



Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: May 2019

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Accomplishments:

- **Staffing:** Announcements still out for General Surgeon, midwife.
- **Visits:** Outpatient visits for May up 3.6% over the same period the previous year.
- **Revenues:** Revenues for FY2019 increased 24.7% over the same period the previous year.

Future Plans / New Initiatives:

- **New Services:**
 - Orthopedic patients continue to be sent to Tulsa at The Orthopedic Center.
 - ER remodel continues, 95% - 99% completed. Estimated completion is July.

Workload:

	<u>Actual numbers/month</u>		<u>CN</u>
Outpatient visits up	3.6%	26,454	11,783/ (6063 patients)
Dental visits down	7.9%	801	565
Admissions down	12.3%	57	54
Newborns down	5.6%	17	9
New charts		336	
Reactivated Charts		133	

These statistics are compared to FY2018 statistics for the same time period. (May)
Occupancy rate for May 2019: 15.0%

Third Party Collections:

May collections

Medicare:	\$ 641,931.30
Medicaid:	772,119.12
Private Insurance:	813,029.31
V.A.	<u>36,039.16</u>

\$ 2,263,118.89

Year-to-date collections for FY 2019: \$ 20,816,698.63

Amount billed for May 2019: \$ 4.8 million

Collections are up compared to FY2018 collections for same time period. \$ 4,124,422.43

Percentage of account receivables pending for claims > 120+ days: 9%

PRC Activities:

May cases

		<u>CN Patients</u>
Funded:	379 cases: \$ 985,707.00	200
Denials:	479 cases: \$ 1,393,783.00	132
Deferred:	368 cases: \$ 276,470.00	139
CIH clinics:	16	
Ortho	34	

Files to Committee 1276



Health Committee Report

July, 2019



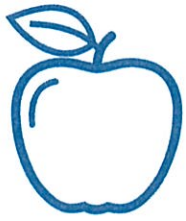
Highlights

- The initial kick-off meeting for departmental leadership and “super users” met May 7th to plan, Table Top Exercises and Day in the Life events in preparation for the opening of the Outpatient Health Center.

“Just wanted to let you know how appreciative I am of the services I receive and the dedication of the Three Rivers Staff to include reception, primary care, pharmacy, lab and the nutrition program. Upon my recent visits to pharmacy, the staff have been very helpful and friendly.”

-Patient compliment regarding care provided at Three Rivers Health Center

Health Committee Report



Dietary Services were provided to 774 clients in May



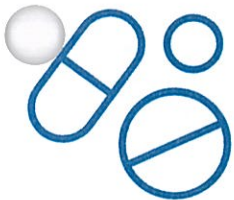
389 Surgical procedures performed



66 babies were delivered at Hastings Hospital



7,735 patients received and were served by CN Dental Services



145,546 Rx were filled for the month of May.



