

HUMBOLDT GENERAL HOSPITAL

DISTRICT BOARD OF TRUSTEES

REGULAR BOARD MEETING

TUESDAY

July 27, 2021

5:30 P.M.

SARAH WINNEMUCCA CONFERENCE ROOM

Alicia Cramer - Chairman
Michelle Miller - Secretary
JoAnn Casalez - Member
Gene Hunt - Member
Lewis Trout - Member
Ken Tipton - Member-Humboldt
County Commissioner

HUMBOLDT GENERAL HOSPITAL
118 EAST HASKELL STREET
WINNEMUCCA, NEVADA 89445

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

MEETING DATE: Tuesday July 27, 2021
MEETING TIME: 5:30 pm
MEETING PLACE: Sarah Winnemucca Conference Room
Humboldt General Hospital
118 E Haskell St, Winnemucca, Nevada
PLACES POSTED: in Winnemucca, Nevada at:
Humboldt General Hospital, 118 E Haskell Street
Humboldt County Courthouse, 50 W Fifth Street
Winnemucca City Hall, 90 W Fourth Street
Humboldt County Library, 85 E Fifth Street
United States Post Office, 850 Hanson Street
www.hghospital.org https://notice.nv.gov
PERSON POSTING: Alicia Wogan

MEETING ATTENDANCE MAY BE
VIA TELECONFERENCE OR VIDEOCONFERENCE OR IN-PERSON
THE ATTENDANCE FOR MEMBERS OF THE GENERAL PUBLIC AT THE
PHYSICAL LOCATION MAY BE LIMITED DUE TO DISTANCING REQUIREMENTS
THE TELECONFERENCE AND VIDEOCONFERENCE ACCESS INSTRUCTIONS APPEAR BELOW

Teleconference: Dial 1-646-749-3122 - Access Code 368-086-437

Videoconference: <https://global.gotomeeting.com/join/368086437>

A. CALL TO ORDER

B. PUBLIC COMMENT

(This agenda item is designated to give the general public the opportunity to address the Hospital Board. No action may be taken upon a matter raised under this section until it is placed on an agenda for action. Public comment is generally limited to three (3) minutes per person.)

C. MEDICAL STAFF-HOSPITAL DEPARTMENT REPORTS

(These agenda items are designated to give the opportunity to report and update the Hospital Board on each group or department listed. No action may be taken upon a matter raised under this section until it is placed on an agenda for action.)

1. Medical Staff report – Chief of Staff
 - a) COVID update
2. MedX report – Bill Hammargren
3. Administration report
 - a) Rural Health Clinic update – Brian Washburn
 - b) EMS update – Brett Peine
 - c) Envision update – Dawn Sears
 - d) Community Perception results
 - e) CEO report – Tim Powers

D. CONSENT AGENDA

(The Board is expected to review, discuss and take action on this agenda item. The items may be approved in a single motion; however, upon Board member request, any consent item may be

DISTRICT BOARD OF TRUSTEES MEETING AGENDA

July 27, 2021

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moved to the discussion portion of the agenda and other action, including postponement or denial of the item, may take place.)

1. Board meeting minutes for May 24, 2021, May 25, 2021, June 22, 2021 and June 28, 2021.
2. Medical Staff applications for appointments, reappointments, provisional and temporary privileges for: Claudia Deliz Guzman, MD, Provisional-Emergency Medicine; Andrew Michelson, MD, Provisional-Emergency Medicine; Shannon Eldridge, CRNA, Allied Health Professionals-Anesthesia/CRNA; Lawrence Briggs, MD, Consulting-Teleradiology; Cristina Cavazos, MD, Consulting-Teleradiology; Deborah Conway, MD, Consulting-Teleradiology; Scott Kerns, MD, Consulting-Teleradiology; James Sullivan, DO, Consulting-Nephrology; Thomas Rembetski, MD, Courtesy-General Surgery; Robbie Grant, DO, Courtesy-Family Medicine; and, Steven Berger, MD, Provisional-Psychiatry.

E. FINANCIAL REPORTS

(The Board is expected to review, discuss and take action on this agenda item.)

1. Financial update
2. Warrants disbursed - Monthly expenditures
3. Budget information review

F. BUSINESS ITEMS-OTHER REPORTS

(The agenda items in this section are for discussion and for possible action. The action may consist of approval, disapproval, acceptance, rejection, authorization, adoption, recommendation, review, referral to staff, or any other action as appropriate. The items may be heard in any order and at any time unless a time is specified; two or more items may be combined for consideration; an item may be removed from the agenda; or, discussion relating to an item may be delayed at any time.)

1. Hospital Administration / presentation and proposal to establish a sliding fee scale policy for the Rural Health Clinic / CEO-Administration

G. TRUSTEE COMMENTS-STAFF REPORTS

(This period is designated for receiving reports, information, updates and proposals from the board and/or staff. No action may be taken upon a matter raised under this section until it is placed on an agenda for action.)

H. PUBLIC COMMENT

(This agenda item is designated to give the general public an opportunity to address the Hospital Board. No action may be taken upon a matter raised under this section until it is placed on an agenda for action. Public comment is generally limited to three (3) minutes per person.)

Notice: This agenda has been physically posted at the locations noted above and electronically posted at <http://www.hghospital.org/> and at <https://notice.nv.gov/>.

Notice: The meeting may be accessed via: (i) teleconference by dialing 1-646-749-3122 and using access code 368-086-437; or, (ii) videoconference by entering <https://global.gotomeeting.com/join/368086437> in a web browser; or (iii) in-person at the scheduled location listed above.

Notice: Members of the public may make a public comment at the meeting without being physically present by: (i) emailing adminoffice@hghospital.org no later than 5:00 p.m. on the business day prior to the day of the meeting and messages received will be transcribed or printed for entry into the record and provided to the Board of Trustees for review; (ii) telephone dialing 1-646-749-3122 and using access code 368-086-437; or, (iii) entering the following link <https://global.gotomeeting.com/join/368086437> in a web browser.

Notice: The Executive Assistant at the Administration Office located at Humboldt General Hospital, 118 E. Haskell Street, Winnemucca, Nevada, telephone number 775-623-5222 extension 1123, is the designated person from whom a member of the public may request the supporting material for the meeting. Staff reports and supporting material for the meeting are available on the Humboldt General Hospital website at <http://www.hghospital.org/> and are available to the general public at the same time the materials are provided to the Board of Trustees.

Notice: By law a public body may receive information from legal counsel regarding potential or existing litigation involving a matter over which the public body has supervision, control, jurisdiction, or advisory power and such gathering does not constitute a meeting of the public body.

Notice: Reasonable efforts will be made to assist and accommodate disabled persons. Please contact the Administration Office by telephoning 775-623-5222 extension 1123, one (1) business day in advance of the meeting.

Summary Results of Monigle HGH Research

Underlying this research is the proposition: *There appears to be a disconnect between HGH's very positive patient satisfaction scores and sentiment within the community.*

Participants: Community Leaders, Area Residents and Employees

Telephone interviews were conducted with twelve Community Leaders (CLs), including two HGH board members. Their input plus that of HGH senior leadership were essential to developing the surveys of area residents and employees as well as providing perhaps the most important insights into the above disconnect.

Twenty-six Area Residents (ARs) have completed the Community Survey—a disappointing turnout since essentially the entire HGH service area was invited to an internet survey via mail and the Sun. There is reason to believe the survey largely attracted HGH naysayers—albeit a small number. To the extent HGH has fans, they did not respond to the survey. On the other hand, the 26 Area Residents are largely in synch with the Community Leaders and Employee/Providers.

An Employee/Provider (E/P) Survey generated 104 completes, about a 25% response rate. Fifteen of the completes came from providers. The E/P survey results are presented in tandem with the Area Resident survey results.

Summary of Community Leader Input

The twelve Community Leaders (CLs) were interviewed by phone and included two HGH board members, a former board member, two physicians, a newspaper reporter and key civic leaders, including the mayor, police chief, county manager, county comptroller, Boys and Girls Club director, and school superintendent.

With a couple of exceptions, the CLs were pleased overall with HGH and thankful for it. In fact, nine of the twelve clearly endorsed HGH—giving it an 8+ on a 10 point scale-- and saying:

“Pretty damn good hospital” “HGH is a high quality provider”

“Beautiful, well-equipped facility” “HGH is financially solid”

“Amazing hospital for rural area” “Blessed to have HGH”

“HGH results are as good as Renown’s”

But, ten of the twelve, nonetheless, regard HGH’s reputation in its community to be less than positive. “I give it a 9, but the community gives it a 4”. Some say the lack of positivity is deserved (see the suggestions below), but some also say the negativity resides in a small percent of residents (who are seen as malcontents, no matter the subject).

While nine of the twelve CLs endorse HGH's overall performance, all twelve were at least somewhat critical of it, and in order of frequency and/or emphasis offered the following suggestions for improvement:

1. Need to improve Billing by bringing it in-house, as making it locally staffed as possible and making it easily observed and managed by HGH management. Billing is HGH's "Achilles heel", "a train wreck". Currently Billing is seen as inefficient, slow/late, unaware of coverages, inscrutable, unresponsive, rude and predatorily quick to engage collections. (At least three of the CLs have encountered HGH collections—one used the word predatory.)

2. Need to get the word out about HGH's positive features, benefits and accomplishments. For example, HGH needs to tout its patient satisfaction, its high caliber providers, its service lines (notably orthopedics), its charitable giving etc. (The Consumer Survey results validate this suggestion). The HGH board was seen by a couple of CLs as needing to be better, more vocal advocates for HGH.

3. Need for HGH senior leadership to become more engaged in the community, to commit to being full-time Winnemuccans via never missing any important community events and openings/ground breakings, partnering with other major community organizations, spending more informal time with locals, and just "being in town". Some CLs feel that this involvement is beginning to happen, some don't.

4. Need to stem “revolving door” turnover of HGH senior leadership. Some feel it is already improving, but some feel there needs to be more signs of senior leadership commitment HGH and Winnemucca. “Out-of-state plates don’t set well with me.”

