



**OFFICIAL NOTICE AND AGENDA** of a meeting of the Board or a Committee:

A meeting of the North Central Community Services Program Board will be held at NCHC – Board Room, 1100 Lake View Drive, Wausau WI at **12:00 p.m.**, on **Thursday, February 26<sup>th</sup>, 2015**.

**AGENDA**

1. Call to order
2. Roll call
3. Consent Agenda
  - a. 1/29/15 Finance, Personnel & Property Committee meeting minutes
  - b. 1/29/15 Board meeting minutes
  - c. CEO's report
4. Chairperson's report: R. Nye
  - a. Action: approve report and minutes of the 2/10/15 Executive Committee meetings
5. Quality Committee Report: L. Scudiere
  - a. Organizational Quality Dashboard
  - b. Action: approve report
6. Financial report: B. Glodowski
7. Finance, Personnel & Property Committee Report: L. Olkowski
  - a. Board action: approve January financials
  - b. Action: approve report
8. Nursing Home Operations Committee (NHOC) Report: J. Burgener
  - a. Action: approve report and minutes of 2/13/15
9. Medical Staff
  - a. Action: approve appointment of Mid-Level Practitioner privileges for:
    - Ruth Nelson-Lau, APNP
    - Betsy Bittman, M.D.
    - Leandrea Lamberton, M.D.
10. Strategic Planning update: G. Bezucha
11. Brian Schoeneck, Leading Age Wisconsin – Impacts of Governor's budget on long term care
12. Future meeting agendas
13. Adjourn

- Action may be taken on any agenda item.
- In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/Gary Bezucha  
Presiding Officer or His Designee

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald      Antigo Daily Journal  
Tomahawk Leader      Merrill Foto News  
Langlade, Lincoln & Marathon County Clerk Offices  
DATE 02/20/15 TIME 2:00 PM  
VIA: x FAX x MAIL BY: D. Osowski

**THIS NOTICE POSTED AT NORTH CENTRAL HEALTH CARE**

DATE 02-20-15 Time 2:00 PM By D. Osowski  
Anyone attending this meeting who needs some type of special accommodation in order to participate should call Administration at 715-848-4405. For TDD telephone service, call 715-845-4928.

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
FINANCE, PERSONNEL & PROPERTY COMMITTEE MEETING MINUTES**

January 29, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
	Bob Weaver	X	John Robinson		

Also Present: Gary Bezucha, Brenda Glodowski, Darla Opper

The meeting was called to order at 11:00AM, roll call taken, and a quorum noted.

Minutes

**Motion**/second Zriny/Nye to approve the minutes of the 12/18/14 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- Expenses:
  - Expenses were slightly under budget targets for December.
  - Psychiatry, other institutions, legal, drugs and food were high in December.
  - Penalty fees for the nursing home survey were included in December.
  - Preliminary statements – anticipate overall gain of \$379,984.
- Revenues:
  - December saw improvements in nursing home and Medicare census. The census averaged 212, compared to the target of 225. Medicare census averaged 32 per day compared to the target of 30.
  - Hospital census averaged 13 per day, target is 12.
  - Outpatient volume was low in December but this is normal due to the holidays.
  - Settlement from WIMCR for 2013 – \$171,000 more than anticipated.
- **Motion**/second Robinson/Zriny to approve the December financial statements. Motion carried.

CFO Report

- Able to merge all general ledger systems into one system, balances were transferred and totals tested. Currently reviewing detail – things are looking good.
- Auditors are testing and reviewing the 3 systems.
- Accounts receivable update:
  - Accounts receivable is being thoroughly analyzed
  - Three programs are contributing to the high Accounts Receivable: nursing home, CCS and hospital
  - Continuing to test files

- Still working on the test file for CCS, another file has been sent and are waiting to see if it went through
- Have a consultant working with us on the hospital – currently testing
- Nursing home – Medicaid is better, still having issues with electronic billing – sending in paper bills to keep up
- Aging is accurate, able to tie out to programs.
- Several fixes with vendor, revenue and balance sheet items looking good.
- Total write-offs percentage not bad even with timely billing issues.
- Cash reserves increased again this year.

#### Investment Policy

- Deferred to next month

#### Future Agendas

- Employee Incentive Program
- Rental agreement review
- Pharmacy report
- Accounts receivable report

**Motion**/second Robinson/Zriny to adjourn at 11:45 a.m. Motion carried.

*ddo*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
BOARD MEETING MINUTES**

January 29, 2015

12:00 p.m.

NCHC – Wausau Campus

Present:

X (by phone)	Jean Burgener	X	Joanne Kelly	EXC	Holly Matucheski
X	Bill Metter	X	Bill Miller	X	Ron Nye
X	Lee Olkowski	EXC	Dr. Eric Penniman	X	John Robinson
X	Greta Rusch	X	Laura Scudiere	X	Dr. David Tange
EXC	Bob Weaver	X	Jeff Zriny		

Also Present: Gary Bezucha, Brenda Glodowski, Gretchen Brown, Becky Schultz,  
Toni Simonson, Michael Loy, Debbie Osowski

The meeting was called to order 12:02 p.m. Roll call was taken and a quorum declared.

Consent Agenda

- **Motion** Zriny, 2<sup>nd</sup> Rusch, to approve the consent agenda, which includes the 12/18/14 Finance, Personnel & Property Committee minutes, the 12/18/14 Board meeting minutes, the CEO Report, and the December financial statements. Motion carried.

Chairperson’s Report

- Executive Committee met with the CEO and reviewed his annual evaluation. Responses from 21 of 25 evaluations were received. The Committee commended the CEO on the excellent feedback and suggested a few areas of focus for the coming year.
- **Motion** Scudiere, 2<sup>nd</sup> Olkowski to approve the 1/13/15 Executive Committee minutes. Motion carried.

Quality Committee Report

- Organizational Quality Dashboard was reviewed.
- 2015 Quality Plan was reviewed. **Motion** Scudiere, 2<sup>nd</sup> Zriny, to approve the 2015 Quality Plan. Motion carried.
- Hospital Utilization Review Plan was reviewed. **Motion** Scudiere, 2<sup>nd</sup> Olkowski, to approve the Hospital Utilization Review Plan. Motion carried.
- **Motion** Scudiere, 2<sup>nd</sup> Kelly, to approve the report and the Quality Committee minutes of the 01/15/15 meeting. Motion carried.

Financial Report

- There was a small gain for the month. Anticipate a gain over \$300,000 year to date.
- The annual audit is in progress where we anticipate additional improvement to be shown. Results of the audit will be provided in March.

### Finance, Personnel & Property Committee Report

- December financials were reviewed.
- Accounts Receivables continue to be monitored closely every month. Progress is being made as issues in the new TIER system are corrected.
- Review of Investment policy was deferred to the February meeting.
- **Motion** Scudiere, 2<sup>nd</sup> Tange to approve report. Motion carried.

### Nursing Home Operations Committee (NHOC) Report

- A presentation on the master facility plan for Mount View Care Center (MVCC) was provided at the January 15, 2015 meeting of the Marathon County Board. A vote of 29 to 4 authorized the resolution to initiate bonding of the project. Once the bond issuance is ready the County Board will vote again on moving forward with the bond issuance which will require a ¾ affirmative vote to proceed.
- **Motion** Burgener, 2<sup>nd</sup> Metter to approve the report and the minutes of the 12/12/14 and 01/13/15 meetings. Motion carried.

### Human Services Operations Committee

- Presentation about Counseling in the Schools program was provided and discussed. Positive feedback has been received from the schools.
- **Motion** Kelly, 2<sup>nd</sup> Rusch to approve the report and minutes of the 1/21/15 meeting. Motion carried.

### Strategic Planning Consultant

- Conference call with Schafer Consulting will be Feb. 5, 2015 at 10:00 a.m. with the Executive Committee. All Board members are welcome to participate in person or by phone.
- Initial data request was provided in early January.
- Survey will be conducted electronically. Information will be sent in the next week. All Board members are encouraged to complete the survey.
- Consultants will be present at the Board Retreat, March 26, which is scheduled from 12:00 – 8:00 p.m. at the Westwood Center.

### 2015 Operating Plan

- The 2015 Operating Plan was reviewed. The following corrections were noted:
  - Human Resources – Reduce employee turn-over from 25.5% to 23.0%
  - 2015 New projects – ICD-10/DSM-5 implementation
- **Motion** Olkowski, 2<sup>nd</sup> Tange to approve the 2015 Operating Plan. Motion carried.

### Future meeting agendas

- Brian Schoeneck, Wisconsin Leading Age, is scheduled to attend the 2/26/15 meeting.

Note: Paper agendas and packets will no longer be sent. Materials are accessible electronically.

**Motion** Scudiere, 2<sup>nd</sup> Tange to adjourn at 12:51 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant*

## CEO REPORT: February, 2015

- 1. Psychiatry:** We are continuing to work on recruitment of another psychiatrist. As yet, we have not had any candidates to review but we are early in the process. Dr. Brigitte Espinoza is planning on beginning her practice here in July. We are working through licensing, credentialing and visa issues with her and expect to have everything complete before she arrives in July. She and her husband were here recently looking for real estate. The Psychiatry Residency Program is proceeding well. We are still working on Aspirus, Ministry Healthcare and Marshfield Clinic to gain their commitments.
- 2. Employee Health Care Consortium:** The leadership group consisting of representatives from NCHC, Marathon County, Wausau School District, DC Everest School District and City of Wausau has completed the selection process for a consultant to work with in designing the program. We have selected "The Benefits Services Group, Inc." a benefits management firm from Pewaukee and we expect to begin working with them shortly.
- 3. Nursing Home Renovation Project:** The project is in the process of being bid out. We have had multiple contractor walk-throughs and expect to receive bids by March 12. Marathon County is in the process of preparing the bond issue. We are anticipating that the bond issue will come to the Marathon County Board at its April meeting. We expect that actual construction will commence shortly after that.
- 4. Family Care Changes:** The Family Care program will be undergoing substantial changes both as a result of planned modifications and elements of the Governor's newest biennial budget. The most impactful of those changes for NCHC will be the addition of mental health benefits to the package of services managed by the MCOs. A Department of Health Services work group has already begun working through the steps of that transition. We have representation on that work group. I have attached a memo from Mark Hilliker, the CEO of CCCW that outlines the main features of other changes anticipated in family care.
- 5. Aquatic Therapy Pool Replacement:** The final report from USA Aquatics is near completion and we anticipate that it will be delivered to our Board and to the Marathon County HHS Committee sometime next month. We have been successful in obtaining a \$250,000 grant from the B.A. and Esther Greenheck Foundation to support this project.

# MEMO

**TO:** Friends and Partners of Community Care Connections of Wisconsin  
**FROM:** Mark Hilliker, Chief Executive Officer *Mark Hilliker*  
**DATE:** February 18, 2015  
**SUBJECT:** GOVERNOR WALKER'S BUDGET PROPOSAL FOR FAMILY CARE

---

I am writing to you today to provide some information related to the potential impacts of Governor Walker's biennial budget proposal related to the Family Care program and, more broadly, to Long-Term Care support delivery in the State.

