



AGENDA
CCMC AUTHORITY BOARD OF DIRECTORS
CCMC CONFERENCE ROOM
May 30th 2019 at 6:00PM
REGULAR MEETING

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

Board of Directors

Greg Meyer exp. 3/22
Kristin Carpenter exp. 3/20
Linnea Ronnegard exp. 3/21
Gary Graham exp. 3/21
VACANT exp. 3/22

CCMC CEO

Scot Mitchell

OPENING: Call to Order

Roll Call – Kristin Carpenter, Linnea Ronnegard, Gary Graham, Greg Meyer, and Barbara Solomon. 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.

E. APPROVAL OF MINUTES

1. March 19, 2019 Special Meeting Minutes Pg 1
2. March 26, 2019 Special Meeting Minutes Pgs 2-3
3. April 3, 2109 Regular Meeting Minutes Pgs 4-5
4. April 25. 2019 Regular Meeting Minutes Pgs 6-8
5. May 9, 2019 Special Meeting Minutes Pgs 9-10

F. REPORTS OF OFFICER and ADVISORS

1. Board Chair Report
2. CEO Report Pgs 11-14
3. Finance Report Pgs 15-21
4. LTC Nursing Report Pg 22
5. CAH Nursing Report Pg 23
6. Quality Improvement/Infection Control Report Pgs 24-26

G. CORRESPONDENCE

H. ACTION ITEMS

1. Approval of Corporate Compliance Plan Pgs 27- 42
2. Delineation of Privileges for Laura Henneker, FNP Pg 43

I. DISCUSSION ITEMS

1. Filling vacant Board seat

J. 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.

K. BOARD MEMBERS COMMENTS

L. EXECUTIVE SESSION

1. CEO Contract Discussion

M. ADJOURNMENT

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

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

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
March 19, 2019 at 12:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 12:00pm.

Board members present: **Kristin Carpenter, Linnea Ronnegard, Gary Graham (telephonically), Greg Meyer, and Barbara Solomon (telephonically).**

A quorum was established. 5 members present.

CCMC staff present: Scot Mitchell, CFO; Faith Wheeler-Jeppson, Executive Assistant; Kim Wilson, HR Coordinator; and Alan Lanning, City Manager.

A. APPROVAL OF AGENDA

M/Meyer S/Ronnegard “move to approve the Agenda.”

5 yeas, 0 nay, Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. DISCUSSION ITEMS

1. CEO Recruitment

The Board had a discussion regarding Recruitment for the CEO position. Some of the highlights from the discussion were what the responsibility of the CCMC Board in the hiring of the new CEO would be, who would make up the CEO Search Committee, and what that process would be. During the discussion the Board briefly reviewed three proposals from CEO Recruitment Firms who are interested in assisting CCMC.

The Board will have a Special Meeting on March 26th at 5pm for CEO Recruitment Firm Presentations by HealthTechS3, CTL Consulting LLC, and iG Medical.

E. DISCUSSION ITEMS ~ None

F. AUDIENCE PARTICIPATION ~ None

G. BOARD MEMBERS COMMENTS ~None

H. ADJOURNMENT

M/Meyer S/Ronnegard “I move to adjourn the meeting.”

Carpenter declared the meeting adjourned at 12:57pm.

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
March 26, 2019 at 5:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 5:00pm.

Board members present: **Kristin Carpenter, Linnea Ronnegard, Gary Graham, Greg Meyer (telephonically), and Barbara Solomon.**

A quorum was established. 5 members present.

CCMC staff present: Scot Mitchell, CFO; Faith Wheeler-Jeppson, Executive Assistant; and Anne Schaefer, City Council.

A. APPROVAL OF AGENDA

M/ Ronnegard S/Solomon “move to approve the Agenda.”

5 yeas, 0 nay, Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. DISCUSSION ITEMS

1. CEO Recruitment Firm Presentations

At 5pm, Peter Goodspeed with **HealthTechS3** presented their qualifications, and the search process they would follow if chosen to assist in the recruitment of a new CEO.

Peter also provided information on the timeline for referring qualified candidates and the associated fees to the Board.

At 6pm, Debbie Morse and Larry Hurst with **CTL Consulting, LLC** reviewed their CEO Search Proposal with the Board. In their proposal they spoke about their 20 month placement guarantee, the positions that they've successfully filled at CCMC, and what the timeline for referring qualified CEO candidates would be. They also provided information on how they customize their search to fit the facility, and the weekly communications to the facility.

At 7pm, Kelly Ballew and Lori Wallace with **iG Medical** reviewed their Executive Search Proposal, in their proposal they reviewed their business credentials, shared their recruiting methods, placement guarantee, and fees.

E. DISCUSSION ITEMS ~ None

F. AUDIENCE PARTICIPATION ~ None

G. BOARD MEMBERS COMMENTS ~None

H. ADJOURNMENT

M/Graham S/Ronnegard "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 7:40pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
April 3, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 6:00pm.

Board members present: **Kristin Carpenter, Gary Graham, Greg Meyer and Barbara Solomon.**

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CEO; Randall Draney, CFO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; and Faith Wheeler-Jeppson, Compliance Officer.

A. APPROVAL OF AGENDA

M/Graham S/Meyer “move to approve the Agenda.”

4 yeas, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT – Scot presented training on Population Health Management to the board. A few highlights that were discussed were self-funded insurance, at this time we're not permitted to bring any other entities into our self-pay group. We've been working with the City towards reducing the cost for the self-funded insurance. Our goal would be to develop the next phase and have shared health services.

E. APPROVAL OF MINUTES

M/Graham S/Meyer “move to approve the February 28, 2019 Regular Meeting Minutes as presented”.

4 yeas, 0 nay

Motion passed

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair– Kristin Carpenter** reported that she had spoken with Shelly Wade regarding the possibility of moving forward and creating a dialogue with the Burt Adams and Kari Collins about possible collaboration between CCMC and Ilanka.
- 2. CEO – Scot Mitchell** reported that his written report is in the packet. A few additional items to mention are that it is time to update the Strategic Plan, which will be on Focus and Execute for the Board to review in the near future. The Board will need to have an Election of Officers at the April 25th meeting. The Alaska Shield event is coming up, Randall Draney will be the Incident Commander in Scot's absence. The State of Alaska has renewed our certification for the Developmental Disabilities program. We will have Laura Hennecker, NP starting this coming Monday, she will be helping to develop our Wound Care program on the hospital side, in addition to seeing patients in the clinic.

3. **Finance – Randall Draney** provided the Financial Report for the board to review. A copy of Randall's report has been put into the permanent record.
4. **LTC Nursing – Kadee Goss** stated that her report is in the packet, some additional points are that Andrew Goss is our new Dietary Manager and he is doing a great job, and the Alaska Center for the Blind and Visually Impaired came to CCMC this month and some of our residents we able to order large font materials free of charge.
5. **CAH Nursing – Kelly Kedzierski** stated that her report is in the packet, additionally we will be setting up our Point of Dispensing (POD) at Mt. Eccles in the gym for the Alaska Shield Event.
6. **Quality Improvement/Infection Control – Kelly Kedzierski** stated that her report is in the packet and that she is available to answer any questions on Quality Improvement and Infection Control that the board may have.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

Selection of CEO Recruitment Firm

M/Graham S/Meyer "I move that the CCMC Authority Board of Directors refer this back to staff."

4 yeas, 0 nay

Motion passed

I. DISCUSSION ITEMS ~ None

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Carpenter – Thank you Randall, Scot and staff.

Meyer – Thank you everyone for your time and effort.

Graham – Thank you Randall for considering Interim CEO position, and Thank you to Scot for everything you've done.

Solomon – Thank you everyone for your hard work.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

M/Graham S/Meyer "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 8:02pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
April 25, 2018 at 6:00pm
Regular Meeting

CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the Board Meeting to order at 6:00pm.

Board members present: **Kristin Carpenter, Linnea Ronnegard, Greg Meyer and Barbara Solomon (telephonically).**

A quorum was established. 4 members present.

