

**KARUK TRIBE**  
**HEALTH BOARD MEETING AGENDA**  
Thursday, January 9, 2014 **3 PM**, *Happy Camp, CA*

**A) CALL MEETING TO ORDER – PRAYER - ROLL CALL**

**AA) HEALTH MISSION STATEMENT**

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

**CH) APPROVAL OF THE AGENDA**

**EE) APPROVAL OF THE MINUTES** (*December 5, 2013*)

**F) GUESTS** (*Ten Minutes Each*)

1. Lisa Hillman, Food Security Coordinator

**H) OLD BUSINESS** (*Five Minutes Each*)

- 1.

**I) DIRECTOR REPORTS** (*Ten Minutes Each*)

1. April Attebury, Children and Family Services
2. Annie Smith, Director of Community Services
3. Eric Cutright, IT Director
4. Lessie Aubrey, Executive Director of Health & Human Services (written report)
5. Patricia White, RPMS Site Manager (written report)
6. Laura Mayton, CFO (written report)
7. Rondi Johnson, Deputy Director (written report)

**II) REQUESTS** (*Five Minutes Each*)

- 1.

**K) INFORMATIONAL** (*Five Minutes Each*)

- 1.

**M) CLOSED SESSION** (*Five Minutes Each*)

1. CHS (dinner break)
2. Tribal Council Members

**N) SET DATE FOR NEXT MEETING** (*Thursday, February 13, 2014 at 3 PM in Happy Camp*)

**OO) ADJOURN**

**Karuk Tribe – Health Board Meeting  
Meeting Minutes – December 5, 2013**

**Meeting called to order at 3:06PM, by Russell “Buster” Attebery, Chairman**

**Present:**

Russell “Buster” Attebery, Chairman  
Joseph “Jody” Waddell, Secretary / Treasurer  
Crispen McAllister, Member at Large  
Elsa Goodwin, Member at Large  
Josh Saxon, Member at Large  
Amos Tripp, Member at Large  
Alvis “Bud” Johnson, Member at Large

**Absent:**

Arch Super, Member at Large  
Michael Thom, Vice-Chairman

**Mission Statement was read aloud by Buster Attebery and prayer was done by Alvis Johnson.**

**Agenda:**

Crispen McAllister moved and Bud Johnson seconded to approve the agenda with changes, 6 haa, 0 puuhara, 0 pupitihara.

**Minutes of November 7, 2013:**

Elsa Goodwin moved and Crispen McAllister seconded to approve the minutes of November 7, 2013, 6 haa, 0 puuhara, 0 pupitihara.

**Guests:**

**1.) Patricia Hobbs, LCSW:**

Pat is present to a request approval of a contract. She provided procurement and a justification of sole source for psychiatry services for the clinics in Yreka, Happy Camp and Orleans. Laura noted that this was not budgeted for and will have additional costs but they can bill for the services so, she is hoping this will offset the costs.

Josh Saxon moved and Amos Tripp seconded to approve contract 14-C-017, 6 haa, 0 puuhara, 0 pupitihara.

**Director Reports:**

**1.) Carolyn Ash, Dental Director:**

No report, not present.

**2.) Annie Smith, Director of Community Services:**

Annie is present to review her report. She has no action items. She would like the Council’s input and direction regarding transportation issues. CHR’s and herself are called everyday with requests for transportation. They are either elders or members of the tribe that need to go places. The medical transports are a priority. The transportation policy is broad and not specific and may not cover the items the health program needs. She noted that Tribal Members are getting very irritated at the lack of services provided. Laura provided the background on the transportation services that was provided previously. Amos noted that reviewing the policy is best and to understand it and follow it is best. Amos commented that the enforcement seems to be an issue as well. Annie will send the Council the current transportation policy and Josh recommended sending the policy to the staff for suggestions. Amos noted that if there is a need for a transporter separate from a health transporter then that should be discussed for a recommendation as well.

Elsa Goodwin moved and Crispen McAllister seconded to approve Annie’s report, 6 haa, 0 puuhara, 0 pupitihara.

**3.) Lester Alford, TANF Director:**

Lester has one action item. He would like to send the compliance technician to Eagle Suns training February 4-7, 2013 in Tulsa OK. This would allow the compliance staff to complete reporting as opposed to Lester completing the reporting.

Amos Tripp moved and Bud Johnson seconded to approve out of state travel for Tina King, February 4-7, 2013 to Tulsa OK, 6 haa, 0 puuhara, 0 pupitihara (Josh absent for vote).

Lester then went on to note the services provided are broken out between County's that the case workers are serving. Work participation is up about 7% increase.

Jody asked that he be emailed for the next meeting. Lester noted that right now documents are under review with Erin. Lester will also notify Arch of the meetings moving forward as the new Council representative for the Council to TANF.

Amos Tripp moved and Crispen McAllister seconded to approve Lester's report, 6 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved and Crispen McAllister seconded to move the TANF report to the Council Meeting, 6 haa, 0 puuhara, 0 pupitihara.

**4.) Eric Cutright, IT Director:**

Eric is present to review his report. He then went on to seek approval of an agreement to install fiber optic along Ishi Pishi Road; 13-R-138. The agreement is 14-A-009.

Elsa Goodwin moved and Crispen McAllister seconded to approve agreement 14-A-009, 6 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved and Crispen McAllister seconded to approve resolution 13-R-138, 6 haa, 0 puuhara, 0 pupitihara.

Amos noted that the exhibit wasn't attached. Josh inquired about the access to the website. Josh asked who had hacked the Tribes website and if IT has prevented others from doing it. Eric noted that prosecuting oversees was not beneficial, however getting the fixes is best and has been done.

Laura asked that Eric provide an update on the funding drawdown issues with the broadband project. Eric explained that the State does not want to allow drawdowns more often and the Tribe cannot sustain those costs up front. Eric noted that with the broadband grant they will look into payments when the Tribe is able to drawdown. This is a difficult but he believes that this is possible. Laura noted that this is not ideal and is a big issue. There is confusion regarding this but they are hoping to work this out prior to contractors being hired. The State did say that the Tribes project has a huge environment surveys. Laura noted that there can't be a drawdown until the environmental is done. The timeline to complete the project is two years. This is tight timeline and as long as there is a request to extend the timeline then it can be approved based on the environmental extension. Amos asked if it would be beneficial to talk to Cynthia Ortega and others to appeal to them regarding the payments. The group agrees that any discussions to ensure a smooth operation are best. The option of taking a loan will not be ideal because it will affect the Tribes stance on loans for the casino project.

Crispen McAllister moved and Amos Tripp seconded to approve Eric's report, 6 haa, 0 puuhara, 0 pupitihara.

**5.) Lessie Aubrey, EDHHS:**

Lessie is not present, report provided, on travel.

