



Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

Abe Hathaway, President
 Michael D. Kerns, Vice President
 Allen Albaugh, Treasurer
 Beatriz Vasquez, PhD, Secretary
 Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
 March 25, 2015 1:00 PM
 Board Room (Fall River Mills)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Abe Hathaway, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	APPROVAL OF MINUTES: 3.1 Regular Meetings – February 18, 2015 (ATTACHMENT A)	ACTION ITEM
4	REPORTS 4.1 Hospice Quarterly Report (Mary Ranquist, Hospice Manager)	Information
5	OPERATIONS ► Chief's Reports (CEO, CNO, CCO, COO,CCO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 February 2015 Financial review and acceptance of financials (<i>dispersed separately</i>) 6.1.3 Expenditure Reduction Plan..... 6.1.4 Building/USDA Update..... 6.1.5 Approval of MMHD Support Letter for AB1290 – Design Build Legislation..... 6.1.6 Clinic Update – Approval of Fall River and Burney Clinics..... 6.1.7 AP Solutions..... 6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report – (Hathaway)..... 6.2.2 Strategic Planning Retreat Agenda	Information ACTION ITEM Information Information ACTION ITEM ACTION ITEM ACTION ITEM
	6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report.....	Information Discussion Information

7	NEW BUSINESS/REPORTS 7.1 Approval of Measure D Citizen’s Oversight Committee Annual Report (Attachment C)..... 7.2 Approval of Capital Expenditure Plan FY16 (Attachment D approved by finance committee 2-17-15) 7.3 LAFCO Update.....	ACTION ITEM ACTION ITEM Information
8	8.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS ▶ Board Education – QHR Webinar 2 nd Tuesdays 2015, 10 a.m.	Information/discussion
9	ANNOUNCEMENT OF CLOSED SESSION: 9.1 Government Code Section 54962 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff), and to consider and approve 9.2 Government Code Section 54957: Personnel 9.3 Approval of Closed Session Minutes from February 18, 2015	ACTION ITEM
10	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
11	ADJOURNMENT: Next Regular Meeting April 22, 2015 – Burney; Strategic Planning Retreat April 2, 3, 2015 -McArthur	

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.

Posted/Distributed: 03/19/15

Date: February 18, 2015
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Burney, California

(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. CALL MEETING TO ORDER: President Abe Hathaway called the regular meeting to order at 1:01 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer

Board Members Absent: Art Whitney

Staff Present: Valerie Lakey, Board Clerk; Travis Lakey, CFO; Sherry Wilson, CNO; Caleb Johnson, CCO; Keith Earnest, CCO, Louis Ward, COO;

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS: None

3. APPROVAL OF MINUTES – A motion/second (Vasquez, Albaugh), and carried, the Board of Directors accepted the minutes for the regular meeting – January 28, 2015 Approved All

4. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Matt Rees, CEO:** Absent
- ▶ **Keith Earnest, CCO:** In addition to his written report, Earnest reported on the following:
In the PT Department they are looking for a 3rd PT. They have just signed a registry aide for a 13 week contract. There are 22 patients waiting to be evaluated in the PT Department; that number has gone down. Earnest feels we are moving in the right direction.

The Lab will be getting Phlebotomy students through Shasta College. We will get some free training for a MMHD employee. Students are here for 4 weeks at a time. Often we try to hire some of the students upon completion of their program.

Pharmacy – With E-prescribe, we are closer all of the time. We have learned some things and have a strategy. We hope to be partially connected and functional by next board meeting. The largest delay came with how we can prescribe medications – cannot use a PO Box for a patient.

Canby Clinic – MMHD will provide their pharmacy consulting service – quarterly clinic inspection.

Hospice Dinner – March 28 at the Rex Club, Medieval theme. \$40 tickets. Raffle, door prizes

- ▶ **Sherry Wilson, CNO:** Wilson reported that the CNA class is getting closer to being a reality – there is a meeting set up with 2 college deans (Shasta and Feather River). Feather River hadn't budgeted for the class. Shasta College is helping to pay and MMHD paying half. All of the expenses covered. We should hear by the end of the day.

The Feather River class would be in March. After that Shasta College has agreed to facilitate the class. Our staff will train to be Shasta employee. Modoc is holding 2 spots at their class. Shasta class has a home health aide add-on

Wilson also noted that staff is moving office space to free up two rooms; which would allow for 4 new LTC beds – census would then be at 85. We have ordered the beds.

► **EMR – Louis Ward, Chief Operating Officer –**

Ward reported that they have finished Outpatient area projects.

EMR Stage 2 – FlexIT act – will change from 365 day reporting period to a 90 day reporting period.

ADA toilets through the foundation.

ES – weekly walk-through with Infection Control and ES manager. Look at facility from the patient perspective.

► **Caleb Johnson, Chief Compliance Officer**

Billing office is getting healthier. Clean claim rate continues to improve. It was 45% at end of January – we are hoping to get up to 60%.

Gross A/R days – we want to get to 55-60. We are within 5% of interim goal of 65 days. The % over 120 barely ticked up – we continue to focus on the older account resolutions in a timely fashion.

\$1.296 in bad debt collections. Submit bad debt accounts in waves – instead of all at once. Financial counselor will make calls first and provide options.

