



Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: June 2012

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Accomplishments:

- **Staffing:** Still recruiting ER physicians and Internists.
- **Visits:** Outpatient visits for June down 2.4% over the same period the previous year.
- **Revenues:** Revenues for FY2012 increased 25.05% over the same period the previous year.

Future Plans / New Initiatives:

- New Services:
 - Studying current layout of facility to see how to maximize space utilization.
 - Baby Friendly Initiative
 - IPC Initiative

Workload:

Actual numbers/month

Outpatient visits down	2.4%	21,642
Admissions down	8.0%	81
Newborns up	5.9%	18
New charts up	3.4%	338
Reactivated Charts down	57.8%	396

These statistics are compared to FY2011 statistics for the same time period. (June)
 Occupancy rate for June 2012: 21%

Third Party Collections:

June collections

Medicare: \$ 266,934.12
Medicaid: 330,373.14
Private Insurance: 554,876.88

\$ 1,152,184.14

Year-to-date collections for FY 2012: \$ 11,640,066.45

Amount billed for June 2012: \$ 2.66 million

Collections are up compared to FY2011 collections for same time period. \$ 2,363,063.15

Percentage of account receivables pending for claims > 120+ days: 6%

CHS Activities:

May cases

Funded: 463 cases: \$ 890,102.00
Denials: 258 cases: \$ 307,742.00
Deferred: 487 cases: \$ 302,625.00

Files to Committee 1270



Cherokee Nation Tribal Council Health Committee report

Report by: Connie Davis, Executive Director Health Services
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Month/Year of the report: July, 2012
Phone number 453-5557

I. From Connie's Desk:

Enclosed in this report are the following,

- *An introduction to the Affordable Care Act (ACA)*
- *Program reports*
- *A report on Cherokee Health Partner(included in the report are, Governing meeting Agenda, Financial report, Patient Survey results)*
- *A report on Cherokee Elder Care Program(included in the report are, Latest meeting Board meeting Agenda, Financial report)*
- *A report on Cherokee Nation Home Health Services(included in the report are, Governing board meeting Agenda, Financial report, Member satisfaction Survey results)*
- *Charts*
- *DNV Certification*
- *JBC state certification*
- *Patient compliments*

Future updates on hot issues: Updates will provided on the following issues in our next report–

- CHS process improvement team update
- CHS one number, one call update
- Pharmacy 90 day refill improvement team update
- Pharmacy audiocare improvement team update

MEDICAID EXPANSION UNDER AFFORDABLE CARE ACT(ACA) FOR AMERICAN INDIANS AND ALASKA NATIVES–

A central goal of the Patient Protection and Affordable Care Act (ACA) is to ensure that all Americans, regardless of income or location, have access to comprehensive and affordable health care services. This is achieved, in part, by extending Medicaid coverage to the lowest income Americans, including low-income American Indians and Alaska Natives (AI/AN).

Key Provisions of the Medicaid Expansion under ACA Section 2001:

- Beginning on January 1, 2014, all States participating in Medicaid must cover all persons with family income up to 133 percent of the poverty level who are not over 65 or on Medicare. This new mandatory eligible population primarily consists of low-income adults without dependent children.
- From 2014 to 2019, the Federal government will pay between 100% and 93% of the cost of covering these newly-eligible individuals. After 2019, the Federal Medical Assistance Percentage (FMAP) will be 90 percent for these Medicaid health service costs, with States contributing 10%. The FMAP for AI/AN

served by the Indian Health Service (IHS) and Indian tribes and tribal organizations will remain at 100 percent.

- States are required to maintain their pre-2011 Medicaid eligibility levels through December 31, 2013 for all adults and through September 30, 2019 for children under Medicaid and CHIP.

More AI/AN Will Be Eligible for Medicaid with ACA Implementation: An estimated 185,000 – 380,000 uninsured AI/AN who report access to Indian health programs providers would be eligible for Medicaid under the expansion. These Medicaid enrollees are in addition to the approximately 437,000 IHS users that are covered by Medicaid or the Children’s Health Insurance Program (CHIP) today. The Medicaid expansion under the ACA is projected to generate new funding to serve AI/AN. *A portion of the new Medicaid revenues will flow to Indian health programs and a portion will offset Contract Health Service expenditures.*

Medicaid Expansion under ACA Section 2001 May Provide Narrower Scope of Benefits than Traditional Medicaid: For individuals covered under the new Medicaid eligibility category, they will receive “benchmark” or “benchmark-equivalent” coverage consistent with the requirements of section 1937 of the Social Security Act.⁷ The coverage is to provide at least the “essential benefits” as required for Exchange-offered plans, including prescription drugs and mental health services. But, services not included in typical employer-provided insurance, such as transportation services, may be excluded by a State from the Medicaid benchmark coverage offered under the Medicaid section 2001 expansion.

Existing Medicaid Protections for AI/AN and I/T/U8 Apply under Medicaid Expansion: All rules applicable under the Medicaid program in general apply to this new eligibility group, including rules relating to cost sharing. For example, no Medicaid premiums or cost sharing may be imposed on an AI/AN applicant or an AI/AN receiving services from an I/T/U directly or through referral under Contract Health Services. In addition, AI/AN will continue to be exempt from mandatory managed care enrollment. And as added by section 5006(d) of the Recovery Act, AI/AN enrolled in Medicaid managed care plans have the option of choosing an Indian health care provider as the AI/AN’s primary care provider.

IHCIA Provisions Prohibit Offsetting of Appropriations: Under a long-standing provision of the Indian Health Care Improvement Act (IHCIA), section 401(a) directs Congressional appropriators to not consider NIHB – (Medicaid Expansion under ACA for AI/AN)the amount of revenues received by Indian health programs from Medicare, Medicaid and CHIP when determining appropriation levels for the Indian health programs. While this provision may not actually bind Congressional appropriators, it does provide a clear indication of the Congressional intent to supplement direct appropriations to Indian health programs with third party revenues, and not substitute third party revenues for direct appropriations. In addition, IHCIA section 207 ensures tribes and tribal organizations are able to retain the third-party revenues they generate and prohibits the IHS from offsetting the revenues received by reducing IHS amounts already obligated to the tribe or tribal organization.

Medicaid Eligibility and Enrollment Streamlined: The ACA contains several provisions simplifying and streamlining Medicaid eligibility determinations and enrollment. A single (modified adjusted gross income-based) formula will be used for income eligibility calculations nationally. The asset test was eliminated for Medicaid eligibility, except for certain Medicare-related populations. Enrollment for Medicaid, CHIP and subsidized plans through an Exchange may be accessed through a single application form (and Internet portal) to ensure that if any individual applying to an Exchange is found to be eligible for Medicaid or CHIP, the individual is enrolled in the program. **The Express Lane eligibility** determination option remains available to States, and I/T/U were added to the list of entities that can serve as Express Lane agencies able to determine Medicaid and CHIP eligibility. *But even with these changes in law, in order to achieve expanded enrollment of AI/AN in Medicaid, significant efforts by Indian health programs – and substantial resources from the Federal government – are required.*

State-based Tribal Consultations: Tribal consultation is required for State Medicaid Plan amendments. States should work with tribes to assure that the existing Medicaid protections for AI/AN are maintained and that I/T/U providers are included in health plan provider networks under Medicaid (and Exchange-offered) plans.

States May Expand Medicaid Coverage under ACA Section 2001 prior to 2014: States may expand Medicaid eligibility under this option as early as April 1, 2010. To date, only the District of Columbia and Connecticut have exercised this option, and these Medicaid expansions were designed to enroll populations previously insured with predominantly state-only funding. Massachusetts, Pennsylvania, Tennessee, Vermont, Washington, and Wisconsin all have state-financed programs as well and may be able to use the early Medicaid expansion option to offset current State expenditures. In the case of States that, prior to 2010, extended Medicaid coverage to adults without dependent children, additional Federal support for covering this population is phased-in so that in 2019 and thereafter, expansion States would receive the same FMAP as other States for this new mandatory eligible Medicaid population.

Federal Contribution Percentage Greatly Increased under ACA Section 2001 Medicaid Expansion: The Federal government will cover a much higher percentage of program costs under the ACA section 2001 Medicaid expansion than is generally true today. Under current practice, the Federal contribution (i.e., FMAP rate) ranges from 50% to 76%, and averages 60% across the country. Beginning in 2014 for the new expansion population, 100% of the program costs will be covered by the Federal government. This figure phases down slightly over six years, and the FMAP rate then locks in at 90% for years 2020 and forward.²⁰ For services provided to AI/AN by IHS and Indian tribes and tribal organizations, the FMAP rate continues at 100%.

Increased Medicaid Rates for Primary Care Providers: The ACA requires States to increase Medicaid payment rates to primary care physicians for furnishing primary care services to no less than 100 percent of Medicare payment rates in 2013 and 2014. The Federal government is to provide 100 percent Federal funding for the additional costs to States of meeting this requirement. Other payment mechanisms under Medicaid remain in effect and are not impacted, including the all inclusive rate that is used by many I/T facilities.

ACA and the status of Oklahoma Health Insurance Exchange – Efforts to establish an Oklahoma Health Insurance Exchange have taken several unusual turns in the past several months and the status of provisions of the ACA affecting Tribal citizens accessing coverage through an exchange is under review. A brief timeline of activities in Oklahoma include:

- In August 2010, then Oklahoma Insurance Commissioner Kim Holland accepted a \$1 million federal planning grant and initiated activities to begin development of an Oklahoma Health Insurance Exchange. The Cherokee Nation was asked to participate in the effort to ensure the proper inclusion of the Indian health system.
- Following the November elections, which included the election of Mary Fallin as Governor and John Doak as Insurance Commissioner, further meetings to discuss the exchange were halted for several months (Both Gov. Fallin and Commissioner Doak campaigned on a platform opposing federal health care reform).
- In January 2011, responsibility for carrying out the planning activities associated with the \$1 million grant was assigned to staff at the Oklahoma Health Care Authority (OHCA), which is Oklahoma's Medicaid Agency. The OHCA then initiated planning efforts.
- In late February 2011, Gov. Fallin announced Oklahoma would accept a \$54 million to further develop an exchange.
- Recently Gov. Fallin announced that she had reversed her previous decision and Oklahoma would reject the \$54 million grant. Commissioner Doak also announced the \$1 million planning grant would be returned. The decision to return the funds was primarily due to fellow Republican opposition within the Oklahoma State Senate. The State Senate refused to consider legislation establishing an advisory board to create the Oklahoma exchange. Despite refusing federal funds, the State of Oklahoma indicates it will still establish and exchange using state and private funds. Given the budget shortfall in Oklahoma it is unclear how the state will fund this activity.

