

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

A meeting of the **North Central Community Services Program Board** will be held at **Langlade Health Services Center, 1225 Langlade Road, Antigo, WI, Health Services Center Board Room** at **12:00 PM** on **Thursday, April 28th, 2016.**

(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions.)

AGENDA

1. Call to order
2. Roll Call
3. Consent Agenda
 - a. Action: Approval of 3/31/16 Board meeting minutes
4. Chairperson's report: J. Zriny
 - a. Review draft minutes of the 4/12/16 Executive Committee meeting
 - b. Action: Approve Amendment to NCCSP Bylaws to allow Appointment of Vice-Chairs to Board Committees
5. Finance, Personnel & Property Committee report: B. Weaver
 - a. Review draft minutes of the 3/31/16 Finance, Personnel & Property Committee meeting
 - b. Overview of 4/28/16 Finance, Personnel & Property committee meeting
6. Financial report: B. Glodowski
 - a. Action: Accept the Financial Report and March Financial Statement
 - b. Review action planning related to financial performance
7. Quality Committee report
 - a. Action: Approve Organizational Quality Dashboard
 - b. Crisis Process Improvement update – B. Schultz, L. Scudiere
8. Human Services Operations Committee (HSOC) report: J. Robinson
 - a. Review draft minutes of the 4/8/16 HSOC meeting
9. Nursing Home Operations Committee (NHOC) report: J. Burgener
 - a. Review draft minutes of the 3/31/16 NHOC meeting
10. 2016 Operational Plan quarterly update – B. Schultz
11. Medical Staff Credentialing
 - a. Action: approve reappointments of:
 - Jessica Altis, PA-C
 - Jean Baribeau-Anaya, PA-C
 - Joan Hauer, APNP
 - Diane Mansfield, APNP
 - Ruth Nelson-Lau, APNP
 - Barb Torgerson, PA-C
12. Update on ongoing initiatives with County
13. Overview of Financial Implications of Withdrawal of Marathon County from NCHC
14. CEO Report
15. Future agenda items for committee consideration
16. Adjourn

- If time permits, beginning discussions may take place on future agenda items.
- 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/Michael Loy
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Lincoln & Marathon County Clerk Offices

DATE: 04/22/16 TIME: 3:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 04/22/16 TIME: 3:00 PM
By: Debbie Osowski

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.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

March 31, 2016

12:00 p.m.

NCHC – Wausau Board Room

Present:

X	Randy Balk	X	Ben Bliven	X	Jean Burgener
X	Joanne Kelly	EXC	Holly Matucheski	X	Bill Metter
X	Bill Miller	X	Ron Nye	X	Scott Parks
EXC	Dr. Eric Penniman	X	John Robinson	X	Greta Rusch
X	Bob Weaver	X	Jeff Zriny		

Also Present: Kim Heller, Kristi Kordus, Gary Olsen, Gary Bezucha, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Debbie Osowski

Board meeting was called to order at 12:03 p.m.

The Board agenda has a small change in that the board will be reviewing draft minutes of the committees and will not be approved at the Board level. Chairpersons of committees will keep the Board apprised of committee discussions.

Consent agenda

- **Motion**/second, Nye/Metter, to approve the consent agenda. Motion carried.

2015 Audit Presentation (Joint with NCCSP Board)

- Kim Heller, Wipfli, presented the 2015 audit.
- Wipfli felt it was a very good audit; Brenda Glodowski, Kim Wieloch, and staff are very detail oriented; Kim thanked them for their excellent work.
- One of the biggest challenges has been in the high levels of accounts receivables and noticeable aging in the nursing home area.
- Recommendation is to improve the system used in posting and generating reports in the accounts receivable system.
- There was decreased revenue due to billing system conversion; considering changing the system for nursing home billing.
- Uninsured unguaranteed cash deposits seem high. Finance Committee continues to review and have conversations with banks to collateralize the funds. The funds are still considered safe at the banks.
- Following discussion, **motion**/second, Miller/Nye, for Finance, Personnel & Property Committee to accept the 2015 audit and forward to the Board with recommendation for approval. Motion carried.
- **Motion**/second, Miller/Balk, to adjourn the Finance, Personnel & Property Committee meeting. Motion carried.
- **Motion**/second, Burgener/Metter, for Board approval of the 2015 Audit Report. Motion carried.

Chairperson's Report

- On 3/8/16 the Executive Committee met in joint session with the Finance, Personnel & Property Committee to discuss the presentation of the 2015 audit report, and discussed the work being done with Marathon County Administrative Planning Work Group. The Executive Team is doing an excellent job.

Finance, Personnel & Property Committee

- Committee met in joint session with the Executive Committee on 3/8/16 to discuss the presentation of the 2015 audit report.
- The Committee met prior to this Board meeting in which the financial statements were reviewed in depth.

Financial Report

- There was a small gain in February.
- Higher expenses in February due to an increase in employee benefits i.e. health insurance usage; revenues are at target but YTD we are slightly behind.
- **Motion**/second, Burgener/Balk, to accept the February Financial Statement. Motion carried.

Quality Committee Report

- Committee reviewed the Organizational Quality Dashboard in depth, received a Crisis Services Process Improvement Project update; and deferred some of the emergency operations discussion to next month.
- Organizational Quality Dashboard was reviewed:
 - Progress has been seen in the decrease of the vacancy rate.
 - We continue to work with leadership on the patient experience score which is obtained from all services based on the one universal question of 'overall satisfaction'. February volume of returns increased considerably.
 - Tremendous improvement noted in the nursing home readmission rate which was cut in half.
 - Work continues on improving scores in the psychiatric hospital and AODA areas.
 - We are working with community partners to identify a measure we can share equally.
 - Access to behavioral health services continues to be a focus area. Recruiting continues for counselors. A clinical coordinator for Outpatient Services has recently been hired after being vacant for two years.
 - Progress is being made in accounts receivable.
 - **Motion**/second, Miller/Burgener, to approve the report and Organizational Quality Dashboard. Motion carried.
- Crisis Process Improvement update:
 - Two action plans currently in progress: internal and external.
 - External plan is owned by the Crisis Process Improvement Team. Presentations are being made in the community to county boards and committees, non-profit groups, Noon Optimists, etc. engaging them on what a community can do around 'crisis'. Team is gathering information on crisis services in different communities and working with Chief Deputy Chad Billeb in this effort. Chad Billeb is also leading a crisis intervention program which is a class to assist law enforcement with dealing with mental health issues. Crisis workers will be attending the class, meeting with law enforcement, so both can better understand each other's roles.

- Transportation of NCHC clients to other facilities is also being reviewed. Marathon County has donated a van with the appropriate mechanisms for transporting individuals, are in process of recruiting drivers who are former law enforcement officers.
- Working on developing medical clearance protocol at NCHC.
- Internal Crisis Process Improvement team is being led by Pat LuCore, acting Behavioral Health Director. She has identified a list of 44 action items with the top three being: communication, onboarding process, and consistent documentation.

Nursing Home Operations Committee

- Two documents were distributed (from McKnights) as it relates to changing rules and expectations in nursing homes today. Many changes have occurred in just the last five years.

2016 Operational Plan quarterly update

- Agenda item tabled until next month.

Life Report Review – J. Kelly

- Value of report is the ownership of the communities.
- Page 70-71, 74 reflects NCHC services.
- Issues are intertwined in many community services; many opportunities to make a difference.
- Report can be accessed online at: <http://www.unitedwaymc.org/lifereport.htm>

Consideration of Appointment of Committee Vice-Chairs and Additional Committee Membership

- Current committee assignments were distributed.
- Committee chairs will be asked to identify a vice-chair for each committee.
- Quality Committee has few members. Dr. Penniman has accepted position in Tennessee. Would like to replace him with another physician. Dr. Penniman's work on our Board and in the community will be greatly missed.

CEO Report

- Dr. Masood, psychiatrist, will be visiting in April. She is interested in inpatient and outpatient psychiatry and is available for employment in one year.
- Oversight Task Force wrapped up their work. Approved report can be found on the Marathon County website. Still looking for a decision on the pool, needs of psychiatric hospital, and resource needs of outpatient.
- Administrative Work Group continues to meet weekly. Most discussions have been to understand operations, statutory requirements, financial indicators, and human services model.
- Will be announcing an Interim Human Resources Executive soon.
- Recruitment is in progress for a court liaison due to recent resignation.
- Hospital continues to be busy; at capacity with 20 individuals at other institutes. Doing as much as we can to control costs, less restrictive areas of care.

Motion/second, Robinson/Miller to adjourn at 1:53 p.m. Motion carried.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

April 12 2016

10:30 AM

NCHC – Wausau Campus

PRESENT: Jeff Zriny, Bob Weaver, Ron Nye, Jean Burgener (via phone)

ALSO PRESENT: Michael Loy, Gary Bezucha, Becky Schultz, John Fisher (Ruder Ware), Sue Matis

Sue Matis was introduced to the Committee as the new Interim HR Executive. Sue Matis exited the meeting.

Action: Approve 03/08/16 Executive Committee meeting minutes

- **Motion** to approve the 03/08/16 Executive Committee meeting minutes made by Bob Weaver, seconded by Jean Burgener, motion passed 3-0.

Consideration of motion to adjourn into closed session pursuant to Section 19.85(1)(f),(g) for purposes of receiving a report and presentation from legal counsel regarding information collected and maintained in connection with an investigation of circumstances relating to NCHC's obligations as a health care provider and covered entity under HIPAA and applicable state laws. This report contains information that, in combination with other publicly available information, could become protected health information under applicable Federal and state laws. This report is in furtherance of a review of the quality of service provided by NCHC as a health care provider under Section 146.81(2)

- **Motion** to enter into closed session was read and motioned by Bob Weaver, seconded by Jean Burgener, roll call vote, all ayes.

Ron Nye entered the meeting in closed session at 10:37 a.m.

Motion to reconvene into open session and possible announcements regarding items discussed in closed

- **Motion** to reconvene into open session made by Ron Nye, seconded by Bob Weaver, motion passed 3-0.
- **Motion** to direct legal counsel to coordinate a collaborative training with County Corporation Counsels for law enforcement regarding obligations under the 51.42 Statutes, motioned by Jean Burgener, seconded by Bob Weaver, motion passed 4-0.

