

**OFFICIAL NOTICE AND AGENDA**

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room** at **12:00 pm** on **Thursday September 22<sup>nd</sup>, 2016**

In addition to attendance in person at the location described above, Board 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. 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.

**AGENDA**

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Consent Agenda
  - a. ACTION: Approval of 9/15/2016 NCCSP Board Meeting Minutes
4. Chairman's Report and Announcements– J. Zriny
5. Committee Reports
  - a. Executive Committee Report – J. Zriny
    - i. Review Draft Minutes of 09/07/2016 Meeting
  - b. Finance, Personnel & Property Committee Report – B. Weaver
    - i. Review Draft Minutes of the 07/28/2016 Meeting
    - ii. Overview of the 09/22/2016 Meeting
  - c. Human Service Operations Committee Report – J. Robinson
    - i. Review Minutes of the 08/12/2016 Meeting and Draft Minutes of the 09/09/2016 Meeting
  - d. Nursing Home Operations Committee Report – J. Burgener
    - i. Review Draft Minutes of the 08/19/16 Meeting
  - e. Quality Committee Report
    - i. Review Minutes of the 08/09/2016 Meeting
    - ii. Overview of the 09/15/16 Meeting
    - iii. Overview of Organizational Quality Dashboard
      1. ACTION: Motion to Accept Dashboard as Presented
    - iv. CLOSED SESSION: Motion to go into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. For the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency. (ROLL CALL VOTE)
      1. Report on Recent Corporate Compliance Issue – B. Schultz
      2. ACTION: Motion to Come Out of Closed Session
      3. Possible Announcements Regarding Issues Discussed in Closed Session
6. Financial Report – B. Glodowski
  - a. ACTION: Motion to Accept the Financial Report and August Financial Statements as Presented
7. Medical Staff Credentialing – B. Schultz
  - a. ACTION: Motion to approve reappointments of Debra Ciasulli, Brian Smith, Betsy Bittman, Brigitte Espinoza and William Nietert
8. Update on Marathon County's Decision Regarding the Future of their Relationship with North Central Health Care – Discuss Go Forward Strategy M. Loy
9. Presentation of 2017 Operational Objectives – M. Loy
  - a. ACTION: Motion to Approve the 2017 Operational Objectives
10. ACTION: Motion to Adopt the Collaborative Care Quality Charter and Amend NCCSP Bylaws Article 7 Section 7.1 to Add (f)(1) *Collaborative Care Committee* as a standing committee of the NCCSP Board – M. Loy
11. CEO Report – M. Loy
12. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
13. Adjourn



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Presiding Officer or Designee

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

**COPY OF NOTICE DISTRIBUTED TO:** Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News

Langlade, Lincoln & Marathon County Clerks Offices

DATE: 09/16/16 TIME: 4:00 p.m. BY: D. Osowski

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

September 15, 2016

12:00 Noon

NCHC – Wausau Campus

### Present:

X	Randy Balk	X	Steve Benson	X	Ben Bliven		
X	Jean Burgener	EXC	Joanne Kelly	EXC	Holly Matucheski	X	
Bill Metter		X	Bill Miller	EXC	Scott Parks	X	John
Robinson	X	Greta Rusch		X	Robin Stowe		
EXC	Bob Weaver	X	Jeff Zriny				

Also present: Michael Loy, Brenda Glodowski, Laura Scudiere, Becky Schultz, Sue Matis, Kim Gochanour

Guests: John Fisher and Dean Dietrich

Meeting was called to order at 12:07 p.m., roll call taken, and a quorum noted.

### Public Comment for Matters Appearing on the Agenda

- Dean Dietrich spoke, as a member of the public and a concerned citizen who has been involved in local government for 40 years, has a personal connection with persons in the community with disabilities, and aware of the disputes and concerns that exist between Marathon County and NCHC, and who is very concerned with the possibility of the current joint county contract being terminated. Mr. Dietrich encouraged members of the Board, and will urge Marathon County Board members, to do everything possible to not terminate the joint contract. NCHC has a 'good thing going' with the broad array of services being provided and encouraged the Board to work with Langlade, Lincoln and Marathon Counties to continue to provide services and continue to have strong programs within our communities.

### Consent agenda

- **Motion**/second, Burgener/Metter, to approve the 7/28/16 and 8/18/16 NCCSP Board Meeting Minutes. Motion carried.

### Presentation and Discussion on Issues Related to Marathon County's Decision to Terminate the Existing Tri-County Agreement

- Michael Loy and Jeff Zriny have been in contact and meeting with Marathon County Supervisors and officials to publicly garner additional support.
- There was great support at the 8/28/16 public hearing; including letters of support from the Medical College of Wisconsin and Resolutions from Langlade and Lincoln Counties.
- The revised draft resolution (in packet) has been mutually agreed upon by all three counties which must be recommended by the Health & Human Services Committee to the Marathon County Board for action to be taken.
- Marathon County Board Education Meeting is tonight, followed by a Health & Human Services Committee meeting on 9/19/16, and the Marathon County Board on 9/20/16 for a decision.

- Revised resolution was discussed:
  - The timetable may be a significant hurdle with an agreement ready for December.
  - Important to remove the word termination as it has huge implications on staff, residents, etc.
  - Impact on the 2017 budget will be fundamentally different. Have had discussions with Brad Karger who will help address any issues with the county.
  - Lincoln and Langlade Counties have made it clear that Marathon County does not need to withdraw from the agreement but rather negotiate a successor agreement.
  - Marathon County Representative felt the need to terminate or withdraw before asking Langlade and Lincoln Counties to come to the table to negotiate.
  - Marathon County Public Safety Committee included the revised Resolution on their latest agenda. The additional education for the committee members had a positive impact.
  - All three counties need to approve the agreement; the mechanism between the three counties will change substantially; there should be more and better lines of communication and oversight. Lincoln and Langlade counties were excluded from much of the previous discussion but will now be fully involved with the new resolution.
  - The wording of the revised resolution has been approved in principle by Chairman Gibbs.
  - Biggest challenge will be the 8-10 week turnaround to develop the revised agreement and get all three county boards to approve.
  - Board members were encouraged to attend the education meeting later today and the County Board meeting on Tues, Sept. 20.
  - Michael's role has not been defined as far as NCHC involvement in assisting with the development of a successor agreement. NCHC was involved in 2015.
  - Performance metrics will need to be identified, new or shifting commitments are anticipated, transparency will be required, and entering the new year without deficits a must.
  - The Board commended Michael for all he has done and expressed their appreciation for his leadership through this process. The Board recognizes his commitment and efforts come at a cost to his personal and family life.
  - Michael was also recognized for an excellent presentation at the City Council meeting.

#### CEO Report

- Psychiatrist Recruitment Update
  - First two successful physician visits; offers extended; both declined.
  - A third physician visited last weekend; interest expressed in NCHC; his soon to be fiancé is looking to join a psychiatry residency program; potentially starting next summer. Offer will be extended.
  - Another physician will visit this weekend; she is a potential candidate for medical director.
  - A physician will be visiting at end of the month as well.
- Working on the budget. Leadership has responded well in identifying areas to reduce expenses. Last month showed positive results; revenues have increased; we're headed in the right direction.

#### Discussion of Future Agenda Items for Board Consideration of Committee Assignment

- Meeting on 9/22/16 will be the standard board agenda.

**Motion/second, Metter/Stowe, to adjourn the meeting at 12:48 p.m. Motion carried.**

## **NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE**

**September 7, 2016                      3:00 PM                      North Central Health Care – Granite Room**

Present:                      Jeff Zriny, Bob Weaver, Jean Burgener, Robin Stowe

Also Present:              Michael Loy

Chairman Zriny called the meeting to order at 3:02 pm.

### Public Comment for Matters Appearing on the Agenda

No public comment made.

### Action: Approve 08/09/2016 Executive Committee meeting minutes

- **Motion** to approve the 08/09/2016 Executive Committee meeting minutes made by B. Weaver, seconded by R. Stowe, motion passed 4-0.

### Status of Marathon County Board's Decision on the Future of NCHC

Reviewed the meeting Marathon County had on September 1<sup>st</sup> with Langlade and Lincoln Counties and the proposed amendment to the recommendation to the Marathon County Board. Scope of the meeting was to discuss an alternative to Marathon County withdrawing from the tri-county agreement. Message from Marathon County representatives insisted they were going to withdraw no matter what. Langlade County clarified, with Lincoln County concurring, they agreed in principle to modifications for the financial integrity, program adaptability and consistency; and ongoing quality measurement, reporting and improvement but do not support the termination directive. At this time, nothing with the Nursing Home being separated out has been put forth. Discussion focused on what the recommendation implied and how it would play out, we do not support this recommendation and must education Marathon County Board on why. Jeff and Michael were going to work on a communication piece based on the discussion and try to find compromise or support of our position. Ruder Ware will be asked to speak or provide a written opinion to analyze what the recommendation means, what is to be gained and what could be lost if passed. Request Ruder Ware representative to come to our Board meeting to overview opinion and strategy. Send information to Marathon County Board Supervisors and engage with the community. Strategies and planning were discussed.

Someone from the Marathon County representatives at the meeting of the three Counties mentioned a different management arrangement for nursing home.

### CEO Report

- We are working on a plan for the transition year with the ADRC. The financial cost of the ADRC moving is a loss of revenue of \$80,000. Will be meeting with Marathon County administration to develop final plan. Committee felt the NCCSP Board should be updated for input.
- Physician Recruitment continues – 1<sup>st</sup> candidate declined offer, 2<sup>nd</sup> candidate (Child Psychiatrist) has an offer pending, three more interviews scheduled in September.

- Budget is going to be difficult this year. We are working on reducing the gap and have requested additional funding from Marathon County, mostly to sustain Nursing Home Operations.
- Strategic Cost Reduction has been successful. Identified the \$1.5 million in 2017 reductions and cost avoidance targets for 2016. Working to implement and integrate these into the 2017 budget and monitor results for the remainder of 2016.

Agenda for 9/15/16 and 9/22 Board Meetings

The 9/15 agenda will only cover where we are at with Marathon County's recommendation. The 9/22 Meeting will cover our regular agenda items along with an update to the status on Marathon County's recommendation.

Future agenda items for committee consideration

No items were requested.

**Motion** by R. Stowe to adjourn, seconded by J. Burgener, motion carried 4-0.

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

July 28, 2016

11:00 a.m.

NCHC – Wausau Campus

**Present:**

X	Randy Balk	X	Bill Miller	EXC	Robin Stowe
X	Bob Weaver	X	Jeff Zriny		

Others Present: Michael Loy, Brenda Glodowski, Becky Schultz, Sarah Merbach

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

Minutes

- **Motion**/second, Miller/Weaver, to approve the minutes of the 6/30/16 Finance, Personnel & Property Committee meeting. Motion carried.

Pharmacy Medication Packager

- The Pharmacy multi-dose packaging system was approved last year and funded in the 2016 capital budget. When previously brought to the committee staff was requested to do further review as a follow-up.
- A variety of packaging systems have been evaluated from finance, safety, and patient experience perspectives, demonstrations have occurred, and there were two highly potential vendors.
- A consultant reviewed the pharmacy process on site; consultant had no affiliation with any of the potential equipment vendors; two ROI scenarios were reviewed; identified that either vendor was appropriate.
- System would be beneficial to reduce costs, improve quality, and increase revenues in the nursing home, community treatment, residential, and hospital areas.
- **Motion**/second, Balk/Miller, to finalize purchase for approval as motioned in 2015. Motion carried.
- Recommended we receive a tracking update on the progress (by year end) which will help revenue picture.

Financials

- The month of June showed an overall loss of \$491,299.
- Significant items to note include: nursing home census dropped averaging 203 per day (210 budgeted); Medicare census dropped to 19 (23 budgeted); hospital census dropped below 14 (budgeted for 14) but is increasing in July; saw some dips in outpatient areas but not unusual in summer months due to vacations.
- Expenses continue to exceed target and health insurance exceeds target by \$221,000 (2<sup>nd</sup> highest of the year). State institutes exceed targets by \$112,000. Crisis Services continues to be high. Legal was \$52,000 over due to a settlement from a lease agreement from previous years. Also June was a high month for drug expenses as it has varied based on populations.
- Detailed options to address the negative performance for this year's budget will be discussed at the Board meeting.
- Revenue sources have become stagnant; looking at how we can increase revenue sources.
- **Motion**/second, Miller/Balk to accept the June financial statement. Motion carried.

#### Write-off's

- **Motion**/second, Weaver/Balk to accept write-offs. In the last year write-off's have gone down; seeing progress with the system. Motion carried.

#### CFO Report

- Days in Accounts Receivable are down to 51.
- Moving nursing home billing from TIER to ECS has been completed. Will bill off ECS next week.
- May see a slight increase in Accounts Receivable in July because of getting up and going but expect to be well within target.
- Met with Kristi Kordus as requested to review investment policies. She reached out to PFMS Management who the county works with to review our policy. They will provide a written recommendation; have indicated that what we have right now is an appropriate investment strategy in CD's being under \$10 million. Have requested their recommendations when over the \$10 million mark.
- Investment policy would be updated if determined to move forward with this; policy would require us to go outside of Wisconsin to invest with banks.
- It was proposed to revisit the investment policy following the recommendation from PFMS; take the policy to the three county finance directors; present revised policy at the August meeting. A Joint Finance meeting with the County has been requested.