What are CNHS plans: We are aware that as a health care provider receiving reimbursement through Medicare and Medicaid, several provisions within the PPACA will have direct impact on Cherokee Nation Health Services (CNHS). *It is pretty obvious that it is in our best interest to develop comprehensive plans to work at both the state and federal level to ensure the ACA provisions affecting Tribal populations remain intact and rights of Cherokee citizens are protected.*

As a result we are creating an **advisory group**, key administrative leadership and support staffers have been identified for this endeavor. Our staff has also identified training opportunities which are specific to the tribal organizations. In August and September members of the advisory team will attending various conference and workshops dealing with the ACA issues as it relates to us. We are also preparing to participate in any relevant dialogue at the State or National level.

II. Notable Program Accomplishments:

- **Report from Regional Clinic Health Director**— June 1 Elton Sunday, Gina Olaya and Rhonda Cochran selected art work for the new Vinita Health Center. Varied local artists' work included but not limited to Verna Bates, Roger Cain, Thelma Forrest, Dan Horsechief, Ron Mitchell, PJ Gilliam Stewart, Virginia Stroud, Sam Watts-Scott, and Jim Wilson. On June 25, the same team selected the display case art and the following artists' work were selected, Verna Bates, Darlene Crosby, Anna Mitchell, David Pruitt, Janet Smith, and PJ Gilliam Stewart. Rhonda Cochran was voted in as the President of the Board of Directors for the Monarch Women's Treatment Center in Muskogee. Elton Sunday and Rhonda Cochran spent numerous hours working on furniture selection and landscaping ideas for the new Vinita Clinic. Rhonda Cochran chaired a meeting to resolve the problems we have had with the TempGuard systems in our clinics. Representatives from Biomed, Quality Management, Public Health Nurses and Sandy Schmidt from the State Health Department attended. It was decided we would discontinue the TempGuard systems and return to the calibrated with certificate thermometers that the state uses. This is an easier and less costly solution. Cindy Martin and Rhonda Cochran attended the Area Director's Award Committee Meeting in Tulsa. On June 22 the Celebration of Champions Dinner and Dance was held at the Hard Rock in Catoosa. This was the first time any event has been held to recognize the hard work and accomplishments of the health centers and the departments that support them. Rhonda Cochran began doing volunteer work at the Help-in-Crisis Shelter doing a women's support/therapy group on Thursday evenings.
- **Health Program reports**—
 - **Wilma P. Mankiller Health Center** –Audiocare refill system has been implemented and it now operational. The clinic has been accepted to I H S Quality and Innovative Learning Network. The customer satisfaction rate is 77%. Immunizations rates for children 0-27moths is 88%. Ideal glycemic control is at 40% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 70 minutes.
 - **A-Mo - Salina Community Clinic** – Pharmacy is operating out of temporary trailer, as the remodel has commenced. Staff raised \$2,200 dollars for the "Make A Wish" foundation. The customer satisfaction rate is 95%. Immunizations rates for children 0-27moths is 94%. Ideal glycemic control is at 47% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is only 55 minutes.
 - **Redbird Smith Health Center** – Jeanne Robinson began working as the Ambulatory Nurse Manager. The clinic passed COLA lab inspection, which revealed no deficiencies. Immunizations rates for children 0-27moths is 88%. Ideal glycemic control is at 41% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 70 minutes. The customer satisfaction rate is 87%.
 - **Sam Hider Jay Clinic** – The clinic staff hosted prenatal classes, annual diabetes clinics, diabetic shoe clinic, and smoking cessation classes OK Blood institute blood drive. The customer satisfaction rate is 86%. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 46% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 76 minutes.
 - **Three Rivers Health Center** – Dental clinic expansion is complete. Immunization rate for children 0-27moths is 88%. Ideal glycemic control is at 48% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 69 minutes. The customer satisfaction rate is 77%.
 - **Will Rogers Health Center** – The Public Health Educator presented a workshop to the Nowata Boys and Girls Club on Cherokee history and culture. Clinic medical director and nurse case managers attended mid America diabetes training at Wichita State University. Immunizations rates for children 0-27moths is 80%.

Ideal glycemic control is at 52% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 71 minutes. The customer satisfaction rate is 58%.

- **Vinita Clinic** – The clinic administrator attended meeting for the Construction project. These meetings were regarding equipment, construction, and art for the new facility. Administrator also attended two job fairs this month one in Claremore on the 7th and the second was in Grove on the 19th. Turnout for both events was low. As a result the 3 event scheduled for this month was cancelled. We are completing interviews upon receipt of panels from Human Resources. For the month of June we have held interviews on 7 days and scheduled approximately 55 interviews. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 62% of diabetic patients. Cycle time tracking (toe in toe out, excluding the pharmacy) is 45 minutes. The customer satisfaction rate is 93%.
- **CN W.W. Hastings Hospital**– Our accrediting body, DNV, came to do our follow up survey and **Hastings Hospital has been accredited for the next 3 years.** The surveyor was very complimentary towards our efforts. Hastings plans to hire a new PA for our urgent care clinic. Pharmacy averaged 2000 rx's filled for month of May, and saw around 640 patients. Audiocare is a software suite that allows a patient to call in and access the refill process. It will let the patient know immediately if they have a refill available or if there is an issue. Will be using Audiocare for staff beta testing in the next few weeks. Look for emails regarding this new software. Respiratory Therapy's sleep studies are going well. On June 22nd all our Infection Preventionists came to Hastings for Infection Control training taught by Oklahoma Heart Institute. It was well received and attended.
- **Diabetes program**– 134 patients attended the Diabetes Self-Management Education classes in June. The Year-end Progress Report for the Diabetes Grant was submitted to IHS on June 26th. The Diabetes Knowledge Survey, which began in April, was completed on June 29th. The survey was distributed to 1,780 diabetes patients seen at our facilities during that timeframe.
- **IPC (Improving Patient Care Project)**– Four IPC pre-work webinars were held in June and attended by staff from Bartlesville, Will Rogers, and Three Rivers Health Centers (IPC 4 sites), as they continued to complete pre-work assignments prior to the start-up on IPC 4 in September. The first Learning Session for IPC 4 will be held in August in Phoenix.
- **Diabetes Prevention Program (DPP)** DPP Group at Redbird Health Clinic completed sessions 13-16. At the end of June, **12 patients lost a total of 207.3 pounds.** With the support persons that attend, a total of **318.2 pounds were lost.** Nine patients met their weight loss goal ((75%)). Six of the 9 support persons met their 7% goal weight. DPP Group at Wilma P. Mankiller Health Center completed sessions 7-9 with 23 patients on Mondays at 3pm and Tuesday at 6pm. Monday's class **lost a total of 87.1 pounds.** Tuesday's class lost a total of **103.2 pounds.** Five patients have met their 7% goal weight. Program continue the implementation of the 10K a Day challenge for Aftercore participants. We plan to start Classes in Tahlequah and Claremore I.H.S.
- **Cancer Program** – The program served 252 women during the month at a cost of \$26,104, 138 Clinical Breast Exams, 121 Mammograms and 93 Pap Smears were performed. **Comprehensive Cancer Program(CCC program)** has been awarded funding for next five years by CDC. The program is using new social media tools to raise awareness about cancer prevention in our communities, the program has created new social media sites consists of Face Book, Twitter, and YouTube. The CCC program and Healthy Nation program are partnering with Terri Perraca, Housing Manager at Will Rogers Senior Complex in Claremore to implement multi unit smoke free housing. The plan is to be 100% smoke free. There are 50 units located at this site and 45 tenants. We have developed a strategic plan and at this time we are working with Randy Gibson, Program Liaison to develop a media campaign to raise awareness of the harmful effects of smoking tobacco products as well as 2nd hand and 3rd hand smoke. **Cancer Registry Report**– We now have 5,630 Cancer cases in our registry. Lung, Breast, Prostate, Kidney, Urinary Bladder and multiple sites make up the top five cancer sites. A new five year contract is being worked out with National Cancer Institute.
- **WIC program**– served 7,400 clients and spent \$408,360 on these services. The program also promotes Breastfeeding and has served 174 clients during May.
 - **Summer Nutrition Project for Children**– Notification of selection and schedule training mail outs were made to about 3,544 households participating on the Summer Nutrition project.
 - **The Breastfeeding Services**– Celebrated Mother's Day with several of our breastfeeding moms and babies also, mother's -to-be. The program which promotes breastfeeding and has served 164 clients during May.
- **Public health nursing**– made **573 home visits** to provide services dressing changes/wound care, monitoring vital signs, education, management of medication planners, blood draws, B12 injections, assessment of home safety/environment, DM self management and education. PHN staff also performed **97 post partum follow ups,** and provided **transportation to 86 clients** to our clinics, WIH, CIH and contract facilities.

