

OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Executive Committee** of the **North Central Community Services Program Board** will hold a meeting at the following date, time as noted below:

Tuesday, April 29, 2025 at 10:00 AM
North Central Health Care – **NCHC 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:

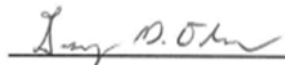
Meeting number: 1-408-418-9388 **Access Code:** 2480 981 0213 **Password:** 1234

AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (Limited to 15 Minutes)
3. Approval of April 4, April 10, April 17, 2025 Executive Committee Meeting Minutes
4. Educational Presentations, Committee Discussion, and Organizational Updates
 - a. Financial Update – J. Hake
 - b. Presentation Regarding Revenue Cycle Program – J. Hake/K. Oliva
5. Discussion and Possible Action
 - a. ACTION: Write-Off Policy – J Hake
 - b. ACTION: New Position Requests – J. Hake/M. Bredlau/V. Tylka
 - i. Clinical Coordinator – Community Treatment
 - ii. Case Manager – Community Treatment
 - iii. Care Coordinator – ACS-MMT
 - iv. Patient Access Specialist (Float) – Revenue Cycle
 - c. ACTION: Authorize Laundry Services – J. Hake/G. Olsen
 - i. Marathon County Health Department
 - ii. Aging & Disability Resource Center
 - iii. City of Wausau Homeless Shelter
6. Next Meeting Date & Time, Location and Future Agenda Items
 - a. Wednesday, May 28, 2025, 1:00 p.m., NCHC Eagle Board Room
7. Adjournment

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: 04/24/2025 TIME: 3:00 PM BY: D. Osowski

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_(WebEx) Kurt Gibbs X_(WebEx) Renee Krueger
X_(WebEx) Lance Leonhard X_(WebEx) Robin Stowe

Staff Present _(WebEx): Gary Olsen, Jason Hake, Marnie Bredlau, Ben Petersen

Others Present _(WebEx): 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 Health Care
Programs by Service Line - Current Month
March-25

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	854,560	667,513	187,047	516,567	492,385	(24,182)	337,994	162,866
Adult Crisis Stabilization Facility	358,745	203,299	155,446	172,177	164,136	(8,041)	186,568	147,405
Lakeside Recovery MMT	125,045	127,935	(2,890)	127,415	131,311	3,896	(2,371)	1,006
Youth Behavioral Health Hospital	302,023	273,930	28,093	258,092	314,065	55,973	43,931	84,066
Youth Crisis Stabilization Facility	103,005	126,847	(23,842)	112,624	109,340	(3,284)	(9,620)	(27,126)
Contracted Services (Out of County Placements)	-	-	-	65,761	153,778	88,017	(65,761)	88,017
Crisis Services	255,402	250,205	5,198	217,799	242,262	24,463	37,603	29,661
Psychiatry Residency	7,934	20,171	(12,236)	65,204	43,310	(21,894)	(57,269)	(34,130)
