



## Cherokee Nation Tribal Council Health Committee Report

Claremore Indian Hospital

Month/Year of the report: January 2020

George L Valliere 918-342-6434

Email: [george.valliere@ihs.gov](mailto:george.valliere@ihs.gov)

### Accomplishments:

- **Staffing:** Announcements still out for General Surgeon.
- **Visits:** Outpatient visits for January down 9.9% over the same period the previous year.
- **Revenues:** Revenues for FY2020 increased 16.6% 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.
  - Emergency room volume continues to grow during the Flu Season.
  - CIH is following the CDC Guidelines for COVID-19.

### Workload:

	<u>Actual numbers/month</u>		<u>CN</u>
Outpatient visits down	9.9%	24,813	13,091/ (6,972 patients)
Dental visits down	6.9%	731	448
Admissions down	39.4%	43	34
Newborns down	28.0%	18	10
New charts		552	
Reactivated Charts		115	

These statistics are compared to FY2019 statistics for the same time period. (January)  
Occupancy rate for January 2020: 18.0%

### Third Party Collections:

#### January collections

Medicare:	\$ 806,799.96
Medicaid:	1,065,849.13
Private Insurance:	1,305,053.55
V.A.	<u>65,772.94</u>

\$ 3,243,475.58

Year-to-date collections for FY 2020: \$ 12,041,545.85

Amount billed for January 2020: \$ 6.4 million

Collections are up compared to FY2019 collections for same time period. \$ 1,714,014.43

Percentage of account receivables pending for claims > 120+ days: 7%

### PRC Activities:

#### January cases

		<u>CN Patients</u>
Funded:	275 cases: \$ 1,048,623.00	155
Denials:	594 cases: \$ 1,723,457.00	111
Deferred:	386 cases: \$ 368,840.00	213
CIH clinics:	18	
Ortho	42	

Files to Committee 1315



# Health Committee Report

March 2020



## Highlights

The Facilities Management crew and Nursing staff have been working diligently to get the new Infusion Clinic operational. This will allow patients to be treated in a proper Infusion clinic setting. The first patient is expected to be seen on February 17th.

*"You can't put a price tag on the quality of care and customer service I received at THRC. Thank you!"*