- **CN Emergency Medical Service**– handled 376 calls, of those 120 required emergency transport, 121 were transferred. In addition program provided EMS training to 790 participants of those 508 were Native Americans.
- **Dental Services**– Dr. Stephen Jones will start as Dental services director at the CNWW Hastings hospital on 2nd July 2012. As of June 30, 2012 the Prosthodontic Program has provided 467 patients with dentures or partials at an estimated cost of \$528,610. **Current visits** – AMOHC -614, RSHC -415, SHCC -687, TRHC -1142, WPMHC -519, WWH -1181, **Total** - 4558
- **Jack Brown Center**– *The Oklahoma Board of Mental Health and Substance Abuse Services has awarded a one year certification to JBC as an alcohol and drug abuse treatment program to provide “Adolescent Residential Treatment Services”.* The JBC currently has 17 residential clients and an additional six clients on the waiting list. Staff offered educational sessions though out tribal jurisdiction.
- **Behavioral Health Services**– The program successfully completed the first year of our NIAAA/NIDA funded prevention study. We submitted applications for two SAMHSA grants to fund children's mental health services: Systems of Care (\$1M over 4 years) and LAUNCH (\$850,000 over 5 years). CN BHS program co-sponsored a regional leadership conference with the Youth2Youth organization that was attended by several hundred high school students from Oklahoma and neighboring states. There were many youth from our own community coalitions in attendance. The program also hosted **annual Day of Champions leadership camp with Josh Heupel's 14 Foundation**. We had approx 120 kids between 8 and 13 participate. The camp was held at the Sequoyah Football Field and was a collaboration between Behavioral Health, Jack Brown Center, and Educational Services.
- **Pharmacy Services**– the program filled 145,052 prescriptions (an increase of 16.41% from last year) @ the cost of \$10.54/per Rx, which is 2.45% less than last year's cost.
Point of Sales collections _reporting is functioning again, total collections continue to go up due to Ivanne's POS billing efforts April \$1,329,731. POS/TriNet contract will need to be extended again as it is still under CN Legal review. Elizabeth Odell approved a 6 month extension of services. **Central Refill Center** – Refill center has become a central supply warehouse for items with low use and typically expire before usage is needed (Crash cart items). This allows CN to reduce are loss through waste and have items not normally stocked centrally located and available in short time frames.
Sallisaw pharmacy – Problems with ACC clinic due to Site lab not having necessary required testing equipment under review. **Stilwell** – No problems or issues discovered on site visit. Local mail order services – completed.
Jay - Monte decided SP robotics was best fit, purchase agreements submitted to health contracts. **Salina** – successfully moved into temporary location and remodeling of the department was started in Mid – June. Relocation went smoothly with no problems or patient concerns. Estimated completion of project is mid to late September.
Audio-care – Audio care continuation group met and decided it best to implement audio-care at all remaining sites inclusive of Jay, Muskogee and WNWWH. June 25th was target date for employee implementation and July 9th for patients.

Updates through date of 07/27/201 concerning Audiocare and recent problems:

- Patients will be able to use Chart numbers to with Audiocare (Birthdates will be required as well when duplicate chart numbers are detected by the system for positive identification).
- We will be adding the option allowing patients to speak to a pharmacy staff member during hours of operation while using Audiocare.
- We have requested the option of mail or pick-up be offered on the front end of the call and need only be selected once and not after each prescription entry.
- We will request individualized messages for each site; if accomplished this will allow relevant information to be communicated for each individual site....improving communication to our patients.
- We have requested a message be added to keep the voice response system intuitive and inform the patients if they are through entering prescriptions “you may now hang up”.
- We are looking into the possibility of a Cherokee Language option and ordering via the Internet or e-mail.
- The transferring of calls to the wrong site has been corrected through a work around by CN IT.
- It was discovered by CN IT that some of the lines were not being answered when Audiocare was called creating problems with patients accessing or trying to verify information. This is being looked into by our IT phone service group. We currently have 28 lines for Audiocare which is felt to be more than sufficient for the call volume.

- The current variance in phone systems will not allow for a unified call in number outside of the Audiocare toll free line for sites such as Sallisaw, Stilwell, and Jay. These sites have not been converted to the Cisco phone system.

CNWWH – satellite outpatient pharmacy is still in the build out phase along with the new ER and urgent care areas. **90 day solutions:** There have been several meetings for developing a plan and proposal to resolve this issue. The last being July 25th, a proposal has been submitted to the group and is being modified and reviewed by the committee for consideration by legislative and administrative officials.

A **meeting** of the Creek, Choctaw, Chickasaw and Cherokee tribal pharmacy leaders was called and held at Cherokee Nation. The discussion and information exchange was a success and many comparisons and ideas were brought forth. It was decided to continue these meetings yearly and rotate the location. Thanks to Kari, Stacey and Brandon from CNWWH for putting this together.

- Report from Pharmacy Division June 2012**

Sallisaw	18,083	17,329	4.35%	\$56,817	\$144,378	60.65%	\$3.14	\$8.33	62.29%	\$139,510	\$129,094	8.07%
Stilwell	20,162	17,269	16.75%	\$52,215	\$218,506	76.10%	\$2.59	\$12.65	79.53%	\$198,592	\$150,540	31.92%
Muskogee	21,005	16,844	24.70%	\$95,857	\$131,250	26.97%	\$4.56	\$7.79	41.43%	\$216,626	\$156,432	38.48%
Jay	12,197	10,200	19.58%	\$71,728	\$91,351	21.48%	\$5.88	\$8.96	34.34%	\$98,458	\$75,558	30.31%
Salina	14,969	13,638	9.76%	\$74,381	\$148,948	50.06%	\$4.97	\$10.92	54.50%	\$146,737	\$115,387	27.17%
Nowata	11,576	13,021	11.10%	\$31,369	\$127,284	75.36%	\$2.71	\$9.78	72.28%	\$84,218	\$92,912	-9.36%
Vinita	3,630						\$0.00	#DIV/0!		\$26,716		
WWH	43,430	36,299	19.65%	\$344,156	\$484,004	28.89%	\$7.92	\$13.33	40.57%	\$502,361	\$397,550	26.36%
CRC				\$801,705			#DIV/0!	#DIV/0!				
	145,052	124,600	16.41%	\$1,528,228	\$1,345,721	13.56%	\$10.54	\$10.80	-2.45%	\$1,413,218	\$1,117,473	26.47%

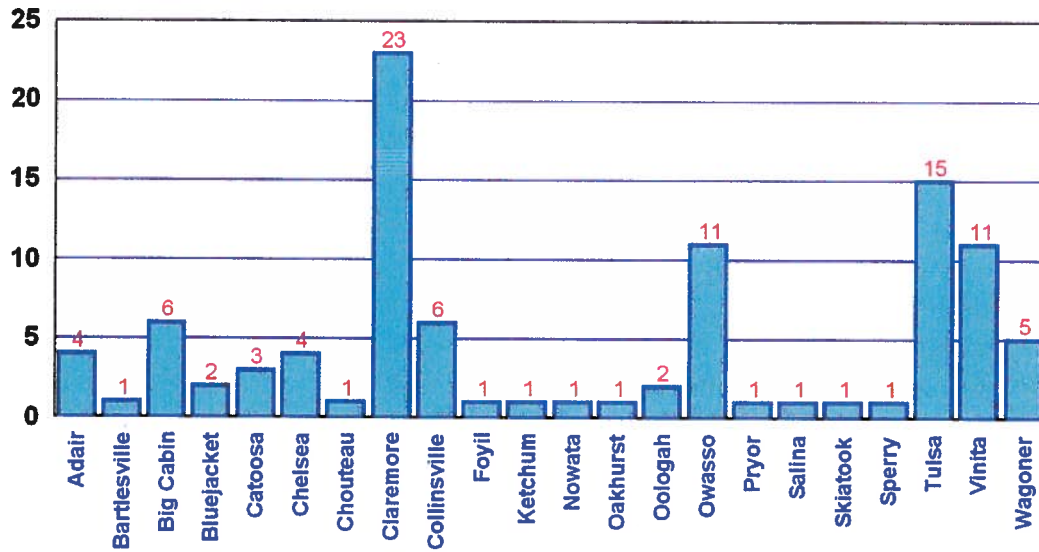
- Healthy Nation Program– Media: Partnership with Oklahoma State Department of Health: (Paid media by state)–** New Billboards will be located in 9 counties with Keep it Sacred campaign on “Tobacco Stops with Me”, in the following communities: Nowata, Bartlesville, West Siloam Springs, Pryor, Jay, Sallisaw, Stilwell, Vinita, Catoosa. The Cherokee and Muskogee counties already have billboards in place. In addition, **Newspaper Ads** were placed in Cherokee Phoenix and Native American Times. **Radio spots** were run in, KEOK 102.1 Tahlequah, KRIG 104.9 Bartlesville, KITO 96.1 Vinita-Pryor-Jay, KGVE 99.3 Grove-Pryor-Jay.
- The program awarded School Health Grants to 42 schools within TJSA. Staff is working on social marketing efforts via getting Cherokee Nation Healthy Nation’s recently produced "Digital Stories" which are about various health/public health issues out to the public. There are 5,520 active WINGS program members. Tobacco Free Living Program offered services at 14 schools located within our jurisdiction. **The Recreation center** located in Tahlequah now has 8,739 members, total numbers of visits: 8,919. **Public Health Accreditation** – completing Tribal Public Health Assessment, Tribal Public Health Improvement Plan, and Strategic Plan.
- Dietary Services-** Reports that they served 734 clients during the month. The worksite activities included weight management classes, Lipid control classes, food exhibits and cooking demonstrations, creating diet menus for patients, nutritional therapy coverage, Cherokee youth shelter menu review and advice, SHS menu review and advice.
- Cherokee Elder Care (CEC)** – The program celebrated its 100th enrollment in June. Staffing increased to 42 FTE’s and 6 PTE’s. we have added Pam Holsey Certified Occupational Therapy assistant; part time within the Therapy department and Debra Johnson, Certified Case Management for our Behavioral/Social Services department.
- Staffing Summary**– Health services currently has 1,889 employees, of these 290 were Providers(131 PRN’s)
- Health Facilities**– Facilities began Pharmacy remodel, framing 30’ x 60’ metal storage building and sidewalk repair at Salina Health Center. The program collected and stored surplus equipment from Jack Brown Center, Cancer Program, Healthy Living Center Campus, Jay Clinic and Hastings Hospital. Biomedical replaced defective X-ray columns at Mankiller clinic. Biomedical performed dental X-ray surveys at Mankiller clinic. Biomedical replaced Gendex 770 intraoral X-ray units with Gendex Expert DC Intraoral X-ray unit at Mankiller Dental Clinic/Enclosed operatories.
- Cherokee Health Professional Recruitment Initiative:** The OHPRR is actively recruiting for W.W. Hastings Hospital. Six new positions; 3hree new pharmacy and three new mid-level positions in Urgent Care

have been added. Currently all but one of the new pharmacy positions has been filled, and interviews are being conducted for the mid-level positions. The Vinita Clinic is high priority right now. Currently there are three physician vacancies and a dental vacancy. The pharmacy at Vinita is fully staffed with all Cherokee providers. Shawn Sanders has accepted the position of Pharmacy Supervisor. Mr. Sanders is a Cherokee from the Claremore area that is excited to be returning home from the Choctaw Nation. Dr. Montgomery has appointed Dr. O'Neal-Duke to be the Medical Director at Redbird Smith Health Center effective July 16th. She is a Cherokee from the Sallisaw area who looks forward to giving back to the community she was raised in. During Fiscal Year 2012 the recruitment office made contact with **165 health professionals (116 physicians/mid-levels, 37 pharmacists, 9 dentists, and 2 physical therapist)** of those **62** were offered positions (**7 were Cherokee**) in our system, and **36** providers were successfully hired (**5 were Cherokee**). It is worth noting there were **ten declinations** from Native American physicians, and of those **six declinations** were Cherokee. These physicians opted to accept employment with other health systems.