#### Future Agendas

- Marathon County has requested a joint finance meeting with Marathon County Finance Committee which may be on Aug. 29 from 3-5 p.m.
  - Joint agenda will include initiating the process to request the \$475,000 for the increase of mental health services. Must first go to Finance Committee and then to the County Board through contingencies.
  - Joint agenda may also include the investment policy; conversation of maintenance transfer as of 1/1/17; draft 2017 budget; 2016 performance; long term facility plan. Will need to hire someone for the long term facility plan which will incorporate the master facility plan.
- Investment Policy

**Motion**/second, Miller /Balk, to adjourn the Finance, Personnel & Property Committee meeting. Motion carried. Meeting adjourned at 11:55 a.m.

*dka*

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

**August 12, 2016**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present:

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

Others Present: Michael Loy, Laura Scudiere, Becky Schultz, Sue Matis, Tom Dowe

Guest: Chris Gunderson

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

Consent Agenda

- **Motion**/second, Rusch/Haney, to approve the consent agenda which includes the 7/18/16 Human Services Operations Committee meeting minutes and the Financial Report. Motion Carried.

Educational Presentation - Juvenile Criminal Justice Discussion with Chris Gunderson

- United Way Partnership for Youth works in collaboration with others i.e. Social Services, as a subgroup that deals with Juvenile Criminal Justice (see handout)
- Contracts with Marathon County on truancy; provides supervision for K – 3<sup>rd</sup> Grade
- Working on securing funding to continue the program.
- Committee discussion included:
  - Coordinating NCHC services in schools in conjunction with this group.
  - What is NCHC role as we look at this? County efforts in early intervention have been more adult criminal justice driven.
  - NCHC has been meeting with Judy Burrows heading up a grant project on Collective Impact on Behavioral Health and how NCHC can support Community Impact efforts.
  - Committee would like a list of schools where NCHC is already providing counseling in the school.
- What can we do to make the drugs and selling of drugs less attractive:
  1. Need to attack poverty issue in country
  2. Look at family system – kids join gangs for the ‘family’
  3. Research determines that kids can’t self-regulate emotions i.e. attention deficit
- Committee would like a ‘map’ in terms of what are we doing, roles clearly defined, and where the gaps are. Needs are addressed mostly for those 18 and older but not necessarily understand the ‘feeder system’. Where are we and where do we want to be?
- We also need to educate our older citizens in the community who are unaware of what their children are facing.
- Linda referenced an article she will share with the committee about a community reducing homelessness in 120 days.



## Human Services Outcome Reporting

### Outcome Data Review

- Executive Summary was reviewed.
- Staff vacations routinely impact revenue during summer months.
- Psychiatry services update:
  - Currently have five candidates showing interest; unfortunately with the uncertainties with the county we cannot confidently say they are strong candidates.
  - What does lack of psychiatry mean to our ability to provide services? With Dr. Ticho's move to outpatient services and reduced time it creates variability in services in Inpatient utilizing locums. Having adolescents on the unit is an issue with the psychiatrists here and those we are interviewing. Nancy Bergstrom shared concerns and the problems the courts have in locating locums to testify for court proceedings.
  - If unable to recruit psychiatrists it puts the psychiatry residency program at risk. It is the only project we are aware of trying to actively grow psychiatrists in the area.
  - Much of psychiatry is medication management and we must be a referral source.
- We need to begin the process of identifying the complexity of case management; difficulty in case management; difficulty in organizing the case management of multiple programs. We also need to begin talking about significant issues co-dependent and interrelated.

### Crisis Services Update

- Process Improvement Team action plan was distributed.
- Transportation pilot program began August 1. This will not eliminate all law enforcement transportation but hope to decrease their interaction. Chief Deputy Chad Billeb has always said any number of transports will help law enforcement.
  - Morningside report indicated our ability and adaptability seemed slow. Slow and deliberate gets taken as unresponsive. Our concern has been with staff and patient safety. Staff needed to be hired, and trained in de-escalation and self-defense as individuals needing transportation typically have violent tendencies.
  - In essence, the transportation of these individuals is not the responsibility of NCHC but yet NCHC is seen in the negative for not working fast enough in trying to create a trauma informed situation and being collaborative.
  - Committee expressed frustration that no matter what NCHC does it will not be enough. The target keeps moving so how is NCHC able to focus on the target? Other players must take responsibility for resource issues.
- A public hearing is scheduled on the governance issue at 5 p.m. on 8/22/16.
- Concerned entire county board will not be at hearing and voices will not be heard.

## Analysis on Diversions to State Institutions

### Diversions

- A detailed analysis discovered a discrepancy in the data on diversions and there are actually more diversions than previously reported.
- There is a gap in service for children under 13 where they must be sent out of community as there is no facility in community currently.
- Cost of diversions is approximately \$1000 per day per person.
- The children diverted need psychiatric care. In conversation with the State, they suggested a group home with a psychiatric component be considered for adolescents and/or children under 13.

Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC

- Need easy to understand information.
- Morningside has inaccuracies and lacks depth.
- In regards to the possibility of contracting for services, several examples were used by the County. Brown, Dane, Rusk Counties are surrounded by hospitals to assist with inpatient and some of the same providers we contract with overflow. Brown County has enormous case management overhead.

**Motion**/second, Haney/Rusch, to adjourn the meeting at 12:15 p.m. Motion carried.

*dko*

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

**September 9, 2016**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present:

X	John Robinson	Via X phone	Holly Matucheski	EXC	Greta Rusch
X	Scott Parks	EXC	Nancy Bergstrom	X	Lee Shipway
EXC	Linda Haney	X	Yee Leng Xiong		

Others present: Laura Scudiere, Becky Schultz, Brenda Glodowski, Sue Matis, Tanya Simonis, Carrie Paiser, Tom Dowe

Committee members agreed to reorder the agenda items.

Counseling in Schools Update

- Counseling in Schools has been a pilot program in 11 schools in Lincoln and Marathon Counties and are looking to expand into Langlade County.
  - At the onset of the program there were 168 appointments; 2014/2015 = 376 appointments; and 2015/2016 = 704 appointments. With the growth in appointments expansion is definitely a need in schools.
- One counselor has sole responsibility in the school and is booked solid Thursdays and Fridays.
- A focus group will be conducted with all participants to determine how we can better assist the schools and how the program intermingles with law enforcement.
- Referrals are received from guidance counselors; parents are also very involved in the process.
  - Committee would also like to receive:
    - Number of referrals, how many participate, and number declined.
    - What is the ethnicity of the referrals?
    - Committee requested that outreach for Hmong community is considered going forward. The term mental health in Hmong means 'crazy'; what has been done to provide education in the Hmong community? It was noted that the majority of Hmong clients are in the elementary grades.
- There is a collaborative group, AOD Partnership, working on treatment and prevention in the schools that study at risk and prevention strategies.
- Community Treatment is another program that provides help for young children. Youth treatment programs in Lincoln and Langlade Counties are 'bursting at the seams'.
- The school pilot program in some school systems is currently on hold to further review the program and determine whether we make it an official program. Committee requested the following be reviewed in the future development of this program:
  - To verify if there is any duplication of efforts.
  - Develop a business plan, costs, etc.
  - Identify direction of program, whether we have the capabilities, assets and skill sets to move forward.
  - What is our relationship and role with the private sector? How will we interface and support each other?
  - Law enforcement input and involvement is important.

### Consent agenda

- **Motion**/second, Matucheski/Shipway, to approve the consent agenda which includes the 8/12/15 Human Services Operations Committee Meeting Minutes and financial report. Motion carried.

### Behavioral Health Needs and Approaches

- Distributed and discussed information in the Life Report of Marathon County and an article on Collective Impact.
- Have been working with the Health Department and AOD Partnership to launch a *Collective Impact* program around treatment, tentatively called the Substance Abuse Treatment Alliance (SATA).
  - A Collective Impact effort brings in many partners who are involved and committed, who embrace the program, and are engaged in developing a common agenda. Partners must be willing to commit resources.
  - A Charter is being drafted.
  - Critical parties to be involved include: Health Department, AOD Partnership, law enforcement, and schools.
  - Next steps will include developing a shared vision, identifying resources, developing a timeframe, developing a process, identifying roles of partners, etc. NCHC is poised to be the backbone but the partners may want someone else to do so.
  - Committee would like continued feedback as they feel this is critical and important to relay this initiative to the county board as well.
- Dean Danner from Aspirus raised the issue of behavioral health and the effects on Aspirus; felt community is under-served to meet needs of the area. How do we best attract providers to this area?

### HSO Outcome Reporting:

- Crisis - working with DC Everest on a pilot for proactive crisis in the school systems.
- Hospital - consistently at capacity; continues to experience issues with not having single rooms for patients who have violent tendencies, are verbally abusive, minors, etc. We would be able to accommodate more patients and be more effective with our space, if we had single rooms. The cost is about \$1000 per day when individuals are diverted to other facilities.
- Medically Monitored Treatment (MMT) – continues to have a long wait list.
- Access times are increasing because Dr. Ticho moved from inpatient to outpatient; have been using locums for inpatient unit which has associated challenges
- Outpatient - Currently there are at least two outpatient counseling vacancies. It is preferable to have dually certified counselors. Staff is encouraged to get dual certification.
- Jail Services – committee requested updates on the services provided to the jail i.e. services under contract, reintegration and case management, number of patients in jail, discharge planning, etc.
  - Jon Snyder, forensic counselor, is currently providing services in the jail. An additional counselor was recently hired and will be trained to provide services in the jail also; the plan is to be in the jail part time and counseling in outpatient so she can continue with treatment following release from jail services.
  - What are the needs, shortages, improvements for discharge plan, recidivism rate for those receiving services vs those not receiving services, successes and roadblocks, costs of providing services, outlay, projected revenue and revenue sources, etc.

#### Crisis Services Update

- Continue to work with the Crisis Process Improvement team.
- Additional groups created and working on unique needs of law enforcement i.e. information sharing, in October NCHC will be hiring a half-time law enforcement liaison (possibly a retired law enforcement officer).
- Team consisting of law enforcement, school personnel, and crisis workers is discussing the needs of youth crisis i.e. looking at specific crisis needs in schools and developing a work plan to address those needs.
- Transportation program had a setback due to van needing service. Sheriff Parks was asked his perspective on the transport services and stated that identified issues were discussed and handled.
- Being a new program it is important for good communication, an understanding of roles such as transporting of violent patients and restraint use. Unclear parameters lead to uncertain or inaccurate assumptions. It was suggested a FAQ document or standard operating procedure manual be created.
- Crisis PI group will be discussing efficacy and make any adjustments.

#### Discussion on Areas Identified as a Deficiency in Morningside Report and Role of NCHC

- Distributed and reviewed the deficiencies for Marathon County as listed in the 2016 Morningside Report.
- Much reflected in the Life Report.
- The limited number of providers who do not accept Medicaid patients was discussed.

#### Future Items for Committee Consideration

- Begin with the discussion on the deficiencies identified in the Morningside Report now that the report has been finalized including information from the services to the jail, how we define these issues, deficiencies and gaps, and then begin prioritization for success of community and efforts and how NCHC fits into these roles.
- Marketing programs for better participation i.e. improved education in Hmong community and how it relates to their religious beliefs.

**Motion/second, Xiong/Shipway, to adjourn the meeting at 12:01 p.m. Motion carried.**

*dko*

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

August 19, 2016

8:00 A.M.

NCHC – Wausau Campus

Present:	X	Jean Burgener	X	Bill Metter	EXC	Bill Miller
	X	John Robinson	X	Margaret Donnelly		
			Via Phone			

Also Present: Michael Loy, Kim Gochanour, Sue Matis, Brenda Glodowski, Becky Schultz

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

Minutes

- **Motion**/second, Metter/Robinson, to approve the 7/29/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- July saw a loss of just over \$86,000; an improvement from prior months.
- Census averaged 198 for July (which might be the lowest census ever). Census for August has come up slightly. Medicare census averaged 18 in July.
- With 31 days in July there was a slight increase in revenue. Medicare and RUGS reporting is reviewed and reconciled on a quarterly basis which identified an additional \$40,000. Committee requested this reconciliation be completed more often i.e. monthly.
- Overall the organization has seen improvement in expenses directly related to the work of the task forces. In addition we have also seen a reduction in benefits overall of about \$180,000; of that \$130,000 is due to health insurance costs. Drug costs dropped \$30,000; equipment rental went down \$21,000, rehab services cost was \$12,000 lower in July. Also, the extra shift payment was discontinued which impacted July expenses by \$4,000 from the prior month. A decrease in staff development of \$10,000 was seen in July. There was about \$145,000 less in expenses from June to July.
- Reconcile Nursing Home – Actual to Budget report was reviewed.
  - Largest contributor to being over budget is due to benefits i.e. health insurance. Committee asked that the term 'benefits' be more clearly identified. Health insurance claims is the driver for the high expense in benefits and should be understood as such.
  - Should see additional improvements through the rest of year.
  - Utilization of Vent Unit beds was clarified. Due to oxygen limitation and respiratory therapy coverage for instance, we may not be able to fill beds with only vent patients which reduces revenue. The occupancy could be a mix of Medicaid, Vent, and Medicare patients.
  - Discussions with Physicians are important if high cost medications are involved and if another medication could be considered.
  - Committee agreed that we cannot hold beds open for a particular payer type and that we must take patients on a first come first served basis.
  - It was noted that 6 of the 21 current vent patients are Marathon County residents.

