

## **OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time, and location shown below.

**Thursday, May 29, 2025 at 3:00 pm**

North Central Health Care, **Eagle Board Room, 2400 Marshall Street, Suite A,** Wausau WI 54403

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

**Meeting Link:** <https://ccitc.webex.com/ccitc/j.php?MTID=mc2af2887e8ac547334cd8b01af0da970>

**Meeting number:** 1-408-418-9388 **Access Code:** 2489 008 4369 **Password:** 1234

### **Our Mission**

*Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.*

### **AGENDA**

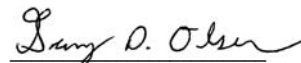
1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. CONSENT AGENDA AND MONITORING REPORTS
  - A. Board Minutes and Committee Reports
    - i. ACTION: *Motion to Approve the March 27, 2025 NCCSP Board Minutes*
    - ii. FOR INFORMATION: Minutes of the April 4, April 10, April 17, and April 29, 2025 Executive Committee Meetings
5. BOARD DISCUSSION AND/OR ACTION
  - A. Educational Presentations
    - i. Program Updates
      - a. Revenue Cycle Program – K. Oliva/ J. Hake
    - ii. Financial Update – J. Hake
  - B. Board Policy Review
    - i. Contracting with Excluded Individuals and Entities– G. Olsen/B. Petersen
6. BOARD CALENDAR AND FUTURE AGENDA ITEMS
  - A. Next Board Meeting: Thursday, July 31, 2025 at 3:00 p.m.
7. ADJOURN

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader,  
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 05/22/2025 TIME: 3:00 PM BY: D. Osowski

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM

### BOARD MEETING MINUTES

March 27, 2025

3:00 p.m.

North Central Health Care

<b>Present:</b>	X	Eric Anderson	X	Chad Billeb	X	Roy Dieck
	X	Chantelle Foote	X	Joshua Geoffrey	X	Kurt Gibbs
	EXC	Kody Hart	X	Liberty Heidmann	X	Jeremy Hunt
	X	Renee Krueger	EXC	Lance Leonhard	EXC	Jessi Rumsey
	EXC	Robin Stowe	X	Laurie Thiel		

**Staff Present:** Gary Olsen, Jason Hake

#### Call to Order

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

#### Chairman's Announcements

- Thanks to each one of you for your dedication to serving on this Board and in this important role.

#### Public Comment for Matters Appearing on the Agenda

- None

#### Consent Agenda and Monitoring Reports

- **Motion**/second, Billeb/Foote, to approve the January 30, 2025 NCCSP Board meeting minutes. Motion carried.

#### Introduction – G. Olsen

- Ben Petersen, Director of Compliance & Quality, was introduced and welcomed to North Central Health Care. Mr. Petersen shared that his background included working with the Ozaukee County Department of Human Services, the Medical College of Wisconsin, and has a master's degree in public health.

#### Program Update – Budget Process – G. Olsen/J. Hake

- A presentation of the budget process was provided along with the roles of the Board. The presentation included: Budget Development, County Funding, Budget & Program Priorities, NCHC Programs, Capital Improvement Projects (CIP), and how the budget process relates to the Joint County Agreement. It was noted that if any new programs are recommended, they must be approved by the Executive Committee.

### Financial Update – J. Hake

- February financials were presented and reviewed. Highlights included noting a strong start to 2025 with much of the success attributed to the increase in census in the hospitals, crisis stabilization programs, and nursing homes, as well as the increase in the Medicaid daily rate. Another area that has seen significant improvement is with reconciliation of WIMCR (Wisconsin Medicaid Cost Report). Tracking expenditures in our financial system has improved which has resulted in increased payments through the reconciliation process.
- Cash on hand is at 113 days through February with \$31 million in the bank. As mentioned previously, we have been recovering from the significant financial impact COVID had on the organization over several years.
- NCHC's mission includes serving anyone regardless of their ability to pay. At times we are unable to collect for services, however, we may have opportunities to reduce administrative write-offs through our revenue cycle process and possible education and training of staff.

### Budget Policy Review

- The Budget Policy changes were reviewed.
- **Motion**/second, Billeb/Hunt, to approve the revisions made to the Budget Policy. Motion carried. The updated Budget Policy will be submitted to the Executive Committee for final approval.

### Board Calendar and Future Agenda Items

- The next meeting of the Board is scheduled for Thursday, May 29, 2025 at 3:00 p.m.

### Adjournment

- **Motion**/second, Anderson/Hunt, to adjourn the meeting at 4:22 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Senior Executive Assistant*

## **NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES**

**April 4, 2025**

**9:00 a.m.**

**North Central Health Care**

Present:	X	Kurt Gibbs	X	Renee Krueger
	X	Lance Leonhard	X	Robin Stowe

Staff Present: Gary Olsen, Jason Hake, Vicki Tylka, Marnie Bredlau, Ben Petersen

Others Present: Mike Puerner, Corporation Counsel, Dejan Adzic, Deputy Corporation Counsel

### Call to Order

- The meeting was called to order by Chair Gibbs at 9:00 a.m.

### Public Comment for Matters Appearing on the Agenda

- None

### Approval of Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the January 29, 2025, February 20, 2025, and March 21, 2025 Executive Committee meeting minutes. Motion carried.

### Introduction of Ben Petersen, Director of Compliance & Quality

- Mr. Olsen introduced Ben Petersen, the Director of Compliance & Quality who will participate regularly in meetings of the Executive Committee. Mr. Petersen shared his educational background and work experience.

### Financial Update – J. Hake

- An overview was provided which included February 2025 ending with a net income of \$991,000. The Adult Crisis Stabilization (ACSF) grant ended 3/24/25. With the high census and ACSF operating at an efficient level, we would not need to rely on the grant for the overall sustainability of the program, therefore, we should not see an impact by the loss of this grant. Staff continue to work to decrease write-offs, improve efficiencies, and strive to meet the expectations of our county partners. An in-depth look at our crisis services and how we bill for those services is in progress. Overall, NCHC is doing well through February.

### Guidance Regarding Sections IV.C. 6 & 7 of Joint County Agreement – G. Olsen

- Leadership is in the process of updating the Employee Compensation and Timekeeping Policy as a result of the recent wage classification study. Olsen asked for additional clarification as it relates to the approval of compensation pay ranges and new or additional allocated positions and position reclassifications as identified in the Joint County Agreement.