	2,006,715	1,669,899	336,816	1,535,639	1,650,587	114,947	471,076	451,764
COMMUNITY SERVICES								
Outpatient Services (Marathon)	444,085	493,727	(49,642)	449,258	532,739	83,481	(5,173)	33,839
Outpatient Services (Lincoln)	99,729	89,548	10,182	68,163	79,192	11,029	31,566	21,210
Outpatient Services (Langlade)	85,090	79,577	5,513	65,760	65,655	(105)	19,330	5,408
Community Treatment Adult (Marathon)	585,329	491,794	93,535	541,432	581,271	39,838	43,897	133,374
Community Treatment Adult (Lincoln)	79,533	74,794	4,739	92,503	82,177	(10,325)	(12,970)	(5,586)
Community Treatment Adult (Langlade)	38,395	28,560	9,835	45,132	40,522	(4,610)	(6,737)	5,226
Community Treatment Youth (Marathon)	696,891	549,475	147,416	616,880	593,617	(23,263)	80,011	124,153
Community Treatment Youth (Lincoln)	200,576	157,638	42,938	184,742	169,227	(15,515)	15,834	27,423
Community Treatment Youth (Langlade)	152,810	113,267	39,543	134,055	127,926	(6,129)	18,755	33,414
Hope House (Sober Living Marathon)	7,014	6,559	456	6,843	8,895	2,052	172	2,508
Sober Living (Langlade)	6,552	3,231	3,321	5,198	6,125	926	1,354	4,247
Adult Protective Services	68,973	69,680	(707)	98,732	73,408	(25,324)	(29,759)	(26,031)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	2,464,977	2,157,850	307,127	2,308,698	2,360,754	52,057	156,280	359,184
COMMUNITY LIVING								
Day Services (Langlade)	20,912	25,254	(4,343)	18,461	25,034	6,573	2,450	2,230
Supportive Employment Program	15,599	22,926	(7,326)	19,248	26,417	7,170	(3,648)	(157)
	36,511	48,180	(11,669)	37,709	51,451	13,743	(1,198)	2,074
NURSING HOMES								
Mount View Care Center	2,363,099	2,080,135	282,964	1,933,955	1,876,327	(57,628)	429,144	225,336
Pine Crest Nursing Home	1,244,947	1,245,062	(114)	1,161,590	1,202,118	40,527	83,357	40,413
	3,608,046	3,325,197	282,850	3,095,546	3,078,445	(17,101)	512,501	265,749
Pharmacy	562,371	597,490	(35,119)	528,600	630,146	101,546	33,770	66,427
OTHER PROGRAMS								
Aquatic Services	74,631	98,301	(23,670)	83,862	111,584	27,723	(9,231)	4,052
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	34,633	34,982	(349)	35,604	48,931	13,327	(971)	12,978
	109,264	133,284	(24,019)	119,466	160,515	41,049	(10,202)	17,030
Total NCHC Service Programs	8,787,885	7,931,899	855,985	7,625,658	7,931,898	313,040	1,162,227	1,169,025
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	679,786	754,739	(74,953)	196,369	754,739	558,370	483,417	483,417
Dental Insurance Trust Fund	34,729	34,459	270	23,218	34,459	11,241	11,511	11,511
Total NCHC Self-Funded Insurance Trusts	714,515	789,198	(74,683)	219,587	789,198	569,611	494,928	494,928

