

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

October 29, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

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

Also Present: Bill Miller, Holly Matucheski, Gary Olsen, Gary Bezucha, Brenda Glodowski, Michael Loy, Brenda Budnik, Linda Haney, Mary Ann Dykes, Debbie Osowski

The meeting was called to order 11:04 AM, roll call taken, and a quorum noted.

Minutes

**Motion**/second, Zriny/Nye, to approve the minutes of the 9/24/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- The month of September showed a loss; but is down from the prior month.
- Overall revenue exceeded target.
- September showed a dip in the nursing home census at 209 (target is 213).
- There was also a dip in Medicare census at 17 (target is 26). The lowest this year. However, October shows the census is rising.
- We have maintained a good Medicaid rate because of a positive case mix index.
- Hospital is averaging 15 in September; CBRF is also busy.
- \$431,000 ahead of budget year to date.
- Revenue is building and expenses are being stabilized.
- Expenses have been high for the past few months particularly in two areas: (1) the nursing home and (2) state institutes.
- Vacant positions are being filled which narrows the gap but are still under budget.
- Health insurance continues to do well.
- Compensated absences came down slightly; offered a PLT buy out in September.
- **Motion**/second, Nye/Zriny to approve September financial statements. Motion carried.

Write-offs

- Write-offs were slightly higher in September. Overall we are still within the targets year to date.
- Much cleanup continues which is due to the new system. Once our vendor is able to finalize work on the billing system they need to produce a very good aging report . November 30 is a target date for many of the fixes.
- ICD-10 implementation will slow things down and affect the billing progress.

### CFO report

- Engaging Wipfli to do a review from the health care angle of IT systems. Objectives include review of current IT system and process flow, relationship between internal and CCIT, analyze level of staffing, be sure from healthcare world that we are moving in the right direction for reporting. Should be complete by year end.
- Attended a conference recently where speakers mentioned preparations for moving ahead in mental health i.e. payment system, more activity in last 5 years in mental health than in last 40 years. Also discussed the importance of having capital behind us and that health care providers cannot have a 'no cash on hand' philosophy, rather, we must be prepared to have cash for joining ventures to integrate mental health and acute care.
- EPIC (acute care IT provider) and Netsmart (mental health IT provider) are collaborating for their systems to work together.

### Update on hospital diversions

- Major cost overrun occurred in state institutions. Factors that impact referrals to state institutions:
  - We are not licensed to provide inpatient services to youth under age 13.
  - When youth are admitted to the unit, they can only be roomed with other same gender youth. They cannot be placed with anyone over the age of 18.
  - All rooms on the inpatient unit are semi-private (2 to 4 beds in a room). If a patient requires "no roommate status" due to clinical need, the other bed is not available for another patient.
  - Due to the mixed population of people ages 13 up through geriatrics, we are not able to admit people with very violent behavior. We cannot safely manage that population.
  - It is always easier, from a logistics point of view, to admit a person to NCHC. The challenges of medical clearance, transportation, coordination of care, and legal proceedings, in addition to the impact for the patient and family always makes admission to NCHC the first choice. Multiple other factors can interfere in that plan.
- A continuous process improvement plan was initiated in an effort to reduce some of the volume from the unit by 1) Emphasizing the use of Ambulatory Detox, and 2) Improving the working relationship and availability of psychiatry services by shifting some outpatient psychiatry to community mental health providers for more timely services until vacant positions can be filled.
- Will monitor and reproduce same report in a few months.

### Future agenda items

- Information from conference B. Glodowski attended i.e. value based purchasing, etc.

### 2016 Budget Presentation (joint with NCCSP Board)

The NCCSP Board meeting was opened at 11:44 a.m. Roll call was taken and a quorum declared. The meeting joined the Finance, Personnel & Property Committee for the budget presentation.

- 2016 budget percent change is 3.71% over last year.
- General budget assumptions relating to revenue and expenses were reviewed.
- County tax levy for 2016 will be 14.7% of budget compared to 15.0% in 2015.
- Priorities in 2016 include:
  - Improve the patient experience
  - Opportunities for revenue enhancements
  - Complete information technology conversion
- Request was made to separate the contingency fund out
- **Motion**/second, Nye/Zriny, to approve the 2016 proposed budget as presented and recommend to the NCCSP Board for approval.
- **Motion** /second, Robinson/Zriny, to amend the budget to increase the capital portion of the 2016 budget by \$45,000 for the pool study for further funding. Following discussion a roll call vote was taken: Yes - 2, No – 3. Amendment defeated.
- Call to vote on original motion. Motion carried.
- **Motion** /second, Nye/Zriny, to adjourn the meeting of the Joint Finance, Personnel & Property Committee. Motion carried.

*dko*