Emergency Medical Services served 545 clients



Health Facilities: 149 work orders completed



342 Total health professional positions filled



Traditional Food Gardens were assembled at Vinita Health Center



The Comprehensive Cancer Control Program received a Notice of Award for year 3

Health Committee Report

Provider Recruitment

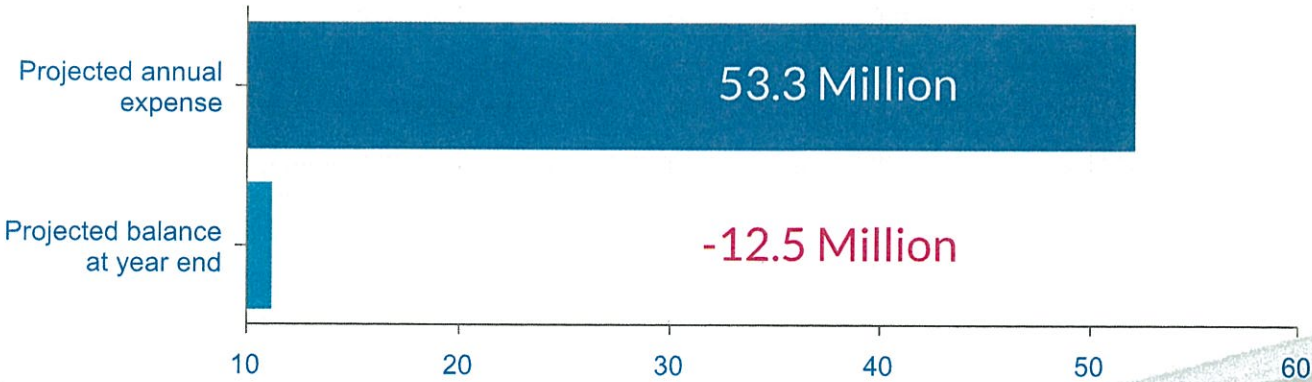
CNHS Provider
Vacancy Rate



IHS Provider
Vacancy Rate
Benchmark



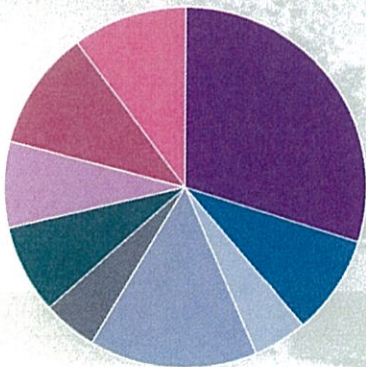
Contract Health



Referral Approval Rate

