, or compensation arrangement with, any entity, business, or individual in which CCMC is negotiating a transaction or arrangement; or Compensation includes direct or indirect remuneration as well as gifts or favors that are not insubstantial.

Procedures:

1. Conflicts of Interest – The following are representative, but not all-inclusive, of conflict of interest situations that require disclosure under this policy:
 - a. Influence on the purchase of equipment, instruments, materials, or services for CCMC from any vendor or company in which you or an immediate family member has a financial interest or from any vendor or company with which you or an immediate family member has a competing financial interest.
 - b. Influence upon the negotiation of contracts between CCMC and any vendor or company with which you, or an immediate family member, has a consulting, competitive, or other significant relationship, or if you or an immediate family member could receive favorable treatment as a result of such influence.
 - c. Improper use of CCMC resources for personal gain or the gain of another person.
 - d. Accepting compensation, free services, loans or a gift from a vendor, service provider, or contractor when you are in a position to determine or influence the conduct of CCMC business with the vendor, service provider, or contractor.
 - e. Holding, directly or indirectly, a governance or management role in a competitor to CCMC without disclosing that interest or role.
 - f. Providing business or professional services, whether or not compensated, to any person that requires such time and effort that such services could interfere with his or her responsibilities to CCMC.
 - g. Having a financial interest (compensation or ownership) in a consulting firm or vendor that provides services or products to either CCMC or any direct competitor of CCMC.
 - h. Arrangements such as ownership in or contractual or business agreement with a healthcare related entity including, but not limited to: a drug company, medical equipment supplier, or similar companies.
 - i. Other circumstances that may constitute a conflict of interest under federal or state law or regulation.
 - j. Other conflicts of interest may arise that are not covered in the preceding categories.

**Cordova Community Medical Center
Policy**

SUBJECT: Conflict of Interest DEPARTMENT: Administration Original Approval Date: February 8, 2002 Approved by: Scot Mitchell, CEO	ADM 302	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 3/29/2017
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2. Duty to Disclose

a. General Disclosure

- i. All affected persons must file a conflict of interest disclosure form upon appointment and/or hire. Affected persons that are not employees must thereafter file a new disclosure on an annual basis for the duration of their service.
- ii. The Board president is responsible for ensuring compliance for governing or advisory entities and appointed committees.
 1. Compliance Officer will supply forms to Executive Assistant to take to first CCMC Authority Board meeting each year. The Conflict of Interest disclosure forms must be completed by each board member each year.
 2. Upon any change in board membership over the course of the year, the Executive Assistant will ensure the new board member gets a copy of this policy and the form and completes it at or before their first board meeting.
- iii. Human Resources is responsible for ensuring compliance for employees, contractors, and/or consultants.
- iv. Conflict of interest disclosure forms are to be forwarded to the Compliance Officer upon completion.

b. Boards and Committees

- i. An affected person with any actual, perceived, or potential conflict of interest must disclose such interest to the members of the appropriate board or committee with board-delegated powers that is considering a decision, transaction, or arrangement that may be in conflict. The interest must be disclosed as soon as reasonably possible.
 1. If CCMC management identifies an actual, perceived, or potential conflict of interest for an individual, the conflict will be reported to the Compliance Officer, who will notify the CEO of the actual, perceived, or potential conflict.
 2. Actual, perceived or potential conflicts of interest may also be reported through the Compliance Hotline.
- ii. After disclosure of the actual, perceived, or potential conflict of interest, the affected person shall not participate in any board or committee meeting while the conflict is discussed except to provide factual information/respond to board/committee questions, and must leave the proceeding during the board's/committee's general discussion and deliberation process. The remaining board or committee members shall decide if a

**Cordova Community Medical Center
Policy**

SUBJECT: Conflict of Interest DEPARTMENT: Administration Original Approval Date: February 8, 2002 Approved by: Scot Mitchell, CEO	ADM 302	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 3/29/2017
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conflict of interest exists. The outcome of any vote on a conflict of interest shall be recorded in the meeting minutes.

3. Violations of the Conflict of Interest Policy

- a. Affected persons who refuse to complete the required conflict of interest disclosure form or fail to abide by CCMC's confidentiality or conflict of interest requirements will be subject to appropriate corrective action, which may include removal from a Board or committee position or termination of the employment/contractual agreement.
- b. If a Board or committee has reasonable cause to believe that an affected person has failed to disclose an actual, perceived, or potential conflict of interest, it shall inform such person of the basis for such belief and provide the member an opportunity to explain the alleged failure to disclose. If, after hearing the response of the affected person and investigating further as may be warranted, the Board or committee determines that the affected person has in fact failed to disclose an actual, perceived or potential conflict of interest, it shall take appropriate corrective action.
- c. The Chief Executive Officer is responsible for determining violations of this policy, and any subsequent corrective action, for non-board members such as employees, contractors, etc.

