

Chief Executive Officer  
Louis Ward, MHA



Mayers Memorial Hospital District

Board of Directors  
Beatriz Vasquez, PhD, President  
Abe Hathaway, Vice President  
Laura Beyer, Secretary  
Allen Albaugh, Treasurer  
Jeanne Utterback, Director

## Finance Committee Meeting Agenda

July 29, 2020 – 10:30 am

**Due to COVID-19 shelter in place orders and under the authority of the Governor's Executive Order N-29-20, this meeting will be conducted entirely by teleconference. No physical location will be available. Members of the public can attend and provide public comment via teleconference at the following link and number:**

Zoom Meeting: [LINK](#)

Zoom Call In Number: 1 669 900 9128, Meeting ID: 970 4219 2927

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

### Attendees

Abe Hathaway, Chair, Board Member  
Allen Albaugh, Board Member  
Louis Ward, CEO  
Travis Lakey, CFO

1 CALL MEETING TO ORDER			
2 CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3 APPROVAL OF MINUTES			
Approx. Time Allotted			
3.1	Regular Meeting – June 17, 2020	<i>Attachment A</i>	Action Item 2 min.
4 DEPARTMENT REPORTS/OTHER:			
4.1	Surgery	<i>Attachment B</i>	Report 2 min.
4.2	Cardiac Rehab	<i>Attachment C</i>	Report 2 min.
4.3	Telemedicine	<i>Attachment D</i>	Report 2 min.
4.4	Dietary	<i>Attachment E</i>	Report 2 min.
4.5	Patient Access	<i>Attachment F</i>	Report 2 min.
4.6	HIM	<i>Attachment G</i>	Report 2 min.
4.7	Retail Pharmacy	<i>Attachment H</i>	Report 2 min.
5 FINANCIAL REVIEWS/BUSINESS			
5.1	May & June 2020 Financials	<i>Attachment I</i>	Action Item 5 min.
5.2	Accounts Payable (AP)/Accounts Receivable (AR)		Action Item 5 min.
5.3	Board Quarterly Finance Review	<i>Attachment J</i>	Action Item 5 min.
6 ADMINISTRATIVE REPORT			
			Report 10 min.

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at [www.mayersmemorial.com](http://www.mayersmemorial.com).

8 **ADJOURNMENT:** Next Regular Meeting – August 26th, 2020

Posted 7/24/2020

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Board of Directors  
**Finance Committee**  
**Minutes**

June 17, 2020 – 10:00 am  
Teleconference Call – FULLY Remote

*These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.*

1	<b>CALL MEETING TO ORDER:</b> Abe Hathaway called the meeting to order at 10:01 am on the above date.		
	<b>BOARD MEMBERS PRESENT:</b>		<b>STAFF PRESENT:</b>
	Abe Hathaway, Committee Chair Allen Albaugh, Board Member		Candy Vculek, CNO Ryan Harris, COO Louis Ward, CEO Jessica DeCoito, Board Clerk
	<b>ABSENT:</b> Travis Lakey, CFO		
2	<b>CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS</b>		
	None		
3	<b>APPROVAL OF MINUTES</b>		
	3.1	A motion/second carried; committee members accepted the minutes of May 27, 2020	<i>Albaugh, Hathaway</i> All Approved Albaugh – Y Hathaway - Y
4	<b>DEPARTMENT REPORTS: No reports for the month of June</b>		
5	<b>FINANCIAL REVIEWS</b>		
	5.1	<b>2021 Budget Review:</b> COVID-19 really took a hit to our budget last year. So preparing how it could potentially hit us throughout this next year has been taken into account. With all things considered, we should have a positive FY21 if things stay on track. An over budgeted amount on Travelers was placed in the budget but we hope to see that number not realized with more staff hired on and the need for travelers not there. Increase in salaries is shown for the clinic onboarding of staff and change in per hour wages. Please note that Non-Operating Revenue is the CARES Fund that we have in our LAIF Account.  <b>Recommendation from Finance Committee to Regular Full Board for approval of the FY21 Budget.</b>	<i>Albaugh, Hathaway</i> All Approved Albaugh – Y Hathaway - Y
6	<b>ADMINISTRATIVE REPORT</b> – Burney Health Clinic is moving along very well. The whole construction team has been so great to work with. Inspections are passing with no problems. We continue to work on Retail Pharmacy reports and the 340B reporting and management. COVID-19 testing has begun with staff members here. Daycare is at a standstill with zoning and use permit for the building. Admin & Finance Bldg finish work is taking place now with a move in date for early July. PT & Cardiac Rehab Bldg plans will begin around October. Conversations with Dr. Grant, FRJUSD Superintendent, have occurred to help plan for a safe school year – partnering the schools and Mayers Memorial Hospital to provide a safe environment.		
7	<b>OTHER INFORMATION/ANNOUNCEMENTS: no announcement</b>		
8	<b>ADJOURNMENT – 10:39 AM</b>		
	Next Finance Committee Meeting: July 29, 2020		