- **Contract Health Services**– the CHS program processed 4,853 referrals, of those 4,663(96%) were approved at the cost of \$1,866,777.
- **CHS Special funding initiative update**– The program was established as a result of passage of “Cherokee Nation Corporation Health Dividend Act of 2011 (Cherokee Code Annotated: Title 18, Article 3 § 18) which was amended in November 2011 to increase the amount of the monthly dividend from CNB profits from 30% annually to 35%. The additional 5% of the corporate dividend will be used exclusively to provide services to Cherokee Nation citizens living within the jurisdictional boundaries of the Cherokee Nation. The services covered include, but are not limited to, eyeglasses, dentures, prosthesis, cancer treatments and hearing aids. At present, the process of handling these claims are as follows:
 - Most of these referrals are termed “Call In’s”. These are emergent referrals where patient access health care services via an ambulance or an emergency room, bypassing the typical Indian Health Services route. Once we receive the request one of three outcomes are possible the referral can be **approved**, **deferred** pending further medical information or **denied**.
 - Referrals are deferred pending further medical information for a few reasons. For example, the medical information on these referrals is minimal due to the emergent nature of the situation.

CIH Review Summary - June 2012						
Eligible	Approved		Pended		Denied	
	#	\$	#	\$	#	\$
178	103	88,550	68	97,183	7	2,550

Five % CHS FUNDS APPROVED CASES BY COMMUNITIES



**CHEROKEE HEALTH PARTNERS, LLC
BOARD OF MANAGERS**

Date: 07/11/2012

Time: 10:00 a.m.

Place: TCH MOB Boardroom

AGENDA

I. CALL TO ORDER/CALLING OF THE ROLL

1. Thelma Alderson
2. Donna Dallis
3. Connie Davis
4. Rick Kelly
5. David McClain
6. Dr. Roger Montgomery
7. Rick Richards
8. Julie Ward
9. Brian Woodliff

II. APPROVAL OF MINUTES

III. OLD BUSINESS

- A. Echo Update
- B. PETCT Update

IV. NEW BUSINESS

V. OPERATIONAL REPORTS

- A. Statistical Reports
 1. Nuclear Medicine
 2. Echoes
 3. Ultrasound & Mammography
 4. CT & MRI
- B. Marketing/Development
- C. Satisfaction Survey

VI. FINANCIALS

- A. Financial Report
- B. Check Register

VII. OTHER BUSINESS

Any matter not known about and which could not have been reasonably foreseen prior to the posting of this agenda.

VIII. ADJOURN



To: Cherokee Health Partners

From: The Finance Department

Subject: May 31, 2012

Date: June 22, 2012

May 2012 net income was \$56,508 compared to budgeted net income of \$2,835 with a year-to-date (YTD) net income of \$506,824 compared to budgeted net income of \$19,568 and May FY2011 YTD net income of \$4,165. YTD charitable care is \$81,701.

MTD cash flow was \$123,302 with YTD cash flow of \$366,630.

There were 240 nuclear medicine patients in May, compared to last fiscal year's average of 174 per month.

There were 257 echo patients in May, compared to last fiscal year's average of 232 per month.

Nuclear May

Question	Survey Response Rate					Avg.
	Excellent	Good	Average	Fair	Poor	
Appointment Time	42	10			1	4.74
Registration Process & Staff Attitude	40	10	3			4.70
Procedure was conducted	48	5				4.91
Information and instructions provided	39	13	1		1	4.85
Physician's and Staff's concern for my needs	46	6	1			4.85
My overall care	45	8				4.85
The overall concern for my privacy	44	7	1			4.83
					Avg Score	4.79
Average Age of Surveyed Patient	60					
Percentage of Excellent Ratings	81.94%					
Percentage of Good Ratings	15.90%					
Percentage of Average Ratings	1.62%					
Percentage of Fair Ratings	0.00%					
Percentage of Poor Ratings	0.54%					

Comments from Patient Surveys:	Patient Age
	78
	71
	65
	62
	60
	19
Warm blankets - Great job there! Thanks	75
	36
They were great!	71
They did a great job making me feel comfortable, and they were professional	35
	75
	56
More information about procedure - short of paper before arrival	65
	64
	60
	70
	59
no better way	82
	59
	42
	58
	44
	77
	74
	26
	61
	22
Care about health	72
Topless	50
	54
Explain to patient what to expect when they get there for test. I was told I would only get a pill, then when I got there I got an IV	78
	50
	70
	58
	56

All of them were very, very nice	81
	74
keep up the good work, Thank you all, God bless you!	68
Recommend	83
Make procedure room more quite and relaxing for patients	27
	67
	71
	77
Extremely impressed with Radilogy staff	53
They were very good to explain what +why they were doing everything	75
	56
Move my appointments to afternoon, Thank you	45
Serve champagne and espresso	55
	58
	73
Continue to be caring and sweet and joyful	74



**Cherokee Nation
Comprehensive Care Agency
Board Meeting**

July 24, 2012 – 3:00 PM

Agenda

- I. Call to Order**
- II. Roll Call**
- III. Approval of Minutes
June 13, 2012 Meeting**
- IV. Introductions**
- V. Old Business**
 - a. Cherokee Health Partners Report**
 - b. PACE Update Report**
 - c.**
 - **Ethics Committee Update Report**
 - **Participant Advisory Committee Update Report**
 - **QAPI Update Report**
- VI. New Business**
- VII. Open Session**
- VIII. Closing Remarks**
- IX. Adjournment**

Next meeting is tentatively scheduled for August 2, 2012 at 3:00 pm.

Memorandum

To: Rick Richards, Program Director
Sharon Washington, Center Manager

CC: CNCCA Board

From: Thelma Pittman-Alderson

Date: 7/10/2012

Re: Y-T-D analysis of Cash flow as of May 2012

Census budget for May is 94, with actual enrollment at 99. Spendable cash flow at the end of April is \$818K a \$75K increase from the beginning of the fiscal year; this is due to savings remaining stable, increase in census and higher individual risk scores; We are also striving to keep expense and supplies in check; our C/S clerk is doing a very good job, looking for cost effective ways to save on supplies and other needs of our participants.

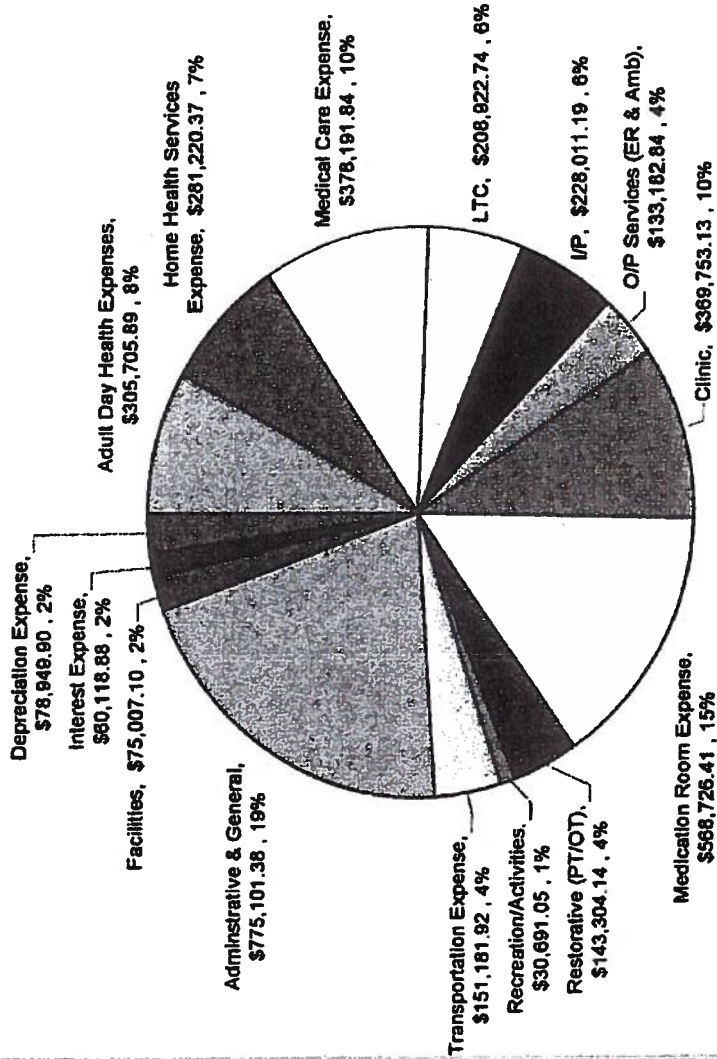
Approximately \$250K is in a savings account in the Bank of Cherokee County, Armstrong's balance is approximately \$250K, and Arvest is at \$248K to date; we have managed to continue on monthly cash flows from Participant revenues; the operating account at BancFirst has \$72K at month end. We are re-looking at the need for an additional savings account; hopefully we can maintain a larger amount in BancFirst checking, and the need will not be as great at the present to move cash to ensure it is insured.

Inpatient cash outflows have increased, by 300% compared to April, as we had projected last month. Out-Patient/ER has dipped from \$20K, down to \$9K. Pharmacy cash outlays in May corrected it lag from April: the financials showed on an accrual basis for May, we were at \$85K as compared to \$77K in April. Cash flow wise, in April we spent \$48K for Pharmacy, and in May we had outlays of \$99K for Pharmacy; the average monthly expense for Pharmacy, since the beginning of the fiscal year has increased from \$60K to \$75K. LTC expense has leveled; as we continue to evaluate Participants who need LTC, temporary Respite and/or Skilled beds; May was down from April, on an accrual basis by over \$10K.