Becky Schultz exited the meeting.

Consideration of Collaborative Care Model Proposal

- The Committed reviewed the initial Performance Management Contract approved by county board as a precursor to the proposed alternate approach developed with Counsel. A draft Letter of Intent, Collaborative Care Model document and appended documents were reviewed. The model was discussed along with plan for continuing to work with the County to come to terms with a mutually agreeable contract. Michael will forward the documents to both County Administrator Karger and Corporation Counsel Corbett.
- **Motion** to authorize the Interim CEO to continue to move forward with proposed alternatives was made by Ron Nye, seconded by Bob Weaver, motion passed 4-0. The Executive Committee

requested the final draft be brought back to the committee along with regular updates along the way.

Jon Fisher exited the meeting.

Consideration of Amendment to NCCSP Bylaws to allow Appointment of Vice-Chairs to NCCSP Board Committees

- Discussion on the need for this amendment was discussed and the associated memorandum was reviewed.
- **Motion** by Bob Weaver to approve the amendment to NCCSP Bylaws to allow Appointment of Vice- Chairs to NCCSP Board Committees, seconded by Jean Burgener, motion passed 4-0.

30 week Plan Review

- Updates were provided on communication strategies and ongoing initiatives with Marathon County Board.

CEO Report

- Nursing Home complaint was overviewed.
- Announced Dr. Penniman's resignation from the NCCSP Board.
- Discussed potential dates and topics for Board retreat.
- Employment Contracts were updated to reflect withdraw language as a definition of without cause.
- Acknowledged that NetSmart, our EMR vendor will be onsite soon to address issues.
- Update provided on activities of the Administrator's Planning Group.

Agenda for 4/28/16 Board meeting

- Item for amendments for bylaws

Future agenda items for committee consideration

- Update on Collaborative Care model progress

Motion by Bob Weaver to adjourn, seconded by Jean Burgener, motion carried.



North Central Health Care

Person centered. Outcome focused.

MEMO

DATE: April 7, 2016
TO: Executive Committee
FROM: Michael Loy, Interim CEO
RE: Appointment of Vice Chairs to NCCSP Board Committees

Purpose

The North Central Community Services Program (NCCSP) Board has requested for provision to be made for appointment of Vice Chairs to each of the Board's Committees.

Background

The current Board Bylaws last amended March 28, 2013; provide guidance on the form and functions of the Board and the committees of the Board. To accomplish the requested Board action, an amendment to the Bylaws provisioning the appointment of Vice-Chairs to each of the committees must be made.

Recommendation

The pertinent articles for amendment is Article 7-Board Committees Section 7.2 and 7.5. The following amendment to the article is necessary to implement the change to the Bylaws.

Add ()

Delete

Section 7.2 Each of the above committees shall consist of at least four (4) appointed members, at least two (2) of which must be Board members. The Chair and Vice-Chair of the committees must be a Board member. The number of members appointed to committees may be increased by the Chair of the Board. A majority of the committee members shall constitute a quorum to transact business. Actions of committees shall be approved by majority vote.

Section 7.5 Following the annual meeting of the Board, the Chair will appoint members of the Board to respective committees and also designate committee chairs and vice-chairs.

The Bylaws may be amended with five (5) days written notice at any regular meeting of the board requiring a two-thirds (2/3) vote of the members present.

The requested action would be to adopt these amendments to the Bylaws as stated in this memorandum and forward the proposed amendments to the full Board at their April 28, 2016 regular meeting.

Financial Analysis

None



North Central Health Care

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MEMO

DATE: April 7, 2016
TO: Executive Committee
FROM: Michael Loy, Interim CEO
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Financial Analysis

None

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

March 31, 2015

11:30 a.m.

NCHC – Wausau Campus

Present:

X	Randy Balk	X	Bill Miller	X	Ron Nye
X	Bob Weaver	X	Jeff Zriny		

Also Present: Michael Loy, Gary Bezucha, Brenda Glodowski

The meeting was called to order at 11:30 AM, roll call taken, and a quorum noted.

Minutes

Motion/second, Nye/Miller to approve the minutes of the 2/25/16 and 3/8/16 Finance, Personnel & Property Committee meetings. Motion carried.

Financials

- New format on the combining statement of net position has been implemented as a result of the special Finance meeting last month.
- Overall activity for February showed a small gain for the month and improvement from January.
- Medicare census dropped to 19 with a target of 23, nursing home census was below target with an average of 205 per day.
- Hospital met target in February.
- Outpatient areas were low; continue to be short staffed.
- Health insurance benefits were high; salaries high as well as contracted staff.
- Nursing home has shown improvement with staffing getting in line with patient days; new staff still in training.
- There is a deficit of \$375,000 through February; continue to work to keep expenses within target.
- **Motion**/second, Miller/Nye, to approve February financial statements as presented. Motion carried.

CFO Report

- Kim Heller, Wipfli, will be reviewing the audit report at the Joint Finance and Board meeting today. Several highlights include:
 - Overall audit is clean; no adjustments; no unadjusted variances.
 - Accounts receivable is high and we are working with the vendor for improvements.
 - Write-offs higher in 2015 than 2014 but still at .7% of overall gross revenue which is low in the 'healthcare world' but higher than desired.
 - The new format is included in this audit report.
 - Recommendations: accounts receivable, working to increase securities within the health electronic systems, continue working with banks to collateralize funds.
- Administrative write-offs were reviewed
 - Administrative write-off vs bad debt: An example of an administrative write-off is a late billing we cannot collect on any longer; an example of a bad debt is a bankruptcy

- Considering expanding the license of ECS which is the electronic medical record system the nursing home uses to include billing for nursing home. TIER has not provided a good billing system for nursing home billing. This module is available in that system. The minimal fee involved with making this change would be to expand the license.

2015 Audit Presentation (Joint with NCCSP Board)

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- **Motion**/second, Miller/Balk, to adjourn the Finance, Personnel & Property Committee meeting. Motion carried.

dko

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: April 21, 2016
RE: Attached Financials

Attached please find a copy of the March Financial Statements for your review. To assist in your review, the following information is provided:

BALANCE SHEET

The Balance Sheet is consistent with the prior month which reflects the change in the format. Account balances remain consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of March shows a loss of \$406,309 compared to a targeted gain of \$10,992 resulting in a negative variance of \$417,301.

Overall revenue for March did meet target. While the overall revenue met the overall target, not all individual areas did. Nursing home census continues to struggle with an average 205 per day for March. The target is 210 per day. The Medicare census improved a bit compared to February, averaging 21 per day, the target is 23 per day. The Hospital census improved in March averaging almost 15 per day compared to the target of 14 per day. Some Outpatient areas, such as Community Treatment, are at or exceeding revenue targets while other areas are not.

Overall expenses continue to exceed budget targets. Health insurance continues to be high which exceeds March targets by \$214,000. Year to date health insurance is exceeding targets by \$343,000. Accrued paid leave time is also increasing. The expense accrual for March exceeded target by \$58,000, and the year to date amount over target is \$132,000. This should begin to decrease going into spring and summer months as staff are taking vacations. Drugs and contracted psychiatry are also exceeding targets for March.

Several clients are still at other institutions such as Winnebago and Trempealeau County. This area exceeded targets for March by about \$170,000. A number of contracts are still in place for interim staff which is more costly than having positions filled. Much work continues to be done with Crisis and the Hospital, which is increasing costs as these areas are needing additional and more specialized staff to meet the needs.

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

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2016**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,884,047	705,722	4,589,769	5,499,975
Accounts receivable:				
Patient - Net	3,503,381	3,763,014	7,266,394	8,028,686
Outpatient - WIMCR	490,000	0	490,000	391,500
Nursing home - Supplemental payment program	0	474,000	474,000	499,998
Marathon County	71,383	0	71,383	72,809
Net state receivable	101,372	0	101,372	1,024,722
Other	200,699	0	200,699	246,583
Inventory	0	303,535	303,535	273,822
Other	<u>664,421</u>	<u>563,033</u>	<u>1,227,453</u>	<u>515,297</u>
Total current assets	<u>8,915,303</u>	<u>5,809,304</u>	<u>14,724,607</u>	<u>16,553,392</u>
Noncurrent Assets:				
Investments	9,800,000	0	9,800,000	7,084,905
Assets limited as to use	1,937,716	964,625	2,902,341	2,215,096
Restricted assets - Patient trust funds	25,274	38,993	64,268	51,302
Net pension asset	2,642,551	2,204,387	4,846,938	0
Nondepreciable capital assets	192,218	522,849	715,067	1,002,820
Depreciable capital assets - Net	<u>7,778,165</u>	<u>3,344,669</u>	<u>11,122,835</u>	<u>10,759,047</u>
Total noncurrent assets	<u>22,375,924</u>	<u>7,075,524</u>	<u>29,451,449</u>	<u>21,113,170</u>
Deferred outflows of resources - Related to pensions	<u>2,645,224</u>	<u>2,206,618</u>	<u>4,851,842</u>	<u>0</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>33,936,452</u>	<u>15,091,446</u>	<u>49,027,898</u>	<u>37,666,562</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2016**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	151,257	0	151,257	148,264
Accounts payable - Trade	740,502	647,245	1,387,747	1,350,559
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	1,182,866	986,734	2,169,600	1,810,290
Compensated absences	881,265	735,142	1,616,408	1,628,106
Health and dental insurance	467,236	389,764	857,000	652,000
Other Payables	223,741	186,642	410,383	422,806
Amounts payable to third-party reimbursement programs	400,000	0	400,000	315,000
Unearned revenue	<u>231,835</u>	<u>0</u>	<u>231,835</u>	<u>188,466</u>
Total current liabilities	<u>4,278,702</u>	<u>2,945,527</u>	<u>7,224,229</u>	<u>6,515,491</u>
Noncurrent Liabilities:				
Related-party note payable	636,181	0	636,181	787,438
Patient trust funds	<u>25,274</u>	<u>38,993</u>	<u>64,268</u>	<u>51,221</u>
Total noncurrent liabilities	<u>661,455</u>	<u>38,993</u>	<u>700,449</u>	<u>838,659</u>
Total liabilities	<u>4,940,157</u>	<u>2,984,520</u>	<u>7,924,677</u>	<u>7,354,150</u>
Deferred inflows of resources - Related to pensions	<u>46,273</u>	<u>38,600</u>	<u>84,873</u>	<u>0</u>
Net Position:				
Net investment in capital assets	7,970,383	3,867,519	11,837,902	11,761,867
Unrestricted	16,049,686	4,308,848	20,358,534	17,920,401
Restricted - Pension benefit	5,235,835	4,367,677	9,603,512	0
Operating Income / (Loss)	<u>(305,882)</u>	<u>(475,718)</u>	<u>(781,600)</u>	<u>630,144</u>
Total net position	<u>28,950,022</u>	<u>12,068,326</u>	<u>41,018,348</u>	<u>30,312,412</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>33,936,452</u>	<u>15,091,446</u>	<u>49,027,898</u>	<u>37,666,562</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2016**