5. Need to make the pricing of HGH outpatient testing/lab services more competitive, so that “a roundtrip to Reno for these services-- including lunch, shopping and maybe spending the night— isn’t less expensive than using HGH”. Some CLs feel HGH is already improving.

6. Need to improve the consistency of HGH medical care and patient care. The rotating physicians and, to a lesser extent, patient care staff are seen as inconsistent in quality and as turning over quickly.

7. Need to reduce or better manage wait times for the HGH Walk-in Clinic. “Check-in in the morning, get seen late afternoon”. “Sometimes you get quicker service by driving to Reno and back.”

Area Resident and Employee/Provider Survey Results

HGH Reputation is largely negative

Only 19% of the surveyed 26 Area Residents (ARs) say HGH's reputation is positive, while 77% say it is negative.

Four of the 12 Community Leaders (CLs) also say it is negative, and only three say it is positive—the CLs seem to know the pulse of the community.

The 104 surveyed Employee/Providers (E/Ps) are in synch with the ARs and CLs. Only 13% feel HGH's reputation is positive, while 73% feel it is negative.

The consistency of these results across three groups suggests these data are reliable—*HGH's reputation is regarded as negative.*

Use of HGH is appears universal among ARs and CLs

All 26 ARs have used an HGH facility or provider in the past 5 years, with 96% using Outpatient Testing/Lab Services, 77% ER Care, 73% Walk-in Care, and 42% Inpatient Care. All the CLs also appeared to have recent experience with HGH.

All but one of the 26 ARs have also used another hospital or provider, with 77% using non-HGH Outpatient Testing/Lab Services, 35% non-HGH ER Care, 35% non-HGH Walk-in care, and 19% non-HGH Inpatient Care. All the CLs also appeared to have recent experience elsewhere.

AR ratings of HGH range from positive for its Admitting and Discharge services to mixed for its Medical Care to negative for its Billing service, and CLs and E/Ps agree with the last.

HGH Customer Service at Check-in or Admitting: The ARs were largely positive here with 86% *Satisfied* and only 14% *Less than Satisfied*. The CLs did not comment on this service area, and E/Ps were not asked to rate it.

HGH Customer Service at Check-out or Discharge: While not as positive as Check-in/Admitting's 80% *Satisfied*, 73% were *Satisfied* here. The CLs did not comment on this service area, and E/Ps did not rate it.

HGH Outpatient Testing/Lab Services: Interestingly, 73% of the ARs expressed satisfaction with this service area—an area called out by many CLs for its non-competitive pricing. It is also worth recalling that 80% of the ARs have used other healthcare organizations in addition to HGH for these services.

77% of the E/Ps are largely satisfied with HGH Outpatient Testing/Lab Services— with 11% very satisfied.

HGH Customer Service over the Phone: Fifty-six percent of the ARs are satisfied, but a substantial 34% are not. A couple of CLs expressed frustration with not getting to the right person.

67% of the E/Ps are largely satisfied with HGH Phone Customer Service—with 11% very satisfied.

HGH Overall Quality of Medical Care: Area Residents were evenly split regarding HGH Overall Quality of Medical Care—50% *Satisfied* and 50% *Less than Satisfied*.

With a couple of exceptions, the CLs, were satisfied with HGH Overall Quality of Medical Care. Nine of the 11 who were less than satisfied cited *inconsistent care from provider to provider*, while eight cited *lack of genuine compassion*, and six cited *less than satisfactory medical outcome*.

94% of the E/Ps are largely satisfied with HGH overall quality of medical care—with 14% very satisfied. Concerns were voiced re 50% citing: *Not showing compassion, not responding promptly to requests, and not getting it right the first time*.

Interactions with HGH Doctors, Nurses and other Patient Care Staff:

Perhaps not surprising in light of the ARs even split on HGH Overall Quality of Medical Care, they are also only slightly more likely to be positive—56%—than negative—41%—re patient care provider and staff interactions. The most common complaint was *inconsistent care from provider to provider*, followed by *not getting it right the first time*. The CLs were largely positive here, but did express concern about turnover and inconsistency.

HGH Emergency Department Care: ARs using the ER were slightly more likely to be *Less than Satisfied*—46%-- than likely to be *Satisfied*—36%.

CLs didn't comment about HGH Emergency Care, but they were complimentary about HGH AMS Services.

80% of the E/Ps are largely satisfied with HGH Emergency Department Care-- with 20% very satisfied.

HGH Walk-in Clinic/Urgent Care: The ARs were again relatively evenly split on negative—40%-- and positive ratings--40%. A couple of the CLs expressed dismay/frustration at the wait times.

65% of the E/Ps are largely satisfied with HGH Walk-in/Urgent Care— with 14% very satisfied.

HGH Billing Services: With 66% of the ARs less than satisfied, including 55% *Dissatisfied*-- and all CLs expressing negative views—HGH Billing is clearly its lowest rated service area. Problem resolution and discourteous reps were the most common AR complaints, while CLs added long billing delays and predatory collections practices.

Only 8% of the E/Ps expressed satisfaction with HGH Billing Services. 74% expressed dissatisfaction, with over 60% citing: *Bills not right first time, billing errors, sending unresolved bills to Collections, and bills not arriving promptly.*

Billing is a Top Three HGH Deliverable in Both Importance and Need for Improvement

The ARs and E/Ps were asked to select the *three* most important HGH deliverables from a list of eight. They were then asked to select the *three* most in need of improvement.

Not surprisingly, *prompt, accurate billing* received the most selection for needing improvement—81% and 79%-- respectively among the 26 ARs and the 104 E/Ps. And, it was also top 3 in importance for both ARs and E/Ps, with *high caliber doctors and nurses* and *competitively priced outpatient testing and lab services*. (Interestingly, the latter at 65% and 62% is second only to Billing’s 81% and 79% in needing improvement).

HGH Deliverables	%Most Important		%Need Improvement	
	ARs	E/Ps	ARs	E/Ps
Competitive pricing on outpatient testing/lab svcs	82%-----	56%	65%-----	62%
High caliber doctors, nurses	73%-----	46%	42%-----	27%
Prompt, accurate billing	62%-----	63%	81%-----	79%
Excellent customer service	42%-----	52%	31%-----	50%
Caring, concerned staff	46%-----	38%	23%-----	19%
Convenient, easily accessed care	12%-----	26%	19%-----	25%
Modern, state-of-the-art facilities	0-----	6%	4%-----	7%
Latest technologies and treatments	4%-----	12%	15%-----	19%

Resident Awareness of HGH Positive Attribute is Typically Under 50%

A frequently mentioned concern of the CLs was that area residents were largely unaware of HGH's positive attributes, and it appears their concerns are justified. The E/Ps agree in spades!

% Area Resident Awareness of HGH Positive Attributes

54% ARs aware of HGH wide range of radiology and imaging services —*E/Ps say ARs are 29% aware, giving them even less credit than they deserve*

50% ARs aware HGH provides neighborhood health screenings and sports physicals—*E/Ps say 42%*

42% ARs aware HGH is a modern, accredited, federally designated CA Hospital—*E/Ps say 12%*

35% ARs aware HGH offers the latest technologies and treatments—*E/Ps say 9%*

35% ARs aware HGH donates significant time and money to local organizations—*E/Ps say 21%*

31% ARs aware HGH teams with UNLV SoM to provide primary and rural health care—*E/Ps say 28%*

27% ARs aware HGH offers high caliber orthopedic care for bones and joints—*E/Ps say 16%*

23% ARs aware HGH provides the highest level Covid-19 services—*E/Ps say 37%*

23% ARs aware of HGH's high caliber medical professionals—*E/Ps say 11%*

15% ARs aware of very positive patient satisfaction scores—*E/Ps say 9%*

15% ARs not aware of any of the above—*E/Ps say 28% of ARs not aware of any of the above*

Of the 10 attributes surveyed only two achieved 50+% awareness among ARs—*neighborhood health screenings & free annual sports physicals* with 50% aware and *offering a wide range of radiology and*

imaging services with 54% aware. (The latter is noteworthy because a few CLs felt it needed to be promoted more and E/Ps likely agree.)

Reiterating the reason for this research: *There appears to be a disconnect between HGH's very positive patient satisfaction scores and sentiment within the community.* All the CLs agree with this statement—in fact one said it quoted him. And as noted earlier, it turns out that community sentiment toward HGH is largely negative. But, it also appears that the public **IS** largely unaware of *HGH's very positive patient satisfaction scores*—only 15% expressed awareness—by far the lowest awareness of any of the 10 surveyed attributes. They are also largely unaware of the *high caliber of HGH's providers*.

Communication Themes

Not surprisingly, the more direct “HGH Provides Comprehensive Care Close to Home” was seen as more appealing to ARs—54% vs 23%—than the more open “HGH Provides Care with Confidence”.

Employees/Providers rate them equally—+/-35% find them appealing.

A majority of the ARs would likely use HGH for five of the 12 surveyed service lines/areas, led by walk-in care at 69%.

Nineteen percent said they were unlikely to use HGH for anything—tough cases! (One of the CLs said 60% of the ARs are positive about HGH; 40% are not, and half of that 40% or 20% will never be positive.) Keep in mind, all the ARs have used HGH in the past five years.

% ARs Likely to Use HGH Service

69% likely to use Walk-in/Urgent Care.....	47% E/Ps likely to recommend
54% likely to use Outpatient Testing/Lab Services.....	38% E/Ps likely to recommend
54% likely to use Radiology/Imaging Services.....	47% E/Ps likely to recommend
54% likely to use Emergency Department Services.....	37% E/Ps likely to recommend
54% say Family Medicine/Primary Care.....	60% E/Ps likely to recommend
31% likely to use Orthopedic Care for bones and joints.....	40% E/Ps likely to recommend
23% likely to use COVID-19 treatment.....	30% E/Ps likely to recommend
15% likely to use Telemedicine.....	23% E/Ps likely to recommend
15% likely to use Respiratory Therapy.....	30% E/Ps likely to recommend
19% likely to use Cardiac/Heart Care.....	22% E/Ps likely to recommend
15% likely to use General Surgery.....	41% E/Ps likely to recommend
12% likely to use Maternity Care/L&D.....	54% E/Ps likely to recommend
19% likely to use none of the above.....	10% of E/Ps ditto

Notable here is relatively low numbers of E/Ps would recommend HGH for any given service—less than a majority except for Family Medicine and Maternity/L&D. Don't appear to be HGH champions!?

