

Bartlett Regional Hospital

**FINANCE COMMITTEE MEETING
November 12, 2021 – Noon
Bartlett Regional Hospital – Zoom Meeting
Agenda**

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

Public may participate via the following link: <https://bartletthospital.zoom.us/j/98393405781>
or by calling 1-888-788-0099, Meeting ID: 983 9340 5781

CALL TO ORDER

PUBLIC COMMENT

APPROVAL OF MINUTES – [October 8, 2021 Minutes](#) Page 2

1. September 2021 Financial Statements Review
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3. [Surprise Billing](#) Page 16
4. [Construction Improvement Projects](#) Page 50

Next Meeting: Friday, December 10, 2021 at 12:00 via Zoom

Committee member comments / questions

ADJOURN

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Finance Committee Meeting Minutes Zoom Meeting – October 8, 2021

Called to order at 12:01 p.m. by Finance Chair, Deb Johnston.

Finance Committee (*) & Board Members: Deb Johnston*, Brenda Knapp*, Lance Stevens*, and Rosemary Hagevig.

Staff & Others: Kathy Callahan, Interim CEO, Kevin Benson, CFO, Alice Nichols, Interim CBHO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Seanna O’Sullivan, Megan Rinkenberger, and Gage Thompson. (All via Zoom)

Public Comment: None

Following a date correction, Mr. Stevens made a MOTION to approve the minutes from the September 10, 2021 Finance Committee Meeting. Ms. Knapp seconded, and they were approved.

August 2021 Financial Review – Kevin Benson, CFO

Bartlett Regional Hospital had a busy month with the highest number of Covid-19 patients it has cared for during this pandemic. Inpatient revenue for the month was down \$635,000 (-11%) from budget in August. The departments of CCU, MHU, Obstetrics and Rainforest contributed to this shortfall. This is consistent with the related departmental statistics which were also down. Opposite of that, Outpatient revenue was greater than budget by \$766,000 (7.4%) driven by increases in many departments but particularly Emergency Department visits, BOPS visits and Lab tests (molecular). This left Total Hospital Patient Revenue \$268,000 (1.5%) ahead of budget. After Rainforest, BHOPS and physician revenue, the month ended \$268,000 (1.5%) ahead of budget for Gross Patient Revenue.

Deductions from revenue were almost right on budget consistent with revenue finishing close to budget.

Net Patient Revenue finished ahead of budget with positive variance of \$271,000 (2.8%). Other Operating Revenue was well below budget with the loss of 340B revenue and lower grant revenues. As a result, Total Operating Revenue finished at \$-215,000 (-2.0%) less than budget.

Total Expenses were over budget, finishing \$-204,000 (-1.9%) yielding an Operating Loss of \$498,000 as compared to a budgeted Operating Loss of -\$79,000. After Non-Operating Income the Final Net Loss was \$-330,000 for a minus -3.8% margin. After two months, the Net Income is \$126,000 for a 0.59% margin.

Expense variances incurred in August were as follows:

- Contract Labor was \$44,000 over budget as the hospital struggles to maintain staffing levels.
- Physician Contracts were \$288,000 over budget as additional mental health providers are needed to provide for increased volumes.
- Supply costs were \$285,000 over budget, driven almost exclusively by increased pharmaceuticals for increased Infusion Therapy services and Covid-19 related drugs.

Molecular Testing volumes have increased dramatically generating \$497,000 in revenue as opposed to \$48,000 in the budget. These volumes have put a heavy burden on not just the Lab staff, but on registration staff as well.

Committee members requested a clarification of some details around Bad Debt at the next meeting.



Surprise Billing Act – Kevin Benson, CFO

The act will be effective January 1, 2022. There may still be changes to the legislation before it is implemented. Mr. Benson provided a summary of the act and the possible effect on BRH, almost entirely from outside providers who Bartlett works with. The details of the act are provided in the packet. Bartlett will be hosting a discussion for providers and staff to ask questions they may have about the impact to the hospital and the community.

New Provider Relief Funds – Kevin Benson, CFO

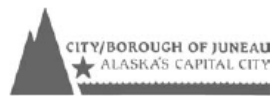
Provider Relief Funds are reported and filed based on how they were spent. Once that is submitted, BRH can apply for the next two phases of PRF, including an amount for rural providers. Bartlett has received \$7.2 million in distributions, which covered about half the losses and expenses incurred.

Next Meeting: Friday, November 12th, 2021 at 12:00 via Zoom

Additional Comments: Mr. Benson informed the committee that the CBJ Assembly pushed the bonding issue to their November 2nd meeting, and he will update the committee at the next meeting.

Adjourned – 12:45 p.m.

DRAFT



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

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www.bartletthospital.org

DATE: November 8, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: September Financial Performance

Bartlett Regional Hospital is finally seeing the inpatient volumes that were anticipated in the budget. Combining routine hospital patient days with MHU, total patient days were 20% over budget. As a result, inpatient revenue was greater than budget for the first time in many months. Inpatient revenue was \$708,000 (13.0%) greater than budget. At the same time outpatient activity and revenues continued to be strong generating \$832,000 (8.3%) more than budget. Unlike previous months, surgical volumes were down but were made up for Emergency Room and Radiology departments. Also, covid testing out of the Molecular Lab hit a new high of 6,700 tests performed generating revenue \$651,000 greater than budget.

After Rainforest, BHOPS and physician revenue, the month ended \$1,463,000 (8.5%) ahead of budget for Gross Patient Revenue.

Unfortunately, much of the additional revenue ended up in Contractual Adjustments as \$900,000 of the additional revenue was in the Medicare financial class. Bad Debt expense was over budget at \$196,000 greater than budget. The valuation model for determining bad debt expense was reviewed at length. However, for the month total Accounts Receivable increased \$2.2 million necessitating an increase in the allowance for Doubtful Accounts.

Net Patient Revenue finished ahead of budget with positive variance of \$346,000 (3.7%). Total Operating Revenue finished at \$339,000 (3.3%) greater than budget.

Total Expenses were over budget, finishing \$-428,000 (-4.1%) yielding an Operating Loss of \$166,000 as compared to a budgeted Operating Loss of -\$77,000. After Non-Operating Income it was a breakeven month. After two months, the Net Income is \$125,000 for a 0.39% margin.

Expense variances incurred in September were as follows:

- Contract Labor was \$82,000 over budget as the hospital struggles to maintain staffing levels.
- Supply costs were \$310,000 over budget, driven by increased covid testing lab tests of \$277,000. Increased testing resulted in \$180,000 of tests for the Roche analyzer while supply chain delays saw Cepheid test kits of \$45,000 arrive in September.
- The \$188,000 variance in the Maintenance and Repairs expense was a result of the 3 year true up with Microsoft licensing. Bartlett has increased staffing and the number of accounts accessing its IT systems. The number of users has increased from 727 to 900 users and the number of servers has increased from 19 to 37.