CCMC staff present: Scot Mitchell, CEO; Randall Draney, CFO; Kelly Kedzierski, CAH DON; Kadee Goss, LTC DON; and Faith Wheeler-Jeppson, Compliance Officer.

A. APPROVAL OF AGENDA

M/Meyer S/Ronnegard “move to approve the Agenda as amended.” (remove action item #2)

4 years, 0 nay

Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. BOARD DEVELOPMENT – Randall presented training on CCMC Financial Improvement Activities. A few highlights were explaining to the board the differences between a Balance Sheet, and Income Statement, and a Statement of Cash flows. Randall reviewed CCMC’s gross revenue, deductions, cost recoveries, total net revenues, expenses and the net income to the Board and was available to answer any questions from the Board.

E. APPROVAL OF MINUTES ~ None

F. REPORTS OF OFFICERS and ADVISORS

- 1. Board Chair– Kristin Carpenter** reported on progress of future collaborations, the PERS debt and what the short term, mid-range and long range goals are for the hospital going forward.
- 2. CEO – Scot Mitchell** reported that his written report is in the packet. A few additional items to mention are that Tele-Behavioral Health and Tele-Stroke will be available very soon. We had an inspection of the Medical Gas System and found that we are noncompliant, we will have to purchase a new medical vacuum system to be in compliance. For our recertification that State has requested information from each Board member, we do still need that or we could lose our CMS certification. Please get that information to Faith. Scot will be out of the office next week, Randall will be here in my absence in the event of an emergency.
- 3. Finance – Randall Draney** provided the Financial Report for the board to review. A copy of Randall’s report has been put into the permanent record.
- 4. LTC Nursing – Kadee Goss** stated that her report is in the packet and she is available to answer any questions the board may have for her.

5. **CAH Nursing** – **Kelly Kedzierski** stated that her report is in the packet and she would be happy to answer questions.
6. **Quality Improvement/Infection Control** – **Kelly Kedzierski** stated that her report is in the packet and that she is available to answer any questions on Quality Improvement and Infection Control that the board may have.
7. **Medical Director Report** – **Dr. Sanders** reported that her Medical Directors Report is in the packet and she is available to answer any questions that the Board may have for her. And that Laura Hennecker, NP is working and she is very glad to have her, she has 20 years of wound care experience and will be an integral part in creating our wound care program.

G. CORRESPONDENCE ~ None

H. ACTION ITEMS

1. Delineation of Privileges for Frances Aledo, MD

M/Graham S/Meyer "I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Frances Aledo, MC as requested."

4 yeas, 0 nay

Motion passed

2. Selection of CEO Recruitment Firm

M/Ronnegard S/Meyer "I move to refer this back to staff."

4 yeas, 0 nay

Motion passed

3. Approval of Community Health Needs Assessment Project

M/Ronnegard S/Meyer "I move to refer this back to staff."

4 yeas, 0 nay

Motion passed

4. Election of Officers

M/Solomon S/Carpenter I nominate the following board members to serve as Officers on the Board: Greg Meyer, Chairperson; Kristin Carpenter, Vice-Chairperson; and Linnea Ronnegard, Secretary/Treasurer."

4 yeas, 0 nay

Motion passed

I. DISCUSSION ITEMS ~ None

J. AUDIENCE PARTICIPATION ~ None

K. BOARD MEMBERS COMMENTS

Carpenter – I am comfortable with this transition, Scot has a great staff, and thank you to Randall.

Meyer – I appreciate staff, thank you. We've got a tough road ahead, but we can continue on a straight line with what Scot has already started and make a community hospital

Ronnegard – Thank you Randall, Thank you Scot, and thank you to staff. I am very excited about PSA, and maybe we can look at the layout or location of the next Holiday Party so folks will mix more.

Solomon – Thank you everyone for all of your efforts.

L. EXECUTIVE SESSION ~ None

M. ADJOURNMENT

M/Meyer S/Ronnegard "I move to adjourn the meeting."

Carpenter declared the meeting adjourned at 8:43pm.

Prepared by: Faith Wheeler-Jeppson

Minutes
CCMC Authority – Board of Directors
CCMC Admin Conference Room
May 9, 2019 at 6:00pm
Special Meeting

CALL TO ORDER AND ROLL CALL –

Greg Meyer called the Board Meeting to order at 6:00pm.

Board members present: **Greg Meyer, Kristin Carpenter and Barbara Solomon (telephonically).**

A quorum was established. 3 members present.

CCMC staff present: Scot Mitchell, CEO; Randall Draney, CFO; and Faith Wheeler-Jeppson, Executive Assistant.

A. APPROVAL OF AGENDA

M/ Carpenter S/Solomon “move to approve the Agenda.”

3 yeas, 0 nay, Motion passed.

B. CONFLICT OF INTEREST ~ None

C. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

1. Audience Participation ~ None

2. Guest Speaker ~ None

D. EXECUTIVE SESSION ~ None

E. ACTION ITEMS

1. Appointment of CEO

M/Carpenter S/Solomon “I move that the CCMC Authority Board of Directors appoint Randall Draney to serve as CEO of Cordova Community Medical Center to start on June 24th, 2019.”

3 yeas, 0 nay; Motion passed.

2. Appointment of CEO Negotiating Committee

M/Carpenter S/Solomon “I move that the CCMC Authority Board of Directors appoint the following two Board Members to serve on the CEO Negotiating Committee; Linnea Ronnegard (Kristin Carpenter to serve as alternate to Linnea) and Greg Meyer.”

3 yeas, 0 nay; Motion passed.

F. AUDIENCE PARTICIPATION ~ None

G. BOARD MEMBERS COMMENTS

Carpenter – Thank you Randall for stepping in to help.

Solomon – Thank you Randall, thank you Scot for doing such a great job, and thank you for running your first meeting Greg.

Meyer – Thank you everyone, and we can still get Randall some help as we go if he's upfront with us, keeps us informed, and we ask questions. We need to find the direction that we're headed in and see if it's anything different than what we're doing now.

H. ADJOURNMENT

M/Carpenter S/Solomon "I move to adjourn the meeting."

Meyer declared the meeting adjourned at 6:26pm.

Prepared by: Faith Wheeler-Jeppson



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CEO Report to the CCMC Authority Board of Directors
May 30, 2019
Scot Mitchell, CEO

Thank You

This will be my last regular CCMC Authority Board of Directors meeting as the Chief Executive Officer of CCMC. I want to thank the Board members for placing your trust in me over the past three years. I have thoroughly enjoyed working with the Board members, Medical Staff and employees to establish a process to continue improving CCMC from both a quality and financial standpoint. We have made many improvements in a relatively short time frame, and feel these improvements can continue into the future. I thought it would be nice to mention some of the important accomplishments we have made together over the past three years:

- We have reduced the employee turnover, especially within the leadership ranks. This has improved the continuity of our improvement efforts.
- The CCMC Nursing Home was awarded the “Excellence in Quality” Award by the Centers for Medicare and Medicaid Services regional Quality Improvement Organization.
- The Nursing Home consistently ranks as one of the best in Alaska for the quality of care being provided to our residents.
- We opened a retail pharmacy that has grown much quicker than we expected, and continues to receive positive accolades from the community.
- We added home sleep study services and new durable medical equipment services.
- We added new Pediatrics and Obstetrics and Gynecology specialty clinics.
- The number of Long Term Care survey deficiencies was reduced from 21 to two.
- Sound Alternatives improvements have been remarkable, and The Joint Commission accreditation was successfully renewed.
- We continue to make strides in improving the financial performance of CCMC, even having a positive bottom line in 2017, the first time in many years.
- We have right-sized the staffing levels, reducing the total number of FTEs by 15.
- We started sharing staffing with the City of Cordova, to help both reduce their personnel costs.
- In conjunction with the City of Cordova Emergency Planning staff, we have implemented an electronic incident management system to help with the planning, response and recovery from disasters for the entire community.
- A new learning management system is now being used that includes clinical assessments to help us evaluate the competency of clinical staff prior to offering them jobs, resulting in higher quality of care being provided by our excellent staff.
- The Quality Improvement program is now much more robust, and is recognized for consistently being among the first in Alaska hospitals for its quality reporting each month, as well as being among the best for quality results.
- We’ve just started using a new pharmacy benefits approach to the CCMC/City of Cordova health insurance plan. This is a first step in a process that could lead to greater financial savings and improved health status

for City and CCMC employees. The goal is to ultimately expand this program to include other small businesses in Cordova.