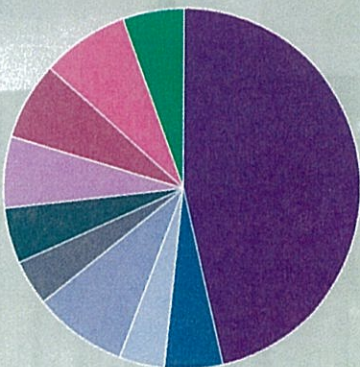


Monthly Visits by Location



WWH	29.8%	VIN	8.9%
OCH	4.8%	TRHC	15.0%
NOW	4.9%	JAY	8.0%
AMO	7.7%	RBS	10.7%
WPM	10.2%		

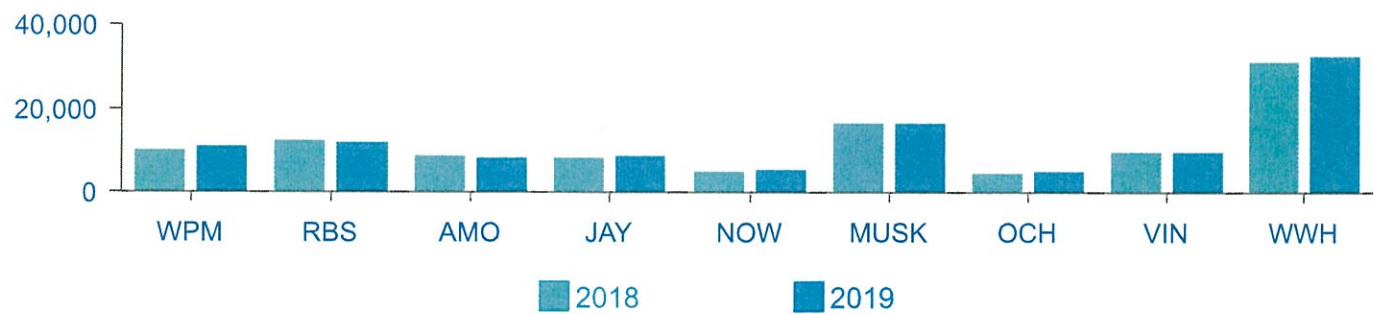
YTD CHS Spend by Location



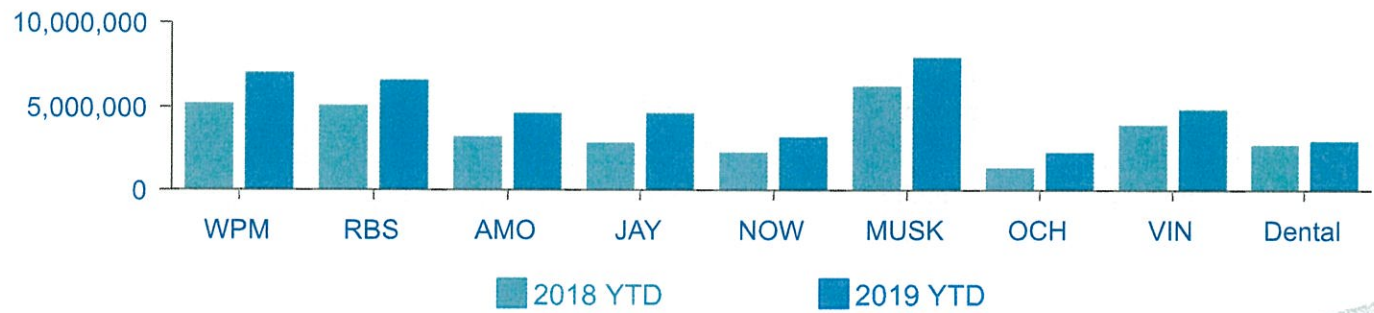
WWH	46.4%	VIN	5.2%
OCH	4.1%	TRHC	8.5%
NOW	4.1%	JAY	5.0%
AMO	6.4%	RBS	7.0%
WPM	7.9%	CIH	5.5%

Patient Visits and Revenue

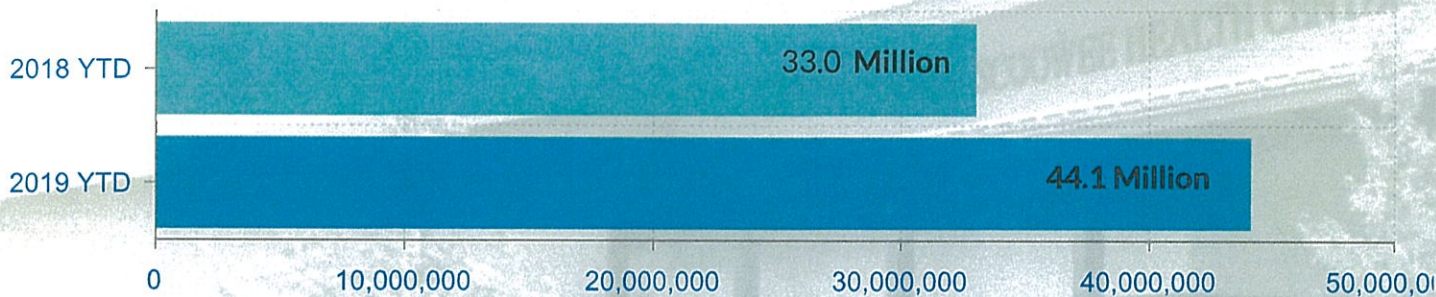
Ambulatory Care Visits: Monthly



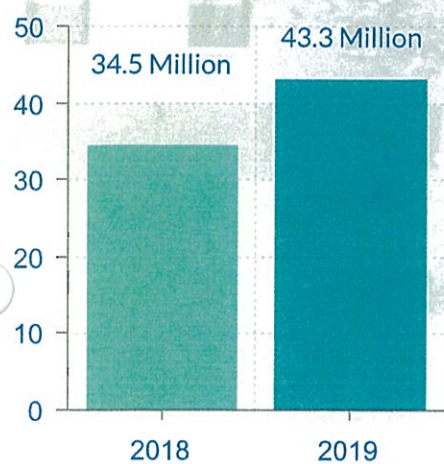
Ambulatory Care 3rd Party Revenue: Year to Date