**Bartlett Regional Hospital
Dashboard Report for September 2021**

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	538	366	47%	360	49.4%	1,467	1,122	31%	1,087
Patient Days - Critical Care Unit	132	98	35%	103	28.2%	313	300	4%	310
Avg. Daily Census - Acute	22.3	15.5	44%	15.4	44.7%	19.3	15.5	25%	15.2
Patient Days - Obstetrics	84	61	37%	56	50.0%	221	188	18%	197
Patient Days - Nursery	57	51	12%	37	54.1%	165	156	6%	146
Total Hospital Patient Days	811	576	41%	556	45.9%	2,166	1,766	23%	1,740
Births	32	25	29%	24	33.3%	87	76	14%	81
Mental Health Unit									
Patient Days - Mental Health Unit	172	240	-28%	217	-20.7%	449	736	-39%	486
Avg. Daily Census - MHU	5.7	8.0	-28%	7.2	-20.7%	4.9	8.0	-39%	5.3
Rain Forest Recovery:									
Patient Days - RRC	192	240	-20%	0	0.0%	563	736	-24%	0
Avg. Daily Census - RRC	6	8.0	-20%	0	0.0%	6	8.0	-24%	0.0
Outpatient visits	58	85	-32%	118	-50.8%	152	261	-42%	206
Inpatient: Admissions									
Med/Surg	66	56	18%	43	53.5%	215	172	25%	163
Critical Care Unit	50	35	43%	36	38.9%	127	107	18%	101
Obstetrics	33	27	24%	26	26.9%	95	82	16%	87
Nursery	32	25	29%	24	33.3%	87	76	14%	81
Mental Health Unit	27	20	32%	27	0.0%	78	63	25%	65
Total Admissions - Inpatient Status	208	163	28%	156	33.3%	602	500	21%	497
Admissions - "Observation" Status									
Med/Surg	48	61	-21%	62	-22.6%	197	187	6%	172
Critical Care Unit	19	26	-26%	20	-5.0%	61	79	-23%	68
Mental Health Unit	4	2	74%	2	100.0%	10	7	42%	9
Obstetrics	18	14	30%	15	20.0%	51	42	20%	43
Nursery	0	0	0%	0	0.0%	0	0	0%	0
Total Admissions to Observation	89	103	-13%	99	-12.7%	319	315	1%	292
Surgery:									
Inpatient Surgery Cases	33	49	-32%	49	-32.7%	137	149	-8%	152
Endoscopy Cases	83	86	-4%	86	-3.5%	264	264	0%	239
Same Day Surgery Cases	98	115	-15%	106	-7.5%	315	352	-11%	358
Total Surgery Cases	214	250	-14%	241	-11.2%	716	766	-6%	749
Total Surgery Minutes	14,486	17,884	-19%	17,637	-17.9%	47,036	54,845	-14%	54,782
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,006	936	7%	967	4.0%	3,400	2,871	18%	2,991
Cardiac Rehab Visits	35	56	-38%	72	-51.4%	186	172	8%	170
Lab Visits	2,927	283	935%	301	872.4%	5,138	868	492%	854
Lab Tests	10,767	9,620	12%	9,679	11.2%	30,767	29,500	4%	28,925
Radiology Visits	797	788	1%	859	-7.2%	2,528	2,418	5%	2,392
Radiology Tests	2,354	2,295	3%	1,693	39.0%	7,267	7,038	3%	6,086
Sleep Study Visits	21	22	-5%	28	-25.0%	74	68	10%	87
Physician Clinics:									
Hospitalists	225	228	-2%	151	49.0%	721	701	3%	687
Bartlett Oncology Clinic	104	83	25%	85	22.4%	294	255	15%	243
Ophthalmology Clinic	49	92	-47%	100	-51.0%	250	281	-11%	305
Behavioral Health Outpatient visits	658	394	67%	396	66.2%	1,859	1,209	54%	1,123
Bartlett Surgery Specialty Clinic visits	194	224	-14%	177	9.6%	641	688	-7%	589
	1,230	1,022	20%	909	35.3%	3,765	3,134	20%	2,947
Other Operating Indicators:									
Dietary Meals Served	15,654	19,484	-20%	18,259	3.1%	46,533	59,752	-22%	55,707
Laundry Pounds (Per 100)	379	369	3%	374	-5.8%	1,179	1,131	4%	1,114

**Bartlett Regional Hospital
Dashboard Report for September 2021**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,754	4,999	15.1%	4,435	5,133	15,331	-66.5%	13,077
Contractual Allowance %	44.8%	43.6%	2.6%	43.6%	40.5%	43.6%	-7.1%	44.9%
Bad Debt & Charity Care %	2.6%	1.3%	95.6%	1.7%	3.2%	1.3%	137.7%	0.5%
Wages as a % of Net Revenue	49.1%	52.1%	-5.6%	49.1%	47.7%	52.1%	-8.4%	51.9%
Productive Staff Hours Per Adjusted Patient Day	26.6	23.7	12.4%	21.3	25.5	74.1	-65.6%	66.3
Non-Productive Staff Hours Per Adjusted Patient Day	4.2	4.0	5.5%	3.9	3.9	11.7	-66.7%	11.0
Overtime/Premium % of Productive	9.46%	7.24%	30.6%	7.24%	7.35%	5.33%	38.1%	5.33%
Days Cash on Hand	55	57	-4.1%	115	55	57	-2.9%	116
Board Designated Days Cash on Hand	152	158	-4.1%	127	153	158	-2.9%	127
Days in Net Receivables	52.7	53	0.0%	53	52.7	53	0.0%	53
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					56.8%	33.7%	68.4%	58.0%
Total debt-to-capitalization (without PERS)					15.0%	33.7%	-55.4%	15.0%
Current Ratio					4.61	2.00	130.5%	7.42
Debt-to-Cash Flow (with PERS)					9.97	2.7	269.4%	8.03
Debt-to-Cash Flow (without PERS)					2.64	2.7	-2.3%	2.08
Aged A/R 90 days & greater					44.4%	19.8%	124.2%	43.2%
Bad Debt Write off					0.5%	0.8%	-37.5%	0.4%
Cash Collections					84.6%	99.4%	-14.9%	80.5%
Charity Care Write off					1.0%	1.4%	-28.6%	0.6%
Cost of Collections (Hospital only)					4.7%	2.8%	67.9%	5.3%
Discharged not Final Billed (DNFB)					15.4%	4.7%	227.7%	13.8%
Unbilled & Claims on Hold (DNSP)					15.4%	5.1%	202.0%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					2.1%	21.3%	-90.1%	2.9%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF SEPTEMBER 2021