- Leadership was asked to provide proposed terminology for the following:
  - All new or additional positions
    - Whether position is budgeted or non-budgeted
    - Whether position is an allocated FTE or temporary position (include positions supported by grant dollars)
  - Committee will approve pay grades annually
  - Process for reclassifications
  - Language must have Corporation Counsel approval

#### Step Scale Adjustment for Equity, Education, and Recruitment Needs – J. Hake/G. Olsen

- Mr. Olsen thanked Jason Hake and Marnie Bredlau for their work on the compensation study. Due to the complexity of the organization, there are three areas where adjustments are needed to maintain fairness, consistency, and the ability to recruit and retain talent as described in the memo included in the meeting packet:
  - Internal Equity (impacting 10 individuals)
  - Leveled Positions Based on Education
  - Hard-to-Fill Roles
- Budget impact is about \$80,000; some of this is reimbursable. Mr. Hake noted that there is no concern about these changes being funded.
- **Motion**/second, Krueger/Stowe, to approve the step scale adjustments for equity, education, and recruitment needs. Motion carried.

#### Acute Care Services Restructure Proposal – J. Hake/V. Tylka

- The restructure proposal was reviewed and noted as budget neutral.
- **Motion**/second, Krueger/Leonhard, to approve the acute care services proposed restructuring. Motion carried.

#### Proposed One Time Payment – J. Hake/M. Bredlau

- Ms. Bredlau explained that the proposal for a one-time payment is for the implementation process of the compensation study. It has been identified that 56 employees would be impacted i.e. 29 are above the step scale in their respective grades, and 27 are receiving less than 3% increase being on step 16. The one-time payment is also recommended by the consulting firm, so employees are being compensated appropriately for their contributions. This will be reviewed and approved on an annual basis.
- **Motion**/second, Leonhard/Stowe, to approve the proposed one-time payment as presented. Motion carried.

#### Budget Policy – J. Hake/G. Olsen

- The Budget Policy was approved by the Board and, per the Joint County Agreement, is being presented to the Executive Committee for final approval.
- **Motion**/second, Leonhard/Krueger, to postpone action and refer back to staff to bring forward additional changes and clarity to section 4.3. Budget Amendment. Motion carried.

### Closed Session

- Michael Puerner, Marathon County Corporation Counsel, provided an overview from a recent court case when it involves a closed session. Under recent guidance from the Wisconsin Court of Appeals, chief presiding officers of governmental bodies should ensure, prior to a vote to enter into a closed session discussion, that both the appropriate grounds for a closed session are announced to the public and to the meeting attendees and that the body has at least a general overview of the substance of the items to be discussed in closed session so that the body can evaluate the reasons for entering closed session. Developing an appropriate and clear record of that discussion before entering closed session is crucial to avoid potential open meetings violations and litigation.
- The Committee asked Mr. Puerner to provide a brief factual background for entering into closed session. As counsel for the organization, the Marathon County Corporation Counsel office has received certain information relative to potential workplace performance concerns that would fall within the Executive Committee's direct oversight and jurisdiction. Given the nature of the information and the need to ensure that reputations and identities are protected at this preliminary stage, Mr. Puerner strongly believes that a discussion in closed session is required and permitted under statutory authority as cited in both the agenda as well as due to the need to preliminarily consider specific personnel problems which when discussed in public would be likely to have a substantial adverse effect on the reputation of any person referred to in such discussion. Therefore, Mr. Puerner believes there is sufficient legal basis to enter into closed session under the statutes cited and a motion would be in order if the Committee agrees.
- **Motion**/second, Leonhard/Stowe, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c), for the purpose of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility" and pursuant to Wis. Stat. s. 19.85(1)(g), for the purpose of "[c]onfering with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved", to wit: discussion with counsel relative to direction and strategy as to an employment matter over which the committee exercises responsibility. Roll call vote taken. All indicated aye. Meeting convened in closed session at 10:30 a.m.

### Motion to Return to Open Session

- **Motion**/second, Krueger/Leonhard, to return to Open Session at 11:40 a.m. (Roll Call Vote Unnecessary) and Possible Announcements and/or Action Regarding Closed Session items.
  - No announcements are to be made in open session relative to the previous item.
  - No formal action was taken in closed session and that said staff was provided sufficient direction relative to moving forward and will take action accordingly.

### Closed Session

- Consistent with the discussion entering the previous closed session, Mr. Adzic, provided description and background on the purpose of entering closed session for the three agenda items identified for possible discussion in closed session:
  - 7.c.i. Conferring with Legal Counsel Regarding Department of Labor (DOL) Settlement Communications and Strategy Relative to DOL litigation. Wisconsin Law authorizes the governing body to meet in closed session for the purposes of conferring with counsel and discussing pending litigation. The purpose of this is because the nature of these communications is generally protected by attorney/client privilege. The legislature has recognized that attorney client privilege is beneficial to a governmental entity as it would be to any other entity. Because of the nature of the discussions, the communications, facts, and case strategy, if it were discussed in open session could have negative consequences for the governmental body in that it will jeopardize their position and litigation. That's why this statutory exception exists and that's why it's appropriate to confer in closed session whenever discussing topics of that nature. The specific nature of the closed session is pending litigation. The DOL has sued North Central Health Care and the case is now pending in the western district of Wisconsin. Therefore, everything that will be discussed with the committee today will be protected by attorney/client privilege.
  - 7.c.ii. Executive Director's Performance Evaluation. The legislature has recognized that the governmental body has an interest in conducting these types of discussions in closed sessions for multiple reasons. Some reasons are being that not everything being discussed might not always have 100% accurate information, so if it were discussed in open session there could be potential issues with defamation in order to protect the government from such risk or even having to weigh that risk before engaging in such discussion. The legislature has carved out statutory exceptions. Furthermore, for the individuals working for governmental bodies, they may not be as interested to work for governmental entities if all of their performance was always discussed in open session. This will then inevitably make NCHC less competitive.
  - 7.v.iii. Setting 2025 Wages for Executive Director, Deputy Executive Director, and Senior Director of Behavioral Health Services. When discussing general salaries based upon a job description and salary range, it cannot be discussed in closed session. However, when discussing specific individuals and specific individual's salaries and how their specific performance ties into the salary determination, this would fall within a statutory exception. The exception does not apply to elected officials, but since the discussion does not pertain to elected officials, legal counsel stated that the subjects being discussed are appropriate to be discussed in closed session.

