

Bartlett Regional Hospital

BOARD OF DIRECTORS
February 26, 2013
Administration Boardroom
Amended Agenda

Patient Satisfaction – Cultural Transformation – Financial Strength – Service Line Expansion –
Medical Staff Development – Community Engagement
*Bartlett Regional Hospital offers quality health care and health promotion for the people of Juneau and the
communities of Northern Southeast Alaska*

CALL TO ORDER

ROLL CALL

Public Participation

Max Mertz – Update on CBJ CAFR – see folder on Egnyte

Approval of Minutes – January 22, 2013 (Pg. 2)

Medical Staff – Ben Miller, DO reports

- A. Credentialing - recommend approval (Pg. 6)
- B. Proposed Rules and Regulations change (Pg. 8)

CEO Report – Chris Harff reports (Pg. 9)

Executive Committee – Linda Thomas reports (Pg. 11)

- A. Mission Statement, Strategic Goals and Objectives – request approval (Pg. 13)
- B. Alpine Dermatology Lease of Space Agreement – (recommend approval) (Pg. 19)
- C. Alpine Dermatology Billing Agreement (recommend approval) (Pg. 27)
- D. Recap of BRH Board and Assembly meeting

Planning Committee – Nate Peimann, MD reports (Pg. 33)

Finance Committee – Alex Malter, MD, reports

- A. January Financials (recommend approval) (Pg. 35)

Quality Assurance Committee – Meeting is February 28, 2013

Joint Conference Committee – Linda Thomas reports (Pg. 43)

Bylaw Committee – Mary Borthwick reports

BRH Foundation – Kristen Bomengen reports

Rainforest Recovery Center – Lauree Morton reports

Other Business

- A. March calendar (Pg. 45)
- B. April Calendar (Pg.46)
- C. Board Comments

Executive Session as needed

Quarterly Compliance Report – John Wray – Blue folder on Egnyte

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

Board of Directors
January 22, 2013
Robert Valliant Center

Called to order at 5:15 p.m.

Roll Call

Reed Reynolds Bob Storer
Kristen Bomengen Alex Malter, MD
Lauree Morton Nancy Davis
Nate Peimann, MD

Absent

Linda Thomas (with notice)
Kristen Bomengen (with notice)

Also present

Chris Harff, CEO, Ken Brough, CFO
Norma Adams, HR Billy Gardner, DON
Jim Strader Toni Petrie
Kathy Callahan Commissioner Hultberg, Alaska Dept. of Administration
Commissioner Streur , Alaska Dept. of Health and Social Services
Alan McPherson, MD Karen Crane, CBJ Liaison
Karen Perdue, ASHNHA

Reed Reynolds called the meeting to order at 5:15 p.m.

Public Participation - None

Mr. Reynolds introduced Commissioner Hultberg and Commissioner William J. Streur. They gave a presentation regarding Health Care and Fiscal Sustainability in Alaska.

Mr. Reynolds also introduced Karen Perdue, CEO of Alaska State Hospital and Nursing Home Association (ASHNHA).

Approval of Minutes – *Mr. Storer made a MOTION to approve the minutes from December 20, 2012 Board of Directors meeting. Ms. Morton seconded the motion and they were approved as presented.*

Medical Staff – Dr. McPherson reports

Dr. McPherson presented the Credentialing Report. **Mr. Storer made a MOTION to approve as presented. Dr. Malter seconded and they were approved.**

CEO Report – Chris Harff reports

Ms. Harff recognized the OB staff for their hard and dedicated work last week when we had three pre-term labors with successful outcomes.

Employee Forums started today. The topics that are being discussed are;

- A. Press Ganey
- B. Financials
- C. Board's strategy in moving forward.

Ms. Harff spent time with Dr. Ben Miller discussing the call schedule. There will be a committee working on this issue.

Chris is currently working with Dr. Urata on the Hospitalist program.

Ken will be traveling to Seattle to meet with a VP from Cerner to look at our contract.

Executive Committee – Bob Storer reports

CBJ has completed the purchase of the Juneau Medical Building. They are currently working on the leases for the tenants.

A meeting is being scheduled between Mr. Storer, Ms. Thomas, Ms. Harff, Dr. Bozarth and Dr. Schwarting to discuss Same Day Surgery Center.

A list of Committee assignments for 2013 was reviewed.

The Board will be meeting with the Assembly on February 20th. Mr. Storer encouraged everyone to attend.

Planning Committee – Reed Reynolds reports

The second quarter HR report was included in the Board packet for review.

The following reports were discussed.

- a. Community Opinion Survey
- b. Press Ganey results

The committee will review them and discuss them at the next Planning Committee meeting.

There were six Strategic goals that were defined at a special Board meeting that were discussed at the Board's work session. They are;

- 1. Clarify & improve Board governance
- 2. Increase stakeholder engagement
- 3. Improve Quality and achieve efficiencies through standardization
- 4. Improve Quality through patient experience and patient flow
- 5. Reduce waste and costs and improve revenue enhancement
- 6. Clarify and define scope of services

Mary Borthwick made a MOTION to approve the goals as presented. Nancy Davis seconded the motion and they were approved.

Finance Committee – Dr. Malter reports

Dr. Malter made a MOTION to approve the lease for the Bartlett Surgery and Specialty Clinic (BSSC). Mr. Storer seconded the motion and it was approved by a roll call vote.

The December financial statements were reviewed. ***Dr. Malter made a MOTION to approve the financial statements. Ms. Morton seconded and they were approved.***

Bond Defeasance – Ken reported everything is still on schedule. Most of it is in the City's court at this point.

Mr. Brough gave an update on the Xtend Report.

The OIG payment was received by Medicare.

GPO – Administration is moving along and has received proposals from the RFP. The two groups being considered are affiliated with Providence and/or Virginia Mason. We can keep purchasing under QHR's GPO until the end of March.

A Proposed House Bill was discussed. The bill would reimburse BRH similar to other small rural community hospitals.

Dr. Malter made a MOTION to recommend Administration work with the Board to write a letter in support of this Bill to the Mayor and City Manager. Mary Borthwick seconded the motion and it was approved.

Joe Wanner, BRH Controller, put together a calculation sheet for the committee to help better understand the how the adjusted patient days are calculated.

The Committee discussed having a special budget meeting in early March to finalize the budget before it goes for full approval.

Medicare did not renew the transitional outpatient payments (TOPS). Financials will report a related loss in CY2013.

Quality Assurance – Ms. Davis met with Bethany Rogers, Quality Director, to discuss how they want to run the Quality Committee this year. They may be moving the meetings back to a monthly basis.

Bylaw Committee – Mary Borthwick reports. There was some discussion on the Mission Statement of the hospital. This item was referred to the Planning Committee for further discussion.

BRH Foundation – Mary was unable to attend the meeting.

Other Business

The February and March calendars were reviewed.

Annual Board calendar was reviewed. Reed and Dr. Malter will work on the CEO Succession Plan.

Board Comments:

Mr. Reynolds thanked Mr. Storer on behalf of Ms. Thomas for the great work he had done while serving as President for 2012.

Mr. Storer hopes we will work together with the State on the healthcare cost issue in moving forward.

Mr. Reynolds noted that the US is twice as expensive than any other industry.

The Board took a recess at 7:17 p.m.

Mr. Storer made a MOTION to go into executive session at 7:24 p.m., to discuss matters that could have an adverse effect on the finances of the hospital. Dr. Malter seconded the motion and it was approved.

The Board came out of executive session at 7:30 p.m., no action was taken

The end of the agenda was met and the meeting adjourned at 7:33 p.m.

DRAFT

Credentials Committee
Hospital Privileges for Board of Director's Consideration
Tuesday, February 26, 2012 12:15 p.m. – Robert F. Valliant Center Boardroom

NEW APPOINTMENTS TO THE MEDICAL STAFF:

- | | | | |
|-----------|----------------------------|------------|--|
| 1. | Cheryl A. Graf, ANP | AHP | Emergency Medicine as Mid-Level |
|-----------|----------------------------|------------|--|

Ms. Cheryl A. Graf graduated from the Pacific Lutheran University in 1996 . Ms. Graf is an advanced nurse practitioner St. Joseph Hospital - Bellingham and will be working at BRH for JEMA.

REAPPOINTMENTS TO THE MEDICAL STAFF:

- | <u>Name</u> | <u>Category</u> | <u>Privileges In</u> |
|----------------------------------|-----------------|--|
| 1. Mary Ellen Arvold, PNP | AHP | Outpatient Laboratory, Radiology, Respiratory Therapy, Cardiac (King of Hearts), and Nutrition Consults |

Ms. Mary E. Arvold graduated from the University of Wisconsin – Madison Health Sciences in 1976. Ms. Arvold is a nurse practitioner physician for Glacier Pediatrics.

- | | | | |
|-----------|------------------------|------------|--|
| 2. | April Sapp, ANP | AHP | Outpatient Laboratory, Radiology, Physical Therapy, Respiratory Therapy, Cardiac Rehab (King of Hearts), Sleep Studies, Tobacco Cessation, and Nutritional Consults |
|-----------|------------------------|------------|--|

Ms. April L. Sapp graduated from the Touro University - Nevada in 2010. Ms. Sapp is a nurse practitioner for Jordan Creek Family Healthcare.

REQUEST FOR WITHDRAWAL:

- 1. Bedford Chandler, PAC – (AHP – SEARHC; Inpatient Care for SEARHC Patients, Outpatient Radiology, Laboratory, and History and Physical)**

TELERADIOLOGY:

- 1. Michael Bloss, MD – (Consulting - Virtual Radiologic Professionals; Teleradiology)**
- 2. James Faliszek, MD – (Consulting - Virtual Radiologic Professionals; Teleradiology)**
- 3. Thomas Vreeland, MD – (Consulting - Virtual Radiologic Professionals; Teleradiology)**

MEDICAL RESIDENT:

- 1. Kristina Raveendran, MD – (St. Louis University Residency Program/SEARHC; – Family Medicine W/OB)**

MEDICAL STUDENT:

1. **Daniel A. Carlson, MSIII** – (University of Washington School of Medicine WRITE Program/Valley Medical: Inpatient Rounding w/Sponsoring Physician, Write Notes and Orders, History and Physicals, OB Care and Delivery, Minor Surgical Procedures, and Other Medical Procedures Per BRH P&P)

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H. Consultation:

1. The attending staff member is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant.
2. The attending staff member shall provide written authorization to permit another practitioner to attend or examine his/her patient.
 - a. Written authorization is not required in an emergency.
3. Except in an emergency, consultation is required in unusually complicated situations where specific skills of other practitioners are needed.
4. Consultation shall be provided within a time frame that is reasonable, considering the patient's illness or injury.
5. When appropriate specialists or consultants are not available locally, the attending staff member shall obtain consultation from a provider at a referral institution.