Elsa Goodwin moved and Amos Tripp seconded to approve Lessie's report, 6 haa, 0 puuhara, 0 pupitihara.

**6.) Patty White, RPMS Site Manager:**

Patti is present to review her report. The workload report shows a drop in patient visits and that is for Orleans that did not have a provider.

Crispen McAllister moved and Bud Johnson seconded to approve Patty's report, 8 haa, 0 puuhara, 0 pupitihara.

**7.) Laura Mayton, CFO:**

Laura is present to provide her report, but it was not turned in on time. It was tabled to Thursday.

Elsa Goodwin moved and Crispen McAllister seconded to table Laura's report to Thursday, 6 haa, 0 puuhara, 0 pupitihara.

**8.) Rondi Johnson, Deputy Director:**

Rondi is present to provide a policy for approval that HRSA requires. It is a policy on after hours care for the patients.

Josh Saxon moved and Bud Johnson seconded to approve policy 04-001-167, 6 haa, 0 puuhara, 0 pupitihara.

Rondi then noted that her report is attached. The Bi-Annual Health Meeting went off without a hitch.

Josh Saxon moved and Bud Johnson seconded to approve Rondi's report, 6 haa, 0 puuhara, 0 pupitihara.

**9.) April Attebury, Tribal Court:**

Not present, no report provided.

**Closed Session:**

Elsa Goodwin moved and Josh Saxon seconded to table the billing / account receivable report and request for write off until further information is received, 6 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Elsa Goodwin seconded to uphold CHS denial and approve CHS Case#255 for \$213.71 from Third Party, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: to table CHS Case#256 until it's determined what other programs will be of assistance.

Amos Tripp moved and Josh Saxon seconded to approve resolution 13-R-145, 6 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Jody Waddell seconded to approve resolution 13-R-146, 6 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Bud Johnson seconded to approve resolution 13-R-147, 6 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Jody Waddell seconded to approve resolution 13-R-148, 6 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Bud Johnson seconded to approve resolution 13-R-149, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: to allow the provider to be interviewed for Orleans and to allow the increase in salary for contracted services.

Elsa Goodwin moved and Crispen McAllister seconded to approve C&P of Donna Kingsland, 6 haa, 0 puuhara, 0 pupitihara.

Crispen McAllister moved and Josh Saxon seconded to approve the position description for Substance Abuse program Coordinator with changes, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Crispen McAllister seconded to approve the certified AOD Counselor position description, 6 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved and Josh Saxon seconded to table April's report, 6 haa, 0 puuhara, 0 pupitihara.

Informational: Council viewed video of possible vandalism suspects of the NVYS vehicles.

Josh Saxon moved and Bud Johnson seconded to approve another \$100 for the boat cover (previous approval was \$1,200) from discretionary, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: Yreka dental clinic will be instructed to return to 8-5pm operations, Mon-Fri.

Consensus: to issue notice to HR to provide an overall organizational chart and use the GIS plotter to demonstrate who and where the Tribe is and who reports to whom.

Crispen McAllister and Josh Saxon seconded to adjourn the health board meeting at 7:51pm, 6 haa, 0 puuhara, 0 pupitihara.

**Respectfully Submitted,**

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**Russell "Buster" Attebery, Chairman**

**Recording Secretary, Barbara Snider**

# Executive Director of Health and Human Services

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Board Report

January 9, 2014

Lessie Aubrey, EDHHS

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## Action Items

1. Hess contract extension
2. Donna Wilcox, PA Contract
3. Opus Health Solutions Agreement

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## Vacancies

During the month of December we had three professionals resign. These were Dr. Ash, Dental Director and Kevin Shearer, clinic dentist, and Dr. Hess clinic physician.

Dr. Hess says that he will help us anyway he can so I asked him to give us a couple days a week during the transition. However, without his extension being approved until the 9<sup>th</sup>, we will have lost a few weeks of extra help.

I understand that Dr. Ash has a new job and will be starting on the 13<sup>th</sup> in Bend, Oregon. She will be working in her specialty.

Dr. Shearer's resignation letter was quite to the point. Regardless, Dr. Shearer was treated rather well here. Rumor has it that he wants to work closer to home and his own business is picking up.

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## Good News!

Dr. Chuck Colas has accepted the job as Medical Director of the Orleans clinic and will be starting sometime in February. He will be here January 2, 2014 to look for housing and to check out the area. I'm looking forward to having him come.

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## Stakeholder Summit Sacramento

I traveled to Sacramento, CA on November 14 and 15<sup>th</sup> to attend the "CA Health Information Exchange" Stakeholder Summit. This relates to future requirements on health information.

Collaborations will be formed with whomever we choose, and they will have access to share our health information. In addition, we will have portals for patients to gain access to their information.

I believe that much of this will be completed during our work with IPC5 or Patient Centered Medical Home.

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## Meaningful Use Webinar

This webinar also took in discussion on the HIE from the Stakeholder Summit above. Tim Campbell, who I sat with at the Sacramento conference, led this webinar with Steve Vermonters from

# Executive Director of Health and Human Services

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Board Report

January 9, 2014

Lessie Aubrey, EDHHS

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IHS. In addition, they showed examples of how to use imaging in the health record. They could paste an x-ray into it and different things. It may soon be coming our way.

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## Meeting with Dr. Ash

As directed by the Council, Rondi and I met with Dr. Ash to discuss the complaints in the dental department. Dr. Ash spoke of several solutions that she was going to try. We had a long meeting and discussed many things such as staffing, behavior, and the attitudes of her staff. I think she may have already made up her mind to resign but she didn't admit it at this encounter.

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## Psychiatry Services

Rondi and I also met with Pat Hobbs to discuss a contract for psychiatry services. We are anticipating that he come to the Yreka clinic and provide Telehealth services to Happy Camp. I understand this contract has been approved already.

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## Capture RX Call

Medical center Pharmacy would like to increase their cost because they aren't meeting their expenses. Apparently, most of the clients we send them are Med-iCal and it's not generating

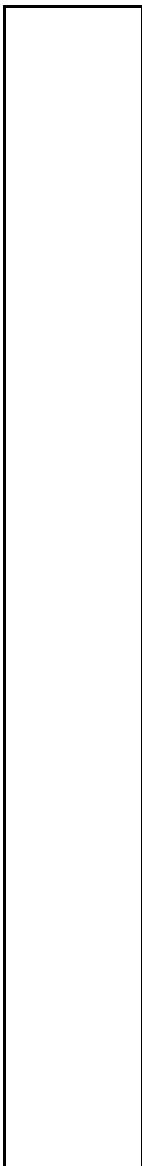
enough income. We will be meeting with them on this later.

Raley's does not like Capture Rx because they say it's causing duplicate ordering which gives them too much inventory. Out pharmacy consultant believes this is true and that maybe we should go with another program for Raley's. However, I'm not sure we can legally do that right now. So in the meantime, people are using the Medical Center Pharmacy and Luke's. Some patients are still using Raley's. This is a problem we will be working on.