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	<u>\$3,734,817</u>	<u>\$3,692,297</u>	<u>\$42,519</u>	<u>\$10,620,322</u>	<u>\$10,778,498</u>	<u>(\$158,176)</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	973,974	975,359	(1,385)
Grant Revenue	198,627	190,628	7,999	588,850	571,705	17,146
County Appropriations - Net	740,619	740,566	53	2,221,857	2,221,697	160
Departmental and Other Revenue	<u>194,917</u>	<u>200,733</u>	<u>(5,816)</u>	<u>609,545</u>	<u>601,899</u>	<u>7,646</u>
Total Other Revenue	<u>1,458,821</u>	<u>1,457,047</u>	<u>1,774</u>	<u>4,394,226</u>	<u>4,370,660</u>	<u>23,566</u>
Total Revenue	5,193,637	5,149,345	44,293	15,014,548	15,149,158	(134,610)
Expenses:						
Direct Expenses	4,223,790	3,695,595	528,195	11,883,319	10,794,940	1,088,378
Indirect Expenses	<u>1,386,784</u>	<u>1,450,258</u>	<u>(63,474)</u>	<u>3,945,178</u>	<u>4,264,458</u>	<u>(319,280)</u>
Total Expenses	<u>5,610,574</u>	<u>5,145,853</u>	<u>464,721</u>	<u>15,828,497</u>	<u>15,059,398</u>	<u>769,098</u>
Operating Income (Loss)	<u>(416,937)</u>	<u>3,492</u>	<u>(420,429)</u>	<u>(813,949)</u>	<u>89,760</u>	<u>(903,708)</u>
Nonoperating Gains (Losses):						
Interest Income	9,508	7,500	2,008	27,735	22,500	5,235
Donations and Gifts	1,120	0	1,120	4,614	0	4,614
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>10,628</u>	<u>7,500</u>	<u>3,128</u>	<u>32,348</u>	<u>22,500</u>	<u>9,848</u>
Operating Income / (Loss)	<u>(\$406,309)</u>	<u>\$10,992</u>	<u>(\$417,301)</u>	<u>(\$781,600)</u>	<u>\$112,260</u>	<u>(\$893,860)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2016**

51.42/.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	<u>\$1,732,736</u>	<u>\$1,605,924</u>	<u>\$126,812</u>	<u>\$4,735,374</u>	<u>\$4,610,869</u>	<u>\$124,505</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	973,974	975,359	(1,385)
Grant Revenue	198,627	190,628	7,999	588,850	571,705	17,146
County Appropriations - Net	598,953	598,899	54	1,796,859	1,796,697	162
Departmental and Other Revenue	<u>112,882</u>	<u>169,437</u>	<u>(56,555)</u>	<u>428,389</u>	<u>508,012</u>	<u>(79,623)</u>
Total Other Revenue	<u>1,235,120</u>	<u>1,284,084</u>	<u>(48,964)</u>	<u>3,788,073</u>	<u>3,851,773</u>	<u>(63,701)</u>
Total Revenue	2,967,856	2,890,009	77,847	8,523,447	8,462,642	60,804
Expenses:						
Direct Expenses	2,377,961	2,044,970	332,991	6,549,767	5,964,572	585,195
Indirect Expenses	<u>856,189</u>	<u>829,240</u>	<u>26,949</u>	<u>2,310,096</u>	<u>2,438,366</u>	<u>(128,270)</u>
Total Expenses	<u>3,234,150</u>	<u>2,874,210</u>	<u>359,941</u>	<u>8,859,864</u>	<u>8,402,938</u>	<u>456,925</u>
Operating Income (Loss)	<u>(266,294)</u>	<u>15,799</u>	<u>(282,093)</u>	<u>(336,417)</u>	<u>59,704</u>	<u>(396,121)</u>
Nonoperating Gains (Losses):						
Interest Income	9,508	7,500	2,008	27,735	22,500	5,235
Donations and Gifts	96	0	96	2,800	0	2,800
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>9,605</u>	<u>7,500</u>	<u>2,105</u>	<u>30,535</u>	<u>22,500</u>	<u>8,035</u>
Operating Income / (Loss)	<u>(\$256,690)</u>	<u>\$23,299</u>	<u>(\$279,989)</u>	<u>(\$305,882)</u>	<u>\$82,204</u>	<u>(\$388,086)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2016**

NURSING HOME	<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>
Revenue:						
Net Patient Service Revenue	<u>\$2,002,081</u>	<u>\$2,086,373</u>	<u>(\$84,292)</u>	<u>\$5,884,948</u>	<u>\$6,167,629</u>	<u>(\$282,681)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	424,998	425,000	(2)
Departmental and Other Revenue	<u>82,034</u>	<u>31,296</u>	<u>50,739</u>	<u>181,155</u>	<u>93,887</u>	<u>87,269</u>
Total Other Revenue	<u>223,700</u>	<u>172,962</u>	<u>50,738</u>	<u>606,153</u>	<u>518,887</u>	<u>87,267</u>
Total Revenue	2,225,780	2,259,335	(33,554)	6,491,101	6,686,516	(195,414)
Expenses:						
Direct Expenses	1,845,829	1,650,625	195,204	5,333,551	4,830,368	503,183
Indirect Expenses	<u>530,595</u>	<u>621,018</u>	<u>(90,423)</u>	<u>1,635,082</u>	<u>1,826,092</u>	<u>(191,010)</u>
Total Expenses	<u>2,376,424</u>	<u>2,271,643</u>	<u>104,780</u>	<u>6,968,633</u>	<u>6,656,460</u>	<u>312,173</u>
Operating Income (Loss)	<u>(150,643)</u>	<u>(12,308)</u>	<u>(138,334)</u>	<u>(477,532)</u>	<u>30,055</u>	<u>(507,587)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,023	0	1,023	1,814	0	1,814
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>1,023</u>	<u>0</u>	<u>1,023</u>	<u>1,814</u>	<u>0</u>	<u>1,814</u>
Operating Income / (Loss)	<u>(\$149,620)</u>	<u>(\$12,308)</u>	<u>(\$137,312)</u>	<u>(\$475,718)</u>	<u>\$30,055</u>	<u>(\$505,774)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
March 31, 2016

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	365 Days	07/19/2016	0.75%	\$500,000
People's State Bank	365 Days	08/21/2016	0.50%	\$500,000
BMO Harris	395 Days	08/26/2016	0.50%	\$500,000
Abby Bank	365 Days	08/29/2016	0.75%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
People's State Bank	365 Days	10/30/2016	0.55%	\$500,000
Abby Bank	365 Days	01/06/2017	0.75%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
People's State Bank	395 Days	03/28/2017	0.65%	\$250,000
CoVantage Credit Union	455 Days	03/30/2017	1.00%	\$500,000
CoVantage Credit Union	578 Days	05/07/2017	1.05%	\$500,000
CoVantage Credit Union	578 Days	07/28/2017	1.10%	\$300,000
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000
Abby Bank	730 Days	03/15/2018	1.20%	\$400,000
TOTAL FUNDS AVAILABLE				\$9,800,000
WEIGHTED AVERAGE	479.40 Days		0.774% INTEREST	

NCHC-DONATED FUNDS**Balance Sheet****As of March 31, 2016****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,180.38
Adventure Camp	798.41
Birth to 3 Program	2,035.00
Clubhouse	23,465.86
Community Treatment	10,517.37
Fishing Without Boundries	2,663.00
General Donated Funds	62,261.67
Housing - DD Services	1,370.47
Langlade HCC	3,262.03
Legacies by the Lake	
Music in Memory	1,848.25
Legacies by the Lake - Other	4,388.19
Total Legacies by the Lake	6,236.44
Marathon Cty Suicide Prev Task	11,185.53
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Nursing Home - General Fund	2,868.35
Outpatient Services - Marathon	101.08
Pool	12,201.39
Prevent Suicide Langlade Co.	2,444.55
Resident Council	1,021.05
United Way	260.00

Total CHECKING ACCOUNT	153,014.95
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Total Checking/Savings	153,014.95
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Total Current Assets	153,014.95
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TOTAL ASSETS	153,014.95
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	-6,499.87

Total Equity	153,014.95
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TOTAL LIABILITIES & EQUITY	153,014.95
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North Central Health Care Budget Revenue/Expense Report

Month Ending March 31, 2016

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
TOTAL NET REVENUE	5,193,637	5,149,345	15,014,548	15,149,158	(134,610)
<u>EXPENSES:</u>					
Salaries and Wages	2,544,037	2,636,578	7,514,317	7,639,548	(125,231)
Fringe Benefits	1,181,439	976,665	3,172,774	2,830,022	342,752
Departments Supplies	598,624	466,527	1,630,084	1,399,581	230,503
Purchased Services	539,022	275,981	1,291,067	827,944	463,123
Utilitites/Maintenance Agreements	352,879	337,097	1,125,001	1,003,290	121,710
Personal Development/Travel	30,323	39,229	94,792	117,688	(22,895)
Other Operating Expenses	106,751	153,317	287,604	459,950	(172,347)
Insurance	37,173	47,292	111,534	141,875	(30,341)
Depreciation & Amortization	134,313	138,167	402,730	414,500	(11,770)
Client Purchased Services	<u>86,013</u>	<u>75,000</u>	<u>198,594</u>	<u>225,000</u>	<u>(26,406)</u>
TOTAL EXPENSES	5,610,574	5,145,853	15,828,497	15,059,398	769,098
EXCESS REVENUE (EXPENSE)	(416,937)	3,492	(813,949)	89,760	(903,708)