CEO Board Report

Feb 2013

Chris Harff

Financial

- Volume was high this month resulting in good financial results. Flu cases made up some of that volume. Please note the consistency of our operating expenses despite volume fluctuation.
- Budgeting has begun. The first very rough draft was presented. The next stage will be to meet with all the individual departments and look for cost reductions.
- Bond Defeasance is moving forward.
- Xtend, the company that was used to review our revenue cycle, will be reporting their findings and recommendations regarding the revenue cycle process, compliance and pricing at the board meeting next month.

Information Technology

- Negotiations are in progress with Cerner over our initial contract. Cerner is expected to provide us a response to our request by the end of the month.
- Our Information Systems Director, Tim Parr will start on March 4.
- Meditech will be coming in February to begin optimization and cleanup of our information and improvement of our processes.

Operations

- The Medical Staff Call Obligation Committee will be reporting on their progress at the end of this month. The Credentials Committee is also looking at Medical Staff categories.
- Dr. Urata presented a job description for the hospitalist that will be shared with the Board at the Finance Committee meeting. Bids and any local interest for the position will be solicited and gathered.
- Each Board committee continues to work on their assigned Strategic Goals and Tactics.
- GPO proposals have been reviewed and a recommendation will be made to the Finance Committee, and then brought to the full Board.

- Joint Conference was held this month. The goal was to have open communication. The Board reported the work on Strategy and, more importantly, heard the concerns of the Medical Staff.
- The leases reviewed by the Executive Committee for the dermatology clinic were reviewed by legal, presented to the Executive Committee and will be now sent to the full board for approval.

Community

- I presented to the Chamber of Commerce meeting on January 31. There was good attendance and discussion.
- Ken and I attended the ASHNA meeting and confirmed that Representative Cathy Munoz will sponsor a bill to get the State to not penalize us and treat our rural demonstration status as a critical access hospital. As discussed otherwise to get full benefit based on the calculation, we would have to raise rates. Given both the City and State's latest concern over health care cost, raising rates is the exact opposite of what they would like to see. Our Board Chair will be writing the City Manager requesting the Assembly and the Mayor's support on this issue.
- Ken will also be drafting a letter in regards to the Federal TOPS payment that abruptly ended at the end of the year 2012 leaving us a shortfall of \$750,000. Central Peninsula hospital will be joining us in this effort as their loss was 2 million dollars. We understand these Federal cuts may be necessary but would appreciate a more phased approach. Our Board Chair will be writing the City Manager requesting the Assembly and the Mayor's support on this issue.
- The Board met with the Assembly on February 20.
- Please note of the amount requested from the City for the Cruise Ship Passenger Fee was \$121,960. The amount received was \$54,460 which will be brought to Finance Committee.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Executive Committee February 4, 2013

Attendance: Linda Thomas, Bob Storer, Reed Reynolds, Alex Malter, MD,

Also in attendance: Chris Harff, Ken Brough, Norma Adams, Kathy Callahan, Toni Petrie and Bethany Rogers

Called to order at 12:00 p.m.

Ms. Thomas asked to include the following items to the Executive agenda;

- Hospitalist Committee item
- Discuss re: letter to CBJ item
- Brief discussion re: CBJ Attorney and OIG

Ms. Harff reported that Dr. Urata sent a draft job description for a Hospitalist for review. Ms. Harff also reported there is a local physician that wants to bid on this service.

Ms. Callahan presented the Alpine Dermatology Billing contract for renewal. She also presented the Lease of Space Agreement for Alpine Dermatology. These have been reviewed by Dick Monkman, esq. Ms. Thomas asked how the rates are based. Ms. Callahan responded that the rental rate is based upon the allocated space the physician uses within the clinic.

Dr. Malter made a recommendation to move these contracts to the full Board for approval. Mr. Reynolds seconded the motion. Motion passed.

Strategic Goals - The Committee went over the strategic goals that were set by the Board at their work session the first part of January. The goals were broken down into different committees. The two goals that were move to the Executive Committee were;

Goal #2 – Increase Stakeholder engagement

Goal #3 – Improve quality and achieve efficiencies through standardization

Dr. Malter recommended that in three months for leadership to bring this back to the Board. Ms. Harff reported we are still doing Clinical Microsystems. Ms. Thomas requested that we revisit what Ms. Harff brings back to the Committee. Ms. Thomas suggested bringing in former Board members and having an alumni work session. Mr. Storer thought that would be a good idea as well. Dr. Malter suggested SLT to meet with the past Board members one on one. Another group could be to engage with WFC and SEARHC. Invite WFC and SEARHC to quarterly meetings to engage in discussion.

Ms. Thomas asked if Ms. Harff would let her know when she goes to Chamber and JEDC, etc., as she would like to attend on those days.

Ms. Thomas suggested doing a couple meetings a year with physicians to give them updates on what is coming down the pike in healthcare. Dr. Malter suggested sending the Commissioner's power point to the medical staff. Linda suggested starting with CERNER and the impact for physicians in the community. Healthcare Reform is also another topic that would interest physicians.

Mr. Reynolds supports Ms. Thomas' suggestion to have former Board members attend a meeting with the current Board. Ms. Harff and Mr. Brough have both attended the CEO Roundtable meetings with other Alaska hospitals.

Hospitalist – Ms. Thomas suggested moving this out of Planning into Finance. The Committee agreed.

Dr. Malter thought it might be helpful from a PR standpoint, if it would be reasonable to get a presentation from the CBJ attorney re: the OIG. Ms. Thomas would like to have a meeting with Mr. Hartle, CBJ Attorney and Ms. Mead from the CBJ Department of Law to come to a Board meeting to get an update on status. Mr. Storer would like a presentation on the Xtend review as well. Mr. Brough will give a report to the Board. If Xtend is in Juneau, it might be helpful to have the CBJ attorney and Assistant here at the same time.

Letter to CBJ – Ms. Thomas asked the Committee to review the letter that was written to CBJ. There is not a Bill number for this yet. Ms. Thomas recommended to talk with Ms. Kiefer again before this letter goes anywhere due to the nature of the content. Mr. Storer recommended sending the letter, talking with Ms. Kiefer and to Mr. Gruening (CBJ Lobbyist) through Ms. Kiefer. Ms. Thomas wants to know the dollar amount and how impactful it is to BRH. Redraft and include the dollar amount in the letter.

The next meeting will be held on March 4, 2013 at Noon.

Goal	Objectives	Board Committee	Priorities	SLT Member	When	Measured By	Directors	Additional Projects	Quality	Patient Centered	Fiancially Viability
Clarifying and Improving BRH Governance Model	Discuss New Mission	Planning to Full Board	1			Completed and Approved	None	No	Yes	Yes	Yes
	Create three year Strategic Plan with prioritized Annual Goals	Planning to Full Board	2			Completed and Approved	None				
	Create CEO Annual Performance Objectives	Planning to Full Board	3a			Completed and Approved	None				
	Board Self Evaluation and CEO Performance Evaluation at the end of the fiscal year	Planning to Full Board	3b				None				
	Board Committees assigned their specific Strategic Goals to monitor and objectives to complete	Chair	3c				None				
	Specific Agendas to include monitoring and specific informational flow against goals and objectives	Board and Committee Chairs	4				None				
	Plan Continuing Board Education	Planning to Full Board	5								
	Clarify and Define Board's role with Credentialing	Planning to Full Board	6				Debbie, Bethany				
	Review of Governance Model	Planning to Full Board	7								

Goals	Objectives	Board Committee		SLT Member	When	Measured By	Directors	Additional Projects	Quality	Patient Centered	Fiancially Viability
Increase Stakeholder Engagement	EE Survey Engagement Survey - Action Plans	Executive		Chris				Yes, Forums, Admin on-call, SLT at Dept Mtg, Rounding and Consistent Messaging	Yes	Yes	Yes
	Medical Staff Relations			Chris				Ongoing Communication, Hospitalists, Call Issues			
	Community Involvement			Chris				Work Sessions with Previous Board Members, Wildflower, SEARHC			

<u>Goals</u>	<u>Objectives</u>	<u>Board Committee</u>		<u>SLT Member</u>	<u>When</u>	<u>Measured By</u>	<u>Directors</u>	<u>Additional Projects</u>	<u>Quality</u>	<u>Patient Centered</u>	<u>Fiancially Viability</u>
Improve Quality Achieve Efficiencies through Standardization	Hospitalist Program	Finance		Chris		Physician Satisfaction, Quality indicators and Patient Satisfaction		Yes, Whole Action Plan	Yes	Yes	?
	Meditech Optimization	Finance		Chris, Ken, Billy		Number of work arounds, AR Days, Patient Flow indicators Timing of Processes		Yes, Whole Action Plan			
	Cerner Implementation	Finance		Chris, Ken, Billy				Yes , Whole Action Action Plan			
	Work with medical staff to Create Optimal Order Sets	Quality		Chris			Bethany				
	Work with Medical Staff to Create optimal Order Entry System	Quality		Chris			Bethany, Tim				
	System Re-enginerring	Quality		Chris			Bethany				

Goals	Objectives	Board Committee		SLT Member	When	Measured By	Directors	Additional Projects	Quality	Patient Centered	Financially Viability
Improve Quality and Patient Experience	Increase Nursing Time at Bedside	Quality		Billy	Summer 2014	First Goal Determine time spent at bedside		Whole Action Plan, Med Surg Supplies Organization, CCU Staffing Grid, ER Admission Process Flow,	Yes	Yes	Yes
No Never events	Work with Medical Staff to review use of Urinary Catheters	Quality		Chris, Billy		Number of Hospital Aquired UTI's	Bethany				
Patient Flow	Work with Medical Staff to prevent VTE's	Quality		Chris, Billy		Number of Hospital Acquired VTE's	Bethany				
	Reduce the number of same class Pharmacy Formulary size	Quality		Billy,Chris	Summer 2014	Med Errors	Ursula				
	Work with medical staff to reduce readmissions	Quality		Chris, Billy		Readmission Rates	Bethany, Betty				
	Decrease the time it takes to Admit a patient	Quality		Billy		First Goal Determine time it takes					
	Decrease the time to takes to Register a patient	Quality		Ken		First Goal Determine time it takes					
	Decreae the time it takes for Care transitions	Quality		Billy		First Goal Determine time it takes					
	Work with Medical Staff to create optimal order sets for all Core Measures			Chris			Bethany				