### Pharmacy Review

- External consultant provided a financial assessment, reviewed pharmacy effectiveness and efficiency (control of cost and dispensing process), and the medication administration process within the programs from a safety perspective.
  - Safety: felt medication administration processes are solid in program areas; provided a couple of small recommendations.
  - Major opportunity for efficiency is the return on investment to purchase the packager which results in savings of 1 FTE. Packager was approved for purchase last month.
  - Identified a significant difference in forecasted revenue and actual. Chart provided and reviewed.
    - We are doing well from an efficiency standpoint and well within target.
    - Running below net revenue i.e. drug costs year to date are \$132,550 over budget. We have received 557 more prescriptions for employees this year than last year which ties directly to our health insurance experience.
    - We charge cost only to employees to control health insurance costs which affects the expense line in pharmacy, currently \$68,000 over for prescription costs for employees. Committee asked how this process overall shows a savings for the organization i.e. providing medications at cost ultimately saves dollars for NCHC.
  - Formulary usage is being reviewed. Identified that a change to a vial and syringe form of insulin rather than the pen would result in a \$46,000 savings. Will continue to review the formulary for additional opportunities for cost reductions. Will work with physicians, particularly the contracted physicians so they become better acquainted with our formulary.
  - Also due to the complexity of pharmacy billing, it is felt that one FTE will be transferred from pharmacy into finance.
  - Committee asked for additional information on net income and whether pharmacy is supporting itself.
  - Nursing home census has dropped but acuity levels are higher.
  - Working with Aspirus on how bundled payments will affect payments and services. Pharmacy will have a large impact on this new system.

### Senior Executive Nursing Home Operations and Quality Report

- Referral information was reviewed.
- Working with WACH and LeadingAge regarding funding i.e. \$15 direct care increase is being requested. Committee members may be asked to contact area representatives for support.
- Our labor regional rate went down by 3% this year. Staffing is a major issue in area nursing homes. Labor market is in high demand. We have received information that NCHC staff are looking for other employment which affects whether we can accept admissions, etc.
- We have received four inquiries this week for dementia care patients from other area nursing homes that cannot care for these residents.
- We are in our survey window. Conducting a mock survey to see if we have areas of opportunities yet. Collaborating with Pinecrest Nursing Home to conduct quarterly mock surveys between the two organizations.
- Last week we had a complaint survey. Determination indicated we followed protocol, non-substantiated, and non-reportable.

- Would like a representative from NaviHealth to provide education to the Committee on managed care practices, how they rank us, etc.

#### Bundled Payments

- Will provide detailed education at next meeting.
- The memo in the NHOC packet is the exact memo provided to Marathon County in May regarding bundled payments. At this time this has not been included on a Marathon County Health & Human Services Committee agenda.

#### Discussion on Marathon County's Recommendation to Terminate their Relationship with North Central Health Care

- Concerned expressed with what the county board does not know and that the public hearing is for Health & Human Services Committee and not entire county board.
- Recommendation:
  - We take advantage of what we have; present every time there is an opportunity.
  - Assume the County Board knows nothing about the services we provide. Stay foundational.
  - Help the County Board understand NCHC serves the vulnerable populations and those others don't want to serve, NCHC is a value to residents in the community not replicated elsewhere, NCHC takes those who cannot pay, offers a Vent unit - one of only a few in Wisconsin, etc.
  - Call all members of the County Board and continue to invite them to NCHC.
  - Encourage others in the community to be involved not just employees.
  - Look at NCHC as a resource and not take on responsibility themselves; NCHC is in the best position to do this
  - NCHC is willing to work together with initiatives that are in progress and have made progress i.e. crisis, transportation
  - Heroin and meth is extensive in this area with no new dollars to deal with the problem. We must collectively deal with the problem and our voice is important and critical, etc.
  - Promote NCHC services as best we can.
  - Monday is not an end all but an opportunity for more education.
  - Need business community leaders, physicians, and North Central Health Foundation members to talk with county board.
  - Important to relay there are a lot more issues at stake than just crisis and nursing home.
  - Provide details on how many are being cared for in the community and keeping out of criminal justice system i.e. our programs had 70,000 contacts in the community last year and if not managed some may end up in the criminal justice system.
- If vote in September is successful for NCHC, the performance metrics may be the place to start. Morningside was to deliver the expectations but have not done so.
- Can county board move forward with current feelings to NCHC to create a new vision? New leadership at NCHC is willing to work together and have expressed this multiple times already.

**Motion**/second, Robinson/Metter, to adjourn the Nursing Home Operations Committee meeting at 9:39 a.m. Motion carried.



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

**August 9, 2016**

**11:00 a.m.**

**NCHC – Wausau Campus**

Present: EXC	Dr. Steve Benson	X	Darren Bienvenue	X	Ben Bliven
	X Joanne Kelly	EXC	Holly Matucheski	X	Jeannine Nosko

Others Present: Becky Schultz, Laura Scudiere, Kim Gochanour

The meeting was called to order at 11:10 a.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda

Consent Agenda

- **Motion**/second, Bliven/Bienvenue, to approve the 3/17/16 and 7/21/16 Quality Committee Meeting minutes. Motion carried.

Outcomes Review

- Organizational Quality Dashboard is tracking well on all measures.
  - Turnover is not at target but anticipate improved results related to recent strategies deployed.
  - Access to behavioral health scores directly relates to vacancies and the challenges in recruiting in Outpatient services. Some vacancies have been filled which reflects positively in the access to services target.
  - Recidivism timeframe is indefinite. Staff will be meeting with Laura Yarie of Marathon County to discuss this measure. Looking into combining data with other providers to determine community impact. Currently, the denominator is the total number of individuals receiving treatment in a month at NCHC and the numerator is the number of people who have had OWI treatment previously (reoffenders). Staff was asked to verify that the statistical calculation matches with the benchmark and evidence-based time frame.
- Nursing Home Readmission rate correlates to low census.
  - Patient Experience: percentile rank is the overall rank combining data from all areas. An area that struggles is Crisis. In June, the number of surveys returned dropped. We are working on how we can increase surveys returned. The behavioral health hospital result for July is improving. The areas of Post-Acute Care, Long Term Care, and Legacies have centralized the survey process to help get a better return rate. Working on strategies to improve resident experience. Some of our largest programs of community treatment and outpatient services have low survey volumes. Staff have been working together to improve the input from those programs. The committee requested data for the number of surveys distributed and returned with a percent of return added to the data. Paper survey currently used as it is best method for our clients and patients, elderly, indigent. Surveys are sent to those discharged, families of deceased, and on regular intervals in the outpatient and community-based program areas.
- **Motion**/Second, Bienvenue/Nosko, to accept the Outcomes Review. Motion carried.

### CLOSED SESSION

- **Motion**/second, Bienvenue/Bliven, to move into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency. Roll call taken: Yes=4, No=0 Motion carried and moved into closed session at 10:40 a.m.
- **Motion**/second, Bienvenue/Nosko to come out of closed session. Motion carried unanimously.

### Possible Announcements Regarding Issues Discussed in Closed Session

- No announcements.

### 2016 Work Plan Update

- The three overarching operational objectives were reviewed.
  - Crisis Process Improvement Team has its own work plan that includes many community partners. Primary focus is on an 'ideal state'. Have begun implementing a transportation program i.e. in patient's best interest it was felt patient is to be transported primarily by NCHC as law enforcement must restrain individuals regardless of situation. Transportation will be during high volume times initially from 12-8 p.m.; team is also working on a way for partners to be able to give each other feedback about a crisis situation in a non-judgmental way possibly via website portal.
  - Focus for the remainder of the year is to expand the ability to keep and help people within the crisis center. Currently we have a standard model which is to assess and refer for treatment. Due to capacity and complexity of crisis cases we would like to explore an expanded care model. One hurdle to overcome is the limited availability of advanced care professionals. Our goal is to stabilize individuals right in the crisis area. With the addition of the Psychiatry Residency Program one of their rotations would be in the crisis center.
- Psychiatry Residency Program is at risk due to the possibility of Marathon County withdrawing from the tri-county agreement. The program requires a psychiatrist on staff on the Inpatient Unit. NCHC is currently recruiting as Dr. Tico has moved to outpatient services

**Motion**/second, Bliven/Nosko, to adjourn the meeting at 12:35 p.m. Motion carried.

*dko*

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%	5.2%	3.9%	6.2%	4.7%	7.0%					5.7%	7.6%
Employee Turnover Rate*	20-23%	17%	↓	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%	30.2%					30.2%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th	46th	53rd	48th	42nd	40th					45th	51st
Community Partner Satisfaction	75-80%	N/A	↑	\	\	77%	\	\	72%	\	\					75%	76%
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	13.8%	6.7%	12.0%	10.7%	14.8%	21.1%	12.5%	3.2%					11.3%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	12.8%	11.1%	3.2%	5.0%	7.2%	11.4%	11.7%	21.4%					10.3%	10.8%
AODA Relapse Rate	18-21%	40-60%	↓	30.0%	33.3%	20.7%	25.0%	24.3%	27.3%	36.1%	28.6%					28.2%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\	\	100.0%	97.9%	100.0%	93.6%					97.7%	N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%	86%	92%	93%	80%	84%					81%	73%
Recidivism Rate for OWI	27-32%	44.7%	↓	22.6%	20.5%	29.2%	28.2%	18.2%	7.7%	28.6%	19.4%					22.7%	26.4%
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%	64%	65%	67%	67%	60%					66%	63%
Days in Account Receivable	60-65	54	↓	70	65	64	64	58	51	61	51					51	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	
<b>Vacancy Rate</b>	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
<b>Employee Turnover Rate</b>	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	
<b>Patient Experience: Satisfaction Percentile Ranking</b>	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
<b>Community Partner Satisfaction Percent</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
CLINICAL	
<b>Nursing Home Readmission Rate</b>	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative</i>
<b>Psychiatric Hospital Readmission Rate</b>	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 &amp; Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
<b>AODA Relapse Rate</b>	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
<b>Crisis Treatment: Collaborative Decision Outcome Rate</b>	Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs.
<b>NCHC Access</b>	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> <li>• Adult Day Services - within 2 weeks of receiving required enrollment documents</li> <li>• Aquatic Services - within 2 weeks of referral or client phone requests</li> <li>• Birth to 3 - within 45 days of referral</li> <li>• Community Corner Clubhouse - within 2 weeks</li> <li>• Community Treatment - within 60 days of referral</li> <li>• Outpatient Services - within 14 days of referral</li> <li>• Prevocational Services - within 2 weeks of receiving required enrollment documents</li> <li>• Residential Services - within 1 month of referral</li> </ul>
<b>Recidivism Rate for OWI</b>	Percentage of people who receive there OWI services from NCHC and then reoffend. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol &amp; Drug Review Unit</i>
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Days in Account Receivable</b>	Average number of days for collection of accounts. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>

## MEMO

**TO:** North Central Health Care Finance Committee  
**FROM:** Brenda Glodowski  
**DATE:** September 16, 2016  
**RE:** Attached Financials

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

### **BALANCE SHEET**

Cash continues to remain and Accounts Receivable continues to improve. Other areas remain consistent with prior months.

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

The month of August shows a gain of \$127,772 compared to the targeted gain of \$30,992. This is improvement over the past several months.

Overall revenue exceeded the targets for August. The nursing home census improved a bit averaging almost 204 per day compared to the target of 210. The Medicare census for August remained the same as the prior month averaging 19 per day. The target is 23. The nursing home census for September is increasing so the revenue for September should show more improvements. The hospital census increased in August averaging 15 per day. This exceeds the target of 14. The hospital continues to remain busy in September. Outpatient areas also saw improvements in revenue.

Overall expenses remain over target for August. Health insurance, state institutes, and crisis services continue to exceed budget targets. Combined, these areas exceed targets by \$282,000. Expense reductions in other areas have helped to offset some of this overage.

Planned expense reductions have been implemented. Improvements should continue to be seen for the remainder of the year.