North Central Health Care
Programs by Service Line - Year to Date
For the Period Ending March 31, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	2,496,599	2,002,539	494,060	1,544,021	1,477,154	(66,867)	952,578	427,193
Adult Crisis Stabilization Facility	1,153,113	609,898	543,215	535,405	492,409	(42,997)	617,707	500,218
Lakeside Recovery MMT	357,180	383,805	(26,625)	383,297	393,934	10,637	(26,117)	(15,988)
Youth Behavioral Health Hospital	920,583	821,791	98,793	801,371	942,195	140,824	119,213	239,617
Youth Crisis Stabilization Facility	281,523	380,540	(99,017)	327,377	328,021	644	(45,854)	(98,374)
Contracted Services (Out of County Placements)	-	-	-	361,657	461,334	99,677	(361,657)	99,677
Crisis Services	766,768	750,614	16,155	593,560	726,785	133,225	173,208	149,380
Psychiatry Residency	39,700	60,512	(20,811)	70,825	129,929	59,104	(31,125)	38,293
	6,015,466	5,009,698	1,005,769	4,617,513	4,951,761	334,248	1,397,953	1,340,016
COMMUNITY SERVICES								
Outpatient Services (Marathon)	1,320,553	1,481,181	(160,628)	1,375,352	1,598,218	222,867	(54,799)	62,239
Outpatient Services (Lincoln)	292,408	268,643	23,765	195,469	237,575	42,106	96,939	65,871
Outpatient Services (Langlade)	258,179	238,730	19,448	191,842	196,965	5,123	66,336	24,571
Community Treatment Adult (Marathon)	1,613,626	1,475,382	138,244	1,563,082	1,743,812	180,729	50,543	318,973
Community Treatment Adult (Lincoln)	220,793	224,382	(3,589)	262,720	246,532	(16,188)	(41,927)	(19,777)
Community Treatment Adult (Langlade)	105,459	85,680	19,779	126,276	121,567	(4,709)	(20,817)	15,071
Community Treatment Youth (Marathon)	1,789,938	1,648,426	141,512	1,691,475	1,780,851	89,376	98,463	230,888
Community Treatment Youth (Lincoln)	553,601	472,913	80,688	527,903	507,680	(20,223)	25,698	60,464
Community Treatment Youth (Langlade)	456,496	339,802	116,694	420,977	383,779	(37,199)	35,518	79,495
Hope House (Sober Living Marathon)	16,825	19,677	(2,852)	20,722	26,685	5,963	(3,896)	3,111
Sober Living (Langlade)	15,955	9,694	6,261	15,075	18,374	3,299	880	9,560
Adult Protective Services	223,012	209,040	13,972	266,748	220,225	(46,523)	(43,736)	(32,551)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	6,866,844	6,473,550	393,294	6,657,641	7,082,263	424,622	209,203	817,916
COMMUNITY LIVING								
Day Services (Langlade)	67,039	75,762	(8,723)	60,350	75,102	14,752	6,689	6,029
Supportive Employment Program	43,718	68,777	(25,060)	57,292	79,252	21,960	(13,575)	(3,100)
	110,756	144,539	(33,783)	117,642	154,354	36,712	(6,886)	2,929
NURSING HOMES								
Mount View Care Center	6,636,420	6,240,405	396,014	5,725,328	5,628,981	(96,346)	911,092	299,668
Pine Crest Nursing Home	3,578,762	3,735,185	(156,422)	3,459,600	3,606,353	146,752	119,162	(9,670)
	10,215,182	9,975,590	239,592	9,184,928	9,235,334	50,406	1,030,254	289,998
Pharmacy	1,678,362	1,792,469	(114,106)	1,576,397	1,890,439	314,043	101,966	199,936
OTHER PROGRAMS								
Aquatic Services	249,590	294,904	(45,314)	241,747	334,753	93,005	7,843	47,691
Birth To Three	129,860	-	129,860	129,860	-	(129,860)	-	-
Demand Transportation	104,672	104,946	(275)	108,632	146,793	38,160	(3,961)	37,886
	484,122	399,851	84,271	480,240	481,545	1,306	3,882	85,577
Total NCHC Service Programs	25,370,732	23,795,697	1,575,035	22,634,361	23,795,698	1,161,338	2,736,372	2,736,372
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	2,048,287	2,264,216	(215,928)	1,549,169	2,264,216	715,046	499,118	499,118
Dental Insurance Trust Fund	106,062	103,378	2,685	88,902	103,377	14,476	17,160	17,160
Total NCHC Self-Funded Insurance Trusts	2,154,349	2,367,593	(213,244)	1,638,071	2,367,593	729,522	516,278	516,278