ICD10 – Kerns asked if we are on track – will get back on it next month

5. BOARD COMMITTEES:

5.1 Finance Committee – Chair Allen Albaugh

5.1.1 Committee Meeting – The committee met yesterday (2/17/15). Albaugh talked about the cash flow situation. Albaugh asked Lakey to explain. Lakey broke down all accounts with all cash collections, etc. Albaugh said “we are bleeding” and he wants a directive from the board to Rees to get this thing in order. We would have to increase by \$320,000 to cover collections of \$160,000. Hard to project or assume patient activity, but we do have control over expenses. Ward said we need to focus on reducing expenses but the conversation always turns to increasing revenue. Hathaway said we need to look at all expenses. Lakey doesn’t think we are going to be able to pay off line of credit. Albaugh said the Board needs to put pressure on CEO for a reasonable, do-able and not a “pie in the sky” plan. Albaugh also said he feels like we have a lot of “bloat” in the personnel. He requested that the CEO comes back with something that will work for the March meeting; focusing on expense reduction.

5.1.2 January 2015 Financials – Approved All (Albaugh, Kerns)

5.1.3 Board Quarterly Finance Review (Albaugh, Kerns)

5.1.4 USDA Update – Lakey talked to USDA this morning – they want more of the loan secured with our GO Bonds; that is not an option. We are a “need” area, but not a

“high need” area. (for New Market Tax Credits) The bigger question – we have deadlines coming up with OSHPD. Albaugh said we are not getting anywhere with USDA and it is time to start over; get rid of architects, construction firm and start over. We might be able to get \$20 mil; so we need to reorganize to build something in the \$25 mil range. Hathaway asked if can get out of all of the contracts we have. For us to do a Design-Build – legislation is needed. May be too late for this year. Need to explore options. Kerns asked to look at options at next month’s meeting.

5.1.5 Clinic Update – Looked at Clinic space (tour)

5.2 Strategic Planning Committee – Chair Abe Hathaway

5.2.1 Committee meeting – *No meeting*

5.2.2 Board Assessment Presentation – (PowerPoint available) – more follow-up in April at SP meeting and retreat.

5.3 Quality Committee – Chair Mike Kerns

5.3.1 Committee Meeting Report - There were a lot of department reports – see minutes as distributed.

6. NEW BUSINESS

6.1 Quarterly Worker’s Compensation Report

Libby Mee was present to discuss Worker’s Comp for 2015; so far there are 4 first aid injuries. There has been nothing reportable. No reports yet on the mod rate. Last week of the year – 2 reportable, CNA moving a patient, the other is being investigated. Both are still pending status. Last year only 4 reportable for the entire year. The mod should start dropping.

7. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST

8. ANNOUNCEMENT OF CLOSED SESSION: 3:03 PM

9. RECONVENE OPEN SESSION – ANNOUNCE ACTION TAKEN IN CLOSED SESSION

10. ADJOURNMENT: There being no further business, at the hour of 3:40 p.m., President Hathaway declared the meeting adjourned. Next meeting March 25, 2015 – Fall River Mills



Mayers Memorial Hospital

Operations Report February 2015

Statistics	February YTD FY15 (current)	February YTD FY14 (prior)	February Budget YTD FY15
Surgeries (<i>including C-sections</i>)	74	41	70
➤ Inpatient	25	16	12
➤ Outpatient	49	25	58
Procedures (<i>surgery suite</i>)	124	26	93
Inpatient (<i>Acute/OB/Swing</i>) Days	1381	1148	1303
Emergency Room	2662	2380	2390
Skilled Nursing Days	17849	17447	17456
OP Visits (<i>OP/Lab/X-ray</i>)	10198	10025	10819
Hospice Patient Days	806	1910	802
PT	8062	6322	6768
Ambulance Runs	265	267	272

Operations District-Wide

Prepared by: **Matthew Rees, Chief Executive Officer**

Administration/CEO activities during the past month:

- Attended CHA's Annual Rural Symposium and had CCAHN meetings in conjunction with it. There was a lot of talk about population health and the future of Healthcare

Presentations included:

- Collaboration, Alliances and Networks
 - Federal and State Legislative Updates
 - Organizational Excellence
 - Managing Challenging Patients in Your ED – 5150s
 - Best Practices in the Boardroom
 - Rural Health Care Clinic Updates
 - Expanded Coverage and Impact on Rural Hospitals
- Talked to Carl, head of Cal-Mortgage about financing project. Networked with rural CEOs and others.
 - Met with all the Full-time employees in the ER to figure out what the issues were.
 - Met with Dr. Dahle and Allen to discuss why Dr. Dahle was taken off the ER schedule by EmCare
 - Talked with Legal Council to figure out the best way of handling the issues in the ER
 - Met with 299 Collaborative to discuss and decide on the direction of a local Health Information Exchange (HIE)

- Asked by CHA to testify at the State Senate Budget Hearing on the 19th about the LTC Claw-Back
- Continued to work with USDA on funding a hospital project. Worked on CDBG grant and tax credits.
- Created financial plan with Administrative team to be presented at the meeting.

Chief Clinical Officer Report

Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Respiratory Therapy

- The pulmonary function testing referral sheet was revised to make ordering easier. The new sheets have been distributed to potential prescribers.
- The new ventilator has arrived. It was purchased through a state program for disaster preparedness. It can be used as a transport generator, an in house generator during a disaster or as a biPAP machine. Use will be implemented once the batteries have their preventative maintenance performed.

