



## Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: July 2012

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### **Accomplishments:**

- **Staffing:** Still recruiting ER physicians.
- **Visits:** Outpatient visits for July up 11.2% over the same period the previous year.
- **Revenues:** Revenues for FY2012 increased 27.06% over the same period the previous year.

### **Future Plans / New Initiatives:**

- **New Services:**
  - Orthopedic surgeon has started.
  - Baby Friendly Initiative
  - IPC Initiative branching out to women's clinic and walk-in.

### **Workload:**

#### **Actual numbers/month**

Outpatient visits up	11.2%	22,372
Admissions down	6.9%	67
Newborns up	20.0%	24
New charts down	14.5%	347
Reactivated Charts up	48.1%	385

These statistics are compared to FY2011 statistics for the same time period. (July)  
 Occupancy rate for July 2012: 16.7%

**Third Party Collections:**

July collections

Medicare:           \$ 308,521.07  
Medicaid:           576,975.21  
Private Insurance:   640,643.64

\$ 1,526,139.92

Year-to-date collections for FY 2012: \$ 13,226,685.72

Amount billed for July 2012: \$ 3.2 million

Collections are up compared to FY2011 collections for same time period. \$ 2,817,169.83

Percentage of account receivables pending for claims > 120+ days: 4%

**CHS Activities:**

July cases

Funded:           635 cases: \$ 1,076,119.00  
Denials:           254 cases: \$ 342,895.00  
Deferred:         478 cases: \$ 342,135.00

Files to Committee   1478



## Cherokee Nation Tribal Council Health Committee report

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

### **I. From Connie's Desk:**

Enclosed in this report are the following,

- *West Nile Virus Fact Sheet*
- *Program reports*
- *A report on Cherokee Nation Home Health Services Charts*
- *Patient and Employee comments*

### **West Nile Virus Fact Sheet**

#### **What Is West Nile Virus?**

West Nile virus (WNV) is a potentially serious illness. Experts believe WNV is established as a seasonal epidemic in North America that flares up in the summer and continues into the fall. This fact sheet contains important information that can help you recognize and prevent West Nile virus.

**What Can I Do to Prevent WNV?** The easiest and best way to avoid WNV is to prevent mosquito bites.

- When you are outdoors, use insect repellents containing an EPA-registered insect repellent. Follow the directions on the package.
- Many mosquitoes are most active at dusk and dawn. Be sure to use insect repellent and wear long sleeves and pants at these times or consider staying indoors during these hours.
- Make sure you have good screens on your windows and doors to keep mosquitoes out.
- Get rid of mosquito breeding sites by emptying standing water from flower pots, buckets and barrels. Change the water in pet dishes and replace the water in bird baths weekly. Drill holes in tire swings so water drains out. Keep children's wading pools empty and on their sides when they aren't being used.

#### **What Are the Symptoms of WNV?**

- **Serious Symptoms in a Few People.** About one in 150 people infected with WNV will develop severe illness. The severe symptoms can include high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. These symptoms may last several weeks, and neurological effects may be permanent.
- **Milder Symptoms in Some People.** Up to 20 percent of the people who become infected will display symptoms which can include fever, headache, and body aches, nausea, vomiting, and sometimes swollen lymph glands or a skin rash on the chest, stomach and back. Symptoms can last for as short as a few days, though even healthy people have been sick for several weeks.
- **No Symptoms in Most People.** Approximately 80 percent of people (about 4 out of 5) who are infected with WNV will not show any symptoms at all, but there is no way to know in advance if you will develop an illness or not.

#### **How Does West Nile Virus Spread?**

- **Infected Mosquitoes.** Most often, WNV is spread by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds. Infected mosquitoes can then spread WNV to humans and other animals when they bite.
- **Transfusions, Transplants, and Mother-to-Child.** In a very small number of cases, WNV also has been spread through blood transfusions, organ transplants, breastfeeding and even during pregnancy from mother to baby.
- **Not through touching.** WNV is not spread through casual contact such as touching or kissing a person with the virus.

**How Soon Do Infected People Get Sick?** People typically develop symptoms between 3 and 14 days after they are bitten by the infected mosquito.

**How Is WNV Infection Treated?** There is no specific treatment for WNV infection. In cases with milder symptoms, people experience WNV symptoms such as fever and aches that pass on their own, although illness may last weeks to months even in healthy persons. In more severe cases, people usually need to go to the hospital where they can receive supportive treatment including intravenous fluids, help with breathing, and nursing care.

**What Should I Do if I Think I Have WNV?** Milder WNV illness improves on its own, and people do not necessarily need to seek medical attention for this infection though they may choose to do so. If you develop symptoms of severe WNV illness, such as unusually severe headaches or confusion, seek medical attention immediately. Severe WNV illness usually requires hospitalization. Pregnant women and nursing mothers are encouraged to talk to their doctor if they develop symptoms that could be WNV.

**What Is the Risk of Getting Sick from WNV?**

- **People over 50 at higher risk to get severe illness.** People over the age of 50 are more likely to develop serious symptoms of WNV if they do get sick and should take special care to avoid mosquito bites.
- **Being outside means you're at risk.** The more time you're outdoors, the more time you could be bitten by an infected mosquito. Pay attention to avoiding mosquito bites if you spend a lot of time outside, either working or playing.
- **Risk through medical procedures is very low.** All donated blood is checked for WNV before being used. The risk of getting WNV through blood transfusions and organ transplants is very small, and should not prevent people who need surgery from having it. If you have concerns, talk to your doctor.
- **Pregnancy and nursing do not increase risk of becoming infected with WNV.** The risk that WNV may present to a fetus or an infant infected through breast milk is still being evaluated. Talk with your care provider if you have concerns.

