EASTERN PLUMAS HEALTH CARE DISTRICT **REGULAR MEETING OF THE BOARD OF DIRECTORS** Thursday, December 6, 2012 10:00 A.M. **EPHC Education Center, Portola, CA**

<u>Agenda</u> REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (530) 832-6564. Notification 72 hours prior to the meeting will enable the Eastern Plumas Health Care to make reasonable arrangements to ensure accessibility.

		Presenter(s)	I/D/A	Page(s)
1.	Call to Order	Gail McGrath	А	
2.	Roll Call	Gail McGrath	Ι	
3.	Consent Calendar (A)Agenda	Gail McGrath	А	1-2
	(B) Meeting Minutes of 10.22.12 Sp (C) Meeting Minutes of 10.25.12 Re			3 4-6
4.	Board Chair Comments	Gail McGrath	I/D	
5.	Board Comments	Board Members	Ι	
6.	Public Comment	Members of the Pub	olic I	
7.	Auxiliary Report	Kathy Davis	I/D	
8.	Chief of Staff Report	Eric Bugna, MD	I/D	
9.	 Policies and Procedures Reviewed on 11/26/2012 by Policy TPN 2012 w/hypoglycemia General Admit Form Heart Failure Orders Hypoglycemia Orders Needle Stick/Exposure Proto Pupillary Dilation for Retina 2012 Consent Manual Employee Health P&P's Infection Control P&P's 	ocol	I/D/A	
10	Committee Reports	Board Members	I/D	

Kreth/Skutt

• Standing Finance Committee

11. Chief I	Financial Officer Report	Jeri Nelson	I/D	7-17
 Pro Ma Clin Opo CT Em 	Executive Officer Report ject Update • Boiler renovations • NPC modifications ster Planning-Aspen Street Architect nic EMR Update erations Plan Update Scanner replacement ployee Satisfaction Committee Upda Fordable Care Act-California Health I ner	ıte	I/D	17-22 23-24
Qua II. Clo foll	 Session psed Session, pursuant to Health and a lity Assurance. psed Session, pursuant to Governmentowing appointments to the medical sector of the medical sector. Telemedicine Group Credentialing Clinicians Telemedicine Sch 	t Code Section 54957 taff:	-	
	 One Year Provisional Privileges Hashim Kazmi, MD Mushtaq Ahmed, MD Two-Year Courtesy Privileges Donald Ball, MD Eric Goldberg, MD Kenneth Robinson, MD John Evans, FNP 	(Nephrology) (Pulmonology) (Orthopedics) (Radiology) (ER/Hospitalist) (Allied Health)		
-	Session Report of Actions Taken sed Session	Gail McGrath	Ι	
15. Adjournment Gail McGrath A				

EASTERN PLUMAS HEALTH CARE DISTRICT SPECIAL MEETING OF THE STANDING FINANCE COMMITTEE OF THE BOARD OF DIRECTORS Tuesday, October 22, 2012 9:00 A.M. EPHC's Administrative Conference Room

<u>Minutes</u>

- 1. Call to Order: The meeting was called to order at 9:05 am by Lucie Kreth.
- 2. Roll Call: Present: Jay Skutt and Lucie Kreth. Staff: Tom Hayes, Jeri Nelson, and Tiffany Williams
- 3. Approval of Agenda: The agenda was approved as submitted.
- 4. Board Comments: None.
- 5. **Public Comments:** None.

• **CFO Report September 2012:** Ms. Nelson stated that that we have started to receive the \$325.34 Skilled Nursing rate increase which will be retroactive to December 2011. We had a slight loss for the month primarily due to lighter volume as well as one large bad debt write off. Volumes were average for the month.

Ms. Nelson also reported that we are moving forward with a new time and attendance system.

Adjournment: Ms. Kreth adjourned the meeting at 10:30 am.

Approved by

Date

EASTERN PLUMAS HEALTH CARE DISTRICT REGULAR MEETING OF THE BOARD OF DIRECTORS Thursday, October 25, 2012 10:00 A.M. EPHC Education Center, Portola, CA <u>Minutes</u>

1. Call to Order.

The meeting was called to order at 10:05 am by Gail McGrath

2. Roll Call.

Present: Gail McGrath, Larry Fites, Janie McBride, Lucie Kreth and Jay Skutt Absent: None Staff: Tom Hayes, CEO, Dr. Eric Bugna, Chief of Staff, and Tiffany Williams, Administrative Assistant. Visitors: Approximately 4 visitors were present at the start of the meeting

3. Consent Calendar.

Mr. Fites motioned to accept the consent calendar as submitted. A second was made by Mr. Skutt. None opposed, the motion was approved.

- 4. Board Chair Comments. None
- 5. **Board Comments.** None
- 6. **Public Comment.** None

7. Auxiliary Report

Peggy Addington stated that she was providing the Auxiliary report for Kathy Davis who was out of town. Ms. Addington reported that they currently have \$196,020 in the bank of which \$4,500 is in the memorial fund for employee scholarships. Nifty Thrifty grossed \$16,006 in September which is down 2% from 2011. The Auxiliary logged 852 volunteer hours.