Personal Regard for HGH Is Low among Surveyed ARs and Not Particularly Positive among E/Ps

At the survey beginning 76% of the ARs said HGH's community reputation is negative. At survey end, 60% say they personally regard HGH negatively, while 31% regard it positively. The 60% negative ARs are exemplars of HGH's less than positive community image—most don't like HGH and most don't know much about HGH, but all have used it relatively recently.

Given what we've learned earlier in the survey results, it's not surprising to learn that about half the E/Ps regard HGH positively—only 11% very positively—while 38% are neutral. Fifteen percent are negative, including 5 E/Ps who are very negative.

Conclusions and Recommendations

Clearly, there is a disconnect between HGH high patient satisfaction and its community image. HGH's reputation in its community is at best neutral or lukewarm. It is dominated by naysayers, and there are not enough supporters, including HGH employees, to swing the neutrals to the positive side.

The Community Leaders know HGH's reputation isn't positive, and they largely are supporters, some almost fans. But, they do have some clear suggestions on how to improve it—see pages 3 and 4. One of their clearest suggestions is to make the public much more aware of HGH's features and benefits—the ARs didn't know them all that well.

The surveyed Employees/Providers not only regard HGH's community image as negative, half of them personally don't regard it positively.

And, they clearly think area residents know less about HGH than they do (and ARs don't know as much as they should). It is even more worrisome that E/Ps are not strong HGH advocates—less than majority recommending many of its services.

So, it may not be so much of a disconnect between patient satisfaction and community image, but rather a lack of awareness. There is a need to promote vigorously the very commendable attributes of HGH to both area residents **and** employees.

But first, Billing Service has to become a non-issue or none of the rest will likely matter. The current move to bring it in house should produce immediate benefits, including (hopefully) locally knowledgeable and sensitive service reps, policies and procedures that ensure prompt, non-predatory billing, and ensuring that the buck stops at HGH and not elsewhere.

Once Billing is handled, HGH should:

- Consistently and aggressively communicate/promote its positive features, benefits and accomplishments (as surveyed in this research). Outdoor advertising could work!
- Get senior leadership more involved in Winnemucca/Humboldt activities—formal and informal (starting now, don't miss another groundbreaking!)
- Explore a potential, relatively simple branding refresh—something that says you are a positive force in the well-being of Humboldt County. The name Humboldt General Hospital should be abandoned (except possibly in legal documents). You are far more than an old school General Hospital. You are a mini-health system, and the name of that system is essentially already yours:

HGH Health

- HGH is already your handle.
- *HGH Health* is a name that says you are focused on the positive—the health and well-being of your community.
- *HGH Health* can provide the launching pad to communicate all your strengths.
- *HGH Health* suggests something new and modern, something that fits your new modern facilities, while not abandoning the past.

Think about it!

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
MAY 24, 2021 SPECIAL MEETING
MEETING VIA TELECONFERENCE—VIDEOCONFERENCE—IN-PERSON**

BOARD PRESENT:

Alicia Cramer, Chair
Michelle Miller, Secretary
JoAnn Casalez, Chair
Gene Hunt, Member
Ken Tipton, County Comm. Member
Lewis Trout, Member

Kent Maher, Legal Counsel (via phone)

BOARD ABSENT:

None

MEDICAL STAFF PRESENT:

Richard Davis, MD
Robert Johnson, PA
Lacy Fettic, MD

GUESTS:

Judy Adams (Auxiliary), Marsha Foreman (Community Health Nurse), Ashley Maden (Humboldt Sun), Barbara Sealy and Byron Burdick.

CALL TO ORDER:

Board chair Cramer called the May 24, 2021, board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

There was no public comment.

COMMUNITY LISTENING SESSION:

1. CEO Comments – Tim Powers

CEO Powers gave a brief presentation on the history of Humboldt General Hospital, the challenges of health care, points of pride, visions for the future, and the purpose and procedure for this meeting.

2. Public Comments

Byron Burdick advised: he was placed in a broken bed two different times; he just received a bill this past week for services rendered in June of last year; he has called billing several times and not received a call back; and, he had x-rays taken which had to be retaken because the original x-rays were no good. He said he no longer has the calendar with the dates of the events. Chief of Staff Davis briefly questioned Burdick about his comments and extended his apology for the situation.

STAFF PRESENT:

Tim Powers, CEO
Cory Burnett, CFO
Mike Bell, IT Director
Brett Peine, EMS Director
Alicia Wogan, Executive Assistant
Bertha Higbee, ACNO
Laura Shea, Marketing-Community Relations
Theresa Bell, Project Director
Robyn Dunckhorst, CNO
Tina Wilson, ACNO
Brian Washburn, DOO
Duane Grannis, Maintenance Director

Marsha Foreman, Community Health Nurse, related the challenges she encountered with medical records and the health fair lab results. At present, she still does not have the information she needs. Foreman also explained the challenges she had with updating the correct billing information for services she recently received. The care was good but the billing services were deficient.

Barbara Sealy explained the billing issues she has had for the past two years, particularly the inability to get answers to her questions and the unfriendly customer service. Sealy said the physician services have been good but the billing has been bad.

Board member Tipton related his billing issue challenges and refusal of staff to speak with him about a billing issue for another person. Tipton also related an incident where he presented a prescription, was told someone would call him back and he has yet to receive a call back.

Board members Hunt, Casalez and Miller commented on the challenges with the responsiveness to telephone calls and questioned whether there was adequate staffing.

Board member Trout commented on a positive billing experience that was resolved through the Revenue Cycle Director.

CEO Powers commented on the customer service and advised that his cell number is available to anyone and he will always return calls promptly. Powers explained that it is apparent there is some training needed in customer service.

Chief of Staff Davis and board members Casalez and Tipton suggested that another forum be held in the future, possibly quarterly, to keep abreast of the issues the public is experiencing.

No action was taken.

PUBLIC COMMENT:

There was no public comment.

Board chair Cramer adjourned the May 24, 2021 meeting of the Humboldt County Hospital District Board of Trustees at 6:24 p.m.

APPROVED:

ATTEST:

Alicia Cramer, Board Chair

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
MAY 25, 2021 REGULAR MEETING
MEETING VIA TELECONFERENCE--VIDEOCONFERENCE--IN-PERSON**

BOARD PRESENT:

Alicia Cramer, Chair
JoAnn Casalez, Member
Gene Hunt, Member
Ken Tipton, County Comm. Member
Lewis Trout, Member
Michelle Miller, Secretary

Kent Maher, Legal Counsel

BOARD ABSENT:

None

MEDICAL STAFF PRESENT:

Richard Davis, MD
Robert Johnson, PA

STAFF PRESENT:

Tim Powers, CEO
Cory Burnett, CFO
Robyn Dunckhorst, CNO
Mike Bell, IT Director
Brett Peine, EMS Director
Alicia Wogan, Executive Assistant
Shelly Smith, Senior Accountant
Brian Washburn, DOO
Angela Giese, Chief Human Resources Officer
Darlene Mangrum, Revenue Cycle Director
Laura Shea, Marketing-Community Relations
Rachel Lara, Clinic Manager
Duane Grannis, Maintenance Manager
Theresa Bell, Project Director
Sara Otto, Chief Compliance Officer (via phone)
Bertha Higbee, ACNO
Tori Stephen, MM Manager
Jessica Villarreal, Credentialing Specialist
Jeanette Grannis, Business Office
Tina Wilson, ACNO

GUESTS:

Diana Powers.

CALL TO ORDER:

Board chair Cramer called the May 25, 2021 board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

Lewis Trout commended Cramer for scheduling the special meeting yesterday evening and said he agrees with having that type of forum on a regular basis.

MEDICAL STAFF – HOSPITAL DEPARTMENT REPORTS:

Medical Staff report:

Chief of Staff Davis advised that medical staff is functioning well and coverage is being provided while a replacement for Dr. Kroner is sought. The COVID numbers are trending well and the County appears to be in good shape. Davis commented that taking the temperature at the hospital entrance is not meaningful and he is interested in what the CDC will require.

MedX update:

There was no report.

Patient Survey:

CNO Dunckhorst explained the patient satisfaction survey, Qualitick, the Emergency Department six-month overview, and the medical surgical unity six-month overview. Dunckhorst advised that HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) surveys are done but not all departments are covered. Chief of Staff Davis advised that a survey immediately after an OR procedure is probably not a good idea and that some time should intervene before the survey is taken. Following further discussion, Board chair Cramer suggested that Board member Hunt, CCO Otto, Chief of Staff Davis and CNO Dunckhorst discuss the survey procedure.

Chief Compliance Officer Otto explained HCAHPS, CGCAHPS and Press Ganey. Otto said currently recruiting is being done for a patient advocate to help with complaints. Otto acknowledged that surveys are done on a random basis. CEO Powers commented on the pricing.

Administration Department reports:

- a) EMS update: EMS Chief Peine went over total runs; non-billable vs billable runs by month; non-billable runs by type; blood draws by requesting agency; outreach events; outreach hours; outreach costs; community paramedic patient volume; and, patient contacts. In response to a question about the ability to deal with a mass casualty, Peine stated that mutual aid agreements are in place with surrounding communities. Peine also noted that the department upstuffs for certain events. CCO Otto said through hazard preparedness and LEPC the hospital responses and risks are planned.