Goals	Objectives	Board Committee		SLT Member	When	Measured By	Directors	Additional Projects	Quality	Patient Centered	Fiancially Viability
Reduce Costs/Waste and Improve Revenue Enhancement	Revenue Cycle Improvement with Xtend Action Plan	Finance		Ken	Spring 2014	Decrease in AR Days		Yes, Whole Action Plan	Yes	Yes	Yes
	Implement Revenue Cycle Monthly Meetings to include monthly focus on Billing Compliance	Finance		Ken	Spring 2013	Auditing System running					
	Restructure to include Xtend Recommendations	Finance, Executive		Chris, Ken							
	Pricing Analysis and Strategic Pricing	Finance		Chris, Ken							
	Reduce Labor Costs	Finance, Executive		Chris, Ken		%					

Goals	Objectives	Board Committee		SLT Member	When	Measured By	Directors	Additional Projects	Quality	Patient Centered	Fiancially Viability
Identification of Scope of Services	Explore Swing Beds	Planning		Chris, Ken Billy							
	Explore DME and additional Retail One Stop Concept	Planning		Chris, Ken, Billy							
	Explore additional Oncology Care with upcoming Radiation Oncology	Planning		Chris, Billy							
	Review and Recommend Optimal Space Utilization of existing facility and future Master Plan	Planning		Chris, Ken							
	Reviewing Exisitng Services BRH Provides	Planning		Chris, Ken							
	Assess extent and type of outmigration and work to decrease	Planning		All							
	Explore CAMHU	Planning		Chris							
	Explore Partnering with Physicians, ie SEARHC										

Physician Contract Summary

Entity: Alpine Dermatology, LLC

Specialty: Dermatology

Type of Contract: Lease of Medical Office Space and Equipment

Term: 2 year

Termination: February 28, 2015 * option to renew one additional year terms

Fair Market Value: Based on space utilization and pass through cost of employees.

Legal Counsel Review: Dick Monkman No changes other than dates from previous contract.

General Comments: BRH has been providing this service to Alpine Dermatology since 2011

AGREEMENT FOR LEASE OF MEDICAL OFFICE SPACE AND EQUIPMENT

This Agreement is entered into between Alpine Dermatology, LLC, (“Alaska Dermatology”) and Bartlett Regional Hospital, an administrative division of the City and Borough of Juneau, Alaska (the “Hospital”) (individually a “Party” and collectively the “Parties”).

WHEREAS, Alpine Dermatology is interested in a practice as a Physician Assistant specializing in dermatology on a part-time basis in Juneau, Alaska, and

WHEREAS, Alpine Dermatology needs medical office space, staff and equipment for his practice; and

WHEREAS, the Hospital is willing to allow Alpine Dermatology to rent certain medical office space that the Hospital leases (“the office space”) and use equipment that it owns (“the equipment”), together with appropriate staff support from Hospital employees for those periods, at fair market value and subject to the terms of this Agreement; and

WHEREAS, this Agreement is a use agreement only; and is not intended by the Parties to give Alpine Dermatology any rights whatsoever as a lessee, tenant or subtenant to the office space; and

WHEREAS, the Parties intend this Agreement to meet the requirements for the Space Rental and Equipment Rental Safe Harbors of 42 CFR § 1001.952(b) and (c), and expressly agree that this Agreement shall be interpreted and may be reformed in accordance with those provisions;

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants and promises contained in this Agreement, and for other good and valuable consideration, the Parties agree as follows:

1. ALPINE DERMATOLOGY’S LEGAL STATUS AND DUTIES

1.1 Alpine Dermatology at all times will act and perform under this Agreement as an independent health care provider. Alpine Dermatology is not an employee of Hospital. Alpine Dermatology is not an agent of, or subject to the direction of, Hospital, in any medical, professional or business matter whatsoever. No provision of this Agreement shall be interpreted otherwise.

1.2 During the Term of this Agreement, Alpine Dermatology shall hold and maintain an unrestricted Alaska license to practice as a Physician Assistant, shall maintain a collaborative relationship and plan, and shall meet all other State Medical Board requirements for Physician Assistant licensure.

1.3 During the Term of this Agreement, Alpine Dermatology shall obtain and maintain

professional liability insurance and commercial general liability insurance with respective liability limits of not less than \$1.0 million per occurrence and \$3.0 million in the aggregate. Alpine Dermatology shall provide the Hospital with certificates of insurance evidencing the insurance coverage required under this section and providing for not less than thirty (30) days' notice to the Hospital of the cancellation of such insurance. Alpine Dermatology shall promptly notify the Hospital of any cancellation, reduction, or other material change in the amount or scope of any coverage required under this section. Alpine Dermatology shall obtain "Tail Coverage" upon termination of this agreement.

1.4 During the Term of this Agreement, Alpine Dermatology shall provide all patients seen at the office space with care consistent with generally recognized professional standards, regardless of race, gender, ethnicity, age, religion, color, cultural identification, marital status, sexual orientation, national origin or physical or mental disability.

1.5 During the Term of this Agreement, Alpine Dermatology shall timely and fully pay all taxes and withholdings required by law.

2. TERM OF AGREEMENT

The Term of this Agreement shall be two years, commencing on March 1, 2013 and ending on February 28, 2015. The Agreement may be renewed by agreement of the Parties, on the same or different terms and conditions, for additional Terms of not less than one year each.

3. TERMINATION

3.1 This Agreement shall terminate at the end of the Term or upon the occurrence of any of the following events:

- 3.1.1 Alpine Dermatology's death or disability sufficient to prevent him from practicing;
- 3.1.2 the limitation, suspension or revocation of Alpine Dermatology's physician assistant license by final action of the Alaska State Medical Board;
- 3.1.3 the lapse in coverage or cancellation of Alpine Dermatology's professional liability or commercial general liability insurance;
- 3.1.4 by the mutual written consent of the Parties;
- 3.1.5 Alpine Dermatology's being charged with or convicted of a felony, or with violating any disqualifying State or federal law, including the Alaska Barrier Crimes Act, the False Claims Act or the Social Security Act (Medicare/Medicaid);
- 3.1.6 Alpine Dermatology's failure to meet any material term of this Agreement, including making the Payment as required;

3.1.7 Alpine Dermatology's disruptive, unruly, offensive or inappropriate conduct;

3.1.6 by the Hospital, with or without cause, in its sole discretion, by giving written notice of not less than sixty (60) days to Alpine Dermatology.

3.2 All obligations of the Hospital under this Agreement shall terminate immediately at the end of the Term or any additional Terms, or upon an earlier termination of this Agreement.

3.3 Alpine Dermatology understands and expressly agrees that Alpine Dermatology's obligations not to disclose confidential information as set forth in paragraph 7 of this Agreement shall continue in full force and effect, notwithstanding termination of this Agreement.

4. OFFICE SPACE AND EQUIPMENT PROVIDED BY HOSPITAL

4.1 The Hospital will provide Alpine Dermatology with medical office space in the building located at 3225 Hospital Drive, Juneau, Alaska (the "office space"). The space will be available for Alpine Dermatology's use as mutually agreed with clinic manager.

4.1.1 Alpine Dermatology understands that the Hospital is leasing the space to be occupied by Alpine Dermatology, and agrees to comply with all applicable provisions of the Hospital's lease (copy attached as Schedule A).

4.1.2 Alpine Dermatology understands that the Hospital may be required to obtain consent from the owners of the office space to Alpine Dermatology's occupancy of the office space. Alpine Dermatology agrees to execute all documents and take all other actions necessary to secure such consent, if deemed necessary by the owners.

4.1.3 Alpine Dermatology agrees that if the owners of the office space do not consent to Alpine Dermatology's occupancy, this Agreement shall be null and void and of no effect whatsoever, with no further obligation on the Hospital's part. Alpine Dermatology specifically waives any and all claims whatsoever against the Hospital for consequential damages or lost profits that may result from the owner's refusal.

4.2 The Hospital will provide Alpine Dermatology with the use of the equipment listed in Schedule B. The equipment may only be used in the office space, and may not be removed or modified without the Hospital's prior permission. Alpine Dermatology agrees that he will return the equipment to the Hospital in good order and condition at the end of the Term, normal wear and tear excepted, and that he will replace or repair any of the equipment that is damaged, lost or stolen, or destroyed due to Alpine Dermatology's acts or omissions or those of his patients or staff.

4.3 The costs for utilities and maintenance for the office space are included in the Alpine Dermatology's payment.

4.4 The Hospital will provide Alpine Dermatology with office support staff appropriate to his practice. The office staff to be provided and the scope of their duties are described in Schedule C.

5. PAYMENT BY ALPINE DERMATOLOGY

In consideration for the office space, office support staff and equipment use provided by the Hospital under this Agreement, Alpine Dermatology shall pay the Hospital \$400.00 per day. Partial days will be prorated. Alpine Dermatology will pay the cost of the employees at the average rate of \$35.00 per hour. Alpine Dermatology will be invoiced monthly and payment is due within 15 days.

6. PATIENT RECORDS

Patient records created in Alpine Dermatology's offices are Alpine Dermatology's property and Alpine Dermatology's responsibility. The Hospital will have no responsibility for creating, maintaining and securing or storing Alpine Dermatology's patient records. Alpine Dermatology is solely responsible for complying with, and assuring that Alpine Dermatology's employees comply with, the Privacy Rule, 45 C.F.R. Parts 160 and 164, and any other privacy and confidentiality rules applicable to patient medical records and patient health information.

7. CONFIDENTIALITY

7.1 Alpine Dermatology shall not either directly or indirectly divulge, disclose or communicate in any manner whatsoever to any person not employed or affiliated with the Hospital (i) any confidential or proprietary information concerning any matters affecting or relating to the business or operations or future plans of the Hospital, or any of its subsidiaries or affiliates, or (ii) any confidential records of Hospital regarding patient information, quality assurance, risk management and peer review activities. This prohibition extends to, but is not limited to, divulging such information for the purpose of acting as an expert witness, reviewer, or consultant on behalf of a plaintiff or an attorney acting on behalf of a plaintiff, in a claim or action against the Hospital, its subsidiaries or affiliates. The Parties stipulate that, as between them, such matters are important, material and confidential, and gravely affect the effective and successful conduct of the business of the Hospital, and that any breach of the terms of this paragraph shall be a material breach of this Agreement.

7.2 This confidentiality provision shall survive the termination of this Agreement, regardless of cause. The existence of any claim or cause of action against the Hospital by Alpine Dermatology, whether predicated on this Agreement or otherwise, shall not constitute a defense to enforcement of this provision.