Outpatient Surgery  
Finance  
Board Report  
2020

MAYERS MEMORIAL HOSPITAL

## Accomplishments:

- ❖ We have utilized the OR bed attachment for back injections and hopefully continue to increase the number of cases per month.
- ❖ MMH was able to secure several Locum CRNA's that were able to cover our needed days.

### Unforeseen Expenses

- Repair of Autoclave and Steris (Service Time is covered under Maintenance Agreement)
- Repair of Endoscopy from routine use/patient incidentally biting scope during procedure
- Closure of the OR for COVID-19 for half of March and whole month of April 2020.

### Adjudication Summary

Service	Sum of Charge	Sum of Payment	Payment%	Contractual%
S - SURGERY	\$ 1,350,817	\$ 536,692	40%	60%
BC - BLUE CROSS	\$ 153,658	\$ 103,801	68%	32%
CO - COMMERCIAL	\$ 8,204	\$ 4,527	55%	45%
MC - MEDICARE	\$ 957,482	\$ 386,744	40%	60%
MD - MEDICAID	\$ 226,617	\$ 41,620	18%	82%

Any Financial questions in regards to this slide please refer to Travis Lakey

### 2020 Surgery Stats

Surgery Stats:  
FY 2019-2020

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	TYD 2019/2020
<b>Surgeries YTD</b>													
IP	0	0	2	0	1	0	1	1	0	0	0	0	5
OP	3	4	2	1	7	2	5	5	1	0	2	5	37
<b>Total</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>42</b>
<b>Procedures</b>													
FY 20	27	13	15	14	8	7	17	15	7	0	12	24	159
FY 19	0	21	11	15	15	0	13	6	10	15	13	17	136

Closed last half of March and all of April due to COVID-19

Total # of Surgeries **decreased** by from FY 2019  
     IP increased by 3  
     OP decreased by 17 cases  
 Total # Procedures **increased** by 23 from FY 2019

### Expenses

<b>Surgery Collections 2020</b>	<b>\$ 676,372</b>
<b>Surgery Expenses</b>	<b>\$ 403,387</b>
<b>Recovery Expenses</b>	<b>\$ 4,144</b>
<b>Anesthesiology</b>	<b>\$ 86,429</b>
<b>Central Sterile</b>	<b>\$ 20,390</b>
<b>Total Direct Expenses</b>	<b>\$ 514,351</b>
<b>Collections minus Direct Expenses</b>	<b>\$ 162,021</b>

The Surgery Dept as of Jan 2019 did not staff an On-Call Circulator & Scrub Tech staff. Therefore no Emergent Surgery services were available from that point. Thus decreasing the Staffing Expenses.

- Continue to staff with 2 PT RNs, 1 PT LVN. All nursing staff will also work in other departments on non-surgery weeks.
- OR Lead position has been dissolved, Theresa Overton RN will take the Manager Position.
- 100% Locum CRNA Staffing

## **CARDIAC REHAB FINANCIAL REPORT 2020**

**OUR PURPOSE:** To meet the needs of the people in our community (Big Valley, Burney and Fall River) as they recover from cardiac surgery without increasing their stress load by driving to Redding. It is also to provide a place to maintain their strength by exercise, enjoy socializing with others (with similar problems), and help to decrease stress. Cardiac Rehab is a terrific place to decrease blood pressure, tone muscles and help to change those genetic predispositions for heart disease.

**SERVICE PROVIDED:** Each patient has an outlined exercise plan that is specific for that patient. For example: a fresh, post-op, open heart, surgical patient cannot exercise their arms for 8 weeks after surgery (to keep added stress off of the incision). Then they must slowly introduce arm exercises to regain upper body strength. (That's where we come in) A patient that has back issues (along with heart concerns) might need to be on a machine that has back support. As people age they sometimes have multiple ailments and all that is considered as we outline their exercise program. There is a RN here 3 days a week to assist with medication questions, dietary concerns, and to encourage visits to the physician if needed. We also have a CR Assistant here 3 mornings a week and 1 full day. She helps the maintenance patients and is proficient in exercise techniques, safe weight machine use and dietary concerns.