The biennial budget language in Governor Walker's proposal for the Family Care program would substantially alter its delivery into the future. This is arguably the most significant public policy change in the history of Wisconsin's Long Term Care service system. There are several areas of change contained within Governor Walker's proposal for Family Care:

- Statewide expansion of Family Care to all counties by January 1, 2017.
- Primary and Acute Care services would be included in the Family Care benefit package, along with the Long-Term Care services currently provided.
- Long-Term Care Districts, like CCCW, would be required to dissolve (end business) by June 30, 2017. There are three additional Long-Term Care Districts in Wisconsin that would also be required to end business.
- Any Care Management Organization (CMO) that provides services in the new system would have to be certified to provide services statewide, and would have to be licensed as a Health Maintenance Organization (HMO). Reserve requirements necessary to provide statewide service are significant. No current MCO in Wisconsin has the ability to meet this capitalization requirement.
- Members transferring between Care Management Organizations would only be allowed to do so during an open enrollment period that occurs once yearly. Currently, member transfers are allowed at any time.
- Oversight of the Family Care program would move from the Department of Health Services to the Office of the Commissioner of Insurance.
- Implementation of the new model would occur very quickly as proposed. In comparison, Family Care was piloted in five (5) counties for eight (8) years prior to regional expansion.

Other changes included in the Governor's Budget that affect the long-term care system:

- Elimination of the Include, Respect, I Self-Direct (IRIS) program, a program that currently supports more than 11,000 people statewide. All self-direction would be supported within the new Family Care program.
- Significant changes to the operations of Aging and Disability Resource Centers.

# NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE MEETING MINUTES

February 10, 2015

10:30 AM

NCHC – Wausau Campus

PRESENT: Ron Nye, Laura Scudiere, Lee Olkowski

ALSO PRESENT: Gary Bezucha

EXCUSED: Bob Weaver

## AGENDA:

1. The meeting was called to order by Ron Nye at 10:35 AM and a quorum was noted.
2. Minutes of 1/13/15 meeting: moved for approval by Laura Scudiere, seconded by Lee Olkowski and approved unanimously without any changes.
3. CEO Report:
  - a. Family Care Expansion: Gary provided a report on anticipated expansion of the Family Care benefit in January, 2016 to include mental health services. DHS has formed a work team to provide a plan for transition to the implementation of this new benefit level. Gary Bezucha and Toni Simonson are on that work team.
  - b. Performance Appraisal Process: We are in the process of completion of the annual performance appraisals. This is our third cycle of merit-based pay.
  - c. Audit: Anticipate completion of the on-site portion of the annual audit this week.
  - d. Psychiatry Residency program: Currently working on getting commitments from Marshfield Clinic and Ministry Health Care. Also engaged in discussions with Potawatomi and Lac du Flambeau nations.
  - e. Employer Health Insurance Consortium: Completing on-site interviews of consultants. Anticipate being ready to select a consultant in March.
4. Strategic Planning Update: Reviewed comments from conference call on 2/6/15. Will provide update at board meeting.
5. Items to be included on agenda of 2/26/15 board meeting:
  - a. Strategic Planning update: Gary Bezucha
  - b. Presentation by Brian Schoeneck from Leading Age Wisconsin on impacts of governor's budget on long term care.
6. **Motion** for adjournment by Laura Scudiere, seconded by Lee Olkowski. The meeting was adjourned by Ron Nye at 11:25 AM



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
<b>CLINICAL</b>																
Nursing Home Readmission Rate	5-7%	↓	10.7%												10.7%	4.8%
Psychiatric Hospital Readmission Rate	9-11%	↓	11.0%												11.0%	10.0%
AODA Relapse Rate	18-21%	↓	17.9%												17.9%	10.8%
NCHC Adverse Event Rate	3.8-4.0	↓	3.5												3.5	4.1
<b>PEOPLE</b>																
Injury Claims*	50-60	↓	24												24	n/a
Employee Turnover Rate*	20-23%	↓	22.4%												22.4%	25.5%
<b>SERVICE</b>																
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	↑	66th												66th	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\													71%
<b>COMMUNITY</b>																
Community Employment Rate	15.8-18%	↑	27.20%												27.20%	n/a
NCHC Access Measure	90-95%	↑	98%												98%	n/a
Recidivism Rate for OWI	27-32%	↓	31.37%												31.37%	31.30%
<b>FINANCE</b>																
Direct Expense/Gross Patient Revenue	55-59%	↓	61%												61%	59.7%
Days in Account Receivable	55-60	↓	80												80	79
Write-Off Percent of Gross Revenue	.5-.6%	↓	0.18%												0.18%	n/a

KEY: ↑ Higher rates are positive  
↓ Lower rates are positive

\* Monthly Rates are Annualized

## NCHC OUTCOME DEFINITIONS

### CLINICAL

<b>Nursing Home Readmission Rate</b>	Percent of Nursing Home Medicare residents rehospitalized within 30 days of admission to the Nursing Home.
<b>Psychiatric Hospital Readmission Rate</b>	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital.
<b>AODA Relapse Rate</b>	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification.
<b>NCHC Adverse Event Rate</b>	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors.

### PEOPLE

<b>Injury Claims</b>	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate.
<b>Employee Turnover Rate</b>	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate.

### SERVICE

<b>Client/Patient/Resident Satisfaction Percentile Rank</b>	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey.
<b>Community Partner Satisfaction Percent Good/Excellent</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.

### COMMUNITY

<b>Community Employment Rate</b>	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed.
<b>NCHC Access Measure</b>	% of clients obtaining services within the Best Practice timeframes in NCHC programs.
<b>Recidivism Rate for OWI</b>	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions.

### FINANCE

<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Days in Account Receivable</b>	Average number of days for collection of accounts.
<b>Write-Off percent</b>	Write-offs as a percent of gross revenue

## MEMO

**TO:** North Central Health Care Finance Committee  
**FROM:** Brenda Glodowski  
**DATE:** February 17, 2015  
**RE:** Attached Financials

Attached please find a copy of the January financial statements for your review. To assist you in your review, the following information is provided.

### **BALANCE SHEET**

Accounts Receivable continues to be high due to working through the billing glitches on the new electronic system. This process continues to be closely monitored. Other accounts remain consistent with prior months.

### **STATEMENT OF REVENUE AND EXPENSES**

The month of January shows a gain of \$10,895 compared to a budgeted gain of \$56,970, resulting in a negative variance of (\$46,075).

The hospital averaged 13 patients per day, which is the target. The nursing home census averaged 210 per day, compared to the target of 213. The Medicare census averaged 27 per day, compared to the target of 26. Outpatient revenue was low in January.

Overall expenses were below targets for January. Employee benefits were below budget targets, with health insurance being the area that was below budget targets the most. Food and state institutions were areas that exceeded budget targets. Salaries in those areas that provide coverage were higher in January due to three holidays being paid in January. This is normal, and should even out over the next few months. A payment was also made in January to the consulting firm working on the strategic planning.

For January, both programs do show a small gain, with the nursing home showing a gain of \$1,707 and the human services program showing a gain of \$9,188.

If you have any questions, please feel free to contact me.

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET ASSETS  
JANUARY 2015**

	<u>51.42/.437</u> <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	<u>TOTAL</u> <u>31-Jan-14</u>
<b>CURRENT ASSETS:</b>				
CASH AND EQUIVALENTS	7,489,759	(130,871)	7,358,888	8,529,557
SHORT-TERM INVESTMENTS	7,004,735		7,004,735	6,495,769
CASH FOR APPROVED CAPITAL PURCHASES	1,768,453	526,813	2,295,265	1,804,231
DONATED FUNDS	183,884		183,884	132,980
<b>ACCOUNTS RECEIVABLE:</b>				
PATIENT (NET)	4,251,709	4,249,259	8,500,969	4,998,977
STATE GRANTS	74,275		74,275	54,868
OTHER	481,093		481,093	508,364
APPROPRIATIONS RECEIVABLE	56,039		56,039	716,887
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	373,833	166,666	540,499	650,749
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>414,440</u>	<u>64,904</u>	<u>479,344</u>	<u>694,735</u>
<b>TOTAL CURRENT ASSETS</b>	<b><u>22,115,141</u></b>	<b><u>5,133,673</u></b>	<b><u>27,248,814</u></b>	<b><u>24,918,122</u></b>
<b>CAPITAL ASSETS</b>				
CAPITAL ASSETS	29,364,666	14,397,576	43,762,242	42,622,499
ACCUMULATED DEPRECIATION	<u>(21,982,112)</u>	<u>(10,503,184)</u>	<u>(32,485,295)</u>	<u>(31,031,007)</u>
<b>CAPITAL ASSETS - NET</b>	<b><u>7,382,554</u></b>	<b><u>3,894,392</u></b>	<b><u>11,276,946</u></b>	<b><u>11,591,492</u></b>
<b>OTHER ASSETS - DEFERRED CHARGES</b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>0</u></b>	<b><u>0</u></b>
<b>RESTRICTED ASSETS - PATIENT TRUST FUNDS</b>	<b><u>13,277</u></b>	<b><u>43,388</u></b>	<b><u>56,665</u></b>	<b><u>333,712</u></b>
<b>TOTAL ASSETS</b>	<b><u>29,510,972</u></b>	<b><u>9,071,454</u></b>	<b><u>38,582,425</u></b>	<b><u>36,843,325</u></b>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET ASSETS  
JANUARY 2015**

	<u>51.42/.437</u> <u>PROGRAM</u>	<u>NURSING</u> <u>HOME</u>	<u>TOTAL</u>	<u>TOTAL</u> <u>31-Jan-14</u>
<b>CURRENT LIABILITIES:</b>				
ACCOUNTS PAYABLE	3,458,249	0	3,458,249	3,073,613
THIRD PARTY PAYABLE	390,000	0	390,000	441,000
APPROPRIATIONS ADVANCES	1,348,859	0	1,348,859	49,787
<b>ACCRUED LIABILITIES:</b>				
SALARIES & RETIREMENT	1,455,149	0	1,455,149	2,156,824
PAYROLL TAXES AND WITHHOLDING	169,991	0	169,991	244,975
COMPENSATED ABSENCES	1,526,267	0	1,526,267	1,500,340
OTHER PAYABLES	72,806	0	72,806	0
DEFERRED REVENUE - STATE GRANTS	<u>411,357</u>		<u>411,357</u>	<u>419,691</u>
<b>TOTAL CURRENT LIABILITIES</b>	<u>8,832,678</u>		<u>8,832,678</u>	<u>7,886,230</u>
PATIENT TRUST FUNDS	<u>13,277</u>	<u>43,307</u>	<u>56,584</u>	<u>333,493</u>
<b>NET ASSETS:</b>				
INVESTED IN CAPITAL ASSETS	7,382,554	3,894,392	11,276,946	11,591,492
UNRESTRICTED	13,273,275	5,132,048	18,405,323	16,907,926
OPERATING INCOME(LOSS)	<u>9,188</u>	<u>1,707</u>	<u>10,895</u>	<u>124,183</u>
<b>TOTAL NET ASSETS</b>	<u>20,665,017</u>	<u>9,028,147</u>	<u>29,693,165</u>	<u>28,623,602</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>29,510,972</u>	<u>9,071,454</u>	<u>38,582,425</u>	<u>36,843,325</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING JANUARY 31, 2015**