8. RETURN OF HOSPITAL PROPERTY

Alpine Dermatology shall immediately vacate the office space at the end of the Term or on earlier termination of this Agreement, and shall promptly return all equipment and property to the Hospital, in good order and condition, as described above.

9. ASSIGNMENT

This Agreement may not be assigned whether individually or by operation of law by either Party.

10. AGENCY

Alpine Dermatology is an independent contractor under this Agreement, and without the prior written consent of the Hospital has no authority to impose or bind the Hospital to any contract, obligation, duty, or act.

11. DISPUTE RESOLUTION

11.1. Alpine Dermatology and Hospital agree to meet and discuss and attempt to resolve amicably, in good faith and in a constructive manner, any disputes between them that arise during the term of this Agreement.

11.2 Any claim, controversy or dispute arising out of or relating to this Agreement that cannot be resolved amicably by Alpine Dermatology and Hospital shall be resolved in the first instance by the written decision of the Hospital's Chief Executive Officer.

11.3 If Alpine Dermatology is not satisfied with the Chief Executive Officer's decision, Alpine Dermatology may appeal that decision by writing to the City and Borough of Juneau's Hospital Board within twenty days after the date of the Chief Executive Officer's decision, stating Alpine Dermatology's reasons and providing any supporting documentation. The Hospital may similarly respond.

11.4 The Hospital Board will decide the matter promptly. The Hospital Board's decision is final and binding on the Parties, unless appealed to the City and Borough of Juneau Assembly within twenty days of the date of the Hospital Board's decision, pursuant to and in accordance with § 3.16 of the Charter of the City and Borough of Juneau and the Administrative Appeal Procedures of the City and Borough of Juneau Code, Chapter 01.50.

11.5 Any appeal of the Assembly's decision must be taken in accordance with Alaska law and Alaska court rules. The Superior Court for the State of Alaska, First Judicial District at Juneau, shall have jurisdiction and venue over all such appeals.

12. SEVERABILITY

Should any provision of this Agreement be held invalid, unlawful or unenforceable, the validity of any other provision of this Agreement or the Agreement as a whole shall not be affected.

13. ENTIRE AGREEMENT; AMENDMENT

This Agreement contains the final and entire agreement between the Parties, and they shall not be bound by any terms, conditions, statements or representations, oral or written, not contained in this Agreement, or not contained in a written amendment executed by the Parties. This Agreement may be amended only by written agreement executed by the parties.

14. HEADINGS

Headings used in this Agreement are solely for the convenience of the parties and shall be given no effect in the construction or interpretation of this Agreement.

15. WAIVER

No waiver of any breach shall be valid or binding unless approved in writing by the non-breaching Party. Forbearance or indulgence by the non-breaching party shall not constitute a waiver of the covenant or condition to be performed by the breaching party or of any remedy available to the non-breaching party. No waiver of any breach of this Agreement shall constitute or be deemed a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be taken and construed as cumulative to every other remedy.

16. CHANGES IN LAW

In the event there are changes to or clarifications of federal, state or local statutes, regulations or rules, Joint Commission standards, or the Bartlett Regional Hospital's Medical Staff Bylaws or Rules and Regulations which would materially affect this Agreement, the Parties agree to examine this Agreement and to renegotiate any applicable provisions to accommodate the changes in the law, standards, bylaws, or regulations.

IN WITNESS WHEREOF, the Hospital and Alpine Dermatology have executed this Agreement on the dates below written.

Dated: BARTLETT REGIONAL HOSPITAL

Christine K. Harff
Chief Executive Officer

Dated: ALPINE DERMATOLOGY, LLC

Kris Miller, Owner

Schedule B

Office Equipment

Exam room furnishing to include a standard exam table

2 chairs

Rolling stool

Xerox Machine with Fax capability

Access to physician office with desk, computer, phone

Standard furniture for reception area for patients

Storage for Charts and Supplies

Schedule C

Reception staff to make appointments during full month

During clinic days, check in patients, generate start of electronic medical record, collect demographic and insurance information, scan/upload all necessary documents into emr for record keeping, prepare and send out Primary Care Provider letters along with visit notes for continuity of care.

Medical Assistant or LPN/RN: review the EMR for any needed information prior to the clinic. Pathology reports, labs etc., room the patient taking vitals as needed. Assist the provider (within the scope of the staff license per the State of Alaska Medical Board) with any procedures and process any specimens as needed. Keep a log of pathology and communicate with the provider and the patients appropriately for the care of the patients. Follow up with the patients as directed by the provider and answer questions from the patient. Keep the rooms stocked and clean. Clean and autoclave all instruments. Provide assistance with prior authorizations when needed. Assist in other ways as needed

Physician Contract Summary

Entity: Alpine Dermatology, LLC

Specialty: Dermatology

Type of Contract: Billing Service Agreement Renewal

Term: 2 year

Termination: February 28, 2015 * option to renew one additional year to 2016

Fair Market Value: based on cost to provide the services based on claim volume and value.

Legal Counsel Review: Dick Monkman No changes other than dates from previous contract.

General Comments: BRH has been providing service to this group since 2011

BARTLETT REGIONAL HOSPITAL

HEALTHCARE PROVIDER SERVICES BILLING SERVICE CONTRACT

This Contract is entered effective March 1, 2013 between Bartlett Regional Hospital, 3260 BRH Drive, Juneau, Alaska 99801, a division of the City & Borough of Juneau, Alaska (“BRH”), and Alpine Dermatology, LLC, PO Box 408 Haines, AK, 99827 (“Alpine Dermatology”) (individually, a “Party” and collectively, “the Parties”). In consideration of the mutual promises expressed below, the Parties agree as follows:

1. Term. The term of this Contract shall be for a minimum period of two years. The term shall commence on March 1, 2013 and end on February 28, 2015. The term may be extended through February 28, 2014 by written agreement of the Parties.

2. Contract Services to be Performed by BRH. BRH, through its physician billing department, will bill patients for professional services provided by Alpine Dermatology.

2.1 BRH, through its physician billing department, will bill patients for professional services provided by Alpine Dermatology,

2.2 BRH will provide all required personnel, supplies, equipment, and systems for billing services.

2.3 BRH will provide appropriate security and will maintain the strict confidentiality of information concerning patient information and patient billing services provided to Alpine Dermatology.

2.4 BRH’s services are strictly contractual in nature. In no event shall this Contract be deemed to create a partnership, joint venture or any arrangement other than a professional services contract between BRH and Alpine Dermatology.

3. Contract Obligations of Alpine Dermatology, Alpine Dermatology and all physicians providing services that are billed by BRH under this Contract on behalf of Alpine Dermatology, shall provide accurate and complete information to BRH, shall keep all records required by law, and shall cooperate fully and promptly with BRH in carrying out this Contract.

3.1 Alpine Dermatology shall prepare and provide to BRH a schedule of charges for professional services, which Alpine Dermatology may modify from time to time.

3.2 Alpine Dermatology agrees to maintain and provide to BRH all records needed to facilitate accurate billing and payment, and to execute any agreements needed by BRH to meet the provider enrollment requirements for participation in the Medicare and Medicaid programs and to receive payment from other public or private third-party payors.

3.3 Alpine Dermatology agrees to make available, upon request of BRH, access to all its books, documents, electronic records and all other records relating to billing services performed under this Contract.

3.4 Each Party agrees to promptly notify the other Party if it has been requested to disclose books, documents or records related to this Contract, and to inform the other Party of the nature and scope of that request.

4. Confidentiality. The Parties agree to maintain confidential all information relating to patient billing services performed under this Contract. The provisions of this Section shall survive the termination of this Contract.

4.1 Each Party acknowledges that it and its employees, contractors, representatives and other agents may obtain or have access to proprietary information of the other Party, including business, financial and planning information. Each Party agrees to maintain the confidentiality of all such information obtained from the other Party. Each Party further agrees not to use any such information in a manner adverse to the interests of the other Party except as may be required by law.

4.2 With the exception of patient billing records which belong to Alpine Dermatology and any original records customarily produced and maintained by the treating Provider's private practice, all patient billing records created by BRH in providing services under this Contract shall be and remain the property of BRH. Consistent with applicable law, Alpine Dermatology shall be permitted to inspect and duplicate, at Alpine Dermatology's expense, any patient charge or billing record maintained by BRH. Alpine Dermatology shall be solely responsible for meeting all legal requirements to protect patient confidentiality with respect to any patient information or billing record obtained from BRH under this Section, and shall make no further disclosure of that information except as permitted by law.

5. Compensation for Billing Services. BRH shall be compensated at the rate of six and one half percent (6.5%) of cash collections per month for the billing services provided pursuant to this Contract.

5.1 Billing staff will provide monthly reports of gross revenues, revenue deductions, and cash collections to Alpine Dermatology. The monthly reports shall specify the amount due to BRH for billing services provided under this Contract.

5.2 Within 15 days of the end of each calendar month, BRH will invoice Alpine Dermatology for billing services. Alpine Dermatology shall pay BRH's invoice within thirty (30) days after the end of each calendar month.

5.3 The sole source of compensation under this Contract shall be the professional fees collected by BRH on behalf of Alpine Dermatology from patients or responsible third-

Party payors. Alpine Dermatology agrees to cooperate in all reasonable respects necessary to facilitate BRH's entry into or maintenance of any third-Party payor arrangement during the term of this Agreement.

5.4 Accounts receivable for Alpine Dermatology's services are an asset of Alpine Dermatology.

6.0 Compliance with Laws. The Parties intend and agree to comply with all applicable laws. The Parties intend:

6.1 to fully comply with 42 U.S.C. sec. 1320a-7b, commonly known as the federal Anti-Kickback Statute, 42 U.S.C. sec. 1395nn, commonly known as Stark II, and with all other federal and state laws and regulations governing false claims, fraud, abuse or self-referrals under the Medicare and Medicaid programs;

6.2 to comply with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 132d (HIPAA) and all current and future regulations promulgated under HIPAA, including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164, the federal security standards contained in 45 C.F.R. Part 142, and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, and not to use or further disclose other than as permitted by law any protected health information, 45 C.F.R. 164.501, or individually identifiable information, 42 U.S.C. 1320d;

6.3 that in the event any court or administrative agency of competent jurisdiction determines that this Contract or any act by the Parties, collectively or individually, violates any such statutes, rules or regulations, or any other applicable laws, the Parties shall promptly take all actions that are necessary to comply with those statutes, rules or regulations; and

6.4 that should BRH's Medicare Intermediary or other authority decide that an allocation agreement is necessary under 42 CFR ' 415.60, the Parties will execute an appropriate agreement; and

6.5 that Alpine Dermatology will comply with all provisions of federal and state law that apply to reimbursement for health care services, and will not do anything that will violate law or adversely affect reimbursement.