**What Is the CDC Doing About WNV?** CDC is working with state and local health departments, the Food and Drug Administration and other government agencies, as well as private industry, to prepare for and prevent new cases of WNV. Some things CDC is doing include:

- Coordinating a nation-wide electronic database where states share information about WNV
- Helping states develop and carry out improved mosquito prevention and control programs
- Developing better, faster tests to detect and diagnose WNV
- Creating new education tools and programs for the media, the public, and health professionals
- Opening new testing laboratories for WNV
- Working with partners to develop vaccines.

**What Else Should I Know?**

**If you find a dead bird:** Don't handle the body with your bare hands. Contact your local health department for instructions on reporting and disposing of the body. They may tell you to dispose of the bird after they log your report. For more information, visit [www.cdc.gov/westnile](http://www.cdc.gov/westnile), or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

## **II. Notable Program Accomplishments:**

- **Report from Director of Community Health Promotion**– Completed 3 requests for funding to Centers for Disease Control and Prevention and Food and Drug Administration for new funding. I also worked with Dr. Paul Spicer, Center for Applied Social Research at the University of Oklahoma to develop a funding proposal to be submitted to National Institutes of Health in October. I am meeting with Community Anti-Drug Network Coalitions to discuss partnerships for community health.
- **Report from Brian Hail, CEO CN WW Hastings Hospital**– During July 2012, Cherokee Nation W.W. Hastings Hospital (CNWWH) performed 312 surgical procedures and provided care for 3,428 emergency patients. Several performance improvement projects have been initiated in order to maximize the capacity and service throughout the facility. Some of the projects focus on congestive heart failure, the contract health process, and care of patients with pneumonia. These efforts are taking advantage of the numerous staff throughout Health Services that have been trained in performance improvement methodology. CNWWH staff participated in a Value-Based Purchasing National Provider conference call to assure CNWWH remains competitive and up to date on upcoming changes in the value-based purchasing initiative. Each week, we conducted Executive Safety rounds in which a department was toured by CNWWH leadership to identify potential safety issues to correct them proactively. During these rounds, patients and staff are engaged by leadership and given the opportunity to discuss concerns. On July 17, 2012, we presented our Improving Patient Care (IPC) team providers with an award recognizing them for completing Phase III of the IPC program. This initiative has proven tremendously effective in providing patients with the most effective primary care services possible. The Centers for Medicare and Medicaid Services (CMS) have selected a new Medicare Contractor for Indian Health to replace Trailblazers; on July 20, we participated in a conference call to begin our transition to Novitas, the new Medicare Contractor. Due to ongoing operational concerns about the emergency department (ED) expansion, we met with Selser Schaefer, the project's architects, to discuss possible solutions for patient access and accommodations. Based on input from providers and staff, Selser Schaefer has begun developing

solutions to better serve emergency patients and their families. On July 26, we hosted a patient breakfast during which patients are provided breakfast and an opportunity to meet and talk with CNWWH leadership. Dr. Roger Montgomery, our Executive Director for Health Services, also joined us for this breakfast.

- **Report from Executive Director of Nursing– Nursing Report** – Hastings has recruited a new Out Patient Nurse Manager to oversee the clinics within the hospital. Deborah Proctor will start in September. The new Walk-in and Emergency department is slated to open in September. Delena the ED Director has already recruited and selected staff for the expanded area. Nowata Clinic has lost multiple staff to the new clinic in Vinita. They will have 4 nurse positions vacant.

QM – Ginger Glory QM and Jonathan Merrell PI have been working on CHS service processes and there is a new work group forming to identify and work with HR regarding the hiring process for healthcare.

- **Report from Senior Dental Director CN WW Hastings Hospital–**

#### Current Projects:

1. July Prevention Meeting led by Dr. Speed included representatives from all the clinics and Melissa Reese from the Oklahoma Area IHS Dental Support Center. We are currently identifying what each clinic is doing in the community and developing communications to allow us to provide the consistent preventive services throughout the Cherokee Nation for our children in our schools and head start programs.
2. W.W. Hastings is developing a model that allows those patients identified in the Medical Clinic to have direct access in to the Dental Clinic. This should reduce travel for these patients as well as allow them to get their dental needs met in a timely manner. We are currently testing our system and as we modify and perfect it we will be implementing it in the other clinics.
3. W.W. Hastings Dental Clinic will be changing our working hours from an 8 hour work day to a 10 hour work day. We will be opening from 7:00am to 6:00pm Monday through Friday. This should allow better access for our patients, especially those who can't miss work.
4. Developing a system that allows our Dental Specialist located at W.W. Hastings to travel to the clinics to provide services and educate the Staff Dentist. This should reduce the need for our patients to have to travel for those services and better utilize our contract health money. Dr Bryan Pollard will be the first Specialist utilized in this manner. He will be traveling to Stilwell one day per week and to Salina and Jay two days per month to provide Endodontic care for those communities.
5. We are currently evaluating services provided at all our facilities so that we can develop a consistent scope of quality care we can offer to all our patients regardless of the community they live in. Though this we hope to not only identify where services are needed but also to extend the services provided.
6. We are currently looking at the billing cycle for patients that have third party payers (Insurance and Medicaid) to be able to better capture that revenue. We have identified we are only collecting 1/12<sup>th</sup> of the services billed since October 2011.

#### Dental Clinics workload report :

- 965 New Patient Exams – These are exams for patients that are new to our system or have been previously treated and completed and are returning for a check-up.
- 1109 Emergent Care Patients Seem – These are patients seen for emergency care only.
- 432 Patient were completed – All treatment recommended by the dentist was completed.
- 565 Patients were referred for Dentures or Partials – (Fuel Tax Contact Services)
- 702 Patients were referred for Contracted services we could not provide. (CHS Funds)
- 281 Diabetic patients were identified and seen as a priority for Exams.
- 9581 Sealants were placed on children – This is part of our prevention services.

#### Health Program reports–

- **Wilma P. Mankiller Health Center** –The clinic has been accepted for CMS comprehensive primary care initiative. Immunizations rates for children 0-27moths is 89%. Ideal glycemic control is at 40% of diabetic

patients. Cycle time tracking (toe in toe out, including the pharmacy) is 87 minutes. The customer satisfaction rate is 80%.