8. Chief of Staff

Dr. Bugna stated that Dr. Blanco, Dentist has been seeing patients in the Dental clinic. He also stated that providers are being trained on the new electronic medical records system.

9. Policies and Procedures

Ms. Whitfield reviewed the proposed policies. There was a brief discussion. Ms. McGrath motioned to approve the listed policies pending review by the Policy Committee. A second was made by Mr. Fites. None opposed, the motion was approved.

10. Committee Reports

• Finance Committee

Kreth reported that the Finance Committee met and reviewed the September financials. She

5. **CFO Report:** Mr. Hayes stated Ms. Nelson was out of town. EPHC had a slight loss for the month primarily due to lighter volume as well as one large bad debt write off. Volumes were average for the month.

11. CEO Report

• Project List Update:

- Ambulance Barn: Mr. Hayes reported that we have applied for a 2 year extension so that we can delay the removal of the ambulance barn to make it coincide with the new boiler project.
- Boiler replacement: Mr. Hayes reported that Aspen Architects will be here on Monday to discuss the boiler plan as well as master planning.
- NPC modifications: Mr. Hayes reported that the bracing of the antenna is the only thing left to do for the NPC modifications. Once OSHPD approval is granted we will complete the work by year end.
- **EMR Modules Update:** Mr. Hayes reported that the Clinic PPD Module is being installed and provider training has begun. He also reported that the ER module will not be installed as it is no longer supported by Healthland. Alternatives are being investigated.
- **GI Coverage:** Dr. Mardini, Locums Tenen is seeing patients three days per month. Dr. Newman is also interested in providing coverage.
- **Community Needs Assessment Project:** Mr. Hayes stated that we are working with Mimi Hall, Director of Public Health to schedule another community forum due to the low turn out at the meeting last week. The next forum is scheduled for November 15th.
- **CT scanner replacement update:** Mr. Hayes reported that he is finalizing the pricing on the CT project. The estimated install date is January-February 2013. A mobile CT scanner will be needed as the CT will be down for approximately three weeks.
- Other: Mr. Hayes reported that there was a birth in the ER over the weekend and everything went well.

12. Closed Session.

Ms. McGrath announced the Board would move into closed session at 10:50 a.m., pursuant to Health and Safety Code 32155 and Government Code Section 54957.

13. Open Session Report of Actions Taken in Closed Session.

The Board returned at approximately 11:53 pm and announced with respect to Government Code Section 54957, appointments to the medical staff were approved as submitted, with the exception of Trent Saxton, DC pending recommendations from the Medical Executive Committee regarding specific privileges. No other reportable action.

14. Adjournment. Ms. McGrath subsequently adjourned the meeting at 11:53 a.m.

Approval

Date

EASTERN PLUMAS HEALTH CARE DISTRICT

MEMORANDUM

Date:	November	19.	2012
Date		1/,	2012

To: Board of Directors

From: Jeri Nelson, Chief Financial Officer

Subject: Summary of Financial Results – October 2012

Table 1. Consolidated Financial Results – October 2012

	Actual	Budget	Variance
Total Revenue	\$3,359,080	\$3,311,376	\$47,704
Contractual Adjustments	\$1,477,162	\$1,416,017	\$61,145
Bad Debt/Admin Adjustments	\$83,347	\$147,913	\$(64,566)
Net Revenue	\$1,798,572	\$1,747,446	\$51,126
Total Expenses	\$1,781,299	\$1,738,161	\$43,138
Operating Income (Loss)	\$17,273	\$9,284	\$7,989
Non-Operating Income(Expense)	\$71,871	\$99,758	\$(27,887)
Net Income (Loss)	\$89,144	\$109,043	\$(19,899)

Table 2. Consolidated Financial Results – Four Months Ended October 2012

	Actual	Budget	Variance
Total Revenue	\$13,534,977	\$13,113,809	\$421,168
Contractual Adjustments	\$5,892,543	\$5,616,319	\$276,224
Bad Debt/Admin Adjustments	\$541,933	\$585,761	\$(43,828)
Net Revenue	\$7,100,501	\$6,911,729	\$188,772
Total Expenses	\$6,799,180	\$6,946,946	\$(147,766)
Operating Income (Loss)	\$301,321	\$(35,218)	\$336,539
Non-Operating Income (Expense)	\$299,141	\$299,033	\$108
Net Income (Loss)	\$600,462	\$263,816	\$336,646

Our Rural Health Clinics exceeded budgeted visits collectively by 20% in October, and budget was set 10% higher than the year before. Great results, lets keep it up! Our Swing volume has improved and we are only 7 days short of our year to date goal. Emergency room visits continue to decline, with transfers remaining well above budget. Net patient revenue is consistent with budget at 53.4% for the month and 52.3% year to date. Operating expenses were high with purchased services being the highest variance. Recruitment fees, Radiology technician and HIM coding services were the main factors. We also see a continued increase in overtime hours, mostly in Portola and Loyalton Skilled Nursing Facilities. The Ambulance department overtime is ongoing and mainly what was budgeted for.