- **Motion**/second, Stowe/Leonhard, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c), for the purpose of “[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility” and pursuant to Wis. Stat. s. 19.85(1)(g), for the purpose of “[c]onferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved”, to wit:
  - i. Conferring with Counsel Regarding Recent Department of Labor (“DOL”) Settlement Communications and Strategy Relative to DOL Litigation;
  - ii. Executive Director’s Performance Evaluation;
  - iii. Setting 2025 Wages for Executive Director, Deputy Executive Director, and Senior Director of Behavioral Health Services.

Roll call vote taken. All indicated aye. Individuals requested to remain in closed session for discussion regarding the Department of Labor Litigation only included: Gary Olsen, Jason Hake, Vicki Tylka, Marnie Bredlau, Ben Petersen, and Dejan Adzic. Motion carried. Meeting convened in closed session at 11:46 a.m.

#### Motion to Return to Open Session

- **Motion**/second, Leonhard/Stowe, to Return to Open Session at 1:55 p.m. (Roll Call Vote Unnecessary) and Possible Announcements and/or Action Regarding Closed Session items:
  - 7.c.i. Conferring with Counsel Regarding Recent Department of Labor (“DOL”) Settlement Communications and Strategy Relative to DOL Litigation:
    - The Committee received an update from legal counsel and provided guidance and direction relative to the ongoing matter.
  - 7.c.ii. Executive Director’s Performance Evaluation
    - Discussion has been had, and the Executive Director’s performance evaluation continues to be discussed, will continue to be evaluated, and the Committee has given sufficient direction relative to that.
  - 7.c.iii. Setting 2025 Wages for Executive Director, Deputy Executive Director, and Senior Director of Behavioral Health Services
    - For the purposes of the fact that the Executive Director performance evaluation process remains ongoing, the compensation increase will be deferred with the exception as follows: given our transition to the new compensation grid and for ease of implementation, we are moving the Executive Director's current pay from the current rate to the closest available step under our new system that being step three.
    - With respect to the wage and compensation for the Deputy Executive Director, the motion would be to move the compensation for that position, based on successful performance over the appraisal period, to step six with an effective date consistent with all other employees.



- Similarly, with respect to the Senior Director of Behavioral Health Services, the motion would be to move that individual's compensation to step 14 on our newly adopted pay scale. The rationale with respect to each of those recommendations for the Deputy Executive Director and Senior Director of Behavioral Health Services is that we would take their current rates, move them to the step scale. If their rate was between two steps, we install them on the higher of those two steps, then again based on successful performance for those individuals, over the appraisal period, they were advanced one step on the system.
- Motion carried.

#### Next Meeting Date & Time, Location and Future Agenda Items

- There is a meeting scheduled for April 30, however, from discussions earlier in this meeting, an additional meeting would likely be held within the next two weeks for the purpose of the Committee meeting with senior leadership and corporation counsel.

#### Adjournment

- **Motion**/second, Krueger/Stowe, to adjourn the meeting at 1:58 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Senior Executive Assistant*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

**April 10, 2025**

**10:30 a.m.**

**Virtual Meeting**

Present: X<sub>(WebEx)</sub> Kurt Gibbs X<sub>(WebEx)</sub> Renee Krueger  
X<sub>(WebEx)</sub> Lance Leonhard X<sub>(WebEx)</sub> Robin Stowe

Staff Present <sub>(WebEx)</sub>: Gary Olsen, Jason Hake, Marnie Bredlau, Ben Petersen

Others Present <sub>(WebEx)</sub>: Dejan Adzic, Deputy Corporation Counsel, Oyvind Wistrom, Lindner-Marsack

### Call to Order

- The meeting was called to order by Chair Gibbs at 10:30 a.m.

### Closed Session – K. Gibbs

- The purpose of considering going into closed session is to discuss potential litigation for North Central Health Care.
- Corporation Counsel stated the rationale for conferring in closed session is to discuss one topic and that is the topic of a potential settlement offer and delegating settlement authority to counsel. Because the nature of those discussions will entail information that is pertinent to the case, and if discussed in open session, could be disadvantageous to the county, the law has recognized an exception and deems it appropriate to confer in closed session and discuss the need of these topics.
- **Motion**/second, Leonhard/Stowe, to go into Closed Session (Roll Call Vote Suggested) Pursuant Wis. Stat. s. 19.85(1)(g) for the purpose of “[c]onfering with legal counsel for governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved”, to wit: Consult with counsel regarding the possibility of a settlement proposal and delegate settlement authority, if any, to counsel representing NCHC in pending litigation. Motion carried. The following individuals were allowed to remain in closed session: Dejan Adzic, Oyvind Wistrom, Gary Olsen, Jason Hake, Marnie Bredlau, Ben Petersen, and Debbie Osowski. Meeting convened in closed session at 10:33 a.m.

### Open Session

- **Motion**/second, Stowe/Leonhard, to return to open session at 11:00 a.m. Motion carried.

### Possible Announcements and/or Action Regarding Closed Session Items

- Executive Committee authorized legal counsel to proceed in discussing with DOL the process of mediation. Committee will reconvene as needed.

### Adjournment

- **Motion**/second, Leonhard/Krueger, to adjourn the meeting at 11:02 p.m. Motion carried.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

April 17, 2025

12:00 p.m.

Virtual Meeting

Present:	X	Kurt Gibbs	X	Renee Krueger
	X	Lance Leonhard	X	Robin Stowe

Staff Present (WebEx): Gary Olsen, Jason Hake, Marnie Bredlau, Vicki Tylka

Others Present (WebEx): Dejan Adzic, Deputy Corporation Counsel

### Call to Order

- The meeting was called to order by Chair Gibbs at 12:00 p.m.

### Closed Session

- Mr. Gibbs asked Dejan Adzic, Deputy Corporation Counsel to provide an explanation of the purpose for the closed session.
- The rationale for conferring in closed session is that Wisconsin law recognizes an exception to open meeting laws when the governmental body needs to confer to discuss the employment, promotion, compensation, or performance evaluation data over any public employee over which the governmental body has jurisdiction. The purpose of the exemption is to protect individual employees from having their actions and abilities when discussed in public and to protect governmental bodies from potential lawsuits that could result from open discussion of sensitive information. However, this exception applies only when specific individuals are discussed and during discussion of general policy that does not involve specific individuals. The nature of the discussion will involve specific individuals, specifically the members of the Senior Leadership Team, who will be addressed individually regarding the Executive Committee's performance expectations as they pertain to the individual roles on the Senior Leadership Team. Accordingly, since discussion and consideration will focus on specific individuals, the statutory exemption as enumerated under 19.85(1)(c) would apply.
- **Motion**/second, Leonhard/Stowe, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c), for the purpose of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility", to wit: Executive committee to address individual members of the Senior Leadership Team and set out Executive Committee's performance expectation for the Senior Leadership Team and the individual team members. Roll call taken. All indicated aye. Gary Olsen, Jason Hake, Vicki Tyka, and Marnie Bredlau were asked to remain in closed session. Motion carried.