**North Central Health Care
Write-Off Summary
March 2016**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$13,687	\$11,940	\$6,325
Bad Debt	\$0	\$1,943	\$442
<i>Outpatient:</i>			
Administrative Write-Off	\$18,161	\$273	\$27,728
Bad Debt	\$577	\$2,089	\$901
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$4,362	(\$18,627)	\$0
Bad Debt	\$1,971	\$4,632	\$5,495
Ancillary Services:			
Administrative Write-Off	\$278	(\$4,763)	\$527
Bad Debt	\$10	(\$126)	\$0
Pharmacy:			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$36,488	(\$11,177)	\$34,580
Total - Bad Debt	\$2,559	\$8,539	\$6,838

**North Central Health Care
2016 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,510	6,441	(69)	87.50%	86.57%
	Hospital	434	402	(32)	87.50%	81.05%
February	Nursing Home	6,090	5,953	(137)	87.50%	85.53%
	Hospital	406	407	1	87.50%	87.72%
March	Nursing Home	6,510	6,363	(147)	87.50%	85.52%
	Hospital	434	459	25	87.50%	92.54%
April	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2016

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2015
PEOPLE																	
Vacancy Rate	6-8%	N/A	↓	8.0%	5.8%	4.8%										6.6%	7.6%
Employee Turnover Rate*	20-23%	17%	↓	19.6%	29.2%	29.3%										29.3%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th										48th	51st
Community Partner Satisfaction	75-80%	N/A	↑	\	\	77%										77%	76%
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	13.8%	6.7%	12.0%										10.7%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	12.8%	11.1%	3.2%										9.0%	10.8%
AODA Relapse Rate	18-21%	40-60%	↓	30.0%	33.3%	20.7%										28.0%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\											N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%										70%	73%
Recidivism Rate for OWI	27-32%	44.7%	↓	22.6%	20.5%	29.2%										24.1%	26.4%
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%										68%	63%
Days in Account Receivable	60-65	54	↓	70	65	64										64	68

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
SERVICE	
Patient Experience: Satisfaction Percentile Ranking	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. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
Community Partner Satisfaction Percent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
Crisis Treatment: Collaborative Decision Outcome Rate	Total number of positive responses (agreement with crisis response and plan) on by referring partners on the Crisis Collaboration Summary divided by total cases by referring partners.
Criminal Justice System Service	
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services - within 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
Recidivism Rate for OWI	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit</i>
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
HUMAN SERVICES OPERATIONS COMMITTEE
MEETING MINUTES**

April 8, 2016

10:30 a.m.

NCHC – Wausau Campus

Present:

X	John Robinson	EXC	Holly Matucheski	EXC	Greta Rusch
X	Scott Parks	X ^{via} _{phone}	Nancy Bergstrom	X	Lee Shipway
X	Linda Haney				

Others Present: Ben Bliven, Michael Loy, Gary Bezucha, Laura Scudiere, Brenda Glodowski, Becky Schultz

The meeting was called to order, roll call was noted, and a quorum declared.

Consent Agenda

- **Motion**/second, Haney/Parks, to approve the consent agenda which includes the 2/12/16 Human Services Operations Committee minutes. Motion carried.

Human Services Operations Report

- New data reports will be reviewed on a monthly basis and modified as needed:
 - Number of referrals
 - Data to be broken down by programs.
 - How many referrals are not scheduled?
 - Breakdown OWI data i.e. compliant vs non-compliant; consider reviewing OWI process, ask Laura Yarie to provide explanation of process, include data from county.
 - Access percentage
 - Two issues that affect access to care: assessment and treatment
 - Data to be broken down by programs.
 - Number of Clients Served by Each Program

Update on Behavioral Health

- Two crisis process improvement teams are in progress: a community involved group and an internal group.
- Distributed and reviewed the Crisis Process Improvement Team action plan.
 - Committee would like expectations identified along with measurable actions.
 - Noted that Trauma Informed Care may be a beneficial learning session for a future meeting.
- Committee would like to review this PI plan no less than quarterly.
- Appreciation was expressed to those working on this team as this process is critical in addressing the mental concerns in the community.
- Nancy Bergstrom noted that she felt concerns with North Central Health Care are addressed.

Community Substance Abuse Treatment Strategy

- With deep concerns about substance abuse in the community and NCHC being leader in providing substance abuse programs, we have an opportunity to create more services for substance abuse.
- Would like to begin identifying what we are doing with substance abuse treatment and where there are gaps, delivery mechanisms, etc.
- How can we expand our services i.e. better communication, substance abuse protocols, etc? What information and communication can we bring to the community, bring in providers?
- We want to be collaborating, not competing, with providers. 2015 Annual Report from AODA Partnership was provided. Must have dialogue with prevention and treatment providers and include an element of enforcement too. The crisis process improvement project has been a collective impact process and lends itself to this.
- Speak on collective impact – how to get people together in a correct forum, provide overview of NCHC and services, relationship between AODA and behavioral health issues, provide a menu of mental health and AODA services, recommended improvements, importance of providing services in crisis situations, etc.

Financial update

- The organization as a whole is working to keep expenses down and increase revenue
- Many resources have been utilized with the action planning processes and crisis work.

Future agenda items

- Drive agenda off policy resources and education advocacy
- Charter – developing work plan and objectives
- Periodically provide program reports

Motion/second, Shipway/Haney, to adjourn at 11:53 a.m. Motion carried.

dko

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

March 31, 2016

10:00 AM

NCHC – Wausau Campus

Present:	X Jean Burgener X Bill Metter	X John Robinson EXC John Bandow	X Bill Miller
Also Present:	X Ben Bliven X Michael Loy	X Brenda Glodowski X Gary Bezucha	X Kim Gochanour X Debbie Osowski

The meeting was called to order at 10:03 a.m.

Minutes

Motion/second, Metter/Miller, to approve the 02/26/16 NHOC meeting minutes. Motion carried.

Financial report

- February showed a small gain just under \$39,000.
- Nursing home census was struggling a bit with 205, target is 210.
- Medicare census dropped to 19, target is 23.
- Expenses are decreasing but still high in February. Health insurance expenses were high in February.

Senior Executive Nursing Home Operations and Quality Report – Kim Gochanour

- Nursing Home financial improvement plan – March 2016 was distributed and reviewed:
 - Currently reviewing systems and areas where revenue targets are off.
 - Met with rehab services provider; received an adjustment to our contract effective 3/1/16; continuing to review performance measures; and will meet monthly. May consider other rehab services providers if current services do not meet expectations.
 - In-depth review being done on pharmacy processes, billing structure, and interfaces. May consider a consultant to review overall system, process flows, structure, and documentation to see if there are areas of improvement needed. NCHC is unique from other organizations with having an in-house pharmacy. Will carefully weigh the expenses of the consultant with any potential savings to verify cost benefit. Data/costs of employee utilizing in-house pharmacy to be provided at next meeting.
 - Supply management process is also under review; looking for other purchasing group options including pharmacy; reviewing cost of equipment rental vs purchase; working with supply clerk on supply management with Kim approving all orders at this time.
 - Reviewing overall nursing home labor management, outside contracting, etc. including dietary and housekeeping staff.
 - Received demonstration on ECS nursing home billing system as current system is not efficient.
 - Working to convert referrals to admissions. Also reviewing overall marketing plan for Mount View Care Center (MVCC).
- Current licensed bed capacity
 - MVCC is currently licensed for 240 skilled nursing facility beds. Medicaid can be billed if we are at 94% occupancy when individuals are in a hospital stay (up to 15 days); with current census we are not able to bill Medicaid therefore do we need to consider

reducing the number of licensed beds we hold? Executive team will complete an in-depth analysis for committee review.

- Update on potential committee members
 - Consideration being given to increase the size of committee by including outside resources i.e. community and family members. A VP with Aspirus has indicated interest in joining the committee and will receive an invitation to join an upcoming committee meeting.
 - Several additional names were provided as potential committee members. Committee would like individuals to participate in a committee meeting/discussion prior to committing to serving on the committee.
- Nursing home renovation status report
 - Following considerable discussion, the committee recommended a special meeting be scheduled dedicated to reviewing/discussing the nursing home renovation.

Charter Outcome

- CASPER report was distributed and reviewed.
- Mock survey was completed by Catalyst Health; several items were identified for process improvement; spot checking will occur in May.
- News articles from McKnight's 'CMS unveils new skilled nursing payment model to reduce hospitalizations, costs' and CMS doubles funding for rehospitalization reduction program' were distributed and brief overview of a pilot program on placement of physicians in SNFs by CMS was provided.

LeadingChoice Network

- Reviewed LeadingChoice Network information.
- Cost is \$20,000 annually but with more members cost reduces; LeadingAge currently has 65 letters of interest in Network.
- Letter of Intent will be reviewed by legal; additional information will be provided to the committee for consideration prior to the anticipated start of the Network on 7/1/16

Future agenda items

- In-house pharmacy benefits for employer and employee.