4. Records of Proceedings – Boards and Committees

- a. The Board has "Conflict of Interest" as a standing agenda item for every meeting.
- b. The minutes of all Board and Board committee meetings must contain:
 - i. The name of the person who disclosed or otherwise was found to have had an actual, perceived, or potential conflict of interest;
 - ii. The nature of the interest and actual, perceived, or potential conflict;
 - iii. Any action taken to evaluate whether a conflict of interest was present;
 - iv. The Board or committee's decision as to whether an actual, perceived, or potential conflict of interest existed, including the content of the discussion and any proposed alternatives that were considered; and
 - v. The names of the persons present for discussions and votes, and a record of any votes taken in connection with the proposed decision, transaction, or arrangement.
- c. Meeting minutes shall be retained in accordance with CCMC's record retention requirements.

5. Compensation – An affected person who receives compensation directly or indirectly from CCMC for services is precluded from voting on matters pertaining to that members' compensation.

**Cordova Community Medical Center
Policy**

SUBJECT: Conflict of Interest DEPARTMENT: Administration Original Approval Date: February 8, 2002 Approved by: Scot Mitchell, CEO	ADM 302	
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Date: 3/29/2017
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6. Periodic Audit and Records Retention

- a. CCMC will conduct periodic audits of the conflict of interest disclosure process to confirm that CCMC has a process that supports operating in a manner consistent with its mission and legal requirements.
- b. The Compliance Officer will maintain copies of all conflict of interest disclosure forms for inspection and review in accordance with the CCMC record retention policy.

Reference:

City of Cordova
 IRS Form 1023 Instructions
 42 CFR 1001.1001(a)(2)

Cross – Reference:

ADM 303 Confidentiality Policy

Attachment:

ADM 302a CCMC Confidentiality and Conflict of Interest Disclosure Statement

QMC Approval Date:

HSB Approval Date:

Review History:

03/29/2017 Minor Revisions
 08/31/2016 Policy Template Updated
 10/02/2011 Original Policy Approval

Department Manager Signature _____	Date _____
CEO Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____
Review Signature _____	Date _____

CCMC CONFIDENTIALITY AND CONFLICT OF INTEREST DISCLOSURE FORM

1. Indicate your relationship to CCMC:
 - I am a CCMC employee
 - I am a CCMC Authority Board Member
 - I am a Sound Alternatives Advisory Board Member
 - I am a Cordova City Council or Council Committee Member
 - I am an Affected Person as defined in the Conflict of Interest Policy
 - Other

2. I acknowledge and agree to abide by CCMC's Confidentiality Policy which requires me to:
 - a. Maintain the strict confidentiality of CCMC's non-public information including, but not limited to protected health information, employee information, business or propriety information, and any other type of confidential information that I am not authorized to release or disclose.
 - b. Not pursue for personal gain any opportunities that arise from my knowledge of confidential or proprietary information acquired by virtue of my relationship to CCMC.

Yes No

3. I further acknowledge and agree to abide by CCMC's Conflict of Interest Policy which requires me to:
 - a. Disclose the existence and nature of any financial interest that may give rise to an actual, perceived, or potential conflict of interest to my supervisor or appropriate CCMC resource.
 - b. Put CCMC's interests before a personal interest in any business or corporate opportunity of which I learn in my role with CCMC.
 - c. Abstain from participating and absent myself from any board, committee, or other meeting which discusses or votes on matters where I have an actual, perceived, or potential conflict of interest.
 - d. Not accept any favor, payment in cash of any kind, gifts, or other items or service of value from any third party in exchange for influencing the actions of CCMC.
 - e. Supplement this disclosure and inform your supervisor or appropriate CCMC resource promptly in the event that a conflict of interest that has not yet been disclosed arises.

Yes No

4. Disclosure of interests.
 - a. Financial Interests. List and describe any financial interest that you or an immediate family member has, including ownership in vendors or consultants to CCMC, or in a business that competes with CCMC. Write "None" if you have no financial interests to disclose.

- b. **Contracts.** List any contracts or other written or verbal agreement that you may have with CCMC. Write “None” if you have no contracts to disclose.

- c. **Gifts and Favors.** List any gifts or favors received in your capacity as an interested or affected person at CCMC. Examples include non-business meals, travel, tickets to events, or discounts. Write “None” if you have no gifts or favors to disclose.

- d. **Other Potential Conflicts.** List and describe any other situations including board membership, employment, business or professional activity that may conflict with your duties and responsibilities for CCMC. Write “None” if you have no potential conflicts to disclose.

5. I have disclosed all actual, perceived, or potential conflicts of interest to my immediate supervisor and or appropriate CCMC resource as identified in the CCMC Conflict of Interest Policy.

Affirmation: I affirm that the responses provided in this conflict of interest disclosure form are true and accurate to the best of my knowledge, and that this disclosure was personally completed by me.

Printed Name	Signature	Date
Witness	Date	



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: City Distribution Request for PERS
Date: April 20, 2017

Suggested Motion: “I move to approve recommending that the City of Cordova transfer \$240,500.00 to CCMC to covers the CCMC PERS payments that are currently in arrears.”



Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Delineation of Privileges – Dr. Mary Jo Groves

Date: April 20, 2017

Suggested Motion: “I move that the CCMC Authority Board of Directors grant one year Active Medical Staff Membership with the requested privileges to Mary Jo Groves, MD as requested, and recommended by the CCMC Medical Staff.”