-Patient compliment regarding care provided at Three Rivers Health Center



# Health Committee Report



A total of 159,895 prescriptions were filled in January



73 babies were delivered at Hastings Hospital during January



439 surgical procedures performed at Hastings Hospital



8,221 patients were served by CN Dental Services



7,291 patients were seen at the ED/Urgent Care at Hastings Hospital



There are 8 Healthy Native Diabetes Prevention Program classes in session



793 patients received Dietary Services



559 clients were served by Emergency Medical Services

# Health Committee Report

## Provider Recruitment

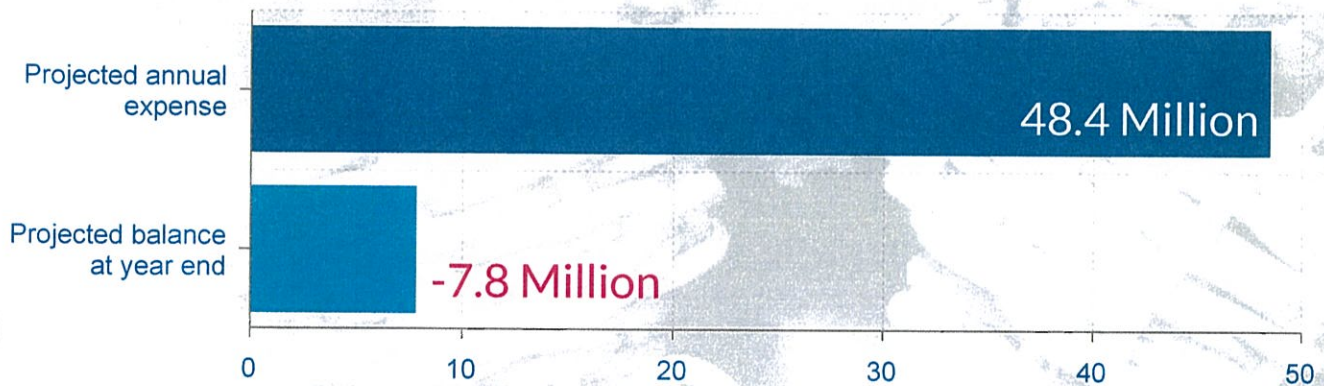
CNHS Provider  
Vacancy Rate



IHS Provider  
Vacancy Rate  
Benchmark



## Contract Health

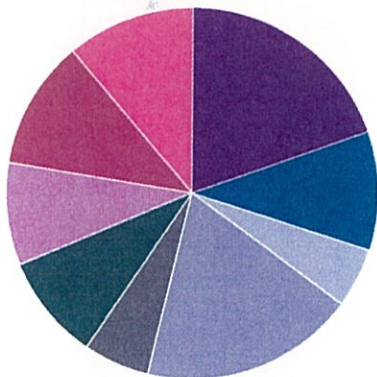


97.2% ▼

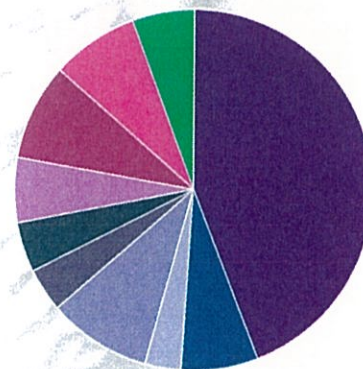
## Referral Approval Rate



## Monthly Visits by Location



## YTD CHS Spend by Location



CNOHC-WWH	19.5%
CH	5.2%
NOW	5.8%
AMO	8.9%
WPM	11.2%

VIN
TRHC
JAY
RBS

10.3%
18.6%
9.2%
11.3%

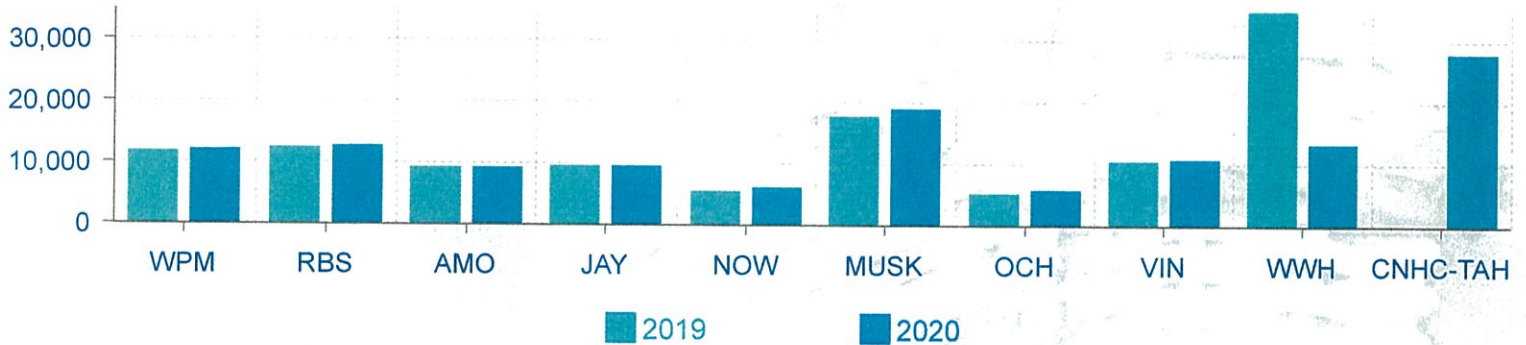
WWH	44.1%
OCH	3.3%
NOW	3.9%
AMO	5.8%
WPM	7.9%