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

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	4,902,620	1,395,039	6,297,659	5,858,506
Accounts receivable:				
Patient - Net	3,293,252	2,922,254	6,215,506	7,156,681
Outpatient - WIMCR	615,000	0	615,000	435,667
Nursing home - Supplemental payment program	0	328,600	328,600	235,923
Marathon County	133,229	0	133,229	191,306
Appropriations receivable	0	0	0	0
Net state receivable	126,861	0	126,861	2,064,984
Other	352,014	0	352,014	151,106
Inventory	0	303,535	303,535	273,822
Other	<u>460,969</u>	<u>379,142</u>	<u>840,111</u>	<u>464,619</u>
Total current assets	<u>9,883,944</u>	<u>5,328,571</u>	<u>15,212,515</u>	<u>16,832,614</u>
Noncurrent Assets:				
Investments	9,800,000	0	9,800,000	9,300,000
Assets limited as to use	1,929,456	813,867	2,743,323	2,137,677
Restricted assets - Patient trust funds	25,848	37,268	63,116	56,563
Net pension asset	2,659,515	2,187,423	4,846,938	0
Nondepreciable capital assets	289,397	554,703	844,101	1,623,683
Depreciable capital assets - Net	<u>7,327,207</u>	<u>3,323,815</u>	<u>10,651,022</u>	<u>10,137,596</u>
Total noncurrent assets	<u>22,031,422</u>	<u>6,917,077</u>	<u>28,948,499</u>	<u>23,255,519</u>
Deferred outflows of resources - Related to pensions	<u>2,662,206</u>	<u>2,189,636</u>	<u>4,851,842</u>	<u>0</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<b><u>34,577,572</u></b>	<b><u>14,435,284</u></b>	<b><u>49,012,856</u></b>	<b><u>40,088,133</u></b>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
AUGUST 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	868,510	714,340	1,582,850	2,055,399
Appropriations advances	682,975	0	682,975	713,175
Accrued liabilities:				
Salaries and retirement	1,128,560	928,228	2,056,788	1,757,504
Compensated absences	865,284	711,687	1,576,972	1,521,514
Health and dental insurance	470,236	386,764	857,000	652,000
Other Payables	225,177	185,206	410,383	422,809
Amounts payable to third-party reimbursement programs	289,253	0	289,253	435,214
Unearned revenue	<u>135,181</u>	<u>0</u>	<u>135,181</u>	<u>188,584</u>
Total current liabilities	<u>4,816,433</u>	<u>2,926,226</u>	<u>7,742,659</u>	<u>7,894,463</u>
Noncurrent Liabilities:				
Related-party note payable	636,181	0	636,181	787,438
Patient trust funds	<u>25,848</u>	<u>37,268</u>	<u>63,116</u>	<u>56,563</u>
Total noncurrent liabilities	<u>662,029</u>	<u>37,268</u>	<u>699,297</u>	<u>844,001</u>
Total liabilities	<u>5,478,461</u>	<u>2,963,494</u>	<u>8,441,956</u>	<u>8,738,464</u>
Deferred inflows of resources - Related to pensions	<u>46,570</u>	<u>38,303</u>	<u>84,873</u>	<u>0</u>
Net Position:				
Net investment in capital assets	7,616,604	3,878,518	11,495,123	11,761,279
Unrestricted	16,558,759	4,297,845	20,856,604	18,825,894
Restricted - Pension benefit	5,269,447	4,334,065	9,603,512	0
Operating Income / (Loss)	<u>(392,269)</u>	<u>(1,076,942)</u>	<u>(1,469,211)</u>	<u>762,495</u>
Total net position	<u>29,052,541</u>	<u>11,433,487</u>	<u>40,486,028</u>	<u>31,349,669</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>34,577,572</b></u>	<u><b>14,435,284</b></u>	<u><b>49,012,856</b></u>	<u><b>40,088,133</b></u>

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

<b>51.42/.437 PROGRAMS</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>CURRENT MONTH VARIANCE</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>YTD VARIANCE</b>
Revenue:						
Net Patient Service Revenue	<u>\$1,867,038</u>	<u>\$1,605,924</u>	<u>\$261,113</u>	<u>\$13,059,109</u>	<u>\$12,340,072</u>	<u>\$719,037</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	2,597,264	2,600,957	(3,693)
Grant Revenue	210,165	190,628	19,537	1,607,859	1,524,667	83,192
County Appropriations - Net	598,953	598,899	54	4,791,624	4,791,192	432
Departmental and Other Revenue	<u>223,835</u>	<u>169,437</u>	<u>54,397</u>	<u>1,195,941</u>	<u>1,354,899</u>	<u>(158,958)</u>
 Total Other Revenue	<u>1,357,611</u>	<u>1,284,084</u>	<u>73,526</u>	<u>10,192,688</u>	<u>10,271,715</u>	<u>(79,027)</u>
 Total Revenue	<u>3,224,648</u>	<u>2,890,009</u>	<u>334,640</u>	<u>23,251,797</u>	<u>22,611,788</u>	<u>640,010</u>
 Expenses:						
Direct Expenses	2,303,832	2,044,970	258,863	18,101,676	16,082,165	2,019,512
Indirect Expenses	<u>753,490</u>	<u>817,804</u>	<u>(64,315)</u>	<u>5,636,739</u>	<u>6,491,188</u>	<u>(854,449)</u>
 Total Expenses	<u>3,057,322</u>	<u>2,862,774</u>	<u>194,548</u>	<u>23,738,415</u>	<u>22,573,353</u>	<u>1,165,062</u>
 Operating Income (Loss)	<u>167,326</u>	<u>27,235</u>	<u>140,092</u>	<u>(486,618)</u>	<u>38,435</u>	<u>(525,053)</u>
 Nonoperating Gains (Losses):						
Interest Income	9,815	7,500	2,315	76,953	60,000	16,953
Donations and Gifts	2,189	0	2,189	12,503	0	12,503
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,893</u>	<u>0</u>	<u>4,893</u>
 Total Nonoperating Gains / (Losses)	<u>12,005</u>	<u>7,500</u>	<u>4,505</u>	<u>94,348</u>	<u>60,000</u>	<u>34,348</u>
 Income / (Loss)	<u>\$179,331</u>	<u>\$34,735</u>	<u>\$144,596</u>	<u>(\$392,269)</u>	<u>\$98,435</u>	<u>(\$490,704)</u>



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

<b>NURSING HOME</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,004,070</u>	<u>\$2,086,373</u>	<u>(\$82,303)</u>	<u>\$15,894,654</u>	<u>\$16,508,004</u>	<u>(\$613,350)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	1,133,328	1,133,333	(5)
Departmental and Other Revenue	<u>41,272</u>	<u>31,296</u>	<u>9,976</u>	<u>384,901</u>	<u>250,365</u>	<u>134,537</u>
Total Other Revenue	<u>182,938</u>	<u>172,962</u>	<u>9,976</u>	<u>1,518,229</u>	<u>1,383,698</u>	<u>134,531</u>
Total Revenue	2,187,007	2,259,335	(72,327)	17,412,884	17,891,702	(478,818)
Expenses:						
Direct Expenses	1,645,493	1,650,625	(5,133)	13,803,658	13,006,991	796,667
Indirect Expenses	<u>594,153</u>	<u>612,454</u>	<u>(18,301)</u>	<u>4,691,141</u>	<u>4,861,251</u>	<u>(170,109)</u>
Total Expenses	<u>2,239,646</u>	<u>2,263,079</u>	<u>(23,433)</u>	<u>18,494,799</u>	<u>17,868,242</u>	<u>626,558</u>
Operating Income (Loss)	<u>(52,638)</u>	<u>(3,744)</u>	<u>(48,894)</u>	<u>(1,081,916)</u>	<u>23,460</u>	<u>(1,105,376)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,078	0	1,078	4,974	0	4,974
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>1,078</u>	<u>0</u>	<u>1,078</u>	<u>4,974</u>	<u>0</u>	<u>4,974</u>
Income / (Loss)	<u>(\$51,560)</u>	<u>(\$3,744)</u>	<u>(\$47,816)</u>	<u>(\$1,076,942)</u>	<u>\$23,460</u>	<u>(\$1,100,402)</u>

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

<b>TOTAL</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>CURRENT MONTH VARIANCE</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>YTD VARIANCE</b>
Revenue:						
Net Patient Service Revenue	<u>\$3,871,108</u>	<u>\$3,692,297</u>	<u>\$178,811</u>	<u>\$28,953,764</u>	<u>\$28,848,077</u>	<u>\$105,687</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	2,597,264	2,600,957	(3,693)
Grant Revenue	210,165	190,628	19,537	1,607,859	1,524,667	83,192
County Appropriations - Net	740,619	740,566	53	5,924,952	5,924,525	427
Departmental and Other Revenue	<u>265,107</u>	<u>200,733</u>	<u>64,374</u>	<u>1,580,843</u>	<u>1,605,264</u>	<u>(24,421)</u>
Total Other Revenue	<u>1,540,549</u>	<u>1,457,047</u>	<u>83,502</u>	<u>11,710,917</u>	<u>11,655,413</u>	<u>55,504</u>
Total Revenue	<u>5,411,657</u>	<u>5,149,345</u>	<u>262,313</u>	<u>40,664,681</u>	<u>40,503,490</u>	<u>161,191</u>
Expenses:						
Direct Expenses	3,949,325	3,695,595	253,730	31,905,334	29,089,156	2,816,179
Indirect Expenses	<u>1,347,643</u>	<u>1,430,258</u>	<u>(82,615)</u>	<u>10,327,880</u>	<u>11,352,439</u>	<u>(1,024,559)</u>
Total Expenses	<u>5,296,968</u>	<u>5,125,853</u>	<u>171,115</u>	<u>42,233,215</u>	<u>40,441,594</u>	<u>1,791,620</u>
Operating Income (Loss)	<u>114,689</u>	<u>23,492</u>	<u>91,197</u>	<u>(1,568,533)</u>	<u>61,895</u>	<u>(1,630,429)</u>
Nonoperating Gains (Losses):						
Interest Income	9,815	7,500	2,315	76,953	60,000	16,953
Donations and Gifts	3,267	0	3,267	17,477	0	17,477
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,893</u>	<u>0</u>	<u>4,893</u>
Total Nonoperating Gains / (Losses)	<u>13,083</u>	<u>7,500</u>	<u>5,583</u>	<u>99,322</u>	<u>60,000</u>	<u>39,322</u>
Income / (Loss)	<u>\$127,772</u>	<u>\$30,992</u>	<u>\$96,780</u>	<u>(\$1,469,211)</u>	<u>\$121,895</u>	<u>(\$1,591,106)</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collateralized
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000	X
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	X
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000	X
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	
BMO Harris	365 Days	05/28/2017	0.80%	\$500,000	
People's State Bank	395 Days	05/29/2017	0.75%	\$350,000	
People's State Bank	395 Days	05/30/2017	0.75%	\$500,000	
Abby Bank	365 Days	07/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	07/28/2017	0.85%	\$300,000	
People's State Bank	365 Days	08/21/2017	0.75%	\$500,000	
BMO Harris	395 Days	08/26/2017	0.80%	\$500,000	
Abby Bank	365 Days	08/29/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
Abby Bank	730 Days	03/15/2018	1.20%	\$400,000	X
Abby Bank	730 Days	05/03/2018	1.20%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$9,800,000	
WEIGHTED AVERAGE	509.17 Days		0.904% INTEREST		

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

Adult Day Services	4,989.38
Adventure Camp	1,555.41
Birth to 3 Program	2,035.00
Clubhouse	24,127.86
Community Treatment	9,607.57
Fishing Without Boundries	3,913.00
General Donated Funds	61,008.10
Housing - DD Services	1,370.47
Langlade HCC	3,350.09
Legacies by the Lake	
Music in Memory	1,788.25
Legacies by the Lake - Other	3,761.99
Total Legacies by the Lake	5,550.24
Marathon Cty Suicide Prev Task	19,024.86
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Nursing Home - General Fund	4,856.50
Outpatient Services - Marathon	101.08
Pool	10,927.74
Prevent Suicide Langlade Co.	2,444.55
Resident Council	871.05
United Way	270.00

<b>Total CHECKING ACCOUNT</b>	<b>161,145.27</b>
-------------------------------	-------------------

<b>Total Checking/Savings</b>	<b>161,145.27</b>
-------------------------------	-------------------

<b>Total Current Assets</b>	<b>161,145.27</b>
-----------------------------	-------------------

<b>TOTAL ASSETS</b>	<b><u>161,145.27</u></b>
---------------------	--------------------------

**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	1,630.45

<b>Total Equity</b>	<b>161,145.27</b>
---------------------	-------------------

<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>161,145.27</u></b>
---------------------------------------	--------------------------