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	<b>MONTHLY REVENUE REPORT</b>			<b>BUSINESS OFFICE</b>	
	<b>December-13</b>	<b>Happy Camp</b>	<b>Yreka</b>	<b>Orleans</b>	<b>KTHP</b>
	Revenue Medical	\$40,560.85	\$14,287.64	\$552.33	\$55,400.82
	PHC Capitation	\$3,979.06	\$5,171.98	\$1,382.26	\$10,533.30
	HPSA Quarterly Incentive	\$0.00	\$0.00	\$0.00	\$0.00
	Revenue Dental	\$13,039.10	\$34,525.20		\$47,564.30
	Revenue Mental Health	\$208.32	\$43.51	\$0.00	\$251.83
	<b>Revenue Total</b>	<b>\$57,787.33</b>	<b>\$54,028.33</b>	<b>\$1,934.59</b>	<b>\$113,750.25</b>
		<b>Happy Camp</b>	<b>Yreka</b>	<b>Orleans</b>	<b>KTHP</b>
	Billing Oct Medical	\$39,513.82	\$ 156,138.08	\$4,895.87	\$200,547.77
	Billing Oct Dental	\$26,977.60	\$ 164,210.20	NA	\$191,187.80
	Billing Oct Mental Health	\$8,898.00	\$ 3,070.00	\$1,148.00	\$13,116.00
	<b>Billed Grand Total</b>	<b>\$75,389.42</b>	<b>\$ 323,418.28</b>	<b>\$6,043.87</b>	<b>\$404,851.57</b>
	<b>BILLING DEPARTMENT BUDGET 2013</b>				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
<b>FY 2014</b>	<b>\$491,898.13</b>	<b>\$74,232.89</b>	<b>\$417,437.21</b>	<b>15.14%</b>	<b>26.52%</b>





**KARUK TRIBAL HEALTH PROGRAM**

**BUSINESS OFFICE HEALTH BOARD REPORT**

**MEETING DATE JANUARY 9, 2014**

As we learn more and more about all the insurance changes that will be starting this month, it can be a little overwhelmingly confusing. There will definitely be a learning curve and we hope to make it as complete as possible. We are seeing more and more patients who have an HMO (Health Maintenance Organization) type of insurance. Since we are not a member of each of these individual plans we cannot bill them for our service.

Partnership Healthplan of California (PHC) has contracted with a company called Beacon Health Strategies and another named College Health Plan IPA (CHIPA) to handle the contracting and business end of PHC (medi-cal) and Path2Health behavioral health clients as of January 1<sup>st</sup>. This will be almost seamless to our clients and we will do our best to guide them through this enrollment process with little agitation to them, as the client is our top priority. They will primarily be dealing only with Beacon for their member services.

In our department though this means we will be dealing with all three companies to accomplish the billing process all the way from contracting to payment. It will be interesting and confusing at times.

David Arwood is beginning the secondary billing process for Partnership claims and Eileen has been working with him. All billing is a more arduous effort now.

We have not received any of the CRIHB funds for the visits billed to them yet, as explained previously this takes several months to complete this process.

Sheila Super and Eileen Tiraterra are going to attend an AAPC work shop sponsored by IHS in order to assist them in becoming AAPC certified coders. This will help our department to become more accurate and some of the payers are beginning to suggest that ONLY certified coders should be considered for future hires not only for data entry, but for billers also. Billers must understand what they are responsible for submitting. At this time it is not mandatory but only a suggestion that will probably take hold in the future. But whenever it occurs we will be a little ahead of the situation.

During this month I must take my annual certification test and pass it. I already have submitted my CEUs for the past year. Which I am grateful to the tribe for allowing me the privilege of having the opportunity to receive due to trainings, seminars and webinars I may take part in throughout each year.

As a reminder attached is the financial report, with a change you will notice. We receive small HPSA incentive payments from Medicare Jul/Aug visits. It is primarily because we are in a Physician Shortage area. And the other items I added to the medical revenue section is the new monthly capitation paid by Partnership Healthplan of California (PHC). It is varying amounts paid per patient per month dependent upon our PHC patient enrollment. I will be including these 2 items from now on for your better understanding of what the health program earns.

Respectfully Submitted  
Suzanna Hardenburger, CCS-P



**RPMS**  
**Karuk Tribal Health and Human Services Program**  
**Health Board Meeting**  
**January 9, 2014**  
**Patricia White, RPMS Site Manager**

**Action Items**

I have no action items for this month.

**User Assistance and Requests**

During December there were 20 documented requests for HHS user support: 16 were assigned to Amy and 4 assigned to me. I still have 7 open tickets, 2 from this month and 5 from previous months.

**Workload reports**

Attached is the November 2013 *Operations Summary* along with Tribal Statistics. During November we had 1,433 visits at all locations. 713 of these visits were for Native American patients (50%). The total amount of visits in November is down by 304 over October. Graphs are included in the summary.

**Meeting / Conference Calls and other Activities – November 2013**

- 12/2 to 12/4 - FEMA Training: I-300 Course
- 12/5 – Dentrix Conference Call (1 ½ hours)
- 12/5 – RPMS EHR Office Hours (1 ½ hours)
- 12/5 – Health Board meeting
- 12/6 – Webinar- Using ICare Program for Meaningful Use
- 12/6 –VistA Imaging Kick off Conference Call
- 12/9 to 12/11 – Sacramento for UDS Training for 2013 report due 2/15/2014
- 12/12 –RPMS EHR Webinar
- 12/17 – Executive Directors Meeting
- 12/18 – Front Office Committee Meeting
- 12/19 – RPMS EHR Office Hours – (1 hour)
- 12/25/13 to 1/6/14-Annual Leave

**RPMS – EHR – EDR**

- Security Risk Analysis:  
The Security Risk Analysis has been submitted and qualifies us for meaningful use. We now have 30 points to correct and mitigate. We have 3 months to fix or come up with a plan/timeline for the items that were found to put our system at risk. Each facility was analyzed separately. Copies of these three reports are available upon request. I will present a copy of the mitigation worksheet, when the plan is completed. The risk analysis will need to be reviewed and revised annually.

VistA Imaging:

We had a VistA Imaging kick off call on 12/6. Marilyn Freeman, VistA Imaging Coordinator at CAO/IHS hosted the call. We talked about workflow for the scanning process, quality monitoring and error corrections, and policies and procedures that will be needed. We had planned to conference again on 12/20, but that was cancelled due scheduling conflicts. Our next call will be January 10th.

- RPMS Dentrix Interface:

We went live with the interface between Dentrix and RPMS on December 3rd. We do have some errors to work out, like duplicate patients, duplicate visits, visits not crossing over to billing correctly. Vickie Walden has taken the lead on the merging of visits and patients. She has been a tremendous help to me over the last few weeks with working the kinks out. I appreciate her knowledge of the dental program and database. We will schedule another call with the Dentrix Trainer at Henry Schein this month to help us troubleshoot issues that have come up during the first month of have the interface.