- b) CEO Report: CEO Powers commented on the community forum remarks from yesterday and explained that there are new beds and that they are researching the issue with the broken beds. DOO Washburn explained that the reporting of the lab results were not built into the Cerner system and they must be in the right format before they can be distributed to the health fair participants. Board members Hunt, Miller and Trout expressed concern about not being prepared to deliver the health fair results in a timely manner. Board member Tipton asked if the results will be provided once the codes are fixed. Washburn said yes and noted that the patients have not been advised of the delay. Revenue Cycle Director Mangrum explained that there was a Medicare issue on the Sealy account (from the meeting yesterday) and she worked on the matter today. Powers discussed the non-answered calls with Mangrum and she is working with IT Director Bell to address a phone tree. Powers reported on: the pricing survey; Nevada Gold Mines; Helmsley Foundation; the Cardiology clinic open house on June 19; the PERS late filing situation; SNF surveys; and, the Cerner contract legal review which was provided to the board. Mangrum recapped the billing situation with R1, Cerner Works, customer service training for staff, using an insurance collection specialist, a self-pay collection specialist, a billing specialist, a charge service specialist, a charge master owner, a business office manager, a revenue cycle IT analyst and specialty training. Mangrum noted that a centralized scheduling will be implemented June 7 and there will be registration cross training with the business office.

CONSENT AGENDA: Motion by board member Casalez and second by board member Hunt, to approve consent agenda consisting of: (i) Board meeting minutes for March 23, 2021; and, (ii) Medical Staff applications for appointments, reappointments, provisional and temporary privileges for: Lacy Fettic, MD, Active-Family Medicine; and, Lee Church, MD, Active-Hospitalist/Family Medicine. Motion carried unanimously with Board member Miller abstaining from the March 23, 2021 minutes due to not being present at the meeting.

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FINANCIAL REPORTS:

CFO Burnett presented and explained the April 2021 financials, including: gross patient revenue; contractual allowances and bad debt; operating revenue; operating expenses; non-operating revenue; net income; and, AR and days cash on hand. Board member Tipton questioned if the budget projections will be met by end of year. Burnett stated the payment to the Elko Daily Free Press was for a virtual job fair advertising for nurses. Burnett has no recommendations concerning changes to the five year budget plan.

Motion by board member Hunt and second by board member Miller to approve the April 2021 financials, warrants, and disbursements as presented. Motion carried unanimously.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration-Finance / Public Hearing / fiscal year 2021-2022 tentative budget and amendments to the budget / request for approval of 2021-2022 tentative budget as amended and submission of fiscal year 2021-2022 final budget / CFO-CEO-Administration

CFO Burnett reported the changes to the budget, including: addition of DNV costs; Monigle research was removed; the payroll section was updated; and, there was a decrease in operating revenue. Board member Tipton said he feels the budget is overly aggressive. Board member Trout asked if the EMS campus and specialty clinic should be pushed out a year. Board member Miller stated there are many items being dealt with and until the current business is managed well, there should not be additional items added. Board member Casalez agreed that the hospital needs to fix what we have now before we consider expansion. Tipton commented the budget can be approved with the items as presented, but the individual items will not be approved without board approval. CEO Powers agreed and remarked that the individual items would have to have Board approval. A lot of the budget depends on the success of the change in the billing.

There was no public comment.

Motion by board member Tipton and second by board member Miller to approve the fiscal year 2021-2022 tentative budget and amendments to the budget as presented. Motion carried unanimously.

2. Hospital Administration / request for authorization to negotiate for the purchase of property to be used for construction of an off-site EMS facility / CEO-EMS-Chief-Administration

This item was tabled at the request of CEO Powers.

3. Hospital Administration / proposal to engage Architectural Nexus Inc to provide professional services to: (i) develop an overall master plan for the hospital at a cost not to exceed \$78,200 plus reimbursable expenses; (ii) conduct a life safety assessment to clarify the current site conditions and provide a life safety plan for future projects at a cost not exceed \$22,180 plus reimbursable expenses; (iii) prepare a preliminary architectural feasibility report for evaluation of the existing EMS facility and site for an outpatient specialty clinic at a cost not to exceed \$72,230 plus reimbursable expenses (the estimated reimbursable expenses for the preceding three items are \$17,599); and, (iv) as an option, surveying and utility location services at a cost of \$50,700, topographic surveying at a cost of \$5,500 plus estimated reimbursable expenses of \$4,400 / CEO--Administration

This item was tabled at the request of CEO Powers.

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4. Hospital Administration / proposal to engage Dingus Zarecor & Associates, certified public accountants, at an estimated cost of \$60,000 to provide professional services to examine the district's forecasted financial statements, compile historical financial statements and prepare a demographic study for use in determining prospective financial information and assumptions to be used to obtain USDA financing / CEO/ Administration

This item was tabled at the request of CEO Powers.

5. Hospital Administration-Pharmacy / request for authorization to solicit proposals for the proposed laboratory and pharmacy construction projects / CEO

Motion by board member Hunt and second by board member Casalez to approve the request for authorization to solicit proposals for the proposed laboratory and pharmacy construction projects as presented. Motion carried unanimously.

6. Hospital Administration / request to approve Rachel Lara, RN as the infection preventionist for Humboldt General Hospital / CEO-Administration

Motion by board member Miller and second by board member Hunt to approve Rachel Lara, RN as infection preventionist for Humboldt General Hospital. Motion carried unanimously.

7. Hospital Administration-OR / request for authorization to purchase equipment from GE Healthcare consisting of: (i) a cath lab imaging system at a purchase cost of \$830,306.18 with an annual cost of \$125,342; (ii) a hemodynamic monitoring system at a purchase cost of \$146,151.79 with an annual cost of \$14,504; and, (iii) a venous access ultrasound system at a purchase cost \$36,766.69 / OR-Administration

Board member Trout asked Chief of Staff Davis if the items can be purchased separately. CEO Powers advised there is grant money from the Pennington Foundation of \$945,000 for the equipment. The construction costs are unknown at this time; however, the total costs are estimated at roughly 2.2 million. Board member Tipton remarked that this is a big piece of the increases in revenue of the next fiscal year budget. Davis commented that without the equipment they cannot proceed with the cath lab.

Motion by board member Trout and second by board member Casalez to approve the purchase request as presented. Motion carried unanimously.

8. Hospital Administration / request to approve a master services agreement with R1 RCM Inc. to transition the billing function and services from RCM to the hospital district as outlined in a separate statement or statements of work at a cost of \$4M paid in eight equal installments ending December 2021 / termination of existing services agreement with R1 RCM Inc. / CEO-Administration

Motion by board member Trout and second by board member Cramer to approve the master services agreement with R1 RCM to transition the billing function and services from RCM to the hospital district at a cost of \$4M paid in eight equal installments ending December 2021, subject to termination of the existing services agreement with R1 RCM Inc. Motion carried unanimously.

9. District Administration / proposal to authorize the solicitation of requests for proposals to provide legal services to the district and board of trustees / Board

Board member Miller said there was some discussion previously of having attorney services in house. There was discussion of CCO Otto becoming licensed in Nevada. Board member Trout asked if there are criteria to evaluate applicants. CEO Powers said they could look at the qualifications of other providers he has used. Trout stated that there may be retired judges who may be interested in such a position. Board member Tipton stated he has no interest in changing, noting it's good to have someone with

knowledge and a background with the organization. Miller said she anticipates Maher would apply. Trout expressed his opinion that the services should be looked at every five years. Legal Counsel Maher explained the services he has provided since 1997 which includes being available for staff and administration questions. Board member Casalez thinks the discussion should center on what the board wants and does not feel the board should dictate what administration wants. Casalez said use of outside counsel may be appropriate in some instances because of the hospital growth, but it should be understood that Maher provides services to the board and it is appropriate for him to review contracts the board authorizes. Powers noted there is nothing that states a dollar amount threshold on administration expenditures and he is open to suggestions on what that amount should be and that anything \$25,000 and higher has been brought to the board. Casalez feels the limitations should be put in writing. Trout suggested this item be tabled and that work be done to get specific standards and duties to see if the board would like a combined or split position. Powers said he will look into the matter further and, if necessary, bring the matter back to the board.

Board chair Cramer advised this item is tabled. No action was taken.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Tipton stated he was surprised that long term care went from a five star rating to a two star rating but he is confident with hard work the rating will improve.

Board member Trout thanked Tipton for his cautious approach to the budget and thanked Maher for his input on the attorney situation.

Board chair Cramer thanked staff for their participation.

PUBLIC COMMENT:

There was no public comment.

Board chair Cramer adjourned the May 25, 2021 meeting of the Humboldt County Hospital District Board of Trustees at 8:15 p.m.

APPROVED:

ATTEST:

Alicia Cramer, Board Chair

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
JUNE 22, 2021 REGULAR MEETING
MEETING VIA TELECONFERENCE--VIDEOCONFERENCE--IN-PERSON**

BOARD PRESENT:

Alicia Cramer, Chair
JoAnn Casalez, Member
Gene Hunt, Member
Ken Tipton, County Comm. Member
Lewis Trout, Member

Kent Maher, Legal Counsel

BOARD ABSENT:

Michelle Miller, Secretary

MEDICAL STAFF PRESENT:

Richard Davis, MD
Robert Johnson, PA

STAFF PRESENT:

Tim Powers, CEO
Cory Burnett, CFO
Robyn Dunckhorst, CNO
Mike Bell, IT Director
Brett Peine, EMS Director
Alicia Wogan, Executive Assistant
Darlene Mangrum, Revenue Cycle Director (via phone)
Brian Washburn, DOO
Angela Giese, Chief Human Resources Officer
Tina Wilson, ACNO
Kim Plummer, Controller
Michel Winters, Harmony-Quail DON
Janet Sturtz, OR Manager
Laura Shea, Marketing-Community Relations
Rachel Lara, Clinic Manager
Duane Grannis, Maintenance Manager
Theresa Bell, Project Director
Sara Otto, Chief Compliance Officer
Bertha Higbee, ACNO
Cody Bright, Pharmacy Manager
Tori Stephen, MM Manager
Shelly Smith, Senior Accountant
Jessica Villarreal, Credentialing Specialist
Sandi Michaels, Clinical Informatics

GUESTS:

Bill Hammargren (MedX AirOne Community Advocate) and Debra Gay.