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

**Month Ending August 31, 2016**

<b>ACCOUNT DESCRIPTION</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>DIFFERENCE</b>
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,411,657</u>	<u>5,149,345</u>	<u>40,664,681</u>	<u>40,503,490</u>	<u>161,191</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,457,407	2,636,578	19,989,913	20,652,322	(662,409)
Fringe Benefits	1,040,761	976,665	8,342,164	7,650,397	691,767
Departments Supplies	390,522	466,527	3,582,784	3,732,217	(149,433)
Purchased Services	615,972	265,981	3,606,521	2,167,851	1,438,670
Utilitites/Maintenance Agreements	385,676	327,097	2,608,730	2,614,774	(6,043)
Personal Development/Travel	29,115	39,229	268,537	313,834	(45,296)
Other Operating Expenses	95,269	153,317	819,034	1,226,534	(407,500)
Insurance	36,835	47,292	295,734	378,333	(82,599)
Depreciation & Amortization	133,441	138,167	1,033,531	1,105,333	(71,803)
Client Purchased Services	<u>111,970</u>	<u>75,000</u>	<u>1,686,266</u>	<u>600,000</u>	<u>1,086,266</u>
<b>TOTAL EXPENSES</b>	<b>5,296,968</b>	<b>5,125,853</b>	<b>42,233,214</b>	<b>40,441,594</b>	<b>1,791,620</b>
Nonoperating Income	<u>13,083</u>	<u>7,500</u>	<u>99,322</u>	<u>60,000</u>	<u>39,322</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>127,772</u></b>	<b><u>30,992</u></b>	<b><u>(1,469,211)</u></b>	<b><u>121,895</u></b>	<b><u>(1,591,108)</u></b>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	(\$3,653)	\$132,245	\$47,840
Bad Debt	\$387	\$10,902	\$1,718
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$19,063	\$120,009	\$63,999
Bad Debt	\$873	\$6,833	\$2,315
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$43,455	\$50,088	\$23,147
Bad Debt	\$2,591	\$18,437	\$15,483
Ancillary Services:			
Administrative Write-Off	\$17,376	\$41,288	\$43,741
Bad Debt	\$0	(\$126)	\$120
<b>Pharmacy:</b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$76,241</b>	<b>\$343,630</b>	<b>\$178,727</b>
<b>Total - Bad Debt</b>	<b>\$3,851</b>	<b>\$36,047</b>	<b>\$19,636</b>

**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>
<b>January</b>	Nursing Home	6,510	6,441	(69)	87.50%	86.57%
	Hospital	434	402	(32)	87.50%	81.05%
<b>February</b>	Nursing Home	6,090	5,953	(137)	87.50%	85.53%
	Hospital	406	407	1	87.50%	87.72%
<b>March</b>	Nursing Home	6,510	6,363	(147)	87.50%	85.52%
	Hospital	434	458	24	87.50%	92.34%
<b>April</b>	Nursing Home	6,300	6,131	(169)	87.50%	85.15%
	Hospital	420	462	42	87.50%	96.25%
<b>May</b>	Nursing Home	6,510	6,467	(43)	87.50%	86.92%
	Hospital	434	377	(57)	87.50%	76.01%
<b>June</b>	Nursing Home	6,300	6,080	(220)	87.50%	84.44%
	Hospital	420	416	(4)	87.50%	86.67%
<b>July</b>	Nursing Home	6,510	6,149	(361)	87.50%	82.65%
	Hospital	434	452	18	87.50%	91.13%
<b>August</b>	Nursing Home	6,510	6,312	(198)	87.50%	84.84%
	Hospital	434	464	30	87.50%	93.55%
<b>September</b>	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
<b>October</b>	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
<b>November</b>	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
<b>December</b>	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%

# North Central Health Care

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

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: Debra L. Ciasulli, M.D.	Initials	Date Verified
SSN: On file	jip	08/09/2016
Wisconsin Licenses #: 61100 Expiration Date: 10/31/2017	jip	08/09/2016
Board Certification: Not yet board certified	jip	08/09/2016
DEA Certification #: FC3015042 Expiration Date: 08/31/2017	jip	08/09/2016
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	08/09/2016
Malpractice Carriers: Medical Protective Company, 654399 Coverage Dates: 01/01/2016-01/01/2017	jip	08/09/2016
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	08/09/2016
Wisconsin Background Check: ok	jip	08/09/2016
PPD: n/a	jip	08/09/2016

  
Verification Signature

08-09-2016  
Date



**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Debra L. Ciasulli, M.D. Appoint/Reappoint 10-31-2016 to 10-31-2018  
Time Period

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

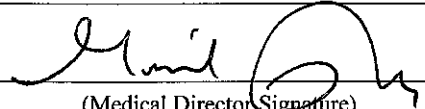
Medical Staff Status ☒ Courtesy ☐ Active

Locum Provider? ☒ Locum Agency: Medical Doctor Associates

**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: \_\_\_\_\_

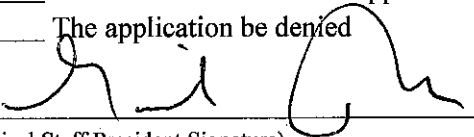
  
(Medical Director Signature)

8-5-16  
(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)

9.7.16  
(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)

**Northcentral  
Credentialing Services**

A service of



**ASPIRUS™**

Passion for excellence.  
Compassion for people.

**Debra L. Ciasulli, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

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

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1104082452 ✓  
UPIN: \_\_\_\_\_  
Medicare#: \_\_\_\_\_  
Medicaid#: \_\_\_\_\_

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2016  
Attestation Date: \_\_\_\_\_  
Received Date: 07/05/2016

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/11/2016

**Credentialing**

Completed: ☒

Issues: ☐

**Aspirus Network, Inc.**

From 09/30/2015 To 10/31/2016

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Locum Tenens  
Category Applied For: ANI Locum Tenens  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 04/27/2015 To 10/31/2016

**Information Upon Credentialing Completion**

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

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

**Licenses****Debra L. Ciasulli, M.D.**

License Type: DEA Certificate  
State: WI  
License Number: FC3015042  
Status: Active  
Expiration Date: 08/31/2017

Verified: ☒  
Verified Date: 07/05/2016  
Verified By: Christine D Chase  
Verified How: L-DEA Website  
Notes: Source date 07/04/2016  
cdc

License Type: State License  
State: WI  
License Number: 61100  
Status: Active  
Expiration Date: 10/31/2017

Verified: ☒  
Verified Date: 07/05/2016  
Verified By: Christine D Chase  
Verified How: L-WI DRL Website  
Notes:

License Type: Advanced Cardiac Life Support  
State:  
License Number:  
Status:  
Expiration Date: 10/27/2015

Verified: ☒  
Verified Date: 07/15/2016  
Verified By: Christine D Chase  
Verified How: O-FYI Only  
Notes:

License Type: Basic Life Support  
State:  
License Number:  
Status:  
Expiration Date: 10/27/2015

Verified: ☒  
Verified Date: 07/15/2016  
Verified By: Christine D Chase  
Verified How: O-FYI Only  
Notes:

License Type: WI Caregiver Background Check  
State: WI  
License Number:  
Status:  
Expiration Date: 05/19/2019

Verified: ☒  
Verified Date: 07/06/2016  
Verified By: Jill A. Patraw  
Verified How: O-Verified Previously  
Notes:

**Insurance****The Medical Protective Company (Medical Doctor Associates LLC)**

Policy Number: 654399  
Letter Description: Verify Malpractice Insurance  
DOC  
Coverage Type: Occurrence  
Letter Sent Date: 07/06/2016  
Expiration Date: 01/01/2017  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 07/11/2016  
Verified By: Christine D Chase  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M No claims

**Boards****Am Bd Int Med**

Board Status: Certified  
Cert Number:  
Expiration Date: 12/31/2022

Verified: ☒  
Verified Date: 07/05/2016  
Verified By: Christine D Chase  
Verified How: B-ABMS Website-Board Certification  
Notes:

**Am Bd Psyc&Neur**

Board Status: In Process-Initiating  
Cert Number:  
Expiration Date:

Verified: ☒  
Verified Date: 07/15/2016  
Verified By: Christine D Chase  
Verified How: O-FYI Only  
Notes:

## Affiliations

Debra L. Ciasulli, M.D.

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 04/27/2015

End Date:

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 07/06/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/06/2016

Verified By: Christine D Chase

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

Notes:

### Riverside Medical Center

Affiliation Type: Medical Staff

Category: Associate

Dept/Specialty: Psychiatry

Start Date: 01/26/2016

End Date:

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 07/06/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/12/2016

Verified By: Christine D Chase

Verified How: A-Health Care Facility Verif Ltr

Notes:

### Brigitte Espinoza, M.D.

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 07/06/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/11/2016

Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

## Worksheet


	Date & Initials	Comments
SAM Website	05/12/2016 cdc	
	Date & Initials	Comments
NPDB Website query through Cactus	05/11/2016 cdc	
	Date & Initials	Comments
OIG Website	Source date 05/05/2016 cdc Conducted date 05/10/2016 cdc	
	Date & Initials	Comments
Medicare Opt Out List Website	Report run date 05/18/2016 cdc Reviewed date 07/11/2016 cdc	
	Sign Date & Initials	Comments
Consent Form	06/03/2016 cdc	
	Sign Date & Initials	Comments
Privilege Form	06/06/2016 cdc	
	Date & Initials	Comments
Quality Improvement Activities (payor requirement)		
	Date & Initials	Comments
Patient Complaints (payor requirement)		
	Date	
Previous ANI Committee/Recredentialing Date		
	Date	
CVO Review	07-29-16	Signature Christine Chase
	Date	Signature
Entity Committee Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

# North Central Health Care

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

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: Brian D. Smith, M.D.	Initials	Date Verified
SSN: On file	jip	08/09/2016
Wisconsin Licenses #: 26492 Expiration Date: 10/31/2017	jip	08/09/2016
Board Certification ok - Expires 12/31/2016	jip	08/09/2016
DEA Certification #: AS2175328 Expiration Date: 02/28/2019	jip	08/09/2016
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	08/09/2016
Malpractice Carriers: MHA, 003WI000006910 Coverage Dates: 07/01/2016-07/01/2017	jip	08/09/2016
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	08/09/2016
Wisconsin Background Check: ok	jip	08/09/2016
PPD: unknown right now	jip	08/09/2016

  
Verification Signature

08-09-2016  
Date

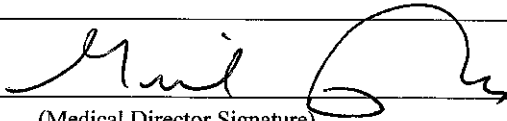
**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Brian D. Smith, M.D. Appoint/Reappoint 10-31-2016 to 10-31-2018  
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: \_\_\_\_\_

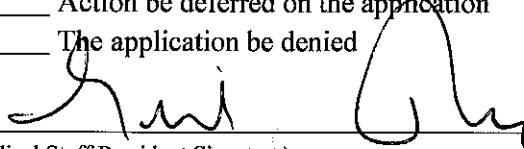
  
(Medical Director Signature)

8-9-16  
(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)

9-7-16  
(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)

**Northcentral  
Credentialing Services**

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**ASPIRUS™**

Passion for excellence.  
Compassion for people.

**Brian D. Smith, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

Aspirus Wausau Hospital  
dba Aspirus Family Physicians  
212 Sturgeon Eddy Road  
Wausau, WI 54403-6672  
(715) 842-0491

**Other Provider Information**

ID#:

SSN:

Date of Birth:

Provider Specialties: Family Medicine

NPI: 1891729380 ✓

UPIN: B56689

Medicare#: 390450052

Medicaid#: 1891729380

## Credentialing Activity

Brian D. Smith, M.D.

### Application

Application Sent Date: 05/04/2016

Attestation Date:

Received Date: 06/01/2016

### Most Recent Query

Query Type: Claims Processing

Query Date: 05/11/2016

### Credentialing

Completed: ☐

Issues: ☐

### Aspirus Clinics, Inc.

#### Information Upon Credentialing Completion

Status: AC Current

Category: AC Active

Category Applied For: AC Active

Network:

Cred Activity Notes:

#### Committee Progress

Started:

Status:

Issues: ☐

### Activity

Completed: ☐

### Aspirus Network, Inc.

From 10/28/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: ANI Current

Category: ANI Primary Care Provider

Category Applied For: ANI Primary Care Provider

Network:

Cred Activity Notes:

#### Committee Progress

Started:

Status:

Issues: ☐

### Activity

Completed: ☐

### Aspirus Wausau Hospital

From 11/01/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: AWH Current

Category: AWH Active

Category Applied For: AWH Active

Network:

Cred Activity Notes:

#### Committee Progress

Started:

Status:

Issues: ☐

### Activity

Completed: ☐

### North Central Healthcare

From 11/01/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: NCHC Current

Category: NCHC Active

Category Applied For: NCHC Active

Network:

Cred Activity Notes:

#### Committee Progress

Started:

Status:

Issues: ☐

### Activity

Completed: ☐

### Payor Credentialing

#### Information Upon Credentialing Completion

Status: PC Current

Category:

Category Applied For:

Network:

Cred Activity Notes:

#### Committee Progress

Started:

Status:

Issues: ☐

### Activity

Completed: ☐



**Licenses****Brian D. Smith, M.D.**

License Type: State License  
State: WI  
License Number: 26492  
Status: Active  
Expiration Date: 10/31/2017

Verified: ☒  
Verified Date: 06/01/2016  
Verified By: Jill A. Patraw  
Verified How: L-WI DRL Website  
Notes:

✓  
OK

License Type: DEA Certificate  
State: WI  
License Number: AS2175328  
Status: Active  
Expiration Date: 02/28/2019

Verified: ☒  
Verified Date: 06/01/2016  
Verified By: Jill A. Patraw  
Verified How: L-DEA Website  
Notes: source date 5/30/2016

✓  
OK

License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 05/01/2018

Verified: ☒  
Verified Date: 06/03/2016  
Verified By: Jill A. Patraw  
Verified How: O-Verified Previously  
Notes:

✓  
OK**Insurance****MMIC (ACI)**

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

Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 06/14/2016  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 06/16/2016  
Verified By: Christine D Chase  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M No claims

**MHA Insurance (Aspirus Inc)**

Policy Number: 003W1000006910  
Coverage Type:  
Expiration Date: 07/01/2016

Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 06/14/2016  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 06/24/2016  
Verified By: Christine D Chase  
Verified How: I-NCS-Insurance Verif Ltr  
Notes: \$1M/\$3M No claims

✓  
OK**Boards****Am Bd Family Medicine**

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

Verified: ☒  
Verified Date: 06/01/2016  
Verified By: Jill A. Patraw  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

✓  
OK

## Affiliations

Brian D. Smith, M.D.