- UDS Training: Report attached.

**Budget:** For period ending October 31, 2013, we are under budget for this first month of the fiscal year.

<b>Program</b>	<b>RPMS</b>
<b>Budget Code</b>	<b>3000-75</b>
<b>Program Year</b>	<b>2012-2013</b>
<b>Appropriation</b>	<b>\$230,739.83</b>
<b>Expenses to Date</b>	<b>\$8,974.38</b>
<b>Balance</b>	<b>\$221,748.81</b>
<b>Percent used</b>	<b>3.90%</b>

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit  
FOR NOV 2013

Prepared for January 9, 2014 Health Board Meeting

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '\*\*' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 18,068 (+4.7) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 54 (-18.2) new patients, 2 (-50.0) births, and 3 (+50.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,716 (-0.3) patients enrolled in Medicare Part A and 2,597 (-0.2) patients enrolled in Part B at the end of this time period.

There were 91 (+13.8) patients enrolled in Medicare Part D.

There were also 6,103 (+1.8) patients enrolled in Medicaid and 5,027 (+16.0) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 72,725.72 (-4.3). The number and dollar amount of authorizations by type were:

57 - DENTAL	12	11899.76
64 - NON-HOSPITAL SERVICE	1050	60825.96

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,433 ambulatory visits (-15.0) during the period for all visit types except CHS.

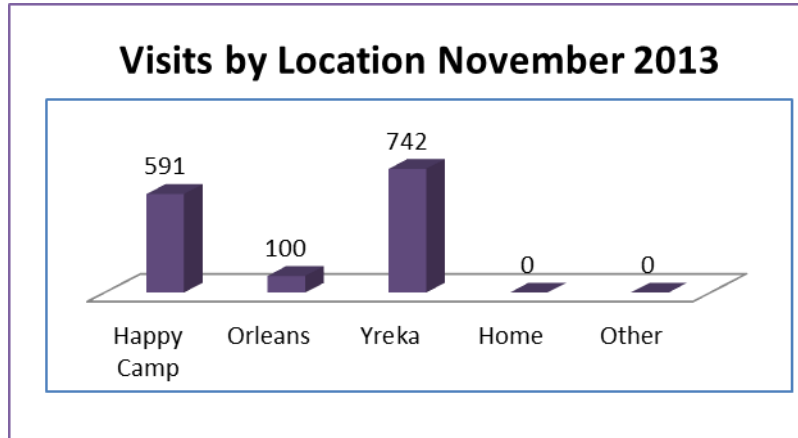
They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official'

APC Visits which are identified in other PCC Reports.

By Type:		
TRIBE-638 PROGRAM	1,433	(-15.0)
By Location:		
YREKA	742	(-24.7)

KARUK COMM HEALTH CLINIC  
ORLEANS

591 (+0.7)  
100 (-11.5)

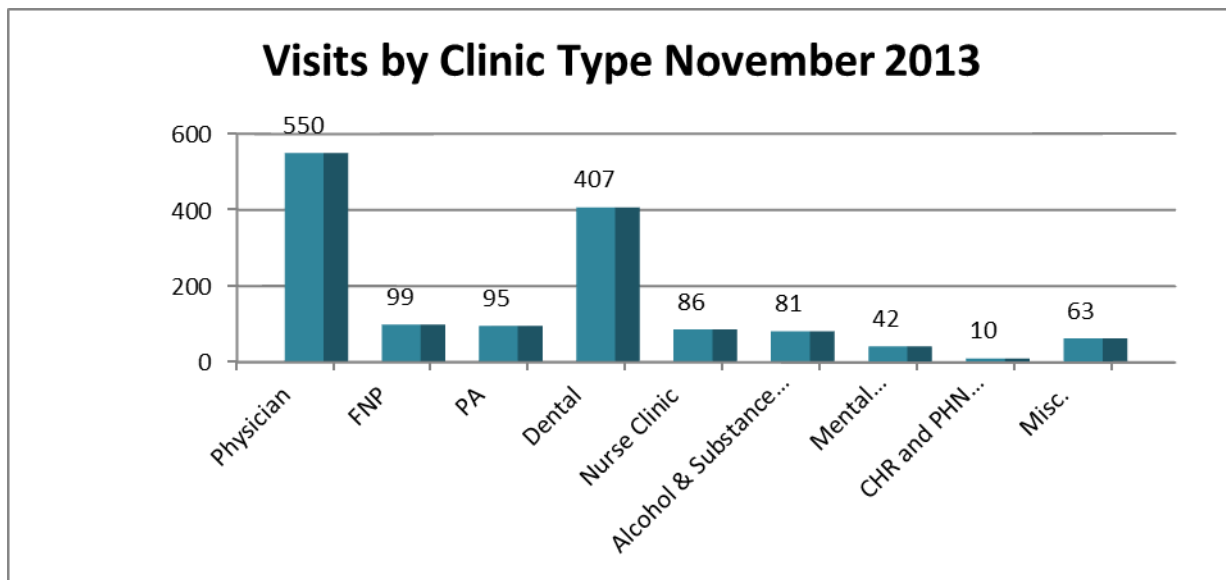


By Service Category:

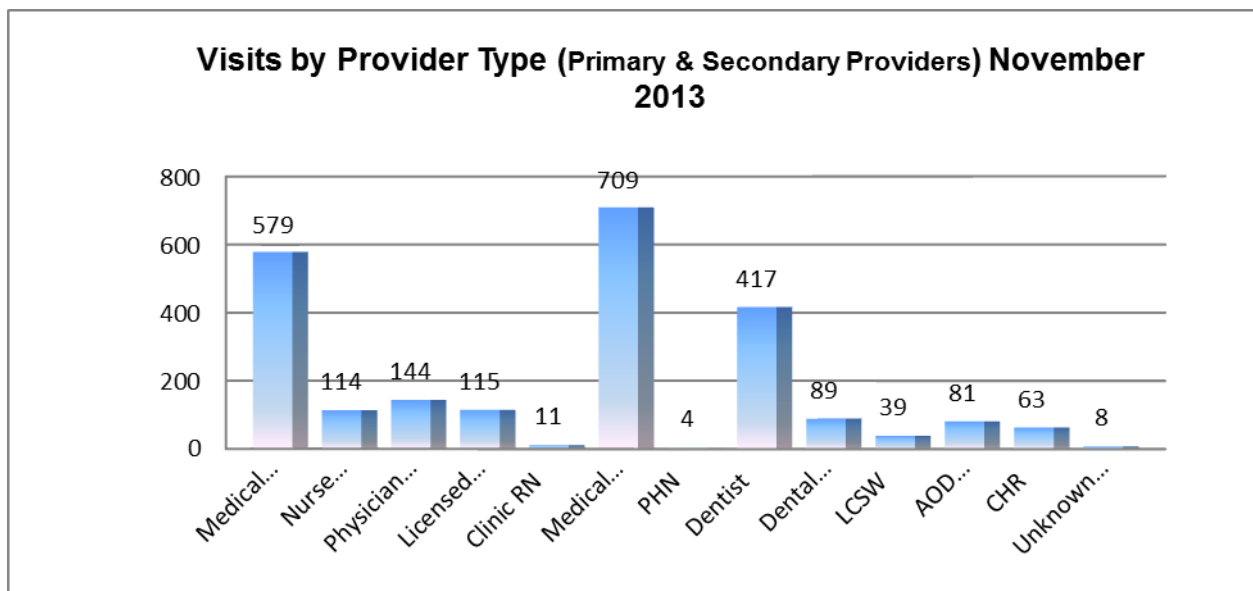
AMBULATORY	1,385	(-16.4)
TELECOMMUNICATIONS	48	(+71.4)