- **A-Mo - Salina Community Clinic** – Pharmacy is operating out of temporary trailer, as the remodel has commenced. Well child clinic audit showed at rate of 96%. Immunizations rates for children 0-27moths is 94%. Ideal glycemic control is at 46% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is only 55 minutes. The customer satisfaction rate is 96%.
- **Redbird Smith Health Center** – Dr. Bryan Drouillard, DDS began for the RSHC Dental Department. Virginia Kidd, RN Case Manger began for the RSHC Diabetes Program. Concur Travel Training provided to staff of the Redbird Smith Health Center by the Cherokee Nation Accounting Department. Tiffany Rodden, RN Case Manager began for the RSHC Outpatient Department. 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 72 minutes. The customer satisfaction rate is 83%.
- **Sam Hider Jay Clinic** – Rosalita Sloan & Emma Hall participated in the School Clothing Voucher program at the Jay Elementary School. They also handed out information and signed up eligible participants in the SoonerCare program. Children in various age groups could enter the “The Great SoonerCare Raffle” for prizes. There were six winners in the Delaware county area. Prizes included a girl's bike, boy's bike, 2 iPods, doll house, and a Fisher Price Bat Cave. The clinic staff hosted prenatal classes, annual diabetes clinics, diabetic shoe clinic, CDIB registration, Mobile mammography. Immunizations rates for children 0-27moths is 100%. Ideal glycemic control is at 45% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 88 minutes. The customer satisfaction rate is NA.
- **Three Rivers Health Center** – Dr. Johnson Gourd joined TRHC primary care staff. Dr. Gourd is the replacement for Dr. Duke who transferred to Sallisaw. Jason Shelor hosted the Community Anti-Drug Network Meeting at TRHC. Three Rivers Health Center hosted an Oklahoma Blood Institute Blood Drive with a goal of 50 pints, TRHC collected 56 pints. Jason Shelor hosted a Health Camp Meeting at TRHC and provided a tour. Oklahoma City Area Director's Awards Ceremony was held at the Cowboy Hall of Fame in Oklahoma City. TRHC staff recognized at the ceremony was Dr. Tom Kincade for the Cherokee Nation Merit Award and Russ Smith for the Cherokee Nation Three Rivers Health Center Peer award. Three Rivers Health Center IPC team continues participation in IPC4 with all pre-work projects completed to date. Dental clinic expansion is complete. Immunization rate for children 0-27moths is 88%. Ideal glycemic control is at 49% of diabetic patients. Cycle time tracking (toe in toe out, including the pharmacy) is 61 minutes. The customer satisfaction rate is 83%.
- **Will Rogers Health Center** – 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 62 minutes. The customer satisfaction rate is 90%.
- **Vinita Clinic** – The clinic administrator Continue to work on interviews and selections for the new facility, as well as ordering equipment and coordinating installation of the equipment. The Craig County Fair Run was held this month. Staff have reported that the number of participants this year was double that of last year's event. This was a partnership with the Craig County Community Partnership in Vinita. Immunizations rates for children 0-27moths is 97%. Ideal glycemic control is at 61% of diabetic patients. Cycle time tracking (toe in toe out, excluding the pharmacy) is 58 minutes. The customer satisfaction rate is 95%.
- **CN W.W. Hastings Hospital**– Dr. Hope Baluh, Robin Rowland, Cherry Bark, Barbara Asher, Valerie Rogers, and Jonathan Merrell attended the annual American College of Surgeons (ACS) National Surgical Quality Improvement Program (NSQIP) in Salt Lake City, UT. They were shown ways to analyze data and demonstrate practical ways to use that data for quality improvement. Dr. Critchfield is an experienced radiologist joining Hastings to provide radiology services on site. A new pediatrician, Dr. Misner, has signed with Cherokee Nation and will begin work at Hastings in September 2012. On July 11, we hosted a welcome luncheon for Dr. Quadeer, a new podiatrist that has joined our medical staff at Hastings. The new clinic expansion to the south of the hospital has been certified for occupancy and we will begin transitioning clinics into the new facility in August 2012. During July, many of our staff members were provided instruction in the basic use of Microsoft Excel software; providing this training to staff members unfamiliar with spreadsheet software enhances their capability and saves on education expenditures by avoiding outside course costs. Cherokee Nation Health Services was pre-selected for the Comprehensive Primary Care Initiative (CPCI) which is a multi-payer initiative designed to foster collaboration between public and private health care payers to strengthen primary care. This primary care initiative will include risk-stratified care management, access and continuity, planned care for chronic conditions along with preventative care, patient and caregiver engagement and coordination of care across the medical neighborhood. A great deal of credit is to be given to Mitch Thornbrugh and Jason Leopp for their work in applying for this grant. The Hastings Hotline newsletter is slated to start next month and will serve to provide staff with information about the hospital and Health Services. In order to provide a better experience for our

patients and instill a sense of pride in the staff, Hastings is beginning the implementation of more professional dress codes for the facility. Beginning in September 2012, Environmental Services staff will begin wearing a uniform provided by UniFirst and were involved in the selection process.