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Family Medicine

Start Date: 10/01/2007

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2016

Verified By: Christine D Chase

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

Notes:

### Aspirus Family Physicians

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Family Medicine

Start Date: 07/01/1986

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/21/2016

Verified By: Christine D Chase

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

Notes:

### Aspirus Wausau Hospital \*

Affiliation Type: Medical Staff

Category: Active

Dept/Specialty: Family Medicine

Start Date: 06/25/1986

End Date:

Verified: ☒

Verified Date: 06/03/2016

Verified By: Jill A. Patraw

Verified How: A-Health Care Facility Verif  
Ltr Online

Notes:

### Patrick Allen, D.O.

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒


Verified Date: 06/20/2016

Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:

**Worksheet****Brian D. Smith, M.D.**

	<i>Date &amp; Initials</i>	<i>Comments</i>
SAM Website	6/3/2016 jap	
NPDB Website query through Cactus	<i>Date &amp; Initials</i> 5/11/2016 jap	<i>Comments</i>
OIG Website	<i>Date &amp; Initials</i> source date 5/5/2016 jap conducted date 5/12/2016 jap	<i>Comments</i>
Medicare Opt Out List Website	<i>Date &amp; Initials</i> report run date 5/18/2016 jap reviewed date 6/3/2016 jap	<i>Comments</i>
Consent Form	<i>Sign Date &amp; Initials</i> 5/10/2016 jap	<i>Comments</i>
Privilege Form	<i>Sign Date &amp; Initials</i> 5/10/2016 AWH jap 5/31/2016 NCHC jap	<i>Comments</i>
Quality Improvement Activities (payor requirement)	<i>Date &amp; Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)	<i>Date &amp; Initials</i>	<i>Comments</i>
Previous ANI Committee/Recredentialing Date	<i>Date</i>	
CVO Review	<i>Date</i> 8/4/16 <i>Date</i>	<i>Signature</i>  <i>Signature</i>
Entity Committee Review		
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

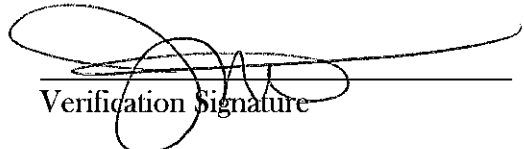
# North Central Health Care

Person centered. Outcome focused.

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

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: Betsy J. Bittman, M.D.	Initials	Date Verified
SSN: On file	jip	08/09/2016
Wisconsin Licenses #: 54458 Expiration Date: 10/31/2017	jip	08/09/2016
Board Certification ok - lifetime	jip	08/09/2016
DEA Certification #: FB4444321 Expiration Date: 07/31/2017	jip	08/09/2016
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	08/09/2016
Malpractice Carrier: Fair American, GP-FCO03-033315890 Coverage Dates: 05/01/2016 - 05/01/2017	jip	08/09/2016
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	08/09/2016
Wisconsin Background Check: No reports found	jip	08/09/2016
PPD results: n/a	jip	08/09/2016

  
Verification Signature

08-09-2016  
Date

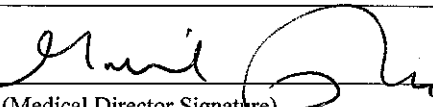
**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Betsy J. Bittman, M.D. Appoint/Reappoint 10-31-2016 to 10-31-2018  
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: LocumTenens.com

**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: \_\_\_\_\_

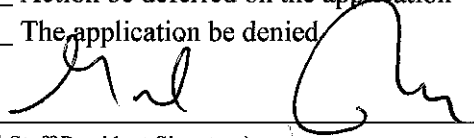
  
(Medical Director Signature)

8-9-16  
(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)

9-7-16  
(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)

# Northcentral Credentialing Services

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### Betsy J. Bittman, M.D.

#### Enhanced Credentialing Activity

#### General Profile

##### Primary Address

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

##### Other Provider Information

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1376630756  
UPIN: \_\_\_\_\_  
Medicare#: \_\_\_\_\_  
Medicaid#: \_\_\_\_\_

#### Credentialing Activity

##### Application

Application Sent Date: 05/04/2016  
Attestation Date: \_\_\_\_\_  
Received Date: 05/20/2016

##### Most Recent Query

Query Type: Claims Processing  
Query Date: 05/20/2016

##### Credentialing

Completed: ☐

Issues: ☐

##### Aspirus Network, Inc.

From 02/02/2015 To 10/31/2016

##### Information Upon Credentialing Completion

Status: ANI Current  
Category: ANI Locum Tenens  
Category Applied For: ANI Locum Tenens  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

##### Committee Progress

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

Activity  
Completed: ☐

##### North Central Healthcare

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

##### Information Upon Credentialing Completion

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

##### Committee Progress

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

Activity  
Completed: ☐

## Licenses

Betsy J. Bittman, M.D.

License Type: State License  
State: WI  
License Number: 54458  
Status: Active  
Expiration Date: 10/31/2017

Verified: ☒  
Verified Date: 05/20/2016  
Verified By: Jill A. Patraw  
Verified How: L-WI DRL Website  
Notes:

✓  
OK

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

Verified: ☒  
Verified Date: 05/20/2016  
Verified By: Jill A. Patraw  
Verified How: L-DEA Website  
Notes: source date 5/16/2016

✓  
OK

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

Verified: ☒  
Verified Date: 05/20/2016  
Verified By: Jill A. Patraw  
Verified How: O-Verified Previously  
Notes:

✓  
OK

## Insurance

### Fair American Ins & Reins Co (LocumTenens.com)

Policy Number: GP-FCO03-033315890  
Coverage Type:  
Expiration Date: 05/01/2017

Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 07/20/2016  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 07/22/2016  
Verified By: Christine D Chase  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M No claims

✓  
OK

## Boards

### Am Bd Psyc&Neur-Psychiatry

Board Status: Certified-Lifetime  
Cert Number:  
Expiration Date: Lifetime Certification

Verified: ☒  
Verified Date: 05/20/2016  
Verified By: Jill A. Patraw  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

✓  
OK

## Affiliations

Betsy J. Bittman, M.D.

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 11/01/2014

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2016

Verified By: Christine D Chase

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

Notes:

### North Valley Hospital

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 12/24/2012

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/20/2016

Verified By: Christine D Chase

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

Notes:

### Western Montana Mental Health

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 01/30/2012

End Date: 08/13/2015

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/29/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/24/2016

Verified By: Christine D Chase

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

Notes: Questions 3,4, & 5 were left  
blank as the information  
could not be provided per  
company policy

### Bozeman Deaconess Hospital

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 09/15/2014

End Date: 08/17/2015

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 07/13/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/14/2016

Verified By: Christine D Chase

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

Notes:

### Betsy J. Bittman, MD

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 07/01/1991

End Date: 12/31/2015

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 07/13/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/15/2016

Verified By: Jill A. Patraw

Verified How: O-Telephone Verif

Notes:

### Shaheer Alamy MD

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/08/2016


Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:



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

	<i>Date &amp; Initials</i>	<i>Comments</i>
SAM Website	5/12/2016 jap	
NPDB Website query through Cactus	<i>Date &amp; Initials</i> 5/20/2016 jap	<i>Comments</i>
OIG Website	<i>Date &amp; Initials</i> source date 5/5/2016 jap conducted date 5/10/2016 jap	<i>Comments</i>
Medicare Opt Out List Website	<i>Date &amp; Initials</i> report run date 5/18/2016 jap reviewed date 5/20/2016 jap	<i>Comments</i>
Consent Form	<i>Sign Date &amp; Initials</i> 5/9/2016 jap	<i>Comments</i>
Privilege Form	<i>Sign Date &amp; Initials</i> 05/31/2016 cdc	<i>Comments</i>
Quality Improvement Activities (payor requirement)	<i>Date &amp; Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)	<i>Date &amp; Initials</i>	<i>Comments</i>
Previous ANI Committee/Recredentialing Date	<i>Date</i>	
CVO Review	<i>Date</i> 7/29/16	<i>Signature</i> 
Entity Committee Review	<i>Date</i>	<i>Signature</i>
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

# North Central Health Care

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

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: Brigitte G. Espinoza Ugaz, M.D.	Initials	Date Verified
SSN: On file	jip	08/09/2016
Wisconsin Licenses #: 63925 Expiration Date: 10/31/2017	jip	08/09/2016
Board Certification: Not yet board certified	jip	08/09/2016
DEA Certification #: FE5245609 Expiration Date: 08/31/2018	jip	08/09/2016
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	08/09/2016
Malpractice Carriers: ProAssurance, MP66573 Coverage Dates: 01/01/2016-01/01/2017	jip	08/09/2016
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	08/09/2016
Wisconsin Background Check: ok	jip	08/09/2016
PPD: ok	jip	08/09/2016

  
Verification Signature

08-09-2016  
Date

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Brigitte G. Espinoza-Uguz, MD Appoint/Reappoint 10-31-2016 to 10-31-2018  
Time Period

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

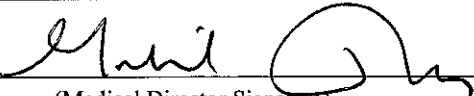
Medical Staff Status ☐ Courtesy ☒ Active

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: \_\_\_\_\_

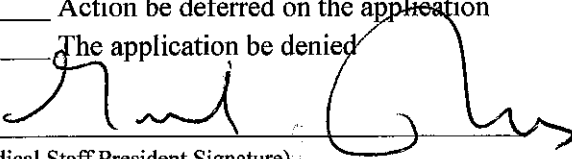
  
(Medical Director Signature)

8-9-16  
(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)

9-7-16  
(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)

**Northcentral  
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Passion for excellence.  
Compassion for people.

**Brigitte G. Espinoza Ugaz, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

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

**Other Provider Information**

ID#: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Provider Specialties: Psychiatry

NPI: 1710265814 ✓  
UPIN: \_\_\_\_\_  
Medicare#: K400227250  
Medicaid#: 1710265814

**Credentialing Activity**

**Application**

Application Sent Date: 05/04/2016  
Attestation Date: \_\_\_\_\_  
Received Date: 05/12/2016

**Most Recent Query**

Query Type: Claims Processing  
Query Date: 05/11/2016

**Credentialing**

Completed: ☐

Issues: ☐

**Aspirus Network, Inc.**

From 07/30/2015 To 10/31/2016

**Information Upon Credentialing Completion**

Status: ANI Current  
Category: ANI Specialty Provider  
Category Applied For: ANI Specialty Provider  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

**North Central Healthcare**

From 06/17/2015 To 10/31/2016

**Information Upon Credentialing Completion**

Status: NCHC Current  
Category: NCHC Active  
Category Applied For: NCHC Active  
Network: \_\_\_\_\_  
Cred Activity Notes: \_\_\_\_\_

**Committee Progress**

Started: \_\_\_\_\_  
Status: \_\_\_\_\_

Issues: ☐

**Activity**

Completed: ☐

## Licenses

License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 06/17/2019

Verified: ☒  
Verified Date: 05/13/2016  
Verified By: Jill A. Patraw  
Verified How: O-Verified Previously  
Notes:

✓  
OK

License Type: DEA Certificate  
State: WI  
License Number: FE5245609  
Status: Active  
Expiration Date: 08/31/2018

Verified: ☒  
Verified Date: 05/14/2016  
Verified By: Jill A. Patraw  
Verified How: L-DEA Website  
Notes: source date 5/9/2016

✓  
OK

License Type: State License  
State: WI  
License Number: 63925  
Status: Active  
Expiration Date: 10/31/2017

Verified: ☒  
Verified Date: 05/16/2016  
Verified By: Jill A. Patraw  
Verified How: L-WI DRL Website  
Notes:

✓  
OK

License Type: Basic Life Support  
State:  
License Number:  
Status:  
Expiration Date: 06/30/2017