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$4,824,972	\$4,468,440	\$356,532	8.0%	\$3,886,446	1. Inpatient Revenue	\$12,718,036	\$13,703,231	-\$985,195	-7.2%	\$11,395,502	11.6%
\$1,337,900	\$985,838	\$352,062	35.7%	\$952,489	2. Inpatient Ancillary Revenue	\$3,595,074	\$3,023,252	\$571,822	18.9%	\$2,871,573	25.2%
\$6,162,872	\$5,454,278	\$708,594	13.0%	\$4,838,935	3. Total Inpatient Revenue	\$16,313,110	\$16,726,483	-\$413,373	-2.5%	\$14,267,075	14.3%
\$10,874,045	\$10,041,787	\$832,258	8.3%	\$9,996,637	4. Outpatient Revenue	\$32,970,861	\$30,794,783	\$2,176,078	7.1%	\$29,849,039	10.5%
\$17,036,917	\$15,496,065	\$1,540,852	9.9%	\$14,835,572	5. Total Patient Revenue - Hospital	\$49,283,971	\$47,521,266	\$1,762,705	3.7%	\$44,116,114	11.7%
\$277,183	\$337,694	-\$60,511	-17.9%	\$13,850	6. RRC Patient Revenue	\$854,608	\$1,035,601	-\$180,993	-17.5%	\$22,128	3762.1%
\$434,612	\$266,090	\$168,522	63.3%	\$246,450	7. BHOPS Patient Revenue	\$1,169,115	\$816,008	\$353,107	43.3%	\$631,666	85.1%
\$856,222	\$1,041,686	-\$185,464	-17.8%	\$694,576	8. Physician Revenue	\$2,926,118	\$3,194,499	-\$268,381	-8.4%	\$2,820,195	3.8%
\$18,604,934	\$17,141,535	\$1,463,399	8.5%	\$15,790,448	9. Total Gross Patient Revenue	\$54,233,812	\$52,567,374	\$1,666,438	3.2%	\$47,590,103	14.0%
Deductions from Revenue:											
\$3,185,293	\$3,015,532	-\$169,761	-5.6%	\$2,678,139	10. Inpatient Contractual Allowance	\$8,519,983	\$9,232,633	-\$487,651	-5.3%	\$8,366,923	1.8%
-\$225,000	-\$225,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$450,000	-\$675,000	\$0		-\$308,333	
\$4,822,166	\$3,986,243	-\$835,923	-21.0%	\$4,055,643	11. Outpatient Contractual Allowance	\$12,194,342	\$12,224,485	-\$30,144	-0.2%	\$11,471,280	6.3%
\$544,518	\$700,628	-\$156,111	-22.3%	\$461,001	12. Physician Service Contractual Allowance	\$1,704,559	\$2,148,591	-\$444,032	-20.7%	\$1,857,505	-8.2%
\$26,208	\$14,348	-\$11,860	-82.7%	\$12,731	13. Other Deductions	\$75,964	\$44,000	-\$31,964	-72.6%	\$37,391	0.0%
\$188,462	\$127,997	-\$60,465	-47.2%	\$90,104	14. Charity Care	\$330,950	\$392,524	-\$61,574	-15.7%	\$483,374	-31.5%
\$296,308	\$100,379	-\$195,929	-195.2%	\$184,351	15. Bad Debt Expense	\$1,386,813	\$307,829	-\$1,078,984	-350.5%	-\$232,302	-697.0%
\$8,837,955	\$7,720,127	-\$1,117,827	-14.5%	\$7,173,636	16. Total Deductions from Revenue	\$23,762,611	\$23,675,062	-\$87,547	-0.4%	\$21,675,838	9.6%
44.8%	44.9%			45.6%	% Contractual Allowances / Total Gross Patient Revenue	40.5%	44.9%			44.9%	
2.6%	1.3%			1.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.2%	1.3%			0.5%	
47.5%	45.0%			45.4%	% Total Deductions / Total Gross Patient Revenue	43.8%	45.0%			45.5%	
\$9,766,979	\$9,421,408	\$345,572	3.7%	\$8,616,812	17. Net Patient Revenue	\$30,471,201	\$28,892,312	\$1,578,891	5.5%	\$25,914,265	17.6%
\$816,211	\$823,194	-\$6,983	-0.8%	\$1,421,894	18. Other Operating Revenue	\$1,565,646	\$2,524,469	-\$958,824	-38.0%	\$4,487,309	-65.1%
\$10,583,190	\$10,244,602	\$338,588	3.3%	\$10,038,706	19. Total Operating Revenue	\$32,036,847	\$31,416,781	\$620,067	2.0%	\$30,401,574	5.4%
Expenses:											
\$4,217,486	\$4,499,596	-\$282,110	-6.3%	\$3,915,618	20. Salaries & Wages	\$12,855,604	\$13,798,764	-\$943,160	-6.8%	\$12,151,672	5.8%
\$401,311	\$307,345	-\$93,966	-30.6%	\$176,631	21. Physician Wages	\$1,090,828	\$942,526	-\$148,302	-15.7%	\$812,198	34.3%
\$180,317	\$98,046	-\$82,271	-83.9%	\$136,342	22. Contract Labor	\$586,700	\$300,678	-\$286,022	-95.1%	\$495,727	18.4%
\$2,351,367	\$2,311,608	-\$39,759	-1.7%	\$2,351,025	23. Employee Benefits	\$7,106,751	\$7,088,923	-\$17,828	-0.3%	\$6,632,205	7.2%
\$7,150,481	\$7,216,595	-\$66,114	-0.9%	\$6,579,616	24. Salaries and Benefits / Total Operating Revenue	\$21,639,883	\$22,130,891	-\$491,008	-2.2%	\$20,091,802	7.7%
67.6%	70.4%			65.5%		67.5%	70.4%			66.1%	
\$85,053	\$83,225	-\$1,828	-2.2%	\$110,841	24. Medical Professional Fees	\$222,421	\$255,228	-\$32,807	-12.9%	\$322,238	-31.0%
\$251,085	\$169,360	-\$81,725	-48.3%	\$252,079	25. Physician Contracts	\$1,085,302	\$519,371	-\$565,931	-109.0%	\$497,781	118.0%
\$153,952	\$238,988	\$85,036	35.6%	\$183,744	26. Non-Medical Professional Fees	\$468,882	\$732,899	-\$264,017	-36.0%	\$515,538	-9.0%
\$1,526,388	\$1,216,134	-\$310,254	-25.5%	\$1,381,311	27. Materials & Supplies	\$4,646,833	\$3,729,477	-\$917,356	-24.6%	\$4,502,320	3.2%
\$100,105	\$128,147	\$28,042	21.9%	\$104,830	28. Utilities	\$331,837	\$392,986	\$61,149	15.6%	\$311,949	6.4%
\$559,794	\$371,507	-\$188,287	-50.7%	\$434,627	29. Maintenance & Repairs	\$1,343,535	\$1,139,291	-\$204,244	-17.9%	\$1,349,624	-0.5%
\$47,645	\$37,572	-\$10,073	-26.8%	\$46,149	30. Rentals & Leases	\$142,902	\$115,224	-\$27,678	-24.0%	\$147,009	-2.8%
\$72,913	\$54,299	-\$18,614	-34.3%	\$57,576	31. Insurance	\$223,076	\$166,515	-\$56,561	-34.0%	\$144,308	54.6%
\$642,412	\$627,436	-\$14,976	-2.4%	\$671,485	32. Depreciation & Amortization	\$1,860,178	\$1,924,134	\$63,956	3.3%	\$2,014,754	-7.7%
\$49,154	\$49,260	\$107	0.2%	\$50,909	33. Interest Expense	\$147,666	\$151,065	\$3,399	2.3%	\$152,941	-3.4%
\$110,601	\$128,964	-\$18,364	-14.2%	\$111,613	34. Other Operating Expenses	\$366,489	\$395,536	-\$29,047	-7.3%	\$297,690	23.1%
\$10,749,583	\$10,321,487	-\$428,094	-4.1%	\$9,984,780	35. Total Expenses	\$32,479,004	\$31,652,617	-\$826,387	-2.6%	\$30,347,954	-7.0%
-\$166,393	-\$76,885	-\$89,508	116.4%	\$53,926	36. Income (Loss) from Operations	-\$442,157	-\$235,836	-\$206,321	87.5%	\$53,620	-924.6%
\$100,903	\$164,384	-\$63,481	-38.6%	\$101,271	37. Non-Operating Revenue	\$305,620	\$504,110	-\$198,490	-39.4%	\$305,749	0.0%
\$65,029	\$74,579	-\$9,550	-12.8%	\$75,540	38. Interest Income	\$261,611	\$228,710	\$32,901	14.4%	\$226,932	15.3%
\$165,932	\$238,963	-\$73,031	-30.6%	\$176,811	39. Total Non-Operating Revenue	\$567,231	\$732,820	-\$165,589	-22.6%	\$532,681	6.5%
-\$461	\$162,078	-\$162,539	100.3%	\$230,737	40. Net Income (Loss)	\$125,074	\$496,984	-\$371,910	74.8%	\$586,301	78.7%
-1.57%	-0.75%			0.54%	Income from Operations Margin	-1.38%	-0.75%			0.18%	
0.00%	1.58%			2.30%	Net Income	0.39%	1.58%			1.93%	

Bartlett Regional Hospital
August 2021 Financial Operating Summary

Financial Group	In-Pt Actual	In-PT Budget	Out-Pt Actual	Out-Pt Budget	Physician Actual	Physician Budget	Total Actual	Total Budget
Aetna	582,351	421,383	1,584,846	1,690,895	116,747	181,723	2,283,944	2,294,001
Blue Cross	1,025,329	558,228	1,918,995	1,782,815	195,016	223,029	3,139,340	2,564,072
Comm	71,762	118,255	367,917	334,246	141,172	63,174	580,851	515,675
MCD	1,944,579	2,150,433	2,270,317	1,987,742	335,494	294,260	4,550,390	4,432,435
MCR	2,531,881	2,102,550	3,739,159	3,311,564	394,334	427,410	6,665,374	5,841,524
Other	160,554	103,633	262,284	307,808	16,633	10,928	439,471	422,369
SEARHC	13,048	51,087	122,888	108,062	6,047	8,722	141,983	167,871
Self	3,452	95,223	272,221	182,268	16,689	13,040	292,362	290,531
VA/Cham	18,563	61,998	228,119	196,988	35,625	57,821	282,307	316,807
Worker's	32,352	17,883	131,608	167,373	8,767	5,067	172,726	190,323
Grand Total	6,383,869	5,680,673	10,898,355	10,069,761	1,266,524	1,285,174	18,548,748	17,035,608