North Central Health Care
Fund Balance Review
For the Period Ending March 31, 2025

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	1,465,255	59,123	264,713	1,789,091
Total Revenue at Period End	17,833,467	1,681,436	5,855,830	25,370,732
County Percent of Total Net Position	70.3%	6.6%	23.1%	
Total Operating Expenses, Year-to-Date *	15,661,198	1,511,451	5,461,713	22,634,361
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	22,235,565	2,096,490	7,301,311	31,633,365
Days Cash on Hand	130	127	122	128
Minimum Target - 20%	12,528,958	1,209,161	4,369,370	18,107,489
Over/(Under) Target	9,706,607	887,329	2,931,941	13,525,877
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 90 Days	15,446,661	1,490,746	5,386,895	22,324,301
Current Percentage of Operating Cash	142.0%	138.7%	133.7%	139.8%
Over/(Under) Target	9,706,607	887,329	2,931,941	13,525,877
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>9,706,607</u>	<u>887,329</u>	<u>2,931,941</u>	<u>13,525,877</u>

North Central Health Care
Review of Services in Marathon County
For the Period Ending March 31, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,320,553	1,481,181	(160,628)	1,375,352	1,598,218	222,867	(54,799)	62,239
Community Treatment-Adult	1,613,626	1,475,382	138,244	1,563,082	1,743,812	180,729	50,543	318,973
Community Treatment-Youth	1,789,938	1,648,426	141,512	1,691,475	1,780,851	89,376	98,463	230,888
Hope House Sober Living	16,825	19,677	(2,852)	20,722	26,685	5,963	(3,896)	3,111
Demand Transportation	104,672	104,946	(275)	108,632	146,793	38,160	(3,961)	37,886
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	249,590	294,904	(45,314)	241,747	334,753	93,005	7,843	47,691
Mount View Care Center	6,636,420	6,240,405	396,014	5,725,328	5,628,981	(96,346)	911,092	299,668
	11,731,623	11,264,922	466,702	10,726,338	11,260,093	533,755	1,005,285	1,000,456
Shared Services								
Adult Behavioral Health Hospital	1,875,748	1,508,993	366,755	1,146,171	1,096,534	(49,637)	729,577	317,118
Youth Behavioral Health Hospital	683,893	610,557	73,337	594,880	699,418	104,538	89,013	177,874
Residency Program	29,471	44,919	(15,449)	52,575	96,450	43,875	(23,105)	28,426
Supportive Employment Program	32,453	51,055	(18,603)	42,530	58,831	16,302	(10,077)	(2,301)
Crisis Services	632,322	620,330	11,992	440,617	539,513	98,897	191,706	110,889
Adult Crisis Stabilization Facility	855,989	452,745	403,244	397,447	365,529	(31,918)	458,542	371,326
Youth Crisis Stabilization Facility	208,982	282,486	(73,504)	243,021	243,499	478	(34,039)	(73,026)
Pharmacy	1,245,896	1,330,601	(84,704)	1,170,204	1,403,327	233,123	75,692	148,418
Lakeside Recovery MMT	275,465	295,230	(19,764)	284,532	292,429	7,896	(9,067)	(11,868)
Adult Protective Services	165,225	154,853	10,372	198,014	163,479	(34,535)	(32,790)	(24,163)
Birth To Three	96,399	-	96,399	96,399	-	(96,399)	-	-
Contracted Services (Out of County Placements)	-	-	-	268,469	342,461	73,993	(268,469)	73,993
	6,101,844	5,351,769	750,074	4,934,860	5,301,472	366,612	1,166,984	1,116,686
Excess Revenue/(Expense)	17,833,467	16,616,691	1,216,776	15,661,198	16,561,564	900,367	2,172,269	2,117,143

North Central Health Care
Review of Services in Lincoln County
For the Period Ending March 31, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	292,408	268,643	23,765	195,469	237,575	42,106	96,939	65,871
Community Treatment-Adult	220,793	224,382	(3,589)	262,720	246,532	(16,188)	(41,927)	(19,777)
Community Treatment-Youth	553,601	472,913	80,688	527,903	507,680	(20,223)	25,698	60,464
Pine Crest Nursing Home	3,578,762	3,735,185	(156,422)	3,459,600	3,606,353	146,752	119,162	(9,670)
	4,645,564	4,701,123	(55,559)	4,445,692	4,598,140	152,447	199,872	96,888
Shared Services								
Adult Behavioral Health Hospital	385,882	310,372	75,510	235,981	225,761	(10,220)	149,901	65,290
Youth Behavioral Health Hospital	140,336	125,237	15,099	122,478	144,001	21,523	17,858	36,622
Residency Program	6,068	9,248	(3,181)	10,825	19,858	9,033	(4,757)	5,852
Supportive Employment Program	6,682	10,512	(3,830)	8,756	12,113	3,356	(2,075)	(474)
Crisis Services	93,516	91,047	2,469	90,717	111,078	20,362	2,799	22,831
Adult Crisis Stabilization Facility	176,236	93,214	83,022	81,829	75,257	(6,571)	94,408	76,451
Youth Crisis Stabilization Facility	43,027	58,160	(15,133)	50,035	50,133	98	(7,008)	(15,035)
Pharmacy	256,513	273,953	(17,439)	240,929	288,926	47,997	15,584	30,557
Lakeside Recovery MMT	48,468	52,538	(4,069)	58,581	60,207	1,626	(10,113)	(2,443)
Adult Protective Services	33,690	31,555	2,135	40,768	33,658	(7,110)	(7,078)	(4,975)
Birth To Three	19,847	-	19,847	19,847	-	(19,847)	-	-
Contracted Services (Out of County Placements)	-	-	-	55,274	70,508	15,234	(55,274)	15,234
	1,210,266	1,055,836	154,430	1,016,021	1,091,501	75,480	194,245	229,911
Excess Revenue/(Expense)	5,855,830	5,756,959	98,871	5,461,713	5,689,640	227,928	394,117	326,799

North Central Health Care
Review of Services in Langlade County
For the Period Ending March 31, 2025