- **Diabetes program**– 109 patients attended the Diabetes Self-Management Education classes in July. The Director sat in on a grant-required webinar on July 11th on SDPI's role in the improvement process. AHRQ/IHS Data Project conference call was held on July 11<sup>th</sup> to discuss definitions and methodology in estimating service-specific costs. The second AHRQ/IHS Data Project site visit was held with the Principal Investigator from the University of Colorado School of Public Health on July 13<sup>th</sup>. The Diabetes Program Director and the Diabetes Prevention Project Coordinator submitted a nomination of the Cherokee Nation Diabetes Program for a John Pipe Voices for Change Award from the American Diabetes Association on July 25<sup>th</sup>. The quarterly Diabetes Program staff meeting was held on July 27<sup>th</sup>. The annual meeting of the Three Rivers Health Center's Diabetes Advisory Committee was held on July 31<sup>st</sup> to discuss and approve the annual plan.
- **IPC (Improving Patient Care Project)**– Four IPC pre-work webinars were held in July 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. Teresa Chaudoin met with the Bartlesville IPC 4 team on July 20<sup>th</sup> to discuss pre-work assignments and answer questions, in preparation for the Learning Session in August. Virtual site visits were held on July 23<sup>rd</sup> with teams for Bartlesville, Will Rogers, and Three Rivers, with each team giving a Powerpoint presentation to introduce the IPC National Team to their facilities. Teresa Chaudoin met with the Nowata IPC 4 team on July 24<sup>th</sup> to discuss pre-work assignments and answer questions, in preparation for the Learning Session in August.
- **Diabetes Prevention Program (DPP)** Cherokee Nation DPP was featured in a CDC publication. On July 20, 2012, follow up lab was completed on Sallisaw Group 20 with 12 participants. A total of 8 participants met their 7% weight loss goal upon completion of follow up lab (67%.) Final weigh in's for 10K challenge: Tahlequah - 11 lost 6 gained total of 17, Salina - 9 lost 3 gained total 12, Stilwell - 2 lost, and Sallisaw - 4 lost. Total of people 35 completed the challenge out of 44 that signed up. On July 31, 2012, Stilwell Group 21 completed the last class. 6 met their goal weight out of 23 participants. (26%). Met with Claremore Indian Hospital to start a DPP class with their patients. Classes to start in March 2013. 6<sup>th</sup> Annual DPP Retreat on September 22, 2012 at Camp Heart of Hills. Starting classes in Sallisaw on August 28<sup>th</sup> Starting classes in Tahlequah on August 29<sup>th</sup>
- **Cancer Program** – The program served 181 women during the month at a cost of \$19,343. During the month of July 103 Clinical Breast Exams, 94 Mammograms and 52 Pap Smears were performed. **Comprehensive Cancer Program (CCC program)** Greg Bilby attended several educational events at Pryor and Locust Grove, presenting on skin cancer and bad effects of tanning beds. He also presented at the complex with a skin cancer survivor Cierra Fields. Ruth Hummingbird travelled to Oregon for a meeting with the National Association of Chronic Disease Directors Council. The council members are working to integrate the breast and cervical and the CCC program with all other cancer programs in the US. Ruth is co-chair of the group. **Cancer Registry Report**– We now have 5,779 Cancer cases in our registry. Lung and Bronchus, 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 and the University of New Mexico. A team of experts from the National Cancer Institute and the University of New Mexico visited the Cherokee Nation Cancer registry.
- **WIC program**– served 7,382 clients and spent \$493,441 on these services. The program also promotes Breastfeeding and has served 173 clients during May.
- **CN Emergency Medical Service**– handled **428 calls**, of those 186 required emergency transport, 111 were transferred. In addition program provided EMS training to 703 participants of those 378 were Native Americans.
- **Jack Brown Center**–The JBC currently has 16 residential clients and an additional 08 clients on the waiting list. Staff offered educational sessions though out tribal jurisdiction.
- **Pharmacy Services**– the program filled 141,020 prescriptions (an increase of 38% from last year) @ the cost of \$9.33 per Rx, which is 12.60% less than last year's cost.  
**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 our loss through waste and have items not normally stocked centrally located and available in short time frames.
- **Audio-care** – Chart numbers are now required to use Audiocare doing away with need for SS number. Birthdate is needed for validation due to numerous duplicate chart numbers.
  - We will be adding the option allowing patients to speak to a pharmacy staff member during hours of operation while using Audiocare. Currently being developed and should be implemented within approximately 2 weeks.

- 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...not an available option with AC
- 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. Still under review by AC for possibilities
- 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”. This is being done and should be completed in approximately 2 weeks.
- We are looking into the possibility of a Cherokee Language option and ordering via the Internet or e-mail. Likely not feasible.
- 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.

**90 day solutions:** There have been several meetings for developing a plan and proposal to resolve this issue. The last being July 25<sup>th</sup>, a proposal has been submitted to the group and is being modified and reviewed by the committee for consideration by legislative and administrative officials.

- **Healthy Nation Program–**
  - Worked with Zion, Bell, Stilwell, Maryetta, Greasy and Dahlongeah to establish and maintain active SWAT teams
  - Worked with Rocky Mountain Community Organization to implement a Joint-Use Agreement to increase access to their walking trail.
  - Worked with Vian Schools to pass 24/7 Tobacco Free Policy
  - Participated in the Tahlequah Food Policy Council Meeting
  - Participated in the Cherokee Nation Head Start Health Advisory Board – Agenda Items included Approving Policies, menu and looking at statistics.
- **The Recreation center** located in Tahlequah now has 8,851 members, total numbers of visits: 10,108.
- **Public Health Accreditation** – completing Tribal Public Health Assessment, Tribal Public Health Improvement Plan, and Strategic Plan.
- **Dietary Services-** Reports that they **served 676 clients** during the month of July. 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)** – Cherokee Elder Care participant census was 101 for the month of July. On average we have increased daily participant attendance to 50. We have 45 FTE and 8 PTE’s. **Oklahoma State Liaison; Ashley Herron** along with several of her staff came to do a one day audit. By the end of the day, the report revealed we appear to be on target for the upcoming audit by Centers for Medicare and Medicaid. They were pleased with our new Electronic Health Record and excited for the benefits to ensure continuity of care across the many facilities to include nursing home stays, hospitalizations and transitions back home that we coordinate.
- **Staffing Summary–** Health services currently has 1,902 employees, of these 290 were Providers(133 PRN’s)
- **Biomedical Engineering**
  1. Performed X-ray surveys for Jay and Redbird Smith Dental Clinics
  2. Began installation of X-ray equipment at the Vinita Health Dental Clinic
  3. Began preparation of the Contract Authorization Service Packets for FY 13
  4. Updated Software on Zoll AED for Cherokee Elder Care
  5. Complied inventory list of new equipment for Vinita Health Center staff
- **Health Facilities**
  1. 30 x 60 metal building under construction at Salina Health Center.
  2. Salina Pharmacy remodel to accommodate robotic dispenser under construction.
  3. Salina sidewalk extension under construction.
  4. Contracted for Installation of automatic door operators at Salina Health Center.