The Big Picture

The Alaska Legislature adjourned its regular session earlier without completing its budget for 2020. Governor Dunleavy called the Legislature back into special session starting on May 16, 2019. The 30-day special session will be limited to discussing the 2020 operating and capital budgets, PFD distribution, a crime reform package and the Mental Health Trust budget. We still don't know how much the Medicaid budget will be reduced, but expectations are that overall there will be a significant decline in the 2020 budget.

The Alaska Department of Health & Social Services (DHSS) recently released an informal RFP to create a "proof of concept paper" for a Medicaid 1115 waiver. The DHSS is offering \$100,000 to write a paper that includes an analysis of the use of private market coverage for Medicaid enrollees, incorporation of a work requirement, and use of a block grant to bring forward the concept and recommendations for items outside of the Medicaid program, such as referenced based rates, which will enhance the Medicaid redesign concept. ASHNHA has been following this closely, and has found that the State of Reform group has concluded that moving certain Medicaid recipients to the private insurance market could actually be more expensive. This is an issue that should be followed to see if there might be a move in Alaska to request an 1115 waiver, and how it could impact CCMC.

Status Updates

Service:

- I have been spending a lot of time with Randall Draney, working on a warm handoff of the CEO duties. I've been including him in discussions and meetings with internal staff, as well as introducing him to outside agencies and vendors. I am also working on a transition document that has brief overviews of projects and items that I've been working on so he will have something to lean on after I am gone. I want to do everything I can to make the transition as seamless as possible.
- We will be presenting the CCMC Corporate Compliance plan for Board approval at this meeting. As part of our CAH periodic evaluation, we review every policy and plan on an annual basis. The Corporate Compliance plan is one that the Board provides oversight of, and therefore will need to authorize its renewal. There are no proposed changes from the plan that was in place last year.
- The issues we have with our EHR system, Evident, are still at the top of our list of action items. Randall and his team have been doing a good job of figuring out the problems and working on solutions for revenue cycle issues with Evident. We continue to experience billing issues, which do have a negative impact on our cash flow.
- Dr. Gifford's next Pediatric Clinic will be July 26th.

Quality:

- Developing a solid core of staff members who live in Cordova has been one of the major goals that I've had since arriving here. Kadee Goss and Kelly Kedziarski have been doing a great job of recruiting quality nurses. Registered Nurses is the main position where we require the use of temporary staff. We currently have four permanent nurses who live here in Cordova. When I started we did not have any full time permanent nurses who work on the floor. We have five temporary traveling nurses on staff now. Three of these nurses have expressed an interest in coming on board as permanent staff and moving to Cordova. All of these nurses would be excellent additions to CCMC. Another exciting accomplishment is that Michelle Acoba, who has worked in our lab, recently passed her RN boards, and will start her nurse orientation within a few weeks. We also have another CCMC employee in a different department who is in the process of taking her RN boards exams. If all of these staffing opportunities work out, CCMC could be in a position to not need any traveling nurses by the end of this year. This will be a major achievement that will help to continue improving the quality of care

provided to the citizens of Cordova! My thanks, and congratulations, to Kadee and Kelly for all the hard work they are doing on this front.

Finance:

- Randall has been working diligently to get our financial data in order for the audit of the 2018 financial statements. As you can see from his report, he is ready for them to come onsite. They will be here in early June to perform the onsite portion of the audit.
- Our cost report preparer has completed the preliminary 2018 Medicare and Medicaid cost report. His estimates show that we are owed about \$800,000 back! While we still must wait for CMS to conduct their preliminary review of the cost report, but this influx of cash will be a great benefit to CCMC.
- We recently received notice from the Alaska Medicaid department that they are going to implement a 3% across the board cut to nursing homes starting on July 1, 2019. The stated reason for the cuts is that the overall Medicaid reimbursement rates to Alaska nursing homes is considered to be above the Upper Payment Limits (UPL) established by Medicare. In addition to the 3% reimbursement cut, they will also not be implementing the 2% rate increase that was expected for the coming year. At this point, there is very little detail being provided to Alaska nursing homes, so we are not completely sure how these cuts will be implemented. If we do see a 3% cut and not get the 2% expected increase, this could have a negative impact on our cash flow. The 3% reduction alone will amount to about a \$100,000 decrease in cash over the next year.
- Randall and I recently met with a representative from our billing and coding company, AVEC to discuss concerns about their performance. We also brought in a couple of the CCMC revenue cycle staff to participate in the discussion. The concerns we expressed were met with a promise that they would work diligently to correct them, and regain our trust. CCMC has one more year left on the contract with AVEC.
- I have been working with the State Office of Rural Health here in Alaska to obtain some grant funds to help us offset some of the cost of the Relias Learning Management System we started using last year. We have been awarded \$3,000 to help with this program, provided that we submit a report on how we used this system for evaluating competencies of our nurses, to the State at the end of June.

People:

- We will be presenting Laura Henneker, FNP to the Board for delineation of privileges at this meeting. I had granted Laura emergency privileges last month once we received her primary source verification data from our Credentials Verification Organization. Laura has already starting building up a loyal following of patients in the clinic.
- Dr. Sanders has submitted her resignation from CCMC, but will keep her medical staff privileges. We are working on an arrangement with her so that she will continue to serve as the Medical Director and return back to CCMC on a periodic basis to help manage the nursing home residents and the Medical Director responsibilities for the CAH, along with possibly covering some ER call shifts.
- Dr. Richard Harper is back to cover the emergency room for CCMC. He will be providing coverage through February of 2020. Dr. Harper spent some time here last summer helping with coverage, and was well received by patients and staff. He is a Board Certified by the American Board of Emergency Medicine.
- We have been having conversations with Dr. Robert Ledda. He is an Emergency Medicine physician who lives in Soldotna, and is currently working at an Emergency Room in a CAH in Montana. He is interested in coming to Cordova when his contract in Montana ends this fall. Dr. Ledda is planning on visiting CCMC in June. He is currently working on completing his medical staff application.
- Randall Draney, Kadee Goss and I have been working on a plan to make sure there is a licensed Nursing Home Administrator on staff when I leave next month. Both Randall and Kadee have started preparing to take the national certification exam for Nursing Home Administrators. We have also had conversations with the State of Alaska Board of Nursing Home Administrators to let them know about our plan to have Kadee obtain her Temporary NHA license prior to my leaving. They have assured us that this will not be a problem, as Kadee has already submitted her application, and I have provided confirmation of her experience to them.

- We are working on a contract for a new Speech Language Pathologist to provide speech therapy services at CCMC. This should be completed by the end of May.

Growth:

- We are moving closer to getting the Tele-Stroke and Tele-Behavioral Health programs with Alaska Regional Hospital up and running. The equipment has been ordered, and we've agreed to a delegated credentialing process for the Neurologists who will cover the service. This process will be exactly like the process we have in place for the credentialing of the Radiologists through vRad. The Tele-Stroke program will allow our physicians to use the telemedicine system to have Neurologists consult on any patient presenting to the emergency room with signs and symptoms of a stroke. We've been working on this program for a while now, and are closer to making this a reality.
- Based on patient needs, we have reached out to our contacts at Alaska Regional Hospital to see if they know of an Urologist who might be interested in coming to CCMC for specialty clinics. We are still in the early stages of this effort, but hopefully we will find another specialist to come onsite at CCMC.