Physical Therapy

- As of 3/17/15 30 patients were waiting to be evaluated by physical therapy.
- Jolene Platko, PT manager, is exploring partnering with the school district for student athlete screenings.

Cardiac Rehab

- Trudi Burns, RN, manager is exploring coverage of cardiac maintenance via Medicare. There are program and staff certifications needed.

Laboratory

- Laboratory personnel are preparing for the Health Fair scheduled for April 18th.
- Chris Hall, CLS, manager, is adding retic hemaglobins to the tests performed at Mayers. This test will assist physicians in deciding if transfusion or iron infusion are appropriate for anemic patients.
- Chris Hall, CLS, manager, is working, in conjunction with Margaret Truan, on a grant for equipment that would perform automated organism identification and sensitivities. This equipment will allow Mayers not test sensitivities to antibiotics not available for disc sensitivities.
- The new plasma freezer has been installed in accordance with the lab's plan of corrections after the most recent survey.

Pharmacy

- A Paragon pharmacy IT will be on site the week of April 24th to work on the following issue:
 - Bar codes
 - Labels
 - E-prescribe
- Testing 340B patient type submissions interface.

Imaging

- The launch call to integrate PACS with Mountain Valleys’ system is scheduled for March 25th. We are anxious to finish this step of the process.

Critical Access Hospital
Prepared by: Sherry Wilson CNO/Acute

Outpatient Medical

- Patient census is improving. The census was increased in December to 77, and now 87 patient visits, with 109 procedures done in January. Last year’s average was 104/patient visits per month. 2014 Year end statistics indicate Dr. Zittel’s patient load accounts for 40+% of the Outpatient census. Dr. Dahle, Dr. Watson, and Dr. Weinhold’s referrals, respectively, make up the remaining bulk of our patient load, with a small percentage of referrals from physicians no longer in the area making up the rest.
- OPM is ready to contribute to the hospital wide competency discussion tentatively scheduled for 2/5/15. We have prepped a wound care assessment, and pressure ulcer prevention training program to bring to the table for discussion.
- Outpatient Rooms have been updated with a new coat of paint, new trim, and backer board (protects the walls from the bed scrapes). They look modern and professional!
- The next goal is to develop the space at the Burney Annex to house the Wound Care Clinic. The intent is offer Mayer’s wound care clinic with Dr. Zittel in Burney, as well as Fall River.

Surgery

- Our numbers are still looking very good. We are at exactly twice the budgeted # of procedures and above the budgeted # of surgeries.
- Two physician visits are scheduled for the month of February to get Dr. Syverson in the public eye. One with Hill Country and one with Pit River Health.
- Call back reports from patients rate the care they received as “excellent”.
- Ongoing training of Stacie continues. She should be ready to take call in March.
- We will be losing Sean in July. A new posting for full time RN was submitted and training will need to take place as soon as one is hired.
- Our staff continue to go home early in an attempt to keep staff hours down.
- Pricing for our Total Knee came from the vender in a timely fashion! This means we can go forward in charging the patient now.
- Still watching the surgery charges for clean claims and appropriate charges.

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**Skilled Nursing Facility – Burney & FRM**

*Submitted By: Sherry Wilson, RN, CNO*

- Census is at

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Operations Report

Prepared by: Louis Ward, MHA, Chief Operating Officer

Facilities

- **Acute Department** – Working on renovating all of the Acute rooms.
 - Tasks to be completed: new paint, new chair rails, FRP on the lower 36” of the walls to prevent wall damage due to equipment movement, blinds, and re-hanging televisions, new privacy curtains, new ADA toilets, refreshed photo/artwork
 - We are working with Theresa Overton to schedule 1 room renovation per week as the census allows.
 - We have completed room 107 & room 105
 - Room Sponsorship
 - Val Lakey created and developed a program that allows for a \$500 room sponsorship aiding in the expenses incurred throughout the project.
 - Initially we planned to release the program to the community after we allowed employees the opportunity to sponsor a room. We have secured all room sponsorships with just our internal employees!
 - We are very happy and appreciative of their generosity and their willingness to be involved in this great project.
- **Burney and Fall River Clinic – 1206(b)**
 - Worked with Margaret Truan, Grant Coordinator to establish a budget for Partnership Health grant.
 - Grant was submitted Jan 31, 2015 to Partnership Health.
 - 1st wave of grant funds were approved on February 20th.
 - Partnership will be funding a 2nd wave at the end of March.
 - This project is currently on hold until we hear back from Partnership about the 2nd wave of grant funds.
- **Pacific Gas & Electric**
 - Peak Pricing Program
 - Peak Day Pricing is an optional program where businesses agree to reduce energy usage on a few days throughout the year when demand is highest—between 9 and 15 "event days" annually. A higher rate is charged during peak times on event days.
 - In return, between May 1 and October 31, businesses receive credits for their electricity use outside of Peak Day Pricing event hours.
 - Will have further information about this topic in future Board meetings including
 - Pricing
 - Savings
 - Energy Utilization