5. Cool Mist water system installed at Three Rivers Health Center to cool the air surrounding roof top A/C units.

- **Cherokee Health Professional Recruitment Initiative:** The OHPRR is actively recruiting for W.W. Hastings Hospital. This month two Pediatricians, Dr. Matt Misner and Dr. Melinda Greer, were recruited in addition to one OB/GYN, Dr. Tschantre Dorsett, starting (another starts next month) and interviews are being conducted for one Certified Nurse Mid-wife. Additionally, interviews are conducted for an Anesthesiologist.
  - The Vinita Clinic is high priority right now. Three positions have been added for the coming year; one Pharmacist, one Dentist and one Physical Therapist. This clinic has been staffed with four internal provider transfers; one Physician, one Physical Therapist and one Dentist. At this time three of the four transfers have been backfilled.
  - Dr. Westenhover has been welcomed back as the Medical Director at Sam Hider Health Center. This clinic currently has one vacancy. Interviews are currently being scheduled.
  - Bartlesville Clinic welcomes Nurse Practitioner Sarah McAuliff, Cherokee, to their location this month. Practitioner Kristy Hill transferred to the Will Rogers Health Center when a position became available.
- **Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA):** Last year we enrolled 9,000 children in SoonerCare. We utilized "The Great SoonerCare Raffle" during Human Services' clothing voucher sign-up to gather data on our market penetration. We have tabulated the results from the Raffle. We had 17,352 children register in the raffle by providing their SoonerCare eligibility information. The results are as follows:

#### **Age birth through 6<sup>th</sup> grade**

9,993 (85%) have SoonerCare at this time  
993 (10%) were income eligible but not enrolled  
684 (5%) declined to answer

#### **7<sup>th</sup> – 12<sup>th</sup> grade**

4,581 (81%) have SoonerCare at this time  
789 (14%) were income eligible but not enrolled  
312 (5%) declined to answer

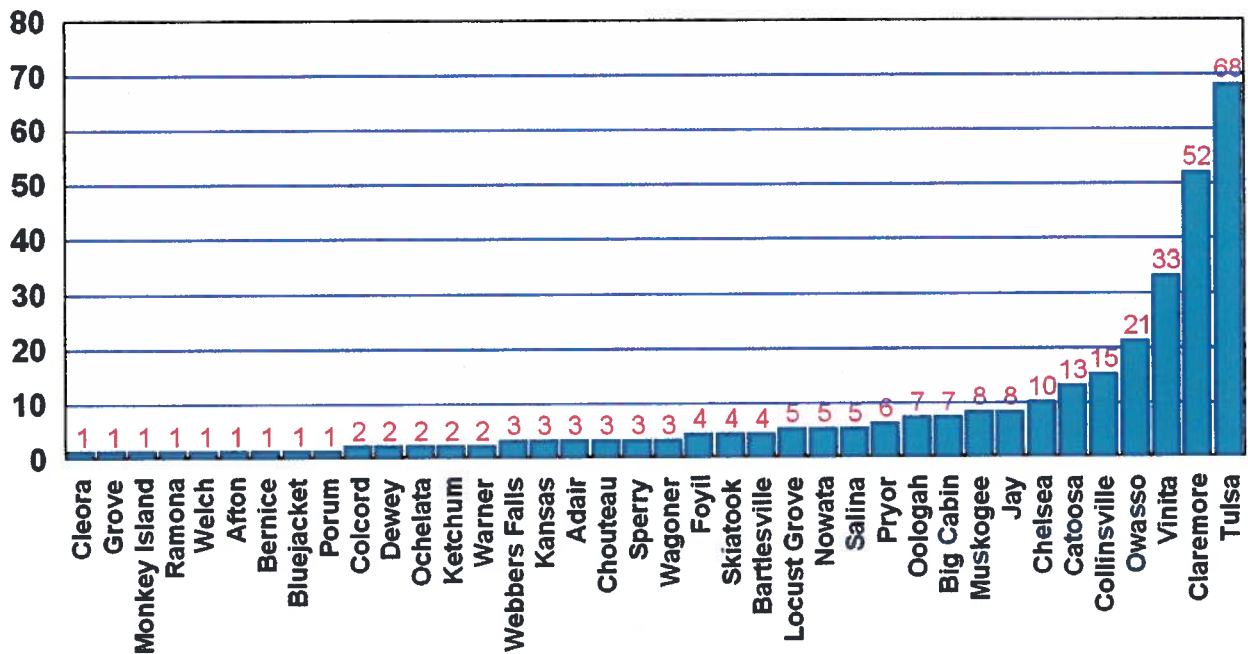
- Utilizing this information, it appears that we reach 85% of the children through grade 6 and 81% of the children in grades 7-12.
- We are obtaining a listing of all persons age 0-18 in RPMS and will compare the information submitted to the information in RPMS. Forms for children without SoonerCare will be forwarded to the PBA's for contact. Any discrepancies between the information in RPMS and the information we collected will be forwarded to the PBAs for follow-up.
- We are now beginning our data collection project with area schools. Following that we will provide data collection projects at the county fairs.
- **Contract Health Services**– the CHS program processed 5,156 referrals, of those 4,948(96%) were approved at the cost of \$2,262,639.
- **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.