CALL TO ORDER:

Board chair Cramer called the June 22, 2021 board meeting to order at 5:30 p.m.

PUBLIC COMMENT:

Debra Gay offered her perspective on the COVID situation and her belief that the PCR test was never intended to be a diagnostic test. She expressed her concern that the COVID vaccine is causing the loss of children and that there are more deaths because of the vaccine. Gay suggested that more research should be done.

Dr. Richard Davis, Orthopedic Surgeon, stated he has been in medicine for 30 years and he has studied extensively the research on COVID from many sources, noting the data from China was quite good. Davis said when forming an opinion about COVID the source of the information must be considered. Davis said the vaccine is quite safe and that it is foolish to take chances with COVID by not being

vaccinated. Davis said it is understood that some people have adverse reactions but the information available to him is not consistent with the comments by Gay.

Board member Hunt stated he understands the information Gay has been researching and that there is incorrect information being circulated.

MEDICAL STAFF – HOSPITAL DEPARTMENT REPORTS:

Medical Staff report:

Chief of Staff Davis reported the County COVID positivity rate is 1.1%. Davis explained about the new COVID variant and the protection offered by being vaccinated. Davis said he is a vaccine advocate.

MedX AirOne update:

MedX AirOne representative Bill Hammargren reported effective July 1, the MedX AirOne and Intermountain merger will be complete. MedX will sponsor the Boys and Girls club golf tournament this week and there will be a helicopter drop of golf balls. Board member Trout asked if the base of the operations is in Salt Lake City. Hammargren stated MedX will operate under the Classic Air Medical umbrella.

Administration Department reports:

- a) EMS Report: EMS Chief Peine reported on: the Night in the Country 2021 event; ballistic vests; training for the community paramedicine course (48 hours); and, the child safety seat technician course. Peine advised the safety seat course trains staff to educate parents on installing the car seats. Board member Trout asked about the revenue for Night in the Country. Peine stated the proposal is for \$65,000. CEO Powers advised that the revenue will be in sum of the costs incurred. Board member Tipton asked about how many staff will be left locally to provide services while Night in the Country is being covered. Peine advised there are 23 persons, including nursing and physicians, going to the event. Peine reported on the: car seat event on Saturday, June 26, 2021; EMS fleet status; total runs per month; non-billable vs billable runs by month; non-billable runs by type; non-billable runs; blood draws by requesting agency; outreach events by month; outreach hours by month; outreach cost by month; community paramedicine patient volume; and, patient contracts by program. Board chair Cramer asked how long patients stay on the paramedicine program. Peine explained they stay on until they are better and sometimes it can take a year.
- b) SNF update: Director of Nursing, Harmony-Quail DON Winters advised: the call light system is installed; the corrective action plan to get the stars rating back is in place; and, the need for the SimpleLTC software. Board member Tipton inquired on the software cost. CNO Dunckhorst stated \$500. Board member Trout asked if they have the software. Winters said they are currently using the software trial and they do not have a target date for using it permanently. Winters went over the procedures for visitation.
- c) Orthopedics/Cardiology update: Marketing-Community Relations manager Shea commented on: the cardiology open house campaign; the ads; television; on-hold messaging; the community magazine; direct mail post card; landing page; pay per click campaign; and, Facebook posts. Shea described the marketing campaign for orthopedics which includes: direct mail; a landing page; a brochure; a pay per click campaign; the magazine; and, television. Board member Tipton asked what services Mitchel Palmer is providing. Shea explained they work on specific things and confirmed that Mitchel Palmer is completing the brochures, not her.
- d) CEO Report: CEO Powers introduced Sandi Michaels, Clinical Informatics. Powers commented on: the proposed completion of the cath lab drawings by June 30, 2021; the Cardiology clinic, which is doing well; Mark Reyka, CRNA who is retiring; the hospital image survey; the ophthalmology services, we are looking at a physician who is from Las Vegas and works in Elko, maybe he will come here; the GBS program; and, the PERS payment situation. Executive Assistant Wogan

reported on the public records request process. Revenue Cycle Director Mangrum explained the R1 transition update which includes: training; staffing; secondary claims; workers compensation carriers; collections; accounts over 181 days; filled charge master position; customer service training; voice mail protocol; and, the organization chart. Board member Tipton asked if all coders will be onsite. Mangrum stated they will work remotely. Board chair Cramer asked if Mangrum thinks most services will be billable. Mangrum thinks a conservative estimate is 45%. CEO Powers went over AR aging report and why it has to be fast tracked and explained the accounts receivable activity. Board member Tipton asked if Powers feels by the end of the year the days in AR will be at 60 days. Mangrum stated her goal is to be at 45 days in a year. Powers advised it will be revisited at every board meeting and he and Mangrum are to be held accountable for this.

CONSENT AGENDA: Motion by board member Trout and second by board member Hunt to approve the consent agenda consisting of: (i) board meeting minutes of April 6, 2021, April 27, 2021 and May 4, 2021; and, (ii) Medical Staff applications for appointments, reappointments, provisional and temporary privileges for: Andrew Geisler, MD, Active-Physical Medicine and Rehabilitation; Sierra Ribero, APRN-CNM, Allied Health Professional-Certified Nurse Midwife; Sean Elder, APRN-CNP, Allied Health Professional-Mental Health; and, Zia Khan, MD, Provisional-Cardiology. Motion carried unanimously.

FINANCIAL REPORTS:

CEO Powers presented and explained the May 2021 financials, including: gross patient revenue; contractual allowances and bad debt; operating revenue; operating expenses; non-operating revenue; net income; and, AR and days cash on hand. Board member Trout asked about the 9.3 million compared to 10 million that was in the budget and questioned if expenses were being reduced. Powers advised there are adjustments being made, such as converting travelers to employees. Board member Tipton advised it appears contract labor is going up and questioned if that will change. Powers does expect it to change. Tipton asked why clinic visits are down. Powers stated the COVID clinic is down and people are on vacation. Tipton asked about the salary and wages going way up and who completed the wage survey. Tipton said projections need to go up to compensate for the wage increase, noting they are up almost one million dollars a month. Powers said pro-fees have not been billed since 2010 and expects an increase such fees. Powers explained the balance sheet shows a loss for the month. Tipton asked if the Cares Act money has been spent. Controller Plummer reported the expenditure amount and advised the spending deadline has been extended to December 2021.

Motion by board member Tipton and second by board member Casalez to approve the May 2021 financials, warrants, and disbursements as presented. Motion carried unanimously.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration / request to approve professional services agreement with Joseph Drew, MD to provide Urology services / CEO-Administration

Board member Trout advised he has been a patient of Dr. Drew.

Motion by board member Hunt and second by board member Casalez to approve the professional services agreement with Joseph Drew, MD to provide urology services. Motion carried unanimously.

2. Hospital Administration-OR request to approve purchase of Lumenis Pulse 100H laser used for urology procedures for the sum of \$131,800 plus the costs for the electrical utility services installation-modification / OR Director Administration

CEO Powers advised that Dr. Drew does a number of procedures that will require this equipment. The electrical power requirements were discussed. Board member Tipton asked where this item was in the budget. Powers does not believe urology was in the budget. Tipton asked where does the money come

from in the budget to make this purchase. Powers advised there will have to be an augmentation. Board chair Cramer advised the board is not going to augment the budget again and it is necessary to stick to the budget. Powers remarked if a physician comes and wants to provide services that we should welcome them with open arms. Board member Hunt commented that he has heard numerous times that the services will pay for themselves and they don't pay. The amount in question here is not as bad as some items and it appears it will pay for itself quickly. OR manager Sturtz said that when completing the budget this new service was not contemplated. If the hospital wants to grow services, there will have to be equipment purchases. Tipton suggested a line item for funding of new services. Powers explained that it is challenging when it is unknown what the services will be. Cramer would like these types of items to come with more information. Board member Casalez advised several desired service items were discussed during the budget process and questioned why they were not in the budget. She questioned the reason for taking the money out of reserves, which are going down rapidly. If something happens with the hospital there needs to be reserves. Trout asked if money could be transferred from other areas of the budget. Powers commented on urology services at the hospital where he previously worked, noting it was very profitable and in demand. Legal Counsel Maher advised it is a violation of the law to spend money not budgeted. Hunt asked if this would be a violation of the law. Maher asked where is the money going to come from. Cramer advised we can table and revisit. Controller Plummer advised that the pharmacy will no longer need the funds budgeted, which are adequate to cover the costs of this item. Maher noted that funds can be moved between budgeted items. Powers explained the situation with the pharmacy.

Motion by Board member Trout second by board member Hunt to approve the purchase of the equipment and installation not to exceed \$175,000. Motion carried unanimously.

3. Hospital Administration proposal to rescind the approval to purchase cath lab equipment from GE for the sum of \$1,153,070.66 and to authorize the purchase of the cath lab equipment from Phillips for the sum of \$1,013,005.05 / OR Director-Administration

Board member Hunt asked why the change. CEO Powers advised there was a mistake on the previous agenda, it should have been Phillips all along. Powers said it was his responsibility.

Motion by board member Casalez and second by board member Trout to approve the change as presented. Motion carried unanimously.

4. Hospital Administration-EMS / request to purchase and up-fit two new Dodge Ram 2500 crew cab 4X4 gas trucks for EMS administration-command services at a cost of \$49,522 each / EMS Chief-Administration

EMS Chief Peine referred to the report earlier in the meeting, noting two EMS vehicles are beyond repair. The vehicles proposed for purchase are budgeted in the 2022 budget and the order will not be submitted until after July 1, 2021. Board member Trout asked about the leasing information in the packet. Peine stated they looked at leasing and determined purchasing would be best.

Motion by board member Casalez and second by board member Hunt to approve the purchase of two EMS vehicles after July 1, 2021, as presented. Motion carried unanimously.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Trout noted that Washoe County has suspended public comment at the beginning of their meetings.