Information Technology

- **EMR Stage 2 attestation began Oct 1, 2014**
 - 1 year reporting period
 - See Meaningful Use (MU) report for up to date statistics (*attached*)
- On Sept. 16, 2014 Reps. Renee Ellmers (R-NC) and Jim Matheson (D-UT) introduced the Flexibility in Health IT Reporting (Flex-IT) Act (H.R. 5481). This legislation would give hospitals and eligible professionals more flexibility in meeting meaningful use (MU) requirements for electronic health records in fiscal year 2015.
 - This Act would reduce the Attestation reporting period for Stage 2 to 90 days.
 - Referred to House Subcommittee on Health 09/19/2014
 - **Last update:** The Act has been reintroduced as the Flex IT Act of 2015 (H.R. 270)
 - CMS released statistics showing only 4% of physicians and 35% of all hospitals have met the requirements of Stage 2 in the first 90 days of the 365 day reporting period.
- **Electronic Submittal of Prescriptions**
 - Software allowing Physicians to electronically submit prescriptions to receiving pharmacies has been installed.
 - Currently testing the functionality.
 - Moving to meet the requirements of the 340B Drug Pricing Program
 - <http://www.hrsa.gov/opa/>
 - Worked with McKesson to develop templates for Class 2 Drugs requiring a tangible written prescription.
- **Connecting to State Immunization and Reportable Lab Registries.**
 - Worked with a McKesson resource an I.T here to develop a automated process to send immunization and reportable lab data to state registries automatically upon submittal.
 - Currently are operating in the State Registry's TEST system and plan to be moved to their full production site by April 1, 2015

Dietary

- **Working with Margaret Truan on a new Grant opportunity to assist in healthier lifestyle choices for employees**
 - Grant funds up to \$50,000
 - We are looking to provide a employee dining area that will attract employees to get up from their work environments for a brief moment while choosing from healthy food choices, improving their awareness to healthy eating and exercise choices in a friendly and comfortable environment.
 - We intend to purchase:
 - New seating
 - New food display cases
 - Employee communication boards
 - New salad bar
 - New furniture to house cutlery and other dining related material
 - New paint & framed art/photographs

- **Healthy Lunch options for employees**

- Beginning discussions to provided quick and healthy meal options to employees such as a wider variety of salad and sandwich options, healthy snacks, and low sugar beverage alternatives.

Purchasing

- Working with new company to send all outdated supplies to a 3rd world country free of charge to the hospital.
- Developing a plan to tackle inventory issues that have been found in the Emergency Department
 - We would like to assist in a large scale inventory overhaul in the ER. This project will take the full cooperation and collaboration from the ER Management, Ambulance Management, Respective Staff, as well as the Purchasing Staff. More will be presented in the April strategic planning sessions.

Environmental Services

- Implemented a new patient centered process using a bi-fold card stating the room was proudly cleaned by a member of the environmental staff prior to the patient's admission.
 - The card also provides the Chief Operating Officer's contact information if they would like to share any concerns or positive comments about the cleanliness of their rooms, as well as the hospital.
- EVS Manager will provide in-service to all EVS staff to ensure a standardized as well as thorough cleaning of all patient rooms.

Compliance Report

Prepared By: Caleb Johnson, Chief Compliance Officer

Revenue Cycle

- Revenue Cycle Health Report. (*Attached*) Noteworthy:
 1. Average Daily Revenue dipped slightly in February, from \$100,000 to \$92,725, but remained well above budget benchmark of \$88,767. As expected, increased swing bed utilization and sustained strong revenue months paid off in February, netting over \$1,800,000 in Total Payments. This was the highest collection month in over 5 years, despite being the shortest month of the year.
 2. Total AR dropped over 12% in February, as a result of strong collections, slightly lower average daily revenue and an increased Total Credit Balance. In turn, Gross AR Days dropped to 57.37, well below the interim goal of 65 days. These key measures indicate that the overall health of our AR continues to improve; and
 3. The Clean Claim Rate stalled in February, at 44%, suggesting that the climb to the goal of 60% is getting steeper. Separately, Percent over 120 Days did improve, to 22.8%.

Clinics

- Susanville Clinic. Progress continues with Dr. Syverson's Susanville Clinic. February 27 marked first day of scheduled patient visits; however, due to an emergency surgery, those visits were canceled or rescheduled for two weeks later. On March 13, five patients were seen, of which two were referred to Mayers for surgery.

- CHA Health Policy Legislative Day. Attended CHA's Leg Day in Sacramento on March 11, including face time with Senator Gaine's office and with Assemblyman Brian Dahle. Key state issue we advocated was support for AB366/SB243, which would repeal implementation of the DP/SNF clawback per AB97. Similar to AB900 (which died in appropriations after being placed in suspense in August 2013), AB366/SB243 has strong support in both the Assembly and Senate, but is anticipated to confront opposition in appropriations and by the Governor. Unlike AB900, AB366/SB243 were authored by the chairs of the Health Committee in the Assembly and Senate, respectively, both democrats, which may carry more weight.
- AHA Advocacy Day. Attending AHA's Advocacy Day in Washington DC on March 18. We plan on asking for support for USDA financing, advocating for a shorter Meaningful Use reporting period, and expressing strong opposition to the OIG's recommendation to CMS of switching payment methodologies for swing-bed services from cost-based to prospective payment system rates.

MAYERS MEMORIAL HOSPITAL DISTRICT

Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

OBJECTIVE: CPOERX - Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 60 percent of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of medication orders in the denominator recorded using CPOE.