Open Session

- **Motion**/second, Leonhard/Stowe, to return to open session Motion carried.

Possible Announcements and/or Action Regarding Closed Session Items

- None

Adjournment

- **Motion**/second, Stowe/Krueger, to adjourn the meeting Motion carried.

*Minutes prepared by Debbie Osowski, Senior Executive Assistant*

## **NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES**

**April 29, 2025**

**10:00 a.m.**

**North Central Health Care**

Present: X Kurt Gibbs X(virtual) Renee Krueger  
X(virtual) Lance Leonhard X Robin Stowe

Staff Present: Gary Olsen, Jason Hake, Vicki Tylka, Marnie Bredlau, Kari Oliva

Others Present: Dejan Adzic, Marathon County Deputy Corporation Counsel

### Call to Order

- The meeting was called to order by Chair Gibbs at 10:00 a.m.

### Public Comment for Matters Appearing on the Agenda

- None

### Approval of Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the April 4, 2025, April 10, 2025, and April 17, 2025 Executive Committee meeting minutes. Motion carried.

### Financial Update

- Mr. Hake reviewed the financials. A financial dashboard was added this month and will be included with the monthly financials moving forward. March financials look similar to prior months in that behavioral health services and both nursing homes continue to do well. Health insurance is showing improvement compared to last year. A review of all funding sources is being done this year along with verifying that expenses are applied appropriately to each funding source.
- We were told last month that the federal grant for the Adult Crisis Stabilization Facility month would be discontinued. However, we have since been notified the grant will continue. We also found an error in our WIMCR report and have submitted a new claim. The correction results in a small decrease in the amount we anticipate receiving.
- Mr. Hake reviewed the Fund Balance compared to the Fund Balance Policy. The Committee asked that the Minimum Target – 20% Over/(Under) Target include that the 20-35% target is of the annualized operating expenses.

### Revenue Cycle Program Presentation

- Kari Oliva, Director of Revenue Cycle, provide an overview of the revenue cycle program.

### Write-Off Policy

- Mr. Hake reviewed the updates to the policy.
- **Motion**/second, Leonhard/Krueger, to approve the write-off policy as amended in the packet. Mr. Hake confirmed that with this change to the duties of Director of Revenue Cycle, there are no changes for this position on the wage scale. Motion carried.

### New Position Requests

- Mr. Hake reviewed the information for the new position requests for Clinical Coordinator, Case Managers, Care Coordinator, and Patient Access Specialist. It was noted the four case managers and one clinical coordinator positions in CCS have already been filled due to case load needs.
- **Motion**/second, Leonhard/Stowe, to approve the new positions and the position reclassifications presented in the chart and asked that a budget amendment to reflect these new positions be presented to the Committee for approval at a later meeting. Motion carried.

### Laundry Services

- Mr. Olsen presented the requests for laundry services that have been received from the Aging & Disability Resource Center (ADRC) and City of Wausau Homeless Shelter. We recently learned that NCHC has been providing laundry services for the Health Department for a number of years at a minimal rate. Mr. Olsen also noted that per the Joint County Agreement no services or programs can be started without first bringing it before the Committee for approval.
- Mr. Hake stated that laundry services for the Health Department and ADRC are very small in scale. Laundry service for the homeless shelter is more involved but NCHC believes it has the capacity to accommodate these services through the end of 2025 at which time it will be re-evaluated.
- **Motion**/second, Leonhard/Stowe, moved to approve the continued delivery of laundry services to the Health Department and the addition of laundry services to the ADRC and City of Wausau Homeless shelter consistent with the policy of charging true costs of delivering services including an overhead fee. A contract for services will be developed for each of these three entities. Motion carried.

### Next Meeting Date, Time, Location and Future Agenda Items

- Wednesday, May 28, 2025 at 1:00 p.m. Note this may be changed due to a conflict in schedules.

### Adjournment

- **Motion**/second, Leonhard/Krueger, to adjourn the meeting at 11:12 a.m. Motion carried.



North Central  
Health Care

Person centered. Outcome focused.

# REVENUE CYCLE

Executive Committee Meeting, 4/29/25  
Presented By Kari Oliva

## What is Revenue Cycle?

- Revenue cycle is the process a facility uses to manage and track revenue, starting from when a patient enters the system and continuing until all payments are fully collected.
- For NCHC, this includes unique factors like government funding, Medicaid/Medicare/Commercial payers, and sliding fee scales.
  - North Central Health Care is a distinctive organization that combines elements of both healthcare and county government, without fully mirroring either one.



## Key Stages of Revenue Cycle



## Why is Revenue Cycle Important?

- Ensures proper reimbursement for services
- Improves cash flow & financial stability
- Minimizes denied claims & delays
- Optimizes patient experience
- Maximizes resource utilization
- Supports compliance with regulations, avoiding penalties
- Improves financial reporting & performance monitoring
- Enhances strategic planning
- Reduces the risk of financial instability (timely payments)
- Facilitates access to care

## How Revenue Cycle Strengthens Quality & Compliance

- Ensures accurate documentation & coding
- Facilitates compliance with billing & reimbursement regulations
- Improves quality of care through data collection and reporting
- Reduces claim denials and billing errors
- Promotes continuous improvement processes
- Supports financial stability for improved care delivery
- Enhances transparency & accountability
- Improves patient experience & engagement
- Supports audits and regulatory reviews

## Current Opportunities

- **Key Performance Indicators (KPIs) & Metrics** – utilizing data analytics to track KPIs helps pinpoint inefficiencies, uncover areas for improvement, and ensure staff accountability
- **Enhancement & Centralization** – enhancing coding accuracy, improving patient access, billing, and Health Information Management (HIM) workflows, along with centralizing and streamlining processes, eliminates bottlenecks. Automating routine tasks reduces operational costs, boosts efficiency, and improves reimbursement and financial performance
- **Training & Education** – consistent training on proper patient access workflows, coding, billing practices, and payer requirements helps minimize errors and enhance overall cycle efficiency
- **Enhanced Denial Management** - proactively analyzing and addressing the root causes of claim denials can boost approval rates and minimize rework
- **Real time eligibility (RTE)** – leveraging RTE verification tools to confirm insurance coverage and benefits at the point of care can reduce the likelihood of claim denials due to eligibility issues
- **Technology Integration** - implementing automation tools and advanced software (Electronic Health Record (EHR )systems), combined with using a claim clearinghouse, can greatly enhance efficiency and reduce human error. Having an enhanced EHR system improves claim accuracy, speeds up submission, and accelerates claim processing, resulting in faster billing, fewer denials, and better regulatory compliance. Clearinghouses further automate workflows, reduce denials, ensure compliance, and improve reimbursement cycles, leading to cost savings, better cash flow, and valuable insights through detailed reporting.