EASTERN PLUMAS HEALTH CARE BALANCE SHEET FOR THE MONTH ENDED OCTOBER 31, 2012	
DESCRIPTION	CURRENT YEAR
ASSETS	
CURRENT ASSETS CASH INVESTMENTS ACCOUNTS RECEIVABLE NET ACCOUNTS RECEIVABLE OTHER INVENTORY PREPAID EXPENSES TOTAL CURRENT ASSETS	$\begin{array}{r} 627,734\\ 1,107,828\\ 3,324,138\\ 273,488\\ 215,316\\ \underline{104,339}\\ 5,652,843\end{array}$
PROPERTY AND EQUIPMENT LAND AND IMPROVEMENTS BUILDINGS AND IMPROVEMENTS EQUIPMENT IN PROGRESS TOTAL PROPERTY AND EQUIPMENT ACCUMULATED DEPRECIATION NET PROPERTY AND EQUIPMENT COSTS OF ISSUANCE NET	934,164 10,080,726 10,473,035 <u>83,174</u> 21,571,099 <u>13,556,412</u> 8,014,687 16,090
TOTAL	13,683,620
LIABILITIES AND FUND BALANCE	-,,
CURRENT LIABILITIES LEASES PAYABLE ACCOUNTS PAYABLE ACCRUED PAYROLL/RELATED TAXES OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES	37,666 629,373 1,101,044 <u>791,847</u> 2,559,929
LEASES PAYABLE USDA REPAIRS & DEFEASANCE CHFFA - EMR & ENDO EQUIP LOAN CITY OF PORTOLA- PROPERTY LOAN USDA LOANS SNF USDA LOAN REPAIRS USDA LOAN LOYALTON USDA LOAN LOYALTON & PORTOLA TOTAL LIABILITIES	$\begin{array}{c} 180,365\\ 447,887\\ 113,223\\ 348,000\\ 3,587,821\\ 50,037\\ 501,530\\ \underline{166,757}\\ 7,955,549 \end{array}$
FUND BALANCE NET INCOME (LOSS)	5,127,609 600,462
TOTAL	13,683,620

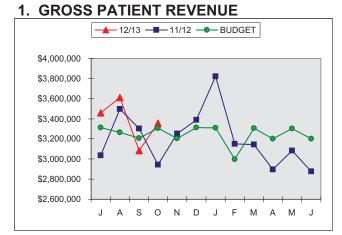
EASTERN PLUMAS HEALTH CARE COMPARATIVE BALANCE SHEET FOR THE MONTHS ENDED

	S	EPTEMBER 2012	(OCTOBER 2012		ANGE	
ASSETS							
CURRENT ASSETS							
CASH	\$	734,435	\$	627,734	\$	(106,701)	
LAIF SAVINGS	\$	1,106,839	\$	1,107,828	\$	989	
ACCOUNTS RECEIVABLE NET	\$	3,018,694	\$	3,324,138	\$	305,444	
ACCOUNTS RECEIVABLE OTHER	\$	240,637	\$	273,488	\$	32,851	
INVENTORY	\$	215,316	\$	215,316	\$	-	
PREPAID EXPENSES	<u>\$</u> \$	110,032	<u>\$</u> \$	104,339	\$	(5,693)	
TOTAL CURRENT ASSETS	\$	5,425,953	\$	5,652,843	\$	226,890	
PROPERTY AND EQUIPMENT							
LAND AND IMPROVEMENTS	\$	934,164	\$	934,164	\$	-	
BUILDINGS AND IMPROVEMENTS	\$	10,080,726	\$	10,080,726	\$	-	
EQUIPMENT	\$	10,461,790	\$	10,473,035	\$	11,245	
IN PROGRESS	\$	69,913	<u>\$</u> \$	83,174	<u>\$</u> \$	13,261	
	\$	21,546,593		21,571,099	\$	24,506	
ACCUMULATED DEPRECIATION	\$	13,485,478	<u>\$</u>	13,556,412	<u>\$</u>	70,934	
TOTAL PROPERTY AND EQUIPMENT	\$	8,061,115	\$	8,014,687	\$	(46,428)	
COSTS OF ISSUANCE NET	\$	16,343	\$	16,090	\$	(253)	
TOTAL	\$	13,503,411	\$	13,683,620	\$	180,209	
LIABILITIES AND FUND BALANCE							
CURRENT LIABILITIES							
LEASES PAYABLE	\$	51,270	\$	37,666	\$	(13,604)	
ACCOUNTS PAYABLE	\$	565,164	\$	629,372	\$	64,208	
ACCRUED PAYROLL/RELATED TAXES	\$	1,023,119	\$	1,101,044	\$	77,925	
OTHER CURRENT LIABILITIES	\$	795,496	\$	791,847	\$	(3,649)	
TOTAL CURRENT LIABILITIES	\$	2,435,049	\$	2,559,929	\$	124,880	
LEASES PAYABLE	\$	171,878	\$	180,365	\$	8,487	
CHFFA LOAN	\$	119,735	\$	113,223	\$	(6,512)	
CITY OF PORTOLA	\$	348,000	\$	348,000	\$	-	
USDA LOANS	\$ \$ \$ \$	4,789,822	\$ \$ \$	4,754,032	\$ \$	(35,790)	
TOTAL LIABILITIES	\$	7,864,484	\$	7,955,549	\$	91,065	
FUND BALANCE	\$	5,127,609	\$	5,127,609	\$	-	
NET INCOME (LOSS)	\$	511,318	\$	600,462	\$	89,144	
TOTAL	\$	13,503,411	\$	13,683,620	\$	180,209	