**PATIENT VISITS FOR THE FISCAL YEAR:** There were 2,177 patient visits. 191 of those were monitored patients. We also placed 21 Holter monitors. (A Holter is a Cardiac monitors that a patient wears for 24-48 hours.)

Compared to last year we increased Monitored patients +72, decreased maintenance patients -610 (closed 3 months due to COVID19), and increased our Holter monitors +6. These are great increases considering that we have dealt with COVID19 this year!

- Maintenance patients are charged \$35.00/month (best deal in town). This price has been maintained for many years which is a great community benefit.
- Monitored patients are charged \$235.00/VISIT! They come in 2-3 days a week for 36 total visits. (An increase of \$14.00 this year.)
- Holter patients are charged \$429.00 each. (An increase of \$25.00 this year.)
- EKG patients are charged \$232.00 each. (An increase of \$14.00 this year.)

Of course we know that not all charges are recovered 100% through the insurance. Maintenance patients pay their fee out of pocket. Monitored patients are cleared through their insurance prior to starting this program and have as much as 95% billing recovery. Holters and Event Recorders recover much less, between 14% and 47%. EKGs recover approximately 38%. It all depends on the insurance.

Currently we have 2 monitored patients (one just started and the other will start next week) and (normally) approximately 24 maintenance patients. We also had one monitored patient graduate (this month) into the maintenance program. Right now our numbers are low due to:

1. Increased summer activities (travel, gardening, company etc.)
2. Moving away (Assisted living needs or relocating closer to family)



3. Disease process progressing and or surgeries
4. Dying/death
5. **LAST, BUT CERTAINLY NOT LEAST, is COVID19.** We were closed for three months. There are people that are still staying home and some that cannot exercise while wearing a mask due to chronic health conditions.

These are our dynamics and must be handled as best as possible. I have visited 11 Cardiologists in Redding and 4 Clinics in the Intermountain area with flyers, pamphlets, and booklets to show them what we offer. I will finish visiting the Cardiologist when COVID19 is under control. I believe these two goals will assist with future attendance.

Cardiac Rehab operates in the negative. **(Numbers in parenthesis are last year's totals)** Our June YTD revenue for Cardiac Rehab was \$71,104.00 (\$39,206.00) and our expenses were \$132,082.00 (\$137,004.10) leaving a negative balance of -\$60,978.00 (-\$97,798.10). Our June YTD revenue for ECGs was \$193,676.00 (\$147,696.00) with expenses at \$6,957.00 (\$5,557.54) leaving a positive balance of \$186,719.00 (\$142,138.46). I put last year's totals in so we can appreciate the improvement. The EKGs help carry Cardiac Rehab which allows us to serve our community more efficiently.

Please feel free to come in and see our gym anytime.

# Telemedicine Program Finance Update

July 2020

## How do we use Telemedicine at Mayers Memorial Hospital?

- Outpatient AND skilled nursing resident specialty appointments: Endocrinology, Psychiatry, Nutrition, Neurology, Infectious Disease, Rheumatology
- ER and Acute on call services: Peds Critical Care and Neurology
- Federally funded student counseling (currently held on site due to COVID)
- Econsult – HIPAA compliant specialist messaging for a variety of specialties