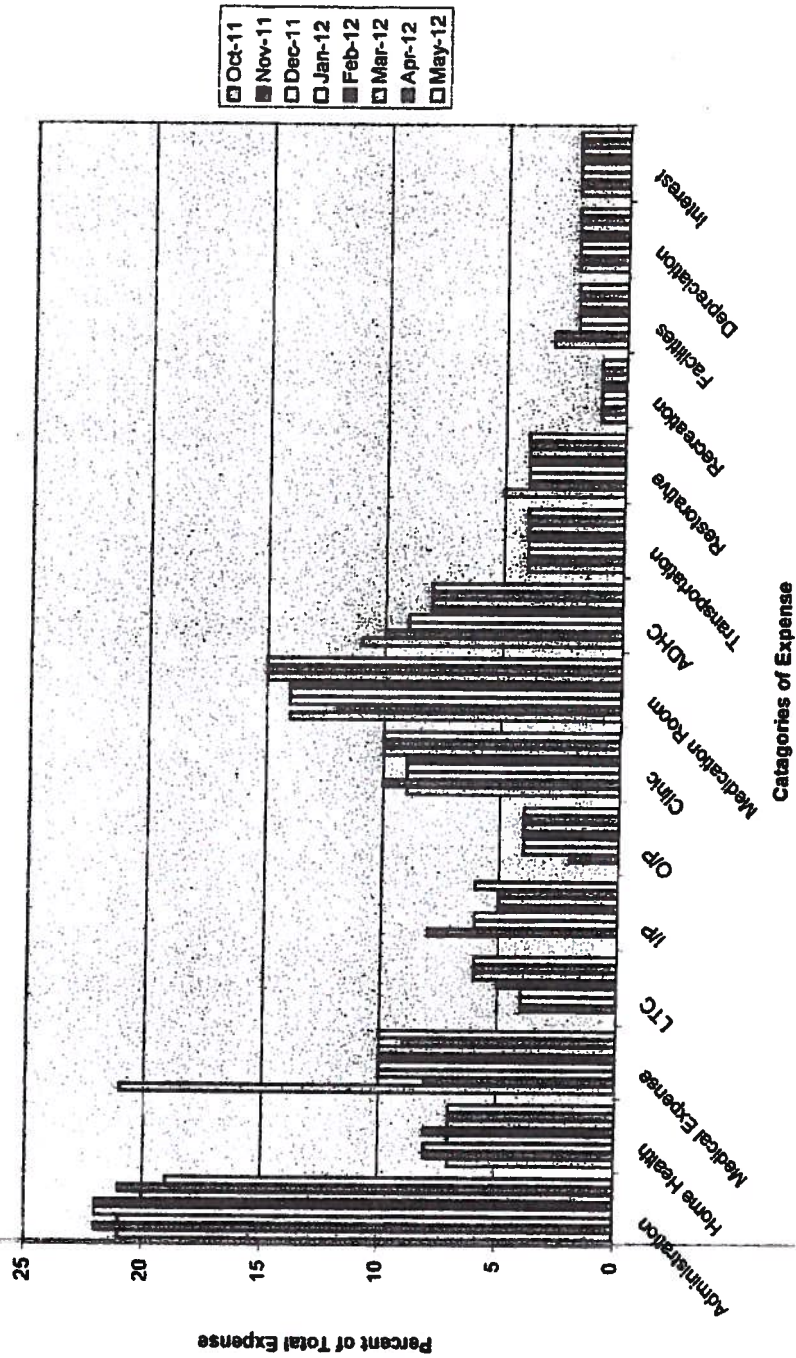
CHP reports a gain of approximately \$57K, producing a gain for Joint Partnerships of a little over \$21K. CEC's total loss for May was approximately (\$75K,) the bottom line for CNCCA was (\$55K), making Y-T-D total income of \$195K including CHP.

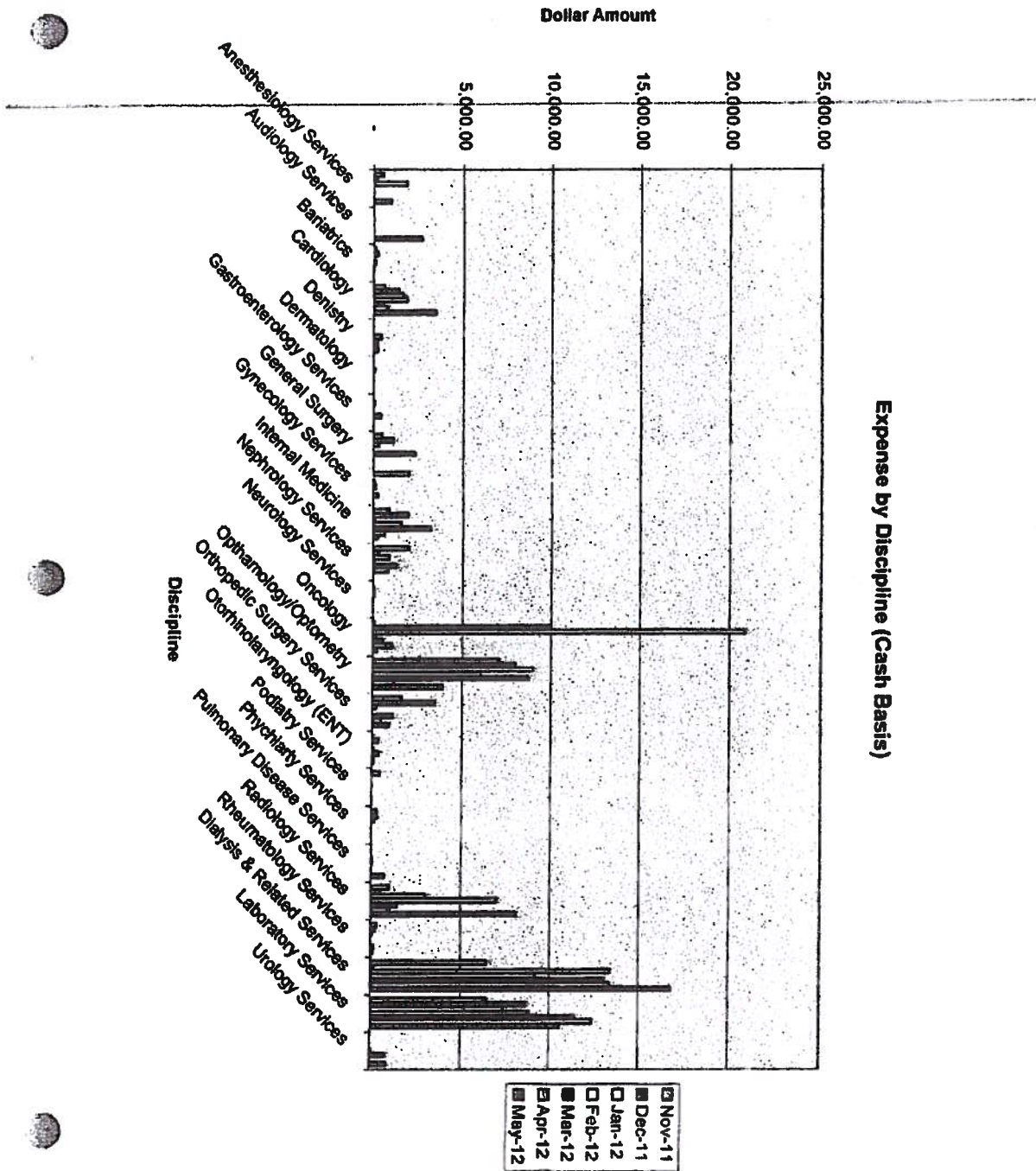
Thank you.

FY12 Expense By Category (Accrual Basis)



Fy12 May Y-T-D Expense by Percent of Total Expense (Accrual Basis)







One Plaza South PMB 374
Tahlequah, OK 74464
(918) 456-5051

**Cherokee Nation Home Health Services
Governing Board Meeting
July 17, 2012 12:00pm
CNHHS-Frank Room**

Agenda

1. Call Meeting to Order/Roll Call
2. Review and Approval of April 10th 2012 Board Minutes
3. Financials through May 2012
4. Quality Assurance Reporting
 - a. Home Health 1st Qtr 2012 QA Report
 - b. Outreach QA Report
 - c. Hospice 1st Qtr 2012 QA Report
5. Hospice Policies & Procedures
6. Adjourn