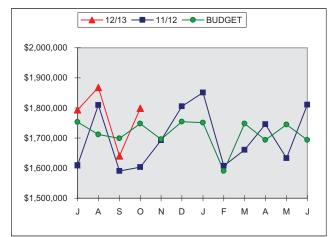
EASTERN PLUMAS HEALTH CARE STATEMENT OF REVENUE AND EXPENSE FOR THE MONTH ENDED OCTOBER 31, 2012

DESCRIPTION	CURRENT PERIOD		YEAR TO DATE			ANNUAL	
	ACTUAL BUDGET VARIANCE		ACTUAL BUDGET VARIANCE			BUDGET	
OPERATING REVENUE INPATIENT ROUTINE INPATIENT ANCILLARY TOTAL INPATIENT	155682 <u>182772</u> 338454	223479 <u>261455</u> 484934	-67797 <u>-78683</u> -146480	702904 <u>772997</u> 1475901	886707 <u>1041200</u> 1927907	-183803 <u>-268203</u> -452006	2631285 <u>3087405</u> 5718690
SWING ROUTINE	128000	61490	66510	230000	243977	-13977	724000
SWING ANCILLARY	<u>72365</u>	<u>48915</u>	<u>23450</u>	<u>151105</u>	<u>196580</u>	<u>-45475</u>	<u>579962</u>
TOTAL SWING BED	200365	110405	89960	381105	440557	-59452	1303962
SKILLED NURSING ROUTINE	522236	493362	28874	2088612	1957532	131080	5808932
SKILLED NURSING ANCILLARY	<u>80192</u>	<u>86416</u>	<u>-6224</u>	<u>378233</u>	<u>343058</u>	<u>35175</u>	<u>1018367</u>
TOTAL SKILLED NURSING	602428	579778	22650	2466845	2300590	166255	6827299
OUTPATIENT SERVICES	<u>2214528</u>	<u>2130756</u>	<u>83772</u>	<u>9187558</u>	<u>8422742</u>	<u>764816</u>	<u>25078792</u>
TOTAL PATIENT REVENUES	3355776	3305873	49903	13511409	13091795	419614	38928743
OTHER OPERATING REVENUE TOTAL REVENUE	<u>3305</u> 3359080	<u>5503</u> 3311376	<u>-2198</u> 47704	<u>23568</u> 13534977 =======	<u>22013</u> 13113809	<u>1555</u> 421168	<u>66040</u> 38994783
DEDUCTIONS FROM REVENUE BAD DEBT/ADMINISTRATIVE ADJ'S CONTRACTUAL ADJUSTMENTS	83347 1477162	147913 1416017	-64566 61145	541933 5892543	585761 5616319	-43828 276224	1741774 16671008
TOTAL DEDUCTIONS	<u>1560509</u>	<u>1563930</u>	<u>-3421</u>	<u>6434476</u>	<u>6202080</u>	<u>232396</u>	<u>18412782</u>
NET REVENUE	1798572	1747446	51126	7100501	6911729	188772	20582001
OPERATING EXPENSES SALARIES BENEFITS SUPPLIES PROFESSIONAL FEES REPAIRS & MAINTENANCE PURCHASED SERVICES UTILITIES/TELEPHONE INSURANCE RENT/LEASE EXPENSE DEPRECIATION/AMORTIZATION INTEREST EXPENSE OTHER EXPENSES	794712 198532 148036 251228 46554 116284 56266 33087 12796 71187 21334 <u>31283</u>	805967 215801 151197 238397 38464 61738 58712 33280 18654 69748 26098 <u>20105</u>	-11255 -17269 -3161 12831 8090 54546 -2446 -193 -5858 1439 -4764 <u>11178</u>	3167060 781229 576218 967775 154451 330833 199946 132349 70987 259272 90639 <u>68420</u>	3224829 863279 626308 942029 153858 247088 233168 133122 74615 278991 104393 <u>65265</u>	-57769 -82050 -50090 25746 593 83745 -33222 -773 -3628 -19719 -13754 <u>3155</u>	9594815 2580428 1857037 2796024 461574 741129 697826 399366 223846 872975 313180 <u>178099</u>
TOTAL EXPENSES	<u>1781299</u>	<u>1738161</u>	<u>43138</u>	<u>6799180</u>	<u>6946946</u>	<u>-147766</u>	<u>20716299</u>
OPERATING INCOME (LOSS)	17273	9284	7989	301321	-35218	336539	-134298
MISCELLANEOUS	24498	2383	22115	32826	9533	23293	28600
CONTRIBUTIONS	0	50000	-50000	76820	100000	-23180	200000
PROPERTY TAX REVENUE	<u>47373</u>	<u>47375</u>	<u>-2</u>	<u>189495</u>	<u>189500</u>	<u>-5</u>	<u>568500</u>
NON-OPERATING INCOME (EXPENS	<u>71871</u>	<u>99758</u>	<u>-27887</u>	<u>299141</u>	<u>299033</u>	<u>108</u>	<u>797100</u>
NET INCOME (LOSS)	89144	109043	-19899	600462	263816	336646	662802