<b>51.42./437 PROGRAMS</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
<b>REVENUE</b>						
Net Patient Service Revenue	\$1,272,609	\$1,472,302	(\$199,693)	\$1,272,609	\$1,472,302	(\$199,693)
<b>OTHER REVENUE</b>						
State Match / Addendum	325,060	325,120	(59)	325,060	325,120	(59)
Grant Revenue	173,825	184,113	(10,287)	173,825	184,113	(10,287)
County Appropriations - Net	594,566	588,525	6,040	594,566	588,525	6,040
Departmental and Other Revenue	<u>126,367</u>	<u>145,825</u>	<u>(19,458)</u>	<u>126,367</u>	<u>145,825</u>	<u>(19,458)</u>
Total Other Revenue	<u>1,219,818</u>	<u>1,243,583</u>	<u>(23,765)</u>	<u>1,219,818</u>	<u>1,243,583</u>	<u>(23,765)</u>
<b>TOTAL REVENUE</b>	2,492,428	2,715,885	(223,457)	2,492,428	2,715,885	(223,457)
<b>EXPENSES</b>						
Direct Expenses	1,801,842	1,898,064	(96,222)	1,801,842	1,898,064	(96,222)
Indirect Expenses	<u>689,162</u>	<u>786,201</u>	<u>(97,039)</u>	<u>689,162</u>	<u>786,201</u>	<u>(97,039)</u>
Total Expenses	<u>2,491,004</u>	<u>2,684,265</u>	<u>(193,261)</u>	<u>2,491,004</u>	<u>2,684,265</u>	<u>(193,261)</u>
Operating Income (Loss)	<u>1,424</u>	<u>31,620</u>	<u>(30,196)</u>	<u>1,424</u>	<u>31,620</u>	<u>(30,196)</u>
<b>Nonoperating Gains(Losses):</b>						
Interest Income	5,840	7,500	(1,660)	5,840	7,500	(1,660)
Donations and Gifts	1,924	0	1,924	1,924	0	1,924
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>7,765</u>	<u>7,500</u>	<u>265</u>	<u>7,765</u>	<u>7,500</u>	<u>265</u>
Operating Income / (Loss)	<u>\$9,188</u>	<u>\$39,120</u>	<u>(\$29,931)</u>	<u>\$9,188</u>	<u>\$39,120</u>	<u>(\$29,931)</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING JANUARY 31, 2015**

<b>NURSING HOME</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
<b>REVENUE</b>						
Net Patient Service Revenue	<u>\$2,037,009</u>	<u>\$2,041,681</u>	<u>(\$4,673)</u>	<u>\$2,037,009</u>	<u>\$2,041,681</u>	<u>(\$4,673)</u>
<b>OTHER REVENUE</b>						
County Appropriations - Net Departmental and Other Revenue	<u>141,667</u> <u>31,706</u>	<u>141,667</u> <u>34,833</u>	<u>0</u> <u>(3,127)</u>	<u>141,667</u> <u>31,706</u>	<u>141,667</u> <u>34,833</u>	<u>0</u> <u>(3,127)</u>
Total Other Revenue	<u>173,373</u>	<u>176,500</u>	<u>(3,127)</u>	<u>173,373</u>	<u>176,500</u>	<u>(3,127)</u>
<b>TOTAL REVENUE</b>	<u>2,210,382</u>	<u>2,218,182</u>	<u>(7,800)</u>	<u>2,210,381</u>	<u>2,218,181</u>	<u>(7,800)</u>
<b>EXPENSES</b>						
Direct Expenses	<u>1,648,422</u>	<u>1,559,512</u>	<u>88,909</u>	<u>1,648,422</u>	<u>1,559,512</u>	<u>88,909</u>
Indirect Expenses	<u>560,627</u>	<u>640,820</u>	<u>(80,193)</u>	<u>560,627</u>	<u>640,820</u>	<u>(80,193)</u>
Total Expenses	<u>2,209,048</u>	<u>2,200,332</u>	<u>8,716</u>	<u>2,209,048</u>	<u>2,200,332</u>	<u>8,716</u>
Operating Income (Loss)	<u>1,333</u>	<u>17,850</u>	<u>(16,516)</u>	<u>1,333</u>	<u>17,849</u>	<u>(16,516)</u>
<b>Nonoperating Gains(Losses):</b>						
Interest Income	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Donations and Gifts	<u>374</u>	<u>0</u>	<u>374</u>	<u>374</u>	<u>0</u>	<u>374</u>
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>374</u>	<u>0</u>	<u>374</u>	<u>374</u>	<u>0</u>	<u>374</u>
<b>Operating Income / (Loss)</b>	<u>\$1,707</u>	<u>\$17,850</u>	<u>(\$16,142)</u>	<u>\$1,707</u>	<u>\$17,850</u>	<u>(\$16,142)</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING JANUARY 31, 2015**

<b>TOTAL</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
<b>REVENUE</b>						
Net Patient Service Revenue	<u>\$3,309,618</u>	<u>\$3,513,983</u>	<u>(\$204,365)</u>	<u>\$3,309,618</u>	<u>\$3,513,983</u>	<u>(\$204,365)</u>
<b>OTHER REVENUE</b>						
State Match / Addendum	325,060	325,120	(59)	325,060	325,120	(59)
Grant Revenue	173,825	184,113	(10,287)	173,825	184,113	(10,287)
County Appropriations - Net	736,233	730,192	6,040	736,232	730,192	6,040
Departmental and Other Revenue	<u>158,073</u>	<u>180,658</u>	<u>(22,585)</u>	<u>158,073</u>	<u>180,658</u>	<u>(22,585)</u>
Total Other Revenue	<u>1,393,191</u>	<u>1,420,083</u>	<u>(26,892)</u>	<u>1,393,191</u>	<u>1,420,083</u>	<u>(26,892)</u>
<b>TOTAL REVENUE</b>	4,702,809	4,934,067	(231,257)	4,702,809	4,934,066	(231,257)
<b>EXPENSES</b>						
Direct Expenses	3,450,264	3,457,577	(7,313)	3,450,264	3,457,577	(7,313)
Indirect Expenses	<u>1,249,788</u>	<u>1,427,021</u>	<u>(177,232)</u>	<u>1,249,788</u>	<u>1,427,021</u>	<u>(177,232)</u>
Total Expenses	<u>4,700,052</u>	<u>4,884,597</u>	<u>(184,545)</u>	<u>4,700,052</u>	<u>4,884,597</u>	<u>(184,545)</u>
Operating Income (Loss)	<u>2,757</u>	<u>49,470</u>	<u>(46,713)</u>	<u>2,757</u>	<u>49,469</u>	<u>(46,712)</u>
<b>Nonoperating Gains(Losses):</b>						
Interest Income	5,840	7,500	(1,660)	5,840	7,500	(1,660)
Donations and Gifts	2,298	0	2,298	2,298	0	2,298
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>8,139</u>	<u>7,500</u>	<u>639</u>	<u>8,139</u>	<u>7,500</u>	<u>639</u>
Operating Income / (Loss)	<u>\$10,895</u>	<u>\$56,970</u>	<u>(\$46,075)</u>	<u>\$10,895</u>	<u>\$56,970</u>	<u>(\$46,075)</u>



NORTH CENTRAL HEALTH CARE  
 REPORT ON AVAILABILITY OF FUNDS  
 January 31, 2015

FUNDS REQUIRED TO MEET CURRENT OPERATIONAL NEEDS:

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
Abby Bank	365 Days	02/25/2015	0.65%	\$500,000
People's State Bank	365 Days	02/28/2015	0.50%	\$250,000
Abby Bank	365 Days	03/15/2015	0.65%	\$400,000
BMO Harris	395 Days	04/28/2015	0.35%	\$500,000
People's State Bank	365 Days	04/29/2015	0.50%	\$350,000
People's State Bank	365 Days	04/30/2015	0.50%	\$500,000
Abby Bank	365 Days	05/03/2015	0.55%	\$500,000
CoVantage Credit Union	365 Days	05/28/2015	0.55%	\$500,000
Abby Bank	365 Days	05/30/2015	0.55%	\$500,000
BMO Harris	395 Days	07/26/2015	0.30%	\$500,000
Abby Bank	365 Days	07/05/2015	0.55%	\$500,000
Abby Bank	365 Days	07/19/2015	0.55%	\$500,000
People's State Bank	365 Days	08/21/2015	0.45%	\$500,000
Abby Bank	365 Days	08/29/2015	0.45%	\$500,000
CoVantage Credit Union	456 Days	10/01/2015	0.65%	\$500,000
People's State Bank	365 Days	10/30/2015	0.50%	\$500,000
Abby Bank	365 Days	10/29/2015	0.55%	\$500,000
River Valley Bank	365 Days	12/27/2014	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE		373.12 Days	0.520% INTEREST	

# NCHC-DONATED FUNDS

## Balance Sheet

As of January 31, 2015

### ASSETS

#### Current Assets

##### Checking/Savings

##### CHECKING ACCOUNT

Adult Day Services	5,124.11
Adventure Camp	693.99
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	56,055.70
Community Services - M/H	1,699.00
CSP	-492.15
Fishing Without Boundries	1,510.00
General Donated Funds	71,665.07
Housing - DD Services	1,370.47
Langlade HCC	2,980.04
Legacies by the Lake	4,815.36
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	5,798.02
National Suicide Lifeline Stipe	7,403.61
Northern Valley West	1,616.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	2,279.37
Outpatient Services - Marathon	846.08
Pool	7,155.27
Prevent Suicide Langlade Co.	1,543.55
Suicide Prevention Walk	750.00
United Way	1,262.34
CHECKING ACCOUNT - Other	-50.00