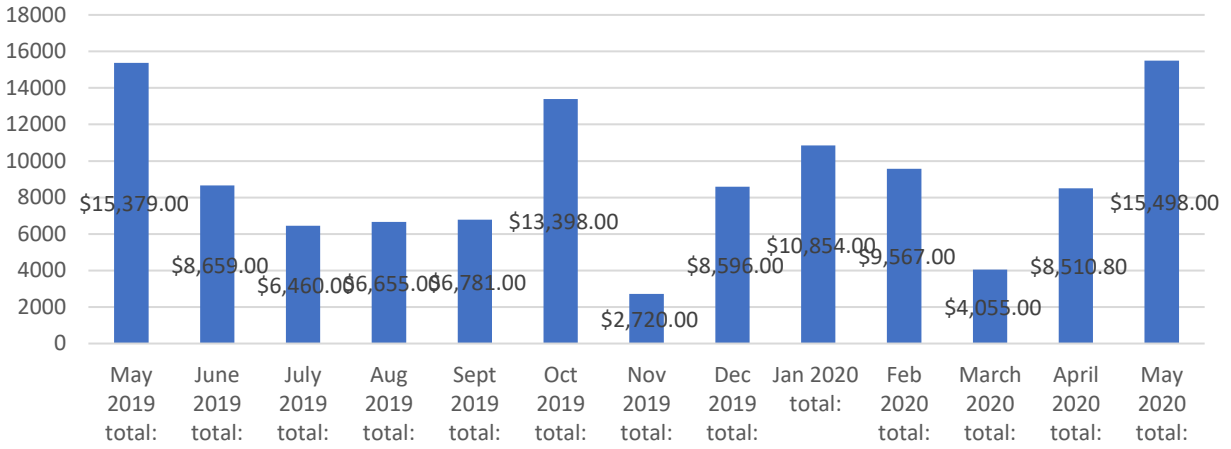
## How do we generate revenue?

- Outpatient appointments: Facility fee (\$75), transmission fee (.24 per min), and pro fee billing (varies based on specialty and degree of appointment)
- Partnership Healthplan sends checks twice a year that vary based on number of PHP patients seen in clinic to offset Coordinator salary (approx. \$5000)
- Ancillary revenue generated by labs, imaging and ER visits ordered by Telemed specialists
- Coordinator staff salary subsidized by grant funding

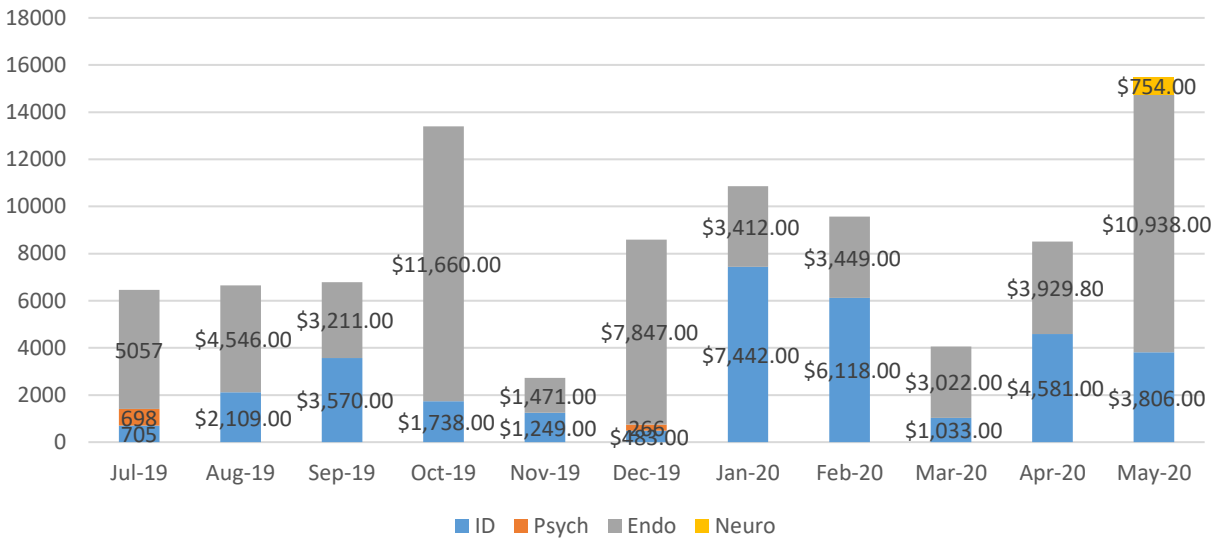
## What does a Telemed appointment cost Mayers?