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	258,179	238,730	19,448	191,842	196,965	5,123	66,336	24,571
Community Treatment-Adult	105,459	85,680	19,779	126,276	121,567	(4,709)	(20,817)	15,071
Community Treatment-Youth	456,496	339,802	116,694	420,977	383,779	(37,199)	35,518	79,495
Sober Living	15,955	9,694	6,261	15,075	18,374	3,299	880	9,560
Adult Day Services	67,039	75,762	(8,723)	60,350	75,102	14,752	6,689	6,029
	903,127	749,668	153,459	814,521	795,787	(18,734)	88,606	134,726
Shared Services								
Adult Behavioral Health Hospital	234,968	183,173	51,795	161,869	154,859	(7,010)	73,100	44,785
Youth Behavioral Health Hospital	96,354	85,997	10,357	84,012	98,776	14,763	12,341	25,120
Residency Program	4,162	6,344	(2,182)	7,425	13,621	6,196	(3,263)	4,014
Supportive Employment Program	4,583	7,210	(2,627)	6,006	8,309	2,302	(1,423)	(325)
Crisis Services	40,930	39,236	1,694	62,226	76,193	13,967	(21,296)	15,660
Adult Crisis Stabilization Facility	120,888	63,939	56,948	56,130	51,622	(4,508)	64,758	52,441
Youth Crisis Stabilization Facility	29,514	39,894	(10,381)	34,321	34,388	67	(4,807)	(10,313)
Pharmacy	175,953	187,915	(11,962)	165,263	198,186	32,923	10,690	20,961
Lakeside Recovery MMT	33,246	36,038	(2,791)	40,183	41,298	1,115	(6,937)	(1,676)
Adult Protective Services	24,097	22,632	1,465	27,965	23,087	(4,877)	(3,868)	(3,412)
Birth To Three	13,614	-	13,614	13,614	-	(13,614)	-	-
Contracted Services (Out of County Placements)	-	-	-	37,915	48,364	10,450	(37,915)	10,450
	778,309	672,379	105,930	696,930	748,705	51,775	81,379	157,705
Excess Revenue/(Expense)	1,681,436	1,422,047	259,389	1,511,451	1,544,492	33,042	169,985	292,431

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending March 31, 2025

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Charity Care	\$ 23,485	\$ 207,993
Administrative Write-Off	\$ 56,029	\$ 161,320
Bad Debt	\$ 25,623	\$ 125,774
Outpatient & Community Treatment		
Charity Care	\$ 14,945	\$ 78,697
Administrative Write-Off	\$ 7,677	\$ 14,612
Bad Debt	\$ 18,915	\$ 47,602
Nursing Home Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 1,327	\$ 11,493
Bad Debt	\$ -	\$ 1,200
Aquatic Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ -
Bad Debt	\$ -	\$ -
Pharmacy		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 10	\$ 10
Bad Debt	\$ -	\$ -
Other Services		
Charity Care	\$ 383	\$ 382
Administrative Write-Off	\$ 260	\$ 1,054
Bad Debt	\$ (0)	\$ 276
Grand Total		
Charity Care	\$ 38,813	\$ 287,072
Administrative Write-Off	\$ 65,303	\$ 188,488
Bad Debt	\$ 44,539	\$ 174,852

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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.

Policy Title: Write-off of Accounts Receivable	 North Central Health Care Person centered. Outcome focused.
Policy #: 105-0005	Program: Administration 105
Date Issued: 04/16/2020	Policy Contact: Chief Financial Officer <u>Director of Revenue Cycle</u>

Related Forms

None

1. Purpose

To provide a policy to permit the write-off of certain accounts receivable charges.

2. Definitions

Administrative: Write-offs related to internal process errors including but not limited to outstanding balances being too small to collect, denials from not obtaining prior authorization, services deemed not medically necessary, ~~and~~ insufficient documentation, account discrepancies, and expired claims.

Bad debt: Accounts uncollected due to unforeseen circumstances such as bankruptcy, death of a client, or collection agency returns.

Write-off: A charge on a client account that is determined to be uncollectable.

3. Policy

It is the policy of North Central Health Care (NCHC) to establish a write-off process that requires authorization of write-offs and allows for an efficient monitoring of the write-off process. write-offs will be classified as Bad Debt or Administrative in nature.