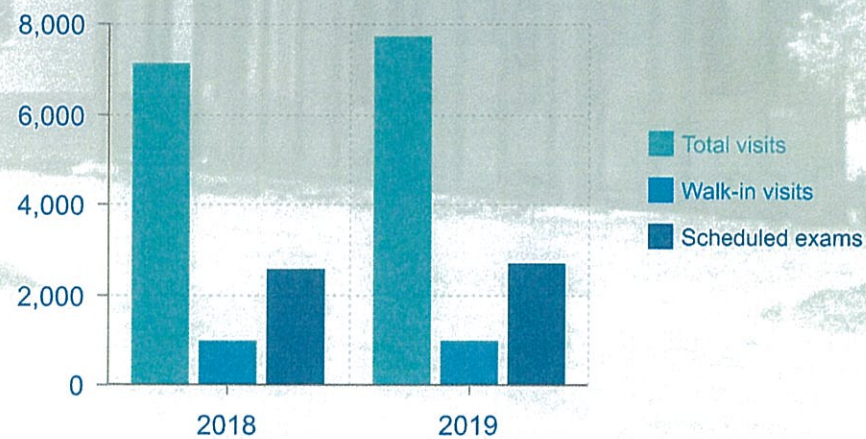
Health Center and Dental Combined Revenue: Year to Date