Home Health, Outreach
Profit & Loss by Class
May 2012

	Corp. Adm	Home Health	Hospice	Outreach	TOTAL
Ordinary Income/Expense					
Income					
5025.00 Medicare Routine Care	0.00	0.00	51,050.96	0.00	51,050.96
5006.00 LTCA	0.00	0.00	0.00	251,632.30	251,632.30
5021.00 Medicaid Rev. SN	0.00	739.51	0.00	0.00	739.51
5025.00 Medicare Routine Care	0.00	137,566.69	0.00	0.00	137,566.69
5030.00 Private Insurance	0.00	4,305.06	6,057.74	440.00	10,802.80
5031.00 Income - VA	0.00	0.00	0.00	340.00	340.00
5810.00 Contra Adj. Medicare	0.00	498.24	0.00	0.00	498.24
5820.00 C Adj. Medicaid	0.00	-384.01	0.00	-808.22	-1,292.23
5830.00 Contra Adj Pvt Pay PT	0.00	-2,531.47	-1,300.00	-514.00	-4,345.47
5840.00 Non Funded Patients	0.00	0.00	-1,975.35	0.00	-1,975.35
9040.00 Interest Income	5.49	8.10	0.48	2.73	16.80
Total Income	5.49	140,202.02	53,833.83	250,992.61	445,034.15
Expense					
6100.00 Health Benefits	817.20	2,986.40	1,362.00	3,541.20	8,716.80
6102.00 Employee Benefits	21.65	0.00	10.89	0.00	32.54
6110.00 SN Salaries	0.00	50,901.98	17,692.68	16,683.86	87,278.52
6111.00 CM Salaries	0.00	0.00	0.00	31,412.18	31,412.18
6115.00 PT Salary	0.00	15,291.29	0.00	0.00	15,291.29
6120.00 PT Contract	0.00	7,103.26	0.00	0.00	7,103.26
6125.00 OT Salary	0.00	2,737.06	0.00	0.00	2,737.06
6130.00 OT Contract	0.00	716.76	0.00	0.00	716.76
6150.00 MSW Hospice	0.00	0.00	1,435.72	0.00	1,435.72
6155.00 Chaplin Hospice	0.00	0.00	917.19	0.00	917.19
6160.00 Aide Salaries	0.00	1,822.50	3,230.55	9,843.39	14,896.44
6180.00 PCA Salaries	0.00	0.00	0.00	111,900.37	111,900.37
6181.00 PCA Mileage	0.00	0.00	0.00	742.40	742.40
6220.00 Medicare Tx	328.72	1,092.33	424.39	2,650.11	4,495.55
6240.00 SS Tax	1,406.01	4,670.43	1,814.45	11,331.41	19,222.30
6260.00 SUI	4,255.54	0.00	0.00	0.00	4,255.54
6340.00 Workers Comp	2,097.28	0.00	0.00	0.00	2,097.28
6420.00 Medical Director	0.00	0.00	3,000.00	0.00	3,000.00
8500.00 N/R Supplies	0.00	1,358.60	0.00	0.00	1,358.60
8510.00 DME Expense	0.00	0.00	3,950.46	0.00	3,950.46
8580.00 Pharmaceuticals	89.72	0.00	3,930.37	0.00	4,020.09
6710.00 SN Mileage	0.00	5,525.31	1,620.48	1,546.73	8,692.52
6711.00 OR CM Mileage	0.00	0.00	0.00	2,798.77	2,798.77
6720.00 PT Mileage	0.00	1,087.02	0.00	0.00	1,087.02
6730.00 OT Mileage	0.00	437.00	0.00	0.00	437.00
6755.00 Chap Mileage	0.00	0.00	797.54	0.00	797.54
6780.00 Aide Mileage	0.00	631.83	1,555.34	1,632.37	3,819.54
7020.00 Adm. Salaries	23,334.21	8,622.82	4,110.68	12,985.77	49,053.48
7181.00 Marketing	75.08	220.00	0.00	0.00	295.08
7280.00 Answering Service	0.00	139.81	139.82	0.00	279.63
7285.00 Payroll Processing	1,952.98	0.00	0.00	0.00	1,952.98
7270.00 Property Tax-Land	504.25	0.00	0.00	0.00	504.25
7280.00 Adm. Mileage	513.89	0.00	28.74	977.25	1,519.88
7350.00 Bereavement Expense	0.00	67.98	116.00	320.00	503.98
7380.00 Service Charges	165.61	35.00	25.00	0.00	225.61
7400.00 Background Checks	0.00	0.00	0.00	393.14	393.14
7420.00 Software, Computer	0.00	1,800.00	350.00	0.00	2,150.00
7430.00 Telephonics	0.00	0.00	66.05	391.30	457.35
7480.00 Depreciation Equipment	6,538.69	47.69	315.85	118.80	7,020.83
7540.00 Subscriptions	0.00	324.58	24.58	0.00	349.16
7580.00 Training/Education	0.00	0.00	0.00	24.95	24.95
7635.00 Property Insurance	536.28	0.00	0.00	0.00	536.28
7710.00 Facility & Grounds Maintenu	678.97	7.97	0.00	0.00	686.94
7725.00 Vehicle Maintenance	6,220.44	34.01	0.00	147.03	6,401.48
7730.00 Interest Expense	1,650.76	0.00	0.00	0.00	1,650.76
7740.00 Interest Exp. Building	1,439.32	0.00	167.19	0.00	1,606.51
7750.00 Interest Expense Automobili	438.75	0.00	0.00	0.00	438.75
7780.00 Licenses	51.50	56.25	166.74	41.66	316.15
7810.00 Dues/Memberships	65.79	0.00	0.00	0.00	65.79
7820.00 Meetings & Seminars	53.26	0.00	0.00	0.00	53.26
7830.00 Med. Supplies Routine	3.30	1,322.55	963.43	155.84	2,445.12
7850.00 Inventory Adjustment	0.00	34.95	0.00	0.00	34.95
7900.00 Office Supply	1,009.95	812.12	154.79	1,384.26	3,361.12
7940.00 Postage	654.30	101.25	0.00	480.66	1,236.21
7945.00 Freight&Handling	85.24	53.62	0.00	0.00	138.86
7980.00 Professional Service	2,301.99	2,545.00	500.00	172.00	5,518.99

Home Health, Outreach
Profit & Loss by Class
May 2012

	<u>Corp. Adm</u>	<u>Home Health</u>	<u>Hospice</u>	<u>Outreach</u>	<u>TOTAL</u>
8000.00 - Rent	0.00	1,900.00	0.00	1,000.00	2,900.00
8040.00 - Rent Off. Equip.	412.59	0.00	0.00	0.00	412.59
8100.00 - Telephone	27.28	536.74	181.45	1,788.20	2,533.67
8101.00 - On Line Services	604.05	27.50	27.51	0.00	659.06
8200.00 - Utilities	218.85	657.26	98.19	365.61	1,339.91
8220.00 - Medical Waste	0.00	233.84	0.00	0.00	233.84
8230.00 - Volunteer Expense	0.00	0.00	313.00	0.00	313.00
Total Expense	<u>58,553.45</u>	<u>115,952.73</u>	<u>49,491.08</u>	<u>216,829.06</u>	<u>440,826.32</u>
Net Ordinary Income	-58,547.96	24,249.29	4,342.75	34,163.75	4,207.83
Other Income/Expense					
Other Income					
9000.00 - Donations	0.00	0.00	200.00	0.00	200.00
9050.00 - Other Income	4,905.58	71.31	2,779.60	15,331.45	23,087.94
Total Other Income	<u>4,905.58</u>	<u>71.31</u>	<u>2,979.60</u>	<u>15,331.45</u>	<u>23,287.94</u>
Net Other Income	4,905.58	71.31	2,979.60	15,331.45	23,287.94
Net Income	<u>-53,642.38</u>	<u>24,320.60</u>	<u>7,322.35</u>	<u>49,495.20</u>	<u>27,495.77</u>

Home Health, Outreach
Profit & Loss by Class
October 2011 through May 2012

	Corp. Adm	Home Health	Hospice	Outreach	TOTAL
Ordinary Income/Expense					
Income					
5025.00 Medicare Routine Care	0.00	0.00	356,570.55	0.00	356,570.55
5006.00 LTCA	0.00	0.00	0.00	1,766,756.01	1,766,756.01
5021.00 Medicaid Rev. SN	0.00	43,155.20	8,932.50	0.00	52,087.70
5025.00 Medicare Routine Care	0.00	1,078,510.44	0.00	0.00	1,078,510.44
5027.00 Medicare General I/P Care	0.00	0.00	2,958.40	0.00	2,958.40
5030.00 Private Insurance	0.00	45,491.74	26,854.38	11,621.50	83,967.62
5031.00 Income - VA	0.00	62.50	10,994.49	5,550.50	16,607.49
5610.00 Contra Adj. Medicare	0.00	46,174.00	-1,421.45	0.00	44,752.55
5620.00 C Adj. Medicaid	0.00	-20,090.57	0.00	-1,846.38	-21,936.95
5630.00 Contra Adj Pvt Pay PT	0.00	-15,824.16	-1,271.77	-1,472.57	-18,568.50
5640.00 Non Funded Patients	0.00	0.00	-9,193.12	0.00	-9,193.12
9040.00 Interest Income	40.73	28.04	4.89	27.66	101.32
Total Income	40.73	1,177,507.19	394,428.87	1,780,636.72	3,352,613.51
Expense					
6100.00 Health Benefits	8,172.00	23,154.00	11,168.40	27,784.80	70,279.20
6102.00 Employee Benefits	675.46	234.00	52.27	150.29	1,112.02
6110.00 SN Salaries	0.00	431,138.56	143,203.79	120,913.22	695,255.57
6111.00 CM Salaries	0.00	0.00	0.00	286,034.02	286,034.02
6115.00 PT Salary	0.00	142,450.12	0.00	0.00	142,450.12
6120.00 PT Contract	0.00	39,964.20	0.00	0.00	39,964.20
6125.00 OT Salary	0.00	26,778.75	0.00	0.00	26,778.75
6130.00 OT Contract	0.00	5,891.28	0.00	0.00	5,891.28
6140.00 ST Contract	0.00	351.88	0.00	0.00	351.88
6150.00 MSW Hospice	0.00	0.00	10,408.93	0.00	10,408.93
6155.00 Chaplin Hospice	0.00	0.00	9,734.65	0.00	9,734.65
6160.00 Aide Salaries	0.00	9,631.77	26,058.42	84,283.78	121,973.97
6180.00 PCA Salaries	0.00	0.00	0.00	618,492.42	618,492.42
6181.00 PCA Mileage	0.00	0.00	0.00	5,404.94	5,404.94
6220.00 Medicare Tx	2,801.96	9,278.08	3,459.88	20,188.84	35,728.76
6240.00 SS Tax	11,980.86	39,670.85	14,793.84	86,324.89	152,770.54
6260.00 SUI	33,806.77	0.00	0.00	0.00	33,806.77
6340.00 Workers Comp	16,443.21	131.25	0.00	268.82	16,841.28
6420.00 Medical Director	0.00	0.00	24,000.00	0.00	24,000.00
6500.00 N/R Supplies	23.00	9,715.39	510.42	120.46	10,369.29
6510.00 DME Expense	0.00	960.32	28,860.38	0.00	27,820.70
6520.00 Lab Related Expenses	0.00	0.00	546.00	0.00	546.00
6560.00 Pharmaceuticals	356.78	8.54	32,698.81	171.26	33,236.39
6710.00 SN Mileage	0.00	39,909.32	13,705.37	11,826.83	65,443.52
6711.00 OR CM Mileage	0.00	0.00	0.00	17,644.13	17,644.13
6720.00 PT Mileage	0.00	9,634.41	0.00	0.00	9,634.41
6730.00 OT Mileage	0.00	3,883.43	0.00	0.00	3,883.43
6750.00 MSW Mileage	0.00	0.00	109.20	0.00	109.20
6755.00 Chap Mileage	0.00	0.00	7,623.14	0.00	7,623.14
6760.00 Aide Mileage	0.00	5,065.77	10,118.83	11,019.67	26,204.27
7020.00 Adm. Salaries	189,023.24	64,476.90	33,106.29	106,650.83	403,257.26
7160.00 Recruitment	46.44	864.08	0.00	1,978.89	2,889.21
7180.00 Advertising/YP	8,071.98	1,881.91	1,467.84	2,077.85	13,499.58
7181.00 Marketing	619.64	234.54	20.02	448.67	1,322.87
7260.00 Answering Service	0.00	1,436.70	1,436.73	0.00	2,873.43
7265.00 Payroll Processing	16,999.86	0.00	0.00	0.00	16,999.86
7270.00 Property Tax-Land	4,531.84	0.00	0.00	0.00	4,531.84
7280.00 Adm. Mileage	4,237.06	192.00	318.00	3,903.54	8,650.60
7350.00 Bereavement Expense	50.00	485.76	2,434.32	1,060.00	4,030.10
7360.00 Service Charges	1,534.14	281.05	200.00	0.00	2,015.19
7400.00 Background Checks	83.50	122.00	120.00	3,322.50	3,648.00
7420.00 Software, Computer	0.00	13,525.00	2,800.00	0.00	16,325.00
7425.00 Computer Main/Upgrades	412.47	98.00	24.99	518.29	1,053.75
7430.00 Telephonics	0.00	0.00	540.65	3,176.90	3,717.55
7460.00 Depreciation Equipment	51,447.07	721.76	2,475.90	994.31	55,639.04
7540.00 Subscriptions	72.81	2,596.67	196.67	0.00	2,866.15
7560.00 Training/Education	0.00	1,393.00	390.00	546.05	2,329.05
7635.00 Property Insurance	4,253.27	0.00	0.00	0.00	4,253.27
7645.00 SNF / Hospital Respite	0.00	0.00	654.52	0.00	654.52
7710.00 Facility & Grounds Maintenance	3,797.79	802.44	3,084.24	629.71	8,314.18
7725.00 Vehicle Maintenance	37,984.01	3,120.21	43.00	2,745.44	43,892.66
7730.00 Interest Expense	8,994.65	0.00	0.00	0.00	8,994.65
7740.00 Interest Exp. Building	11,078.25	0.00	1,393.63	0.00	12,471.88
7750.00 Interest Expense Automobiles	4,364.00	0.00	0.00	0.00	4,364.00
7780.00 Licenses	121.42	1,340.00	1,480.38	333.28	3,275.06
7810.00 Dues/Memberships	526.32	0.00	467.97	0.00	994.29
7820.00 Meetings & Seminars	363.75	0.00	362.96	324.75	1,051.46
7830.00 Med. Supplies Routine	3.30	13,059.84	5,926.34	778.18	19,767.66
7840.00 Misc./Nursing Sup.	0.00	42.95	0.00	0.00	42.95
7850.00 Inventory Adjustment	0.00	4,899.10	1,757.50	232.26	6,888.86
7900.00 Office Supply	9,649.94	7,860.93	3,355.74	8,339.52	29,206.13