VIN	6.9%
TRHC	9.3%
JAY	4.4%
RBS	8.7%
CIH	5.6%

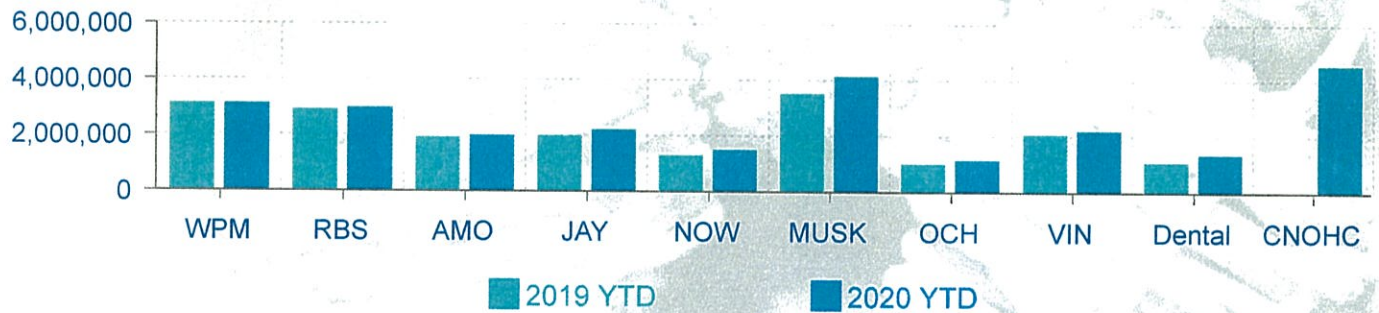


# Patient Visits and Revenue

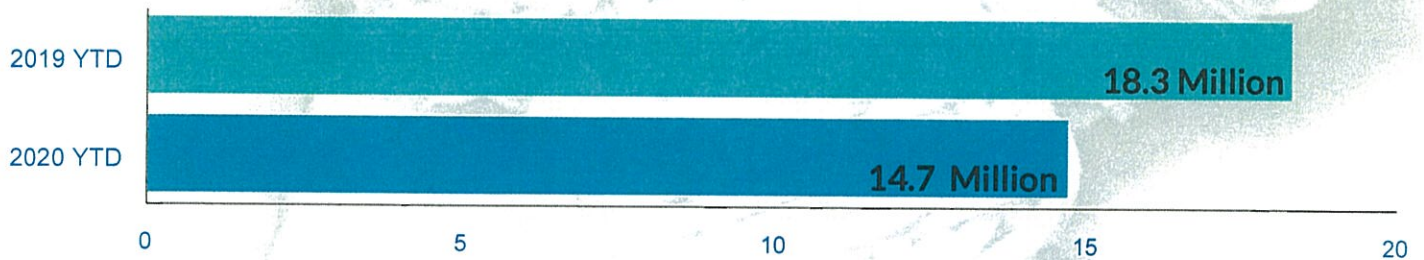
Ambulatory Care Visits: Monthly



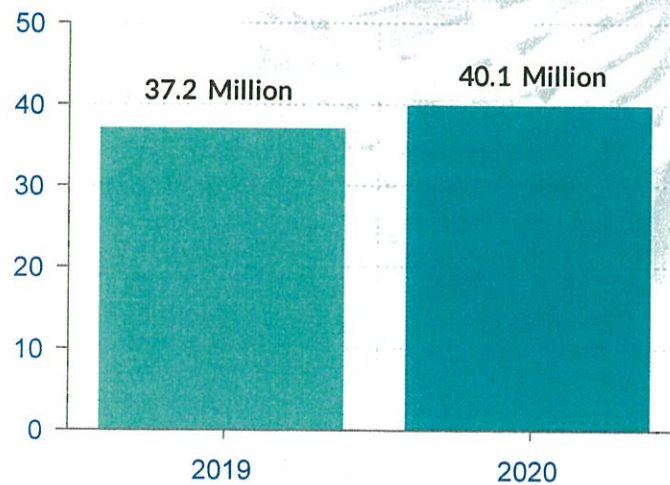
Ambulatory Care 3rd Party Revenue: Year to Date