Motion/second, Metter/Robinson, to adjourn the meeting at 11:05 a.m. Motion carried.

dko

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
OVERARCHING OPERATIONAL OBJECTIVE #1: ALIGN ALL EMPLOYEES AND SUPPORTING HUMAN RESOURCE SYSTEMS TO OVERALL PATIENT SERVICE EXCELLENCE RESULTS WITH SPECIFIC LEADERSHIP FOCUS ON THE EVALUATION AND DEVELOPMENT OF FRONT-LINE STAFF SERVICE EXCELLENCE.				
1) Strengthen role clarity and job design.	Hired Organizational Development Manager Reviewing 2016 Core Competency training plan Training for Technology backbone for performance and competency centers complete	1) Finish job description updates to establish job specific competencies. 2) Rollout new Performance Management System. 3) Organization Wide customer services training deployed.	1) Q3 2) Q1 3) Q2	OD Mgr. is currently finalizing the system backbone infrastructure. A team has been formed to develop patient experience model for organizational wide customer services training.
2) Improve employee sourcing and development.	Recruiting HR Generalist – Talent Acquisition	1) Develop Workforce planning strategy with key actions and deliverables	1) Q2	Interviewing candidates for both the HR Generalist and Interim HR Executive role.
3) Enhance recognition programs.		1) Review Employee of the Month program 2) Revitalize Witnessing Excellence program 3) Develop local (program level) recognition support structure 4) Deploy Service and Operational Excellence Award		On hold
4) Provide the tools and resources for serving		1.) Establish Patient Experience Team to	1.) Q1 2.) Q2	



02/15/2016

patients directly.		define and purpose model 2.) Roll out model/branding at Leadership meeting. 3) All Staff education on new patient experience Model.	3.) Q2	
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02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
OVERARCHING OPERATIONAL OBJECTIVE #2: CONTINUE TO DEVELOP THE AVAILABILITY AND DIVERSE EXPERTISE OF BEHAVIORAL HEALTH SERVICES.				
1) Provide leadership in the delivery of the Psychiatry Residency program with the Medical College of Wisconsin.	The application for accreditation at all partner sites have been committed along with securing a training director.	Successful residency matching progress and residency program launch in summer of 2017.	Ongoing	The site visit was completed the last week of February. The accreditation decision will be made at the end of April. If received, the matching process will begin.
2) Source appropriate mental health and substance abuse professionals to meet community needs.	Connecting with Wisconsin Schools for Bachelor's and Master's trained professionals. Connections made with UWSP for Bachelor's Level professionals Evaluating staffing models in Crisis and Outpatient Services Vacancy report created	1) Evaluating staffing model in Behavioral Health Services 2) Develop detailed sourcing strategy plan 3) Achieve <10% vacancy rate in mental health staffing	1) Q1 2) Q1 3) Q2	Hired an additional therapist in Wausau and Clinical Coordinator for Outpatient. Crisis services staffing has been increased to provide adequate 24/7 mobile crisis.
3) Strengthen NCHC's comprehensive crisis services care delivery model.	Developed Crisis PI Team in October 2015- Action Plan includes: 1) Expanded Crisis Care Model 2) Establishment of Transportation service for Crisis Clients 3) Advancement of Crisis Staff competency 4) Advancement of Medical Clearance	1) Defining expanded care model 2) Initiation of transportation services plan 3) Staff training on collaborative Crisis decision-making 4) Evaluation of laboratory needs for medical clearance	1) Q1-Q3 2) Q1 3) Q1 and Q2 4) Q2	1) Action plan has been completed and revised by Crisis P&I workgroup. Becky, Laura and other members have been meeting with key partners to present and discuss work of the group. 2) Van has been secured

2016 WORK PLAN

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
	capabilities at NCHC			<p>from Marathon County. Implementation of crisis transportation is being operationalized with NCHC staff and Sherriff's dept.</p> <p>3) Initial competencies have been identified for crisis staff and staff meetings are being held, and in-service in March.</p> <p>4) Lab functioning for internal medical clearance has been fully researched. Need to hire additional staff and implement.</p>
4) Effectively partnering with the criminal justice system to reduce recidivism associated with mental health and substance abuse.	<p>Collaborated on the CIP training for area law enforcement and crisis staff (helped C. Billeb secure funding for the courses with NCHC Foundation and the Community Foundation)</p> <p>Laura taking 8-week Citizens Law Enforcement Academy to learn about criminal justice system and the job of law enforcement, build relationships</p> <p>Continued collaboration on</p>	<p>1) CIP classes offered to area law enforcement and crisis staff</p> <p>2) Laura learns law enforcement and builds relationships with key law enforcement stakeholders</p> <p>3) In accordance with Crisis P&I, NCHC provides transportation to patients, freeing up law</p>	<p>1) Q1 and Q2</p> <p>2) Q1</p> <p>3) Q2</p>	<p>1) CIP classes starting in March</p> <p>2) Laura's Citizen Academy begins in March</p> <p>3) Transportation services slated to begin in March, evaluation of pilot phase in Q2</p>

2016 WORK PLAN

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
	transportation crisis issue	enforcement. Van secured through Marathon County.		
5) Advancing practitioner development and competency.	Organizational Development Manager hired, her work plan includes reviewing job description competency listings.	1) Build electronic competency based checklist for all advanced practitioners 2) Training plan developed and validation outcomes met	1) Q3 2) Q3	
6) Continued development of innovative services to address community mental health and substance abuse needs.	Developed Crisis PI Team in October 2015- Action Plan includes: 1) Expanded Crisis Care Model 2) Establishment of Transportation service for Crisis Clients 3) Advancement of Crisis Staff competency Advancement of Medical Clearance capabilities at NCHC	1) Defining expanded care model 2) Initiation of transportation services plan 3) Staff training on collaborative Crisis decision-making 4) Evaluation of laboratory needs for medical clearance	1) Q1-Q3 2) Q1 3) Q1 and Q2 Q2	1) Action plan has been completed and revised by Crisis P&I workgroup. Becky, Laura and other members have been meeting with key partners to present and discuss work of the group. 2) Van has been secured from Marathon County. Implementation of crisis transportation is being operationalized with NCHC staff and Sherriff's dept. 3) Initial competencies have been identified for crisis staff and staff meetings are being held, and in-service in March. 4) Lab functioning for

2016 WORK PLAN

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
				internal medical clearance has been fully researched. Need to hire additional staff and implement.
7) Deploy an internal Accountable Care Organization (ACO) model within the mental health and substance abuse services continuum of care by: <ul style="list-style-type: none"> a. Enhancing clinical coordination between programs to ensure effective transitions of care. b. Creating individual patient cost and outcome tracking mechanisms. 				

02/15/2016

OVERARCHING OPERATIONAL OBJECTIVE #3: HEIGHTENED FOCUS ON ELECTRONIC MEDICAL RECORD (EMR) SYSTEMS FUNCTIONING WITH THE FOLLOWING OUTCOMES:

<p>1) High clinical satisfaction with the interaction and functioning within EMR applications</p>	<p>A consultant was contracted with in December to review specific areas within the IT area. This work has been completed and a 2 part report has been released. The consultant has met with the Executive Team to review both reports.</p> <p>Recommendations on changes will be presented to the Executive Team by February 19.</p> <p>An Action Plan is being worked on. The action plan will be completed for presentation once the recommendations are reviewed.</p> <p>A draft charter for an IT Governance Committee is completed and has been distributed to the Executive Team for review and comment.</p>			
<p>2) Staff proficiency is further developed and validated.</p>				<p>02/16: No action yet, the will be part of the action plan.</p>

2016 WORK PLAN

02/15/2016

3) Systems communicate effectively to inform clinical decision making and patient care coordination.	1) Initiate process improvement (PI) team to establish a consistent and shared treatment plan in the EMR. 2) Establish appropriate and consistent use of EMR to perform medication reconciliation in all programs. 3) Evaluate new version of Tier to determine clinical application. 4) Evaluate changes to ECS needed	1) PI Team- 1 st meeting on 2/24/16 2) Process established. Programs to begin implementing 3) Awaiting Governance Committee initiation (see activity item 1. Above) 4) Nursing home staff visit to alternate ECS facility to evaluate opportunities to upgrade the current utilization at NCHC	1) Q2 2) Q1 3) Q2 4) Q2	
4) Data is interfaced, processes, managed and easily accessed for evaluation and outcome reporting.				02/16: This will be part of the upcoming action plan
5) Ability to exchange data with patient and other healthcare partners.				

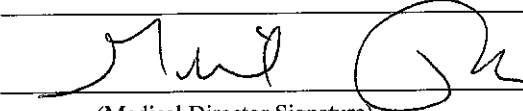
PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jessica Altis, PAC Appoint/Reappoint 06-30-2016 to 06-30-2018
Time Period
Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner
Medical Staff Status ☒ Courtesy ☐ Active
Locum Provider? ☒ Locum Agency: Advanced Care Providers

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

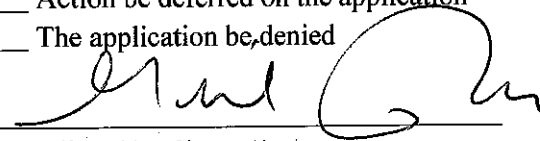

(Medical Director Signature)

4-8-16
(Signature Date)

MEDICAL STAFF

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 President Signature)

4-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Jessica H. Altis, PAC

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#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Physician Assistant

NPI: 1841587029
UPIN: _____
Medicare#: _____
Medicaid#: _____

✓
OK

Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date: _____
Received Date: 02/02/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

**Credentialing
Completed:** ☒

✓ OK

Issues: ☐

Aspirus Network, Inc.