7. Termination. The Parties may cancel this Contract at any time by mutual agreement at any time.

7.1 Either Party may cancel this Contract for the Party's convenience, for any reason, or for no reason, by giving sixty (60) days advance written notice to the other Party.

7.2 BRH may cancel this contract immediately if it has reasonable grounds to conclude that the information provided to BRH for billing purposes is inaccurate, fraudulent, or in violation of applicable state or federal law.

8. Dispute Resolution. The Parties agree to enter into good faith negotiations to resolve any disputes that arise out of or relate to this Contract. Any claim, controversy or dispute arising out of or relating to this Contract that cannot be resolved amicably through negotiations shall be resolved in the first instance by the written decision of the BRH Chief Executive Officer. If a Party is not satisfied with the Chief Executive Officer's decision, the Party may appeal that decision to the BRH Hospital Board within twenty days of the date of the Chief Executive Officer's decision. The Hospital Board's decision is final and binding unless appealed to the City and Borough of Juneau Assembly within twenty days of the date of the Hospital Board's decision, pursuant to and in accordance with §3.16 of the Charter of the City and Borough of Juneau and the Administrative Appeal Procedures of the City and Borough of Juneau Code, Chapter 01.50.

9. Miscellaneous. This Contract sets forth the final written agreement between the Parties and supersedes all earlier oral or written agreement. This Contract shall be interpreted in accordance with the laws of the State of Alaska. Venue for any dispute shall be in the Trial Courts of the First Judicial District at Juneau, Alaska. No Party may assign its rights or obligations without the consent of the other. Time is of the essence. This agreement may be executed in counterparts and copies exchanged by facsimile or electronic means. Any notice shall be given in writing or by electronic mail to the other Party at that Party's address below. This Contract may only be amended in writing signed by the Parties. No waiver of any provision by either Party shall be deemed a later waiver of the same or a different provision.

10. Notice. Notices required under this Contract shall be delivered personally, by electronic mail, or by United States mail to:

ALPINE DERMATOLOGY, LLC

Alpine Dermatology, LLC
PO Box 408
Haines, AK 99827

BRH:

Bartlett Regional Hospital
3260 BRH Drive
Juneau, Alaska 99801
Attention: CEO

In witness, the Parties through their authorized representatives have executed this Contract on the date(s) set forth below.

Date: _____

Bartlett Regional Hospital, a division of the
City and Borough of Juneau, Alaska

By: _____

Christine Harff
Chief Executive Officer

Date: _____.

ALPINE DERMATOLOGY, LLC

By: _____

Kris Miller, Owner

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Planning Committee January 29, 2013

Attendance: Dr. Peimann, Linda Thomas, Reed Reynolds, Nancy Davis, Kristen Bomengen, Mary Borthwick

Also in attendance: Chris Harff, Ken Brough, Billy Gardner, Jim Strader, Norma Adams and Toni Petrie

Called to order at 12:07 p.m.

Mission Statement – The Board asked the Planning Committee to work on the Mission Statement for the hospital.

“DRAFT” Mission Statement tabled until Board meeting: Bartlett Regional Hospital provides high quality patient-centered community care in a financially sustainable (or viable or responsible) manner. Lauree Morton after the meeting *suggested: BRH provides quality, patient-centered and financially viable care.*

Kristen recommended: Bartlett Regional Hospital provides its community with quality, patient centered care in a sustainable manner. ***Kristen Bomengen made a MOTION to move this statement to the full Board for approval. Nancy Davis seconded and it was approved.***

Strategic Goals – The committee was tasked to work on two specific goals to work on and to prioritize them.

Goal #1: Clarify & Improve Board Governance

1. Discuss new Mission Statement
2. Create a three year Strategic Plan with prioritized annual goals
3. A. Create CEO Annual Performance objectives – Chris and Ken will bring back some tools they have used in the past for the Committee’s review.
3. B. Board Self Evaluation and CEO Performance Evaluation at the end of the fiscal year

3. C. Board Committees assigned their specific Strategic Goals to monitor and objectives to complete
4. Specific Agendas to include monitoring and specific informational flow against goals and objectives
5. Plan continuing Board education
6. Clarify and define the Board's role with Credentialing
7. Review of the Governance Model

Goal #6: Clarify and Define Scope of services

1. Explore DME and additional retail one stop concept - (additional service)
2. Explore Swing Beds – (enhancement of current services)
3. Explore additional Oncology Care with upcoming Radiation Oncology – higher priority
4. Explore partnering with physicians in the community, i.e. SEARHC – understand what partnering we already have
5. Review and recommend optimal space utilization of existing facility and future Master Plan -
6. Assess extent and type of outmigration and work to decrease. Review and understanding of existing services BRH provides, and identifying opportunities for current service enhancement and identifying new services.

Kristen asked how to engage the medical staff for future services for BRH. Dr. Peimann asked Chris to engage in the medical staff offices and with medical staff leadership through Joint Conference.

At the next Planning Committee meeting, the items under goal #6 will be prioritized.

Updates

Norma went over the results from the Press Ganey Survey. She will be meeting with Dept. Directors individually to help identify opportunities to engage the employees in their departments and develop action plans to see if there is improvement in going forward. Chris will be going to the Departments staff meetings on a quarterly basis.

Jim Strader went over the Community Opinion Survey results. He will be doing a presentation at the March Board of Directors meeting.

The Press Ganey Survey will be presented at the February Board meeting.

Next meeting March 14, 2013 at Noon.

Adjourned 1:50 p.m.

Bartlett Regional Hospital

Statement of Income

	Current Month	Budget	\$ Variance	YTD	YTD Budget	YTD \$ Variance
INPATIENT REVENUE (Hospital)						
ROUTINE INPATIENT REVENUE	1,907,359	1,799,302	108,057	13,468,993	13,376,005	92,988
ANCILLARY INPATIENT REVENUE	2,137,076	1,724,622	412,454	13,683,516	12,794,656	888,860
TOTAL INPATIENT REVENUE (Hospital)	4,044,435	3,523,924	520,511	27,152,509	26,170,661	981,848
OUTPATIENT REVENUE	5,180,652	4,942,077	238,575	34,982,708	36,409,320	(1,426,612)
TOTAL PATIENT REVENUE (Hospital)	9,225,087	8,466,001	759,086	62,135,216	62,579,981	(444,765)
RRC REVENUE	388,492	258,389	130,103	2,527,091	2,014,077	513,014
PHYSICIAN REVENUE	1,200,806	1,220,152	(19,347)	8,818,128	8,731,581	86,547
TOTAL PATIENT REVENUE All Sources	10,814,384	9,944,542	869,842	73,480,434	73,325,639	154,795
OTHER REVENUE	217,858	165,512	52,346	1,379,127	1,151,541	227,586
TOTAL GROSS REVENUE	11,032,242	10,110,054	922,188	74,859,562	74,477,180	382,382
REVENUE DEDUCTIONS						
CONTRACTUAL	2,975,765	2,473,565	502,200	20,024,643	18,154,415	1,870,228
CHARITY CARE/BAD DEBT	939,528	1,078,304	(138,776)	6,405,588	7,914,093	(1,508,505)
TOTAL REVENUE DEDUCTIO	(3,915,292)	(3,551,869)	(363,423)	(26,430,230)	(26,068,508)	(361,722)
TOTAL NET REVENUE	7,116,949	6,558,185	558,764	48,429,331	48,408,672	20,659
OPERATING EXPENSES						
SALARIES & WAGES	2,785,936	2,828,767	(42,831)	19,849,921	20,465,195	(615,274)
BENEFITS	1,346,646	1,358,314	(11,668)	9,061,031	9,420,552	(359,521)
FEES-PHYSICIAN	438,191	446,934	(8,743)	3,239,704	3,288,019	(48,315)
FEES-OTHER	317,908	363,643	(45,735)	2,500,355	2,522,053	(21,698)
SUPPLIES	647,996	713,651	(65,655)	5,037,271	5,144,301	(107,030)
UTILITIES	215,059	192,353	22,706	1,196,762	1,140,504	56,258
REPAIRS & MAINTENANCE	204,730	259,892	(55,162)	1,378,790	1,806,543	(427,753)
LEASES & RENTALS	33,455	46,455	(13,000)	272,463	322,190	(49,728)
INSURANCE	54,856	59,028	(4,172)	398,942	411,878	(12,936)
INTEREST EXPENSE	103,441	104,306	(865)	736,304	730,143	6,161
OTHER EXPENSES	17,590	39,303	(21,713)	77,837	290,164	(212,327)
TOTAL OPERATING EXPENSES	6,165,810	6,412,646	(246,836)	43,749,379	45,541,542	(1,792,163)
DEPRECIATION & AMORTIZATION	594,253	601,969	(7,716)	4,125,159	4,174,937	(49,778)
TOTAL OPERATING COSTS	6,760,063	7,014,615	(254,552)	47,874,538	49,716,479	(1,841,941)
NET OPERATING INCOME	356,887	(456,430)	813,317	554,793	(1,307,807)	1,862,600
NON-OPER INCOME/EXPENSE						
INTEREST INCOME - GENERAL	3,988	32,833	(28,845)	30,214	229,833	(199,619)
OTHER INCOME	135,623	94,952	40,671	781,757	664,339	117,418
TOTAL NON-OPERATING	139,612	127,785	11,827	811,971	894,172	(82,201)
NET INCOME/LOSS	496,498	(328,645)	825,143	1,366,764	(413,635)	1,780,399