# Current Barriers

- **Complexity in Billing and Coding & Increased Denial Rates** - Behavioral health services often involve specialized codes that can be difficult to navigate, leading to higher rates of claim denials or underpayments. These denials are often caused by issues such as incorrect coding, prior authorization denials, and misalignment with payer policies
- **Inconsistent Documentation** - Incomplete or inconsistent clinical documentation can lead to billing discrepancies, audits, or denials, particularly in a behavioral health setting where the specifics of care need to be well-documented.
- **Lack of Automation** - Without automation, the revenue cycle process becomes more prone to human error, inefficiencies, and delays. Manual data entry increases the risk of mistakes in coding, billing, and patient information, which can lead to claim denials, slower reimbursement, and higher operational costs (most processes are manual). The lack of automation also reduces the ability to track and follow up on claims in real-time, impacting cash flow and overall financial performance, including write-offs. (NCHC has 2 typewriters for paper claims, most payers accept electronic claims)
- **Eligibility Verification Challenges** - The need for RTE verification of insurance coverage and benefits can be hindered by outdated systems or lack of automation, leading to delays or denials due to eligibility issues.
- **Payer Communication Issues** – In general, behavioral health facilities often face challenges with payers, particularly around reimbursement rates, payer policies, and timely payment. Payer mix (government programs vs. private insurance) can also create complications.
- **Inadequate Training and Education** - Staff may not be fully trained on coding, billing practices, payer requirements, or emerging regulations. This gap can lead to errors that affect reimbursement rates and compliance.
- **Regulatory and Compliance Challenges** - Behavioral health facilities must comply with complex local, state, and federal regulations, which can sometimes conflict with payer policies or create additional administrative burden.
- **KPIs & Metrics** - Without automation, tracking KPIs and metrics becomes prone to errors, delays, and inefficiencies. Manual data entry can lead to inaccuracies, while time-consuming processes hinder timely insights. This results in inconsistent tracking, limited scalability, missed improvement opportunities, reduced accountability, and higher operational costs due to increased manual effort.

## Summary

- Effective revenue cycle management drives accurate reimbursement, improves cash flow, minimizes denials, and ensures compliance. It also supports financial reporting, strategic planning, and resource utilization.
  - A well-managed revenue cycle further strengthens quality and compliance by ensuring timely, accurate billing and providing valuable data to enhance patient care and promoting compliance by meeting regulatory standards and reducing errors that could lead to legal issues. By optimizing both financial health and the delivery of high-quality, compliant care, a robust EHR system is essential in supporting these objectives.
- Solutions like automating workflows, improving coding accuracy, leveraging RTE tools, and enhancing staff training can reduce errors, increase efficiency, and improve reimbursement cycles.
  - A more effective EHR system can help eliminate barriers by streamlining workflows, improving data accuracy, and ensuring real-time access to patient information. This mitigates risks such as coding errors, billing discrepancies, and delays in reimbursement, while also enhancing opportunities for better decision-making, improved patient care, and more efficient revenue cycle management.

## Next Steps:

- Centralization of Revenue Cycle/Revenue Cycle Committee
  - Centralizing revenue cycle improves operational efficiency, enhances the patient experience, strengthens financial stability, and fosters better oversight and collaboration across departments at North Central Health Care. Given the complex regulations we face, this approach ensures consistent compliance, reduces the risk of non-compliance, and simplifies reporting to government agencies.



**Questions?**

Thank you.