WWH 3rd Party Revenue Year to Date

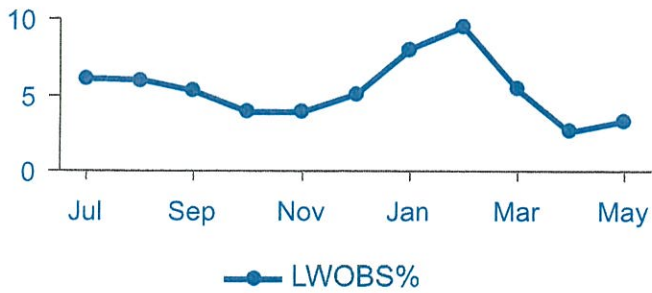


Dental Services: Monthly

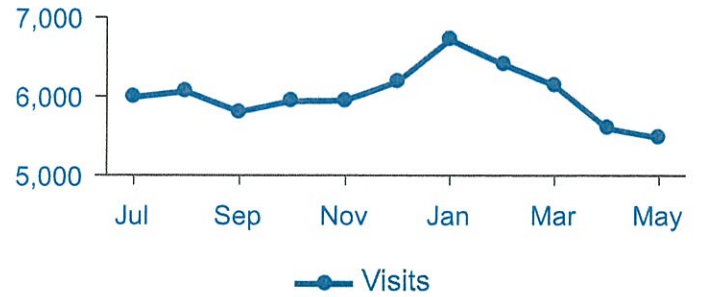


Health Committee Service Summary

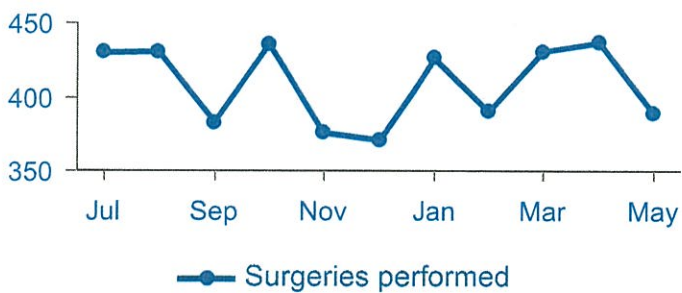
ED/UC Left without being seen



ED/UC service delivered



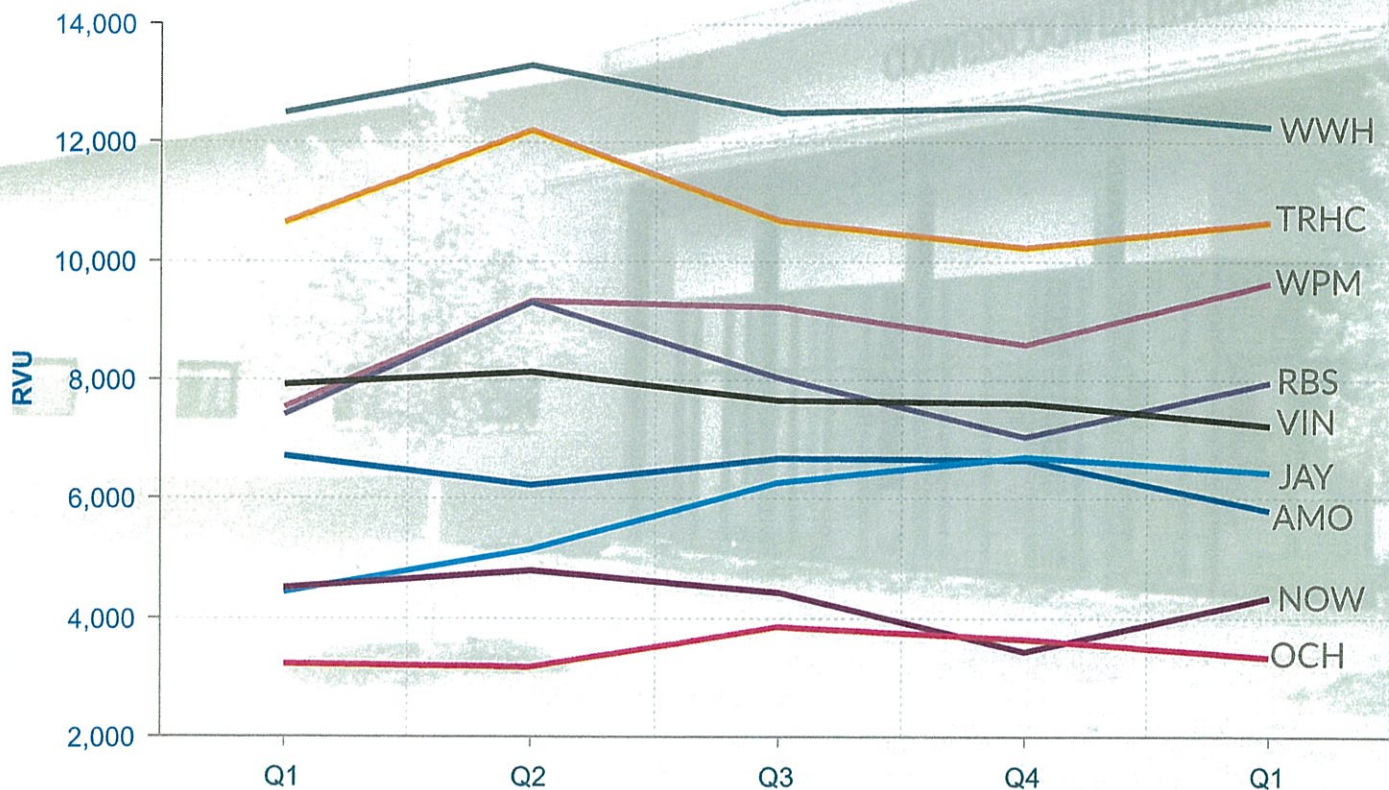
WWH General Surgery



WWH Inpatient Care



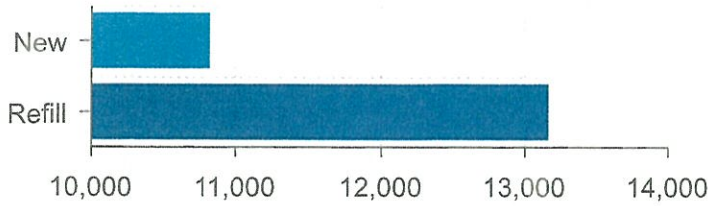
Service Delivered by Quarter



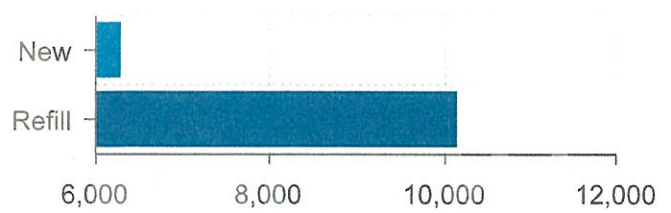
Prescriptions filled by site

May 2019

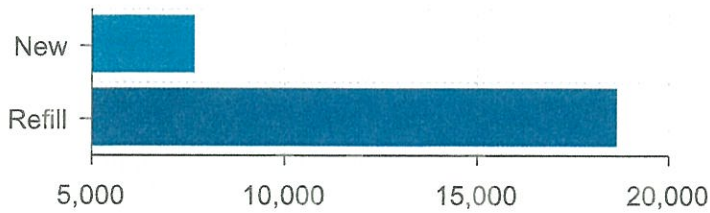
WWH Main



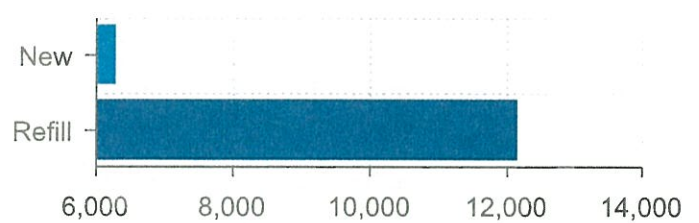