Home Health, Outreach
Profit & Loss by Class
October 2011 through May 2012

	Corp. Adm	Home Health	Hospice	Outreach	TOTAL
7940.00 - Postage	3,454.75	875.92	180.84	3,771.06	8,282.57
7945.00 - Freight&Handling	606.71	173.68	29.43	83.28	893.10
7960.00 - Printing	0.00	2,096.50	0.00	0.00	2,096.50
7980.00 - Professional Service	45,080.93	19,434.00	7,176.76	2,371.50	74,063.19
8000.00 - Rent	240.00	13,400.00	0.00	8,000.00	21,640.00
8020.00 - Repairs & Maint	1,300.00	0.00	0.00	0.00	1,300.00
8040.00 - Rent Off. Equip	3,300.72	0.00	0.00	0.00	3,300.72
8100.00 - Telephone	192.59	4,664.38	1,519.66	14,795.18	21,171.81
8101.00 - On Line Services	4,832.40	256.75	258.79	90.00	5,435.94
8160.00 - Travel	1,371.33	0.00	0.00	244.12	1,615.45
8200.00 - Utilities	1,427.51	5,187.91	1,235.71	3,745.54	11,596.67
8210.00 - Misc. Expense	-1,123.24	525.74	0.00	0.00	-597.50
8220.00 - Medical Waste	0.00	1,857.55	0.00	0.00	1,857.55
8230.00 - Volunteer Expense	0.00	331.51	5,813.07	0.00	6,144.58
Total Expense	503,210.39	966,091.52	417,322.26	1,661,789.84	3,548,414.01
Net Ordinary Income	-503,169.66	211,415.67	-22,893.39	118,846.88	-195,800.50
Other Income/Expense					
Other Income					
9000.00 - Donations	15.00	0.00	521.46	0.00	536.46
9050.00 - Other Income	39,184.22	402.81	11,702.72	133,660.69	184,950.44
Total Other Income	39,199.22	402.81	12,224.18	133,660.69	185,486.90
Other Expense					
8205.00 - Donation Expenditure	10.00	0.00	440.51	248.30	698.81
Total Other Expense	10.00	0.00	440.51	248.30	698.81
Net Other Income	39,189.22	402.81	11,783.67	133,412.39	184,788.09
Net Income	-463,980.44	211,818.48	-11,109.72	252,259.27	-11,012.41

Home Health, Outreach
Balance Sheet
As of May 31, 2012

May 31, 12

ASSETS

Current Assets

Checking/Savings

1025.00 · Hospice Checking	11,708.53
1100.00 · Home Health Checking	4,944.21
1101.00 · Outreach Checking	12,164.95
1102.00 · Payroll checking	166,812.92
1103.00 · Money Market Account	5,004.77
1104.00 · Donations Checking	1,016.17
1105.00 · Management Services	1,103.89

Total Checking/Savings 202,755.44

Accounts Receivable

1207.00 · Cherokee Comprehensive Care Age	36,417.05
1208.00 · Professional Services Rendered	14.73
1210.00 · Medicare A/R-Home Health	111,954.98
1213.00 · Medicare-Hospice	68,931.92
1220.00 · Medicaid SN	284.63
1225.00 · Outreach A/R	140,257.67
1230.00 · HH Private A/R	40,582.06
1231.00 · Outreach VA A/R	6,242.00
1233.00 · Private Ins&VA A/R-Hospice.	14,484.20
1279.00 · Refunds	-4,000.53
1280.11 · Allow for Doubtful Accts-Contra	-16,270.00
1280.22 · Allow for Doubtful Accts-BD	-16,780.00

Total Accounts Receivable 382,118.71

Other Current Assets

1410.00 · Deposits	3,905.00
1420.00 · Pre Paid Expense	10,717.28

Total Other Current Assets 14,622.28

Total Current Assets 599,496.43

Fixed Assets

2100.00 · Equipment	212,575.60
2110.00 · Accum. Deprec. Equip.	-448,894.07
2250.00 · Facilities	436,315.00
2300.00 · Land	124,958.00
2350.00 · Automobiles	250,905.74

Total Fixed Assets 575,860.27

Other Assets

2140.00 · Inventory-Office Supplies	6,416.47
2150.00 · Inventory-Medical Supplies	13,836.48

Total Other Assets 20,252.95

TOTAL ASSETS 1,195,609.65

LIABILITIES & EQUITY

Home Health, Outreach
Balance Sheet
As of May 31, 2012

	<u>May 31, 12</u>
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 · Accounts Payable	21,710.87
2025.00 · Accounts Payable Accruals	792.35
Total Accounts Payable	<u>22,503.22</u>
Other Current Liabilities	
3015.00 · Accrued WC Insurance	31,749.57
3025.00 · Accrued Property Ins	4,253.27
3026.00 · Accrue Property Tax-Real Estate	2,521.25
3030.00 · Accrued Payroll	244,548.80
3035.00 · AFLAC Insurance	4,758.24
3050.00 · Accrued Vacation	64,204.34
3060.00 · Dental Insurance	219.25
3110.00 · FIT Payable	16,832.39
3130.00 · Medicare Taxes Withheld	10,868.55
3180.00 · SIT Payable	8,419.87
3200.00 · Social Sec Withheld	29,604.33
3300.00 · Group Ins. Withheld	-677.63
3360.00 · Wage Garnishment	566.20
3365.00 · Misc. Deductions	1,104.73
3368.00 · Accrued State SUI Taxes	3,603.76
Total Other Current Liabilities	<u>422,576.92</u>
Total Current Liabilities	445,080.14
Long Term Liabilities	
3500.00 · Line of Credit - Long Term	289,284.29
3550.00 · N/P Arvest Bldg	307,285.31
3600.00 · N/P Arvest - Hospice Office	22,846.07
3700.00 · N/P Arvest - Fleet Cars	93,262.85
Total Long Term Liabilities	<u>712,678.52</u>
Total Liabilities	1,157,758.66
Equity	
3000.00 · Opening Bal Equity	297,055.52
3900.00 · Retained Earnings	-248,192.12
Net Income	-11,012.41
Total Equity	<u>37,850.99</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,195,609.65</u></u>