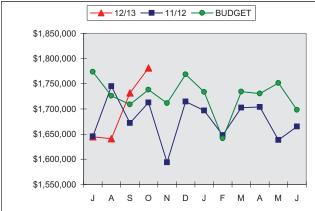
DESCRIPTION	CUF	RENT PER	IOD	YE	ANNUAL		
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	BUDGET
STATISTICAL DATA							
ACUTE INPATIENT ADMISSIONS	18	35	-17	88	139	-51	411
ACUTE PATIENT DAYS	54	83	-29	248	329	-81	975
SKILLED NURSING PATIENT DAYS	1573	1488	85	6291	5904	387	17520
SWING BED DAYS	64	30	34	115	122	-7	362
E.R. VISITS	276	268	8	1255	1064	191	3160
CLINIC VISITS	2748	2313	435	9498	9176	322	27230

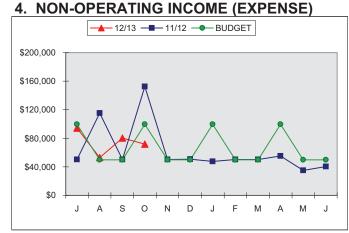


2. ESTIMATED NET REVENUE

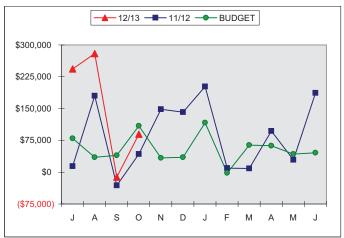


3. OPERATING EXPENSES

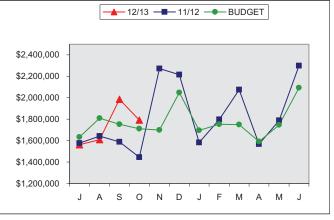




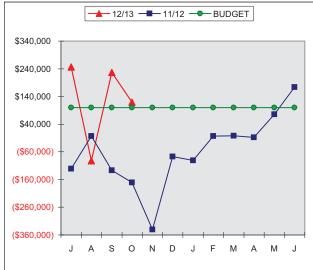
5. NET INCOME (LOSS)