Health Center and Dental Combined Revenue: Year to Date

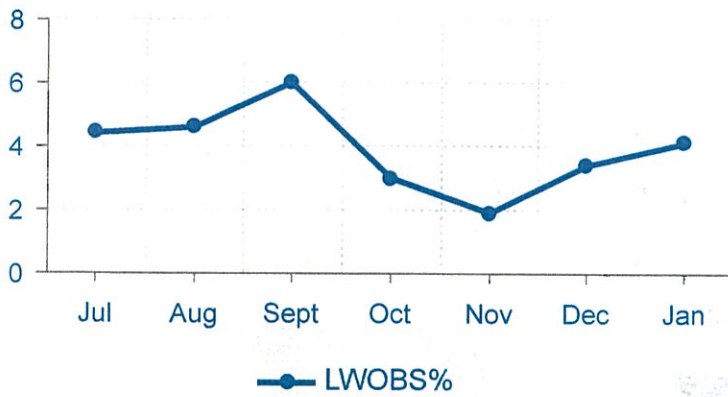


WWH 3rd Party Revenue Year to Date

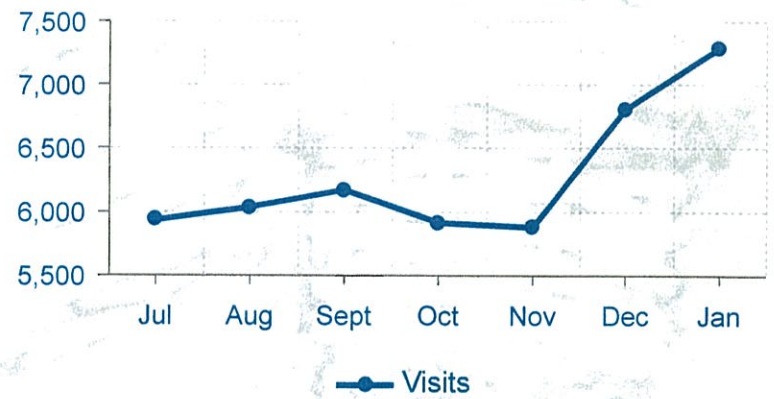


# Service Summary

## ED/UC Left without being seen



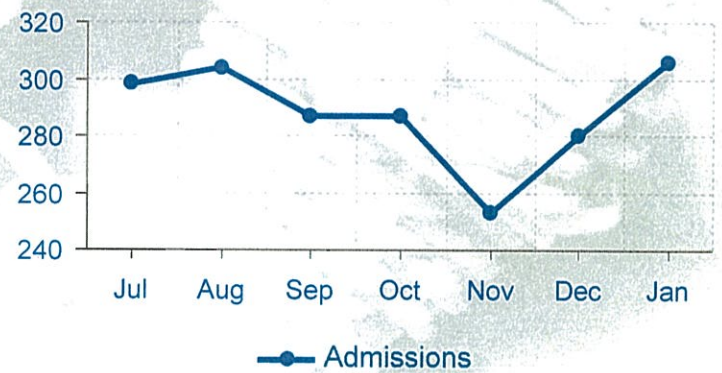