Commercial	1,711,794	1,115,749	4,003,366	3,975,329	461,702	472,993	6,176,862	5,564,071
Government	4,668,624	4,469,701	6,622,768	5,912,164	788,133	799,141	12,079,524	11,181,006
Self Pay	3,452	95,223	272,221	182,268	16,689	13,040	292,362	290,531
Total Charges	6,383,869	5,680,673	10,898,355	10,069,761	1,266,524	1,285,174	18,548,748	17,035,608

% of Hospital Charges	25%	26%	36%	35%	4%	5%	65.1%	65.6%
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Prior Month

Commercial	1,078,836	1,152,948	3,995,557	4,109,732	441,425	488,758	5,515,818	5,751,438
Government	4,052,124	4,619,186	6,834,199	6,111,929	1,059,043	825,780	11,945,366	11,556,895
Self Pay	52,242	98,402	339,027	188,348	11,127	13,470	402,397	300,220
Total Charges	5,183,203	5,870,536	11,168,783	10,410,009	1,511,595	1,328,008	17,863,580	17,608,553

% of Hospital Charges	23%	26%	38%	35%	6%	5%	66.9%	65.6%
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**Bartlett Regional Hospital
September 2021 Wages Summary**

Type	Description	Actual	Budget	Actual (Over) / Under Budget
6010	Mgrs & Supervisors	474,806	518,776	43,970
6020	Techs & Specs	629,160	761,262	132,102
6030	RN's	791,856	1,022,696	230,840
6040	Clerical & Admin	376,467	462,333	85,866
6060	Clinical - Other	430,611	474,986	44,375
6070	Non-Clinical - Other	273,905	353,040	79,135
6100	Overtime	344,479	229,575	(114,904)
6110	Premium Pay	67,528	15,904	(51,624)
6120	Shift Differentials	148,793	162,440	13,647
6130	On-Call	12,127	25,331	13,204
6090	Non Productive	597,178	473,258	(123,920)
6105	Premium Pay	0	-	-
6190	Productivity Incentives	70,578	0	(70,578)
	Grand Total	4,217,486	4,499,601	282,115
6050	Physicians	401,311	307,345	(93,966)
6500	Contract Labor	180,317	98,046	(82,271)
	Physician Contracts	581,628	405,391	(176,237)

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
September 30, 2021

	<u>September-21</u>	<u>August-21</u>	<u>September-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	18,422,022	18,422,611	35,597,529	(17,175,507)
2. Board designated cash	32,232,554	33,094,973	35,248,466	(3,015,913)
3. Patient accounts receivable, net	17,440,451	16,890,263	14,968,389	2,472,062
4. Other receivables	1,264,736	604,977	(441,157)	1,705,892
5. Inventories	3,511,679	3,367,771	3,151,282	360,397
6. Prepaid Expenses	3,075,080	2,809,614	2,766,747	308,333
7. Other assets	30,377	30,377	28,877	1,500
8. Total current assets	75,976,899	75,220,586	91,320,133	(15,343,236)
Appropriated Cash:				
9. CIP Appropriated Funding	18,854,017	18,854,017	4,163,554	14,690,463
Property, plant & equipment				
10. Land, bldgs & equipment	151,396,219	149,897,827	145,061,431	6,334,788
11. Construction in progress	9,724,991	10,780,518	6,189,430	3,535,561
12. Total property & equipment	161,121,210	160,678,345	151,250,861	9,870,349
13. Less: accumulated depreciation	(103,434,220)	(102,791,929)	(96,056,025)	(7,378,195)
14. Net property and equipment	57,686,990	57,886,421	55,194,842	2,492,155
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	165,172,752	164,615,867	163,082,207	2,090,547
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,700,778	1,435,323	1,411,732	289,047
18. Accrued employee benefits	5,161,912	5,197,548	4,624,798	537,114
19. Accounts payable and accrued expenses	3,172,598	3,007,066	2,484,393	688,204
20. Due to 3rd party payors	4,046,626	3,947,392	4,250,857	(204,231)
21. Deferred revenue	1,042,502	1,085,668	(776,207)	1,818,708
22. Interest payable	126,119	63,059	131,919	(5,800)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	321,793	265,021	275,690	46,103
25. Total current liabilities	16,482,328	15,911,077	13,273,182	3,209,145
Long-term Liabilities:				
26. Bonds payable	17,350,000	17,350,000	17,260,000	90,000
27. Bonds payable - premium/discount	97,971	111,877	1,182,480	(1,084,509)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	84,396,165	84,410,071	87,715,249	(3,319,084)
31. Total liabilities	100,878,493	100,321,148	100,988,431	(109,939)
32. Fund Balance	64,294,259	64,294,717	62,093,774	2,200,485
33. Total liabilities and fund balance	165,172,752	164,615,867	163,082,207	2,090,547