Board member Hunt thanked the staff for attending the meetings and said it is very helpful in case something comes up like the pharmacy remodel. Regarding earlier public comment, Hunt said misinformation needs to be addressed immediately.

Board member Casalez agrees about having staff attending the meetings. Everyone working on the revenue cycle has done amazing jobs and the way it is presented is very helpful, even though sometimes it is very daunting.

Board member Tipton thanked for staff being present and said he is hopeful staff will go through their budgets and know the sources of funding for the budget requests.

Board chair Cramer reminded of the upcoming residence graduation and thanked staff for coming to the meeting.

PUBLIC COMMENT:

There was no public comment.

Board chair Cramer adjourned the June 22, 2021 meeting of the Humboldt County Hospital District Board of Trustees at 7:52 p.m.

APPROVED:

ATTEST:

Alicia Cramer, Board Chair

Alicia Wogan, Executive Assistant

**HUMBOLDT GENERAL HOSPITAL
DISTRICT BOARD OF TRUSTEES
JUNE 28, 2021 SPECIAL MEETING
MEETING VIA TELECONFERENCE—VIDEOCONFERENCE—IN-PERSON**

BOARD PRESENT:

Alicia Cramer, Chair (via phone)
Michelle Miller, Secretary
Ken Tipton, County Comm. Member (via phone)
Lewis Trout, Member

Kent Maher, Legal Counsel (via phone)

BOARD ABSENT:

JoAnn Casalez, Member
Gene Hunt, Member

STAFF PRESENT:

Tim Powers, CEO (via phone)
Cory Burnett, CFO
Kim Plummer, Controller
Mike Bell, IT Director
Alicia Wogan, Executive Assistant
Darlene Mangrum, Revenue Cycle Director
Sara Otto, Chief Compliance Officer
Bertha Higbee, ACNO
Theresa Willis, EMS (via phone)

MEDICAL STAFF PRESENT:

None

GUESTS:

Ashley Maden (Humboldt Sun); Kami Matzek (DZA-via phone); and, Millie Custer (via phone).

CALL TO ORDER:

Board chair Cramer called the June 28, 2021 board meeting to order at 10:00 a.m.

PUBLIC COMMENT:

There was no public comment.

BUSINESS ITEMS-OTHER REPORTS:

1. Hospital Administration / proposal to augment FY 2020-2021 General Fund budget in the sum of \$18,291.527 to increase the appropriations in the fund to account for previously unbudgeted expenses incurred by the Hospital District / CFO-CEO-Administration

Powers asked for questions. Board member Miller requested an explanation of the \$5.4 million in expenses. Powers explained the costs were due to the Covid bonus and the use of Cares Act funds. Board member Trout asked if there were other items under the Covid funds involved to offset other items. Controller Plummer and CFO Burnett responded, with Plummer noting net proceeds of mines was added as it was not budgeted. Trout asked if \$11.8 million is the net transfer amount. Miller asked about employee wages and the costs for travelers. Powers said nurse travelers went from \$80 per hour to \$145 per hour. Currently nurses are \$90 to \$120 an hour. Trout asked when more contract services will go to non-contract services. Powers reviewed the services in each department, noting the lab is the most significant at this time. Plummer distributed information on the professional services contracts. There are two invoices with RPG, one for general surgeons and the other for hospitalists. Hospitalist services will no longer be contracted. Powers spoke with Synergy today about a hybrid model and the increase in pro-fees from the operating room and clinic. Miller asked about the supplies and small equipment expenses. Burnett explained there was higher volume and one case of a high dollar drug that was administered to one patient eight times, resulting in a \$1.2 million expense. Board member Tipton commented the budget projections are not realistic. Money is being spent which is not budgeted, which is illegal under state law. Tipton is very concerned about having to do this. Miller would like to see quarterly or every other month

updates. Miller said when items are brought to the board, whether budgeted or not, there is no requirement to approve the request. There are things that absolutely have to be done for patient care, but other things may have to wait to balance the budget. Burnett stated what is shown is budget to actual in the financial reports. Tipton stated if the budget over expenditure was known in advance, it would have been nice to have been notified. Powers said the MRI being down for 45 days affected revenue. Plummer said she is not sure why insurance was over budgeted. The difference in the rental and lease expenses was due to contracted housing. There was the expense for the mobile kitchen while the existing kitchen was remodeled. Miller questioned how depreciation was miscalculated by \$830,000. Plummer said her calculation was low. Powers explained the depreciation of assets. Miller commented on the \$46,000 in other expenses and the loss of impairment due to the pharmacy being booked as complete and it was not, thus it cannot be an asset. Once it is complete, it can be rebooked. Matzek with DZA said this initial (pharmacy) write off is to get it down to value. The non-operating expenses and donations are due to the payment to GBC. Plummer and Powers explained why the R1 termination was paid all at one time rather than over a period of time. The provider relief fund, the increase in wages and contract labor, the screening clinic and net proceeds of mines were discussed and explained.

Motion by board member Miller and second by board member Trout to approve augmentation to the FY 2020-2021 general fund budget in the sum of \$18,291,527. Motion carried unanimously.

TRUSTEE COMMENTS-STAFF REPORTS:

Board member Miller would like an item on the agenda about the budget status and said again that purchases do not have to be approved just because they are in the budget.

Board member Trout would like monthly information on the billing staff progress and numbers.

Board member Tipton suggested it would be helpful to have the financial information on the Friday before a meeting rather than the day of the meeting.

PUBLIC COMMENT:

There was no public comment.

Board chair Cramer adjourned the June 28, 2021 meeting of the Humboldt County Hospital District Board of Trustees at 10:56 a.m.

APPROVED:

ATTEST:

Alicia Cramer, Board Chair

Alicia Wogan, Executive Assistant



July 27, 2021

Board of Trustees
 Ref: Medical Staff Meeting

The following Medical Staff Appointment, Reappointment, and Provisional privilege files were presented to and approved by Medical Staff on July 20, 2021:

Provisional:

- Claudia Deliz Guzman, MD Provisional-Emergency Medicine
- Andrew Michelson, MD Provisional-Emergency Medicine

Appointment:

- Shannon Eldridge, CRNA Allied Health Professionals-Anesthesia/CRNA
- Lawrence Briggs, MD Consulting-Teleradiology
- Cristina Cavazos, MD Consulting-Teleradiology
- Deborah Conway, MD Consulting-Teleradiology
- Scott Kerns, MD Consulting-Teleradiology

Reappointment:

- James Sullivan, DO Consulting-Nephrology
- Thomas Rembetski, MD Courtesy-General Surgery
- Robbie Grant, DO Courtesy-Family Medicine
- Steven Berger, MD Provisional-Psychiatry

Below details additional information on each Medical Staff file:

- **Claudia Deliz Guzman, MD** earned her Doctor of Medicine from the University of Puerto Rico School of Medicine in June 2013. Dr. Deliz Guzman completed her one-year internship and two-year residency in Emergency Medicine with the University of Puerto Rico Hospital from July 2013 to June 2016. Dr. Deliz Guzman is currently board certified in Emergency Medicine through the American Board of Emergency Medicine. She also holds current certifications for ATLS, ACLS, PALS, and BLS. Dr. Deliz Guzman was an Emergency Medicine physician with Emergency Medicine Consultants for TeamHealth from August 2016 to February 2019, working mostly in Texas and then transitioned to Envision beginning in November 2018. She will be joining Humboldt General Hospital through Envision. Dr. Deliz Guzman was granted temporary privileges on June 24, 2021 and covered a couple shifts in early July.
- **Andrew Michelson, MD** earned his Doctor of Medicine from the University of Nevada, Reno School of Medicine in 2008 and completed his Emergency Medicine residency with the University of Nevada School of Medicine in Las Vegas in 2011. Dr. Michelson is currently board certified in Emergency Medicine through the American Board of Emergency Medicine, initially certified in 2012. He also holds current ACLS, ATLS, and PALS certifications. Dr. Michelson has worked with Reno Emergency Physician Associates at Saint Mary’s Regional Medical Center in Reno, NV since 2011. He will be joining Humboldt General Hospital through Envision to provide coverage for our Emergency Department. Dr. Michelson was granted temporary privileges on June 24, 2021 and covered a couple shifts in early July.