Total CHECKING ACCOUNT 183,884.13

Total Checking/Savings 183,884.13

Total Current Assets 183,884.13

**TOTAL ASSETS 183,884.13**

### LIABILITIES & EQUITY

#### Equity

Opening Bal Equity	123,523.75
Retained Earnings	59,745.02
Net Income	615.36

Total Equity 183,884.13

**TOTAL LIABILITIES & EQUITY 183,884.13**

**North Central Health Care  
Budget Revenue/Expense Report**

Month Ending January 31, 2015

<b>ACCOUNT DESCRIPTION</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>DIFFERENCE</b>
<b><u>REVENUE:</u></b>					
TOTAL NET REVENUE	4,702,809	4,934,067	4,702,809	4,934,067	(231,258)
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,464,638	2,416,550	2,464,638	2,416,550	48,088
Fringe Benefits	846,023	983,695	846,023	983,695	(137,672)
Departments Supplies	432,869	431,133	432,869	431,133	1,736
Purchased Services	254,959	282,725	254,959	282,725	(27,766)
Utilitites/Maintenance Agreements	301,140	321,644	301,140	321,644	(20,505)
Personal Development/Travel	24,390	40,350	24,390	40,350	(15,960)
Other Operating Expenses	99,701	172,988	99,701	172,988	(73,287)
Insurance	41,867	48,258	41,867	48,258	(6,391)
Depreciation & Amortization	137,058	137,253	137,058	137,253	(195)
Client Purchased Services	<u>97,407</u>	<u>50,000</u>	<u>97,407</u>	<u>50,000</u>	<u>47,407</u>
<b>TOTAL EXPENSES</b>	<b>4,700,052</b>	<b>4,884,597</b>	<b>4,700,052</b>	<b>4,884,597</b>	<b>(184,545)</b>
<b>EXCESS REVENUE (EXPENSE)</b>	<b>2,757</b>	<b>49,470</b>	<b>2,757</b>	<b>49,470</b>	<b>(46,712)</b>

**North Central Health Care  
Write-Off Summary  
January 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$7,141	\$7,141	(\$1,384)
Bad Debt	\$30	\$30	\$18,544
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$0	\$0	\$58
Bad Debt	\$2,507	\$2,507	(\$5)
Ancillary Services:			
Administrative Write-Off	\$0	\$0	\$289
Bad Debt	\$0	\$0	\$0
<b>Pharmacy:</b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$7,140.71</b>	<b>\$7,141.00</b>	<b>(\$1,037.00)</b>
<b>Total - Bad Debt</b>	<b>\$2,536.70</b>	<b>\$2,537.00</b>	<b>\$18,539.00</b>

**North Central  
Health Care 2015  
Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
<b>January</b>	Nursing Home Hospital	6,603 403	6,500 403	(103) 0	88.75% 81.25%	87.37% 81.25%
<b>February</b>	Nursing Home Hospital					
<b>March</b>	Nursing Home Hospital					
<b>April</b>	Nursing Home Hospital					
<b>May</b>	Nursing Home Hospital					
<b>June</b>	Nursing Home Hospital					
<b>July</b>	Nursing Home Hospital					
<b>August</b>	Nursing Home Hospital					
<b>September</b>	Nursing Home Hospital					
<b>October</b>	Nursing Home Hospital					
<b>November</b>	Nursing Home Hospital					
<b>December</b>	Nursing Home Hospital					

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

**February 13, 2015**

**8:00AM**

**NCHC – Wausau Campus**

Present:	X Jean Burgener	X Lee Olkowski	EXC John Robinson
	X Bill Metter	X John Bandow	EXC Bill Miller
Also Present:	X Brenda Glodowski	X Gary Bezucha	X Gretchen Brown
	X Terry Kaiser	X JoAnn Pemble	

The meeting was called to order to 8:00 a.m.

Minutes

- **Motion**/second, Metter/ Bandow to approve minutes of the January 13, 2015 meeting. Motion carried.

Financial Report

- Because it is a challenge to provide the previous month's financial information by the 2<sup>nd</sup> Thursday of the month, it was suggested to move this meeting to the 3<sup>rd</sup> or 4<sup>th</sup> week of the month. There was no opposition to this change by the Board member present. However, due to the absence of two Board members, a poll will be sent out for consensus on which week would be preferred.
- Combining Statement of Revenue and Expenses for Period Ending December 31, 2014, is still pre-audit and the results are preliminary. Brenda is optimistic that the final results will show a more favorable picture, though there will still be a substantial loss for 2014.
- Overall census target for 2014 was 225/day and Medicare census was 30/day. We did not meet those targets. However, the Medicare census was starting to trend higher in December, which should also impact the final totals.
- January 2015 overall results, while positive, were a little below the budget target for the month. Contributing factors to the excess revenue are:
  - Budget targets have been adjusted for 2015 to overall census of 213/day and Medicare census of 26/day.
  - Medicare census was up to 27.
  - Several changes in overhead started in January in that several positions within NCHC that ended due to retirement or termination were not filled.
  - Benefit and health care costs were down in January.
  - PPD numbers were tightened and temp agency staffing was reduced.
  - New Medicaid rates are up from where they had been for the first three quarters of 2014. This will also have a positive impact on the final 2014 results by approximately \$100,000.
  - The payor mix has improved.
- Direct expenses for January 2015 were still high due to the three holidays and high overtime to cover vacancies. Overtime is doing better.
- YTD overall turnover rate in 2014 was 41.5%. It is trending down at 36.9% for January 2015.

- Brenda has developed a Nursing Home Monthly Information sheet that will provide an at-a-glance snapshot of the areas we are monitoring. It will be included in the financial packet each month.
- As of February 11, the Medicare census was averaging 34 with overall census at 213.
- For the first half of 2014, the vent unit was at capacity, however, we were not at target for the number of residents that were actually vented. Target for vented residents for 2015 is 15/day.
- Will continue to closely monitor the billing components; still working through some glitches, but it is getting better.
- Pharmacy was on target for January 2015; revenues and expenses were at budget.
- Rehab revenues were right about target, but expenses were a little high.

#### Nursing Home Update

- A downward trend in overall census is not anticipated. Hospital censes have fluctuated up and down in the last two weeks. Construction phasing has been planned to maintain budgeted census. We are staying connected to our referral sources. Testimonial ads have been placed.
- North Ridge in Manitowoc is planning to open a 10-bed vent unit. They have not yet received state certification. They will not be able to care for those with a high acuity level as they will not have wall-mounted air supply. Suggestion made to do a study on the county of origin of our ventilator residents to determine where we are drawing from to assist with marketing and promoting those services.
- An affiliation with Aspirus will also help to maintain our census. We received word that four organizations had been chosen and they would be contacting them next week.
- A consultant, Amy Ruplinger, conducted an audit of our CMI. She had no recommendations for our MDS Coordinators and said MDS documentation is excellent. We are doing our CMI correctly. Our CMI rate did go down, largely due to our current population. The way we are to calculate CMI is changing moving forward. The calculations will be based on data for an entire quarter resulting in a more cumulative rate. This will be to our benefit as we will get an overall look at the rates rather than for one specific point in time. The consultant spent some time with our Utilization Review nurse to make sure she was looking at the correct information. She also had some suggestions on how to improve some of our documentation in our electronic medical record for survey purposes.
- PPD: We are filling two manager positions, which should help with managing our PPDs. There is a potential to fill one of the positions. In the meantime, Kristin Woller and Lisa Henkelman are covering those positions.
- Continue to track the impact Navi Health is having on the average length of stay (LOS). As of January 2015, total length of stay is down from 40.3 in March to 31.1 in January. Likewise, Advocare LOS is down from 34.75 in March to 18.5 in January. LOS without Advocare is also trending down from 46.2 in March to 35.6 in January. It is felt this is the trend for the future of healthcare. Strategy will be to replace length of stay with a larger census.
- Seeing a little reduction in our CNA turnover rates. Eleven of the hires from the last two NTC classes are still with us and we have a potential for 10 more from the current class. There are four more classes remaining for the year. Staff turnover is a challenge for the healthcare industry as a whole. We are the only facility in the area making an investment in training new CNAs. One challenge is that the part time staff gets hit with higher benefit costs plus the 7% mandatory contribution to retirement.
- Interviews with other rehab providers have been completed and a decision will be made by the end of today.

### Master Facility Plan / Phasing Update

- Final plans have been sent to the state for review. So far, their only concern was in regard to the cubic feet of air going into the rooms when the HVAC is disconnected. The timing for the HVAC work was changed and the new plan was sent to the state.
- An ad will be in the paper today for the construction work. It is advertised as a multi-prime project, which breaks the whole project into 15 different categories. This allows the smaller, local companies to bid on just one of the categories, rather than the whole project. The bigger companies can still bid if they want to. Bids are due by March 12.
- Awards of contracts will be after the April 21<sup>st</sup> Board meeting.
- Walk-throughs by contractors interested in bidding are scheduled for Feb. 19<sup>th</sup>, Feb. 26<sup>th</sup>, and March 4<sup>th</sup>.
- An RP for a Construction Manager went out Feb. 10<sup>th</sup> with a due date of Feb. 19<sup>th</sup>. So far, Miron, Samuels Group, and CWE have shown interest.
- Construction phasing will be done in four phases. With this plan, residents will only have to be moved one time.
- First floor and all of Rehab will be done first. Residents on South Shore will be moved upstairs.
- While we should not have to reduce the census at all, the lack of private rooms during construction may deter admissions that want a private room.
- Each phase will take 3 – 4 months. The last phase will take longer because there will be no place to move a large number of residents so only 1 – 2 rooms will be worked on at a time.
- During construction, we will be focusing on activities for the residents and keeping areas open for them.
- Looked into having an observation window for residents to see what is going on. The state said that a 2-hour partition wall will be required unless we can guarantee the area will have sprinklers available at all times. This precludes being able to provide an observation window.
- Vent unit census will also be maintained during construction; will work on four rooms at a time.
- Construction hours will be 7:00am to 7:00pm with a make-up day on Friday if needed. There will be no noise during meal times, before 7:00am, or after 7:00pm. Fridays should also be quiet.
- Because the basement is where all the mains are located, work will start there and then go through the floor up. Core holes between the floors will be capped until needed. This will maintain negative pressure in the core holes, keeping the dust and debris down and alleviate the need to go back and forth from one floor to the next.
- Now working on the soft costs such as flooring, paint, color choices, type/brand of equipment, etc.

### Future Strategic Planning Meetings

- Committee agreed to go ahead with the NHOC strategic planning meeting scheduled for Friday, March 13, from 8:00am – 12 noon.

### Site Neutral Payment Policy

- Education / discussion tabled until next meeting.

### Future Agenda Items

- Presentations on current trends/changes in what is happening in the Medicare world.
- Continue format with financials with addition of Nursing Home Monthly Information sheet.



- Action plan items
- Master facility plan
- Federal budget impact

**Motion**/second, Olkowski / Bandow to adjourn. Motion carried. Meeting adjourned at 9:15am.

*jhp*

North Central Health Care

APPOINTMENT RECOMMENDATION FLOW SHEET

Appointee Ruth Nelson-Lau, APNP

Appointment/ Reappointment 11-11-2014 to 06-30-2016  
Time Period

Staff Category  Active  Locum Tenens  
 Courtesy  Delegation  
 Mid-Level Practitioner

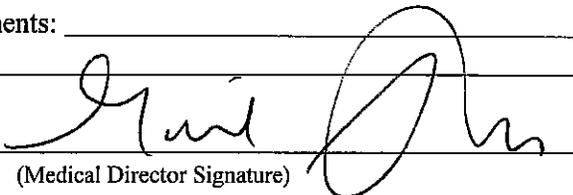
Clinical Privileges  Medical (Includes Family Practice, Internal Medicine)  
 Psychiatry  Dentistry  
 Mid-Level Practitioner  Psychologist

Special Conditions: \_\_\_\_\_

**MEDICAL DIRECTOR**

I have reviewed this physician's/practitioner's file and find that this appointee meets the criteria for appointment/reappointment to the Medical Staff of North Central Health Care.