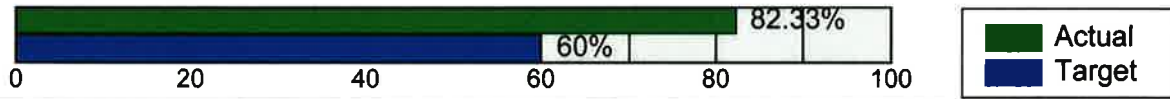
Denominator: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator + Denominator = Actual

3369 + 4092 = 82.33%

Target: > 60 %

Measure Achieved



OBJECTIVE: CPOELB - Use computerized provider order entry (CPOE) for laboratory orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 30 percent of laboratory orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of laboratory orders in the denominator recorded using CPOE.

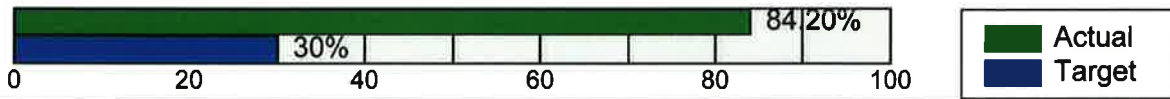
Denominator: Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator + Denominator = Actual

3261 + 3873 = 84.20%

Target: > 30 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT

Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

OBJECTIVE: CPOERAD - Use computerized provider order entry (CPOE) for radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local and professional guidelines

MEASURE: More than 30 percent of radiology orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.

Numerator: The number of radiology orders in the denominator recorded using CPOE.

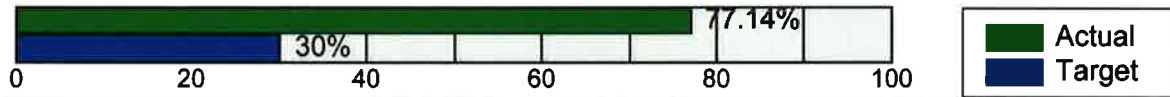
Denominator: Number of radiology orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

685 ÷ 888 = 77.14%

Target: > 30 %

Measure Achieved



OBJECTIVE: D - Record the following demographics: preferred language, sex, race and ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.

MEASURE: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.

Numerator: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to State law) recorded as structured data.

Denominator: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1332 ÷ 1336 = 99.70%

Target: > 80 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

OBJECTIVE: VS - Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.

MEASURE: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.

Numerator: The number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. This information can be derived by looking in the height, weight and vitals tables. The Emergency Department triage process can also capture some of the information and should also be used to determine if all three of the fields exist for a person for the reporting period.

Denominator: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1292 ÷ 1336 = 96.71%

Target: > 80 %

Measure Achieved



OBJECTIVE: SM - Maintain and Record smoking status for patients 13 years old or older

MEASURE: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.

Numerator: The number of patients in the denominator with smoking status recorded as structured data. The data is captured in both Registration and within the Patient Profile module.

Denominator: Number of unique patients age 13 or older seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1113 ÷ 1113 = 100.00%

Target: > 80 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: MED - Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).

MEASURE: More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.

Numerator: The number of orders in the denominator for which all doses are tracked using eMAR.

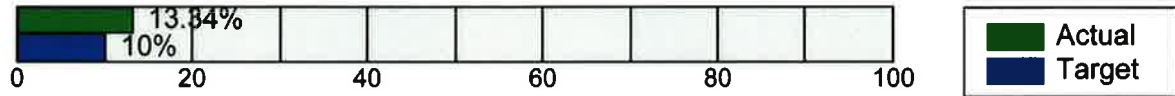
Denominator: Number of medication orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

$419 \div 3142 = 13.34\%$

Target: > 10 %

Measure Achieved



OBJECTIVE: AD - Record advance directives for patients 65 years old or older.

MEASURE: More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded.

Numerator: The number of patients in the denominator with an indication of an advanced directive entered using structured data. This information is captured within both Patient Profile and Registration.

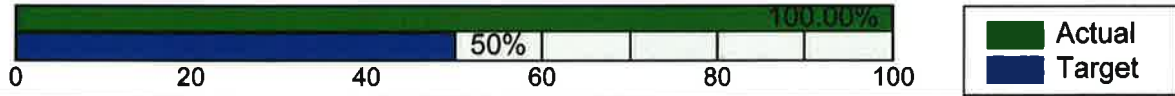
Denominator: Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

Numerator ÷ Denominator = Actual

$359 \div 359 = 100.00\%$

Target: > 50 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: ED - Use Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

MEASURE: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.

Numerator: Number of patients in the denominator who are provided patient education specific resources

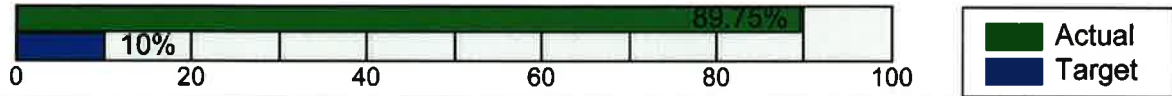
Denominator: Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1199 ÷ 1336 = 89.75%

Target: > 10 %

Measure Achieved



OBJECTIVE: MEDR - The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

MEASURE: The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)

Numerator: The number of transitions of care in the denominator where medication reconciliation was performed

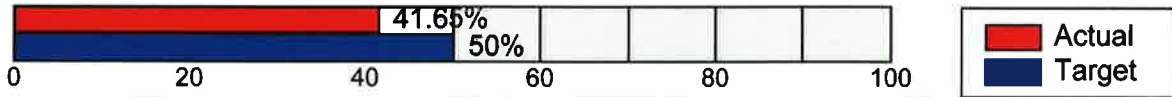
Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 to 23) was the receiving party of the transition. This would be for all admissions in Paragon.