Community:

- CCMC is required to conduct another Community Health Needs Assessment (CHNA) in 2019. In an effort to try to improve collaboration with the Native Village of Eyak and the City of Cordova, we agreed to postpone this process from when we had originally planned to start this summer. The hopes are that we will be able to use this CHNA process to help bridge the gap between these parties to come up with a viable health care solution that provides quality health care services to all of Cordova.
- We are researching an opportunity that would allow us to have CCMC become a participating provider with the Indian Health Services for long term care residents. This would allow us to increase our reimbursement levels. We had researched this shortly after I came to Cordova, and were told that it was not possible then, but we've recently been advised by staff at the State Medicaid Office that we should be able to do this. This could open up more opportunities for CCMC to treat tribal members so they do not have to travel to Anchorage or other areas for long term care services.
- The Cordova Health Fair took place on April 27, 2019. While the number of participants was down from last year, it was still a major success. Thanks to Holly Urton for facilitating the preparation for this year's health fair for CCMC!

FINANCIAL REPORT TO THE BOARD
 As of April 30, 2019
 Randall Draney, CFO

Financial Statements

The income statement will be presented. Balance sheet will be added for May.

Balance sheet reconciliation project (preparing for audit)

Assets	% Complete	% Change from Prior Month
Cash	100%	up 40%
Accounts receivable	100%	up 90%
Other receivable	100%	
Prepaid insurance	100%	
Prepaid other	100%	
Inventory	100%	
Property, plant & equipment	100%	
Construction in process	100%	
Goodwill - pharmacy	100%	
PERS deferred outflow	90%	need state report
Liabilities		
Accounts payable	100%	
Payroll and related	100%	up 50%
Third party settlement	0%	auditors will adjust
Interest & other payables	100%	up 50%
Short-term debt - City	100%	
Other current liabilities	100%	
Net pension liability	90%	need state report
Pension deferred inflow	90%	need state report

Components of a successful revenue cycle system

	Perform %	
1 Functioning computer system (financial portion)		
System reports all charges	80%	no change
Resolution of numerous issues - working with Evident (On-site assistance scheduled)	50%	no change
2 Staff understands how to use system		
Unit clerk training on patient registration	85%	no change
Patient registration functioning	85%	no change
Everyone who touches system	75%	no change
3 Processes in place that affect revenue cycle		
Provider enrollment with insurance companies ("Symplr" will assist)	80%	up 5%
Processes between BH, Medical Records, Business office (Business office manager started - Mariesa)	80%	no change
Quality oversight (continuous process improvement) (new Process Improvement Committee) (Holly to be a process checkpoint for processed claims)	60%	no change
Chart review for quality and to catch all charges (Kelly/Vivian-supplies, pharmacy, procedures) (Holly-overall review)	80%	no change
4 Effective billing and collection function		
AVEC (outsourced billing company) performance	70%	no change
TruBridge being implemented to finish 7.15.19	20%	
5 Effective collections on old receivables		
(Looking for a local person to work receivables and other)	10%	

year 2018
unaudited

CORDOVA COMMUNITY MEDICAL CENTER
OPERATING/INCOME STATEMENT
FOR THE 12 MONTHS ENDING 12/31/18

05/10/19 03:07 PM

----- M O N T H -----			----- Y E A R T O D A T E -----			
ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	
REVENUE						
631,183	0	631,183	631,183	0	631,183	
2,078,024	0	2,078,024	2,078,024	0	2,078,024	
4,686,999	0	4,686,999	4,686,999	0	4,686,999	
918,214	0	918,214	918,214	0	918,214	
2,886,634	0	2,886,634	2,886,634	0	2,886,634	
341,447	0	341,447	341,447	0	341,447	
908,885	0	908,885	908,885	0	908,885	
-----	-----	-----	-----	-----	-----	
12,451,389	0	12,451,389	PATIENT SERVICES TOTAL	12,451,389	0	12,451,389
DEDUCTIONS						
116,117	0	(116,117)	CHARITY	116,117	0	(116,117)
2,392,209	0	(2,392,209)	CONTRACTUAL ADJUSTM	2,392,209	0	(2,392,209)
722,233	0	(722,233)	BAD DEBT	722,233	0	(722,233)
-----	-----	-----	-----	-----	-----	
3,230,560	0	(3,230,560)	DEDUCTIONS TOTAL	3,230,560	0	(3,230,560)
COST RECOVERIES						
462,726	0	462,726	GRANTS	462,726	0	462,726
1,272,912	0	1,272,912	IN-KIND CONTRIBUTIO	1,272,912	0	1,272,912
56,172	0	56,172	OTHER REVENUE	56,172	0	56,172
-----	-----	-----	-----	-----	-----	
1,791,812	0	1,791,812	COST RECOVERIES TOTAL	1,791,812	0	1,791,812
-----	-----	-----	-----	-----	-----	
11,012,641	0	11,012,641	TOTAL REVENUES	11,012,641	0	11,012,641
EXPENSES						
3,976,083	0	(3,976,083)	WAGES	3,976,083	0	(3,976,083)
2,006,081	0	(2,006,081)	TAXES & BENEFITS	2,006,081	0	(2,006,081)
2,171,817	0	(2,171,817)	PROFESSIONAL SERVIC	2,171,817	0	(2,171,817)
57,580	0	(57,580)	MINOR EQUIPMENT	57,580	0	(57,580)
1,157,270	0	(1,157,270)	SUPPLIES	1,157,270	0	(1,157,270)
182,448	0	(182,448)	REPAIRS & MAINTENAN	182,448	0	(182,448)
92,964	0	(92,964)	RENTS & LEASES	92,964	0	(92,964)
1,375,683	0	(1,375,683)	UTILITIES	1,375,683	0	(1,375,683)
187,456	0	(187,456)	TRAVEL & TRAINING	187,456	0	(187,456)
165,714	0	(165,714)	INSURANCES	165,714	0	(165,714)
17,996	0	(17,996)	RECRUIT & RELOCATE	17,996	0	(17,996)
680,236	0	(680,236)	DEPRECIATION	680,236	0	(680,236)
251,250	0	(251,250)	OTHER EXPENSES	251,250	0	(251,250)
-----	-----	-----	-----	-----	-----	
12,322,584	0	(12,322,584)	TOTAL EXPENSES	12,322,584	0	(12,322,584)
-----	-----	-----	-----	-----	-----	
(1,309,943)	0	(1,309,943)	OPERATING INCOME	(1,309,943)	0	(1,309,943)
1,844	0	1,844	RESTRICTED CONTRIBU	1,844	0	1,844
(1,308,099)	0	(1,308,099)	NET INCOME	(1,308,099)	0	(1,308,099)
=====	=====	=====	=====	=====	=====	

12/31/18
Unaudited

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CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/18

	Current Year	Prior Year	Net Change
ASSETS			
CURRENT ASSETS			
CASH	524,607	983,663	(459,055)
NET ACCOUNT RECEIVABLE	1,672,065	1,133,268	538,797
THIRD PARTY RECEIVABLE	101,482		101,482
OTHER RECEIVABLES	9,890		9,890
PREPAID EXPENSES	46,661	109,740	(63,078)
INVENTORY	306,886	268,465	38,421
	-----	-----	-----
TOTAL CURRENT ASSETS	2,661,593	2,495,137	166,456
PROPERTY PLANT & EQUIPMENT			
LAND	122,010	122,010	
BUILDINGS	7,664,341	7,006,761	657,579
EQUIPMENT	7,984,264	6,830,228	1,154,035
CONSTRUCTION IN PROGRESS	9,521	164,722	(155,200)
	-----	-----	-----
SUBTOTAL PP&E	15,780,137	14,123,723	1,656,414
LESS ACCUMULATED DEPRECIATION	(11,425,784)	(10,709,062)	(716,721)
	-----	-----	-----
TOTAL PROPERTY & EQUIPMENT	4,354,352	3,414,660	939,692
OTHER ASSETS			
GOODWILL - PHARMACY	150,000		150,000
GOODWILL - PHARMACY	(15,000)		(15,000)
PERS DEFERRED OUTFLOW	205,006	1,218,788	(1,013,782)
TOTAL OTHER ASSETS	340,006	1,218,788	(878,782)
	-----	-----	-----
TOTAL ASSETS	7,355,952	7,128,585	227,367
	=====	=====	=====