Stilwell



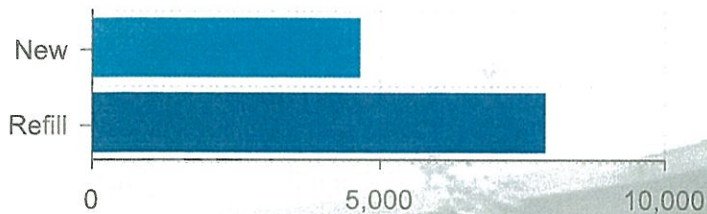
Muskogee



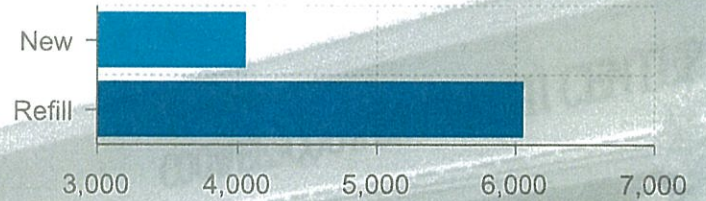
Sallisaw



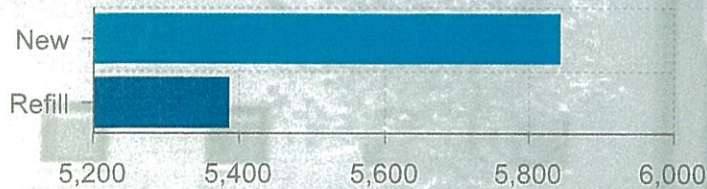
Vinita



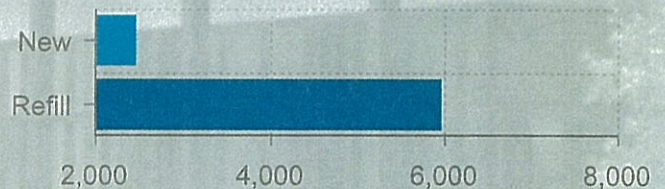
Salina



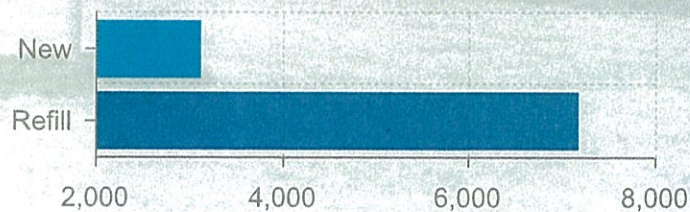
Jay



Ochelata



Nowata





Cherokee Elder Care

a community PACE program

1387 W 4th Street
Tahlequah OK 74464
<http://eldercare.cherokee.org>

Phone: 918-453-5554
Fax: 918-431-4112
eldercare@cherokee.org

February 24, 2018

TO: Councilwoman Mary Baker Shaw, Chairman of Health Committee,
and all Members of the Health Committee.