Verified: ☒  
Verified Date: 06/14/2016  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes:

## Insurance

### ProAssurance Companies

Policy Number: MP66573  
Coverage Type:  
Expiration Date: 01/01/2017

Letter Description: Verify Malpractice Insurance  
DOC  
Letter Sent Date: 07/13/2016  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 07/19/2016  
Verified By: Christine D Chase  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M No claims

✓  
OK

## Boards

### Am Bd Psyc&Neur-Psychiatry

Board Status: In Process-Initiating  
Cert Number:  
Expiration Date:

Verified: ☒  
Verified Date: 05/19/2016  
Verified By: Jill A. Patraw  
Verified How: O-FYI Only  
Notes:

✓  
OK

## Affiliations

### North Central Health Care

Affiliation Type: Medical Staff

Category: Not Provided

Dept/Specialty: Psychiatry

Start Date: 07/01/2015

End Date:

Letter Description: Verify Affiliations & Employment Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2016

Verified By: Christine D Chase

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

Notes:

### David Osser, MD

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/21/2016

Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

## Worksheet

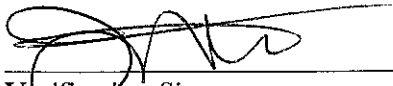
SAM Website	Date & Initials 5/19/2016 jap	Comments
NPDB Website query through Cactus	Date & Initials 5/11/2016 jap	Comments
OIG Website	Date & Initials source date 5/5/2016 jap conducted date 5/19/2016 jap	Comments
Medicare Opt Out List Website	Date & Initials report run date 5/18/2016 jap reviewed date 5/19/2016 jap	Comments
Consent Form	Sign Date & Initials 5/12/2016 jap	Comments
Privilege Form	Sign Date & Initials 5/31/2016 jap	Comments
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
Previous ANI Committee/Recertification Date	Date	
CVO Review	Date 7/29/16	Signature Jill Patraw
Entity Committee Review	Date	Signature
ANI Only - All Disclosure Questions Answered YES___ NO___		
ANI Only - Issues Identified YES___ NO___		

# North Central Health Care

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

## PROVIDER PROFILE SUMMARY APPOINTMENT/REAPPOINTMENT VERIFICATION CHECKLIST

Provider: William C. Nietert, M.D.	Initials	Date Verified
SSN: On file	jip	08/09/2016
Wisconsin Licenses #: 22476 Expiration Date: 10/31/2017	jip	08/09/2016
Board Certification: ok - Expires 02/15/2017	jip	08/09/2016
DEA Certification #: BN1677434 Expiration Date: 10/31/2017	jip	08/09/2016
Practice Affiliation: North Central Health Care 1100 Lake View Drive Wausau, WI 54403	jip	08/09/2016
Malpractice Carriers: MHA, 003WI000006910 Coverage Dates: 07/01/2016-07/01/2017	jip	08/09/2016
National Practitioner Data Bank: Disciplinary Actions/Sanctions: No reports found.	jip	08/09/2016
Wisconsin Background Check: ok	jip	08/09/2016
PPD: unknown right now	jip	08/09/2016

  
Verification Signature

08-09-2016  
Date

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee William C. Nietert, M.D. Appoint/Reappoint 10-31-2016 to 10-31-2018  
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: \_\_\_\_\_

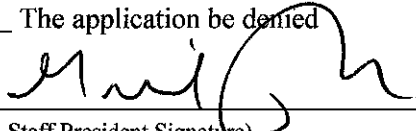
  
(Medical Director Signature)

8-5-16  
(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)

9-7-16  
(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)



**Northcentral  
Credentialing Services**

A service of



**ASPIRUS™**

Passion for excellence.  
Compassion for people.

**William C. Nietert, M.D.**

**Enhanced Credentialing Activity**

**General Profile**

**Primary Address**

Aspirus Kronenwetter Clinic  
1881 County Road XX  
Mosinee, WI 54455-7933  
(715) 355-4040

**Other Provider information**

ID#:

SSN:

Date of Birth:

Provider Specialties: Family Medicine

NPI: 1255357042 ✓

UPIN: B55377

Medicare#: 000239145

Medicaid#: 1255357042

## Credentialing Activity

William C. Nietert, M.D.

### Application

Application Sent Date: 05/04/2016  
Attestation Date:  
Received Date: 05/16/2016

### Most Recent Query

Query Type: Claims Processing  
Query Date: 05/11/2016

### Credentialing

Completed: ☐

Issues: ☐

### Aspirus Clinics, Inc.

#### Information Upon Credentialing Completion

Status: AC Current  
Category: AC Active  
Category Applied For: AC Active  
Network:  
Cred Activity Notes:

#### Committee Progress

Started:  
Status:

Issues: ☐

### Activity

Completed: ☐

### Aspirus Network, Inc.

From 10/28/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: ANI Current  
Category: ANI Primary Care Provider  
Category Applied For: ANI Primary Care Provider  
Network:  
Cred Activity Notes:

#### Committee Progress

Started:  
Status:

Issues: ☐

### Activity

Completed: ☐

### Aspirus Wausau Hospital

From 11/01/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: AWH Current  
Category: AWH Active  
Category Applied For: AWH Active  
Network:  
Cred Activity Notes:

#### Committee Progress

Started:  
Status:

Issues: ☐

### Activity

Completed: ☐

### North Central Healthcare

From 11/01/2014 To 10/31/2016

#### Information Upon Credentialing Completion

Status: NCHC Current  
Category: NCHC Active  
Category Applied For: NCHC Active  
Network:  
Cred Activity Notes:

#### Committee Progress

Started:  
Status:

Issues: ☐

### Activity

Completed: ☐

### Payor Credentialing

#### Information Upon Credentialing Completion

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

#### Committee Progress

Started:  
Status:

Issues: ☐

### Activity

Completed: ☐

**Licenses****William C. Nietert, M.D.**

License Type: WI Caregiver Background  
Check  
State: WI  
License Number:  
Status:  
Expiration Date: 05/01/2018

Verified: ☒  
Verified Date: 05/18/2016 ✓OK  
Verified By: Jill A. Patraw  
Verified How: O-Verified Previously  
Notes:

License Type: State License  
State: WI  
License Number: 22476  
Status: Active  
Expiration Date: 10/31/2017

Verified: ☒  
Verified Date: 05/16/2016 ✓OK  
Verified By: Jill A. Patraw  
Verified How: L-WI DRL Website  
Notes:

License Type: DEA Certificate  
State: WI  
License Number: BN1677434  
Status: Active  
Expiration Date: 10/31/2018

Verified: ☒  
Verified Date: 05/18/2016 ✓OK  
Verified By: Jill A. Patraw  
Verified How: L-DEA Website  
Notes: source date 5/16/2016

**Insurance****MMIC (ACI)**

Policy Number: MCL001317  
Letter Description: Verify Malpractice Insurance  
Coverage Type: Claims Made  
Letter Sent Date: 06/14/2016  
Expiration Date: 08/11/2015  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 06/17/2016  
Verified By: Christine D Chase  
Verified How: I-Verification from Carrier  
Notes: \$1M/\$3M No claims

**MHA Insurance (Aspirus Inc)**

Policy Number: 0003WI000006910  
Letter Description: Verify Malpractice Insurance  
Coverage Type:  
Letter Sent Date: 06/14/2016  
Expiration Date: 07/01/2016  
Letter Sent By: Jill A. Patraw

Verified: ☒  
Verified Date: 06/28/2016 ✓OK  
Verified By: Christine D Chase  
Verified How: I-NCS-Insurance Verif Ltr  
Notes: \$1M/\$3M No claims

**Boards****Am Bd Family Medicine**

Board Status: Certified  
Cert Number:  
Expiration Date: 02/15/2017

Verified: ☒  
Verified Date: 05/16/2016 ✓OK  
Verified By: Jill A. Patraw  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

**Am Bd Family Medicine (CAQ: Geriatric Med)**

Board Status: Not Renewed  
Cert Number:  
Expiration Date: 12/31/1998

Verified: ☒  
Verified Date: 05/16/2016  
Verified By: Jill A. Patraw  
Verified How: B-ABMS Website-Board  
Certification  
Notes:

**Affiliations****William C. Nietert, M.D.****North Central Health Care**

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Family Medicine

Start Date: 09/01/2012

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2016

Verified By: Christine D Chase

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

Notes:

**Aspirus Kronenwetter Clinic**

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Family Medicine

Start Date: 08/06/1979

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/20/2016

Verified By: Christine D Chase

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

Notes:

**Kennedy Park & Rehab.**

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Family Medicine

Start Date: 01/01/2006

End Date:

Letter Description: Verify Affiliations & Employment  
Reappt\*

Letter Sent Date: 06/29/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/12/2016

Verified By: Christine D Chase

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

Notes:

**Aspirus Wausau Hospital \***

Affiliation Type: Medical Staff

Category: Active

Dept./Specialty: Family Medicine

Start Date: 08/25/1981

End Date:

Verified: ☒

Verified Date: 05/18/2016

Verified By: Jill A. Patraw

Verified How: A-Health Care Facility Verif  
Ltr Online

Notes:

**David Tange, M.D.**

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment \*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒


Verified Date: 06/22/2016

Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref  
Verif Ltr

Notes:

**Worksheet****William C. Nietert, M.D.**

	<i>Date &amp; Initials</i>	<i>Comments</i>
SAM Website	5/12/2016 jap	
	<i>Date &amp; Initials</i>	<i>Comments</i>
NPDB Website query through Cactus	5/11/2016 jap	
	<i>Date &amp; Initials</i>	<i>Comments</i>
OIG Website	source date 5/5/2016 jap conducted date 5/12/2016 jap	
	<i>Date &amp; Initials</i>	<i>Comments</i>
Medicare Opt Out List Website	report run date 5/18/2016 jap reviewed date 5/19/2016 jap	
	<i>Sign Date &amp; Initials</i>	<i>Comments</i>
Consent Form	5/9/2016 jap	
	<i>Sign Date &amp; Initials</i>	<i>Comments</i>
Privilege Form	05/09/2016 (AWH) cdc 05/31/2016 (NCHC) cdc	
	<i>Date &amp; Initials</i>	<i>Comments</i>
Quality Improvement Activities (payor requirement)		
	<i>Date &amp; Initials</i>	<i>Comments</i>
Patient Complaints (payor requirement)		
	<i>Date</i>	
Previous ANI Committee/Recredentialing Date		
	<i>Date</i>	
CVO Review	8/3/16	<i>Signature</i> 
	<i>Date</i>	<i>Signature</i>
Entity Committee Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

## **2017 Operational Plan**

### Advanced Service Excellence

Develop the talent to deliver Person Centered Care and proactively meet community needs.

- 1) Role clarity and job specific competency
- 2) Advance leadership development
- 3) Improve employee recruitment and development
- 4) Deployment of Collaborative Care Model

### Complex Care Delivery

Strengthen the availability and diverse expertise of complex behavioral health, developmental disability and skilled nursing services

- 1) Develop clinical career track development encompassing deployment of best-practices and advancement of clinical competency
- 2) Enhance clinical coordination between programs to ensure effective transitions of care
- 3) Provide leadership in development of community based substance abuse strategies
- 4) Redevelop physical environment to meet changing complex care delivery needs

### Electronic Medical Record Interoperability

Enhance clinical and financial integration within the electronic medical record (EMR).

- 1) Deliver on meaningful use requirements to exchange information with patients and other healthcare providers
- 2) Staff technology proficiency is further developed and validated
- 3) Systems communicate effectively to inform clinical decision making and patient care coordination
- 4) Data is interfaced, processed, managed and easily accessed for evaluation and outcome reporting

**CHARTER OF THE COLLABORATIVE CARE QUALITY COMMITTEE**  
**OF**  
**NORTH CENTRAL HEALTH CARE**

I. Formation of Committee

The Collaborative Care Quality Committee ("**Committee**") of North Central Health Care ("**NCHC**") is created by the North Central Community Services Program (NCCSP) Board of Directors ("**Board**") for the purposes and to perform quality assessment and review of the collaborative functions of North Central Health Care and various County and Community stakeholders.

II. Background

2.1 NCHC has been delegated various responsibilities from Marathon, Lincoln and Langlade Counties under Wisconsin Statutes 51.42 including, skilled nursing and long term care (in the case of Marathon County), mental health, developmental disability, and alcohol and drug abuse responsibilities and other services (the "Delegated Responsibilities").

2.2 The scope of NCHC's responsibilities include the obligation to coordinate and collaborate with various community resources in furtherance of its Delegated Responsibilities. For purposes of this Charter, the scope and jurisdiction of this Committee include the programs and services of NCHC as they relate to coordination and collaboration with other County Stakeholders and Community Resources. This scope shall be referred to herein as (the "Collaborative Responsibilities").

2.3 The Collaborative Care Quality Committee is constituted as an advisory committee to the NCCSP Board of Directors and as a part of the review and evaluation of NCHC related to the Collaborative Responsibilities. The Committee shall operate as part of the NCHC quality review and assessment program and may make recommendations to the NCHC Quality Committee and to the NCCSP Board of Directors within the scope of the Collaborative Responsibilities. The Committee shall be operated in furtherance of quality health care.