By Clinic Type:

PHYSICIAN	550	(+25.3)
DENTAL	407	(-24.8)
FAMILY NURSE PRACTITIONER	99	(-59.9)
PHYSICIAN ASSISTANT	95	(-2.1)
NURSE CLINIC	86	(+41.0)
ALCOHOL AND SUBSTANCE	81	(+11.0)
TRANSPORT	55	(-19.1)
MENTAL HEALTH	42	(-33.3)
CHR	8	(-46.7)
CHART REV/REC MOD	4	(-33.3)
TELEPHONE CALL	2	(-81.8)
NO CLINIC	1	(-66.7)
PHARMACY	1	(-97.9)
PHN CLINIC VISIT	1	(-66.7)
PHYSICAL THERAPY	1	(**)



By Provider Type (Primary and Secondary Providers):		
MD	579	(+18.4)
HEALTH AIDE	547	(+9.8)
DENTIST	417	(-24.3)
MEDICAL ASSISTANT	162	(+88.4)
PHYSICIAN ASSISTANT	144	(-7.1)
LICENSED PRACTICAL NURSE	115	(-54.2)
NURSE PRACTITIONER	114	(-56.2)
DENTAL HYGIENIST	89	(+122.5)
ALCOHOLISM/SUB ABUSE COUNSELOR	81	(+11.0)
COMMUNITY HEALTH REP	63	(-24.1)
LICENSED CLINICAL SOCIAL WORK	39	(-45.1)
CLINIC RN	11	(+0.0)
UNKNOWN	8	(**)
PUBLIC HEALTH NURSE	4	(-63.6)



The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis		
1). DENTAL EXAMINATION	407	(-24.8)
2). VACCIN FOR INFLUENZA	124	(-21.0)
3). HYPERTENSION NOS	86	(-20.4)
4). OTHER SPECIFD COUNSELING	68	(+4.6)
5). OBESITY NOS	67	(+235.0)
6). DMII WO CMP NT ST UNCNTR	60	(+20.0)
7). ALCOHOL ABUSE-UNSPEC	58	(+3.6)
8). LUMBAGO	57	(+39.0)
9). TOBACCO USE DISORDER	49	(+8.9)
10). LONG-TERM USE ANTICOAGUL	43	(-4.4)

#### **CHART REVIEWS**

There were 993 (-19.1) chart reviews performed during this time period.



**INJURIES**

There were 69 visits for injuries (+40.8) reported during this period. Of these, 12 were new injuries (-20.0). The five leading causes were:

- 1). MV COLL W OTH OBJ-DRIVER 1 (\*\*)
- 2). DOG BITE 1 (\*\*)
- 3). NONVENOM ARTHROPOD BITE 1 (-66.7)
- 4). INJ NOS CAUSED BY ANIMAL 1 (\*\*)
- 5). FB ENTERING EYE 1 (\*\*)

**EMERGENCY ROOM**

[NO EMERGENCY ROOM VISITS TO REPORT]

**DENTAL**

There were 342 patients (-19.9) seen for Dental Care. They accounted for 407 visits (-24.8). The seven leading service categories were:

- 1). PATIENT REVISIT 218 (-18.0)
- 2). FIRST VISIT OF FISCAL YEAR 188 (-32.4)
- 3). HYPERTENSION SCREENING 138 (-36.1)
- 4). LOCAL ANESTHESIA IN CONJUNCTION WIT 107 (-26.7)
- 5). PREVENTIVE PLAN AND INSTRUCTION 85 (+4.9)
- 6). INTRAORAL - PERIAPICAL FIRST RADIOG 80 (-44.1)
- 7). TOPICAL APPLICATION OF FLUORIDE VAR 66 (-4.3)

**IN-HOSPITAL VISITS**

[NO IN-HOSPITAL VISITS TO REPORT]

**PHARMACY**

There were 1,343 new prescriptions (-17.4) and 0 refills (\*\*) during this period.

**KTHHSP Tribal Statistics for November 2013**

	Registered Indian Patients	Indian Patients Receiving Services October 2013	APC Visits by Indian Patients October 2013
Karuk	2062	395	413
Descendants residing in CA	1867	205	202
All other Tribes	2134	123	98
Total	6060	723	713

## **UNIFORM DATA SYSTEM (UDS) TRAINING**

December 10, 2013

Sacramento, CA

Suzanna Hardenburger and I attended the one day UDS Training in Sacramento on December 10, 2013. This is an annual training made available by Health Resources and Services Administration and Bureau of Primary Health Care (HRSA/BPHC) for grantees. In California the training is sponsored by the California Primary Care Association (CPCA). Suz Frederickson, a consultant with John Snow, Inc. (JSI) was the instructor this year. She thoroughly covered each of the 12 tables and changes to them for this year. She also gave a preview of changes for next year's report. This is the most labor intensive report that I have ever done. I have been doing this report each year since 2005 except for 2009.

All grantees receiving support through HRSA must complete this report. The data collected from all grantees is reported to Congress and OMB (Office of Management and Budget). The data allows BPHC to look at achievements, and help shape and monitor quality improvement programs. Our report is due February 15, 2014. All data entry will need to be completed as soon as possible after the New Year in order to accurately report the data to HRSA. All reporting will be done via the HRSA website and Electronic Handbook

The twelve tables cover from patients by zip code to fiscal elements. Many of the tables have multiples sections to complete. The report is done for the entire health organization as a whole. For example a patient is counted only once, regardless of visit locations. The patient may have multiple visits in different categories and will be counted in each of those categories (i.e. dental, medical, mental health), but will only be counted once as a patient.

The training covered each table that needs to be completed and what is included for each table. The four (4) demographic tables need to match each other as to number of patients and visits. These tables are patients by zip code and insurance, patients by age and gender, patients by Race and Ethnicity, and patient characteristics.