CORDOVA COMMUNITY MEDICAL CENTER
 BALANCE SHEET
 FOR THE MONTH ENDING: 12/31/18

12/31/18
Unaudited

	Current Year	Prior Year	Net Change
LIABILITIES AND FUND BALANCE			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE	1,418,890	959,954	458,935
PAYROLL & RELATED LIABILITIES	1,066,799	688,577	378,221
THIRD PARTY SETTLEMENT PAYMENT		610,185	(610,185)
INTEREST & OTHER PAYABLES	4,460	12,121	(7,661)
LONG TERM DEBT - CITY	3,668,127	4,024,627	(356,500)
OTHER CURRENT LONG TERM DEBT	553,278	47,190	506,088
	-----	-----	-----
TOTAL CURRENT LIABILITIES	6,711,555	6,342,657	368,898
LONG TERM LIABILITIES			
2015 NET PENSION LIABILITY	4,009,383	6,907,864	(2,898,481)
TOTAL LONG TERM LIABILITIES	4,009,383	6,907,864	(2,898,481)
DEFERRED INFLOWS OF RESOURCES			
PENSION DEFERRED INFLOW	1,148,997	77,000	1,071,997
TOTAL DEFERRED INFLOWS	1,148,997	77,000	1,071,997
TOTAL LIABILITIES	11,869,935	13,327,521	(1,457,585)
NET POSITION (EQUITY)			
UNRESTRICTED FUND BALANCE	(3,218,919)	(6,211,971)	2,993,051
TEMPORARY RESTRICTED FUND BALANCE	13,035	13,035	
CURRENT YEAR NET INCOME	(1,308,099)		(1,308,099)
	-----	-----	-----
TOTAL NET POSITION	(4,513,983)	(6,198,935)	1,684,952
TOTAL LIABILITIES & NET POSITION	=====	=====	=====
	7,355,952	7,128,585	227,367

Cordova Community Medical Center Statistics

April, 2019

31 Jan 28 Feb 31 Mar 31 Apr 30 May 31 Jun 30 Jul 31 Aug 31 Sep 30 Oct 31 Nov 30 Dec 31

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative Total	Monthly Average
Hosp Acute+SWB Avg. Census														
FY 2019	3.5	1.6	1.2	1.4									7.6	1.9
FY 2018	6.4	4.4	4.6	2.8	1.1	1.8	2.1	1.5	2.1	2.0	2.3	2.6	33.6	2.8
FY 2017	3.1	3.8	4.5	4.5	4.5	3.1	5.3	4.4	4.5	5.6	5.6	5.8	54.6	4.6
Acute Admits														
FY 2019	6	0	2	4									12	3.0
FY 2018	12	4	5	4	1	4	5	3	2	0	4	3	47	3.9
FY 2017	9	7	7	5	4	1	10	6	6	8	2	4	69	5.8
Acute Patient Days														
FY 2019	33	0	6	12									51	12.8
FY 2018	32	8	18	9	2	10	16	6	5	0	8	11	125	10.4
FY 2017	34	23	29	17	10	2	27	13	16	18	6	10	205	17.1
SWB Admits														
FY 2019	2	2	0	0									4	1.0
FY 2018	2	1	0	0	0	3	1	1	1	0	0	1	10	0.8
FY 2017	5	3	2	1	2	0	1	0	0	3	1	1	19	1.6
SWB Patient Days														
FY 2019	75	44	31	30									180	45
FY 2018	166	116	124	75	31	43	50	41	57	62	60	70	895	75
FY 2017	64	84	109	111	111	90	114	124	120	157	163	171	1,418	118
CCMC LTC Admits														
FY 2019	2	1	1	0									4	1.0
FY 2018	2	0	0	2	0	0	1	0	0	0	0	1	6	0.5
FY 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
CCMC LTD Resident Days														
FY 2019	299	278	308	300									1,185	296
FY 2018	303	278	310	295	310	286	309	310	300	310	300	304	3,615	301
FY 2017	310	280	310	300	310	300	310	310	300	310	300	310	3,650	304
CCMC LTC Avg. Census														
FY 2019	9.6	9.9	9.9	10.0									39.5	9.9
FY 2018	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	120.0	10.0
FY 2017	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	120.0	10.0
ER Visits														
FY 2019	31	41	47	54									173	43
FY 2018	46	43	60	46	54	57	78	54	52	33	38	30	591	49
FY 2017	49	35	47	49	53	55	75	68	53	43	42	35	604	50

Cordova Community Medical Center Statistics

April, 2019	31	28	31	30	31	30	31	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 2019	144	168	170	374															856	214.0
FY 2018	162	158	213	301	235	176	204	198	152	159	147	128							2,233	186
FY 2017	120	111	138	293	136	146	177	168	145	106	110	94							1,744	145
PT Procedures																				
FY 2019	443	386	438	440															1,707	427
FY 2018	370	221	184	215	295	281	271	408	334	400	424	333							3,736	311
FY 2017	416	322	497	399	327	296	343	136	206	373	270	178							3,763	314
Lab Tests																				
FY 2019	330	356	198	361															1,245	311
FY 2018	352	290	339	208	269	244	358	269	215	236	285	267							3,332	278
FY 2017	298	322	284	304	318	283	435	410	337	280	278	305							3,854	321
X-Ray Procedures																				
FY 2019	44	52	83	88															267	67
FY 2018	67	36	58	29	50	59	71	63	39	53	30	30							585	49
FY 2017	47	43	37	29	42	63	72	57	43	34	41	33							541	45
CT Procedures																				
FY 2019	13	12	13	15															53	13
FY 2018	14	7	16	7	7	14	18	21	9	8	0	0							121	10
FY 2017	7	7	13	14	12	14	22	15	12	9	8	5							138	12
C/CMC Clinic Visits																				
FY 2019	162	161	144	178															645	161
FY 2018	206	183	203	176	219	190	170	236	241	270	201	152							2,447	204
FY 2017	212	175	197	188	248	239	217	284	356	283	199	177							2,775	231
Behavioral Hlth Visits																				
FY 2019	62	98	69	60															289	72
FY 2018	111	98	127	114	112	99	126	111	35	84	95	64							1,176	98
FY 2017	70	98	71	90	88	100	85	109	72	85	84	97							1,049	87
Retail Pharmacy Scripts																				
FY 2019	1,047	956	1,198	1,135															4,336	1,084
FY 2018	864	752	969	1,002	1,072	1,020	1,093	1,047	869	1,150	984	1,048							11,870	989



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

Date: May 30th 2019
To: CCMC Authority Board of Directors
From: Director of Long Term Care, Kadee Goss RN
RE: Nursing Report

- We still have 10 residents in our Long Term Care Unit
- Safety is still our number one goal in LTC.
- We have renewed contract with our activities director and speech therapy. We continue to have a Pharmacist, Dietician, and Physical Therapist that over see our LTC residents.
- LTC DON submitted and has been preparing for the Nursing administrators license exam for the Long Term Care unit here at CCMC.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: May 2019 Nursing Update

- Staffing:
 - Nursing staffing continues to be adequate. We have 4 permanent nursing staff and 4 Travelers.
- Census:
 - LTC census is 10. Currently, we have 1 swing bed occupied.
 - Acute/ED/OBS- we have had a steady increase in patients in these areas to match the increase in Cordova population this time of year.
- The ongoing challenges:

Training-

- There have been weekly meetings with Registration/Unit Clerks to collaborate our efforts in improving registration processes.
- We hold monthly Nursing staff meetings. We address many different topics in these meetings with patient safety being the key focus.
- CCMC has been having all nursing staff, registration and ancillary staff continue education and training in the Evident EHR.

Kelly Kedzierski, RN

CAH-DON

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: May 2019 Quality Improvement Report

Quality Improvement

The CCMC team is continuously and consistently working hard to build a healthcare system that focuses on keeping our community healthy, provides appropriate and timely access to excellent healthcare, and provides the right care, at the right time, in the right place, all the while promoting focused improvement.