Comments: \_\_\_\_\_

  
(Medical Director Signature)

1-15-15  
(Date)

**MEDICAL STAFF CHAIRPERSON**

Medical Staff recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

\_\_\_\_\_  
(Medical Staff Chairperson Signature)

\_\_\_\_\_  
(Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

Reason: \_\_\_\_\_

Completion date: \_\_\_\_\_

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Date)

# Ruth A. Nelson-Lau, APNP

## Enhanced Credentialing Activity

### General Profile

#### Primary Address

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

#### Other Provider Information

ID#: 1921

Provider Specialties Nurse Practitioner

NPI: 1598885709

UPIN: S03420

Medicare#: 37060 0017

Medical#:

### Credentialing Activity

#### Application

Application Sent Date 09/12/2014

Attestation Date

Received Date 11/12/2014

#### Most Recent Query

Query Type: Claims Processing

Query Date: 11/04/2014

#### Credentialing

Completed:

Issues:

#### Aspirus Network, Inc.

#### Information Upon Credentialing Completion

Status: ANI Application in Process

Category: ANI Allied Health Practitioner 2yr

Category Applied For: ANI Allied Health Practitioner 2yr

Network:

Cred Activity Notes

#### Committee Progress

Started:

Status:

Issues:

#### Activity

Completed:

#### Langlade Hospital

#### Information Upon Credentialing Completion

Status: LH Application in Process

Category: LH Allied Health 2yr

Category Applied For: LH Allied Health 2yr

Network:

Cred Activity Notes

#### Committee Progress

Started:

Status:

Issues:

#### Activity

Completed:

#### North Central Healthcare

From 11/11/2014 To 06/30/2016

#### Information Upon Credentialing Completion

Status: NCHC Current

Category: NCHC Allied Health 2yr

Category Applied For: NCHC Allied Health 2yr

Network:

Cred Activity Notes

#### Committee Progress

Started:

Status:

Issues:

#### Activity

Completed:

Completed Date 11/12/2014

**Education****Ruth A. Nelson-Lau, APNP****Gustavus Adolphus College**

Program: Nursing School

Dept/Specialty:

Start Date: 09/14/1981

End Date: 05/28/1985

Graduated/Completed: Letter Description: Verify Primary Professional Edu  
- AHP

Letter Sent Date: 10/29/2014

Letter Sent By: Jennifer L. Apfel

Verified: 

Verified Date: 10/31/2014

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes: BA Nursing

**University of Wisconsin, Oshkosh**

Program: Nursing School

Dept/Specialty:

Start Date: 09/01/1990

End Date: 06/06/1996

Graduated/Completed: Letter Description: Verify Primary Professional Edu  
- AHP

Letter Sent Date: 10/29/2014

Letter Sent By: Jennifer L. Apfel

Verified: 

Verified Date: 11/06/2014

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes: MSN

**Licenses****Ruth A. Nelson-Lau, APNP**

License Type: Advanced Cardiac Life Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 09/17/2016

Verified:   
 Verified Date: 10/27/2014

Verified By: Jennifer L. Apfel  
 Verified How: O-FYI Only  
 Notes:

License Type: Basic Life Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 12/06/2014

Verified:   
 Verified Date: 10/27/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: O-FYI Only  
 Notes:

License Type: Pediatric Advanced Life Support  
 State:  
 License Number:  
 Status:  
 Expiration Date: 03/13/2015

Verified:   
 Verified Date: 10/27/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: O-FYI Only  
 Notes:

License Type: Government Issued Photo ID  
 State: WI  
 License Number:  
 Status:  
 Expiration Date:

Verified:   
 Verified Date: 10/28/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: O-FYI Only  
 Notes:

License Type: DEA Certificate  
 State: WI  
 License Number: MN0167189  
 Status: Active  
 Expiration Date: 10/31/2016

Verified:   
 Verified Date: 10/29/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: L-DEA Website  
 Notes: source date 10/27/2014

License Type: State License  
 State: WI  
 License Number: 92551  
 Status: Active  
 Expiration Date: 02/29/2016

Verified:   
 Verified Date: 10/29/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: L-WI DRL Website  
 Notes: RN  
 Multi state

License Type: State License  
 State: WI  
 License Number: 154  
 Status: Active  
 Expiration Date: 09/30/2016

Verified:   
 Verified Date: 10/29/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: L-WI DRL Website  
 Notes: APNP

License Type: WI Caregiver Background Check  
 State:  
 License Number:  
 Status:  
 Expiration Date: 11/04/2018

Verified:   
 Verified Date: 11/04/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: L-WI Caregiver Background Ck Website  
 Notes:

**Insurance**

**Ruth A. Nelson-Lau, APNP**

**Marshfield Clinic Health Care Liability Insurance Plan**

*Policy Number:* SELF FUNDED

*Coverage Type:*

*Expiration Date:* 03/05/2004

*Letter Description:* Verify Malpractice Insurance AHP\*

*Letter Sent Date:* 10/29/2014

*Letter Sent By:* Jennifer L. Apfel

*Verified:*

*Verified Date:* 10/30/2014

*Verified By:* Jennifer L. Apfel

*Verified How:* I-Verification from Carrier

*Notes:* \$1M/\$3M  
no claims

**ProAssurance Companies**

*Policy Number:* MP89279

*Coverage Type:*

*Expiration Date:* 07/01/2014

*Letter Description:* Verify Malpractice Insurance AHP\*

*Letter Sent Date:* 10/29/2014

*Letter Sent By:* Jennifer L. Apfel

*Verified:*

*Verified Date:* 11/11/2014

*Verified By:* Jennifer L. Apfel

*Verified How:* I-Verification from Carrier

*Notes:* \$200K/\$600K  
no claims

**ProAssurance (Advanced Care Providers)**

*Policy Number:* AFC9116114

*Coverage Type:*

*Expiration Date:* 11/02/2015

*Letter Description:* Verify Malpractice Insurance AHP\*

*Letter Sent Date:* 10/29/2014

*Letter Sent By:* Jennifer L. Apfel

*Verified:*

*Verified Date:* 11/14/2014

*Verified By:* Jennifer L. Apfel

*Verified How:* I-Verification from Carrier

*Notes:* future insurance coverage  
\$1M/\$3M per COI  
no claims

**Boards**

**Am Nurses Credentialing Center-Family**

*Board Status:* Certified

*Cert Number:* 0215345

*Expiration Date:* 08/31/2019

*Verified:*

*Verified Date:* 11/04/2014

*Verified By:* Jennifer L. Apfel

*Verified How:* B-ANCC Website

*Notes:*

# Affiliations

Ruth A. Nelson-Lau, APNP

## North Central Health Care

Affiliation Type: Allied Health Staff  
 Category:  
 Dept./Specialty:  
 Start Date:  
 End Date:

Verified:   
 Verified Date: 10/29/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: O-FYI Only  
 Notes: future practice location

## Aspirus Wausau Hospital \*

Affiliation Type: Allied Health Staff  
 Category: Allied Health Practitioner  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 10/29/1997  
 End Date: 07/01/2004

Verified:   
 Verified Date: 10/29/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-Health Care Facility Verif Ltr  
 Notes: online verification

## Marshfield Clinic - Merrill Center

Affiliation Type: Allied Health Staff  
 Category: Not Provided  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 04/04/1994  
 End Date: 03/05/2004

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 10/29/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 10/30/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-NCS-Health Care Affiliation Verif Ltr  
 Notes:

## Marshfield Clinic - Wausau Center

Affiliation Type: Allied Health Staff  
 Category: Not Provided  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 01/01/1996  
 End Date: 03/05/2004

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 10/29/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 11/06/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-Health Care Facility Verif Ltr  
 Notes: 1/1/96-8/13/00 and 8/14/00-3/5/04

## Good Samaritan Health Center

Affiliation Type: Allied Health Staff  
 Category: Not Provided  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 04/04/1994  
 End Date:

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 10/29/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 11/11/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-NCS-Health Care Affiliation Verif Ltr  
 Notes: 4/4/94-7/3/00 employed mid level 10/15/03 to present part of AHP staff

## Pinecrest Nursing Home

Affiliation Type: Allied Health Staff  
 Category: Not Provided  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 01/01/2003  
 End Date:

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 11/25/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 11/25/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-NCS-Health Care Affiliation Verif Ltr  
 Notes:

## Ministry Good Samaritan Health Center Rehabilitation Services

Affiliation Type: Allied Health Staff  
 Category: Not Provided  
 Dept./Specialty: Nurse Practitioner  
 Start Date: 10/15/2003  
 End Date:

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 11/25/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 12/12/2014  
 Verified By: Jennifer L. Apfel  
 Verified How: A-NCS-Health Care Affiliation Verif Ltr  
 Notes:

## Ministry Home Care

Affiliation Type: Allied Health Staff  
 Category:  
 Dept./Specialty:  
 Start Date: 10/06/2014  
 End Date:

Letter Description: Verify Affiliations & Employment\*  
 Letter Sent Date: 11/25/2014  
 Letter Sent By: Jennifer L. Apfel

Verified:   
 Verified Date: 01/06/2015  
 Verified By: Jennifer L. Apfel  
 Verified How: O-Unable to Verify  
 Notes: 3 attempts, no response

**Affiliations - continued**

**Ruth A. Nelson-Lau, APNP**

**Langlade Hospital**

**Affiliation Type:** Allied Health Staff  
**Category:**  
**Dept/Specialty:**  
**Start Date:**  
**End Date:**

**Verified:** ✓  
**Verified Date:** 01/06/2015  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-FYI Only  
**Notes:** future practice location

**Apple River Hospital**

**Affiliation Type:** Employee  
**Category:**  
**Dept/Specialty:**  
**Start Date:** 09/01/1986  
**End Date:** 07/31/1986

**Letter Description:** Verify Affiliations & Employment\*  
**Letter Sent Date:** 11/25/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** [X]  
**Verified Date:** 01/06/2015  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-Unable to Verify  
**Notes:** 3 attempts, no response

**Marshfield Care Center**

**Affiliation Type:** Employee  
**Category:**  
**Dept/Specialty:**  
**Start Date:** 11/01/1991  
**End Date:** 11/30/1992

**Letter Description:** Verify Affiliations & Employment\*  
**Letter Sent Date:** 11/25/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** [X]  
**Verified Date:** 01/06/2015  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-Unable to Verify  
**Notes:** 3 attempts, no response