HUMBOLDT GENERAL HOSPITAL

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- **Shannon Eldridge, CRNA** earned his Doctorate of Nurse Anesthesia Practice from Texas Wesleyan University in 2013 after earning his Master of Science in Nursing/Anesthesia from the Uniformed Services University of the Health Sciences in 2009. Shannon is current certified through the National Board of Certification and Recertification for Nurse Anesthetists and holds current certification in ACLS, ATLS, PALS, BLS, and NRP. Shannon served as a CRNA with the United States Air Force from 2009 to present. During this time, he served as a staff CRNA, Clinical Director for graduate nurse anesthesia students, and Chief CRNA. He will be joining Humboldt General Hospital in late August/early September.
- **Lawrence Briggs, MD** earned his Doctor of Medicine from the University of Connecticut in 1995. Dr. Briggs completed a fellowship in Anatomic Pathology with the University of Connecticut from 1992 to 1993, an internship in Surgery with the University of Connecticut from 1995 to 1996, and a residency in Pathology with UMMS Baystate from 1996 to 1997. Dr. Briggs then completed a residency in Diagnostic Radiology from 1997 to 2001 with Hartford Hospital and a fellowship in Vascular and Interventional Radiology from 2010 to 2011 with Dartmouth Hitchcock Medical Center. Dr. Briggs is currently board certified with the American Board of Radiology in Interventional-Diagnostic Radiology and held past certifications in Diagnostic Radiology and Vascular-Interventional Radiology. He began with Virtual Radiologic Professionals (vRAD) in 2015 and will be joining Humboldt General Hospital as a consulting provider for teleradiology services through vRAD.
- **Cristina Cavazos, MD** earned her Doctor of Medicine from Duke University School of Medicine in 2001. Dr. Cavazos completed her internship in Internal Medicine and residency in Diagnostic radiology with Beth Israel Deaconess Medical Center from 2001 to 2006. She also completed a fellowship in Neuroradiology from 2006 to 2007 with Baylor College of Medicine. Dr. Cavazos is current board certified in Diagnostic Radiology through the American Board of Radiology. She has been practicing as Radiologist since 2007 and joined vRAD in 2010. Dr. Cavazos will be joining Humboldt General Hospital as a consulting provider for teleradiology services through vRAD.
- **Deborah Conway, MD** earned her Doctor of Medicine from the University of Alabama Birmingham in 1998. She completed her residency in Radiology from 1998 to 2003 with Memorial Health University Medical Center and her fellowship in Pediatric Radiology from 2003 to 2004 with Seattle Children's Hospital. Dr. Conway currently holds board certifications in Diagnostic Radiology and Pediatric Radiology through the American Board of Radiology. Dr. Conway has been practicing as a Radiologist since 2004 and joined vRAD in 2018. Dr. Conway will be joining Humboldt General Hospital as a consulting provider for teleradiology services through vRAD.
- **Scott Kerns, MD** earned his Doctor of Medicine from the University of Virginia Medical Center in 1986. After graduating, he completed a one-year Transitional internship with Roanoke Memorial Hospitals. Dr. Kerns completed then completed his residency in Diagnostic Radiology from 1987 to 1991 with the University of Virginia Hospitals and his fellowship in Angio and Interventional Radiology from 1991 to 1992 with the University of Florida. Dr. Kerns holds a current board certification in Diagnostic Radiology through the American Board of Radiology and held a past certification in Vascular and Interventional Radiology through the American Board of Radiology. He has been practicing as a Radiologist since 1992 and joined vRAD in 2015. Dr. Kerns will be joining Humboldt General Hospital as a consulting provider for teleradiology services through vRAD.

ACLS – Advanced Cardiac Life Support
ATLS – Advanced Trauma Life Support
PALS – Pediatric Advanced Life Support

BLS – Basic Life Support
NRP – Neonatal Resuscitation Program
ALSO – Advanced Life Support in Obstetrics



HUMBOLDT GENERAL HOSPITAL

118 E. Haskell Street ■ Winnemucca, Nevada 89445
Phone 775.623.5222 ■ Fax 775.623.5904

- **James Sullivan, DO** earned his Doctor of Osteopathic Medicine from Western University of Health Sciences in 1998. He completed both his internship and residency with Maricopa Integrated Health Systems from 2003 to 2004 and 1998 to 2001, respectively. Dr. Sullivan also completed a fellowship in Nephrology with the Medical College of Georgia from 2001 to 2003. Dr. Sullivan is currently board certified with the American Board of Internal Medicine in Internal Medicine and Nephrology, earning these certifications in 2001 and 2003, respectively. Dr. Sullivan has been with Sierra Nevada Nephrology Consultants located in Reno, NV since 2003 and holds numerous hospital affiliations throughout Nevada. Sierra Nevada Nephrology Consultants are part of the Visiting Physicians that come to HGH monthly. Dr. Sullivan has held consulting privileges with Humboldt General Hospital since 2010.
- **Thomas Rembetski, MD** earned his Doctor of Medicine in 1977 from Boston University, School of Medicine. Dr. Rembetski completed his General Surgery internship with the University of Colorado Medical Center from 1977 to 1978 and started his General Surgery residency with the University of Colorado Medical Center. He then transferred to Oregon Health Science University to complete his General Surgery residency in 1983. Dr. Rembetski also completed a fellowship in Peripheral Vascular Surgery from 1984 to 1985 with the Baylor College of Medicine. Dr. Rembetski holds current board certifications in General Surgery and Vascular Surgery with the American Board of Surgery. He started his career as a Locum Tenens provider in Oregon and Idaho and then worked with a handful of practices until starting with Premiere Surgical Specialists in 2000; this is his current practice. Dr. Rembetski has held privileges with Humboldt General Hospital since April 2003.
- **Robbie Grant, DO** earned her Doctor of Osteopathic Medicine in 1988 from Oklahoma State University, College of Osteopathic Medicine and Surgery. Dr. Grant completed her internship training with Oklahoma State University Medical Center from 1988 to 1989. Dr. Grant holds current board certification through the American Osteopathic Board of Family Medicine, which she has held since 2001. She also holds certifications in CPR and ACLS. Dr. Grant began her private practice here in Winnemucca in January 2000. She served as the Medical Director over the Skilled Nursing Facility from September 1995 to January of 2019 and has held privileges with Humboldt General Hospital since September 1996.
- **Steven Berger, MD** earned his Doctor of Medicine from the University of Michigan in 1972. He then went on to complete his Internship and Residency with Michael Reese Hospital from 1972 to 1975 in Psychiatry. Dr. Berger is board certified in Psychiatry and Forensic Psychiatry through the American Board of Psychiatry and Neurology and the National Board of Physicians and Surgeons. He also holds a board certification in Forensic Psychiatry through the American Board of Forensic Psychiatry. Dr. Berger holds a current BLS certification. Dr. Berger has been practicing as a Psychiatrist since 1975 and currently holds active medical staff membership with Dini-Townsend Psychiatric Hospital's Northern Nevada Adult Mental Health Services. Dr. Berger has also held numerous Psychiatric Consultant positions. Dr. Berger is one of the Psychiatrist that provides coverage in the Behavioral Health Clinic with Dr. Coard's group. Dr. Berger was granted temporary privileges on December 28, 2020 and provisional privileges on January 26, 2021. A second provisional appointment is required as Dr. Berger did not have enough charts to be reviewed for the process of moving to active staff.

Thank you,
Jessica Villarreal
Medical Staff Credentialing Coordinator

ACLS – Advanced Cardiac Life Support
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Humboldt General Hospital
Statement of Profit and (Loss)
For the Period Ending June 30, 2021

FY20 MONTH	MONTH OF JUNE FY2021			FISCAL YEAR 2021 TO DATE			FY 2020 YTD
PRIOR YR	BUDGET	ACTUAL		ACTUAL	BUDGET	PRIOR YR	
\$ 2,633,504	\$ 3,526,595	\$ 2,243,196		\$ 31,972,337	\$ 42,906,880	\$ 32,146,281	
4,870,602	4,155,003	5,798,501	INPATIENT REVENUE	63,982,918	50,552,529	54,106,270	
804,624	570,250	237,002	OUTPATIENT REVENUE	5,083,174	6,941,631	6,062,846	
611,005	621,465	335,965	LTC	6,840,107	7,564,755	5,471,222	
8,919,735	8,873,313	8,614,664	CLINIC REVENUE				
			TOTAL PATIENT SERVICE REVENUE	107,878,536	107,965,795	97,786,619	
			DEDUCTIONS FROM REVENUE				
636,897	-7% (3,640,761)	41% (3,512,679)	CONTRACTUAL ADJUSTMENTS	37% (39,707,309)	41% (44,295,890)	37% (36,099,054)	
(565,200)	6% (754,342)	9% (28,097)	BAD DEBT	10% (10,809,697)	9% (9,177,093)	10% (10,234,494)	
71,697	(4,395,103)	(3,540,776)	TOTAL DEDUCTIONS FROM REVENUE	(50,517,006)	(53,472,983)	(46,333,548)	
8,991,432	4,478,210	5,073,888	NET PATIENT SERVICE REVENUE	57,361,530	54,492,812	51,453,071	
303,633	36,369	59,855	OTHER OPERATING REVENUE	444,371	440,395	731,425	
9,295,065	4,514,579	5,133,743	TOTAL OPERATING REVENUE	57,805,901	54,933,207	52,184,496	
			OPERATING EXPENSES				
1,969,934	1,934,823	2,390,457	SALARIES	28,096,808	28,706,351	19,787,516	
1,137,466	584,854	672,829	BENEFITS	6,844,282	6,951,453	6,946,401	
137,190	7,665	184,708	CONTRACT LABOR	2,116,001	2,240,889	1,525,321	
89,451	911,583	1,395,263	PURCHASED SERVICES	14,492,929	14,620,294	12,961,318	
18,573	496,653	567,080	MEDICAL SUPPLIES	6,724,185	6,785,593	5,483,225	
96,049	94,574	240,036	OTHER SUPPLIES & MINOR EQUIPMENT	2,300,851	2,000,371	1,464,976	
217,346	120,461	135,479	REPAIRS AND MAINTENANCE	1,661,801	1,634,549	2,056,477	
37,619	24,793	29,868	RENTS AND LEASES	451,687	480,000	348,846	
82,164	52,906	51,661	INSURANCE	568,155	571,494	626,516	
69,081	69,532	62,984	UTILITIES	719,038	764,639	835,823	
596,787	473,348	523,296	DEPRECIATION	6,465,747	6,591,851	6,539,368	
15,232	20,958	17,525	TRAVEL, MEALS & EDUCATION	160,886	254,931	236,948	
(525,111)	123,248	134,583	OTHER EXPENSE	1,204,404	2,167,889	1,707,103	
3,941,781	4,915,398	6,405,769	TOTAL OPERATING EXPENSES	71,806,774	73,770,304	60,519,838	
5,353,284	(400,819)	(1,272,026)	NET OPERATING INCOME/(LOSS)	(14,000,873)	(18,837,097)	(8,335,342)	
			NON-OPERATING REVENUE/(EXPENSES)				
4,088	24,658	12,116	INTEREST INCOME	126,687	300,000	280,683	
298,680	416,294	100,210	TAXES	7,398,899	5,064,914	6,810,969	
(333,333)	(2,055)	(339,023)	DONATIONS	(377,343)	(371,654)	(333,333)	
2,695,014	-	-	CARES ACT PROVIDER RELIEF FUNDS	3,722,268	-	2,695,014	
-	-	-	LOSS ON CONTRACT	(4,000,000)	(4,000,000)	-	
-	-	(31,609)	MISCELLANEOUS	64,977	-	-	
2,664,449	438,897	(258,306)	NON-OPERATING REVENUE/(EXPENSES)	6,935,488	993,260	9,453,333	
\$ 8,017,733	\$ 38,078	\$ (1,530,332)	NET INCOME/(LOSS)	\$ (7,065,385)	\$ (17,843,837)	\$ 1,117,991	
\$ 8,614,520	\$ 511,426	\$ (1,007,036)	EBIDA	\$ (599,638)	\$ (11,251,986)	\$ 7,657,359	