- Partnership patients: Specialist/T2U bills the pro fee, appointment is free for Mayers
- All other payers: We pay T2U per appointment but are awarded the right to bill pro fee's
  - Psych: New pt: \$235, follow-up:\$110/\$125 depending on CPT
  - All other Med Specialties: New pt: \$175, follow-up: \$115
  - Nutrition: New pt: \$120, follow-up: \$85
- Skilled nursing residents with Partnership that use Psychiatry are a special case in which we pay T2U and bill the pro fee

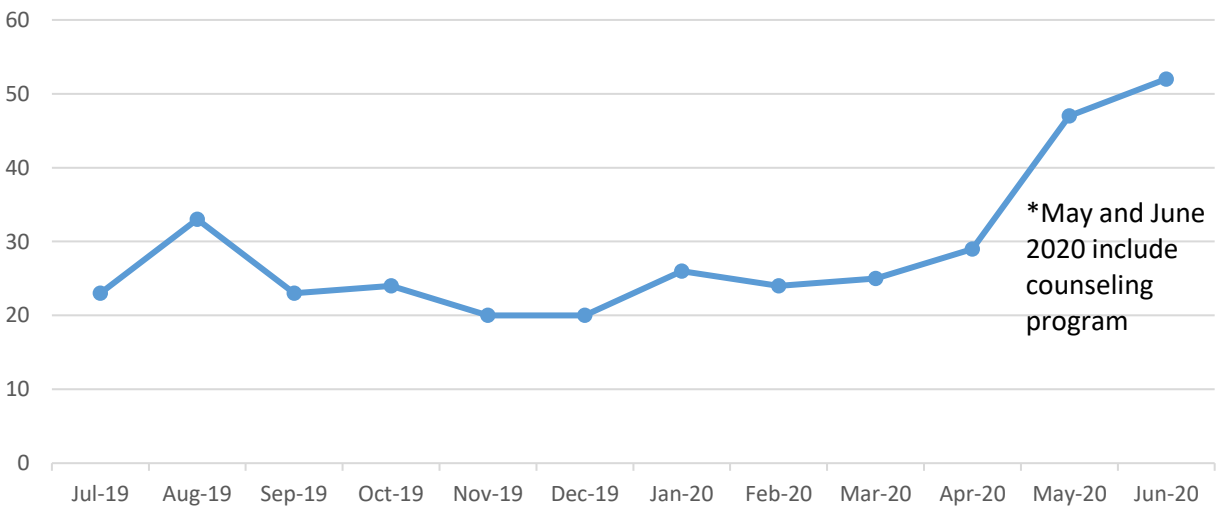
### Total ancillary services billed post-Telemed services



### Telemed Ancillary Billing by Specialty



### Total Telemed consults



## **Dietary Finance Report**

I am reporting on the Food and Nutrition Service's NEW Point of Sale System (Square).

With the help of Jessica, Anna and Lisa, we starting implementing this program on June 2, 2020. We started with online ordering only due to the COVID restrictions at the time. This is only offered for MMH staff at this time. Of course doctors and volunteers are being taken care of too😊 We started out with specials on Tuesday's through Thursday's. During this timeframe, we had time to train super users and then start with the department staff. We learned and retrained as issues arise.

As of July 6, 2020 we advanced to our more normal menu with some variations to accommodate nursing hours changing and COVID restrictions still in place. We are still adding items as staff is making great recommendations.

Our menu as of now is burgers, sandwiches, strips, salads, desserts, snack and a wellness meal (trying the best we can to keep up with the Prime Project). Within this menu there are many options to pick from depending on grilled sandwich to what toppings on your salad.

Employees can order anytime of the day and pick up time is between 12.00pm and 2:30pm. If you order food before noon it will be ready at 12:10pm and if you order during the pickup window period it will be ready 10 minutes after process of order.

Our new system will capture more sales which will increase revenue. This system is easy for employees and Food and Nutrition Services employees to use and the availability to place order online is convenient for everyone. The staff has done very well with the changes and the learning process.

## Finance Committee Report: Patient Access

Patient Access Representatives are every patient and visitors first interaction at MMHD. Representatives utilize office equipment such as computers, fax/copy machines, point of sale devices, scanners and a multi-line phone system. Representatives are responsible for obtaining and recording accurate information to assist in clean billing processes that will ensure a timely, maximum reimbursement. Representatives check paperwork to certify that all necessary information is included before scanning orders into the patient's electronic medical record- which will be used by clinical staff and during the billing process.

Representatives use the patient's demographics to determine insurance eligibility and patient's out-of-pocket obligations at time of service. Some services are 'cleared for scheduling' by a Patient Access-Scheduler once active eligibility has been determined and financial obligations are secured. All representatives have received 'Up Front Collections' training and are able to collect and process: cash, credit card and check payments. Any co-pays, co-insurances and/or deductibles collected are put into the deposit. The NOC shift prepares all forms of payment and 'remittance advice' reports for the Patient Access Lead to post to personal patient accounts the following day.