From 06/24/2014 To 06/30/2016

Information Upon Credentialing Completion

Status: ANI Current
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:** ☒

✓ OK

North Central Healthcare

From 07/01/2014 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:** ☒

✓ OK

Licenses

License Type: DEA Certificate
 State: WI
 License Number: MA2417156
 Status: Active
 Expiration Date: 06/30/2017

✓
OK

Verified: ☒
 Verified Date: 02/09/2016
 Verified By: Ann K Lockwood
 Verified How: L-DEA Website
 Notes: source date 02/08/2016

License Type: State License
 State: WI
 License Number: 2786
 Status: Active
 Expiration Date: 02/28/2018

✓
OK

Verified: ☒
 Verified Date: 02/16/2016
 Verified By: Ann K Lockwood
 Verified How: L-WI DRL Website
 Notes:

License Type: Basic Life Support
 State:
 License Number:
 Status:
 Expiration Date: 01/23/2014

Verified: ☒
 Verified Date: 03/18/2016
 Verified By: Jill A. Patraw
 Verified How: O-Clean Up
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 03/09/2020

✓

Verified: ☒
 Verified Date: 03/18/2016
 Verified By: Jill A. Patraw
 Verified How: O-Verified Previously
 Notes:

Insurance**ProAssurance (Advanced Care Providers)**

Policy Number: AFC9116115
 Coverage Type:
 Expiration Date: 11/02/2016

✓
OK

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/24/2016
 Verified By: Jill A. Patraw
 Verified How: I-Verification from Carrier
 Notes: limits not listed
 no claims

Boards**National Commission on Certification of Phys Assts**

Board Status: Certified
 Cert Number: 1094116
 Expiration Date: 12/31/2017

✓
OK

Verified: ☒
 Verified Date: 02/09/2016
 Verified By: Ann K Lockwood
 Verified How: B-NCCPA Website
 Notes:

Affiliations

Jessica H. Altis, PAC

North Central Health Care

Affiliation Type: Allied Health Staff

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 03/15/2012

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/17/2016

Verified By: Jill A. Patraw

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

Notes:

Advanced Care Providers

Affiliation Type: Employee

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 01/01/2012

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/23/2016

Verified By: Jill A. Patraw

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

Notes:

Nicole Rivecea, PAC

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/24/2016

Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/23/2016


Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

Worksheet

Jessica H. Altis, PAC

NPDB Website query through Cactus	<i>Date & Initials</i> 1/6/16 akI	<i>Comments</i>
OIG Website	<i>Date & Initials</i> source date 1/8/16 akI conducted date 1/13/16 akI	<i>Comments</i>
SAM Website	<i>Date & Initials</i> 1/6/16 akI	<i>Comments</i>
Medicare Opt Out Website	<i>Date & Initials</i> report run 2/12/16 akI review date 3/8/16 akI	<i>Comments</i>
Supervising Physician Form	<i>Sign Date & Initials</i> 1/19/2016 jap	<i>Comments</i> David Tange, MD
Collaborative Agreement	<i>Sign Date & Initials</i> N/A	<i>Comments</i> N/A
Consent Form	<i>Sign Date & Initials</i> 1/19/16 akI	<i>Comments</i>
Privilege Form	<i>Sign Date & Initials</i> 2/2/16 akI	<i>Comments</i>
Quality Improvement Activities (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
CVO Review	<i>Date</i> 3/18/16 <i>Date</i>	<i>Signature</i>  <i>Signature</i>
Entity Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jean Baribeau-Anaya, PA-C Appoint/Reappoint 06-30-2016 to 06-30-2018
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

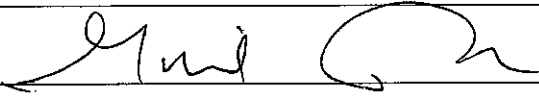
Medical Staff Status ☐ Courtesy ☒ Active

Locum Provider? ☒ Locum Agency: Advanced Care Providers

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

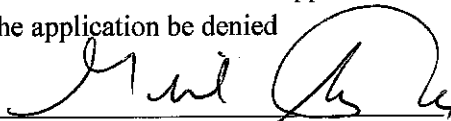

(Medical Director Signature)

4-8-16
(Signature Date)

MEDICAL STAFF

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 President Signature)

4-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Jean L. Baribeau-Anaya, PAC

Enhanced Credentialing Activity

General Profile

Primary Address

Aspirus Langlade Hospital
Walk In
112 East Fifth Avenue
Antigo, WI 54409
(715) 623-2331

Other Provider Information

ID#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Physician Assistant

NPI: 1952464885
UPIN: _____
Medicare#: 004090144
Medicaid#: 1952464885

Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date: _____
Received Date: 01/21/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

Credentialing

Completed: ☒

Issues: ☒

North Central Healthcare

From 06/01/2015 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: ☒

Payor Credentialing

Information Upon Credentialing Completion

Status: _____
Category: _____
Category Applied For: _____
Network: _____
Cred Activity Notes: _____

Committee Progress

Started: _____
Status: _____

Issues: ☒

Activity

Completed: ☒

Licenses

License Type: State License
 State: WI
 License Number: 2905
 Status: Active
 Expiration Date: 02/28/2018

Verified: ☒
 Verified Date: 02/03/2016
 Verified By: Alison J Tait
 Verified How: L-WI DRL Website
 Notes:

License Type: DEA Certificate
 State: WI
 License Number: MB2598297
 Status: Active
 Expiration Date: 07/31/2017

Verified: ☒
 Verified Date: 02/03/2016
 Verified By: Alison J Tait
 Verified How: L-DEA Website
 Notes: Source date 2/1/16

License Type: Basic Life Support
 State:
 License Number:
 Status:
 Expiration Date: 07/31/2015

Verified: ☒
 Verified Date: 03/09/2016
 Verified By: Alison J Tait
 Verified How: O-FYI Only
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 03/08/2016

Verified: ☒
 Verified Date: 02/05/2016
 Verified By: Jill A. Patraw
 Verified How: O-Verified Previously
 Notes:

Insurance**MHA Insurance (Aspirus Inc)**

Policy Number: 003WV000006910
 Coverage Type: Claims Made
 Expiration Date: 07/01/2016

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/19/2016
 Verified By: Jill A. Patraw
 Verified How: I-NCS-Insurance Verif Ltr
 Notes: \$1M / \$3M - No Claims

ProAssurance (Advanced Care Providers)

Policy Number: AFC9116115
 Coverage Type:
 Expiration Date: 11/02/2016

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/24/2016
 Verified By: Jill A. Patraw
 Verified How: I-Verification from Carrier
 Notes: limits not listed
 no claims

Boards**National Commission on Certification of Phys Assts**

Board Status: Certified
 Cert Number: 1029922
 Expiration Date: 12/31/2016

Verified: ☒
 Verified Date: 02/03/2016
 Verified By: Alison J Tait
 Verified How: B-NCCPA Website
 Notes:

Affiliations**Aspirus Langlade Hospital**

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 06/26/2012

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/17/2016

Verified By: Alison J Tait

Verified How: A-Health Care Facility Verif Ltr

Notes:

Aspirus Langlade Walk in

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 06/26/2012

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/17/2016

Verified By: Alison J Tait

Verified How: A-Health Care Facility Verif Ltr

Notes:

Advanced Care Providers

Affiliation Type: Allied Health Staff

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 04/30/2015

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/23/2016

Verified By: Jill A. Patraw

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

Notes:

North Central Health Care

Affiliation Type: Allied Health Staff

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 06/22/2015

End Date:

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 03/01/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/02/2016

Verified By: Jill A. Patraw

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

Notes:

Melee Thao PA

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/01/2016

Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 02/16/2016

Letter Sent By: Jill A. Patraw


Verified: ☒

Verified Date: 02/23/2016

Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

NPDB Website query through Cactus	<i>Date & Initials</i> 1/6/16 ajt	<i>Comments</i>
OIG Website	<i>Date & Initials</i> Source 1/8/16 ajt Conducted 1/13/16 ajt	<i>Comments</i>
SAM Website	<i>Date & Initials</i> 1/6/16 ajt	<i>Comments</i>
Medicare Opt Out Website	<i>Date & Initials</i> Report Run 2/12/16 ajt Reviewed 3/9/16 ajt	<i>Comments</i>
Supervising Physician Form	<i>Sign Date & Initials</i> 1/19/16 ajt	<i>Comments</i> David Tange, MD
Collaborative Agreement	<i>Sign Date & Initials</i> N/A	<i>Comments</i> N/A
Consent Form	<i>Sign Date & Initials</i> 1/20/16 ajt	<i>Comments</i>
Privilege Form	<i>Sign Date & Initials</i> 1/20/16 ajt	<i>Comments</i>
Quality Improvement Activities (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
CVO Review	<i>Date</i> 3/18/16 <i>Date</i>	<i>Signature</i>  <i>Signature</i>
Entity Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Joan Hauer, APNP Appoint/Reappoint 06-30-2016 to 06-30-2018
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

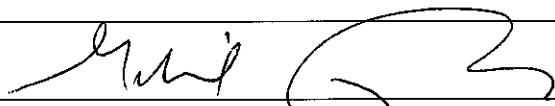
Medical Staff Status ☐ Courtesy ☐ Active

Locum Provider? ☒ Locum Agency: Advanced Care Providers

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

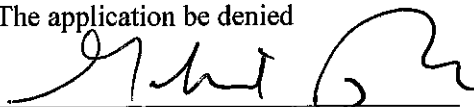

(Medical Director Signature)

4-8-16
(Signature Date)

MEDICAL STAFF

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 President Signature)

4-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Joan D. Hauer, 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#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Nurse Practitioner

NPI: 1194730028
UPIN: S27567
Medicare#: 640500033
Medicaid#: 1194730028

Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date: _____
Received Date: 02/02/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

**Credentialing
Completed:** ☒

Issues: ☐

Aspirus Network, Inc.

From 06/24/2014 To 06/30/2016

Information Upon Credentialing Completion

Status: ANI Current
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:** ☒

North Central Healthcare

From 07/01/2014 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:** ☒

Licenses**Joan D. Hauer, APNP**

License Type: Basic Life Support
State: WI
License Number:
Status:
Expiration Date: 03/01/2012

Verified: ☒
Verified Date: 03/23/2016
Verified By: Ann K Lockwood
Verified How: O-Clean Up
Notes:

License Type: DEA Certificate
State: WI
License Number: MH0160731
Status: Active
Expiration Date: 10/31/2016

Verified: ☒
Verified Date: 02/09/2016
Verified By: Ann K Lockwood
Verified How: L-DEA Website
Notes: source date 2/8/2016

License Type: State License
State: WI
License Number: 41
Status: Active
Expiration Date: 09/30/2016

Verified: ☒
Verified Date: 02/09/2016
Verified By: Ann K Lockwood
Verified How: L-WI DRL Website
Notes: APNP

License Type: State License
State: WI
License Number: 60013
Status: Active
Expiration Date: 02/28/2018

Verified: ☒
Verified Date: 02/19/2016
Verified By: Ann K Lockwood
Verified How: L-WI DRL Website
Notes: multi-state
RN

License Type: WI Caregiver Background
Check
State: WI
License Number:
Status:
Expiration Date: 03/17/2019

Verified: ☒
Verified Date: 02/15/2016
Verified By: Jill A. Patraw
Verified How: O-Verified Previously
Notes:

Insurance**ProAssurance (Advanced Care Providers)**

Policy Number: AFC9116115
Coverage Type: Claims Made
Expiration Date: 11/02/2016

Letter Description: Verify Malpractice Insurance
AHP*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/24/2016
Verified By: Ann K Lockwood
Verified How: I-Verification from Carrier
Notes: limits not listed
no claims

Boards**Am Nurses Credentialing Center-Family**


Board Status: Certified
Cert Number: 0177735
Expiration Date: 11/30/2017

Verified: ☒
Verified Date: 02/09/2016
Verified By: Ann K Lockwood
Verified How: B-ANCC Website
Notes:

Affiliations**Joan D. Hauer, APNP****Aspirus Woodruff Clinic***Affiliation Type:* Allied Health Staff*Category:* Not Provided*Dept/Specialty:* Nurse Practitioner*Start Date:* 01/01/2009*End Date:**Letter Description:* Verify Affiliations & Employment Reappt**Letter Sent Date:* 02/16/2016*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/21/2016*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Forest County Potwatomi Health & Wellness Center***Affiliation Type:* Allied Health Staff*Category:* Not Provided*Dept/Specialty:* Nurse Practitioner*Start Date:* 10/18/2012*End Date:* 03/17/2015*Letter Description:* Verify Affiliations & Employment Reappt**Letter Sent Date:* 02/16/2016*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/18/2016*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***North Central Health Care***Affiliation Type:* Employee*Category:* Not Provided*Dept/Specialty:* Nurse Practitioner*Start Date:* 09/01/2008*End Date:**Letter Description:* Verify Affiliations & Employment Reappt**Letter Sent Date:* 02/16/2016*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/17/2016*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care Affiliation Verif Ltr*Notes:***Diane Mansfield, NP***Affiliation Type:* Reference*Category:* Allied Health Practitioner*Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Reappointment **Letter Sent Date:* 03/14/2016*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 03/04/2016*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref Verif Ltr*Notes:***David Tange, M.D.***Affiliation Type:* Sponsoring Physician*Category:**Dept/Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Reappointment **Letter Sent Date:* 02/16/2016*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/23/2016*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref Verif Ltr*Notes:*

Worksheet

Joan D. Hauer, APNP

NPDB Website query through Cactus	Date & Initials 1/6/16 akl	Comments
OIG Website	Date & Initials source date 1/8/16 akl conducted date 2/2/16 akl	Comments
SAM Website	Date & Initials 2/2/16 akl	Comments
Medicare Opt Out Website	Date & Initials report run 2/12/16 akl reviewed date 3/23/16 akl	Comments
Supervising Physician Form	Sign Date & Initials N/A	Comments N/A
Collaborative Agreement	Sign Date & Initials 2/2/2016 akl	Comments David Tange, MD
Consent Form	Sign Date & Initials 1/27/16 akl	Comments
Privilege Form	Sign Date & Initials 2/2/16 akl	Comments
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
CVO Review	Date 3/25/16	Signature 
Entity Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Diane Mansfield, APNP Appoint/Reappoint 06-30-2016 to 06-30-2018
Time Period
Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner
Medical Staff Status ☒ Courtesy ☐ Active
Locum Provider? ☒ Locum Agency: Advanced Care Providers

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

[Signature]
(Medical Director Signature)

4-8-16
(Signature Date)

MEDICAL STAFF

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

[Signature]
(Medical Staff President Signature)

4-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Diane M. Mansfield, APNP

Enhanced Credentialing Activity

General Profile

Primary Address

Aspirus Langlade Hospital
Walk In
112 East Fifth Avenue
ANTIGO, WI 54409

Other Provider Information

ID#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Nurse Practitioner

NPI: 1023115219
UPIN: _____
Medicare#: K400197586
Medicaid#: 1023115219

Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date: _____
Received Date: 01/21/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

Credentialing

Completed: ☒

Issues: ☒

Aspirus Langlade Hospital

From 11/25/2014 To 06/30/2016

Information Upon Credentialing Completion

Status: ALH Current
Category: ALH Allied Health 2yr
Category Applied For: ALH Allied Health 2yr
Network: _____
Cred Activity Notes: _____

Committee Progress

Started: _____
Status: _____

Issues: ☒

Activity

Completed: ☒

Aspirus Network, Inc.

From 01/28/2014 To 06/30/2016

Information Upon Credentialing Completion

Status: ANI Current
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: ☒

North Central Healthcare

From 07/01/2014 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: ☒

Payor Credentialing

Information Upon Credentialing Completion

Status: _____
Category: _____
Category Applied For: _____
Network: _____
Cred Activity Notes: _____

Committee Progress

Started: _____
Status: _____

Issues: ☒

Activity

Completed: ☒

Licenses

Diane M. Mansfield, APNP

License Type: State License
State: WI
License Number: 1925
Status: Active
Expiration Date: 09/30/2016

Verified: ☒
Verified Date: 02/04/2016
Verified By: Alison J Tait
Verified How: L-WI DRL Website
Notes: APNP

License Type: DEA Certificate
State: WI
License Number: MM0734512
Status: Active
Expiration Date: 01/31/2017

Verified: ☒
Verified Date: 02/04/2016
Verified By: Alison J Tait
Verified How: L-DEA Website
Notes: Source 2/1/16

License Type: WI Caregiver Background Check
State: WI
License Number:
Status:
Expiration Date: 10/25/2018

Verified: ☒
Verified Date: 02/10/2016
Verified By: Alison J Tait
Verified How: O-Verified Previously
Notes:

License Type: Basic Life Support
State:
License Number:
Status:
Expiration Date: 11/18/2015

Verified: ☒
Verified Date: 03/23/2016
Verified By: Alison J Tait
Verified How: O-Clean Up
Notes:

License Type: State License
State: WI
License Number: 136727
Status: Active
Expiration Date: 02/28/2018

Verified: ☒
Verified Date: 03/23/2016
Verified By: Alison J Tait
Verified How: L-WI DRL Website
Notes: RN
Multi State

Insurance

ProAssurance (Advanced Care Providers)

Policy Number: AFC9116115
Coverage Type:
Expiration Date: 11/02/2016

Letter Description: Verify Malpractice Insurance
AHP*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/24/2016
Verified By: Jill A. Patraw
Verified How: I-Verification from Carrier
Notes: limits not listed
no claims

Boards

Am Nurses Credentialing Center-Family

Board Status: Certified
Cert Number: 0357796
Expiration Date: 03/31/2016

Verified: ☒
Verified Date: 02/04/2016
Verified By: Alison J Tait
Verified How: B-ANCC Website
Notes:

Affiliations

Diane M. Mansfield, APNP

Aspirus Langlade Hospital

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Emergency Medicine

Start Date: 11/25/2014
End Date:

Verified: ☒
Verified Date: 02/16/2016
Verified By: Allison J Tait
Verified How: A-Health Care Facility Verif Ltr
Notes:

North Central Health Care

Affiliation Type: Allied Health Staff
Category: Not Provided
Dept/Specialty: Nurse Practitioner

Start Date: 01/02/2014
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Ministry Good Samaritan Health Center

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Nurse Practitioner

Start Date: 07/31/2014
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/25/2016
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr
Notes:

Ministry Health Care / St. Mary's Hospital

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Nurse Practitioner

Start Date: 03/31/2015
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 03/01/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 03/07/2016
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr
Notes: urgent care

Ministry Eagle River Memorial Hospital

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Nurse Practitioner

Start Date: 02/04/2014
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 03/01/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 03/11/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Joan Hauer APNP

Affiliation Type: Reference
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/21/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/23/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Steve Hubbard, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 03/01/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 03/09/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: Future sponsoring physician

Affiliations - continued**Diane M. Mansfield, APNP****Scott Moore, M.D.**

Affiliation Type: Sponsoring Physician

Category:

Dept / Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 03/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/18/2016

Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref
Verif Ltr

Notes:

Worksheet

	Date & Initials	Comments
NPDB Website query through Cactus	1/6/16 ajt	
	Date & Initials	Comments
OIG Website	Source 1/8/16 ajt Conducted 2/2/16 ajt	
	Date & Initials	Comments
SAM Website	2/2/16 ajt	
	Date & Initials	Comments
Medicare Opt Out Website	Report Run 2/12/16 ajt Reviewed 3/23/16 ajt	
	Sign Date & Initials	Comments
Supervising Physician Form	N/A	N/A
	Sign Date & Initials	Comments
Collaborative Agreement	3/9/16 ajt 2/16/16 ajt	Steve Hubbard, MD David Tange, MD
	Sign Date & Initials	Comments
Consent Form	1/10/16 ajt	
	Sign Date & Initials	Comments
Privilege Form	1/10/16 ajt	
	Date & Initials	Comments
Quality Improvement Activities (payor requirement)		
	Date & Initials	Comments
Patient Complaints (payor requirement)		
	Date	Signature
CVO Review	3/25/16	Jill A. Patraw
	Date	Signature
Entity Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Ruth Nelson-Lau, APNP Appoint/Reappoint 06-30-2016 to 06-30-2018
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

Medical Staff Status ☒ Courtesy ☐ Active

Locum Provider? ☒ Locum Agency: Advanced Care Providers

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

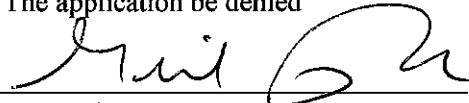

(Medical Director Signature)

4-20-16
(Signature Date)

MEDICAL STAFF

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 President Signature)

4-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Ruth A. Nelson-Lau, APNP

Enhanced Credentialing Activity

General Profile

Primary Address

Aspirus Langlade Hospital
Walk In
112 East Fifth Avenue
Antigo, WI 54409
(715) 623-2331

Other Provider Information

ID#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Nurse Practitioner

NPI: 1598885709
UPIN: S03420
Medicare#: K400214016
Medicald#: 1598885709



Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date:
Received Date: 03/10/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

**Credentialing
Completed:** ☒



Issues: ☐

Aspirus Langlade Hospital

From 01/30/2015 To 06/30/2016

Information Upon Credentialing Completion

Status: ALH Current
Category: ALH Allied Health 2yr
Category Applied For: ALH Allied Health 2yr
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

**Activity
Completed:** ☐

Aspirus Network, Inc.