FROM: Cherokee Nation Comprehensive Care Agency, d.b.a. Cherokee Elder
Care.

SUBJECT: December 2108 data, and a brief summary of Cherokee Elder Care and
the services it provides its participants.

Cherokee Nation Comprehensive Care Agency was established by Legislative Act 3-04, within the Executive Branch of the Cherokee Nation; the Act was signed by The Cherokee Nation Tribal Council on February 17, 2004.

Cherokee Health Partners, LLC was the first entity to be established under the umbrella of Cherokee Nation Comprehensive Care Agency. Cherokee Elder Care became active prior to the ground breaking for the site of Cherokee Elder Care in August of 2006. Cherokee Health Partners, LLC was moved under Cherokee Nation Health, in late 2014, to better serve the community as a whole.

Cherokee Nation Comprehensive Care Agency d.b.a. Cherokee Elder Care entered into a 3-Way Agreement with The Centers for Medicare and Medicaid (CMS) and The Oklahoma Health Care Authority (OHCA) in 2007, which by regulation, Cherokee Nation Comprehensive Care Agency, d.b.a. Cherokee Elder Care became a Program for All-Inclusive Care of the Elderly (PACE) through that agreement under the guidelines of Medicare Advantage and Title XIX, the Social Security Act.

Because of this 3-Way Agreement, Cherokee Elder Care (CEC) receives payments from both CMS and OHCA for the needs of the participants in their care; by the signing of the agreement, CEC must adhere to the regulation of both governmental entities. A brochure is included in the next pages preceding the summary to outline the services Cherokee Elder Care provided to its participants.

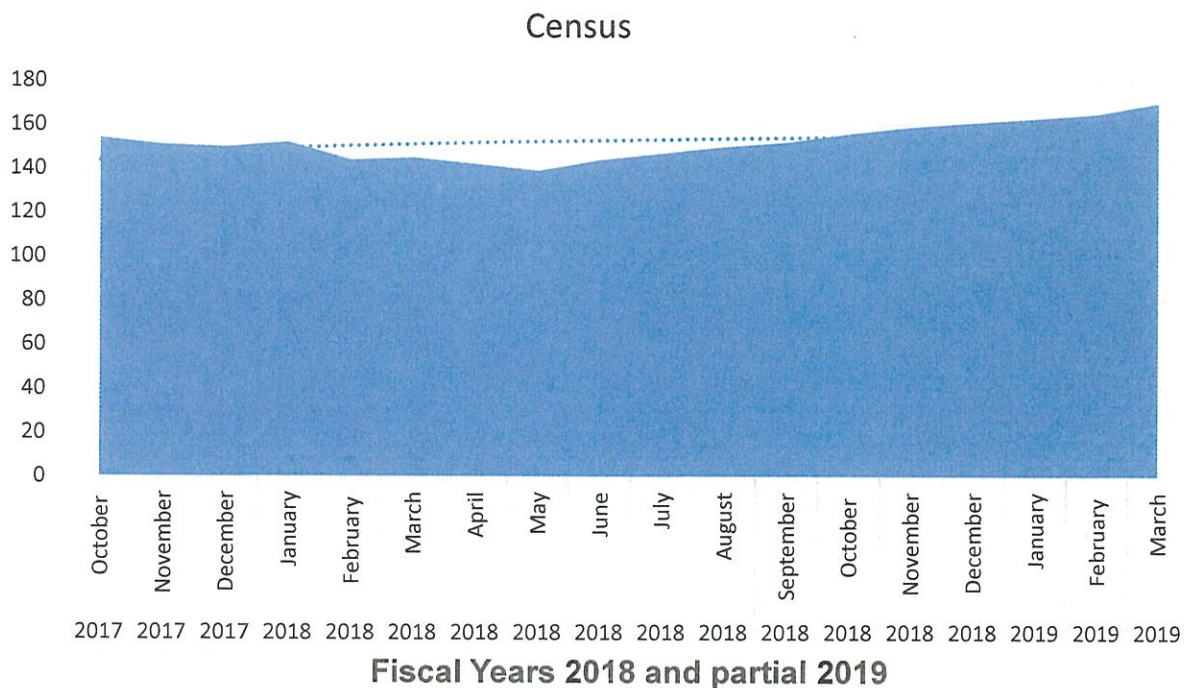
CEC functions as an HMO, using the combined funds from both agencies, CMS and OHCA, to care for all the Participants needs. CEC participants pay no co-pays for any Medications or outside specialty services. CEC receives no funding from The Cherokee Nation.