**Bartlett Regional Hospital
Accounts Receivable
9/30/2021**

Aging by Fin Grp	Unbilled A/R	0-30	31-60	61-90	91-120	121-150	151+	A/R Total	Billed & Unbilled	Billed & Unbilled
									9/30/2021	8/31/2021
Aetna	\$313,612	\$324,703	\$559,822	\$40,044	\$285,542	\$74,157	\$310,846	\$1,595,115	\$1,908,727	\$1,640,825
Blue Cross	\$629,967	\$565,354	\$240,927	\$3,878	\$7,536	\$21,118	\$606,601	\$1,445,414	\$2,075,381	\$1,530,699
CB	0	0	0	0	0	0	0	\$0	\$0	\$0
Com	\$1,607	\$144,994	\$0	\$25,896	\$27,287	\$15,688	\$139,162	\$353,026	\$354,633	\$210,411
Medicaid	\$1,885,698	\$712,114	\$115,326	\$136,651	\$243,719	\$91,782	\$299,867	\$1,599,458	\$3,485,156	\$3,252,113
Medicare	\$2,420,303	\$1,278,925	\$399,069	\$33,859	\$14,501	\$114,287	\$292,233	\$2,132,873	\$4,553,176	\$3,232,565
Medicare Rep	\$0	\$133,089	\$0	\$43,010	\$27,756	\$0	\$29,423	\$233,278	\$233,278	\$189,226
Other	\$109,069	\$200	\$82,833	\$26,305	\$0	\$47,897	\$0	\$157,235	\$266,304	\$228,506
SEARHC	\$0	\$0	\$6,385	\$200	\$0	\$0	\$45	\$6,630	\$6,630	\$70,371
Self	\$20,203	\$8,133	\$151,368	\$381,031	\$149,334	\$84,726	\$1,475,502	\$2,250,094	\$2,270,297	\$2,060,857
VA	\$22,990	\$78,464	\$105,592	\$8,148	\$1,484	\$32,655	\$26,428	\$252,770	\$275,760	\$564,521
Worker's	\$54,960	\$0	\$143,817	\$0	\$0	\$0	\$316,098	\$459,916	\$514,876	\$525,415
in-patient Total	\$5,458,407	\$3,245,976	\$1,805,139	\$699,021	\$757,159	\$482,310	\$3,496,205	\$10,485,810	\$15,944,218	\$13,505,511
Aetna	\$547,067	\$1,004,524	\$410,747	\$219,258	\$66,087	\$38,226	\$714,880	\$2,453,721	\$3,000,788	\$3,117,131
Blue Cross	\$656,904	\$754,972	\$308,260	\$161,841	\$240,479	\$149,572	\$448,877	\$2,064,001	\$2,720,905	\$2,936,171
CB	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Com	\$113,671	\$296,965	\$131,967	\$57,568	\$61,618	\$3,705	\$40,124	\$591,948	\$705,618	\$646,375
Medicaid	\$704,943	\$872,965	\$229,542	\$202,232	\$66,320	\$35,943	\$112,101	\$1,519,103	\$2,224,046	\$2,356,833
Medicare	\$1,280,147	\$1,642,373	\$155,671	\$88,878	\$63,204	\$43,670	\$156,304	\$2,150,099	\$3,430,246	\$3,094,103
Medicare Rep	\$5,662	\$37,131	\$23,362	\$7,529	\$8,762	\$19,401	\$18,376	\$114,560	\$120,222	\$115,694
Other	\$51,046	\$83,315	\$132,689	\$94,031	\$123,284	\$33,214	\$114,480	\$581,014	\$632,060	\$527,069
SEARHC	\$37,880	\$66,385	\$43,786	\$16,112	\$5,948	\$4,014	\$0	\$136,243	\$174,124	\$180,119
Self	\$93,785	\$288,559	\$466,286	\$474,376	\$339,865	\$361,532	\$3,019,192	\$4,949,810	\$5,043,595	\$5,054,010
VA	\$109,046	\$312,452	\$150,327	\$59,956	\$154,923	\$6,054	\$161,050	\$844,762	\$953,808	\$1,130,542
Worker's	\$39,679	\$95,235	\$66,517	\$52,731	\$166,656	\$36,812	\$256,984	\$674,934	\$714,613	\$765,764
out-patient Total	\$3,639,829	\$5,454,876	\$2,119,153	\$1,434,511	\$1,297,146	\$732,141	\$5,042,367	\$16,080,195	\$19,720,024	\$19,923,812
Aetna	\$860,679	\$1,329,226	\$970,569	\$259,302	\$351,629	\$112,383	\$1,025,726	\$4,048,836	\$4,909,515	\$4,757,957
Blue Cross	\$1,286,870	\$1,320,327	\$549,187	\$165,719	\$248,015	\$170,690	\$1,055,477	\$3,509,415	\$4,796,286	\$4,466,870
CB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Com	\$115,277	\$441,959	\$131,967	\$83,464	\$88,905	\$19,393	\$179,286	\$944,974	\$1,060,251	\$856,787
Medicaid	\$2,590,641	\$1,585,079	\$344,868	\$338,882	\$310,039	\$127,725	\$411,968	\$3,118,561	\$5,709,202	\$5,608,947
Medicare	\$3,700,450	\$2,921,298	\$554,740	\$122,737	\$77,705	\$157,957	\$448,536	\$4,282,973	\$7,983,422	\$6,326,668
Medicare Rep	\$5,662	\$170,220	\$23,362	\$50,538	\$36,517	\$19,401	\$47,799	\$347,838	\$353,500	\$304,921
Other	\$160,115	\$83,515	\$215,522	\$120,336	\$123,284	\$81,111	\$114,480	\$738,249	\$898,363	\$755,575
SEARHC	\$37,880	\$66,385	\$50,171	\$16,312	\$5,948	\$4,014	\$45	\$142,874	\$180,754	\$250,489
Self	\$113,988	\$296,691	\$617,654	\$855,407	\$489,200	\$446,258	\$4,494,693	\$7,199,904	\$7,313,892	\$7,114,868
VA	\$132,035	\$390,917	\$255,918	\$68,104	\$156,407	\$38,709	\$187,478	\$1,097,532	\$1,229,568	\$1,695,062
Worker's	\$94,639	\$95,235	\$210,335	\$52,731	\$166,656	\$36,812	\$573,082	\$1,134,850	\$1,229,489	\$1,291,180
Grand Total	\$9,098,236	\$8,700,853	\$3,924,293	\$2,133,532	\$2,054,305	\$1,214,451	\$8,538,571	\$26,566,005	\$35,664,241	\$33,429,323

Aged Balance excludes Credit Balances

	September-21	August-21
Aging	\$26,566,005	\$26,792,458
Unbilled	\$9,098,236	\$6,636,864
Total	\$35,664,241	\$33,429,323

Bartlett Regional Hospital

Write-Offs September 2021

Totals		
One Time PPD Ins	\$0.00	
NO Provider Enrollment	\$1,179.25	5
Compliance/Risk/Adminstrative	\$30,127.39	4
SP Prompt Pay Disc	\$28,731.19	256
Authorization/Alert Missing	\$4,029.73	4
1115 Waiver Svcs on Commerical Ins	\$5,656.85	28
Denied Appeals /Timely	\$0.00	
BOPS/MCR Provider NOT Eligible	\$6,437.95	19
Mental Health BD MHU, RRC BOPS	\$98,629.41	172
Late Fees	\$0.00	0
Total Adj	\$174,791.77	488
Collections		
One Time Ins PPD	\$0.00	
Collections SPPPD	\$157,756.48	256

Fiscal Year FY21 Additional Funding Summary

Fiscal Year	(Multiple Items)
Funder	(Multiple Items)

Row Labels	Sum of Award (Budget)	Sum of Applied, pending award	Sum of Expensed	Sum of Balance as of June 21
Discount	\$50,520.60		\$50,520.60	\$0.00
Grant	\$6,093,206.98		\$5,957,628.77	\$135,578.21
Grand Total	\$6,143,727.58		\$6,008,149.37	\$135,578.21

Fiscal Year	(Multiple Items)	Provider Relief Fund from HRSA for COVID-19 related expenses and lost revenue
Funder	HRSA	

Row Labels	Sum of Award (Budget)	Sum of Applied, pending award	Sum of Expensed	Sum of Balance as of June 21
Grant	\$12,252,838.28		\$22,693,582.61	(\$10,440,744.33)
Grand Total	\$12,252,838.28		\$22,693,582.61	(\$10,440,744.33)

Fiscal Year FY21 Additional Funding Summary

Fiscal Year	(Multiple Items)			
Row Labels	Sum of Award (Budget)	Sum of Applied, pending award	Sum of Expensed	Sum of Balance as of June 21
Alaska Community Foundation	\$974,825.00		\$974,825.00	\$0.00
Coronavirus Nonprofit Relief Fund (Telehealth Equipment)	\$974,825.00		\$974,825.00	\$0.00
Alaska Mental Health Trust	\$25,000.00		\$25,000.00	\$0.00
COVID-19 Response Grant	\$25,000.00		\$25,000.00	\$0.00
AMHTA Mini grants	\$4,450.00		\$4,350.00	\$100.00
AMHTA Mini Grants	\$4,450.00		\$4,350.00	\$100.00
ASHNHA	\$38,960.00		\$38,960.00	\$0.00
ASHNHA ASPR	\$38,960.00		\$38,960.00	\$0.00
DHSS	\$3,743,788.98		\$3,608,310.77	\$135,478.21
Ambulatory Withdrawal Management	\$421,853.50		\$421,853.50	\$0.00
BRH/RRC 3.7 CBHTR-Residential Withdrawal Management	\$101,066.87		\$101,066.87	\$0.00
DET Administrative grant program	\$250,000.00		\$250,000.00	\$0.00
Emergency Grants to Address Mental Health and SUD During COVID 19	\$200,000.00		\$200,000.00	\$0.00
RRC 3.5 CBHTR-Residential SUD Services	\$404,267.46		\$404,267.46	\$0.00
Substance Use Disorder Services Expansion - Rainforest Recovery Center Crisis Stabilization Center	\$2,366,601.15		\$2,231,122.94	\$135,478.21
DHSS Div. Public Health	\$96,183.00		\$96,183.00	\$0.00
Small Hospital Improvement Program	\$11,866.00		\$11,866.00	\$0.00
Small Hospital Improvement Program COVID-19 Response	\$84,317.00		\$84,317.00	\$0.00
GCI Communications	\$50,520.60		\$50,520.60	\$0.00
USAC/FCC GCI discount	\$50,520.60		\$50,520.60	\$0.00
HRSA	\$12,252,838.28		\$22,693,582.61	(\$10,440,744.33)
Provider Relief Funding Phase 1-3	\$12,252,838.28		\$22,693,582.61	(\$10,440,744.33)
Juneau Community Foundation	\$210,000.00		\$210,000.00	\$0.00
Hope/CBJ Grant for Community Navigators	\$210,000.00		\$210,000.00	\$0.00
Premera	\$1,000,000.00		\$1,000,000.00	\$0.00
Crisis Stabilization Center	\$1,000,000.00		\$1,000,000.00	\$0.00
Grand Total	\$18,396,565.86		\$28,701,731.98	(\$10,305,166.12)