Bartlett Regional Hospital

Statement of Income

	Current Month	Prior Year Month	\$ Variance	YTD	YTD Prior Year	\$ Variance
INPATIENT REVENUE (Hospital)						
ROUTINE INPATIENT REVENUE	1,907,359	1,471,383	435,976	13,468,993	11,323,407	2,145,586
ANCILLARY INPATIENT REVENUE	2,137,076	1,630,687	506,389	13,683,516	12,328,733	1,354,782
TOTAL INPATIENT REVENUE (Hospital)	4,044,435	3,102,070	942,365	27,152,509	23,652,140	3,500,368
OUTPATIENT REVENUE	5,180,652	4,471,783	708,869	34,982,708	35,554,939	(572,231)
TOTAL PATIENT REVENUE (Hospital)	9,225,087	7,573,853	1,651,234	62,135,216	59,207,079	2,928,137
RRC REVENUE	388,492	304,752	83,741	2,527,091	2,016,927	510,164
PHYSICIAN REVENUE	1,200,806	1,080,539	120,267	8,818,128	8,370,461	447,667
TOTAL PATIENT REVENUE All Sources	10,814,384	8,959,143	1,855,241	73,480,434	69,594,467	3,885,968
OTHER REVENUE	217,858	202,227	15,630	1,379,127	1,333,759	45,368
TOTAL GROSS REVENUE	11,032,242	9,161,371	1,870,871	74,859,562	70,928,226	3,931,335
REVENUE DEDUCTIONS						
CONTRACTUAL	2,975,765	2,464,290	511,474	20,024,643	15,948,106	4,076,537
CHARITY CARE/BAD DEBT	939,528	860,392	79,135	6,405,588	7,517,270	(1,111,683)
TOTAL REVENUE DEDUCTIO	(3,915,292)	(3,324,683)	(590,610)	(26,430,230)	(23,465,376)	(2,964,854)
TOTAL NET REVENUE	7,116,949	5,836,688	1,280,262	48,429,331	47,462,850	966,481
OPERATING EXPENSES						
SALARIES & WAGES	2,785,936	2,678,018	107,918	19,849,921	19,499,624	350,297
BENEFITS	1,346,646	1,310,581	36,065	9,061,031	8,927,784	133,247
FEES-PHYSICIAN	438,191	465,105	(26,914)	3,239,704	3,448,480	(208,776)
FEES-OTHER	317,908	337,275	(19,367)	2,500,355	2,716,876	(216,522)
SUPPLIES	647,996	589,364	58,632	5,037,271	4,623,762	413,509
UTILITIES	215,059	187,807	27,252	1,196,762	1,091,135	105,628
REPAIRS & MAINTENANCE	204,730	177,996	26,734	1,378,790	1,138,609	240,180
LEASES & RENTALS	33,455	29,382	4,072	272,463	282,592	(10,129)
INSURANCE	54,856	44,965	9,892	398,942	377,777	21,164
INTEREST EXPENSE	103,441	105,581	(2,140)	736,304	749,838	(13,534)
OTHER EXPENSES	17,590	95,001	(77,411)	77,837	698,017	(620,180)
TOTAL OPERATING EXPENSES	6,165,810	6,021,076	144,734	43,749,379	43,554,494	194,885
DEPRECIATION & AMORTIZATION	594,253	621,511	(27,258)	4,125,159	4,175,636	(50,477)
TOTAL OPERATING COSTS	6,760,063	6,642,587	117,476	47,874,538	47,730,130	144,408
NET OPERATING INCOME	356,887	(805,899)	1,162,786	554,793	(267,280)	822,073
NON-OPER INCOME/EXPENSE						
INTEREST INCOME - GENERAL	3,988	6,382	(2,394)	30,214	37,553	(7,340)
OTHER INCOME	135,623	110,089	25,535	781,757	754,461	27,296
TOTAL NON-OPERATING	139,612	116,471	23,141	811,971	792,014	19,956
NET INCOME/LOSS	496,498	(689,428)	1,185,927	1,366,764	524,734	842,030

Bartlett Regional Hospital

Balance Sheet for January 2013

	Beginning of Month	End of Month	\$ Change Month	Beginning of Year	End of Month	\$ Change Year
Current Assets:						
Operating Cash	6,724,010	5,962,274	(761,736)	11,628,144	5,962,274	(5,665,870)
Net Accounts Receivable	21,903,332	21,174,200	(729,132)	20,587,817	21,174,200	586,383
Other Current Assets	2,872,131	3,086,912	214,781	3,297,309	3,086,912	(210,396)
Total Current Assets	31,499,472	30,223,386	(1,276,086)	35,513,269	30,223,386	(5,289,883)
Other Assets	17,316,090	16,029,307	(1,286,783)	11,683,002	16,029,307	4,346,306
Fixed Assets:						
Plant, Prop, Equip.	65,807,225	66,596,590	789,364	68,505,628	66,596,590	(1,909,038)
CIP	13,136,029	13,041,838	(94,190)	12,631,363	13,041,838	410,476
Total Assets	127,758,816	125,891,121	(1,867,695)	128,333,262	125,891,121	(2,442,141)
Current Liabilities:						
Accounts Payable	4,117,650	2,555,896	(1,561,754)	3,674,316	2,555,896	(1,118,420)
Payroll and Related Liabilities	3,403,364	3,662,252	258,888	3,544,862	3,662,252	117,390
Other Current Liabilities	859,196	(206,088)	(1,065,285)	1,942,621	(206,088)	(2,148,709)
Total Current Liabilities	8,380,211	6,012,060	(2,368,151)	9,161,799	6,012,060	(3,149,739)
Long Term Liabilities:						
Bonds	24,268,671	24,267,628	(1,043)	24,931,794	24,267,628	(664,166)
Total Long Term Liabilities	24,268,671	24,267,628	(1,043)	24,931,794	24,267,628	(664,166)
Total Liabilities	32,648,882	30,279,688	(2,369,194)	34,093,592	30,279,688	(3,813,904)
Total Fund Balance	95,109,935	95,611,433	501,498	94,239,669	95,611,433	1,371,764
Total Liabilities and Equity	127,758,816	125,891,121	(1,867,695)	128,333,262	125,891,121	(2,442,141)

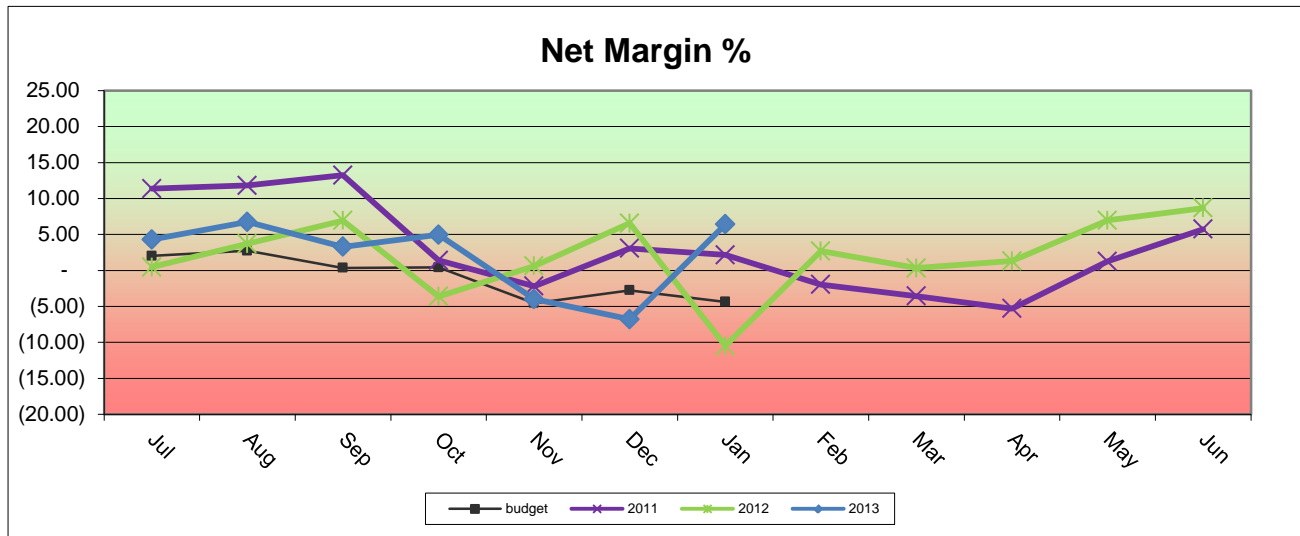
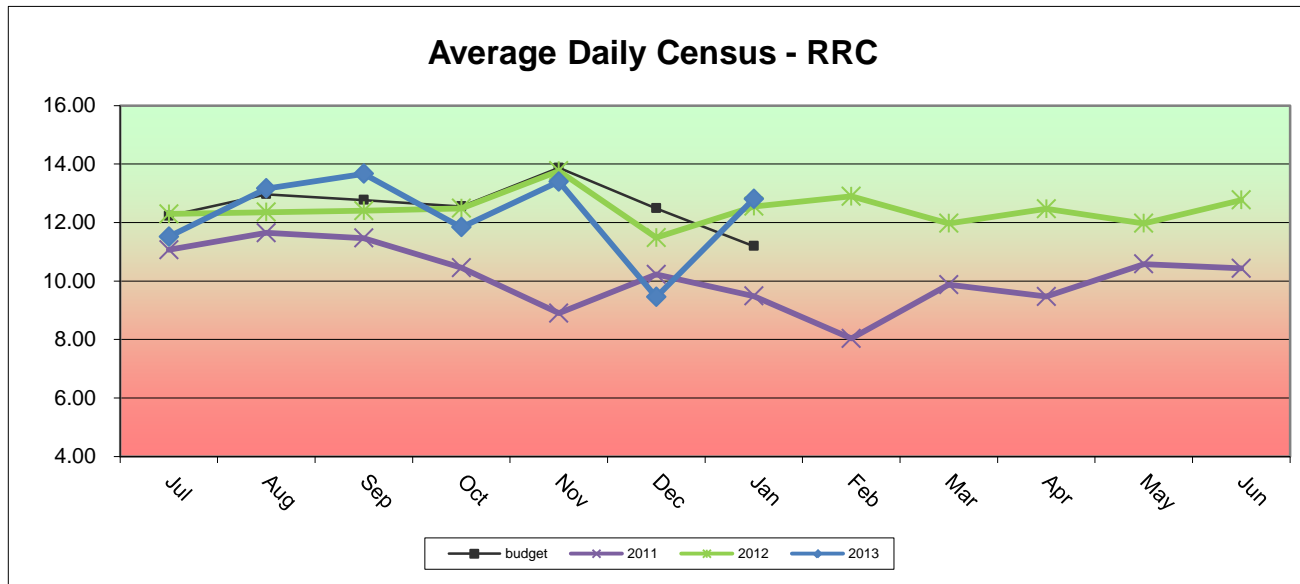
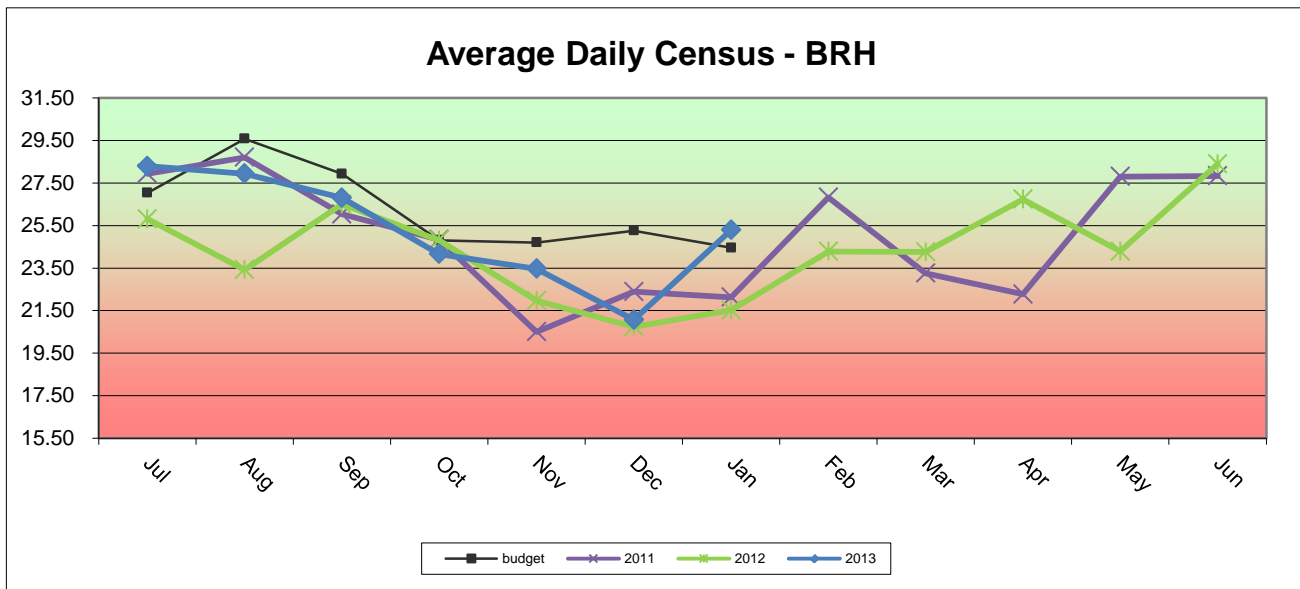
Bartlett Regional Hospital