## ED/UC service delivered



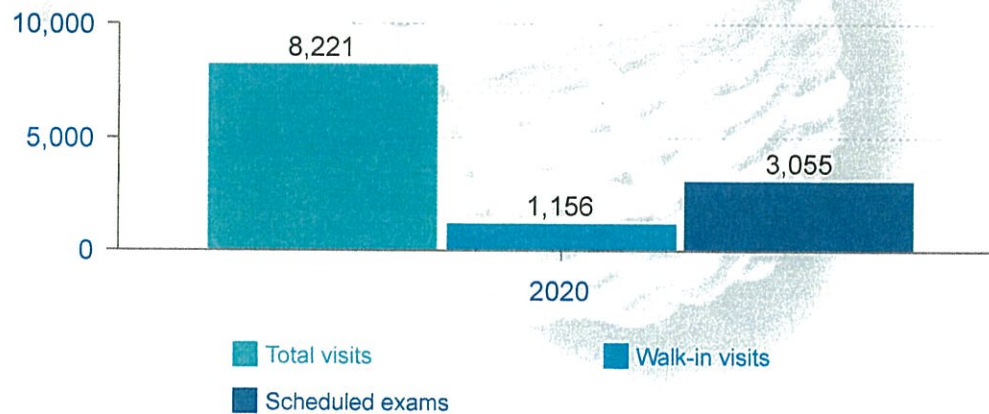
## WWH General Surgery



## WWH Inpatient Care



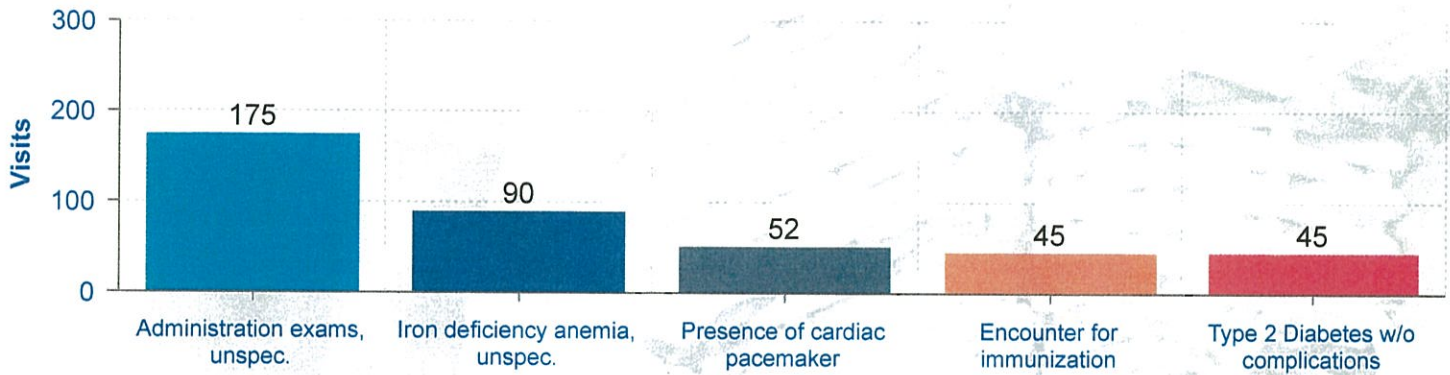
## Dental Services: Monthly



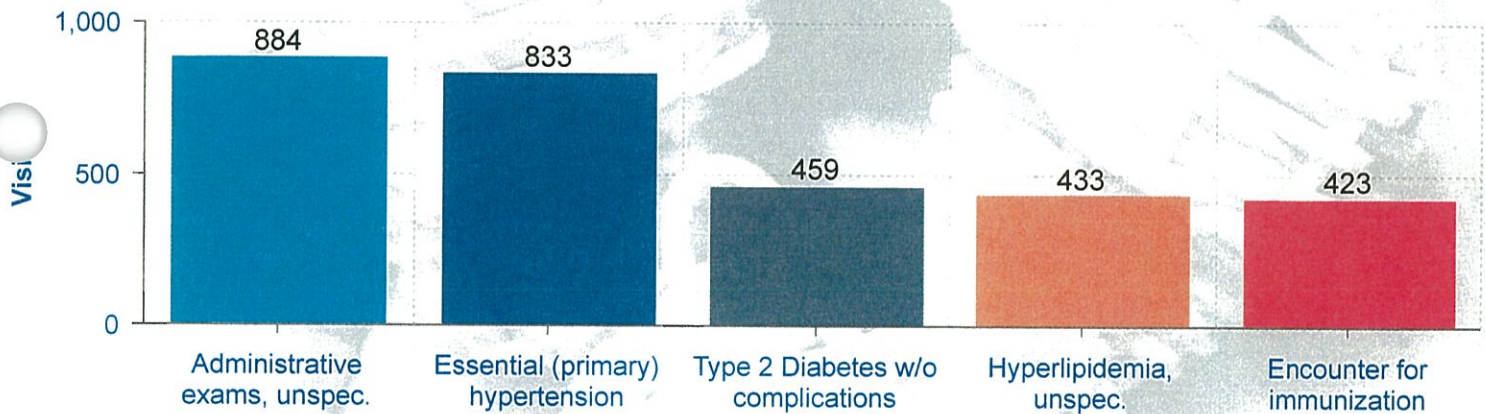