**North Central  
Health Care**  
Person centered. Outcome focused.



North Central Health Care  
Programs by Service Line - Current Month  
April-25

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	782,157	667,513	114,644	509,566	492,385	(17,181)	272,591	97,463
Adult Crisis Stabilization Facility	314,846	203,299	111,547	159,920	164,136	4,216	154,926	115,763
Lakeside Recovery MMT	98,144	127,935	(29,791)	131,851	131,311	(540)	(33,707)	(30,331)
Youth Behavioral Health Hospital	436,970	273,930	163,040	298,600	314,065	15,464	138,370	178,505
Youth Crisis Stabilization Facility	123,524	126,847	(3,323)	112,547	109,340	(3,206)	10,977	(6,530)
Contracted Services (Out of County Placements)	-	-	-	229,229	153,778	(75,451)	(229,229)	(75,451)
Crisis Services	264,733	250,205	14,529	217,151	242,262	25,111	47,582	39,639
Psychiatry Residency	7,934	20,171	(12,236)	23,493	43,310	19,816	(15,559)	7,580
	2,028,308	1,669,899	358,409	1,682,358	1,650,587	(31,771)	345,951	326,638
COMMUNITY SERVICES								
Outpatient Services (Marathon)	467,365	493,727	(26,362)	506,708	532,739	26,031	(39,344)	(331)
Outpatient Services (Lincoln)	98,273	89,548	8,725	76,599	79,192	2,593	21,674	11,318
Outpatient Services (Langlade)	93,241	79,577	13,664	75,307	65,655	(9,651)	17,935	4,013
Community Treatment Adult (Marathon)	631,175	491,794	139,381	519,245	581,271	62,025	111,930	201,407
Community Treatment Adult (Lincoln)	86,507	74,794	11,713	89,327	82,177	(7,150)	(2,821)	4,563
Community Treatment Adult (Langlade)	29,912	28,560	1,352	32,038	40,522	8,484	(2,126)	9,837
Community Treatment Youth (Marathon)	745,325	549,475	195,850	617,356	593,617	(23,739)	127,969	172,111
Community Treatment Youth (Lincoln)	212,142	157,638	54,504	185,745	169,227	(16,519)	26,396	37,985
Community Treatment Youth (Langlade)	186,965	113,267	73,698	157,124	127,926	(29,198)	29,841	44,500
Hope House (Sober Living Marathon)	4,428	6,559	(2,131)	6,381	8,895	2,514	(1,953)	383
Sober Living (Langlade)	4,330	3,231	1,099	5,146	6,125	978	(816)	2,077
Adult Protective Services	71,498	69,680	1,818	120,084	73,408	(46,676)	(48,586)	(44,858)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	2,631,160	2,157,850	473,310	2,391,061	2,360,754	(30,307)	240,099	443,004
COMMUNITY LIVING								
Day Services (Langlade)	28,324	25,254	3,070	22,030	25,034	3,004	6,294	6,074
Supportive Employment Program	25,329	22,926	2,403	20,574	26,417	5,843	4,755	8,246
	53,653	48,180	5,473	42,604	51,451	8,847	11,048	14,320
NURSING HOMES								
Mount View Care Center	2,242,769	2,080,135	162,633	1,968,394	1,876,327	(92,067)	274,374	70,566
Pine Crest Nursing Home	1,157,793	1,245,062	(87,269)	1,213,190	1,202,118	(11,072)	(55,397)	(98,341)
	3,400,561	3,325,197	75,365	3,181,584	3,078,445	(103,139)	218,978	(27,774)
Pharmacy	591,004	597,490	(6,486)	599,131	630,146	31,015	(8,128)	24,529
OTHER PROGRAMS								
Aquatic Services	104,258	98,301	5,957	76,741	111,584	34,844	27,518	40,801
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	81,625	34,982	46,643	43,840	48,931	5,091	37,785	51,734
	185,883	133,284	52,600	120,581	160,515	39,935	65,303	92,534
Total NCHC Service Programs	8,890,569	7,931,899	829,236	8,017,318	7,931,898	(68,162)	873,251	761,074
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	656,677	754,739	(98,062)	590,008	754,739	164,730	66,668	66,668
Dental Insurance Trust Fund	34,085	34,459	(374)	37,314	34,459	(2,855)	(3,228)	(3,228)
Total NCHC Self-Funded Insurance Trusts	690,762	789,198	(98,436)	627,322	789,198	161,875	63,440	63,440

North Central Health Care  
Programs by Service Line - Year to Date  
For the Period Ending April 30, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	3,278,756	2,670,052	608,704	2,053,587	1,969,539	(84,048)	1,225,169	524,656
Adult Crisis Stabilization Facility	1,467,959	813,197	654,761	695,326	656,545	(38,780)	772,633	615,981
Lakeside Recovery MMT	455,324	511,740	(56,416)	515,148	525,246	10,098	(59,824)	(46,319)
Youth Behavioral Health Hospital	1,357,554	1,095,721	261,833	1,099,971	1,256,259	156,288	257,583	418,121
Youth Crisis Stabilization Facility	405,046	507,387	(102,341)	439,924	437,361	(2,563)	(34,877)	(104,903)
Contracted Services (Out of County Placements)	-	-	-	590,886	615,112	24,226	(590,886)	24,226
Crisis Services	1,031,501	1,000,818	30,683	810,711	969,047	158,336	220,790	189,019
Psychiatry Residency	47,635	80,682	(33,047)	94,318	173,239	78,920	(46,684)	45,873
	8,043,775	6,679,597	1,364,178	6,299,871	6,602,348	302,477	1,743,904	1,666,655
COMMUNITY SERVICES								
Outpatient Services (Marathon)	1,787,918	1,974,908	(186,991)	1,882,060	2,130,958	248,898	(94,142)	61,907
Outpatient Services (Lincoln)	390,680	358,191	32,490	272,067	316,767	44,699	118,613	77,189
Outpatient Services (Langlade)	351,420	318,307	33,113	267,149	262,620	(4,529)	84,271	28,584
Community Treatment Adult (Marathon)	2,244,801	1,967,175	277,625	2,082,328	2,325,082	242,755	162,473	520,380
Community Treatment Adult (Lincoln)	307,299	299,176	8,123	352,047	328,709	(23,338)	(44,748)	(15,215)
Community Treatment Adult (Langlade)	135,372	114,240	21,132	158,314	162,090	3,775	(22,942)	24,907
Community Treatment Youth (Marathon)	2,535,263	2,197,901	337,362	2,308,830	2,374,468	65,637	226,432	402,999
Community Treatment Youth (Lincoln)	765,743	630,551	135,191	713,648	676,906	(36,742)	52,094	98,449
Community Treatment Youth (Langlade)	643,460	453,069	190,392	578,102	511,705	(66,397)	65,359	123,995
Hope House (Sober Living Marathon)	21,253	26,236	(4,983)	27,103	35,580	8,477	(5,849)	3,494
Sober Living (Langlade)	20,285	12,925	7,360	20,222	24,499	4,277	64	11,637
Adult Protective Services	304,096	278,720	25,376	386,832	293,633	(93,199)	(82,736)	(67,822)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	9,507,590	8,631,400	876,190	9,048,702	9,443,017	394,315	458,888	1,270,505
COMMUNITY LIVING								
Day Services (Langlade)	95,363	101,016	(5,653)	82,380	100,136	17,756	12,983	12,102
Supportive Employment Program	69,046	91,703	(22,657)	77,866	105,670	27,804	(8,820)	5,147
	164,409	192,719	(28,311)	160,246	205,806	45,560	4,162	17,249
NURSING HOMES								
Mount View Care Center	8,879,188	8,320,541	558,648	7,693,722	7,505,309	(188,413)	1,185,466	370,234
Pine Crest Nursing Home	4,736,555	4,980,246	(243,691)	4,672,790	4,808,471	135,680	63,765	(108,011)
	13,615,743	13,300,787	314,956	12,366,512	12,313,779	(52,733)	1,249,232	262,224
Pharmacy	2,269,366	2,389,958	(120,592)	2,175,528	2,520,586	345,058	93,838	224,466
OTHER PROGRAMS								
Aquatic Services	353,848	393,206	(39,357)	318,488	446,337	127,849	35,360	88,492
Birth To Three	129,860	-	129,860	129,860	-	(129,860)	-	-
Demand Transportation	186,297	139,928	46,368	152,472	195,724	43,251	33,824	89,620
	670,005	533,134	136,871	600,820	642,061	41,240	69,185	178,111
Total NCHC Service Programs	34,270,888	31,727,595	2,543,292	30,651,679	31,727,597	1,075,918	3,619,209	3,619,210
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	2,704,964	3,018,954	(313,990)	2,139,178	3,018,954	879,776	565,786	565,786
Dental Insurance Trust Fund	140,148	137,837	2,311	126,216	137,837	11,621	13,932	13,932
Total NCHC Self-Funded Insurance Trusts	2,845,111	3,156,791	(311,679)	2,265,394	3,156,791	891,397	579,718	579,718