**Marshfield Clinic**

**Affiliation Type:** Employee  
**Category:**  
**Dept/Specialty:**  
**Start Date:** 01/01/1993  
**End Date:** 02/28/1994

**Letter Description:** Verify Affiliations & Employment\*  
**Letter Sent Date:** 11/25/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** [X]  
**Verified Date:** 01/06/2015  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-Unable to Verify  
**Notes:** 3 attempts, no response

**St. Joseph's Hospital**

**Affiliation Type:** Employee  
**Category:**  
**Dept/Specialty:**  
**Start Date:** 07/01/1986  
**End Date:** 07/31/1994

**Letter Description:** Verify Affiliations & Employment\*  
**Letter Sent Date:** 11/25/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** [X]  
**Verified Date:** 01/06/2015  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-Unable to Verify  
**Notes:** 3 attempts, no response

**Steve Daigle PAC**

**Affiliation Type:** Reference  
**Category:**  
**Dept/Specialty:**  
**Start Date:**  
**End Date:**

**Letter Description:** Verify Refs - Initial/Affiliate \*  
**Letter Sent Date:** 10/29/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** ✓  
**Verified Date:** 11/06/2014  
**Verified By:** Jennifer L. Apfel  
**Verified How:** A-NCS-Professional Ref Verif Ltr  
**Notes:**

**Randolph Waskin MD**

**Affiliation Type:** Reference  
**Category:**  
**Dept/Specialty:**  
**Start Date:**  
**End Date:**

**Letter Description:** Verify Refs - Initial/Affiliate \*  
**Letter Sent Date:** 11/14/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** ✓  
**Verified Date:** 11/18/2014  
**Verified By:** Jennifer L. Apfel  
**Verified How:** A-NCS-Professional Ref Verif Ltr  
**Notes:**

**Lisa Gervais RN**

**Affiliation Type:** Reference  
**Category:**  
**Dept/Specialty:**  
**Start Date:**  
**End Date:**

**Letter Description:** Verify Refs - Initial/Affiliate \*  
**Letter Sent Date:** 11/25/2014  
**Letter Sent By:** Jennifer L. Apfel

**Verified:** [X]  
**Verified Date:** 11/25/2014  
**Verified By:** Jennifer L. Apfel  
**Verified How:** A-NCS-Professional Ref Verif Ltr  
**Notes:**

**David Tange, M.D.**

**Affiliation Type:** Sponsoring Physician  
**Category:**  
**Dept/Specialty:**  
**Start Date:**  
**End Date:**

**Verified:** ✓  
**Verified Date:** 11/12/2014  
**Verified By:** Jennifer L. Apfel  
**Verified How:** O-FYI Only  
**Notes:** future sponsoring physician



**Affiliations - continued****Ruth A. Nelson-Lau, APNP****Robyn Schertz, M.D.***Affiliation Type* Sponsoring Physician*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description* Verify Refs - Initial/Affiliate \**Letter Sent Date* 11/14/2014*Letter Sent By:* Jennifer L. Apfel**Verified:** *Verified Date:* 11/19/2014*Verified By:* Jennifer L. Apfel*Verified How:* A-NCS-Professional Ref  
Verif Ltr*Notes:***M. Scott Moore, MD***Affiliation Type* Sponsoring Physician*Category:**Dept/Specialty:**Start Date:**End Date:***Verified:** *Verified Date:* 01/06/2015*Verified By:* Jennifer L. Apfel*Verified How:* O-FYI Only*Notes:* future sponsoring physician  
for Langlade**North Central Technical College***Affiliation Type* Teaching Appointment/Adjunct*Category:* Not Provided*Dept/Specialty:**Start Date:* 03/17/2003*End Date:* 05/31/2005*Letter Description* Verify Affiliations &  
Employment\**Letter Sent Date* 10/29/2014*Letter Sent By:* Jennifer L. Apfel**Verified:** *Verified Date:* 11/14/2014*Verified By:* Jennifer L. Apfel*Verified How:* A-NCS-Health Care  
Affiliation Verif Ltr*Notes:* Associate Degree Nursing  
Adjunct Faculty

Review of Work History & Explanation of Gaps	Date & Initials 1/6/2015 jla	Comments no gaps
SAM Website	Date & Initials 11/4/2014 jla	Comments
NPDB Website query through Cactus	Date & Initials 11/4/2014 jla	Comments
OIG Website	Date & Initials source date 10/15/2014 conducted 1/4/2014 jla	Comments
WI Circuit Court	Date & Initials 11/4/2014 jla	Comments
Medicare Opt Out List Website	Date & Initials source date 8/15/2014 reviewed 11/4/2014 jla	Comments
Consent Form	Sign Date & Initials 10/25/2014 jla	Comments
Health Requirements Met	Date & Initials 11/7/2014 jla	Y/N & Comments yes
Privilege Form	Sign Date & Initials NCHC 11/15/2014 jla LH	Comments
Supervising Physician Form	Sign Date & Initials N/A	Comments N/A
Collaborative Agreement	Sign Date & Initials 11/10/2014 jla	Comments David Tange MD M. Scott Moore MD for Langlade hospital do not have signed form yet
Verifications within 180 days	Date & Initials 1/6/2015 jla	Comments yes
CVO Review	Date 1/6/15	Signature 
ANI Provisional Approval (if applicable)	Date	Signature
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

North Central Health Care

APPOINTMENT RECOMMENDATION FLOW SHEET

Appointee Betsy J. Bitman, M.D.

Appointment/  
Reappointment 11-11-2014 to 10-31-2016  
Time Period

Staff Category  Active  Locum Tenens  
 Courtesy  Delegation  
 Mid-Level Practitioner

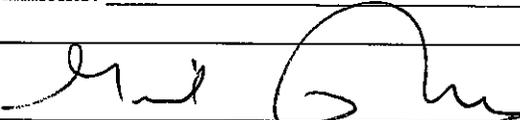
Clinical Privileges  Medical (Includes Family Practice, Internal Medicine)  
 Psychiatry  Dentistry  
 Mid-Level Practitioner  Psychologist

Special Conditions: \_\_\_\_\_

**MEDICAL DIRECTOR**

I have reviewed this physician's/practitioner's file and find that this appointee meets the criteria for appointment/reappointment to the Medical Staff of North Central Health Care.

Comments: \_\_\_\_\_

  
\_\_\_\_\_  
(Medical Director Signature)

1-28-15  
\_\_\_\_\_  
(Date)

**MEDICAL STAFF CHAIRPERSON**

Medical Staff recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

\_\_\_\_\_  
(Medical Staff Chairperson Signature)

\_\_\_\_\_  
(Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

Reason: \_\_\_\_\_

Completion date: \_\_\_\_\_

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Date)



**Betsy J. Bittman, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
1100 Lake View Drive  
Wausau, WI 54403-6785  
(715) 848-4600

**Other Provider Information**

ID#: [REDACTED]

Provider Specialties: Psychiatry

NPI: 1376630756

UPIN:

Medicare#:

Medicaid#:

**Credentialing Activity**

**Application**

Application Sent Date: 10/28/2014  
Attestation Date: 12/08/2014  
Received Date: 12/08/2014

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 01/16/2015

Credentialing  
Completed:

Issues:

**Aspirus Network, Inc.**

**Information Upon Credentialing Completion**

Status: ANI Application in Process  
Category: ANI Locum Tenens  
Category Applied For: ANI Locum Tenens  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues:

Activity  
Completed:

**North Central Healthcare**

From 11/11/2014 To 10/31/2016

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Locum Tenens  
Category Applied For: NCHC Locum Tenens  
Network:  
Cred Activity Notes:

**Committee Progress**

Started:  
Status:

Issues:

Activity  
Completed:

**Education****Betsy J. Bittman, M.D.****University of Illinois**

*Program:* Other Medical Professional School

*Dept./Specialty:*

*Start Date:*

*End Date:* 01/15/1984

*Graduated/Completed:*

*Letter Description:* Verify Primary Professional Edu - AHP

*Letter Sent Date:* 01/09/2015

*Letter Sent By:* Joyce L. Kluck

*Verified:*

*Verified Date:* 01/08/2015

*Verified By:* Joyce L. Kluck

*Verified How:* E-Ed Verif Letter

*Notes:* ms nutritional sciences

**Rush Medical College of Rush University**

*Program:* Medical School

*Dept./Specialty:*

*Start Date:* 09/19/1983

*End Date:* 06/13/1987

*Graduated/Completed:*

*Letter Description:* Verify Primary Professional Edu Doc \*

*Letter Sent Date:* 12/22/2014

*Letter Sent By:* Joyce L. Kluck

*Verified:*

*Verified Date:* 01/09/2015

*Verified By:* Joyce L. Kluck

*Verified How:* E-NCS Education Verif Ltr

*Notes:* MD

**University Hospital**

*Program:* Internship

*Dept./Specialty:* Internal Medicine

*Start Date:* 06/26/1987

*End Date:* 06/25/1988

*Graduated/Completed:*

*Letter Description:* Verify Intern / Res / Fellowship Doc\*

*Letter Sent Date:* 12/10/2014

*Letter Sent By:* Joyce L. Kluck

*Verified:*

*Verified Date:* 12/17/2014

*Verified By:* Joyce L. Kluck

*Verified How:* E-NCS Education Verif Ltr

*Notes:* Oregon Health Sciences

**Cornell**

*Program:* Residency

*Dept./Specialty:* Psychiatry

*Start Date:* 07/01/1988

*End Date:* 06/30/1991

*Graduated/Completed:*

*Letter Description:* Verify Intern / Res / Fellowship Doc\*

*Letter Sent Date:* 12/22/2014

*Letter Sent By:* Joyce L. Kluck

*Verified:*

*Verified Date:* 12/29/2014

*Verified By:* Joyce L. Kluck

*Verified How:* E-NCS Education Verif Ltr

*Notes:*

**New York University**

*Program:* Fellowship

*Dept./Specialty:* Psychiatry

*Start Date:* 07/01/1991

*End Date:* 06/30/1992

*Graduated/Completed:*

*Letter Description:* Verify Intern / Res / Fellowship Doc\*

*Letter Sent Date:* 12/22/2014

*Letter Sent By:* Joyce L. Kluck

*Verified:*

*Verified Date:* 01/08/2015

*Verified By:* Joyce L. Kluck

*Verified How:* E-NCS Education Verif Ltr

*Notes:* Psychiatry-Forensic

License Type: State License  
 State: WI  
 License Number: 54458  
 Status: Active  
 Expiration Date: 10/31/2015

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-WI DRL Website  
 Notes:

License Type: State License  
 State: OR  
 License Number: MD159790  
 Status:  
 Expiration Date: 12/31/2015

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: OR state website  
 Locum Tenens

License Type: State License  
 State: NY  
 License Number: 175432  
 Status:  
 Expiration Date: 03/31/2016

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: NY state website  
 status: registered