Currently we are meeting on a monthly basis. The last Quality meeting was held on April 30th, 2019 where we discussed:

- Evident plans to come here to do more hands on training for the employees of CCMC. We discussed making sure that all employees have adequate access to the departments that they need to be working in with in the Evident system and are able to run the reports that they need to run to efficiently do their jobs.
- Process improvement activities are ongoing:
 - Environmental services are actively and aggressively cleaning floors, walls door handles, and all high touch surface areas throughout the entire building.
 - Environment of care rounds are ongoing.
 - Maintenance has been creating work orders from the Environment of care rounds and are current and up to date with completing all work orders.
 - Dietary department has been working on new menu and a faster more efficient food and supply ordering process.
 - Nursing daily chart audits have been successful in viewing proper charges and documentation.
 - Radiology department has some new staff members. Kim sent out an e-mail to both clinics to keep them informed that there should be no delays in patient care. When they have a patient they can send them right over to be registered and radiology will see them immediately. The only delay would be if there is a patient ahead of them which could cause a short delay that they can wait in waiting room for.
- Our next Quality meeting will be held on May 29th, 2019.

To: CCMC Authority Board of Directors
From: Kelly Kedzierski, RN
RE: May 2019 Infection Control

Infection Control

- The last meeting was held on March 20, 2019. Our next meeting will be on June 5th 2019.
At our last meeting we discussed the many improvements that are taking place at CCMC which include the Environment of care rounds with a focus on infection prevention, the cleaning that the staff from environmental services, dietary, and facilities/maintenance all have greatly contributed to.
- We also discussed the our preparedness for the Influenza outbreak and the staff involvement in keeping CCMC residents, visitors and staff aware of what steps to take to prevent illness as well as what steps to take in the event of having flu like symptoms.
- **Fun Facts:** For my fun facts each month I generally write about infectious diseases and outbreaks. This month I would like to discuss Stroke Awareness. On average, one person dies from stroke every 4 minutes.
- The good news is: 80% of all strokes are preventable.



May is National Stroke Awareness Month:

When it comes to stroke, every second counts! Nearly 2 million brain cells die each minute a stroke remains untreated.

Rapid access to medical treatment often times make the difference between full recovery and permanent disability.

Know the signs of a stroke and act F.A.S.T. (face drooping, arm weakness, speech difficulty, Time to call 911 if someone is having a stroke.

The Facts: Society for Public Health and Awareness-

- Stroke can happen to anyone at any age.
- 80% of all strokes are preventable.
- Stroke is the fifth leading cause of death in the U.S. and a leading cause of severe disability.
- On average, one person dies from stroke every 4 minutes.
- More than 795,000 people have a stroke each year in the U.S.
- Stroke kills almost 130,000 of the 800,000 Americans who die of cardiovascular disease each year—that's 1 out of every 19 deaths from all causes.

Prevent stroke by following the American Heart Association/American Stroke Association's Life's Simple 7 tips:

- Manage blood pressure
- Control cholesterol
- Reduce blood sugar
- Get active
- Eat Better
- Lose weight
- Stop smoking



Memorandum

To: CCMC Authority Board of Directors
From: Scot Mitchell, FACHE, CCMC CEO
Subject: CCMC Corporate Compliance Plan
Date: 5/14/19

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the CCMC Corporate Compliance Plan as presented.”

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 1
	OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002
	REVISED: 2/21/2018

Purpose and/or Policy Statement:

This program focuses on business and professional standards of conduct, compliance with federal, state and local laws and regulations, compliance with standards of accrediting organizations, promotion of good corporate citizenship, prevention and early detection of misconduct and identification and education relating to areas of particular concern.

Policy:

- Cordova Community Medical Center has a policy of maintaining a high level of professional and ethical standards in the conduct of its business. CCMC places a high importance upon its reputation for honesty, integrity and high ethical standards. This policy statement is a reaffirmation of our commitment to a high level of ethical conduct and standards of business practice.
- These standards can only be achieved through the actions and conduct of all personnel at Cordova Community Medical Center. Each and every employee, including management employees, are obligated to conduct himself/herself in a manner to ensure the maintenance of these standards. Such actions and conduct will be important factors in evaluating an employee's judgment and competence and an important element in the annual performance evaluation. Employees who ignore or disregard the principles of the CCMC Corporate Compliance Program will be subject to appropriate disciplinary action, up to, and including, termination.
- Employees must be educated of all applicable federal and state laws and regulations that apply to and impact upon Cordova Community Medical Center's documentation, coding, billing and competitive practices, and the day-to-day activities of the organization and its employees and agents. Each employee who is directly involved in any of the CCMC documentation, coding, billing or competitive practices has an obligation to familiarize himself or herself with all such applicable laws and regulations and to adhere at all times to the requirements thereof.
- These employees are also required to participate in the ongoing educational programs provided by this organization. Where questions regarding these requirements exist, each employee shall seek guidance from knowledgeable Department Managers, Senior Management, or the Compliance Officer for the hospital.

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 2 OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002 REVISED: 2/21/2018

- In particular, but not limited to, this policy prohibits Cordova Community Medical Center and each of its employees from directly or indirectly engaging or participating in any of the following:
 - Improper Claims:
 - Presenting or causing to be presented to the United States government or any other healthcare payer a claim:
 - ◆ Item or Service Not Provided as Claimed.
 - For a medical or other item or service that such person knows or should know was not provided as claimed, including a pattern or practice of presenting or causing to be presented a claim for an item or service that is based on a code that such person knows or should know will result in a greater payment to the claimant than the code such person knows or should know is applicable to the item or service actually provided.
 - ◆ False Claim.
 - For a medical or other item or service and such person knows or should know the claim is false or fraudulent.
 - ◆ Service by Unlicensed Physician.
 - For a physician's service (or an item or service incident to a physician's service) when such person knows or should know the individual who furnished (or supervised the furnishing of) the service:
 - ◇ Was not a licensed physician;
 - ◇ Licensed as a physician, but such license had been obtained through a misrepresentation of material fact (including cheating on an examination required for licensing); or
 - ◇ Represented to the patient at the time the service was furnished that the physician was certified in a medical specialty by a medical specialty board when the individual was not so certified.
 - ◆ Excluded Provider.

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 3 OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002 REVISED: 2/21/2018

- For a medical or other item or service furnished during a period in which such person knows or should know the claimant was excluded from the program under which the claim was made.
 - ◆ Not Medically Necessary.
 - For a pattern of medical or other items or services that such person knows or should know are not medically necessary.
- False Statements in Determining Rights to Benefits:
 - Making, using or causing to be made or used any false record, statement, misrepresentation of a material fact for use in determining rights to any benefit or payment under any healthcare program.
- Conspiracy to Defraud:
 - Conspiring to defraud the United States government or any other healthcare payer by the submission and payment of a false claim.
- Healthcare Fraud/False Statements Relating to Healthcare Matters:
 - Executing or attempting to execute a scheme or artifice to defraud any healthcare benefit program or to obtain, by means of false, fictitious or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody of, any healthcare benefit program.
- Provision of Care to Contract HMO Patients:
 - Failing to provide covered services or necessary care to members of contracted health maintenance organizations.
- Adverse Events:
 - Failing to properly report an adverse health event.

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 4 OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002 REVISED: 2/21/2018

- Self-Referral:
 - Referring patients for certain items, services and tests provided by businesses in which physicians or their immediate family members have a financial interest, as set forth in section 1877 of the Social Security Act.

- Anti-Referral:
 - Presenting or causing to be presented a claim for reimbursement to any individual, third party payer or other entity for designated health services which were furnished pursuant to a referral by a physician who has a financial relationship with the hospital, as such is defined in 42 U.S.C. § 1395nn.