2.4 Although the Collaborative Care Model is built around the responsibilities that are delegated from Marathon County to NCHC under Wis. Stats. 51.42, it recognizes that the activities and responsibilities of a broad range of County Stakeholders and Community Resources have an opportunity to have a positive impact on the Collaborative Responsibilities and the overall health of the population served by NCHC (the “Managed Population”). County Stakeholders may include County courts, law enforcement, corrections, probation and parole, social services, welfare, various other components of the County governmental structure and private community organizations (“Community Resources”) that may have a collective impact on the Collaborative Responsibilities, health and welfare of the Managed Population.

2.5 In order to more efficiently and effectively meet its obligations, NCHC has developed a formal system of collaborative and interactive activity between NCHC and the various County Stakeholders and Community Resources (the “Collaborative Care System” or “System”). The Collaborative Care System creates a formal mechanism for participation by county and other community stakeholders in the quality assessment process of NCHC relating to the Collaborative Responsibilities.

III. Purpose of the Committee. The purpose of the Committee is to assist the NCCSP Board and its Quality Committee with review and evaluation of the quality of care provided to the Managed Population within the scope of the Collaborative Responsibilities.

IV. Goals of the Committee. The overall goals of the Committee are:

4.1 To create an integrated and innovative system to coordinate and promote collaboration between and among various resources, including County Stakeholders and Community Resources, that may have a positive impact on the health of the Managed Population within the scope of the Collaborative Responsibilities.

4.2 To leverage the expertise and perspective of County Stakeholders and Community Resources in the review and assessment of the quality of services related to the Collaborative Responsibilities.

4.3 To apply a population health management approach to the review and assessment of the services provided as part of the Collaborative Responsibilities.

4.4 To encourage and promote collaborative solutions, protocols and operating procedures across various components of the System.

4.5 To evaluate, assess, measure and reevaluate results of Collaborative Care System solutions.



4.6 To further additional goals as defined by the Board.

V. Committee Structure. The Committee will be advisory to the Board of Directors of NCHC on matters relating to the Collaborative Responsibilities and on other matters requested by the Board of Directors. The Committee will work functionally as part of the NCHC quality assessment process through the Committee Chairperson and will make regular reports to the NCCSP Board and to the Quality Committee.

IV. Voting Members and Membership

5.1 Composition of Committee. The Committee shall consist of seven members (7) members, of which five (5) members shall be Voting Members. Committee members will be as appointed by the NCCSP Board and shall serve subject to the will of the Board. The initial Committee shall be comprised of the top appointed official in Marathon County, the top appointed official in Lincoln County, the top appointed official in Langlade County, the NCCSP Chairman of the Board of NCHC, the NCCSP Quality Committee Chair, the Chief Executive Officer of NCHC and the Quality Executive of NCHC. The Chief Executive Officer and Quality Executive shall not be voting members of the Committee but will have all other rights and obligations as a member. The Board is authorized to change the composition of the Committee. No participant on the Committee may have at any time been excluded from participation in any government-funded health care program, including Medicare and Medicaid. Members of the Committee must meet such other qualification that are established by the Board. Appointees to the Committee and any Subcommittee and Work Group, will be asked to accept their responsibilities. In the event that a designated position remains open or is not accepted, the Committee, Subcommittee or Work Group shall have the authority to convene and operate.

5.2 Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee or any subcommittee or work group of the Committee at any time with or without cause and may restructure the Committee and any subcommittee or work group in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable or unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

5.3 Subcommittees and Work Groups. It is the intent and desire of the Board for the Committee to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Committee. The Committee is authorized to create subcommittees and work groups to work on specific issues relating to the Collaborative Responsibilities and to advise the Committee with respect to those issues. Members of the Committee, any subcommittee, work group, or other panel shall be considered to be participants in the assessment and review of the quality of NCHC services. Members of committees, subcommittees and work groups will meet the same qualifications as are required of members of the Committee. The Committee shall keep the NCCSP Quality Committee and Board advised regarding the activity of the Committee, subcommittees and work groups. The Board may assign representatives to Subcommittees and work groups in its discretion and to maximize expertise available to address specific issues.

## VI. Structure and Operation of Committee

6.1 Chairperson of Committee. The Chairman of the Board of NCHC shall be the Chairperson of the Committee.

6.2 Regular Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.

6.3 Special Committee Meetings. The Chairman of the NCCSP Board or the CEO may call a special meeting of the Committee or any subcommittee or work group.

6.4 Committee Agenda. The Committee will sets its own general agenda based on issues that it deems to be of importance in furtherance of quality review and assessment of the Collaborative Responsibilities. The Chairman of the NCCSP Board, the Chair of the County Board of Marathon, Langlade or Lincoln Counties, and any Member of the Committee may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the Collaborative Responsibilities. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee, a subcommittee, or a work group. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.

6.5 Committee Reporting. The Committee shall report regularly and upon request to the Board regarding its actions and the activities of subcommittees and work groups and make recommendations to the Board as appropriate.

6.6 Governing Rules. The Committee is governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, and quorum and voting requirements as are applicable to the Board.

6.7 Review of Charter. The Committee shall review this Charter at least annually and recommend any proposed changes to the Board for approval.

6.8 Manner of Acting. The Committee shall be advisory to the Board and shall have reporting responsibilities to the Quality Committee of NCHC and the Board. The Committee shall make recommendations to the Quality Committee of NCHC regarding suggested quality measures and other program changes relating to the Collaborative Responsibilities that are consistent with the objectives and goals set forth in this Charter, or as otherwise requested by the Board. The Committee can also make recommendations to other Stakeholders regarding their participation in the Collaborative Responsibilities. Formal recommendation by the Committee may be made based on a majority vote of the Committee Members in attendance at a meeting at which a quorum is present. All votes taken shall be reported to the Board and the Quality Committee. A quorum shall not be required to conduct business, to deliberate, and to provide information as an advisory committee to the Board. The Chairperson of the Committee shall provide regular reports to the Board and to the Quality Committee regarding the activities, discussions, actions, votes, and other issues relative to the Committee. The Board may direct or take further action with respect to any issues with or without a formal recommendation from the Committee.

VII. Duties and Responsibilities of Committee. The Committee shall have the following duties and responsibilities within and across the scope of the Collaborative Responsibilities:

7.1 Review and recommend standards for reporting information regarding the Collaborative Responsibilities to County Stakeholders to assist the County Stakeholders in performing their Collaborative Responsibilities. Standards shall be within the confines of all applicable laws, including but not limited Wisconsin and Federal laws protecting patient confidentiality and health information.

7.2 Review and make recommendations on the content and format of the System-wide quality dashboard.

7.2 Recommend priorities for System-wide quality initiatives that emphasize improving quality and patient safety while managing resource consumption and cost.

7.3 Maintain awareness of external factors influencing the direction of quality improvement and reporting.

7.4 Utilize evidence-based criteria and standards to recommend quality benchmarks, identify defined scope areas of focus, create achievable quality and performance standards, establish objectively measureable goals, and create reliable methods to measure of achievement of goals.

7.5 Facilitate transparency by providing insight into the process of reporting quality and cost information to the public and various Stakeholders.

7.6 Benchmark with other organizations to broaden insight into innovation in quality improvement.

7.7 Annually review programs and practices related to quality of Collaborative Responsibilities and recommend any proposed changes.

7.8 Receive notice of complaints and allegations relating to the Collaborative Responsibilities received through an anonymous complaint procedure or otherwise, that are deemed to be material by the Chairperson of the Committee, and consult with management regarding the resolution of all such material complaints and allegations through the appropriate channels.

7.9 Review and make recommendations for processes to achieve excellent performance and meeting quality performance benchmarks.

7.10 Consider risks relating to quality, including compliance with applicable legal, regulatory, operational, health and safety requirements as well as high ethical standards in compliance with NCHC compliance programs.

7.11 Form and delegate authority to subcommittees if determined to be necessary or advisable, provided that any subcommittee shall report any actions taken by it to the whole Committee at its next regularly scheduled meeting.

7.12 Make reports to the NCCSP Quality Committee and Board at their next regularly scheduled meeting (or sooner as deemed to be necessary) following the meeting of the Committee accompanied by any recommendation.

7.13 Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.

7.14 Annually review its own performance.

7.15 Make recommendations regarding use of Population Management tools and processes to assess the provision and quality of services.

7.16 Exercise such other authority and responsibilities as may be assigned to it from time to time by the Board.

7.17 Review and make recommendations for adjustments to performance metrics and targets;

7.18 Recommend operational standards, protocols and processes;

7.19 Recommend quality goals and metrics.

VIII. Relationship With NCHC Quality Review Functions. The Committee may advise the NCCSP Quality Committee regarding issues that are within the scope of the Collaborative Responsibilities. The Committee shall not have the power or authority to discipline any party, medical staff members, health care provider or any other person or entity or to take any direct action except as a recommendation to the Board and the Quality Committee. The Committee can make referral recommendations to the Quality Committee for consideration if legitimate quality deficiencies are identified with respect to NCHC or any health care professional providing service within the Collaborative Responsibilities through NCHC. Further action within the NCHC Quality process shall be at the discretion of the Quality Committee and Board. The Committee shall have no power or authority to make recommendations to or compel participation from any component of NCHC except through the reporting structure to the Quality Committee and the Board.

IX. Quality Planning Activities of Committee.

9.1 Collaborative Responsibility Strategic Plan. The Committee shall conduct an annual assessment of the strengths, weaknesses, opportunities and challenges relating to the Collaborative Responsibilities and shall develop an annual strategic plan, or an update to a prior strategic plan, that identifies the strategies, goals, objectives and budget of the Collaborative Responsibilities. Further, the Committee shall develop and recommend annual service, outcomes, goals and objectives for the Collaborative Responsibilities. The annual work product of the Committee is defined as the “Collaborative Responsibility Strategic Plan.” The Collaborative Responsibility Strategic Plan shall be subject to approval by the Board.

9.2 Quality Improvement. The Committee shall be responsible to conduct an annual evaluation of the quality of services provided on a unified basis by all Stakeholders involved in the Collaborative Responsibilities including patient satisfaction surveys, satisfaction of various Stakeholders, and develop annual initiatives for recommendation to the Board to enhance the ability of the various Stakeholders to improve the quality of care delivered in connection with the Collaborative Responsibilities through improvement by individual Stakeholders, enhancements to coordination and collaboration between the Stakeholders, and other improvements to benefit the System, (defined as “Quality Improvement Initiatives”).

9.3 Annual Quality Work Plan. The Committee shall develop an annual quality work plan for the Collaborative Responsibilities that establishes priorities for and that allocates responsibility among Stakeholders in a manner designed to achieve the performance objectives and improvement priorities, and identifies the Quality Improvement Initiatives (the “Quality Work Plan”).

9.4 Work Plan Standards. The Committee shall submit Quality Work Plans that meet or exceed standards relevant to the Collaborative Responsibilities established by any independent or governmental health care quality organizations.

9.5 Work Plan Review. The Committee shall submit all required Work Plans to the Board for consideration and action.

X. Quality Assessment Protections

10.1 Activities in Furtherance of Quality Healthcare. All quality evaluation activities pursuant to this Charter and in connection with the Collaborative Care System shall be performed in furtherance and as a review of the quality of health care by NCHC in accordance with Wisconsin and Federal law.

10.2 Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient safety as part of the operation of the Collaborative Care Quality Committee or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. No person who participates in the review or evaluation of the services of health care providers or charges for such services may disclose an incident or occurrence report or any information acquired in connection with such review or evaluation except as required by law. All persons, organizations, or evaluators, as part of the NCHC Collaborative Care Quality Committee and subcommittees, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any person who testifies during or participates in the review or evaluation may testify in any civil or criminal action as to

matters within his or her knowledge, but may not testify as to information obtained through his or her participation in the review or evaluation, nor as to any conclusion of such review or evaluation. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any member of the applicable committee or subcommittee who becomes aware of a breach of confidentiality must immediately inform the NCHC Quality Executive.

10.3 Quality Review Immunity. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC quality review process, including but not limited the operation of the Collaborative Care Quality Committee, which is organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken within the scope of authority granted to the Collaborative Care Quality Committee or against a health care provider or other party involved in the delivery of care. Such privileges shall extend to members of the Collaborative Care Quality Committee, subcommittees of the Collaborative Care Quality Committee, administration and, the governing body, and any of their designated representatives and to third parties who supply information to or receive information from any of the foregoing authorized to receive, release, or act upon the same. For the purposes of this Section, the term "third parties" means both individuals and organizations who have supplied information to or received information from an authorized representative of NCHC or the applicable reviewing committee or subcommittee (including the committee members, subcommittee members, governing body, the medical staff, or administration) and includes but is not limited to individuals, health care facilities, governmental agencies, quality improvement organizations and any other person or entity with relevant information.

[END OF CHARTER]