License Type: State License  
 State: NJ  
 License Number: 25MA05823800  
 Status: Inactive  
 Expiration Date: 06/30/2013

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: NJ state website

License Type: State License  
 State: MT  
 License Number: MED-PHYS-LIC-12318  
 Status: Active  
 Expiration Date: 03/31/2016

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: MT state website

License Type: State License  
 State: ME  
 License Number: TD101141  
 Status: Expired  
 Expiration Date: 06/30/2011

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: ME state website

License Type: State License  
 State: ID  
 License Number: TLM-3903  
 Status:  
 Expiration Date: 12/14/2012

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: ID state website / temp  
 physician & surgeon  
 status: upgraded

License Type: State License  
 State: ID  
 License Number: M-11756  
 Status: Active  
 Expiration Date: 06/30/2016

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-State License  
 Notes: ID state website / medicine

License Type: DEA Certificate  
 State: NY  
 License Number: FB3641885  
 Status: Active  
 Expiration Date: 07/31/2015

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-DEA Website  
 Notes: source date 11/17/2014

License Type: DEA Certificate  
 State: WI  
 License Number: FB4444321  
 Status: Active  
 Expiration Date: 07/31/2017

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-DEA Website  
 Notes: source date 11/17/2014

License Type: DEA Certificate  
 State: ID  
 License Number: FB4074833  
 Status: Active  
 Expiration Date: 07/31/2016

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-DEA Website  
 Notes: source date 11/17/2014

License Type: DEA Certificate  
 State: MT  
 License Number: FB2762993  
 Status: Active  
 Expiration Date: 07/31/2017

Verified:   
 Verified Date: 11/20/2014  
 Verified By: Joyce L. Kluck  
 Verified How: L-DEA Website  
 Notes: source date 11/17/2014

License Type: Government Issued Photo ID  
 State: NY  
 License Number:  
 Status:  
 Expiration Date:

Verified:   
 Verified Date: 12/08/2014  
 Verified By: Jill A. Patraw  
 Verified How: O-FYI Only  
 Notes:

License Type: Out of State background Check  
 State: NY  
 License Number:  
 Status:  
 Expiration Date:

Verified:   
 Verified Date: 01/16/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-Out of State Caregiver  
 Bckgrd Ck Website  
 Notes:

License Type: WI Caregiver Background  
 Check  
 State: WI  
 License Number:  
 Status:  
 Expiration Date: 01/16/2019

Verified:   
 Verified Date: 01/16/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-WI Caregiver  
 Background Ck Website  
 Notes:

License Type: State License  
 State: PA  
 License Number: MD447456  
 Status: Expired  
 Expiration Date: 12/31/2014

Verified:   
 Verified Date: 01/16/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-State License  
 Notes: PA state website

License Type: State License  
 State: ID  
 License Number: SPHY-11756  
 Status: Active  
 Expiration Date: 12/31/2015

Verified:   
 Verified Date: 01/16/2015  
 Verified By: Jill A. Patraw  
 Verified How: L-State License  
 Notes: ID state website /  
 supervising physician

**Insurance****Betsy J. Bittman, M.D.****Fair American Ins & Reins Co (LocumTenens.com)***Policy Number:* GP-FCO01-033315890*Coverage Type:**Expiration Date:* 05/01/2015*Letter Description:* Verify Malpractice Insurance  
AHP\**Letter Sent Date:* 01/09/2015*Letter Sent By:* Joyce L. Kluck*Verified:* *Verified Date:* 10/24/2014*Verified By:* Jill A. Patraw*Verified How:* O-FYI Only*Notes:* future insurance  
\$1M / \$3M per COI**Professional Risk Management Services Inc***Policy Number:* IN-FCO01-033311855*Coverage Type:**Expiration Date:* 03/31/2015*Letter Description:* Verify Malpractice Insurance  
DOC*Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck*Verified:* *Verified Date:* 12/31/2014*Verified By:* Jill A. Patraw*Verified How:* I-Verification from Carrier*Notes:* \$1M / \$3M no claims**Boards****Am Bd Psyc&Neur-Psychiatry***Board Status:* Certified-Lifetime*Cert Number:**Expiration Date:* Lifetime Certification*Verified:* *Verified Date:* 12/08/2015*Verified By:* Jill A. Patraw*Verified How:* B-ABMS Website-Board  
Certification*Notes:*



**Affiliations****Betsy J. Bittman, M.D.****North Valley Hospital***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 12/24/2012*End Date:**Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/10/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/15/2014*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Bozeman Deaconess Hospital***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 09/15/2014*End Date:**Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/17/2014*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Lancaster Regional Medical Center***Affiliation Type:* Medical Staff*Category:* Locum Tenens*Dept./Specialty:* Psychiatry*Start Date:* 12/10/2012*End Date:* 06/05/2014*Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/22/2014*Verified By:* Joyce L. Kluck*Verified How:* A-Health Care Facility Verif Ltr*Notes:* courtesy status 07/01/13 - 08/05/14

12/10/12 - 12/11/12

12/26/12 - 12/28/12

2/25/13 - 6/20/13

**Acadia Hospital***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 01/03/2011*End Date:* 02/25/2011*Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/23/2014*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Rimrock Foundation***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 12/23/2013*End Date:* 04/01/2014*Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/23/2014*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Center For Mental Health***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 07/02/2010*End Date:* 10/14/2011*Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 12/23/2014*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Western Montana Mental Health***Affiliation Type:* Medical Staff*Category:* Not Provided*Dept./Specialty:* Psychiatry*Start Date:* 01/30/2012*End Date:**Letter Description:* Verify Affiliations & Employment\**Letter Sent Date:* 12/22/2014*Letter Sent By:* Joyce L. Kluck**Verified:** *Verified Date:* 01/05/2015*Verified By:* Joyce L. Kluck*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:*

**Walter Reed Army Medical Center**

*Affiliation Type:* Medical Staff

*Category:*

*Dept./Specialty:* Psychiatry

*Start Date:* 08/02/2009

*End Date:* 09/04/2009

*Letter Description:* Verify Affiliations & Employment\*

*Letter Sent Date:* 12/22/2014

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 01/02/2015

*Verified By:* Joyce L. Kluck

*Verified How:* O-Unable to Verify

*Notes:* unable to verify-too old

**Waukesha Memorial Hospital -**

*Affiliation Type:* Medical Staff

*Category:* Locum Tenens

*Dept./Specialty:* Psychiatry

*Start Date:* 03/10/2011

*End Date:* 08/20/2011

*Letter Description:* Verify Affiliations & Employment\*

*Letter Sent Date:* 01/09/2015

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 01/15/2015

*Verified By:* Jill A. Patraw

*Verified How:* A-NCS-Health Care Affiliation Verif Ltr

*Notes:*

**Betsy J. Bittman, MD**

*Affiliation Type:* Medical Staff

*Category:* Not Provided

*Dept./Specialty:* Psychiatry

*Start Date:* 07/01/1991

*End Date:*

*Letter Description:* Verify Affiliations & Employment\*

*Letter Sent Date:* 01/19/2015

*Letter Sent By:* Jill A. Patraw

**Verified:**

*Verified Date:* 01/19/2015

*Verified By:* Jill A. Patraw

*Verified How:* A-NCS-Health Care Affiliation Verif Ltr

*Notes:* Private practice

**North Star Behavioral Health**

*Affiliation Type:* Medical Staff

*Category:*

*Dept./Specialty:* Psychiatry

*Start Date:* 10/26/2009

*End Date:* 06/01/2010

*Letter Description:* Verify Affiliations & Employment\*

*Letter Sent Date:* 01/09/2015

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 01/27/2015

*Verified By:* Jill A. Patraw

*Verified How:* O-No Response

*Notes:*

**State Hospital North**

*Affiliation Type:* Medical Staff

*Category:* Not Provided

*Dept./Specialty:* Psychiatry

*Start Date:* 08/05/2013

*End Date:* 12/31/2013

*Letter Description:* Verify Affiliations & Employment\*

*Letter Sent Date:* 01/26/2015

*Letter Sent By:* Jill A. Patraw

**Verified:**

*Verified Date:* 01/26/2015

*Verified By:* Jill A. Patraw

*Verified How:* A-NCS-Health Care Affiliation Verif Ltr

*Notes:*

**Otto Kernberg MD**

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

*Letter Description:* Verify Refs - Initial/Affiliate \*

*Letter Sent Date:* 12/10/2014

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 12/18/2014

*Verified By:* Joyce L. Kluck

*Verified How:* A-NCS-Professional Ref Verif Ltr

*Notes:*

**Joan Lynch MD**

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

*Letter Description:* Verify Refs - Initial/Affiliate \*

*Letter Sent Date:* 12/10/2014

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 12/15/2014

*Verified By:* Joyce L. Kluck

*Verified How:* A-NCS-Professional Ref Verif Ltr

*Notes:*

**Shaheer Atamy MD**

*Affiliation Type:* Reference

*Category:*

*Dept./Specialty:*

*Start Date:*

*End Date:*

*Letter Description:* Verify Refs - Initial/Affiliate \*

*Letter Sent Date:* 12/22/2014

*Letter Sent By:* Joyce L. Kluck

**Verified:**

*Verified Date:* 12/29/2014

*Verified By:* Joyce L. Kluck

*Verified How:* A-NCS-Professional Ref Verif Ltr

*Notes:*

	<i>Date &amp; Initials</i>	<i>Comments</i>
Review of Work History & Explanation of Gaps	1/19/2015 jap	no gaps
SAM Website	<i>Date &amp; Initials</i> 12/8/2014 jap	<i>Comments</i>
NPDB Website query through Cactus	<i>Date &amp; Initials</i> 1/16/2015 jap	<i>Comments</i>
OIG Website	<i>Date &amp; Initials</i> source date 12/3/2014 jap conducted date 12/8/2014 jap	<i>Comments</i>
WI Circuit Court	<i>Date &amp; Initials</i> 1/16/2015 jap	<i>Comments</i> no matches
Medicare Opt Out Website	<i>Date &amp; Initials</i> report run date 1/12/2015 jap reviewed date 1/16/2015 jap	<i>Comments</i>
Consent Form	<i>Sign Date &amp; Initials</i> 11/19/2014 jap	<i>Comments</i>
Health Requirements Met	<i>Date &amp; Initials</i> N/A	<i>Y/N &amp; Comments</i> N/A
Privilege Form	<i>Sign Date &amp; Initials</i> N/A	<i>Comments</i> N/A
Verifications within 180 days	<i>Date &amp; Initials</i> 1/27/2015 jap	<i>Comments</i> Yes
CVO Review	<i>Date</i> 01/27/2015	<i>Signature</i> Electronically signed by Jill Patraw
ANI Provisional Approval (if applicable)	<i>Date</i>	<i>Signature</i>
Entity Committee Review	<i>Date</i>	<i>Signature</i>
ANI Only - All Disclosure Questions Answered YES ___ NO ___		
ANI Only - Issues Identified YES ___ NO ___		

North Central Health Care

APPOINTMENT RECOMMENDATION FLOW SHEET

Appointee Landrea Lambertson, M.D.