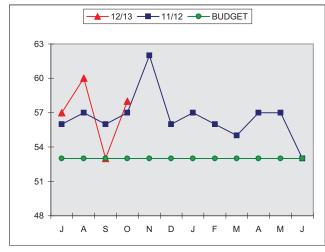
6. CASH RECEIPTS



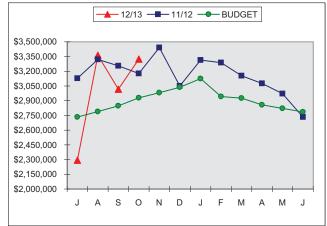
7. OPERATING CASH



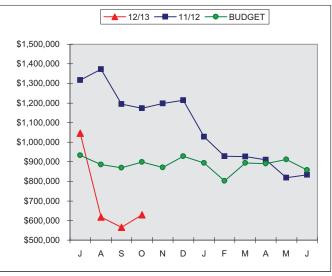
8. ACCOUNTS RECEIVABLE-DAYS



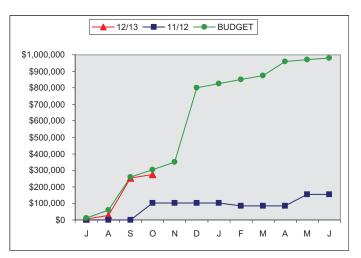
9. ACCOUNTS RECEIVABLE, NET



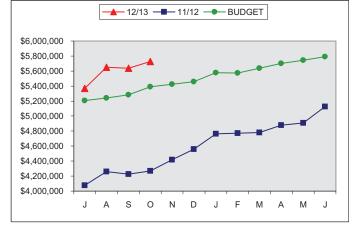
10. ACCOUNTS PAYABLE

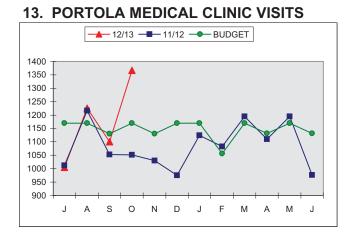


11. CAPITAL EXPENDITURES-YTD

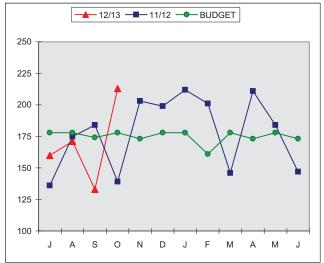


12. FUND BALANCE + NET INCOME (LOSS)

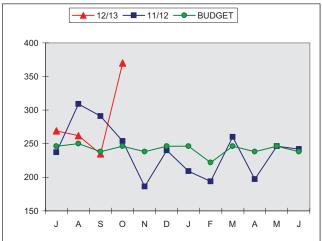




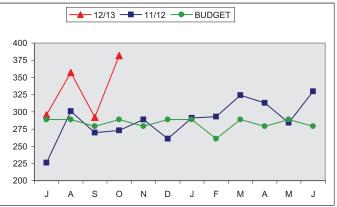
14. PORTOLA DENTAL CLINIC VISITS



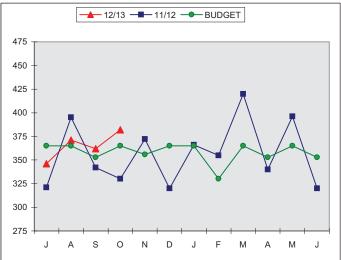
15. GRAEAGLE MEDICAL CLINIC VISITS



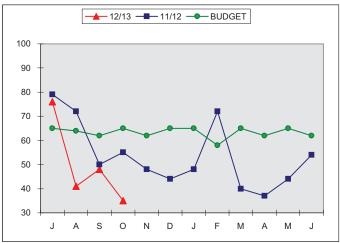




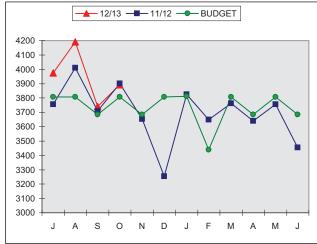
17. INDIAN VALLEY MEDICAL CLINIC VISITS



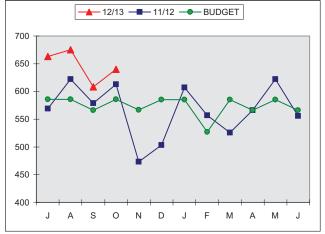
18. PORTOLA ANNEX VISITS



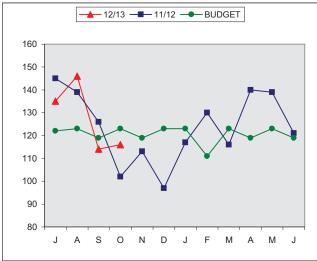
19. LABORATORY PROCEDURES



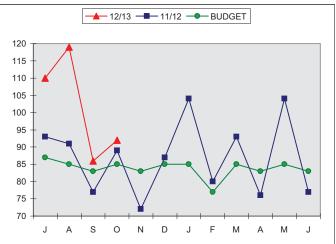
20. RADIOLOGY PROCEDURES



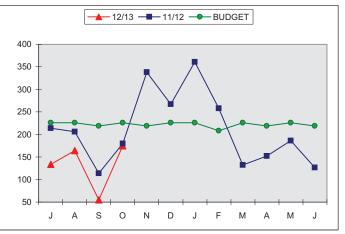
21. ECGS



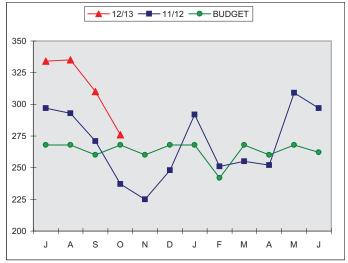
22. AMBULANCE RUNS



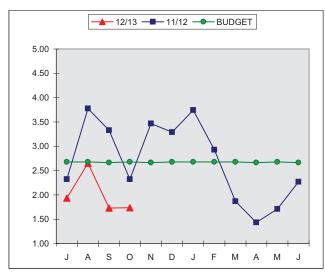
23. RESPIRATORY PROCEDURES



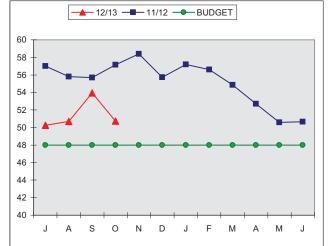
24. EMERGENCY ROOM VISITS



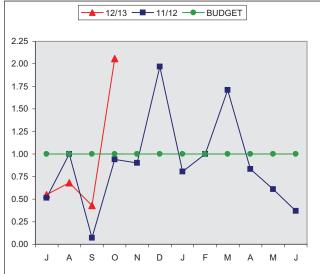
25. AVERAGE DAILY CENSUS - ACUTE



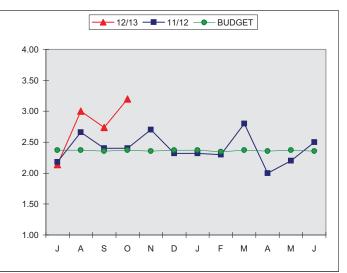
26. AVERAGE DAILY CENSUS - SNF



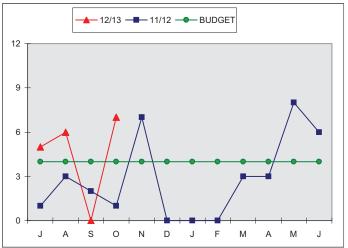
27. AVERAGE DAILY CENSUS-SWING



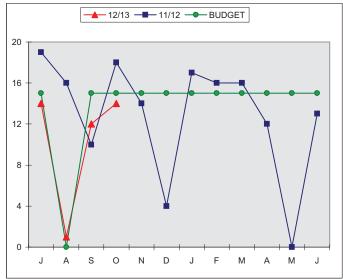
28. AVERAGE LENGTH OF STAY - ACUTE



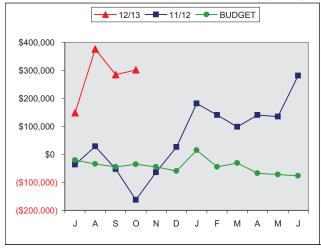
29. SURGERIES - IN & OUTPATIENT



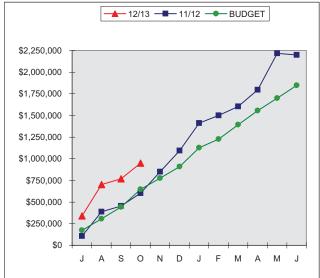
30. ENDOSCOPY PROCEDURES



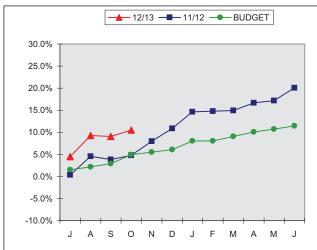
31. YEAR TO DATE OPERATING INCOME(LOSS)



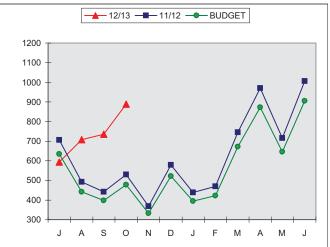
32. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATI(



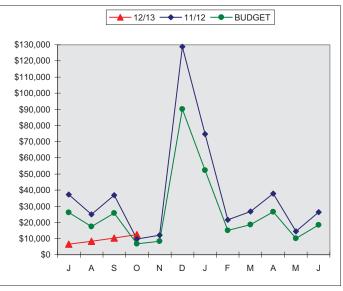
34. RETURN ON EQUITY



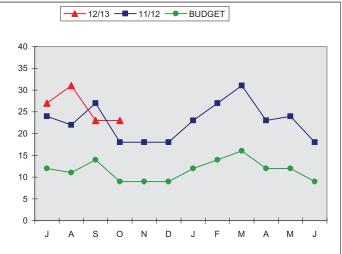
34. OVERTIME HOURS



35. DENIALS



36. EMERGENCY DEPARTMENT TRANSFERS





2012-2013 OPERATIONS PLAN

EASTERN PLUMAS HEALTH CARE

Prepared by:

Thomas P. Hayes Chief Executive Officer

August 2012 Updated 11/29/2012

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INTRODUCTION

The following is the Operations Plan for the 2012-2013 fiscal year. Responsible individuals are listed at the end of each item

