

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

December 16, 2021

3:00 p.m.

North Central Health Care

X	Eric Anderson	X _(WebEx)	Randy Balk	X _(WebEx)	Chad Billeb
X	Kurt Gibbs	EXC	Deb Hager	X	Lance Leonhard
X	Dave Oberbeck	X	Robin Stowe	X _(WebEx)	Gabe Ticho
EXC	Pat Voermans	X _(WebEx)	Bob Weaver	X	Cate Wylie

Staff Present: Jill Meschke, Jarret Nickel, Dr. Rob Gouthro, Tom Boutain, Marne Schroeder, Tammy Buchberger, Bobby Splinter

Others Present: Dejan Adzic, Deputy Corp. Counsel

Call to Order

- Meeting was called to order at 3:00 p.m. by Chair Gibbs

Chairman's Announcements

- Thanks to the Board and Staff for their commitment to North Central Health Care and serving the community.

Public Comment for Matters Appearing on the Agenda

- None

Consent Agenda and Monitoring Reports

- **Motion**/second, Wylie/Stowe, to approve the October 28, 2021 NCCSP Board Minutes. Motion carried.
- **Motion**/second, Leonhard/Oberbeck, to approve the recommendations of the Medical Executive Committee for a status change for David Tange, M.D., to add Adolescent and Child (ages 11+) and for a status change for Heidi Heise, APNP, to remove provisional status. Additional clarification on the meaning of the status changes was provided by Dr. Gouthro. Motion carried.
- NCHC received the reaccreditation letter from Joint Commission.

Board Discussion and Action

- CEO Report – J. Meschke
 - Continue to monitor CMS guidance on the vaccine mandate. NCHC was prepared to move forward on the vaccine mandate but paused the process after the courts placed a hold on the mandate. The result for us was not having to term approximately two dozen employees, most of whom are casuals and not actively working, but this allows them to work over the holidays which in turn helps our staffing challenges.
 - At the time the report was prepared, 45 employees were out due to Covid of which 30 had positive test results. Numbers are now down to 20-25 out.
- Dashboards – J. Meschke
 - Dashboards reflect a strong patient experience score, 4 Star Quality Rating for both Pine Crest and Mount View, and a positive net income. Direct Expense to Gross Revenue was discussed. More discussion would be beneficial as to what is needed from the three counties when the financial environment is not positive. Will be working on 2022 targets to make sure they are achievable yet challenging. Contact J. Meschke with any recommendations or changes for the 2022 Dashboards.
 - **Motion**/second, Leonhard/Wylie, to accept the Dashboards as presented. Motion carried.
- October and November Financials – J. Meschke
 - Several notable items include the cash position significantly improved in October and continued to improve in November. Pine Crest received their rate increase which was from July 1 through October. We received ARPA Funds in the amount of \$1.2 million and today received \$312,000 of Provider Relief Funds.
 - Staffing continues to be challenging in the adult hospital which recently caused us to cap our census and divert individuals for a short time.
 - Progress continues to be made in Outpatient and Community Treatment with improved productivity. Have seen a slight increase in referrals for Adult Day Services and PreVoc.
 - Have had good performance related to supplemental payments and net revenue as well as rehab referrals for Mount View. Experiencing high drug costs with several residents. Staffing is challenging but is showing improvement.
 - Pine Crest has had good revenue performance. Have seen more overtime and less agency staff.
 - **Motion**/second, Balk/Leonhard, to accept the October and November financials. Motion carried.