# Top Diagnoses by Clinic

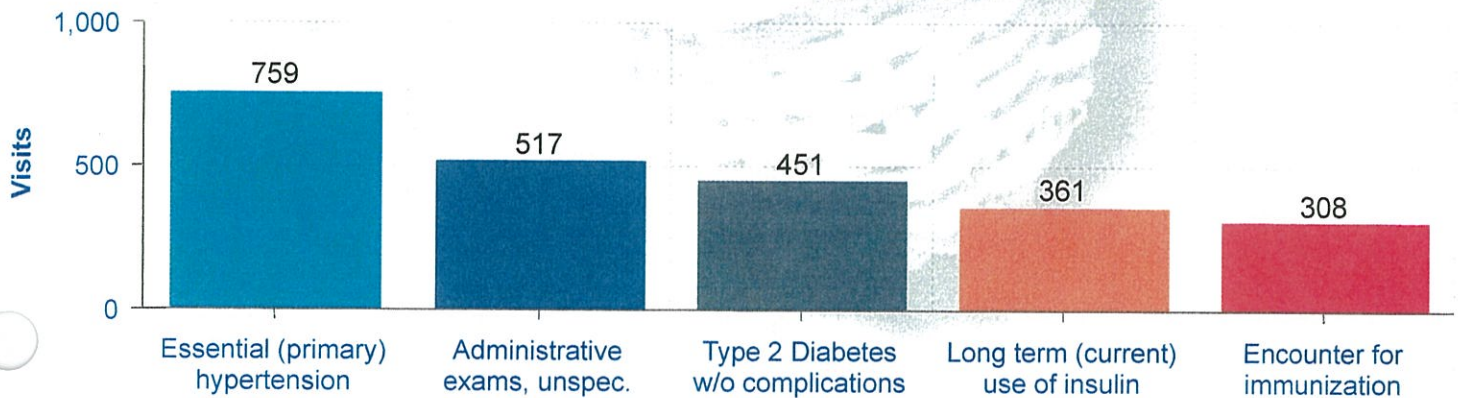
## WWH Main



## Muskogee



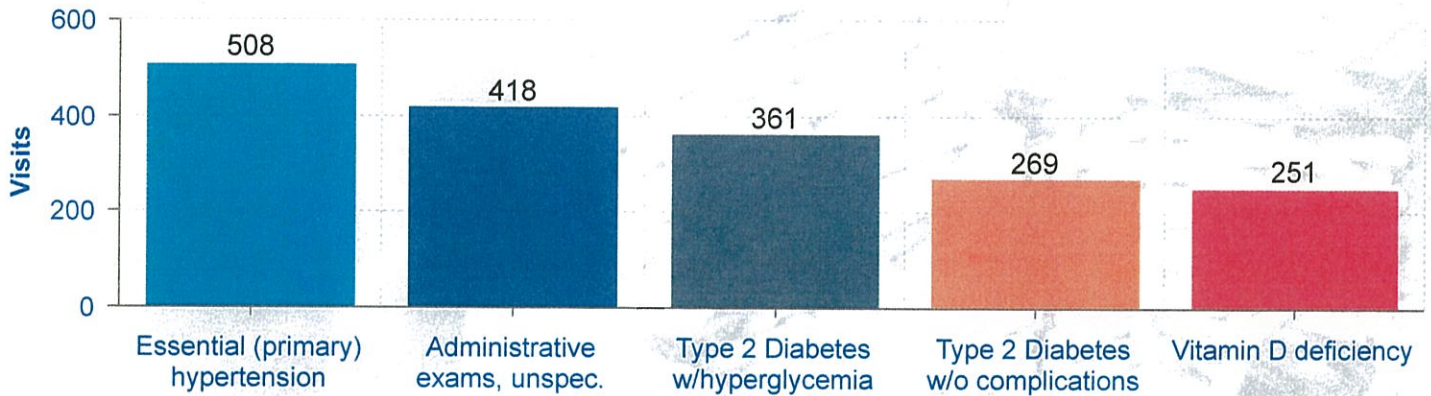
## Stilwell



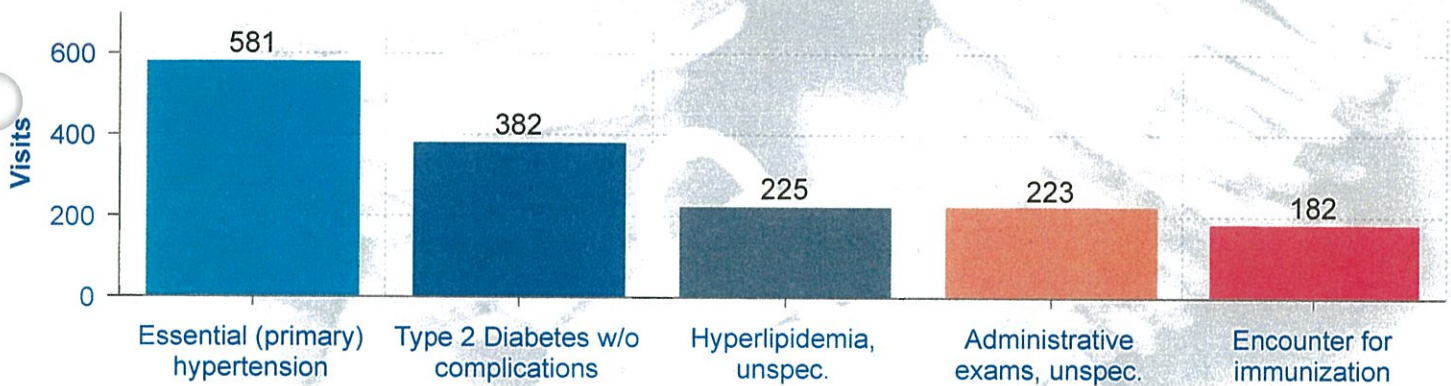


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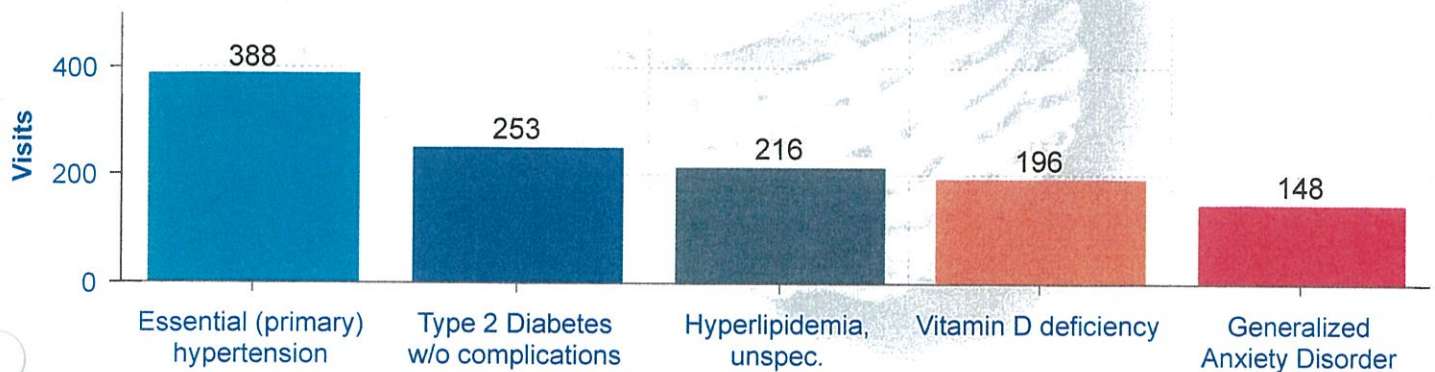
## Salina