- Patient Financial Services representatives shall pursue all avenues of collection on an account. Once all collection avenues have been deemed to be sufficiently exhausted, a request to write-off the account may be made.
- All write-offs must be approved by both the Patient Financial Services Director Manager and ~~Chief Financial Officer~~, Director of Revenue Cycle
- Write-offs shall be processed in the system upon receipt of an authorized approval through a documented and monitored segregation of duties. A detailed analysis of all write-off activity is completed and balanced to the general ledger on a regular basis, but not less than monthly. This analysis becomes part of the annual audit workflow and is reviewed by the audit firm.

Policy Title: Write-off of Accounts Receivable

Owner: Director of Revenue Cycle

- Write-off activity shall be reported to the ~~NCHC Board~~Executive Committee along with the monthly financial statements.

4. General Procedure: None

5. References

5.1. CMS: None

5.2. Joint Commission: None

5.3. Other: None

Related Policies, Procedures and Documents

Positions For Executive Committee Approval

Position Title	Program	Senior Leader	Location	FTE	Budgeted	Funding Source	Total Cost of Position	Type of Position	Job Grade	Additional Information
Case Manager	Community Treatment- Youth	Vicki Tylka	Wausau	4.0	No	CCS - 100%	366,976	Permanent	Current Grade - 10	Marathon County DSS will no longer be providing CCS case management and as a result approximately 60 youth will be transferring to NCHC for CCS programing. In order to accommodate these youth and to continue accepting new referrals it is anticipated that we will need to add an additional 4 FTE to the Marathon youth team.
Clinical Coordinator	Community Treatment-Youth	Vicki Tylka	Wausau	1.0	No	CCS - 100%	124,452	Permanent	Current Grade - 14	Increased case load due to transition of CCS clients from Marathon County Social Services to NCHC
Case Manager	Community Treatment- Adult	Vicki Tylka	Wausau	1.0	No	CCS - 100%	91,744	Permanent	Current Grade - 10	Marathon County Community Treatment Adult Team continues to have increased wait time for community referrals to be assigned case manager of an average of 4-5 months. This is affecting timeliness of mental and AODA recovery supports for at risk individuals, while at the same time trying to accommodate referrals for immediate releases from MMT and ABHH. State Statues do not advise wait times for CCS referrals. The program was having an average of about 20 consumers waiting, but over the last few months has increased to 30 even with regular openings to case managers.
Care Coordinator	ACS- MMT	Vicki Tylka	Wausau	1.0	No	New funds will need to be allocated to the position. Funds could be offset as we increase our ability to receive reimbursement through payor sources, though MA is the most common payor and one of the lesser reimbursement rates.	92,264	Permanent	Current Grade - 10	This request for a new position in Lakeside Recovery is to improve the quality of care and coordination of services for residents, particularly those connected to the justice system. The program has evolved to the vast majority of residents being part of the justice system, many through Probation and Parole and Treatment Court. Partners have expectations for ongoing communication and coordination of care, including treatment updates and participation in discharge planning. The population served requires significant resources to fulfill the needs identified in their treatment plans, leaving inconsistent time available for collaboration and communication with partners. This new position would be dedicated to that role.
Patient Access Specialist (Float)	Patient Access	Jason Hake	Wausau	1.0	Yes	This position is already accounted for in the 2025 budget, with the only additional cost being the increase in base pay. Funding will be supported through patient revenue, made possible by a reduction in write-offs.	89,909	Permanent	Proposed Grade - 8	As part of the broader revenue cycle centralization initiative, this role will be critical in addressing service gaps within departments that currently lack adequate backup for front-end access functions. The Patient Access Float will support continuity of service by rotating among departments, filling in during absences, and assisting during periods of high volume. Additionally, the position will require proficiency in multiple electronic health records (EHRs), reinforcing operational resilience and strengthening our front-end revenue capture efforts. By investing in this versatile role, we ensure that our intake and registration processes remain consistent, timely, and accurate—key elements to reducing denied claims and improving patient satisfaction.

MEMORANDUM

To: Executive Committee

From: Vicki Tylka, Senior Director of Behavioral Health Services

Date: 4.29.2025

Subject: Request for Position Approval – Care Coordinator (Lakeside Recovery)

Purpose

This memo seeks Executive Committee approval for the new Care Coordinator in Lakeside Recovery. This request aligns with our strategic goals and addresses critical operational needs.