Changes for the 2013 year include adding insurance information to the zip code table. This is done to find out the predominate insurances in various areas. The categories include uninsured, Medicaid, Medicare, and Private Insurance. Also some the criteria have changed in the quality of care and health outcomes sections.

I am thankful for the opportunity to attend these types of training to aid me in my work.

Respectfully Submitted,

Patricia White, RPMS Site Manager

**Karuk Tribe  
Health Program  
YTD Income Statement- December 2013**

<b>REVENUE</b>	<b>Annual Budget</b>	<b>YTD Amount</b>	<b>Remaining Balance</b>
Federal Sources:			
IHS Compact	5,072,934	1,124,559	3,948,375
CRIHB Demonstration Project	-	-	-
IHS Diabetic Grant	157,554	12,310	145,244
HRSA	838,496	162,433	676,063
HUD ICDBG	-	-	-
BIA Compact	438,654	92,688	345,966
State/Other Grantor	212,415	22,268	190,147
Third Party Revenue	2,403,494	424,938	1,978,556
Other	65,600	23,527	42,073
Total Revenue	<u>9,189,147</u>	<u>1,862,723</u>	<u>7,326,424</u>
<b>EXPENDITURES</b>			
Salaries	3,423,332	668,858	2,754,474
Contracted Physician Services	162,500	45,687	116,813
Stipends	39,000	9,860	29,140
Payroll Taxes & Fringe Benefits	951,164	175,236	775,928
Travel & Training	142,217	22,728	119,489
Vehicle Expense/Mileage	123,083	20,202	102,881
Supplies	227,226	34,316	192,910
Professional Fees & Licenses	59,316	5,745	53,571
Advertisement/Recruitment	8,850	2,177	6,673
Utilities / Phones	162,437	29,160	133,277
Dental Supplies	105,000	41,179	63,821
Medical Supplies	117,428	27,747	89,681
Dental Lab	130,000	44,778	85,222
Medical Lab/X-Ray	50,000	8,281	41,719
Prescriptions	57,000	22,308	34,692
After Hours Care	88,775	482	88,293
Incentives & Educational Materials	1,620	-	1,620
Eye Exams & Podiatry Exams	16,150	583	15,567
Medications	63,963	639	63,324
Diabetic Activities	3,342	521	2,821
Janitorial	25,000	4,476	20,524
Rent	10,800	1,800	9,000
Credit Card Bank Fees	1,000	176	824
CRIHB Membership	22,000	-	22,000
Approved Third Party	25,000	1,028	23,972
Contract Health	739,989	81,336	658,653
Debt Service			
Capital Outlay	205,362	11,454	193,908
Total Direct Expenditures	<u>6,961,554</u>	<u>1,260,757</u>	<u>5,700,797</u>
Indirect Costs	1,723,058	340,552	1,382,506
Total Expenditures	<u>8,684,612</u>	<u>1,601,309</u>	<u>7,083,303</u>
<b>EXCESS OF REVENUE OVER EXPENDITURES</b>	504,535	261,414	243,121
Other Financing Sources (Uses)			
Interest Income	13,000	735	12,265
Transfers In/(Out)	-	-	-
<b>EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER OTHER FINANCING USES</b>	517,535	262,149	255,386
Beginning Fund Balance	1,700,923	1,596,726	104,197
Prior Period Adjustments	-	-	-
Ending Fund Balance	<u>2,218,458</u>	<u>1,858,875</u>	<u>359,583</u>

Budget amounts will be moved from general supplies to dental and medical supplies!

# DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

January 9, 2014

Rondi Johnson

December Report



**ACTION ITEMS:** NONE

## **DECEMBER ACTIVITIES:**

Health Board Meeting December 5<sup>th</sup>, ED Meeting December 17<sup>th</sup>, Front Office/Billing Meeting December 18<sup>th</sup>

## **DECEMBER TRAININGS/CONFERENCES & WEBINARS:**

Emergency Preparedness Training Dec 2-4, ECRI Webinar-Real World Applications & Challenges December 10<sup>th</sup>, Training for Enrollment Assistants in Tribal Health Facilities webinar December 11<sup>th</sup>, CalPIM Network Conference Call December 16<sup>th</sup>

## **ACQI COMMITTEE MEETING:**

The December 11<sup>th</sup>, ACQI meeting agenda, performance improvement projects, and reports are attached.

## **BUDGETS:**

See below. Budget through 12/18/13. At this time I'm well under budget.

<b>Program</b>	<b>CQI</b>
<b>Budget Code</b>	300002
<b>Program Year</b>	2013-2014
<b>Expenses to Date</b>	18,939.36
<b>Balance</b>	174,519.25
<b>Percent Used</b>	9.85
<b>Period Usage</b>	3 months

Respectfully Submitted,  
Rondi Johnson  
Deputy Director of Health & Human Services

**Karuk Tribal Health & Human  
Services Program  
ACQI Committee  
Meeting/Conference Call  
KCHC Teleconference Room  
January 9, 2014  
9:00 am-10:00 am**



1. Call Meeting to Order – Rondi Johnson
2. Roll Call/Sign In – Vickie Walden
3. Approve Agenda – Rondi Johnson
4. Approve Minutes of November 6, 2013 – Rondi Johnson (TABLED)
5. Performance Improvement Reports Due
  - 5.1 Happy Camp/Orleans Eligibility Report – Nadine McElyea
  - 5.2 Yreka Eligibility Report – Sharon Denz
  - 5.3 Happy Camp CHDP Callback – Tracey Burcell
  - 5.4 Diabetes – required by HRSA – Annie Smith - *verbal rpt*
  - 5.5 Flu Vaccine Report – Chelsea Chambers-Tabled
6. GPRA Reports
  - 6.1 Improve Childhood Immunization Rates – Vickie Simmons - Tabled
7. New Business
  - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
  - 7.2 Transportation Policy – Annie Smith
  - 7.3 Dental Policy #14-009-901 – Dr. Ash
8. Old Business
  - 8.1 Orleans Medical Records Audit – Isha Goodwin
9. Next Meeting January 9, 2014 at 9:00 am
10. Adjourn

Eligibility Report  
 ACQI Meeting  
 July - September 2013  
 December 11, 2013

During this period I have primarily helped clients with follow up for their original applications. The SSD/SSI applications are difficult for many people as there are constant requests for more information and more forms to fill out and return. People bring these requests back to me for help. Some of the disability reports can take more time than the original application.