FACILITIES

- 1. Complete NPC2 modifications to the Portola Facility and apply to OSHPD for NPC3 extension. (TPH) Antenna work awaiting OSHPD permit. Work on reinforcing antenna will begin once the permit is issued.
- 2. Complete ambulance barn project or SB90 extension and obtain OSHPD approval by calendar year end. (TPH) SB90 extension submitted. Awaiting OSHPD approval.
- Prepare an analysis for Board review of the options available for replacing EPHC campus boilers. Analyze funding opportunities and prepare a plan for implementation in summer 2013. (TPH) Some work has been completed by Ainsworth on boiler replacement options. We are currently working with Aspen Architects to identify options which will be presented after Master Planning process is complete.
- Complete a review and provide recommended revisions to the long term facilities plan prepared in 2005. (TPH) To be completed within Master Planning process.
- 5. Complete miscellaneous remodeling projects as outlined in the projects list. (TPH) Ongoing. Several projects completed, others to be scheduled as time permits.

FINANCES

- 1. Achieve 2012/2013 budgeted profit margin. (All) Through October 2012, actual profit margin exceeding budget by \$336,646.
- 2. Evaluate and implement a Time and Attendance system. (Cathy Conant, Jeri Nelson) Time and attendance system selected and to be implemented in March 2013.
- Reduce denials from insurance companies by 30% from 2011/2012 levels. (Jeri Nelson, Teresa Whitfield) Insurance denials reduced by 65% as of 10/31/12.
- 4. Add Direct Deposit for employee pay checks (Jeri Nelson) Planned for spring, 2013.

QUALITY

1. Add new metrics, e.g. medication errors, patient falls, etc. to the QA program (Teresa Whitfield) Completed.

- 2. Routinely measure patient satisfaction scores in the clinics, hospital, ER, and SNFs. Routinely report results to Board QA Committee. Implement necessary actions to improve scores as required. (Teresa Whitfield and Mark Schweyer) Completed.
- Continue annual measurement of employee satisfaction. Achieve an 80% survey completion percentage. Convene Board Committee to create a plan to increase employee completion percentage. (Cathy Conant) Board committee convened, action plan to be implemented.
- 4. Create an in house mentoring program for new employees, managers, and physicians to drive long term recruitment and retention. (All) No progress.