North Central Health Care  
Fund Balance Review  
For the Period Ending April 30, 2025

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	1,953,673	78,830	352,951	2,385,454
Total Revenue at Period End	24,165,826	2,286,676	7,818,385	34,270,888
County Percent of Total Net Position	70.5%	6.7%	22.8%	
Total Operating Expenses, Year-to-Date *	21,197,891	2,057,024	7,396,763	30,651,679
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	22,534,395	2,132,303	7,290,567	31,957,264
Days Cash on Hand	129	126	120	127
Minimum Target - 20%	12,718,735	1,234,215	4,438,058	18,391,007
Over/(Under) Target	8,479,157	822,810	2,958,705	12,260,672
Maximum Target - 35%	22,257,786	2,159,875	7,766,602	32,184,263
Over/(Under) Target	276,609	(27,572)	(476,035)	(226,998)
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 150 Days	26,134,386	2,536,057	9,119,297	37,789,741
Current Percentage of Operating Cash	106.3%	103.7%	98.6%	104.3%
Over/(Under) Minimum Target	8,479,157	822,810	2,958,705	12,260,672
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	8,479,157	822,810	2,958,705	12,260,672
Over/(Under) Maximum Target	276,609	(27,572)	(476,035)	(226,998)
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	276,609	(27,572)	(476,035)	(226,998)

North Central Health Care  
Review of Services in Marathon County  
For the Period Ending April 30, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,787,918	1,974,908	(186,991)	1,882,060	2,130,958	248,898	(94,142)	61,907
Community Treatment-Adult	2,244,801	1,967,175	277,625	2,082,328	2,325,082	242,755	162,473	520,380
Community Treatment-Youth	2,535,263	2,197,901	337,362	2,308,830	2,374,468	65,637	226,432	402,999
Hope House Sober Living	21,253	26,236	(4,983)	27,103	35,580	8,477	(5,849)	3,494
Demand Transportation	186,297	139,928	46,368	152,472	195,724	43,251	33,824	89,620
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	353,848	393,206	(39,357)	318,488	446,337	127,849	35,360	88,492
Mount View Care Center	8,879,188	8,320,541	558,648	7,693,722	7,505,309	(188,413)	1,185,466	370,234
	16,008,568	15,019,895	988,672	14,465,002	15,013,457	548,454	1,543,565	1,537,127
Shared Services								
Adult Behavioral Health Hospital	2,463,850	2,011,991	451,858	1,524,436	1,462,045	(62,391)	939,413	389,467
Youth Behavioral Health Hospital	1,008,442	814,075	194,366	816,540	932,557	116,017	191,902	310,383
Residency Program	35,361	59,893	(24,532)	70,015	128,600	58,585	(34,655)	34,053
Supportive Employment Program	51,255	68,074	(16,819)	57,802	78,442	20,639	(6,547)	3,820
Crisis Services	849,884	827,107	22,777	601,814	719,351	117,537	248,070	140,314
Adult Crisis Stabilization Facility	1,089,708	603,660	486,048	516,160	487,372	(28,788)	573,548	457,260
Youth Crisis Stabilization Facility	300,677	376,648	(75,970)	326,568	324,665	(1,902)	(25,891)	(77,873)
Pharmacy	1,684,615	1,774,134	(89,519)	1,614,957	1,871,103	256,146	69,659	166,627
Lakeside Recovery MMT	351,760	393,640	(41,879)	382,409	389,905	7,496	(30,649)	(34,384)
Adult Protective Services	225,308	206,471	18,837	287,156	217,972	(69,184)	(61,848)	(50,347)
Birth To Three	96,399	-	96,399	96,399	-	(96,399)	-	-
Contracted Services (Out of County Placements)	-	-	-	438,632	456,615	17,984	(438,632)	17,984
	8,157,259	7,135,692	1,021,566	6,732,889	7,068,629	335,740	1,424,370	1,357,307
Excess Revenue/(Expense)	24,165,826	22,155,588	2,010,239	21,197,891	22,082,086	884,195	2,967,935	2,894,433

North Central Health Care  
Review of Services in Lincoln County  
For the Period Ending April 30, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	390,680	358,191	32,490	272,067	316,767	44,699	118,613	77,189
Community Treatment-Adult	307,299	299,176	8,123	352,047	328,709	(23,338)	(44,748)	(15,215)
Community Treatment-Youth	765,743	630,551	135,191	713,648	676,906	(36,742)	52,094	98,449
Pine Crest Nursing Home	4,736,555	4,980,246	(243,691)	4,672,790	4,808,471	135,680	63,765	(108,011)
	6,200,278	6,268,164	(67,887)	6,010,553	6,130,853	120,300	189,724	52,413
Shared Services								
Adult Behavioral Health Hospital	506,861	413,830	93,032	313,861	301,015	(12,846)	193,001	80,186
Youth Behavioral Health Hospital	207,000	166,983	40,017	168,114	192,001	23,886	38,886	63,904
Residency Program	7,280	12,331	(5,051)	14,415	26,477	12,062	(7,135)	7,011
Supportive Employment Program	10,553	14,015	(3,463)	11,901	16,150	4,249	(1,348)	787
Crisis Services	126,086	121,396	4,689	123,905	148,105	24,199	2,180	28,889
Adult Crisis Stabilization Facility	224,356	124,285	100,071	106,270	100,343	(5,927)	118,086	94,144
Youth Crisis Stabilization Facility	61,905	77,547	(15,641)	67,236	66,844	(392)	(5,331)	(16,033)
Pharmacy	346,839	365,270	(18,431)	332,498	385,235	52,737	14,342	34,306
Lakeside Recovery MMT	61,428	70,050	(8,622)	78,733	80,276	1,543	(17,305)	(7,079)
Adult Protective Services	45,951	42,073	3,878	59,122	44,878	(14,244)	(13,170)	(10,366)
Birth To Three	19,847	-	19,847	19,847	-	(19,847)	-	-
Contracted Services (Out of County Placements)	-	-	-	90,308	94,011	3,703	(90,308)	3,703
	1,618,107	1,407,781	210,327	1,386,210	1,455,335	69,124	231,897	279,451
Excess Revenue/(Expense)	7,818,385	7,675,945	142,440	7,396,763	7,586,187	189,424	421,622	331,864