**HUMBOLDT COUNTY HOSPITAL DISTRICT
D/B/A HUMBOLDT GENERAL HOSPITAL
STATEMENTS OF NET POSITION
JUNE 30, 2021**

Humboldt General Hospital

	ACTUAL 6/30/2021	AUDITED 6/30/2020
ASSETS:		
CURRENT ASSETS		
CASH AND CASH EQUIVALENTS	\$ 26,194,987	\$ 31,701,634
ACCOUNTS RECEIVABLE, NET	20,643,247	14,907,453
OTHER RECEIVABLES	960,209	1,230,829
INVENTORY	2,150,538	2,073,317
PREPAIDS	1,211,047	1,493,214
TOTAL CURRENT ASSETS	51,160,028	51,406,447
PROPERTY, PLANT AND EQUIPMENT NET OF DEPRECIATION	54,217,493	58,277,583
DEFERRED OUTFLOW OF RESOURCES		
PENSION DEFERRED OUTFLOWS	5,486,127	5,486,127
TOTAL ASSETS	<u>\$ 110,863,648</u>	<u>\$ 115,170,157</u>
LIABILITIES:		
CURRENT LIABILITIES		
ACCOUNTS PAYABLE	\$ 6,701,727	\$ 2,889,207
ACCRUED PAYROLL	2,806,599	2,110,306
OTHER CURRENT LIABILITIES	32,547	291,878
TOTAL CURRENT LIABILITIES	9,540,873	5,291,391
LONG TERM LIABILITIES		
NET PENSION LIABILITY	27,978,114	27,978,114
DEFERRED INFLOW OF RESOURCES		
PENSION DEFERRED INFLOWS	2,478,091	2,478,091
DEFERRED REVENUE- CARES ACT	275,213	2,711,391
DEFERRED REVENUE- PENNINGTON FOUNDATION	945,571	-
TOTAL DEFERRED INFLOW OF RESOURCES	3,698,875	5,189,482
TOTAL LIABILITIES	41,217,862	38,458,987
FUND BALANCE:		
NET POSITION	69,645,786	76,711,170
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION	<u>\$ 110,863,648</u>	<u>\$ 115,170,157</u>

HUMBOLDT GENERAL HOSPITAL

PRESENTATION OF CASH ACCOUNTS

June 30, 2021-- FISCAL YEAR 2021

ACCOUNTS FOR:	G/L ACCT. #:	LOCATION HELD:	ACCOUNT.#:	BALANCES:
Cash Drawers	10010	Safe/Business Office/Clinics	Cash Drawers(12)	2,275
General Fund Checking	10000	Wells Fargo Bank	3828	4,113,999
Tax Account	10005	Wells Fargo Bank	925	16,588
Payroll Checking	10010	Wells Fargo Bank	3836	(5,677)
General Fund Investment	10020	Wells Fargo Bank	6671	589,951
Hanssen Scholarship Fund	10050	Wells Fargo Bank	7067	4,009
EMS Scholarship Fund	10055	Wells Fargo Bank	917	16,947
SNF Patient Trust	10035	Wells Fargo Bank	0021	35,970
SNF Memorial/Activity	10040	Wells Fargo Bank	9304	4,914
Investment Trust	10030	Wells Fargo Bank	6500	10,623,816
LGIP Savings	10025	NV State Treasurer	#xxxGHO	10,792,196

HGH TOTALS: 26,194,987

I, Cory Burnett, CFO for Humboldt General Hospital, hereby certifies the above report of cash account balances accurately reflects the actual cash book balances as reported in the general ledger.

SUBMITTED & SIGNED:

Tim Powers CEO

SUBJECT/TITLE: Sliding Fee Discount Program Policy**DEPARTMENT/SCOPE: Rural Health Clinic****OWNER: Director of Operations**

PURPOSE AND/OR POLICY STATEMENT: All patients seeking healthcare services at Humboldt General Hospital Rural Health Clinic (RHC) are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Humboldt General Hospital will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Humboldt General Hospital Rural Health Clinic will base program eligibility solely on an individual's ability to pay and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and updating the sliding fee schedule on an annual basis to determine eligibility.

DEFINITIONS:

Federal Poverty Level (FPL): The U.S. Federal Poverty Guidelines are used to determine financial eligibility for certain federal programs, based upon household size and gross income.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program:

- I. Notification: Humboldt General Hospital will notify patients of the Sliding Fee Discount Program by:
 - A. Payment Policy Brochure will be available to all patients at the time of service
 - B. Notification of the Sliding Fee Discount Program will be offered to each patient upon admission
 - C. Sliding Fee Discount Program application will be included with collection notices sent out by Humboldt General Hospital
 - D. An explanation of our Sliding Fee Discount Program and our application form are available on Humboldt General Hospital's website
 - E. Humboldt General Hospital places notification of Sliding Fee Discount Program in the clinic waiting area
- II. Request for Discount:
 - A. Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.
- III. Administration:
 - A. The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
- IV. Completion of Application:
 - A. The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Humboldt General Hospital as disclosed on the application form.
- V. Eligibility: Discounts will be based on income and family size only.
 - A. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Humboldt General Hospital Rural Health Clinic will also accept non-related households' members when calculating family size.

SUBJECT/TITLE: Sliding Fee Discount Program Policy**DEPARTMENT/SCOPE: Rural Health Clinic****OWNER: Director of Operations**

- B. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social security; Supplemental Security Income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
 - C. Individuals interested in applying for the discount must provide one of the following forms of written verification of household income and size:
 - I. Paycheck stub (most recent)
 - II. W-2 form
 - III. Last Income Tax Return
 - IV. Written statement from employer
 - V. Unemployment check stub
 - VI. Social security check stub
 - VII. Self-Declaration of Income (to be used only if the applicant does not have a written income verification)
 - D. Once the applicant completes the Sliding Fee Discount Application, the PRS will review it for completeness.
- VI. Discounts:
- a. Those with incomes at or below 100% of poverty will receive a full 100% discount for healthcare services. Those with incomes above 100%, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest FPL Guidelines
- VII. Nominal Fee:
- a. Patient with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
- VIII. Waiving of Charges:
- a. In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Humboldt General Hospital's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
- IX. Applicant Notification:
- a. The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, Humboldt General Hospital will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
- X. Refusal to Pay:
- a. If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the

SUBJECT/TITLE: Sliding Fee Discount Program Policy**DEPARTMENT/SCOPE: Rural Health Clinic****OWNER: Director of Operations**

notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point, Humboldt General Hospital can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

XI. Record Keeping:

- a. Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
 - i. Applicants that have been approved for the Sliding Fee Discount Program will be logged in Humboldt General Hospital's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - ii. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged

XII. Policy and procedure review:

- a. The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. Humboldt General Hospital will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

XIII. Budget:

- a. During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed in the budget as a deduction from revenue.

SUBJECT/TITLE: Sliding Fee Discount Program Policy

DEPARTMENT/SCOPE: Rural Health Clinic

OWNER: Director of Operations

2021 SLIDING FEE SCHEDULE:

Federal Poverty Levels	100%	125%	135%	150%	175%	185%	200%
Patient Discount Levels	Min Visit \$25.00	75%	65%	50%	30%	15%	0%
Persons in Family or Household	Income Less Than:	Income Less Than:	Income Less Than:	Income Less Than:	Income Less Than:	Income Less Than:	Income Less Than:
1	\$12,880	\$16,100	\$17,388	\$19,320	\$22,540	\$23,828	\$25,760
2	\$17,420	\$21,775	\$23,517	\$26,130	\$30,485	\$32,227	\$34,840
3	\$21,960	\$27,450	\$29,646	\$32,940	\$38,430	\$40,626	\$43,920
4	\$26,500	\$33,125	\$35,775	\$39,750	\$46,375	\$49,025	\$53,000
5	\$31,040	\$38,800	\$41,904	\$46,560	\$54,320	\$57,424	\$62,080
6	\$35,580	\$44,475	\$48,033	\$53,370	\$62,265	\$65,823	\$71,160
7	\$40,120	\$50,150	\$54,162	\$60,180	\$70,210	\$74,222	\$80,240
8	\$44,660	\$55,825	\$60,291	\$66,990	\$78,155	\$82,621	\$89,320
9	\$49,200	\$61,500	\$66,420	\$73,800	\$86,100	\$91,020	\$98,400
10	\$53,740	\$67,175	\$72,549	\$80,610	\$94,045	\$99,419	\$107,480



SUBJECT/TITLE: Sliding Fee Discount Program Policy

DEPARTMENT/SCOPE: Rural Health Clinic

OWNER: Director of Operations

Self-Declaration of Income

I, _____, declare that I have been working and receiving payment in cash in the amount of \$ _____ per **(circle one)** day, week, two-weeks, or month. I have no check stubs or other documentation to prove my earnings.

I, _____, declare that I have no employment and do not have income of any kind.

Signature: _____

Date: _____

.....
Office Use Only

I witness that this client has no documentation for proof of income:

Signature: _____

Date: _____



SUBJECT/TITLE: Sliding Fee Discount Program Policy

DEPARTMENT/SCOPE: Rural Health Clinic

OWNER: Director of Operations

RESOURCES:

National Rural Health Resource Center – Sliding Fee Scale Discount Guide for CAHs and RHCs:
<https://www.ruralcenter.org/resource-library/sliding-fee-scale-discount-guide-for-cahs-and-rhcs>

REVISIONS:

Review/Revised Date	Title	Description of Change