## Nowata

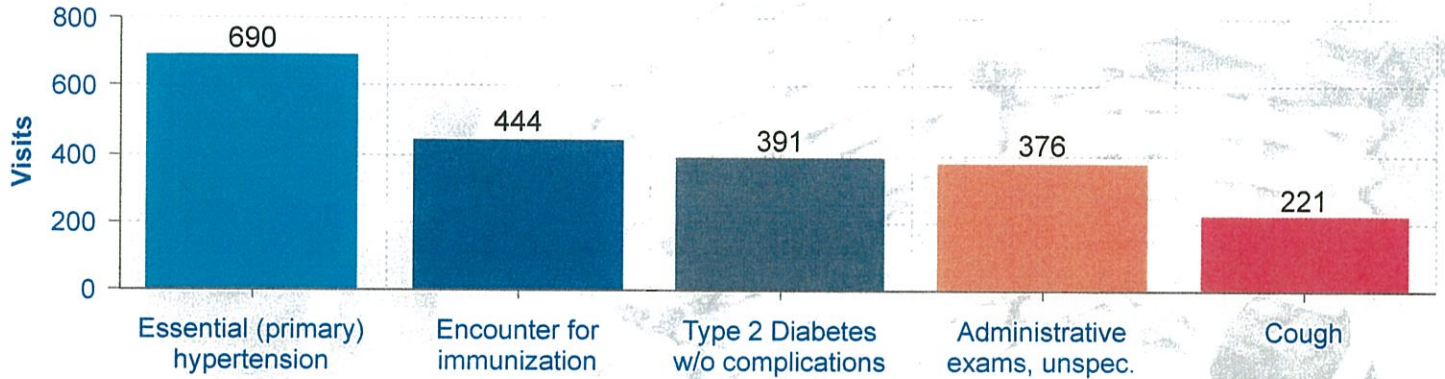


## Ochelata

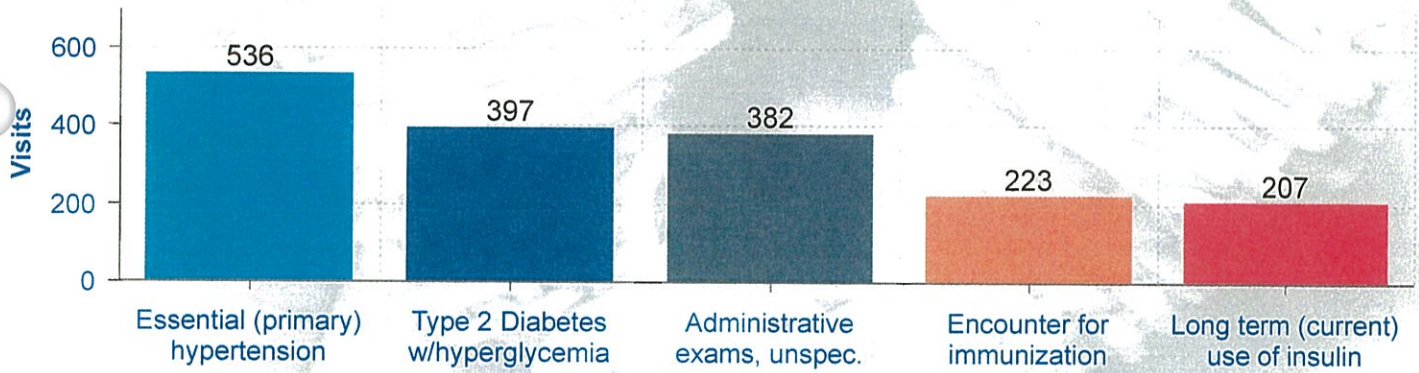


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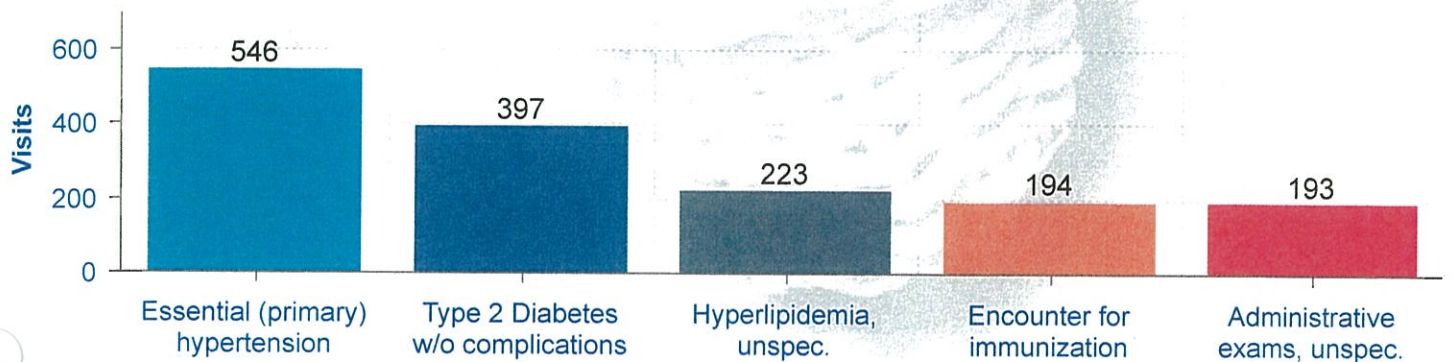
## Sallisaw



## Jay



## Vinita







*Cherokee Nation Home Health Services, Inc.*

Home Health

Hospice

Outreach

Home Health:

Census as of 2/24/2020-213

Native Americans served 12/01/2019-2/24/2020-229

Hospice:

Census as of 11/30/2019-18

Native Americans served 12/01/2019-2/24/2020- 20

Outreach:

Census as of 2/24/2020-831

Total All employees: 163 (59 fulltime; 104 part-time)

Native American: 98

Cherokee: 83



# 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](mailto:eldercare@cherokee.org)

March 2, 2020

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: January 31, 2020 stats, 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 Services (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.

CEC functions as an HMO, using the combined funds from both agencies, CMS and OHCA, to care for 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 polices. CEC has its own 401K plan, life insurance, Long Term Disability, and vision insurances for its employees. CEC shares