Fiscal Year FY22 Additional Funding Summary

Fiscal Year (Multiple Items)

Row Labels	Sum of Award (Budget)	Sum of Applied, pending award	Sum of Expensed	Sum of Balance as of June 21
Alaska Children's Trust				
Hello B.A.B.Y (diaper bank, curriculum)		\$ 20,000.00		
Alaska Community Foundation				
ARPA ACF grants		\$ 50,000.00		\$50,000.00
Premera Rural Health Care Fund		\$ 100,000.00		\$100,000.00
Alaska Mental Health Trust Authority				
Crisis Stabilization Center	\$ 200,000.00			\$200,000.00
ASHNHA				
ASHNHA CNA Recruitment/Retention		\$ 32,000.00		
ASHNHA (Alaska State Hospitals and Nursing Home Association)				
ASHNHA CNA Training Expansion	\$ 25,000.00			\$0.00
Bartlett Regional Hospital Foundation				
BRHF ALSO/BLSO Training	\$ 15,000.00			\$0.00
JCF Safe@Home	\$ 12,000.00			\$0.00
Oncology Nutrition Seminar Cooking Class		\$ 2,200.00		
Costco				
Costco Charitable Giving		\$ 20,000.00		\$20,000.00
Crossett Foundation				
Eat, Sleep, Console model of care for NAS babies	\$ 8,615.00			\$8,615.00
DHSS				
ARPA Mobile Crisis Intervention Services		\$ 300,000.00		\$300,000.00
ARPA SAMHSA Block Grants		\$ 500,000.00		\$500,000.00
Capital Project - Crisis Stabilization Center Bartlett Outpatient Psychiatric Services Building	\$ 500,000.00		\$200,000.00	\$300,000.00
DHSS DET	\$ 560,925.00			\$560,925.00
DHSS Emerg. COVID-19 Grant for Mental Health, SUD 602-255-22010	\$ 222,022.78		\$176,508.15	\$45,514.63
DHSS RRC 3.5 CBHTR-Residential SUD Services 602-208-22015	\$ 404,267.46			\$404,267.46
DHSS RRC 3.7 CBHTR-Residential Withdrawal Management 602-208-22016	\$ 101,066.87			\$101,066.87
DHSS SHIP COVID testing	\$ 258,376.00			\$258,376.00
Plans of Safe Care	\$ 100,000.00			\$100,000.00
DHSS Div. Public Health				
DHSS SHIP	\$ 11,866.00			\$11,866.00
GCI Communications				
USAC/FCC GCI discount	\$ 50,520.60			\$50,520.60
GCI Gives				
CAMS Training (suicide prevention)		\$ 15,000.00		
HRSA				
Provider Relief Fund (CARES Act) Phase 4		\$ -		
Provider Relief Fund (CARES Act) Rural COVID relief		\$ -		
Juneau Community Foundation				
Hope/CBJ Grant for Community Navigators	\$ 210,000.00			\$210,000.00
JCF Community Navigator Vehicle		\$ 25,000.00		\$25,000.00
Rasmuson Foundation				
Crisis Stabilization Center	\$ 350,000.00		\$0.00	\$350,000.00
USAC/FCC				
Telehealth Round 2		\$ 887,186.33		\$887,186.33
Grand Total	\$ 3,029,659.71	\$ 1,951,386.33	\$376,508.15	\$4,483,337.89



CPAs & BUSINESS ADVISORS

NO SURPRISES ACT: WHAT PROVIDERS NEED TO KNOW

November 2021

PRESENTER



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LEARNING OBJECTIVES



Overview of the No Surprises Act.



When is Surprise Billing Prohibited.



Disclosure and Consent Requirements.



Steps to ensure compliance.

DISCLAIMER

The information contained in these slides and presentation is current as of November 8, 2021.



NO SURPRISES ACT

NO SURPRISES ACT – PART I



Office of Personnel Management: FEBH



Department of the Treasury: IRS



Department of Labor: Employee Benefits Security Administration



Department of Health and Human Services: PHS Act

NO SURPRISES ACT PART I

CONSOLIDATED APPROPRIATIONS ACT (CAA), 2021



- **Interim final rules with request for comments:**
 - July 13, 2021 Federal Register
 - Regulations are effective September 13, 2021
 - Applicable generally plan years beginning on or after January 1, 2022
 - Applicable for providers and facilities on January 1, 2022

PROTECTIONS AND APPLICABLE SETTINGS

Protects participants, beneficiaries, and enrollees in group health plans and group and individual health insurance coverage from surprise medical bills

Applicable Settings

Emergency services (hospitals and freestanding emergency departments)

Non-emergency services from nonparticipating providers at participating facilities

Air Ambulance services from nonparticipating providers of air ambulance services, under certain circumstances.

WHAT IS A SURPRISE BILL

- Unexpected bill from a provider or facility
- Provider or facility providing care unknown to the participant, beneficiary, or enrollee, is a nonparticipating provider or facility with respect to their coverage.
- Occurs for both emergency and non-emergency care.
- Nonparticipating provider or facility balance bills the individual for the difference between the provider's billed charges and the sum of the amount paid by the plan or issuer and the cost sharing paid by the individual, unless prohibited by state law.

NEED FOR REGULATORY ACTION

- Two-thirds of adults worry about being able to afford unexpected medical bills.
- 41% of adults with health insurance received a surprise medical bill in the previous 2 years.
- Vox Project reported accident victims receiving care at out of network hospitals and receiving bills of over \$20,000.
- February 2021 – 33 states had some surprise billing laws, but not enough protection in some cases.
- Analyzed claims data which drove to the most common situations for surprise bills to be generated.

NEED FOR REGULATORY ACTION



18% of emergency department visits, on average, resulted in surprise bills.

Often associated with certain physician specialties

- Those not actively shopped by consumers
 - Emergency Medicine
 - Anesthesiology
 - Cardiology
 - Radiology
 - General Surgery
 - Pathologists

Providers generally remain out of network do so:

- Does not affect their volume
- Balance billing used to leverage to obtain higher in-network payments why joining plans or networks.

NEED FOR REGULATORY ACTION



- 75% of air ambulance transports were out of network
 - Many providers of air ambulance not affiliated with a hospital do not participate in networks
 - Little incentive to do so
 - Median surprise bill around \$27,500
- Out of network cost sharing and surprise bills usually did not count towards an individual's deductible or max out of pocket expenditure limit.

WHAT YOU NEED TO KNOW

- Cost Sharing (Nonparticipating emergency facilities and nonparticipating providers at participating facilities)
 - 1. All-Payer Model Agreement section 1115A of the Social Security Act;
 - 2. If no All-Payer Model Agreement, then amount specified by state law, and if no 1 or 2 then,
 - 3. Lessor of Billed charges or Qualifying Payment Amount (QPA) (median contracted amount)
- Cost Sharing (Nonparticipating air ambulance)
 - Lessor of Billed charges or Qualifying Payment Amount (QPA) (median contracted amount)

WHAT IS A HEALTHCARE FACILITY

1. Hospital
2. Hospital outpatient department
3. Critical Access Hospital
4. Ambulatory Surgical Center
5. Any other facility, specified by the Departments, that provides items or services for which coverage is provided under the plan or coverage, respectively.