	July 2013	August 2013	Sept. 2013	TOTALS
MediCal	1	0	1	2
CMSP	1	1	1	3
SSD/SSI	1	0	1	2
TOTALS				
Clients	10	4	6	20
Services Provided	12	10	9	31

There are many changes coming through the Affordable Care Act, implemented in California as "Covered California" and many changes to MediCal. I have trained as a "Certified Enrollment Counselor" for Covered California and am in the process of completing the online training and the final test. The ACA includes many changes to MediCal. Expanded MediCal includes eligibility for people who have income to 138% of poverty level. It will eliminate the asset test and determine eligibility based ONLY on income. It will also include some services previously not paid by MediCal including some dental services and substance abuse and drug and alcohol abuse treatment. Debbie Bickford works for the Tribe as the Eligibility and Enrollment Coordinator, ensuring that people get signed up for Covered California and MediCal. There are some special provisions for members of federally-recognized Indian Tribes. There is NO requirement and no penalty for not enrolling in a health plan for people who can verify they are Tribal members. However, the advantages to them and to us are many. Many will now be eligible for MediCal. If your patients have questions they can call me at ext. 5000, Sharon Denz at ext.6104 or Debbie at ext. 2105.

Nadine McElyea, Administrative Assistant/Patient Eligibility Worker  
 Child and Family Services, Happy Camp

Activity

Progress Report 3<sup>rd</sup> Quarter

July, August, September 2013

Title Eligibility Report

Purpose: To provide good services to all clients.

Problems: No problems for this quarter.

Data pulled from the number of clients that I had processed for the various programs, Medi-Cal, CMSP for 3<sup>rd</sup> quarter.

Finding: Total applicants for 3<sup>rd</sup> quarter are (3).

July 2013 is (0)

August 2013 is (1) CMSP approved

September 2013 is (2) both for CMSP were pending.

Sharon Denz

Eligibility Worker for Yreka

11/20/2013

**KARUK COMMUNITY HEALTH CLINIC  
HAPPY CAMP  
CHDP REPORT FOR PAST 6 MONTHS (June-December 2013)**

**PURPOSE:** Identify areas for improving the follow-up on CHDP's for patient's ages 0-18 years:

**GOALS:** To establish a follow-up system that will help us track patients who need CHDP's and to send notifications to parents along with an appointment date for patients to come in for their CHDP's and any immunizations that are due.

**DATA:** A list has been compiled of all patients meeting the criteria age as listed above; this list will be reviewed to see which patients are current with their CHDP's; patients that are past due; and patients that will have CHDP's coming up in the future.

**RESULTS OF DATA:**

Currently the data shows we have a total of 84 patients between the ages of 0-18 years

Sixteen (16) of these patients have moved out of our area and one (1) patient does not have us listed on their Partnership card as the PCP therefore leaving us with a total of: 67 patients

Fifty-Seven (57) of these patients are current on their CHDP's; leaving Ten (10) delinquent, letters have been sent to all delinquent patients requesting they call and make an appointment.

**RESOLUTION:** The tickler file and Excel spreadsheet that have been created for follow up on CHDP's is helping to keep track of patients who have moved, who have registered as new patients and who are delinquent/no show patients. This system has the capability of allowing us to easily update data on a daily basis and stay on top of getting all CHDP patients scheduled

Tracy Burcell  
Referral Coordinator/M.A.



Karuk Tribal Health Program  
**Medical Transportation Policy**

Policy Number: 01-003-009

I. Title: Transportation and Travel

- [REDACTED]
- a. All travel is stopped when snow is continually falling and staying on the roads. This means no transporting or travel. Inside duties will be assigned.
  - b. When staff is caught in a winter storm during transport, staff will be expected to use good judgment, and his/her ability of hazardous driving techniques, to deliver the passenger safely.
  - c. When a hazardous road condition exists, or has reason to believe that such a condition exist, (e.g., road condition report), in which drivers may pass only at their own risk, staff have the right to choose not to pass.
  - d. If vehicles are not up to KTHP safety standards then they shall not be used.
  - e. Slide precautions should be exercised so that staffs and passengers don't become stranded.
  - f. **Staff will insure that inclement weather supplies are present in the transportation vehicle that is seasonal application.**

- [REDACTED]
- A. Passengers must wear seat belts while being transported. If you fail or refuse to wear them your privilege for transportation services will be revoked!
  - B. At a minimum, appointment for transportation services must be made **48** hours in advance to allow the staff enough time to verify appointment and transportation availability.
  - C. If you must cancel or reschedule your appointment for transportation services, you must do so 24 hours in advance.

- D. Passengers requesting transportation services and missing them twice (2 no shows) will lose transportation privileges for a period of one year.
  - E. Passengers are required to refrain from smoking (designated area only) or using drugs or alcohol while transportation services are being provided.
  - F. Transportation and use of medical marijuana is prohibited, and against Federal law. Refusal to comply will be grounds for termination of transportation privileges.
  - G. A Zero Tolerance Policy will be enforced upon patients, which includes:
    - 1. Disruptive Behavior – yelling, using profanity, waving of arms or fists, or verbally abusing others; making inappropriate demands for time and attention; making unreasonable demands for action.
    - 2. Intimidation – an act towards another person to coerce, which causes fear for personal safety or safety of others.
    - 3. Threat of Violence – a communicated intent to inflict physical or other harm on any person or on property.
    - 4. Acts of Violence – exercise of physical force against another person or against property.
    - 5. Carrying/Transporting Weapons – No weapons of any kind shall be permitted in Tribal vehicles at any time, or for any reason.
- An internal incident report will be filed each time any of the above concerns occur.**
- H. Passengers must live in service area for local transportation services (Northern Siskiyou and Eastern Humboldt Counties).

#### Procedures:

- 1. Transporter will notify supervisor when patient fails to abide by transportation policies.
- 2. Supervisor will write letter to passenger warning them of penalties.
- 3. Upon second offense, supervisor will suspend passenger transportation services.
  - a. No Shows will be suspended for one year

- b. Seat Belt Offenses are suspended indefinitely or until passenger begins to comply with policy.
- c. Transportation and use of illegal drugs according to Federal law, will result in immediate termination of transportation services.
- d. Suspension of transportation services will take place immediately for any act of violence, or weapons in their possession, regardless of location. The police will be notified of the patients whereabouts

### Program Responsibility

- A. Because of legal, and privacy regulations, transporter/CHR family members or visitors are not allowed to travel with staff while they are providing home visits and other personal care in the field. **Exception:** when travel is required for a referral to an outside provider. However, the transporter/CHR must obtain prior approval of his/her supervisor, and of the passenger, and then instruct visitor(s) of the need for them to adhere to the Confidentiality Policy.
- B. It is not the Transporter's responsibility to pay for passenger expenses, i.e. meals, lodging, etc.
- C. Reimbursement for personal vehicle expenses is provided for when a staff submits a mileage report. Current mileage reimbursement will be paid at the Council approved rate.
- D. Whenever the transporter/CHR is unable to transport a scheduled patient, it shall be the responsibility of their supervisor to seek alternate transportation for their patient **if possible.**

### Eligibility Requirements for Transportation Services

1. Transportation services are reserved for clients with no other means of transportation available to them at time of need/appointment. **It is the patient's responsibility to make every attempt to get transportation from family or friends and use this transportation service only as last resort.**
2. All clients must be eligible for Tribal health program direct care services.