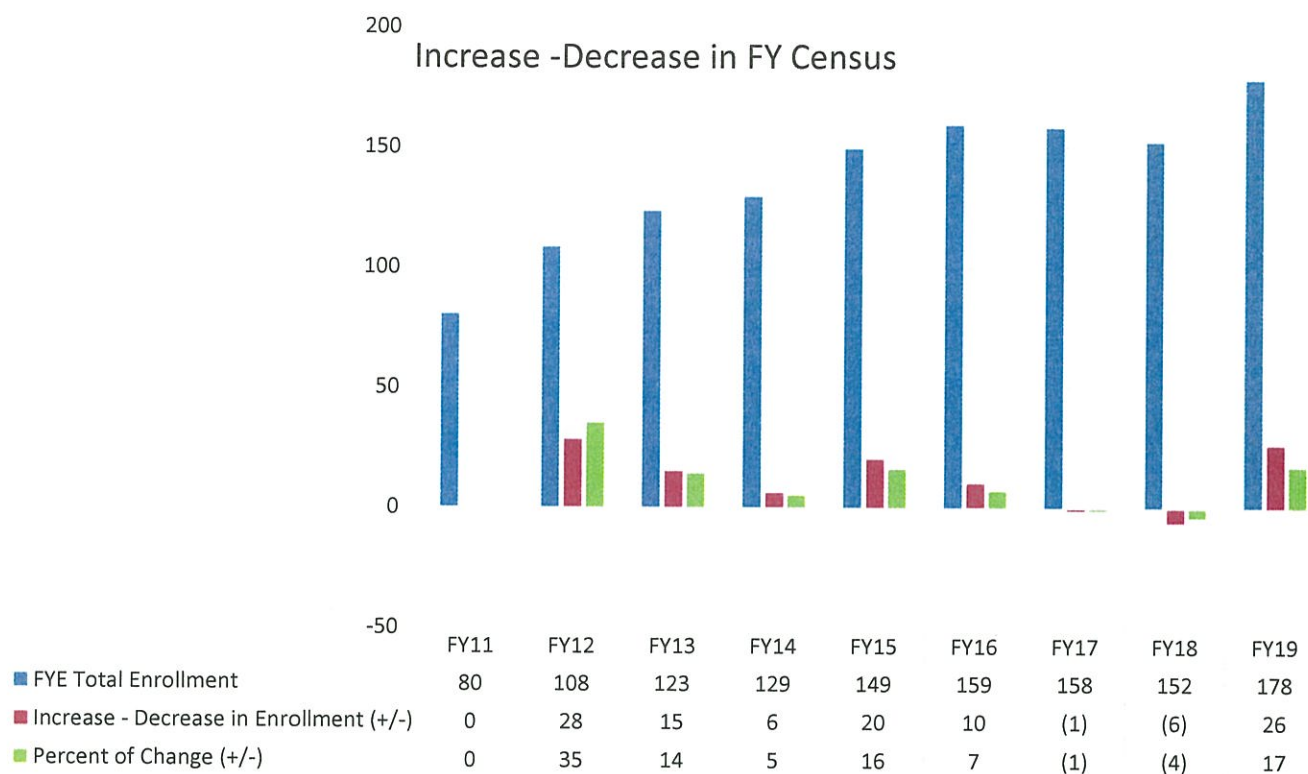


a MOA with Cherokee Nation, CNB, LLC, The Housing Authority of the Cherokee Nation and Cherokee Nation Industries, Inc. The MOA was signed by all entities in 2008, it provided all of these entities the ability to share with its employees the Med/Dental/STD sliding scale premiums set by Cherokee Nation. 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.

CEC census had reach 180 in July, the census dropped in the following months by a very small margin to 178 in September to complete the fiscal year. Census rebounded to 180 by October 2019, and ending the calendar year in December 2019 with an increase to 185, the highest census to date; census increased by 2 at the end of January 2020 to 187. The breakdown in census for January 2020: 85 Native Americans 45%, 94 Caucasians 50%, 3 African Americans 2%, 1 Hispanic.1% and 2 Multi-cultural 2%.

In January 2020 there were 69 total employees that serve CEC participants. Of the 69, 40 or 58% are Cherokee citizens; 6 or 8% are other tribal members; and 23 or 33% are Non-Native American.



CEC follows the Cherokee Nation Fiscal Year. The above chart represents FY11 thru FY19. CEC has shown a steady increase since FY11 ending with 80 participants, through FY19 ending with 178. The chart above shows percent and number of increase annually from the preceding fiscal year. On a calendar year basis, CEC has shown an increase from 161 Participants December of 2018 to 185 in December of 2019, a 15% increase during the calendar year 2019. The new fiscal year has increased to 187 in January 2020.

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 departments, 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 187 in the current month of January, 2020. CEC is anticipating April 1, 2020, to reach 190 participants, another leap in enrollment.

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 January 31, 2020 had 15 participants in LTC, with 5 additional participants in a skilled bed within a nursing home, but still under CEC care, and 13 participants in an Assist Living environment under CEC care.



The FY19 ended with a small loss of (\$133K); as of January 31, 2020 CEC has a year to date loss of (\$769). Our population is still aging and frail; as a reminder, the fall and winter months are here, which always brings on more hospitalizations and acute care as the norm. Hospital and skilled stays are common; FY19 has experienced a larger number of the population in need of acute care in hospital and out-patient settings. Four months into FY20 In-patient combined with out-patient has already reached over \$800K and Pharmacy costs have passed \$1M. CEC cost drivers are In-patient, Out-patient, LTC, 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 of the Council of the Cherokee Nation.