- Anti-Kickback:
 - Except as otherwise provided in 42 U.S.C. § 1320a-7b(b), knowingly and willfully:
 - ◆ Soliciting or receiving any remuneration (including any kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind, either:
 - In turn for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program;
 - In return for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal healthcare program; or

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 5
	OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002
	REVISED: 2/21/2018

- ◆ Offering or paying any remuneration (including any kickback, bribe or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person either:
 - To refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program; or
 - To purchase, lease, order or arrange for or recommend purchasing, leasing or ordering any good, facility, service or item for which payment may be made in whole or in part under a federal healthcare program.
- Antitrust:
 - Engaging in any activity, including, without limitation, being a member of a multi-provider network or other joint venture or affiliation, which is in restraint of trade or which monopolizes, or attempts to monopolize, any part of interstate trade or commerce.
- Failure to Report Violations to the Compliance Officer:
 - Failing to promptly report to the Compliance Officer (as defined below) any instance described above with respect to the hospital or any of its employees which is known to such person.
- Patient Dumping:
 - Refusing to treat, transferring or discharging any individual who comes to the emergency department and on whose behalf a request is made for treatment or examination without first providing for an appropriate medical screening examination to determine whether or not such individual has an emergency medical condition, and, if such individual has such a condition, stabilizing that condition or appropriately transferring such individual to another hospital in compliance with the requirements of 42 U.S.C. § 1395dd.

CORDOVA COMMUNITY MEDICAL CENTER	REFERENCE CC 001
SUBJECT/TITLE: Corporate Compliance Plan	PAGE: 6 OF: 15
DEPARTMENT/SCOPE: Corporate Compliance	EFFECTIVE: 2/26/2002 REVISED: 2/21/2018

APPOINTMENT OF COMPLIANCE OFFICER:

- The Compliance Officer:
 - In an effort to ensure compliance with this policy, the Governing Body of Cordova Community Medical Center is adopting a formal compliance program. To oversee and implement this program, Cordova Community Medical Center has appointed Faith Wheeler-Jeppson as its Compliance Officer. CCMC has chosen its Compliance Officer based on his/her record of commitment to honesty, integrity and high ethical standards and on his/her knowledge and understanding of the applicable laws and regulations. The Compliance Officer will provide educational and training programs for employees, respond to inquiries from any employee regarding appropriate billing, documentation, coding and business practices and investigate any allegations of possible misconduct or violation of law.

- Duties and Responsibilities of the Compliance Officer:
 - The duties and responsibilities of the Compliance Officer shall include, but not be limited to, the following:
 - The development and implementation of guidelines on specific federal and state legal and regulatory issues and matters involving ethical and legal business practices, including, but not limited to, documentation, coding and billing practices with respect to requests for payments and/or reimbursements from Medicare or any other federally-funded healthcare program, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition.
 - Developing and implementing an educational training program for hospital personnel to ensure understanding of federal and state laws and regulations involving ethical and legal business practices, including, without limitation, documentation, coding and billing practices with respect to requests for payments and/or reimbursements from Medicare or any other federally-funded healthcare program, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition.

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- Developing and implementing a “never-events” program to ensure The Centers for Medicare & Medicaid Services, as well as the patient, are not billed for hospital-acquired conditions included on CMS’s never event list.
 - Handling inquiries by employees regarding any aspect of compliance.
 - Investigating any information or allegation concerning possible unethical or improper business practices.
 - Providing guidance and interpretation to hospital personnel on matters related to the compliance program.
 - Planning and overseeing regular, periodic audits of CCMC’s operations in order to identify and correct any possible barriers to the efficacy of the compliance program.
 - Preparing annually a report to the Governing Body concerning the compliance activities and actions undertaken during the year, the proposed compliance program for the next year and any recommendations for changes in the compliance program.
 - Performing such other duties and responsibilities as the hospital Chief Executive Officer may request.
- Reporting by Compliance Officer:
 - In general, recommendations from the Compliance Officer regarding compliance matters will be directed to the Chief Executive Officer of Cordova Community Medical Center. If the Compliance Officer is not satisfied with the action taken in response to his/her recommendations, he/she will report such concern to the Governing Body. In no case will Cordova Community Medical Center endeavor to conceal organizational or individual wrongdoing.

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- Establishment of a Hotline:
 - The Compliance Officer shall have an “open door” policy with respect to receiving reports of violations, or suspected violations, of the law or of the policy and with respect to answering employee questions concerning adherence to the law and to the policy. In addition, the hospital shall establish a Hotline and mail-drop for such reporting or questions. The telephone number for the Hotline is (907) 424-7434. Telephone calls to the Hotline may come from CCMC employees, patients of the hospital or others, whether or not affiliated with Cordova Community Medical Center. All information reported to the hotline by any employee in accordance with the compliance policy shall be kept confidential, to the extent that confidentiality is possible throughout a resulting investigation. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for any retaliatory actions to be taken against any employee.
 - The telephone number for the hotline, along with a copy of the compliance policy, shall be posted in conspicuous locations throughout the hospital.

EDUCATIONAL PROGRAM:

- Purpose of Educational Program:
 - The compliance program promotes Cordova Community Medical Center’s policy of adherence to the highest level of professional and ethical standards, as well as all applicable laws and regulations. CCMC will make available appropriate educational and training programs and resources to ensure that all employees are thoroughly familiar with those areas of law that apply to and impact upon the conduct of the documentation, coding, billing and competitive practices.
- Responsibility for Educational Program:
 - The Compliance Officer, with advice of legal counsel, is responsible for implementation of the educational program. The program is intended to provide each employee of CCMC with the appropriate level of education and instruction regarding ethical and legal documentation, coding, billing and competitive practices, and with the appropriate practices to carry out the policy. Education and training of all employees shall be conducted as required by industry changes and at least annually. The level of education needed by particular employees or classes of employees will be determined by the Compliance Officer.
- Content of Educational Program:

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- The educational program shall explain the applicability of pertinent laws, including, without limitation, applicable provisions of the False Claims Act (31 U.S.C. § 3729), the civil and criminal provisions of the Social Security Act (42 U.S.C. § 1320a-7a and § 1320a-7b, respectively), criminal offenses concerning false statements relating to healthcare matters (18 U.S.C. § 1035), the criminal offense of healthcare fraud (18 U.S.C. § 1347), the Federal Anti-Referral Laws (42 U.S.C. § 1395nn), the Anti-Kickback Laws (42 U.S.C. § 1320a-7b(b)) and the Sherman Antitrust Act (15 U.S.C. § 1, 2 and 18). As additional legal issues and matters are identified by the Compliance Officer or others within the company, those areas will be included in the educational program. Each education and/or training program conducted hereunder shall reinforce that strict adherence to compliance with the law and with Cordova Community Medical Center’s policy is a condition of employment with the hospital.

- Training Methods:

 - Different methods may be utilized to communicate information about applicable laws and regulations to hospital employees as determined by the Compliance Officer. CCMC may conduct training sessions regarding compliance which may be mandatory for selected employees. The educational programs and re-training programs will be conducted by the Compliance Officer and may require that certain employees or representatives of the hospital attend, at CCMC’s expense, publicly available seminars covering particular areas of law. The hospital’s orientation for new employees will include discussions of the compliance program and an employee’s obligation to maintain a high level of ethical and legal conduct and straightforward, honest business standards.

 - While Cordova Community Medical Center will make every effort to provide appropriate compliance information to all employees and to respond to all inquiries, no educational and training program, however comprehensive, can anticipate every situation that may present itself. Responsibility for compliance with this compliance program, including the duty to seek guidance when in doubt, rests with each employee.

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EMPLOYEE OBLIGATIONS:

- The compliance program imposes many obligations on Cordova Community Medical Center employees, all of which will be enforced by the standard disciplinary measures available to CCMC as an employer. Adherence to the compliance program will be considered in annual performance evaluations.
 - Employee Obligations:
 - Reporting Obligation:
 - ◆ Employees must immediately report to the Compliance Officer any suspected or actual violations of applicable law or regulations by Cordova Community Medical Center or any of its employees. Any employee making a report may do so anonymously if he/she so chooses. Once an employee has made a report, the employee has a continuing obligation to update the report with any new information. All information reported to the Compliance Officer by any employee, in accordance with the compliance policy, shall be kept confidential by the hospital to the extent that confidentiality is possible throughout a resulting investigation. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for any retaliatory actions.
 - Acknowledgment Statement:
 - ◆ Each employee must complete and sign from time to time an Acknowledgment Statement that states the employee fully understands the compliance program and acknowledges his/her commitment to compliance with the program as an employee of Cordova Community Medical Center. Each acknowledgment statement shall form a part of the personnel file of each employee. It shall be the responsibility of supervisory personnel to ensure that all employees under his/her supervision who are directly involved in any of the hospital's documentation, coding, billing and competitive practices has executed such an acknowledgment.