Depending on the service to be rendered, Patient Access will follow certain rules set by each specific payer type in order to avoid a payer denial. Representatives deliver and obtain required forms, get insurance pre-authorizations, submit Treatment Authorization Requests, start Inpatient Utilization Reviews and initiate Work Comp claims. Patient Access also runs compliance to check for medical necessity on outpatient orders when patients have Medicare as their primary payer. This avoids write-offs for failure to discuss Advance Beneficiary Notices with the patient. For outpatients without coverage: epresentatives will provide an estimate and request payment up front. Those that are unable to pay in full are required to pay a deposit of 25% of those charges and a representative will assist them in filling out a payment contract. Patient Access will schedule an appointment with our Financial Counselor for patients that require urgent services and are unable to pay the minimum amount due. Private pay patients that receive care in our Emergency Department are offered the opportunity to allow a Patient Access Representative to apply for Presumptive Eligibility through Medi-cal on the patient's behalf- if approved, it provides immediate coverage.

All representatives are cross-trained to understand billing. They are able to read 'Explanation of Benefits' and educate patients on how their claim was processed by their payer so that the Patient Access department can successfully collect payments outside of the Business Office hours.

## HIM Finance Report July 2020

### HIM role in the finance and revenue world

The Him department collects the daily charts from ER and station 1 to be analyzed and prepared for coding. We are reviewing the clinical documentation for any missing or incomplete documentation and then assign deficiencies to the corresponding physician or nurse. We look for Physician dictations, operative report, pathology results, completion of the ER record, discharge summaries and progress notes for completion and on the nursing side we are looking at their chart notes, Infusion start and stop times properly documented, medication administration route and drug, CPOE corresponding to such meds and procedures done and nursing progress notes. IF we discover missing nursing documentation we currently print out the nurse progress notes and label/highlight what is missing in the documentation and this is given to the ER Lead who then attempts to get the nurse responsible to complete it. We cannot code for infusions or meds without the completed start and stop times, which leads to lost revenue. Though we eventually get the needed documentation in these cases it generally is not in a timely manner for coding due to traveling nurses and conflicting scheduling.

Once a chart has been analyzed we assign it to a coding queue for coding either to the in-house coder or outside coders. Once a chart is coded and complete it is assigned chart complete status and dated so that the billers know that it is ready to bill.

Every chart or outpatient record has to be analyzed and coded before it can be submitted for billing.

We are currently charging for some ROI's that are not directly for patient follow up care to other physicians, such as subpoenas, or other legal requests.