From 01/09/2015 To 06/30/2016

Information Upon Credentialing Completion

Status: ANI Current
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:** ☐

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:** ☒



Payor Credentialing

Information Upon Credentialing Completion

Status:
Category:
Category Applied For:
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

**Activity
Completed:** ☐



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

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

Verified: ☒
Verified Date: 02/08/2016
Verified By: Alison J Tait
Verified How: L-DEA Website
Notes: Source 2/1/16

License Type: State License
State: WI
License Number: 92551
Status: Active
Expiration Date: 02/28/2018

Verified: ☒
Verified Date: 02/08/2016
Verified By: Alison J Tait
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: 02/08/2016
Verified By: Alison J Tait
Verified How: L-WI DRL Website
Notes: APNP

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

Verified: ☒
Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes:

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

Verified: ☒
Verified Date: 02/12/2016
Verified By: Jill A. Patraw
Verified How: O-Verified Previously
Notes:

License Type: Pediatric Advanced Life Support
State:
License Number:
Status:
Expiration Date: 03/09/2017

Verified: ☒
Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes:

License Type: Basic Life Support
State:
License Number:
Status:
Expiration Date: 12/19/2016

Verified: ☒
Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes:

Insurance**ProAssurance (Advanced Care Providers)**

Policy Number: AFC9116115
Coverage Type:
Expiration Date: 11/02/2016

Letter Description: Verify Malpractice Insurance
AHP*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/24/2016
Verified By: Jill A. Patraw
Verified How: I-Verification from Carrier
Notes: limits not listed
no claims

Boards**Ruth A. Nelson-Lau, APNP****Am Nurses Credentialing Center-Family***Board Status:* Certified*Cert Number:* 0215345*Expiration Date:* 08/31/2019**Verified:** ☒*Verified Date:* 02/08/2016*Verified By:* Alison J Tait*Verified How:* B-ANCC Website*Notes:*

Affiliations**Ruth A. Nelson-Lau, APNP****Aspirus Langlade Hospital**

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Nurse Practitioner

Start Date: 01/30/2015
End Date:

Verified: ☒

Verified Date: 02/16/2016
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr
Notes: Urgent Care

North Central Health Care

Affiliation Type: Allied Health Staff
Category: Not Provided
Dept/Specialty: Nurse Practitioner

Start Date: 11/01/2014
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Ministry Home Care

Affiliation Type: Allied Health Staff
Category: Not Provided
Dept/Specialty: Nurse Practitioner

Start Date: 10/06/2014
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 03/01/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/02/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

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 Reappt*
Letter Sent Date: 03/14/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/17/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes: Hospice, employee physicals

Ministry Good Samaritan Health Center

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Nurse Practitioner

Start Date: 10/15/2003
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/25/2016
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr
Notes:

Lennet Radke, NP

Affiliation Type: Reference
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/18/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/23/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Steve Hubbard, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 03/01/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/09/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: future sponsoring physician

Affiliations - continued**Ruth A. Nelson-Lau, APNP****M. Scott Moore, MD**

Affiliation Type: Sponsoring Physician

Category:

Dept / Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 03/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/18/2016

Verified By: Jill A. Patraw

Verified How: A-NCS-Professional Ref
Verif Ltr

Notes:

Worksheet

	Date & Initials	Comments
NPDB Website query through Cactus	1/6/16 ajt	
	Date & Initials	Comments
OIG Website	Source 1/8/16 ajt Conducted 2/2/16 ajt	
	Date & Initials	Comments
SAM Website	2/2/16 ajt	
	Date & Initials	Comments
Medicare Opt Out Website	Report Run 2/12/16 ajt Reviewed 3/23/16 ajt	
	Sign Date & Initials	Comments
Supervising Physician Form	N/A	N/A
	Sign Date & Initials	Comments
Collaborative Agreement	3/9/16 ajt 2/16/16 ajt	Steve Hubbard, MD David Tange, MD
	Sign Date & Initials	Comments
Consent Form	2/1/16 ajt	
	Sign Date & Initials	Comments
Privilege Form	2/1/16 NCHC ajt 2/17/16 ALH ajt	
	Date & Initials	Comments
Quality Improvement Activities (payor requirement)		
	Date & Initials	Comments
Patient Complaints (payor requirement)		
	Date	Signature
CVO Review	3/25/16	Jill Patraw
	Date	Signature
Entity Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Barbara Torgerson, PA-C Appoint/Reappoint 06-30-2016 to 06-30-2018

Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

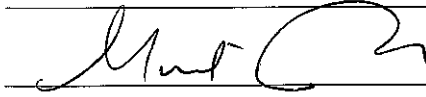
Medical Staff Status ☒ Courtesy ☐ Active

Locum Provider? ☐ Locum Agency: _____

MEDICAL DIRECTOR

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

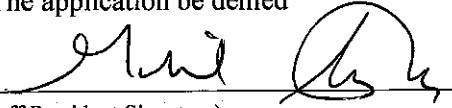

(Medical Director Signature)

9-8-16
(Signature Date)

MEDICAL STAFF

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 President Signature)

9-21-16
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Barbara J. Torgerson, PAC

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#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Physician Assistant

NPI: 1902925910 ✓
UPIN: _____
Medicare#: 391150016
MedicalID#: 1902925910

Credentialing Activity

Application

Application Sent Date: 01/04/2016
Attestation Date: _____
Received Date: 02/02/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 01/06/2016

Credentialing
Completed: ☒ ✓

Issues: ☐

Aspirus Network, Inc.

From 06/24/2014 To 06/30/2016

Information Upon Credentialing Completion

Status: ANI Current
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: ☐

North Central Healthcare

From 07/01/2014 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: ☐ ✓

Licenses

License Type: DEA Certificate
 State: WI
 License Number: MT0202402 ✓OK
 Status: Active
 Expiration Date: 11/30/2016

Verified: ☒
 Verified Date: 02/12/2016
 Verified By: Ann K Lockwood
 Verified How: L-DEA Website
 Notes: source date 2/8/2016

License Type: State License
 State: WI
 License Number: 871 ✓OK
 Status: Active
 Expiration Date: 02/28/2018

Verified: ☒
 Verified Date: 02/12/2016
 Verified By: Ann K Lockwood
 Verified How: L-WI DRL Website
 Notes:

License Type: Basic Life Support
 State:
 License Number:
 Status:
 Expiration Date: 12/30/2013

Verified: ☒
 Verified Date: 03/04/2016
 Verified By: Ann K Lockwood
 Verified How: O-FYI Only
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 05/27/2018

Verified: ☒
 Verified Date: 02/16/2016
 Verified By: Jill A. Patraw
 Verified How: O-Verified Previously
 Notes:

Insurance

MMIC (ACI)

Policy Number: MCL001317
 Coverage Type:
 Expiration Date: 08/11/2015

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/19/2016
 Verified By: Jill A. Patraw
 Verified How: I-Verification from Carrier
 Notes: limits not listed
 no claims

Pro Assurance

Policy Number: MP66573 ✓OK
 Coverage Type: Occurrence
 Expiration Date: 01/01/2017

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/23/2016
 Verified By: Jill A. Patraw
 Verified How: I-Verification from Carrier
 Notes: \$1M / \$3M - No Claims

MHA Insurance (Aspirus Inc)

Policy Number: 003WV000006910
 Coverage Type:
 Expiration Date: 07/01/2016

Letter Description: Verify Malpractice Insurance
 AHP*
 Letter Sent Date: 02/16/2016
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/23/2016
 Verified By: Jill A. Patraw
 Verified How: I-NCS-Insurance Verif Ltr
 Notes: \$1M / \$3M - No Claims

Boards

National Commission on Certification of Phys Assts

Board Status: Certified ✓OK
 Cert Number: 1029467
 Expiration Date: 12/31/2016

Verified: ☒
 Verified Date: 02/12/2016
 Verified By: Ann K Lockwood
 Verified How: B-NCCPA Website
 Notes:

Affiliations**Barbara J. Torgerson, PAC****Aspirus Wausau Hospital ***

Affiliation Type: Allied Health Staff
Category: Allied Health Practitioner
Dept/Specialty: Physician Assistant

Start Date: 09/23/2008
End Date: 07/01/2015

Verified: ☒

Verified Date: 02/16/2016
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr Online
Notes:

North Central Health Care

Affiliation Type: Allied Health Staff
Category: Not Provided
Dept/Specialty: Physician Assistant

Start Date: 01/01/1997
End Date:

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/17/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Aspirus Pulmonary & Critical Care

Affiliation Type: Allied Health Staff
Category: Not Provided
Dept/Specialty: Physician Assistant

Start Date: 02/13/2011
End Date: 06/30/2015

Letter Description: Verify Affiliations & Employment Reappt*
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/22/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Barbara Budimilija, PAC

Affiliation Type: Reference
Category:
Dept/Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/19/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept/Specialty:

Start Date:
End Date:


Letter Description: Verify Refs - Reappointment *
Letter Sent Date: 02/16/2016
Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 02/23/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Worksheet

Barbara J. Torgerson, PAC

NPDB Website query through Cactus	<i>Date & Initials</i> 1/6/16 akl	<i>Comments</i>
OIG Website	<i>Date & Initials</i> source date 1/8/16 akl conducted date 1/11/16 akl	<i>Comments</i>
SAM Website	<i>Date & Initials</i> 1/6/16 akl	<i>Comments</i>
Medicare Opt Out Website	<i>Date & Initials</i> report run 2/12/16 reviewed 2/25/16 akl	<i>Comments</i>
Supervising Physician Form	<i>Sign Date & Initials</i> 1/19/16 akl	<i>Comments</i> David Tange, MD
Collaborative Agreement	<i>Sign Date & Initials</i> N/A	<i>Comments</i> N/A
Consent Form	<i>Sign Date & Initials</i> 1/20/16 akl	<i>Comments</i>
Privilege Form	<i>Sign Date & Initials</i> 2/2/16 akl	<i>Comments</i>
Quality Improvement Activities (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)	<i>Date & Initials</i>	<i>Comments</i>
CVO Review	<i>Date</i> 3/4/16	<i>Signature</i> 
Entity Review	<i>Date</i>	<i>Signature</i>
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		