Appointment/ Reappointment 09/16/2014 - 10/31/2016

Time Period

Staff Category  Active  Locum Tenens  
 Courtesy  Delegation  
 Mid-Level Practitioner

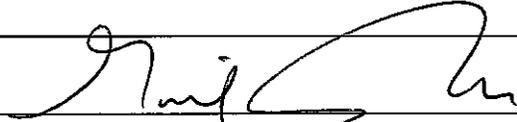
Clinical Privileges  Medical (Includes Family Practice, Internal Medicine)  
 Psychiatry  Dentistry  
 Mid-Level Practitioner  Psychologist

Special Conditions: \_\_\_\_\_

**MEDICAL DIRECTOR**

I have reviewed this physician's/practitioner's file and find that this appointee meets the criteria for appointment/reappointment to the Medical Staff of North Central Health Care.

Comments: \_\_\_\_\_

  
(Medical Director Signature)

12-19-14  
(Date)

**MEDICAL STAFF CHAIRPERSON**

Medical Staff recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

\_\_\_\_\_  
(Medical Staff Chairperson Signature)

\_\_\_\_\_  
(Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

Reason: \_\_\_\_\_

Completion date: \_\_\_\_\_

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Date)

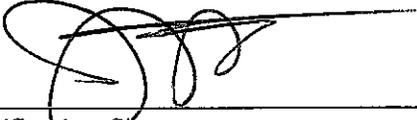
# North Central Health Care

Person centered. Outcome focused.

1100 Lake View Drive - Wausau, WI 54403-6785  
(715) 848-4600

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: Leandra Lamberton, M.D.	Initials	Date Verified
SSN: On file	jip	12-10-2014
Wisconsin Licenses #: 40574 Expiration Date: 10/31/2015	jip	12-10-2014
Board Certification ok	jip	OK 12-10-14
DEA Certification #: BP6375059 Expiration Date: 03/31/2017	jip	12-10-2014
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	12-10-2014
Malpractice Carriers: Fair American Insurance Coverage Dates: 9/16/2014 - 5/1/2015	jip	12-10-2014
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	12-10-2014
Wisconsin Background Check: No reports found	jip	12-10-2014
PPD results: n/a	jip	12-10-2014

  
Verification Signature

12-10-2014  
Date



**Leandrea S. Lamberton, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

North Central Health Care  
607 North Sales Street  
Merrill, WI 54452  
(715) 536-9482

**Other Provider Information**

ID#:

Provider Specialties: Psychiatry

NPI: 1588615322

UPIN:

Medicare#:

Medicaid#:

**Credentialing Activity**

**Application**

Application Sent Date: 07/23/2014  
Attestation Date: 10/01/2014  
Received Date: 10/02/2014

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 10/01/2014

Credentialing Completed:

Issues:

**Aspirus Network, Inc.**

**Information Upon Credentialing Completion**

Status: ANI Application in Process  
Category: ANI Locum Tenens  
Category Applied For: ANI Locum Tenens  
Network:  
Cred Activity Notes

**Committee Progress**

Started:  
Status:

Issues:

Activity Completed:

**North Central Healthcare**

**Information Upon Credentialing Completion**

Status: NCHC Application in Process  
Category: NCHC Locum Tenens  
Category Applied For: NCHC Locum Tenens  
Network:  
Cred Activity Notes

**Committee Progress**

Started:  
Status:

Issues:

Activity Completed:

**Education**

**University of Maryland**

Program: Medical School

Dept./Specialty:

Start Date: 08/18/1993

End Date: 05/23/1997

Graduated/Completed:

Letter Description: Verify Primary Professional Edu Doc\*

Letter Sent Date: 09/27/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 10/07/2014

Verified By: Jennifer L. Apfel

Verified How: E-Student Clearinghouse Website

Notes: MD

**Medical College of Wisconsin**

Program: Internship

Dept./Specialty: Psychiatry

Start Date: 07/01/1997

End Date: 06/30/1998

Graduated/Completed:

Letter Description: Verify Intern / Res / Fellowship Doc\*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/19/2014

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes:

**Medical College of Wisconsin**

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 07/01/1998

End Date: 06/30/2002

Graduated/Completed:

Letter Description: Verify Intern / Res / Fellowship Doc\*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/19/2014

Verified By: Jennifer L. Apfel

Verified How: E-NCS Education Verif Ltr

Notes:

**Licenses**

License Type: DEA Certificate

State: WI

License Number: BP6375059

Status: Active

Expiration Date: 03/31/2017

Verified:

Verified Date: 09/05/2014

Verified By: Jennifer L. Apfel

Verified How: L-DEA Website

Notes: source date 9/4/2014

License Type: State License

State: WI

License Number: 40574

Status: Active

Expiration Date: 10/31/2015

Verified:

Verified Date: 09/05/2014

Verified By: Jennifer L. Apfel

Verified How: L-WI DRL Website

Notes:

License Type: Government Issued Photo ID

State: WI

License Number:

Status:

Expiration Date:

Verified:

Verified Date: 09/09/2014

Verified By: Jennifer L. Apfel

Verified How: O-FYI Only

Notes:

License Type: WI Caregiver Background Check

State: WI

License Number:

Status:

Expiration Date: 10/01/2018

Verified:

Verified Date: 10/01/2014

Verified By: Jennifer L. Apfel

Verified How: L-WI Caregiver Background Ck Website

Notes:

**Insurance****Leandra S. Lamberton, M.D.****Medical College of Wisconsin**

Policy Number: SELF INSURED

Coverage Type:

Expiration Date: 06/30/2010

Letter Description: Verify Malpractice Insurance  
DOC

Letter Sent Date: 09/27/2014

Letter Sent By: Jennifer L. Apfel

Verified: 

Verified Date: 09/25/2014

Verified By: Jennifer L. Apfel

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M  
no claims**Professional Risk Management Services Inc**

Policy Number: GP-FCO01-033315890

Coverage Type:

Expiration Date: 05/01/2015

Letter Description: Verify Malpractice Insurance  
DOC

Letter Sent Date: 10/21/2014

Letter Sent By: Jennifer L. Apfel

Verified: 

Verified Date: 10/22/2014

Verified By: Jennifer L. Apfel

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M  
no claims**ProAssurance**

Policy Number: MP73462

Coverage Type:

Expiration Date: 08/02/2015

Letter Description: Verify Malpractice Insurance  
DOC

Letter Sent Date: 09/27/2014

Letter Sent By: Jennifer L. Apfel

Verified: 

Verified Date: 10/01/2014

Verified By: Jennifer L. Apfel

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M  
no claims**Boards****Am Bd Family Medicine**

Board Status: Not Certified

Cert Number:

Expiration Date: 12/31/2009

Verified: 

Verified Date: 09/05/2014

Verified By: Jennifer L. Apfel

Verified How: B-ABMS Website-Board  
Certification

Notes:

**Am Bd Psyc&Neur-Psychiatry**

Board Status: Certified

Cert Number:

Expiration Date: 03/01/2015

Verified: 

Verified Date: 09/05/2014

Verified By: Jennifer L. Apfel

Verified How: B-ABMS Website-Board  
Certification

Notes:



# Affiliations

Leandra S. Lamberton, M.D.

## Medical College of Wisconsin

Affiliation Type: Employee

Category: Not Provided

Dept./Specialty:

Start Date: 09/01/2002

End Date: 08/30/2010

Letter Description: Verify Affiliations & Employment\*

Letter Sent Date: 10/21/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 10/27/2014

Verified By: Jennifer L. Apfel

Verified How: A-Health Care Facility Verif Ltr

Notes: Asst. Professor Psychiatry

## North Central Health Care

Affiliation Type: Medical Staff

Category:

Dept./Specialty:

Start Date:

End Date:

Verified:

Verified Date: 09/05/2014

Verified By: Jennifer L. Apfel

Verified How: O-FYI Only

Notes: future practice location

## Ozaukee County Department of Human Services

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 08/01/2010

End Date: 07/31/2014

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 09/27/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/30/2014

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes:

## Milwaukee County Mental Health

Affiliation Type: Medical Staff

Category: Affiliate

Dept./Specialty: Psychiatry

Start Date: 02/14/2005

End Date: 12/31/2006

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 09/27/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 10/03/2014

Verified By: Jennifer L. Apfel

Verified How: A-Health Care Facility Verif Ltr

Notes: previous appointment 3/28/99-8/1/03

## Froedtert Memorial Lutheran Hosp. \*

Affiliation Type: Medical Staff

Category: Active

Dept./Specialty: Psychiatry

Start Date: 10/28/2002

End Date: 10/27/2004

Letter Description: Verify Affiliations & Employment\*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/18/2014

Verified By: Jennifer L. Apfel

Verified How: A-Health Care Facility Verif Ltr

Notes: names pass

## Michael Papin MD

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Initial/Affiliate \*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/22/2014

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

## Michelle Shasha PhD

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Initial/Affiliate \*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/22/2014

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

## Isaac Pierre M.D.

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Initial/Affiliate \*

Letter Sent Date: 09/16/2014

Letter Sent By: Jennifer L. Apfel

Verified:

Verified Date: 09/22/2014

Verified By: Jennifer L. Apfel

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

**Worksheet**

**Leandrea S. Lamberton, M.D.**

	<i>Date &amp; Initials</i>	<i>Comments</i>
Review of Work History & Explanation of Gaps	10/28/2014 jla	7/1/2010-8/2/2010 took month off work between jobs
SAM Website	<i>Date &amp; Initials</i> 10/01/2014 jla	<i>Comments</i>
NPDB Website query through Cactus	<i>Date &amp; Initials</i> 10/01/2014 jla	<i>Comments</i>
OIG Website	<i>Date &amp; Initials</i> source date 9/9/2014 conducted 10/01/2014 jla	<i>Comments</i>
WI Circuit Court	<i>Date &amp; Initials</i> 10/1/2014 jla	<i>Comments</i>
Medicare Opt Out Website	<i>Date &amp; Initials</i> report ran 8/15/2014 reviewed 10/01/2014 jla	<i>Comments</i>
Consent Form	<i>Sign Date &amp; Initials</i> 8/26/2014 jla	<i>Comments</i>
Health Requirements Met	<i>Date &amp; Initials</i> N/A	<i>Y/N &amp; Comments</i> N/A
Privilege Form	<i>Sign Date &amp; Initials</i> N/A	<i>Comments</i> N/A
Verifications within 180 days	<i>Date &amp; Initials</i> 10/28/2014 jla	<i>Comments</i> yes
CVO Review	<i>Date</i> 10/30/14	<i>Signature</i> 
ANI Provisional Approval (if applicable)	<i>Date</i>	<i>Signature</i>
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES ___ NO ___		
ANI Only - Issues Identified YES ___ NO ___		