Numerator ÷ Denominator = Actual

773 ÷ 1856 = 41.65%

Target: > 50 %

Measure NOT Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: IMA - Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.

MEASURE: More than 10 percent of all scans and tests whose result is one or more images ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology

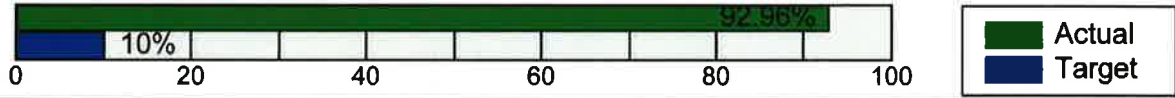
Numerator: The number of results in the denominator that are accessible through Certified EHR Technology.

Denominator: Number of tests whose result is one or more image ordered by the EP or by an authorized provider on behalf of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

806 ÷ 867 = 92.96%
Target: > 10 %

Measure Achieved



OBJECTIVE: FAM - Record patient family health history as structured data.

MEASURE: More than 20 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives

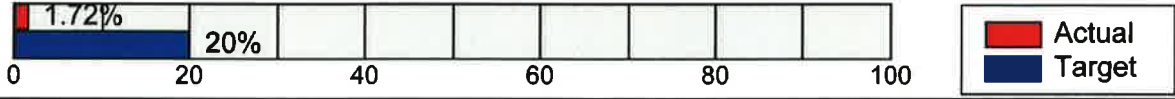
Numerator: Number of patients in the denominator that have more than one family history element.

Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

23 ÷ 1336 = 1.72%
Target: > 20 %

Measure NOT Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: ERX - Generate and transmit permissible discharge prescriptions electronically (eRx).

MEASURE: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new or changed prescriptions) are compared to at least one drug formulary and transmitted electronically using Certified EHR Technology.

Numerator: The number of prescriptions in the denominator generated, compared to a drug formulary and transmitted electronically.

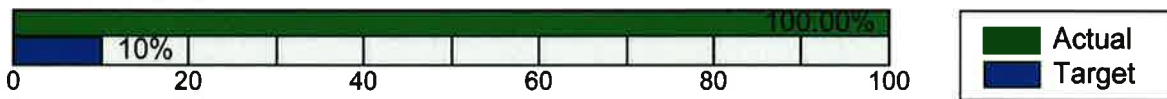
Denominator: Number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.

Numerator ÷ Denominator = Actual

1 ÷ 1 = 100.00%

Target: > 10 %

Measure Achieved



OBJECTIVE: HIOL - Provide patients the ability to view online, download and transmit information about a hospital admission.

MEASURE: More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.

Numerator: The number of patients in the denominator whose information is available online within 36 hours of discharge.

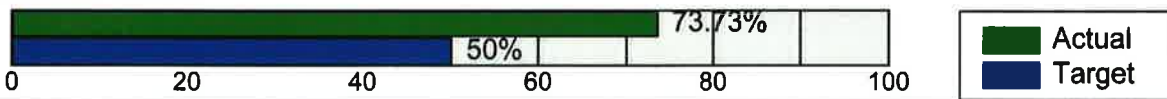
Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

985 ÷ 1336 = 73.73%

Target: > 50 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: HIVW - Provide patients the ability to view online, download and transmit information about a hospital admission.

MEASURE: More than 5 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

Numerator: The number of patients in the denominator who view, download or transmit to a third party the information provided by the eligible hospital or CAH online during the EHR reporting period.

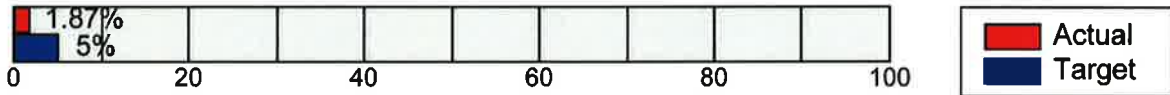
Denominator: Number of unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

25 ÷ 1336 = 1.87%

Target: > 5 %

Measure NOT Achieved



OBJECTIVE: CCDA - Provide a summary of care record at each transition of care.

MEASURE: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

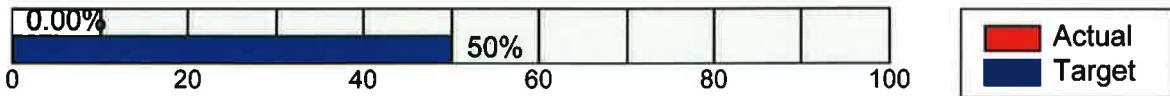
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Numerator ÷ Denominator = Actual

0 ÷ 163 = 0.00%

Target: > 50 %

Measure NOT Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

OBJECTIVE: CCDE - Provide a summary of care record at each transition of care.

MEASURE: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care electronically transmits a summary of care record for more than 10 percent of transitions of care and referrals either (a) electronically transmitted using Certified EHR Technology to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using Certified EHR Technology to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

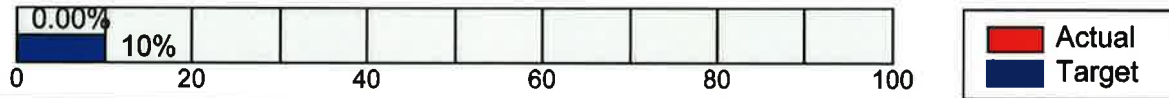
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

Numerator ÷ Denominator = Actual

0 ÷ 163 = 0.00%

Target: > 10 %

Measure NOT Achieved



OBJECTIVE: LB - Incorporate clinical lab-test results into certified EHR technology as structured data

MEASURE: More than 40 percent of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data

Numerator: The number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data. Consideration should include both those lab results entered via Paragon Laboratory or a 3rd party interfaced lab system. (Different tables are used for storage).