North Central Health Care  
Review of Services in Lantlale County  
For the Period Ending April 30, 2025


	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	351,420	318,307	33,113	267,149	262,620	(4,529)	84,271	28,584
Community Treatment-Adult	135,372	114,240	21,132	158,314	162,090	3,775	(22,942)	24,907
Community Treatment-Youth	643,460	453,069	190,392	578,102	511,705	(66,397)	65,359	123,995
Sober Living	20,285	12,925	7,360	20,222	24,499	4,277	64	11,637
Adult Day Services	95,363	101,016	(5,653)	82,380	100,136	17,756	12,983	12,102
	1,245,900	999,557	246,342	1,106,166	1,061,050	(45,117)	139,733	201,226
Shared Services								
Adult Behavioral Health Hospital	308,045	244,231	63,814	215,290	206,479	(8,811)	92,755	55,003
Youth Behavioral Health Hospital	142,112	114,662	27,450	115,317	131,701	16,385	26,795	43,834
Residency Program	4,994	8,458	(3,465)	9,888	18,162	8,274	(4,894)	4,809
Supportive Employment Program	7,239	9,614	(2,375)	8,163	11,078	2,915	(925)	540
Crisis Services	55,532	52,315	3,217	84,992	101,591	16,599	(29,460)	19,816
Adult Crisis Stabilization Facility	153,895	85,252	68,643	72,895	68,830	(4,066)	81,000	64,577
Youth Crisis Stabilization Facility	42,463	53,192	(10,729)	46,120	45,851	(269)	(3,656)	(10,998)
Pharmacy	237,911	250,554	(12,642)	228,074	264,248	36,174	9,838	23,532
Lakeside Recovery MMT	42,136	48,050	(5,914)	54,006	55,065	1,059	(11,870)	(4,856)
Adult Protective Services	32,836	30,176	2,660	40,554	30,783	(9,771)	(7,718)	(7,110)
Birth To Three	13,614	-	13,614	13,614	-	(13,614)	-	-
Contracted Services (Out of County Placements)	-	-	-	61,946	64,486	2,540	(61,946)	2,540
	1,040,777	896,505	144,272	950,858	998,273	47,415	89,919	191,687
Excess Revenue/(Expense)	2,286,676	1,896,062	390,614	2,057,024	2,059,323	2,299	229,652	392,913

North Central Health Care  
Summary of Revenue Write-Offs  
For the Period Ending April 30, 2025

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Charity Care	\$ 23,378	\$ 231,370
Administrative Write-Off	\$ 21,753	\$ 183,073
Bad Debt	\$ 182,793	\$ 308,567
Outpatient & Community Treatment		
Charity Care	\$ 24,639	\$ 103,336
Administrative Write-Off	\$ 1,654	\$ 16,266
Bad Debt	\$ 10,652	\$ 58,254
Nursing Home Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 32,653	\$ 44,146
Bad Debt	\$ 7,125	\$ 8,325
Aquatic Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ -
Bad Debt	\$ -	\$ -
Pharmacy		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 112	\$ 122
Bad Debt	\$ -	\$ -
Other Services		
Charity Care	\$ (0)	\$ 383
Administrative Write-Off	\$ 186	\$ 1,240
Bad Debt	\$ -	\$ 276
Grand Total		
Charity Care	\$ 48,017	\$ 335,088
Administrative Write-Off	\$ 56,358	\$ 244,846
Bad Debt	\$ 200,570	\$ 375,422

[illegible]



<b>Policy Title:</b> Contracting with Excluded Individuals and Entities	 <b>North Central Health Care</b> Person centered. Outcome focused.
<b>Policy #:</b> 105-0021	<b>Program:</b> Administration 105
<b>Date Issued:</b> 04/2019	<b>Policy Contact:</b> <del>Chief Executive Officer</del> <a href="#">Director of Compliance and Quality</a>

## Related Forms

None

### 1. Purpose

Under the direction of the NCCSP Board of Directors, the [Director of Compliance Officer and Quality](#) shall be given the authority to ensure compliance with this policy. All individuals who have authority to enter into contracts on behalf of the organization shall assure that this policy is followed and appropriate termination clauses are included in all such contracts.

This policy applies to all North Central Health Care (NCHC) employees, all individuals/entities entering into a contract with NCHC, and all of their respective employees and contractors.

### 2. Definitions

None

### 3. Policy

In accordance with Federal law, NCHC will not employ, enter into a contract with, or extend clinical privileges to, or continue the employment or contract with, or clinical privileges of, any party that is included on the Office of Inspector General ("OIG") and/or the System for Award Management ("SAM") listings of excluded parties, or who has been convicted of a crime related to health care.

### 4. General Procedure:

4.1 Human Resources shall screen for and notify the [Director of Compliance Officer and Quality](#) of any current or contracted employee that Human Resources determines to be included on a list of excluded parties or to have been excluded under any government program.

4.2 The ~~Corporate~~ [Director of Compliance Officer and Quality](#) shall conduct an annual review of the screening process. Such review shall include an evaluation of Human Resources' performance of the screening process and any action taken in response to discovering that any individual or company doing business with NCHC is not an individual who appears on any government exclusion list.

**Policy Title:** Contracting with Excluded Individuals and Entities

**Author(s):** ~~Michael Loy~~ Ben Petersen

**Owner:** ~~Chief Executive Officer~~ [Director of Compliance and Quality](#)

**Next Review Date:** ~~July 2022~~ May 2026

**Approver:** NCCSP Board

## 5. References

5.1 **CMS:** None

5.2 **Joint Commission:** None

5.3 **Other:**

OIG – <http://exclusions.oig.hhs.gov/>

SAM – <http://www.sam.gov>

## Related Policies, Procedures and Documents

**Policy Title:** Contracting with Excluded Individuals and Entities

**Author(s):** ~~Michael Loy~~ [Ben Petersen](#)

**Owner:** ~~Chief Executive Officer~~ [Director of Compliance and Quality](#)

**Next Review Date:** ~~July 2022~~ [May 2026](#)

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