Position Overview

- **Title:** Care Coordinator
 - **Program:** Lakeside Recovery
 - **Reports To:** Katie Haupt, Clinical Manager
 - **Employment Type:** Permanent- Full Time
 - **FTE:** 1.0
 - **New or Replacement:** New
-

Justification

This request for a new position in Lakeside Recovery is to improve the quality of care and coordination of services for residents, particularly those connected to the justice system. The program has evolved to the vast majority of residents being part of the justice system, many through Probation and Parole and Treatment Court. Partners have expectations for ongoing communication and coordination of care, including treatment updates and participation in discharge planning. The population served requires significant resources to fulfill the needs identified in their treatment plans, leaving inconsistent time available for collaboration and communication with partners. This new position would be dedicated to that role. As a secondary function, the position can assume similar duties in other ACS programs as needed, which will improve partner connections in those areas.

Budget Impact

- **Base Salary:** \$57,762
- **Fringe Benefits (estimated at [XX]%):** \$34,502
- **Total Compensation Cost:** \$92,264

- **Grade Placement:** Grade 10
 - **Funding Source:**
 - New funds will need to be allocated to the position. Funds could be offset as we increase our ability to receive reimbursement through payor sources, though MA is the most common payor and one of the lesser reimbursement rates.
-

Organizational Impact

Lakeside Recovery serves a vital function to our tri county partners. Due to the nature of treatment and reimbursement, it is not likely to be financially advantageous to operate. The counties greatly value this program, so we must expect that we will need to devote additional resources as needed to improve the quality of care.

Recommendation

I respectfully request the Executive Committee's approval to create the Care Coordinator in Lakeside Recovery. This position supports the Desired Future State for Community Programs by improving partnerships and delivering services in a seamless manner to our most vulnerable populations.

MEMORANDUM

To: Executive Committee

From: Jason Hake, Deputy Executive Director

Date: 4.29.2025

Subject: Request for Position Approval – Patient Access Specialist

Purpose

This memo seeks Executive Committee approval to expand the scope of an already budgeted full-time FTE to formally establish a Patient Access Float position within the Revenue Cycle program. This position is essential to our strategic goal of centralizing patient access functions and will provide flexible, cross-departmental support for intake, scheduling, and insurance verification services across the tri-county region.

Position Overview

- **Title:** Patient Access Specialist
 - **Program:** Patient Access
 - **Reports To:** Manager of Patient Access
 - **Employment Type:** Permanent- Full Time
 - **FTE:** 1.0
 - **New or Replacement:** New – reorg of existing FTE
-

Justification

As part of the broader revenue cycle centralization initiative, this role will be critical in addressing service gaps within departments that currently lack adequate backup for front-end access functions. The Patient Access Float will support continuity of service by rotating among departments, filling in during absences, and assisting during periods of high volume. Additionally, the position will require proficiency in multiple electronic health records (EHRs), reinforcing operational resilience and strengthening our front-end revenue capture efforts. By investing in this versatile role, we ensure that our intake and registration processes remain consistent, timely, and accurate—key elements to reducing denied claims and improving patient satisfaction.

Budget Impact

- **Base Salary:** \$56,160
- **Fringe Benefits** \$33,749
- **Total Compensation Cost:** \$89,909
- **Grade Placement:** Proposed Grade 8

- **Funding Source:** This position is already accounted for in the 2025 budget, with the only additional cost being the increase in base pay. Funding will be supported through patient revenue, made possible by a reduction in write-offs.
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Organizational Impact

This position will serve as a centralized support asset embedded within the Revenue Cycle structure, operating under the Patient Access Manager. It enhances operational flexibility by mitigating the impact of staff absences and enables departments without dedicated backup staff to maintain consistent patient access workflows. This will also improve cross-departmental coordination, employee onboarding/training, and real-time issue resolution, thereby increasing overall patient and staff satisfaction.

Recommendation

I respectfully request the Executive Committee's approval to create the Patient Access Float position within the Revenue Cycle program. This role will strengthen our ability to meet patient access demands across the organization, help reduce revenue leakage, and support our strategic goal of operational centralization and resilience.