OTHER KEY PROVISIONS

1. Notice
 - Public Disclosure
 - Posting in Prominent place
 - Notice to patient
 - **Agreements with Providers**

2. Consent to Waive Balance Billing Protections
 - 15 languages
 - Timing
 - Distinct

3. Retention of Certain Documents

4. Notice to Plan or Issuer

NOTICE OF PROPOSED RULE MAKING (NPRM)

Issued September 10, 2021,
comments by October 18, 2021

"Reporting requirements regarding
Air Ambulance services, Agent and
Broker Disclosures, and Provider
Enforcement"

Relates to No surprises act and
Transparency in CAA 2021

Key things new reporting
requirements on air ambulance
services and new procedures for
enforcement on PHS Act provisions
against providers, facilities, and air
ambulance services

MORE DETAILS

- Air Ambulance services required to submit data to HHS:
 - Transportation and medical costs
 - Data on air ambulance bases and aircraft
 - Number and Nature of air ambulance transports
 - Payer data
 - Claims denials
 - HHS/DOT develop comprehensive public report
- Enforcement of PHS Act Requirements:
 - Extend CMS's existing processes for determining if states not substantially enforcing Act requirements
 - Create a process for initiating investigations and determine noncompliance
 - Codify the process for imposing CMPs of up to \$10,000 per violation on providers, facilities and providers of air ambulance. Includes up to \$10,000 violation of air ambulance services for failing to submit data required.

CMS RESOURCE PAGE

The screenshot shows the CMS.gov website. At the top left is the CMS.gov logo with the tagline 'Centers for Medicare & Medicaid Services'. To the right is a search bar with the text 'Search CMS' and a 'Search' button. Below the logo are several yellow navigation buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A breadcrumb trail reads 'Home > No Surprises Act'. A dark blue navigation bar contains links for 'Home', 'Policies & Resources', 'Consumer Protections', and 'Help resolve payment disputes'. The main content area features a large blue graphic with the title 'Ending Surprise Medical Bills' and a sub-headline 'See what's coming to help to protect people from surprise medical bills and removing consumers from payment disputes between a provider or health care facility and their health plan'. Below this is a green 'Learn More' button. The graphic also includes an image of an elderly woman and a healthcare professional in blue scrubs looking at a document. At the bottom, there are three white boxes with blue borders: 'Policies & resources' (Review rules and fact sheets on what No Surprises rules cover, and get additional resources with more information.), 'Help resolve payment disputes' (Organizations can now apply to become certified to resolve payment disputes between providers or facilities and health plans.), and 'Consumer protections' (Learn about rights and protections for consumers coming in January to end surprise bills and remove consumers from payment disagreements between their providers, health care).



<https://www.cms.gov/nosurprises>

CMS RESOURCE PAGE

Overview of rules & fact sheets

Rules focused on specific protections and provisions

On July 1, 2021, the "Requirements Related to Surprise Billing; Part I," [interim final rule](#) was issued to restrict surprise billing for patients in job-based and individual health plans who get emergency care, non-emergency care from out-of-network providers at in-network facilities, and air ambulance services from out-of-network providers.

On September 30, 2021, a [second interim final rule](#) was issued and is open for public comment. The "Requirements Related to Surprise Billing; Part II" rule provides additional protections against surprise medical bills, including:

- Establishing an independent dispute resolution process to determine out-of-network payment amounts between providers (including air ambulance providers) or facilities and health plans.
- Requiring good-faith estimates of medical items or services for uninsured (or self-paying) individuals.
- Establishing a patient-provider dispute resolution process for uninsured (or self-paying) individuals to determine payment amounts due to a provider or facility under certain circumstances.
- Providing a way to appeal certain health plan decisions.

Together, these lay the groundwork to provide consumers with protection against surprise billing, starting in 2022. Learn more about [how these rules help consumers](#).

How do these rules affect providers, facilities, and air ambulance providers?

Similar to health plans, the rules lay out the independent dispute resolution process that providers, facilities, and air ambulance providers can follow in the case of certain out-of-network claims when open negotiations don't result in an agreed-upon payment amount. Providers, facilities and air ambulance providers will be required to meet deadlines, attest to no conflicts of interest, choose a certified independent dispute resolution entity, submit a payment offer and provide additional information if needed. This could include information like level of training, experience, and severity of condition.

Providers, facilities and air ambulance providers are also required to give uninsured (or self-pay) individuals [good-faith estimates](#) of expected charges for scheduled health care services, and may have to participate in a [patient-provider payment dispute resolution](#) process if their billed charges are higher than the good-faith estimates.

Fact sheets

- July 1 Fact Sheet: [What You Need to Know about the Biden-Harris Administration's Actions to Prevent Surprise Billing](#)
- July 1 Fact Sheet: [Requirements Related to Surprise Billing; Part I Interim Final Rule with Comment Period](#)
- September 30 Fact Sheet: [Requirements Related to Surprise Billing; Part II Interim Final Rule with Comment Period](#)
- September 30 Fact Sheet: [What You Need to Know about the Biden-Harris Administration's Actions to Prevent Surprise Billing – September Update](#)



Policies and Resources

CMS RESOURCE PAGE



Policies and Resources

Guidance & technical resources

- Calendar Year 2022 Fee Guidance for the Federal Independent Dispute Resolution Process Under No Surprises ([Download Fee Information](#)) ([PDF](#))
- Health plans and insurers: preliminary information about insurance ID card criteria is available in the [Frequently Asked Questions about the Consolidated Appropriations Act, 2021 Implementation Part 49](#). ([PDF](#))
- Standard notice & consent forms for nonparticipating providers & emergency facilities regarding consumer consent on balance billing protections ([Download Surprise Billing Protection Form](#)). ([PDF](#))
- Model disclosure notice on patient protections against surprise billing for providers, facilities, health plans and insurers ([Download Patient Rights & Protections Against Surprise Medical Bills](#)). ([PDF](#))
- Paperwork Reduction Act (PRA) model notices and information collection requirements for the Federal Independent Dispute Resolution Process ([Download Model Notices and Information Requirements](#))
- Paperwork Reduction Act (PRA) model notices and information collection requirements for the good-faith estimate and patient-provider payment dispute resolution ([Download Model Notices and Information Requirements](#))
- Requirements for including federal agency contact information and website URL on certain documents ([Download Memo of Requirements for Plans, Providers and Facilities](#)). ([PDF](#))

Proposed rules

On September 10, 2021, a proposed rule was released on the reporting of air ambulance costs, insurance agent and broker compensation, and enforcement of various requirements as a part of continuing efforts to implement provisions to protect patients from surprise billing. Comments on the proposed rule are open until October 18, 2021. Read the [Air Ambulance NPRM – Fact Sheet](#) to learn more about the proposed requirements.

Page Last Modified: 10/22/2021 04:17 PM
[Help with File Formats and Plug-Ins](#)

MODEL DISCLOSURE NOTICE REGARDING PATIENT PROTECTIONS AGAINST SURPRISE BILLING (MAY USE THIS "MODEL" NOT REQUIRED)

CLICK TO EDIT MASTER TITLE
STYLE

Providers and facilities need to make publicly available (i.e. sign with required info in location schedule, check-in, or pay bills)

CLICK TO EDIT MASTER TITLE
STYLE

Post on a public website of the provider or facility (if applicable) (i.e., disclosure or a link to it must appear on a searchable homepage of the website)

CLICK TO EDIT MASTER TITLE
STYLE

Provide one-page notice that includes in clear language: 1. restrictions on providers and facilities regarding balance billing in certain circumstances
2. any state laws
3. contact info of fed and state agencies

MODEL DISCLOSURE

- OMB Control Number: 0938-1401, expiration 3/1/2022
- Providers/facilities effective January 1, 2022
- Group Health Plans and Health Insurance Issuers effective for plan years beginning on or after January 1, 2022
- Language Access

Use of Plain Language

Health care providers, facilities, plans, and issuers are encouraged to use plain language in the disclosure notice and test the notice for clarity and usability when possible.

Plain language, accessibility, and language access resources:

- [Plainlanguage.gov/guidelines](https://www.plainlanguage.gov/guidelines)
- [Section508.gov](https://www.section508.gov)
- [LEP.gov](https://www.lep.gov)



MODEL DISCLOSURE

- One page double sided 12 point font or larger
- Issue no later than date and time on which request payment (includes copayment or coinsurance made at time of visit). If no payment requested, no later than date claim is submitted for payment to plan or issuer.
- Provision of Notice, as selected by the individual
 - In-person
 - Mail
 - Email



STANDARD NOTICE OF CONSENT



OMB Control Number 0938-1401 (Expires 3/31/2022)

For Use by nonparticipating providers and nonparticipating emergency facilities beginning January 1, 2022

- Nonparticipating provider or nonparticipating emergency facility when furnishing certain post-stabilization services, or
- Nonparticipating provider (or facility on behalf of the provider) when furnishing non-emergency services (other than ancillary services) at certain participating health care facilities.