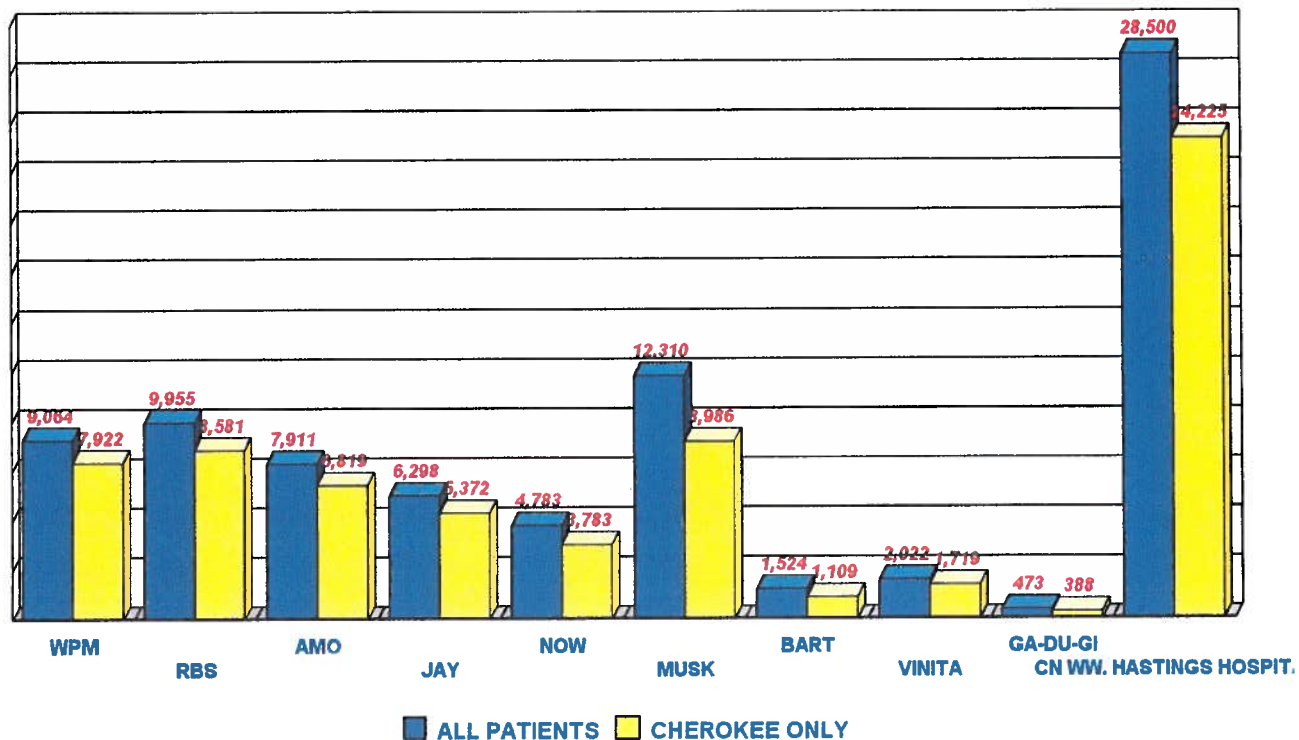
CIH Review Summary - July 2012						
Eligible	Approved		Pended		Denied	
	#	\$	#	\$	#	\$
312	99	122,540	208	254,251	5	2,250