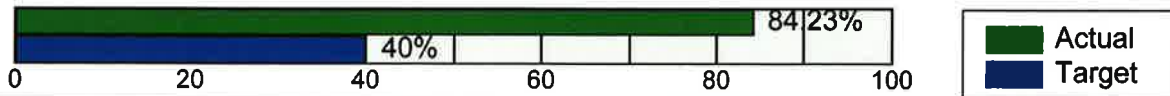
Denominator: The resulting percentage must be more than 40 percent in order for an eligible hospital or CAH to meet this measure.

Numerator ÷ Denominator = Actual

2660 ÷ 3158 = 84.23%

Target: > 40 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range
From 10/01/2014 to 03/16/2015

OBJECTIVE: NOTE - Record electronic notes in patient records.

MEASURE: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.

Numerator: The number of unique patients in the denominator who have at least one electronic progress note from an eligible professional or authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) recorded as text searchable data.

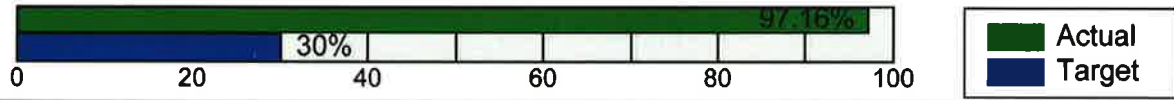
Denominator: Number of unique patients admitted to an eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator ÷ Denominator = Actual

1298 ÷ 1336 = 97.16%

Target: > 30 %

Measure Achieved



OBJECTIVE: AMBLBE - Provide structured electronic lab results to ambulatory providers.

MEASURE: Hospital labs send (directly or indirectly) structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.

Numerator: The number of structured clinical lab results sent to the ordering provider.

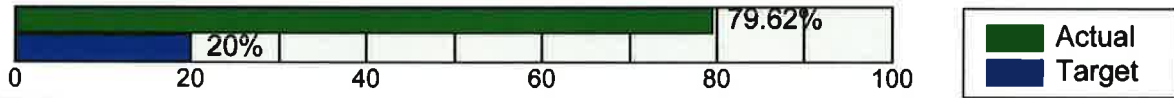
Denominator: The number of electronic lab orders received.

Numerator ÷ Denominator = Actual

2922 ÷ 3670 = 79.62%

Target: > 20 %

Measure Achieved



MAYERS MEMORIAL HOSPITAL DISTRICT Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

OBJECTIVE: AMBLBA - Provide structured electronic lab results to ambulatory providers for all Lab orders received from Ambulatory provider.

MEASURE: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received (Alternate Measure)

Numerator: The number of structured clinical lab results sent to the ordering provider.

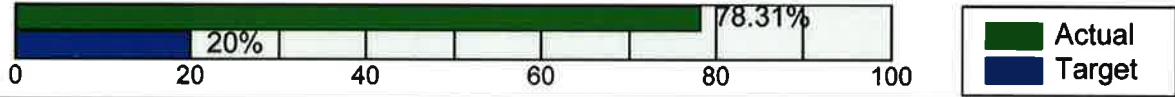
Denominator: The number of all lab orders received from ambulatory provider.

Numerator ÷ Denominator = Actual

3072 ÷ 3923 = 78.31%

Target: > 20 %

Measure Achieved



Attestations

Objective: CDS - Use clinical decision support to improve performance on high priority health conditions

Measure: EPs, eligible hospitals, and CAHs must satisfy both measures in order to meet the objective:
 1. Implement 5 clinical decision support interventions related to 4 or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. For the Clinical Decision Support rules that the customer has chosen to 'turn on', print the description of the rule and the date the rule was mapped.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.
 I attest that the facility has met the clinical decision support intervention measure by having the CDS interventions enabled for the entire reporting period.

Signed _____ Date _____

2. The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
 Drug-drug interaction checks: print 'Contraindication Enabled' if the Pharmacy Reference Master Drug Screening Settings, CPOE tab, Drug-Drug interactions has CPOE Contraindicated set to anything other than 'Disabled'.
 Drug-allergy interaction checks: print the Minimum Security Level chosen on the Pharmacy Reference Master Drug Screening Settings, CPOE tab, Drug-Allergy interactions.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.
 I attest that the facility has met the interaction checking measure by having drug-drug and drug-allergy interactions enabled for the entire reporting period.

Signed _____ Date _____

Objective: SEC - Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.

Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

Attestations

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the protect electronic health information measure.

Signed _____ Date _____

Objective: IMM - Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the capability to submit electronic data to immunization registries measure.

Signed _____ Date Live _____

Objective: ELB - Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to public health agencies for the entire EHR reporting period as authorized.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the submission of electronic reportable laboratory results measure.

Signed _____ Date Live _____

Objective: SUR - Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the submission of syndromic surveillance data measure.

Signed _____ Date Live _____

Objective: CCDA - Provide a summary of care record at each transition of care.