Need to consider State Forms

Provide the form and manner of the notice and consent specified and may not be modified by providers or facilities

Must be given physically separate from and not attached to or incorporated into any other documents.

May not be hidden or included among other forms

Physical presence or phone available provider or facility representative to explain form, answer questions, explain estimates.

STANDARD NOTICE OF CONSENT



Must meet applicable **language** access requirements

- 15
- Cost of provider or facility to provide qualified interpreter

Appointment for relevant items or services (**timing**)

- At least 72 hours before furnishing services, must be furnished to individual or authorized rep at least 72 hours before the date of provision of items/services.
- If within 72 hour window, must be furnished on day appointment is made.
- Day of appointment and/or post stabilization services, must be provided no later than 3 hours prior to furnishing items or services.

The Surprise Billing Protection Form

Surprise Billing Protection Form

The purpose of this document is to let you know about your protections from unexpected medical bills. It also asks whether you would like to give up those protections and pay more for out-of-network care.

IMPORTANT: You aren't required to sign this form and shouldn't sign it if you didn't have a choice of health care provider when you received care. You can choose to get care from a provider or facility in your health plan's network, which may cost you less.

If you'd like assistance with this document, ask your provider or a patient advocate. Take a picture and/or keep a copy of this form for your records.

You're getting this notice because this provider or facility isn't in your health plan's network. This means the provider or facility doesn't have an agreement with your plan.

Getting care from this provider or facility could cost you more.

If your plan covers the item or service you're getting, federal law protects you from higher bills:

- When you get emergency care from out-of-network providers and facilities, or
- When an out-of-network provider treats you at an in-network hospital or ambulatory surgical center without your knowledge or consent.

Ask your health care provider or patient advocate if you need help knowing if these protections apply to you.

If you sign this form, you may pay more because:

- You are giving up your protections under the law.
- You may owe the full costs billed for items and services received.
- Your health plan might not count any of the amount you pay towards your deductible and out-of-pocket limit. Contact your health plan for more information.

You **shouldn't** sign this form if you **didn't** have a choice of providers when receiving care. For example, if a doctor was assigned to you with no opportunity to make a change.

Before deciding whether to sign this form, you can contact your health plan to find an in-network provider or facility. If there isn't one, your health plan might work out an agreement with this provider or facility, or another one.

See the next page for your cost estimate.

Estimate component of Form

Estimate of what you could pay

Patient name: _____

Out-of-network provider(s) or facility name: _____

Total cost estimate of what you may be asked to pay:	
---	--

- ▶ **Review your detailed estimate.** See Page 4 for a cost estimate for each item or service you'll get.
- ▶ **Call your health plan.** Your plan may have better information about how much you will be asked to pay. You also can ask about what's covered under your plan and your provider options.
- ▶ **Questions about this notice and estimate?** Call *[Enter contact information for a representative of the provider or facility to explain the documents and estimates to the individual, and answer any questions, as necessary.]*
- ▶ **Questions about your rights?** Contact *[contact information for appropriate federal or state agency]*

Prior authorization or other care management limitations

[Enter either (1) specific information about prior authorization or other care management limitations that are or may be required by the individual's health plan or coverage, and the implications of those limitations for the individual's ability to receive coverage for those items or services, or (2) include the following general statement:

Except in an emergency, your health plan may require prior authorization (or other limitations) for certain items and services. This means you may need your plan's approval that it will cover an item or service before you get them. If prior authorization is required, ask your health plan about what information is necessary to get coverage.]

[In the case where this notice is being provided for post-stabilization services by a nonparticipating provider within a participating emergency facility, include the language immediately below and enter a list of any participating providers at the facility that are able to furnish the items or services described in this notice]

Understanding your options

You can also get the items or services described in this notice from these providers who are in-network with your health plan:

More information about your rights and protections

Visit *[website]* for more information about your rights under federal law.

Agreement to Pay more for Out-of-Network care

By signing, I give up my federal consumer protections and agree to pay more for out-of-network care.

With my signature, I am saying that I agree to get the items or services from (select all that apply):

[doctor's or provider's name] [If consent is for multiple doctors or providers, provide a separate check box for each doctor or provider]

[facility name]

With my signature, I acknowledge that I am consenting of my own free will and am not being coerced or pressured. I also understand that:

- I'm giving up some consumer billing protections under federal law.
- I may get a bill for the full charges for these items and services, or have to pay out-of-network cost-sharing under my health plan.
- I was given a written notice on [enter date of notice] explaining that my provider or facility isn't in my health plan's network, the estimated cost of services, and what I may owe if I agree to be treated by this provider or facility.
- I got the notice either on paper or electronically, consistent with my choice.
- I fully and completely understand that some or all amounts I pay might not count toward my health plan's deductible or out-of-pocket limit.
- I can end this agreement by notifying the provider or facility in writing before getting services.

IMPORTANT: You **don't** have to sign this form. But if you don't sign, this provider or facility might not treat you. You can choose to get care from a provider or facility in your health plan's network.

_____	or	_____
Patient's signature		Guardian/authorized representative's signature
_____		_____
Print name of patient		Print name of guardian/authorized representative
_____		_____
Date and time of signature		Date and time of signature

Take a picture and/or keep a copy of this form.

It contains important information about your rights and protections.

REQUIREMENTS RELATED TO SURPRISE BILLING— PART 2



Effective on October 7, 2021 (published same day in Federal Register)



Plan or Policy year beginning on or after January 1, 2022



Interim final rules with request for comments: due December 6, 2021



Transparency and Patient-Provider Dispute Resolution

SOME DELAYS



Defer enforcement of the requirement that providers and facilities provide good faith estimate information

Defer enforcement of requirement that plans and issuers must provide an advanced explanation of benefits.

Still need to provide good faith estimate to individuals not enrolled in a plan or coverage.

ARE YOU READY FOR NO SURPRISES ACT?

- **Do you have a plan for compliance?**
 - Governance
 - Understand the requirements of the Rules and Regs
 - Work plan towards compliance
 - Agreement adjustments?
 - Messaging to Patients



CPAs & BUSINESS ADVISORS

QUESTIONS?

This presentation is presented with the understanding that the information contained does not constitute legal, accounting or other professional advice. It is not intended to be responsive to any individual situation or concerns, as the contents of this presentation are intended for general information purposes only. Viewers are urged not to act upon the information contained in this presentation without first consulting competent legal, accounting or other professional advice regarding implications of a particular factual situation. Questions and additional information can be submitted to your Eide Bailly representative, or to the presenter of this session.

THANK YOU

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Bartlett Regional Hospital
Six Year Department Improvements Plans

Project	Priority	FY23	FY24	FY25	FY26	Future	Total
Deferred Maintenance	1	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	23,000,000
Emergency Room remodel and expansion	2	12,000,000					12,000,000
North Addition	3			40,000,000			40,000,000
First Floor Renovation	4				12,000,000		12,000,000
Relocate & Remodel Biomed, Dietary, Laundry, Medical Office Building	5		2,500,000	2,500,000			5,000,000
Remodel Laboratory (5000 Sq Ft)	6		2,000,000	1,000,000			3,000,000
Maintenance Building for Equipment	7					3,750,000	3,750,000
Oxygen Tank (Bulk) Storage	8					1,000,000	1,000,000
	9					500,000	500,000
Totals		15,000,000	7,500,000	46,500,000		8,250,000	100,250,000

1. Deferred Maintenance: These funds are to address infrastructure projects. These funds will be used for known and planned projects and also used to address replacement are repairs that are not anticipated.

2. The Emergency Room is in need of renovation and expansion. As a part of this project the ventilation for the Emergency Room and upper floors will be upgraded. The Covid epidemic revealed the inadequacy of space in the Emergency Room and the need for ventilation improvements which will add both negative and positive pressure treatment rooms.