Cash Summary
Jan-13

	Increase/(Decrease) in Cash	
	Current Month	Year-To-Date
CASH RECEIPTS	\$ 6,655,415	\$ 46,085,134
CASH DISBURSEMENTS:		
Payroll (Net Pay)	\$ 1,710,800	\$ 13,470,415
Accounts Payable	5,239,734	27,311,201
Other	466,618	10,969,388
Total Cash Disbursements	\$ 7,417,152	\$ 51,751,005
NET CHANGE IN CASH	\$ (761,736)	(\$5,665,871)
BEGINNING BALANCE	\$ 6,724,009	\$ 11,628,143
NET CHANGE IN CASH	(761,736)	(5,665,871)
ENDING BALANCE	\$ 5,962,273	\$ 5,962,273
<u>Board Designated Funds</u>		
Capital Reserve Fund	\$ 5,041,054	
BRH CAMHU	2,500,000	
Proj 2005 Debt Service Reserve	2,426,165	
Other	162,635	
	10,129,854	
	\$ 16,092,127	
<u>CBJ Appropriated Funds</u>		
CIP	\$ 899,453	
CAMHU	5,000,000	
	\$ 5,899,453	

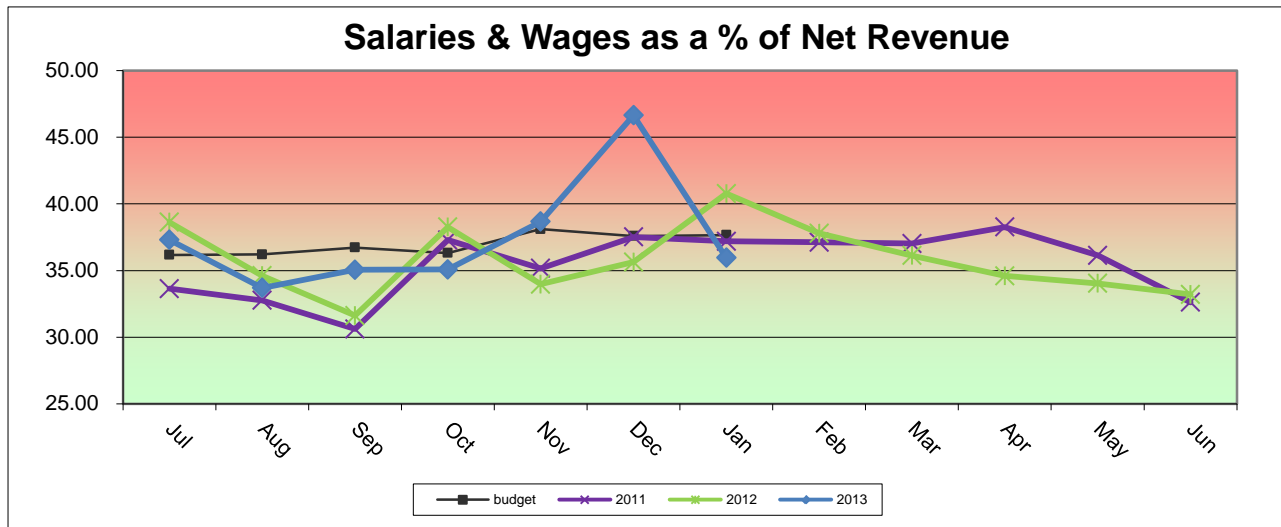
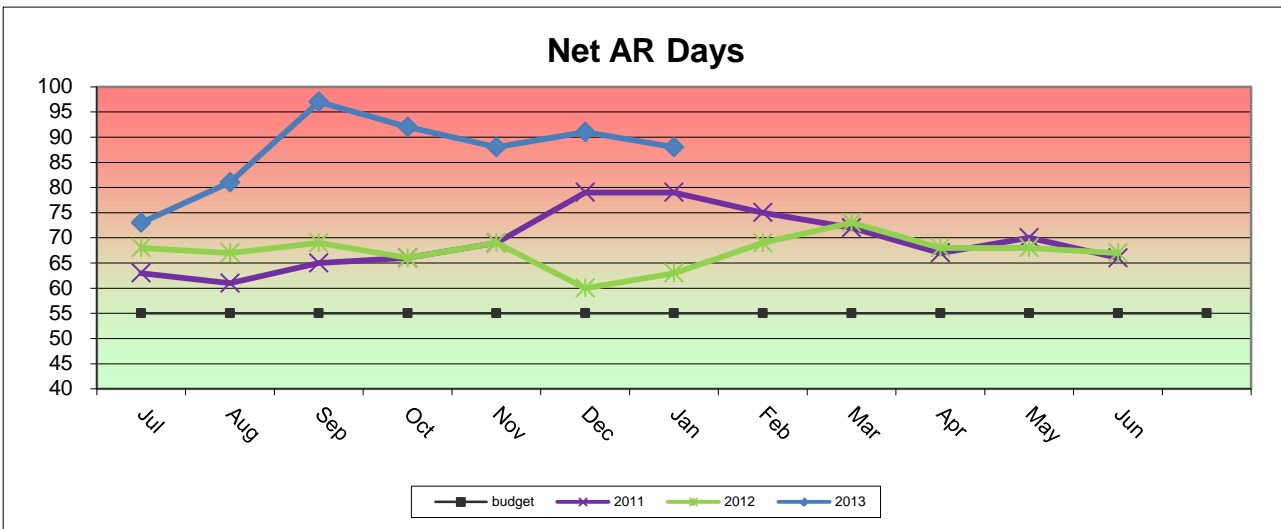
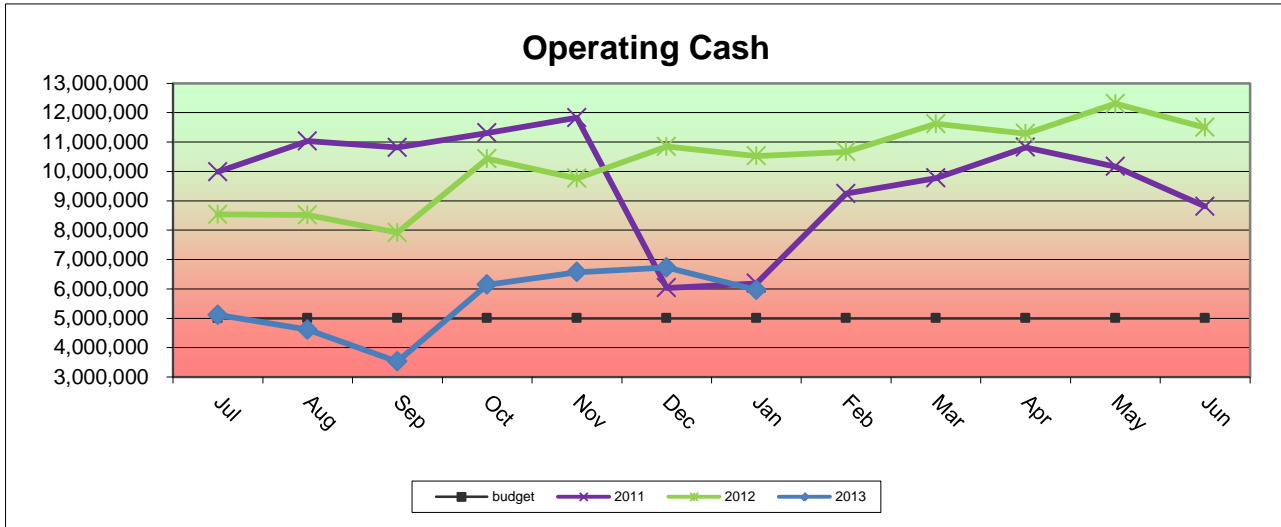
Bartlett Regional Hospital

Monthly Operations "Dashboard"