COMMUNITY RELATIONS/STRATEGIC PLANNING

 Convene Leadership Council and hospital management to evaluate and update EPHC Strategic Plan. (TPH) Planned for spring, 2013

OPERATIONS

- 1. Continue efforts with Tahoe Forest to further expand affiliation opportunities. (TPH) Efforts continue but very little progress with Tahoe Forest Hospital District..
- Evaluate the efficacy of changing our annual employee pay system to base annual raises on specific accomplishments and goals vs. seniority. (Cathy Conant) No progress.
- 3. Implement the ER and Clinic EMR modules. (Rick Boyd) Clinic module complete. ER module no longer supported by Healthland so we are researching options.
- 4. Expand telemedicine program to meet 2012/2013 budgeted volume goals. (Mark Schweyer) 2012/2013 volume meeting budget.
- 5. Implement 2012/2013 objectives outlined in the Strategic Plan. (All) Ongoing effort.
- 6. Create a comprehensive management development program for managers and department heads. (Cathy Conant) Evaluating specific training needs for core program. Training to be completed next year.

CLINICS

- 1. Create a plan to increase clinic visits by 10% by fiscal year end (Mark Schweyer) Telemedicine visits have increased by 88%. Overall, visits up YTD by 9.4%.
- Create goals and ongoing routine measurements for patient wait times, test results reporting, and patient satisfaction. Report results to CEO and Board QA Committee. Implement necessary changes to improve upon results reported. (Mark Schweyer) No Progress.
- 3. Create process to annually evaluate primary care provider's performance to include such things as quality, patient satisfaction, productivity, community involvement, etc. (TPH, Mark Schweyer) Considering physician benchmarks. Dr. Kim assisting in this effort.
- 4. Continue recruitment of additional specialties for clinic services, e.g. urology, ENT, GI. (Mark Schweyer). Recent additions for telemedicine; Psychiatry, Behavioral Health and Rheumatology. Nephrology and Pain Management to begin January 2013.

LOYALTON CAMPUS

- 1. Identify specific OSHPD requirements and associated costs for relocating the clinic into the main building. (TPH) To be completed in spring.
- 2. Complete miscellaneous remodel projects as outlined in the projects list.(TPH) Life safety modifications complete. Other projects to be completed as prioritized by CEO.

Starting in 2014, the California Health Benefit Exchange will make it easier for individuals and small businesses to compare plans and buy health insurance on the private market.

The Exchange will enhance competition and provide the same advantages available to large employer groups by organizing the private insurance market, including a more stable risk pool, greater purchasing power, more competition among insurers and detailed information regarding about the price, quality and service of health coverage.

The Exchange will support consumer choice by making comprehensive information about health plans available in an objective, easy-to-understand format, including:

- a website that provides standardized comparison information on qualified health plan benefit plans/options
- · a calculator for applicants to compare costs across plan options
- · a web-based eligibility portal to help link individuals to health coverage options available to them
- · a toll-free consumer assistance hotline

Eligibility

Individuals and small employers meeting federal citizenship requirements may enroll in the exchange. Federal health care reform makes tax credits and subsidies available in 2014 to Californians with incomes between 133 and 400 percent of the federal poverty level (in 2010, approximately \$29,000 to \$88,000 for a family of four). The Exchange will ensure that Californians eligible for federally-authorized tax credits and subsidies get those benefits. Small employers with less than 50 employees may also purchase coverage through the exchange.

Costs

The federal government awarded California \$1 million to fund preliminary planning efforts related to the development of an exchange. On August 12, 2011, the California Health Benefit Exchange received a \$39 million Level I Exchange Establishment grant that will help the state plan for and design the Exchange and will be used to recruit necessary technical and support staff and to contract for specific subject matter experts. After 2014, the Exchange must be self-supporting from fees paid by health plans and insurers participating in the Exchange.

Voluntary Health Plan and Insurer Participation

Health insurance products offered through the Exchange must be available in the same form to consumers purchasing coverage outside the Exchange. All health plans and insurers participating in the Exchange must offer all Exchange plans at the federally designated bronze, silver, gold and platinum levels. Catastrophic plans will only be available through health plans and insurers participating in the Exchange. The catastrophic plans will be available both inside and outside the Exchange from these health plans and insurers.

The Exchange is an independent public entity within state government with a five-member board appointed by the Governor and the Legislature.

Two members are appointed by the Governor; one by Senate Rules Committee; and one by Speaker of the Assembly. The Secretary of the Health and Human Services Agency or another designee will serve as an ex-officio voting member of the Board. Appointed members will serve four year terms.

Members of the board or of the staff of the Exchange are subject to strict conflict-of-interest provisions. They
may not be employed by, a consultant to, a member of the board of directors of, affiliated with, or otherwise a
representative of, a carrier or other insurer, an agent or broker, a health care provider, or a health care facility or
health clinic.

The Exchange does not change how existing state health care coverage programs are administered.

Medi-Cal and the Healthy Families Program will continue to be administered by the Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB), respectively.

- The Exchange will screen for and enroll individuals in Medi-Cal or the Healthy Families Program if they are eligible for those programs. The federal law requires state exchanges to perform this function.
- The Exchange will coordinate with DHCS, the MRMIB, and California counties to ensure that individuals are seamlessly transitioned between coverage programs if their eligibility changes.