## Five % CNHS FUNDS DISTRIBUTION BY COMMUNITIES JULY 2012



## CHARTS

# AMBULATORY PATIENTS VISITS BY CLINIC, JULY 2012



# TOTAL AMBULATORY PATIENTS VISITS -JULY 2012

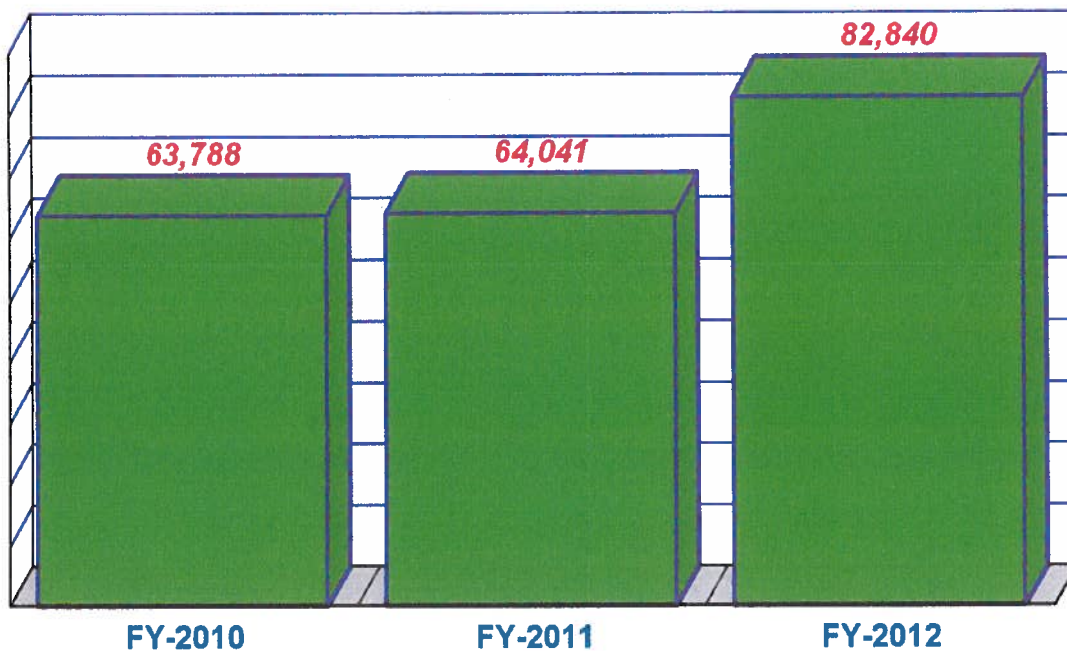
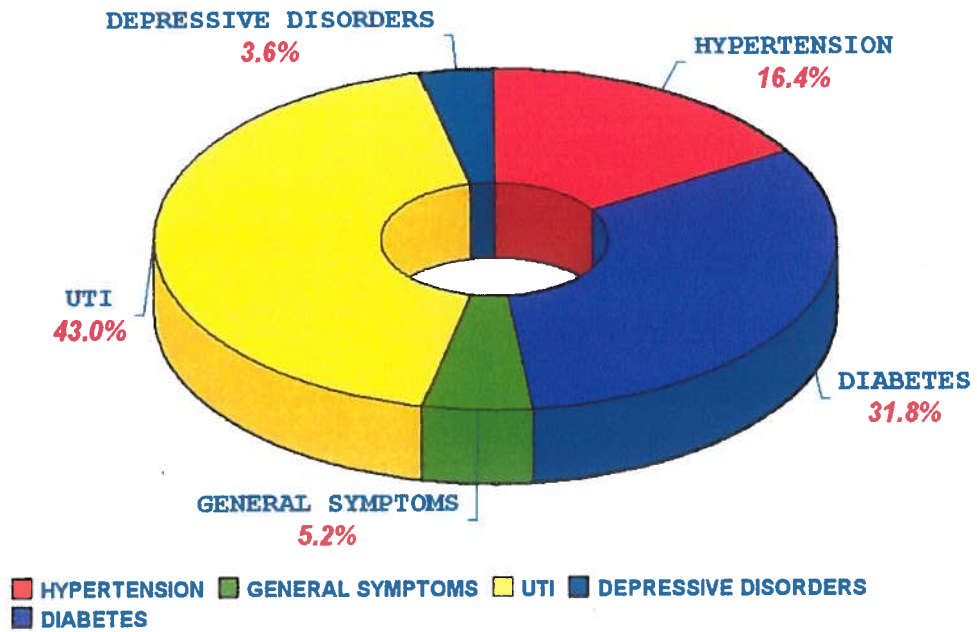
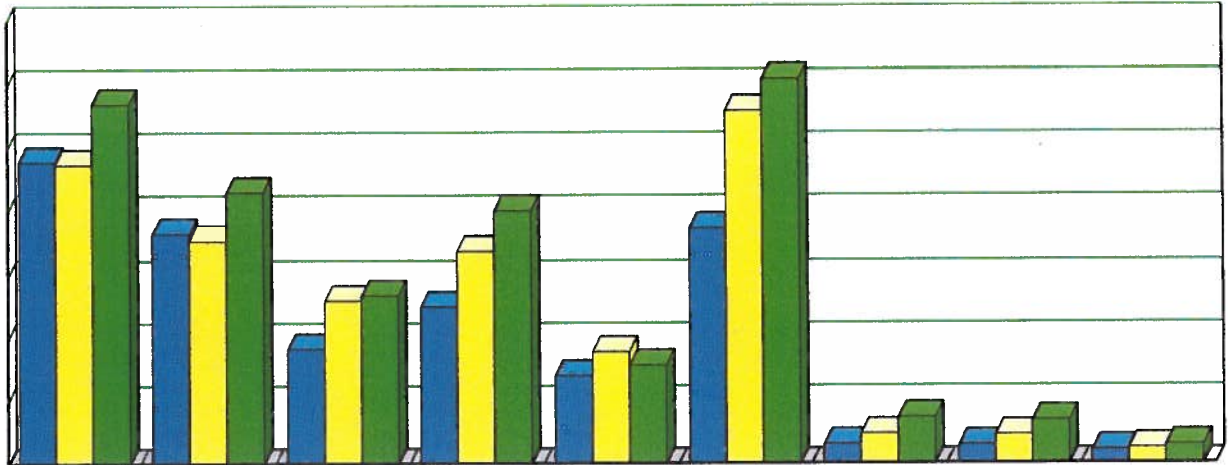


Chart includes Ambulatory visits from clinics and CNWW Hastings Hospital

# TOP FIVE AMBULATORY CARE DIAGNOSIS FOR CNHSG, JULY 2012

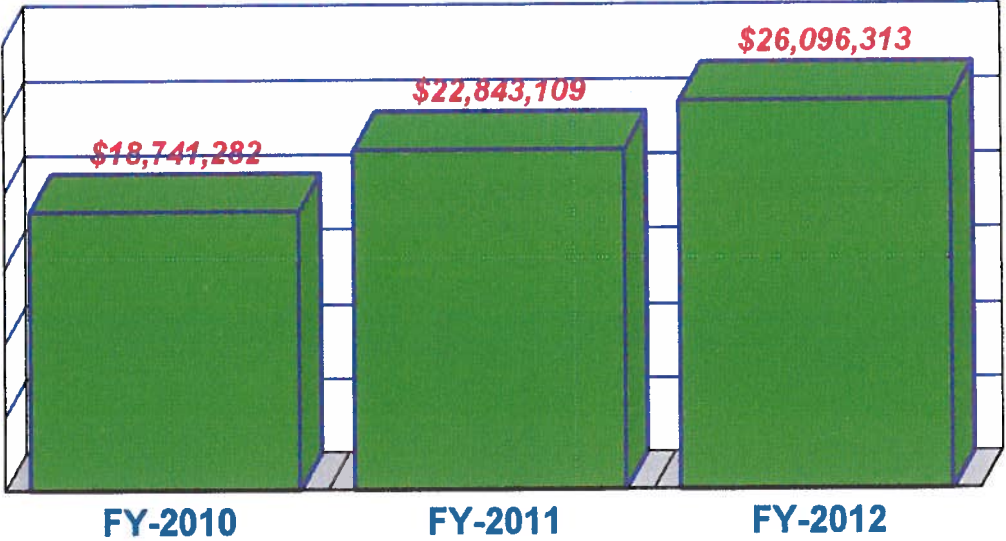


## Third Party Revenue By Clinic, JULY 2012 (YEAR TO-DATE)



	WPM	RBS	JAY	AMO	NOW	MUSK	BART	VINITA	GA-DU-GI
<b>FY2010</b>	\$4,795,734	\$3,652,681	\$1,830,822	\$2,498,163	\$1,413,514	\$3,721,594	\$311,629	\$299,951	\$217,194
<b>FY-2011</b>	\$4,741,796	\$3,537,654	\$2,595,945	\$3,373,256	\$1,794,490	\$5,595,684	\$488,910	\$460,188	\$255,186
<b>FY-2012</b>	\$5,702,751	\$4,305,422	\$2,688,232	\$3,999,181	\$1,572,937	\$6,086,504	\$743,710	\$690,537	\$307,039