- 2022 Budget Proposal – J. Meschke
 - Highlights of the additional information provided on the 2022 Budget included an increase in rates across the organization (average of 7.5%). Rates had not been raised in a number of years; moving forward, a review will occur annually.
 - New assets coming online equates to depreciation; we are also working with Marathon County on the timing of the debt service for next year.
 - A 3% merit increase has been budgeted as well as making market and pay scale adjustments. The WRS 2022 contribution will decrease slightly to 6.5%.
 - Overall focus for 2022 is on performance, quality, and that staff have what they need to be successful and want to stay with us.
 - Historical financial performance was reviewed including a decrease in tax levy contributions and an increase in revenue growth. Noted is that NCHC is not set up to be financially consistent, as payments are in waves while expenses are consistent. Currently investments are just under \$8 million (reduced significantly over the last 1-2 years due to Covid pandemic).
 - IT concerns with Cerner have been improving. Will be implementing Multi-factor Authentication by year end.
 - Several needs are to replace a small bus in transportation and 1/3 of the resident beds at Mount View in each of the next 3 years.
 - Included are proposed pay ranges which is important in retaining staff. Staff to patient ratio fluctuates based on the behaviors of those being cared for. We must adhere to the minimum staffing requirements by the State, as well as the safety of our staff. If staff don't feel safe, they won't work here.
 - The Board expressed Targeted Case Management as a priority, however, without additional county support, we have added just 4 positions for Marathon County and removed the other two positions for Langlade and Lincoln Counties.
 - 2022 budget projection is a \$2.1 million loss which means use of reserves of the 3 counties. Fund balance breakdown of each county is provided in the budget document and shows the loss for each county. Anderson asked if staff was comfortable with the projections and assumptions which correlates to the anticipated \$2.1 million loss. Staff stressed that with the trend in productivity changes in outpatient and with performance at the nursing homes, they are very comfortable with the projections. Every effort has been made to carefully estimate productivity, payor mix, census, etc. Leonhard noted that having a balance sheet broken down by county is helpful and there needs to be a conversation about replenishing the reserves.
 - **Motion**/second, Leonhard/Billeb, to approve the 2022 budget as proposed. Motion carried.

- Board Policy:
 - Physician Compensation Policy – R. Gouthro/D. Adzic
 - Policy change is for the Board to approve a compensation package only if outside the 90th percentile parameters. Currently, two providers are over the 90th percentile with total compensation package.
 - A compensation analysis was done using 16 data sources. We also considered the offers that physicians have shared which come with a mix of relocation and student loan reimbursement as well as a signing bonus.
 - Our current desire is to replace locum providers with staff physicians as we expect turnover in 2-3 contract providers next year. Our primary need is outpatient child psychiatry and would like to expand with an addiction specialist.
 - **Motion**/second, Wylie/Anderson, to approve the Physician Compensation Policy as presented. Motion carried.
 - Compensation Administration Manual and Pay Grades – J. Nickel
 - No changes to the policy. The step scale program is based on years of experience to allow for longevity and to move up the scale.
 - Non-step scale is based on type of position and grading.
 - The Board is being asked to approve the pay ranges as recommended by the Compensation Committee. Any adjustments to the pay grades would need Board approval.
 - **Motion**/second, Leonhard/Balk, to approve the Compensation Administration Manual and Pay Grades as presented. Motion carried.
 - Code of Conduct – J. Meschke
 - No significant changes from prior year. This is a very inclusive document that explains about concerns addressed, compliance, HIPPA, etc. Document is posted on our web page and accessible by all.
 - **Motion**/second, Wylie/Stowe, to approve the Code of Conduct. Motion carried.

Board Calendar and Future Agenda Items

- Gibbs noted that after discussions with L. Leonhard and the Executive Committee, he provided an update on the review of the Tri-County Agreement:
 - The Executive Committee has been meeting to discuss information and recommendations provided by Atty. Andy Phillips who was trying to frame the agreement using 51.42 and 59 State Statutes to bridge the gaps and identify how we organize ourselves.

- One item discussed, that the Committee felt valuable, is getting outside assistance from an individual familiar with the environment and who has direct experience with a health & human services organization to help identify what areas of potential information are needed to be addressed in bringing an individual on for the operations side and considering NCHC doesn't have insight into the county operations side.
- There is no plan yet for recruiting but will sit down with J. Meschke on what we are looking for. C. Wylie has offered to draft a job description as the committee has not made headway in putting one together. J. Meschke noted that she does not know what is in the draft agreement, and encouraged the Committee not to draft a job description until the agreement is finalized.
- The Committee is still working through comments from Atty. Phillips in the draft Tri-County Agreement with another Executive Committee meeting scheduled for Monday, Dec. 20, 2021 for further review of the agreement.
- L. Leonhard noted that the Committee continues to look at what level and form of oversight is appropriate and to find a consultant, or liaison, to help us get that piece right is important. Leonhard doesn't view the draft Tri-County Agreement as fundamentally different just simply fleshing out in greater detail what are the spheres for Executive Committee and Board. Questions of Executive Committee on articulating it and having someone who has lived in this place is what the job description is for and to help us understand what we don't know. NCHC is unique in providing many services where others are mostly contracting.
- Direct any further questions to Chair Gibbs.

Adjourn

- **Motion**/second, Anderson/Wylie, to adjourn the meeting. Motion carried. Meeting adjourned at 4:47 p.m.