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- Hospital Assessment of Employee Performance Under Compliance Program:
 - Violation of Applicable Law or Regulation:
 - ◆ If an employee willfully violates any law or regulation in the course of his/her employment, the employee will be subject to disciplinary action by Cordova Community Medical Center. Disciplinary actions include, but are not limited to, demotion, reduction of pay, reprimand, re-training, suspension or termination.
 - Other Violation of the Compliance Program:
 - ◆ In addition to direct participation in an illegal act, employees will be subject to disciplinary actions by Cordova Community Medical Center for failure to adhere to the principles and policies set forth in this compliance program. Examples of actions or omissions that will subject an employee to discipline on this basis include, but are not limited to, the following:
 - A breach of Cordova Community Medical Center policy;
 - Failure to report a suspected misconduct or actual violation of law or a breach of the policy;
 - Failure to make, or falsification of, any certification required under the compliance program;
 - Lack of due diligence on the part of supervisory personnel that directly or indirectly leads to a violation of law; and/or
 - Direct or indirect retaliatory actions against an employee who reports a violation or breach of the policy.
- Employee Evaluation:
 - Employee participation in, and adherence to, the compliance program and related activities are an element of each employee's annual performance evaluation including, without limitation, annual personnel evaluation of hospital supervisors and managers. As such, it will heavily affect decisions concerning compensation, promotion and retention.

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- Non-Employment or Retention of Sanctioned Individuals:
 - The hospital shall not knowingly employ any individual who has been convicted of a criminal offense related to healthcare or who is listed by a Federal agency as excluded, sanctioned or otherwise ineligible for participation in federally-funded healthcare programs. In addition, until resolution of such criminal charges or proposed sanction or exclusion, any individual who is charged with criminal offenses related to healthcare or proposed for exclusion shall be removed from direct responsibility for, or involvement in, documentation, coding, billing or competitive practices. If resolution results in conviction, sanction or exclusion of the individual, Cordova Community Medical Center shall terminate its employment of such individual.

RESPONSE TO REPORTS OF VIOLATIONS:

- Cordova Community Medical Center, with advice of legal counsel, shall promptly respond to and investigate all allegations of misconduct or violation of law by CCMC employees, however such allegations are received.
- Investigation:
 - Upon the discovery that a material violation of the law or of the policy has occurred, Cordova Community Medical Center shall initiate a corrective action plan to report the violation to the appropriate regulatory body, if necessary, and to discipline the responsible employee(s) of Cordova Community Medical Center appropriately. Promptly after any discovered violation is addressed, CCMC shall, with the assistance of the Compliance Officer, revise this policy as needed to prevent any recurrence.
 - If an investigation of an alleged violation is undertaken and the Compliance Officer believes the integrity of the investigation may be compromised because of the presence of employees under investigation, the employee(s) allegedly involved in the misconduct shall be removed from his/her/their current work activity until the investigation is completed. Additionally, Cordova Community Medical Center and the Compliance Officer shall take any steps necessary to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, if disciplinary action is warranted, it shall be immediate and imposed in accordance with Cordova Community Medical Center written standards of disciplinary action and due process.

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AUDITING AND MONITORING:

- Importance of Auditing and Monitoring:
 - It is critical to Cordova Community Medical Center’s compliance with the policy for the hospital to conduct regular auditing and monitoring of the activities of CCMC and its employees in order to identify and to promptly correct any potential barriers to compliance.

- Regular Audits:
 - Regular, periodic audits shall be conducted with advice of the legal counsel at the Compliance Officer’s direction. Such audits shall evaluate CCMC’s compliance with its compliance policy and determine if any compliance problems exist. Such audits shall be designed and implemented to ensure compliance with Cordova Community Medical Center compliance policy and all applicable federal and state laws.
 - Compliance audits shall be conducted in accordance with the comprehensive audit procedures established by the Compliance Officer and shall include, at a minimum:
 - Interviews conducted by the hospital’s legal counsel with personnel involved in management, operations and other related activities;
 - Random reviews of hospital records, with special attention given to procedures relating to documentation, coding, billing, the giving and receiving of remuneration to induce referrals and engagement in certain business affiliations or pricing arrangements that may affect competition; and
 - Reviews of written materials and documentation used by the hospital.
 - All compliance audit procedures and investigations shall be conducted with the assistance of the hospital’s legal counsel, and as such will be protected by the attorney-client privilege.

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- Formal Audit Reports:
 - Formal audit and operational reports shall be prepared with the assistance of the hospital's legal counsel and submitted to the Compliance Officer and the Governing Body to ensure that management is aware of results and take whatever corrective action necessary to prevent recurrence. The audit or other operational reports shall specifically identify areas where corrective actions are needed and identify areas of risk to ensure that the recommended corrective actions have been implemented.

- Compliance with Applicable Fraud Alerts:
 - The Compliance Officer shall regularly and periodically monitor the issuance of fraud alerts by the Office of the Inspector General of the Department of Health and Human Services. Any and all fraud alerts so issued shall be carefully considered by the Compliance Officer. The hospital shall revise and amend this compliance policy as necessary, in accordance with such fraud alerts. In addition, the hospital shall immediately stop and correct any conduct applicable to the hospital and criticized in any such fraud alert.

- Retention of Records and Reports:
 - All records and reports created in conjunction with the Cordova Community Medical Center's adherence to the compliance policy are confidential and shall be retained by the hospital, through the Compliance Officer, in a secure location until such time as the Compliance Officer determines that the destruction of such documentation is appropriate.
 - This compliance program has been adopted by the Governing Body of the Cordova Community Medical Center as of the ____ day of _____, 20__.

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DEFINITIONS:

- For purposes of this policy, the term “should know” means that a person, with respect to information (i) acts in willful disregard of the truth or falsity of the information, or (ii) acts in reckless disregard of the truth or falsity of the information.
- The term “designated health services” means any of the following items or services: clinical laboratory services; physical therapy services; occupational therapy services; radiology services, including magnetic resonance imaging, computerized axial tomography scans and ultrasound services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment and supplies; prosthetics, orthotics and prosthetic devices and supplies; home health services; outpatient prescription drugs; or inpatient and outpatient hospital services.

REFERENCES:

False Claims Act 31 U.S.C. § 3729
 Civil and Criminal Provisions of the Social Security Act 42 U.S.C. § 1320a-7a and § 1320a-7b, respectively
 Criminal Offenses Concerning False Statements Relating to Healthcare Matters 18 U.S.C. § 1035
 Criminal Offense of Healthcare Fraud 18 U.S.C. § 1347
 Self-Referral § 1877 of the Social Security Act
 Federal Anti-Referral Laws 42 U.S.C. § 1395nn
 Anti-Kickback Laws 42 U.S.C. § 1320a-7b(b)
 Sherman Antitrust Act 15 U.S.C. § 1, 2 and 18
 Emergency Medical and Labor Treatment Act (EMTALA) 42 U.S.C. § 1395dd

OIG, DHHS, Practical Guidance for Health Care Governing Boards on Compliance Oversight, 2015, <https://oig.hhs.gov/compliance/compliance-guidance/docs/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf>



Memorandum

To: CCMC Authority Board of Directors

From: Scot Mitchell, FACHE, CCMC CEO

Subject: Approval of Privileges for Laura Henneker, FNP

Date: 5/17/2019

Suggested Motion: “I move that the CCMC Authority Board of Directors approve the Medical Staff privileges for Laura Henneker, FNP as requested.”