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



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







Cherokee Nation Home Health Services, Inc.  
One Plaza South PMB #374  
Tahlequah, OK 74464 (918) 456-5051

To: Cherokee Nation Finance Committee

From: Rick Richards, CEO Cherokee Nation Home Health Services, Inc.  
Subject June 30, 2012 year to date financial report:

The financial position of CNHHS continues to show progress.

- CNHHS booked a third quarter profit of **\$83,632.00** with gross revenues of
- \$1,387,036.
- Year to date gross revenues are \$3,978,965 a \$252,000 increase over the previous year with a year to date profit of \$11,601.
- During the last pay period of June, 2012 the employee demographics are as follows: 151 Native American ( 131 of that number being Cherokee)
- 28 Native American Households
- 83 Community Members
- 262 Total

Total active patient census at the end of June was 693.

Included in this packet is the 2012 profit and loss statement, YTD profit and loss statement and YTD Balance Sheet.

For specific questions please feel free to contact at [rick-richards@cherokee.org](mailto:rick-richards@cherokee.org) or by phone at 918-456-5051.  
Thank you.

# Home Health, Outreach Balance Sheet

**Accrual Basis**

**ASSETS**

**Current Assets**

**Checking/Savings**

As of June 30, 2012

1025.00 · Hospice Checking	24,436.88
1100.00 · Home Health Checking	19,754.11
1101.00 · Outreach Checking	23,833.23
1102.00 · Payroll checking	5,384.55
1103.00 · Money Market Account	5,004.98
1104.00 · Donations Checking	<u>1,030.98</u>

1105.00 · Management Services	662.77
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**Total Checking/Savings** 80,107.50

**Accounts Receivable**

1207.00 · Cherokee Comprehensive Care Age	19,436.68
1208.00 · Professional Services Rendered	25.55
1210.00 · Medicare A/R-Home Health	93,591.95
1213.00 · Medicare-Hospice	85,568.87
1220.00 · Medicaid SN	431.04
1225.00 · Outreach A/R	156,333.73
1230.00 · HH Private A/R	40,810.24
1231.00 · Outreach VA A/R	5,931.75
1233.00 · Private Ins&VA A/R-Hospice.	16,722.93
1279.00 · Refunds	-4,638.17
1280.11 · Allow for Doubtful Accts-Contra	<u>-16,690.00</u>

1280.22 · Allow for Doubtful Accts-BD	-18,500.00
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**Total Accounts Receivable** 379,024.57

**Other Current Assets**

1410.00 · Deposits	<u>3,905.00</u>
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1420.00 · Pre Paid Expense	<u>11,612.76</u>
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**Total Other Current Assets** 15,517.76

**Total Current Assets** 474,649.83

**Fixed Assets**

2100.00 · Equipment	212,575.60
2110.00 · Accum. Deprec. Equip.	-455,620.68
2250.00 · Facilities	436,315.00
2300.00 · Land	<u>124,958.00</u>

2350.00 · Automobiles	250,905.74
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**Total Fixed Assets** 569,133.66

**Other Assets**

2140.00 · Inventory-Office Supplies	7,450.21
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2150.00 · Inventory-Medical Supplies	<u>14,997.40</u>
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**Total Other Assets** 22,447.61

**TOTAL ASSETS** 1,066,231.10

# Home Health, Outreach Balance Sheet

As of June 30, 2012

08/08/12  
Accrual Basis

Jun 30, 12

2000.00 · Accounts Payable	<u>26,660.51</u>
2025.00 · Accounts Payable Accruals	300.00
Total Accounts Payable	26,960.51
Other Current Liabilities	
3015.00 · Accrued WC Insurance	29,952.61
3025.00 · Accrued Property Ins	4,780.31
3026.00 · Accrue Property Tax-Real Estate	3,025.50
3030.00 · Accrued Payroll	137,579.68
3035.00 · AFLAC Insurance	5,349.85
3050.00 · Accrued Vacation	52,216.37
3060.00 · Dental Insurance	126.17
3110.00 · FIT Payable	13,745.03
3130.00 · Medicare Taxes Withheld	3,169.48
3180.00 · SIT Payable	888.21
3200.00 · Social Sec Withheld	21,735.32
3300.00 · Group Ins. Withheld	2,370.29
3360.00 · Wage Garnishment	375.39
3365.00 · Misc. Deductions	<u>-1,085.62</u>
3368.00 · Accrued State SUI Taxes	<u>1,872.32</u>
Total Other Current Liabilities	276,100.91
Total Current Liabilities	303,061.42
Long Term Liabilities	
3500.00 · Line of Credit - Long Term	286,803.53
3550.00 · N/P Arvest Bldg	306,095.91
3600.00 · N/P Arvest - Hospice Office	22,176.26
	<u>615,075.70</u>
3700.00 · N/P Arvest - Fleet Cars	<u>87,628.73</u>
Total Long Term Liabilities	702,704.43
Total Liabilities	1,005,765.85
Equity	
3000.00 · Opening Bal Equity	297,055.52
3900.00 · Retained Earnings	<u>-248,192.12</u>
Net Income	<u>11,601.85</u>
Total Equity	60,465.25
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>1,066,231.10</u></u>