**Cherokee Nation Home Health Outreach
Member Satisfaction Survey**

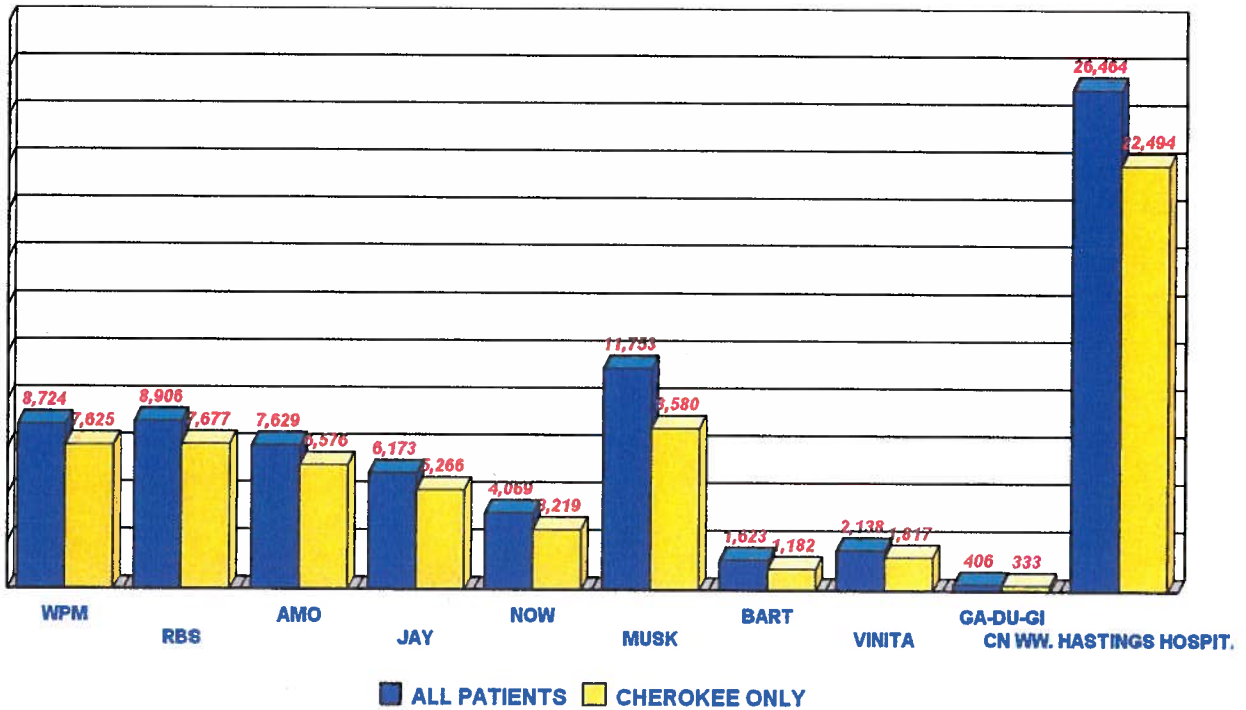
	YES	NO	NA	NOT ANSWERED	%
1. Do you know the services that you are receiving from the CNHHO Program	12	0	0	1	100%
2. Are you satisfied with your current PCA?	10	0	0	3	100%
3. Are you notified of the time the PCA will arrive?	11	1	0	1	92%
4. Are you notified when the PCA is unable to be there? Are you offered a replacement?	12	1	0	0	92%
5. Is the PCA completing the task assigned by your Case Manager?	8	2	0	3	85%
6. Are you satisfied with your current Case Manager? Does your Case Manager get things for you in a timely manner?	9	0	0	4	100%
7. Are you satisfied with your home care agency nurse	9	1	2	1	92%
	12	0	0	1	100%
	12	0	0	1	100%

How do you rate your overall satisfaction?

		%
Excellent	9	69%
Good	4	31%
Fair	0	0%
Need Improvement	0	0%
Total	13	100%

CHARTS

AMBULATORY PATIENTS VISITS BY CLINIC, JUNE 2012



TOTAL AMBULATORY PATIENTS VISITS -JUNE 2012

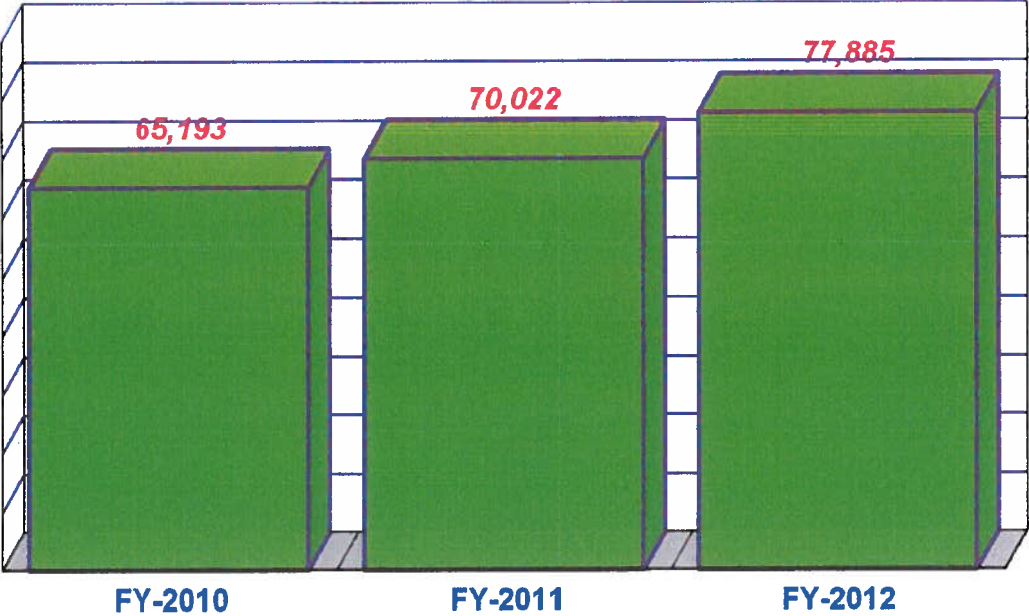
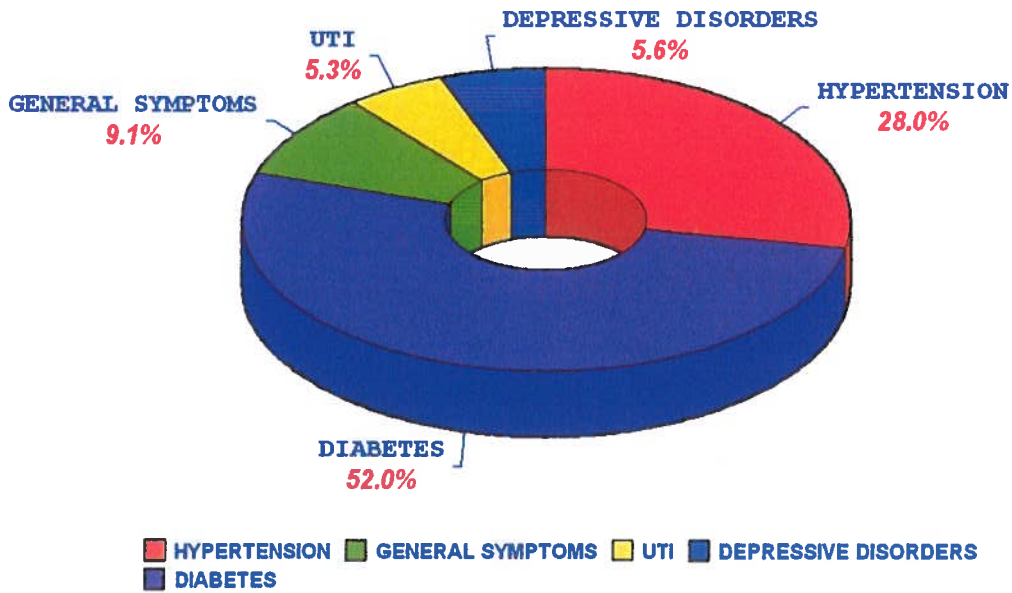
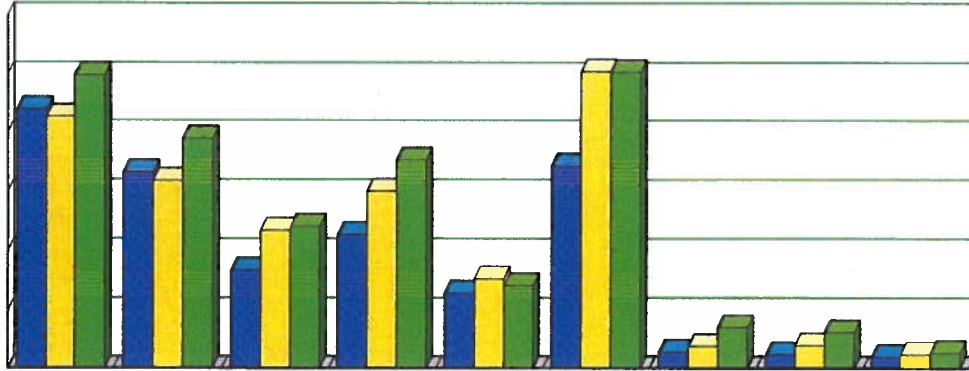


Chart Includes Ambulatory visits from clinics and CNWW Hastings Hospital

TOP FIVE AMBULATORY CARE DIAGNOSIS FOR CNHSG, JUNE 2012

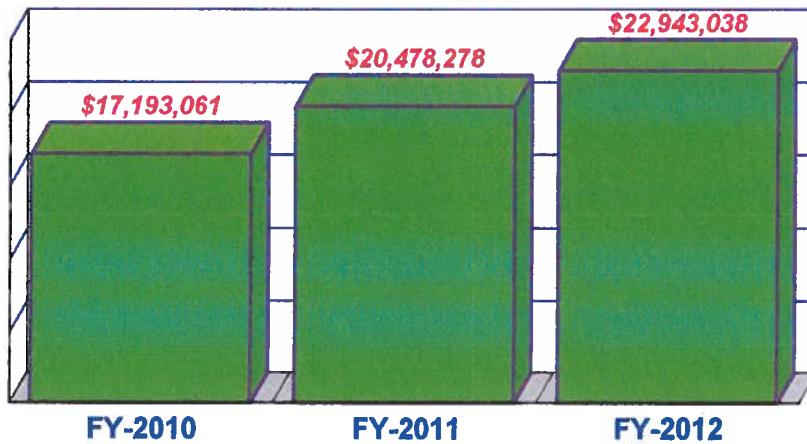


Third Party Revenue By Clinic, JUNE 2012 (YEAR TO-DATE)



	WPM	RBS	JAY	AMO	NOW	MUSK	BART	VINITA	GA-DU-GI
FY2010	\$4,415,933	\$3,337,840	\$1,683,158	\$2,291,701	\$1,294,290	\$3,440,859	\$280,985	\$249,662	\$198,633
FY-2011	\$4,288,117	\$3,201,617	\$2,349,924	\$3,009,900	\$1,537,432	\$5,061,348	\$387,004	\$397,300	\$245,636
FY-2012	\$5,002,164	\$3,904,079	\$2,420,580	\$3,545,448	\$1,421,797	\$5,043,010	\$701,695	\$628,495	\$275,770

TOTAL THIRD PARTY COLLECTIONS CN-CLINICS ONLY(YEAR TO DATE)



TOTAL THIRD PARTY COLLECTIONS HASTINGS HOSPITAL ONLY(YEAR TO DATE)