Meaningful Use Utilization Report

ARRA Stage 2 2014

Counts calculated after patient visit is discharged
ED Denominator Method Chosen: All ED Visits Method

Date Range

From 10/01/2014 to 03/16/2015

Attestations

Measure: An EP, eligible hospital or CAH must satisfy one of the two following criteria:
(A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in 'measure 2' with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender's EHR technology; or
(B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the conduct successful electronic exchange measure by completing an electronic exchange with a recipient who has EHR technology that was developed by a different EHR technology developer than the sender's EHR technology or conducting a successful test with the CMS designated test EHR during the EHR reporting period.

Signed _____ Date _____

Electronic exchange sent to: _____ on _____

Recipient's CEHRT vendor _____

CMS test completed on _____

Objective: DXLS - Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.

Measure: Generate at least one report listing patients of the EP, eligible hospital, or CAH with a specific condition.

This measure has no threshold calculation that must be met for certification. It is the customer's responsibility to attest that they have met this objective.

I attest that the facility has met the generate patient list measure by generating at least one list during the EHR reporting period.

Signed _____ Date _____

Date List Generated: _____

Conditions used to generate list: _____

	Current	Prior	Benchmark
Total Charges	2,596,320.46	3,100,039.74	2,700,000.00
Total Payments	1,840,001.54	1,545,641.42	1,500,000.00
Total Adjustments	1,599,550.53	1,518,170.10	1,200,000.00

Average Daily Revenue	92,725.73	100,001.28	96,428.57
Average Daily Payments	65,714.34	49,859.40	53,571.43
Average Daily Adjustments	57,126.80	48,973.23	42,857.14

Total AR	5,685,972.08	6,524,157.12	5,412,442.40
Total Credit Balance	(554,935.29)	(346,277.16)	(54,124.42)
Total Bad Debt	1,323,882.53	1,296,796.32	270,622.12

Adjustment Analysis

Contractual	1,318,236.26	1,128,004.81	960,000.00
Non-Covered	59,573.97	16,516.22	60,000.00
Untimely	139,836.05	159,583.37	60,000.00
Special Programs	49,787.47	111,024.78	60,000.00
To Bad Debt	32,116.78	103,040.92	60,000.00

Key Indicators

	Current	Prior	Benchmark
Gross AR Days	57.37	66.79	60.00
Percent Over 120 Days	22.8%	25.7%	20.0%
DNFB	11.28	13.86	10.00
Number of Denied Claims	219	160	130
Clean Claim Rate	44%	45%	60%
Adjusted Collection Rate	149.8%	83.1%	97.0%

ATB Payer Mix

BLUE CROSS	7.1%	8.0%
COMMERCIAL	12.3%	10.9%
MEDICAID	29.6%	31.5%
MEDICARE	29.9%	32.3%
MEDICARE ADVANTAGE	3.7%	3.3%
PRIVATE PAY	6.7%	6.8%
SELF PAY AFTER INSURANCE	8.4%	5.1%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	2.3%	2.2%

Payer Class	Unbilled	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 365 Days	366 + Days	Total Amount
BLUE CROSS	53,662.77	58,696.14	87,395.36	34,676.93	36,334.11	84,826.15	40,380.97	6,565.86	402,538.29
COMMERCIAL	82,284.17	155,023.07	109,683.61	66,714.07	43,339.64	76,513.77	106,599.40	61,484.71	701,642.44
MEDICAID	323,429.00	712,471.54	291,323.98	99,460.85	88,263.37	65,309.37	81,183.27	19,798.63	1,681,240.01
MEDICARE	631,435.35	511,536.48	325,763.64	23,547.66	45,065.28	17,921.50	115,341.36	27,707.47	1,698,318.74
MEDICARE ADVANTAGE	2,097.20	10,145.00	2,889.00	1,349.06	-	4,492.48	117,553.39	74,447.56	212,973.69
PRIVATE PAY	17,904.62	154,827.28	7,131.74	22,235.55	39,750.20	54,706.97	55,977.14	26,165.31	378,698.81
SELF PAY AFTER INSURANCE	988.00	26,522.30	107,695.11	115,849.10	37,367.07	64,204.95	78,692.03	46,755.49	478,074.05
UNKNOWN	-	-	-	-	-	-	-	-	-
WORKMANS COMP	5,762.00	20,223.20	25,050.70	8,491.70	1,534.00	3,059.28	48,333.03	20,032.14	132,486.05
Totals	1,117,563.11	1,649,445.01	956,933.14	372,324.92	291,653.67	371,034.47	644,060.59	282,957.17	5,685,972.08



The Measure D Citizens' Oversight Committee herein finds the District in compliance with letter and intent of Measure D funds.

The following is a summary of the approved Measure D expenditures approved at the two meetings held in 2014:

January 14, 2014

No new expenditures to review or approve.
The 2013 Annual report was approved.

July 8, 2014

Architect/Engineering = \$12,509.34

Total Measure D expenditures through July 8, 2014 = \$4,992,578.11.

Attached is a copy of the most recently approved project list dated May 7, 2014.

The draft of the Mayer's Memorial Hospital District financials for years ending June 30, 2014 were reviewed.

Other activities included touring the renovated physical therapy facility and renovated patient rooms in January 2013. Loan and construction updates were discussed at each meeting. The committee vacancy will be filled when there are more expenditures to review.