CEC has its own set of policies; CEC uses CMS, OHCA and The Cherokee Nation's regulations to guide the creation of all policies. CEC has its own 401K plan, life insurance, Long Term Disability, and vision insurances for its employees. CEC shares a MOA with Cherokee Nation, CNB, LLC, The Housing Authority of the Cherokee Nation and Cherokee Nation Industries, Inc. The MOA was signed by all entities in 2008, it provided all of these entities the ability to share with its employees the Med/Dental/STD sliding scale premiums set by Cherokee Nation. Since Cherokee Nation is self-funded and has BC/BS as its underwriter, CEC as well as the other entities named, receive from Cherokee Nation HR, a listing of claims, medications, admin fees and etc. that must be reimbursed for the monthly usage by its employees. CEC also has its own payroll system and Federal Tax ID concerning all payroll functions.

CEC reports to Cherokee Nation Tribal Council monthly through the Cherokee Nation Finance Department; providing monthly financials, as well as Annual Audit report completed by an external audit firm. In addition, TERO vendor reports, and employee numbers are sent monthly to the Commerce Department of the Cherokee Nation.

As shown below our census has reach 169, and by June 1, 2109 CEC will have 175 participants. The breakdown in census is 80 Native Americans 46%, 90 Caucasians- 51%, 2 African Americans 1.5%, 1 Hispanic.1% and 2 Multi-cultural 1.5%.

There are 68 total employees that serve CEC participants. Of the 68, 41 or 60% are Cherokee citizens; 7 or 10% are Native American; and 20 or 30% are Non-Native American.



CEC follows the Cherokee Nation Fiscal Year. The above chart represents the 2018 fiscal year and the 2019 fiscal year through March Census numbers. March of 2019 will be at 169 participants. CEC has shown a steady increase since March. June census is at 175.

In May of 2018 due to deaths and disenrollment's of various reasons, CEC's census dipped to 139 an all-time low. With the absorption of duties by some and putting more people out in our communities telling the story of CEC, the entire team has worked together to bring enrollment to an all-time high of 175 in the current month of June.

CEC cannot enroll anyone that is not living in their home, but, during the course of their enrollment if the participant can no longer live safely in their home environment and their level of care deems nursing home placement, it is funded as a normal service of CEC. CEC as of March 31, 2019 had 15 participants in LTC, with 5 additional participants in skilled beds within nursing home, but still under CEC care, and 10 participants in Assist Living environment but in CEC care.

March saw a loss of (\$123,858.29) bringing the 6-month year to date loss to (\$449158.69) this is due to the high volume of I/P stays in this fiscal year. Our population is aging and frail. Hospital and skilled stays are common, but this fiscal

year CEC has experienced a larger number of the population in need of acute care. CEC cost drivers are In-patient, LTC and Skilled beds, Medications and payroll.

Please contact Thelma Pittman, CFO, at (918) 207-4936 to answer any questions; or Connie Davis, Interim Program Director at (918) 453-5554. Respectfully submitted to the Health Committee.