

**Campbell County Health  
Finance Committee  
October 23, 2017**

Dr. Swift called the Finance Committee meeting to order at 12:00 p.m. on Monday, October 23, 2017. The meeting was held in the Hospital Board Room.

**Present:**

Dr. Ian Swift, Chairman  
Mr. Mike Dugan, Trustee  
Ms. Ronda Boller, Trustee  
Mr. Andy Fitzgerald, Chief Executive Officer  
Mr. Dalton Huber, Chief Financial Officer  
Mr. Bill Stangl, Vice President of Physician Services  
Ms. Deb Tonn, Vice President of Patient Services  
Ms. Noamie Niemitalo, Vice President of Human Resources  
Ms. Heather Stucker, Controller  
Ms. Jonni Belden, Vice President of Legacy Living & Rehabilitation  
Ms. Karen Clarke, Director of Community Relations  
Ms. Kim Johnson, Director of Health Information Management and Compliance  
Ms. Shawn Reznicek, Patient Accounting Manager  
Ms. Perrin Stein, News Record  
Ms. Jackie Richards, Recorder  
Ms. Amanda Teppo, Assistant Recorder

**Absent:**

Dr. Jennifer Thomas, Chief of Staff  
Dr. Sara Hartsaw, Trustee  
Mr. Harvey Jackson, Trustee  
Mr. Randy Hite, Trustee

**Approval of Agenda**

*Motion: Mr. Dugan moved to approve the agenda as presented. Dr. Swift seconded. Motion carried.*

Dr. Swift recommend capital request verbiage should not be restated in the minutes, unless there is a change or objection.

**Approval of Minutes**

*Motion: Mr. Dugan moved to approve minutes from September 25, 2017, as presented. Dr. Swift seconded. Motion carried.*

### **Old Business**

- Revenue Cycle Update – Mr. Huber presented the following from handout:
  - Medical Necessity checking is off to a slow start with a soft start until we identify the issues.
  - We are developing a system for tracking denial codes to determine a pattern or trends and sending them out for pre-approval.
  - Focusing on reducing the insurance denial percentage.
  - Billers are limited on what they can write off a patient's account.
  - Add new write-off codes to enable more accurate reporting.
  - Working with Meditech to ensure dictionaries were built completely so all accounts fall in task worklist
  - Implemented early out program in October.
  - Rewriting policies and procedures with current information
  - Having billers attend webinars to ensure procedures are accurate.
  - Restructure Patient Accounting Office for better flow and efficiency.
  - Collection accounts moved to secondary agency when they reach three years. (No reports available.)
  - Hired Yvonne Robinett-Hoiland as Revenue Cycle Director. She starts work January 2, 2018. She comes to us from Grangeville Idaho with great consulting and Revenue Cycle management experience.
  - Will continue with Deyon from EideBaily one week a month on site through December
  - Benchmark MAP Award data provided

The committee would like to see quarterly updates of Revenue Cycle progress. (Next review date: January, 2018)

Ms. Boller asked if a patient has a bad experience, the bad debt and charity care is written off as an Administrative Adjustment. Ms. Stucker to identify what that amount is.

### **New Business**

- **Capital Request to Replacement Ultrasound**

*Motion: Mr. Dugan moved to approve the Capital Request to replace an Ultrasound system in the amount of \$76,490, as described in the meeting packet. Ms. Boller seconded. Motion carried.*

Mr. Huber explained that the amount over budget will be taken from the contingency account.

Mr. Dugan requested a copy of the capital request be included in the minutes posted online.

### **Monthly Financial Report**

Ms. Stucker presented the September 2017 financial data, as provided in the meeting packet.

- **Financial Narrative**

- Inpatient admits were 28 (-11.9%) under budget. Admits are down from last September by 8 (-3.7%).
- LLRC admits were 2 (-10%) under budget. Admits were up by 5 (38.4%) from last year.
- CCMH’s average daily census was on budget at 25 for September.
- Outpatient visits were 814 (-5.5%) below budget. Visits decreased by 689 (-4.6%) from last year.
- Clinic visits were 638 (-7.9%) below budget however, visits are up from last year by 485 (6.9%).
- September's net patient revenue was \$1,145k (8.3%) under budget.
- Operating expenses were under budget \$690k (4.5%) in September and lower than last year by \$205k.
- EBIDA was under budget \$355k in September and increased \$1,257k compared to a year ago.
- September's operating loss was \$1,446k vs. a budgeted loss of \$1,063k. The operating loss is less than prior year by \$1,189k.
- September’s accounts receivable days stayed flat at 69 days. (Goal is 60 days)
- Days cash on hand decreased to 176 in September. Cash decreased \$3.8M.

Discussion:

- September had an extra payroll and check run
- C.N.A. classes are offered four times a year at the college – not all graduates are local
- **Discharge of Uncollectible Debt** (error in last month’s report adjusted)

<b>Uncollectible Debt</b>	
The uncollectible debt for September 2017 by category is as follows:	
Inpatient Uncollectible	\$ 464,504.67
ER Uncollectible	\$ 689,358.62
Outpatient Uncollectible	\$ 341,212.01
<b>Combined Total for September 2017</b>	<b>\$ 1,495,072.30</b>

*Motion: Dr. Dugan moved to approve the Uncollectible Debt of \$1,495,072.30 Combined Total for September, 2017. Ms. Boller seconded. Motion carried.*

- **Point of Service Collection** – Mr. Huber reported that outpatient collections have stabilized. This is largely due to the time of the year when most people have already met their deductibles. Clinics will be included going forward.

In an effort to reduce the Finance Committee meeting packets, the committee would like to see the dashboard, investments, and capital expenditures YTD included quarterly, rather than monthly.

- **Investments**

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→ No purchase and/or sale of investments during the month of September 2017.

**Public Comment**

None

**Adjournment**

The meeting was adjourned at 12:35 p.m.

The next regularly scheduled Finance Committee meeting will be held on Monday, December 4, 2017 at 12:00 p.m. in the Hospital Board Room.

Jackie Richards, Recorder