# RETAIL PHARMACY STATISTICS

REPORT TO FINANCE COMMITTEE 7/29/2020  
PREPARED BY KEITH EARNEST, PHARM.D. CCO

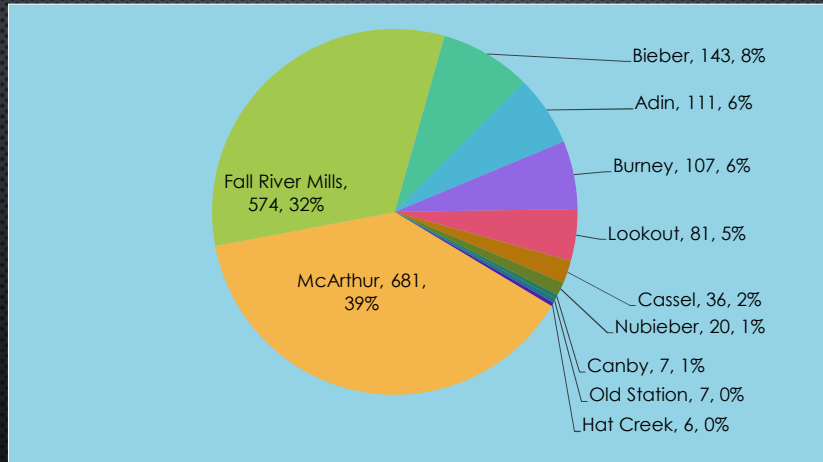
## PATIENTS SERVED

**New Patients**

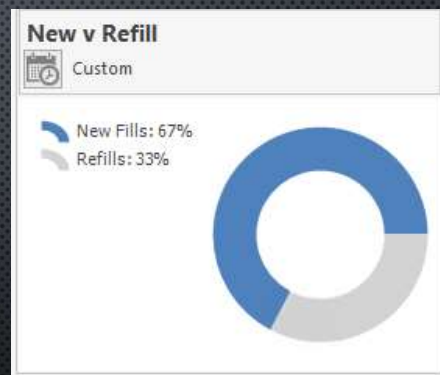
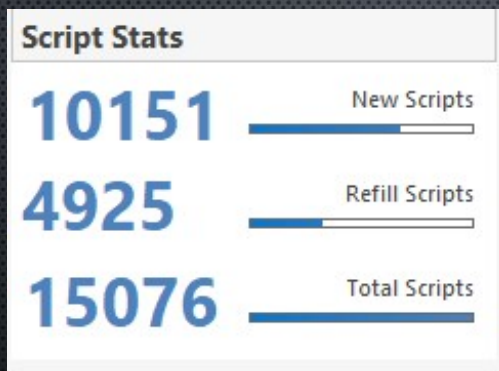
**2114**



## PATIENTS BY ZIP CODE

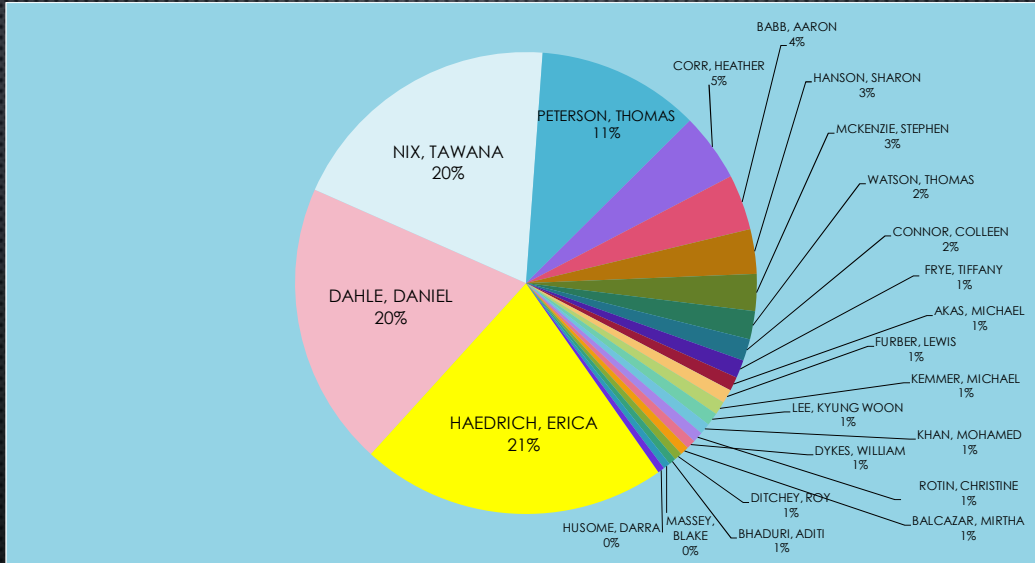


## SCRIPT STATS



IF PERCENT OF NEW FILLS IS LESS THAN 50% THAT WOULD INDICATE LACK OF GROWTH, IDEAL SPLIT IS 60/40

## PRESCRIPTIONS BY PRESCRIBER



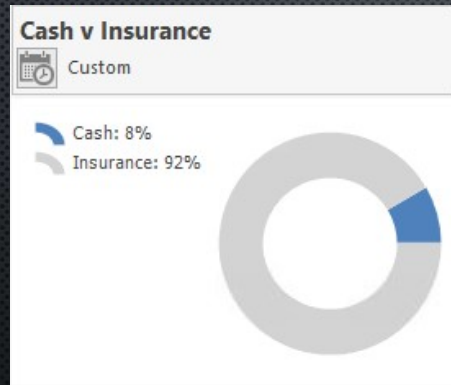
## BRAND VERSUS GENERIC



NATIONAL AVERAGE:

- BRAND 11%
- GENERIC 89%

## CASH VERSUS INSURANCE



CALIFORNIA AVERAGE:

4% OF PRESCRIPTIONS ARE  
CASH

## TOP 5 DRUGS

### MAYERS RETAIL

- HYDROCODONE/APAP
- FLUTICASONE NASAL SPRAY
- AZITHROMYCIN
- OMEPRAZOLE
- AMOXICILLIN

### NATIONWIDE

- HYDROCODONE/APAP
- SIMVASTATIN
- LISINOPRIL
- LEVOTHYROXINE
- AZITHROMYCIN