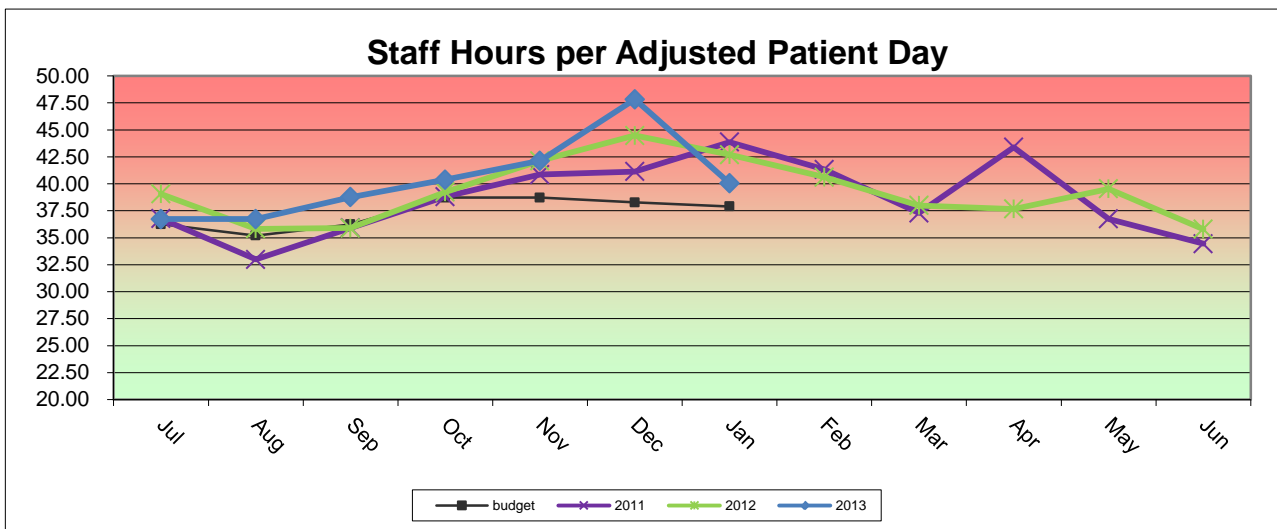
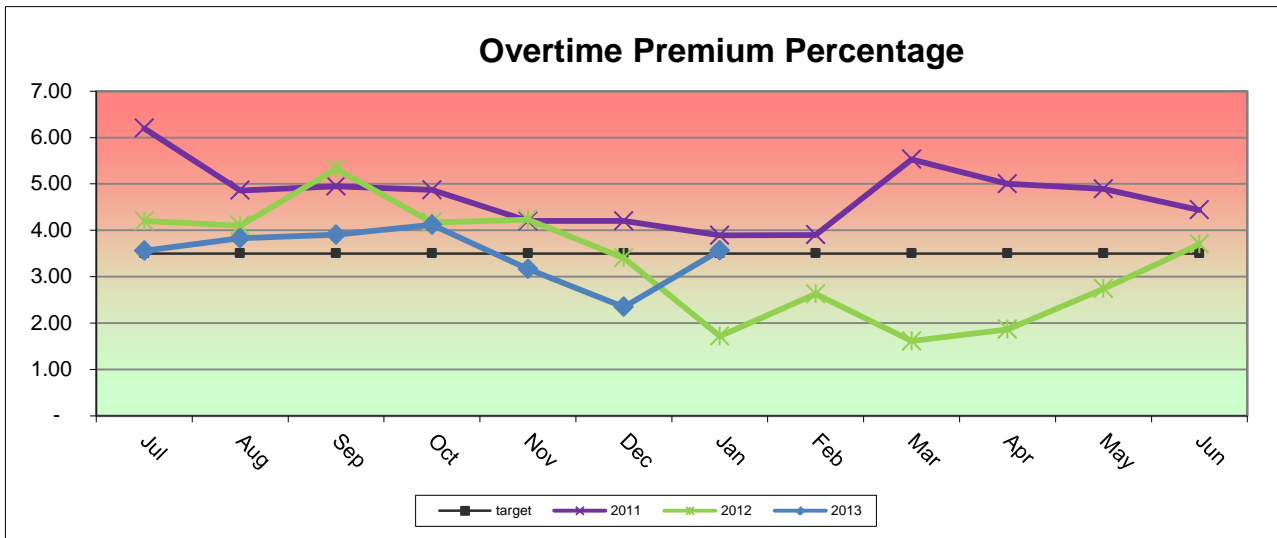
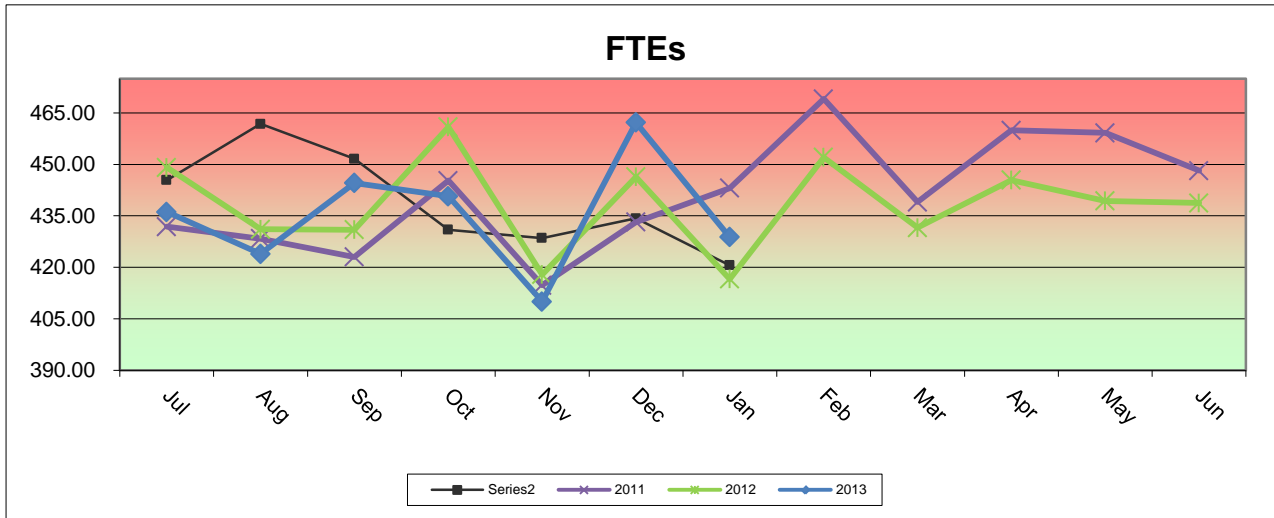
Bartlett Regional Hospital

Monthly Operations "Dashboard"



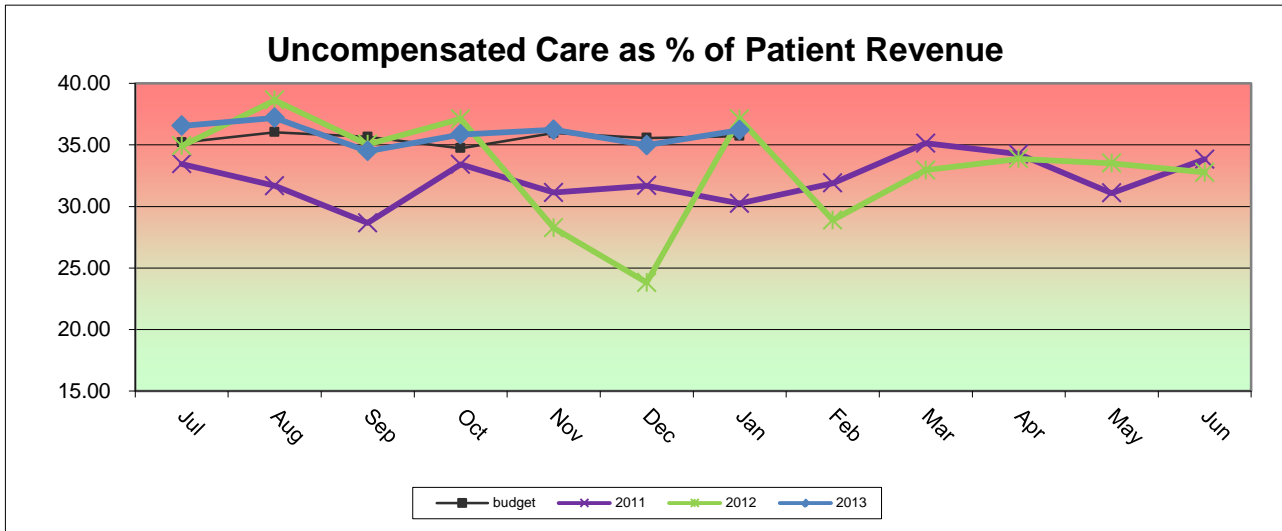
Bartlett Regional Hospital

Monthly Operations "Dashboard"



Bartlett Regional Hospital

Monthly Operations "Dashboard"



Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Joint Conference Committee February 21, 2013

Ms. Thomas called to order 12:15 p.m.

Attendance: Bob Storer, Reed Reynolds, Linda Thomas, Alex Malter, MD, Ben Miller, DO, Chris Harff, CEO, Ken Brough, Norma Adams, HR, Debbie Kesselring, Med/Staff office, and Toni Petrie, Executive Assistant

Introductions – Roundtable introductions were done.

Board of Directors report

Ms. Thomas reported on the joint meeting the Board had with the Assembly on February 20, 2013.

Ms. Thomas went over the six strategic goals the Board approved at the January Board meeting.

1. Clarifying and improving BRH Governance Model
2. Increase stakeholder engagement
3. Improve quality achieve efficiencies through standardization
4. Improve quality and patient experience
5. Reduce costs/waste and improve revenue enhancement
6. Identification of scope of services

Mr. Brough said for the revenue enhancement goal, Administration is looking at ways to reduce waste and also to look at BRH's pricing.

Mr. Storer is going to meet with a gentleman at St. Luke's to discuss their governance model to get some ideas for creating one for BRH.

Dr. Sheufelt spoke regarding BRH having swing beds. She feels it would be very beneficial to our community.

There was some discussion regarding the radiation oncology clinic that will be opening in Juneau. Dr. Sheufelt felt it would be a good idea to get more information and bring it to the entire medical staff.


Medical Staff report

Dr. Ben Miller discussed the issue of taking call. There is an on-call subcommittee that has been meeting to try and come up with a solution to this problem. The committee will bring recommendations back to Administration. Dr. Miller voiced his concern over the uncovered days on the call schedule for the pediatricians. He feels we should look for a hospitalist that covers pediatrics.

Ms. Thomas asked everyone on the value of this committee meeting on a quarterly basis. The group felt it was an important committee and they would like it to continue.

The meeting adjourned at 1:20 p.m.

March 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 N Executive Committee BR	5	6 N Quality Assurance Committee BR	7 5:15 Special Budget work-session BR	8	9
10	11	12 7 Credentials Committee BR	13	14 N Planning Committee BR	15	16
17  Happy St. Patrick's Day	18 N- Bartlett Foundation BR BRH HOLIDAY	19	20	21 12:15 Joint Conference BR 3:00-4:30 Compliance Com BR 5:15 Finance Committee BR	22	23
24	25	26 5:15 Board of Directors BR	27	28	29 9:00 QIC BR	30

April 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 N Executive Committee BR	2	3	4	5	6
7	8	9 7:00 Credentials Com BR	10	11 N Planning Committee BR	12	13
14	15 N BRH Foundation BR	16	17	18 3:00-4:30 Compliance Com BR 5:15 Finance Committee BR	19	20
21	22	23 5:15 Board of Directors BR	24	25	26 9:00 QIC BR	27
28	29	30				