3. All transports will be made to the nearest Karuk Tribal Health facility designated for the Transporter or CHR service area
4. Authorization to transport clients to outside providers must come from a KTHP provider as a referral and with authorization from supervisor.
5. Clinic receptionist will make appointments and place them on transporter's schedule.
6. Emergencies are an exception!
7. Patient's missing two appointments without previously canceling appointment, will lose transportation services for one year.
8. Passengers found smoking, using drugs, or alcohol, or not wearing the seat belt while being transported in Tribal vehicles shall not receive transportation services again. This includes transportation or use of medical marijuana while in transport. Appeals may be made to the Tribal Council.
9. Written authorization from a parent or guardian is required before transporting minors.
10. Parents or guardians must accompany minors when transporting to a referring physician or service.
11. Error on the side of Caution.

Approved on the **DATE**  
By the Chairman of the Karuk Tribe of California

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Signature and Date

Draft - changes are highlighted

**Karuk Tribal Health and Human Services Policy Manual**

<b>Policy Reference Code:</b>											
01 ()	02 ()	03 ()	04 ()	05 ()	06 ()	07 ()	08 ()	09 ()	10 ()	11 ()	12 ()
13 ()	14 (X)	15 ()	16 ()	17 ()	18 ()	19 ()	20 ()	21 ()	22 ()		
<b>Function:</b> Dental				<b>Policy #:</b> 14-009-901				<b>Policy Title:</b> Use of Nitrous Oxide			
<b>Tribal Chairman:</b>				<b>Dental Director:</b>				<b>Cross References:</b>			
<b>Date:</b> 04/12/2012				<b>Date:</b> 03/21/2012							
<b>Signature:</b> <i>[Signature]</i>				<b>Signature:</b> <i>[Signature]</i>							
Supersedes Policy DD-07-011-051 dated <del>09/10/2009</del> 01/31/2012											

**PURPOSE:** To establish guidelines and set protocols for the use of Nitrous Oxide Sedation.

**POLICY:** The dentist when giving Nitrous Oxide to patients will do so according to the laws of California.

**PROCEDURES:**

**A. Assessment**

1. The dentist or ~~hygienist~~ can use nitrous oxide to patients for the management of pain and anxiety during dental procedures.
2. The health status of the patients must be classified as ASA I or II (healthy or mild to moderate systemic disease) before the use of nitrous oxide can be initiated. Patients with a classification of ASA III (severe systemic disease) or greater will not have nitrous oxide sedation as an option.
3. Nitrous oxide will not be given to children under the age of 3 years, a patient with COPD or a pregnant patient.
4. Before use of nitrous oxide, the following vital signs will be taken and recorded in the chart: Blood Pressure, pulse and respiration rate. *A Patient's weight and height should be noted.*

**B. Treatment**

1. Nitrous will be titrated to the appropriate amount needed to be effective. At no time will more than 70% nitrous be given.
2. At no time will the patient be left unattended in the operatory while nitrous is in use and a minimum of two staff members must be in attendance through out the procedure.
3. 100% oxygen will be given for 3 to 5 minutes after the completion of the procedure.

**C. Pregnancy**

1. An employee/s at risk for pregnancy or anyone that is pregnant will be excused from all dental procedures requiring the use of nitrous oxide.

**D. Storage and Maintenance Documentation.**

1. The nitrous oxide unit will be stored in a locked room with access only to appropriate dental staff.
2. A maintenance log will be maintained by dental staff.
3. Spare Oxygen and Nitrous Oxide tanks shall be stored in an upright and locked position.

Reviewed and updated <sup>11/12/2013</sup> ~~1/31/2012~~ by:  
~~Rick Schoen, DDS~~ Carolyn Ash, DDS  
 Donita Hill, RDH

**Karuk Tribal Health and Human Services  
Orleans Medical Clinic  
Medical Records Audit  
July, August, September 2013**

**HEALTH RECORDS-  
2013**

**Purpose:**

To ensure and identify potential areas for improvement in the electronic health records management and documentation processes at the Orleans Medical Clinic in Orleans CA. Record maintenance and proper documentation is crucial for risk management, billing and quality care for our patients.

**Goals:**

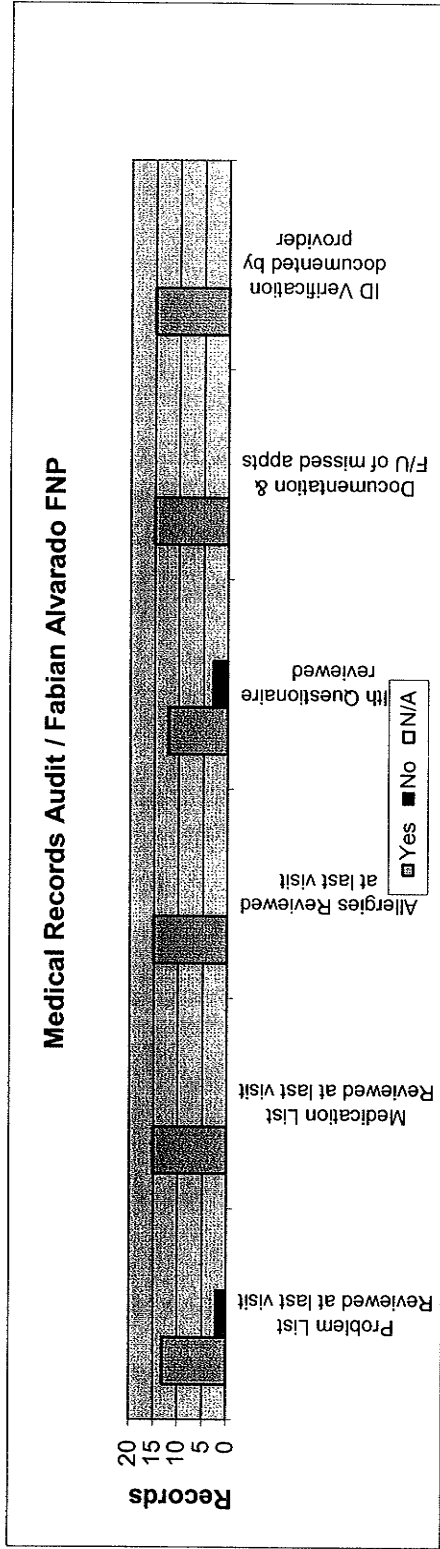
To identify problem areas in the electronic health records management and team. To increase the quality of the electronic health records in the Orleans Clinic area to 100% by December 2013

**Data:**

A review tool will be used to collect specific data from the electronic health records review of 5 males, 5 females and 5 pediatric patients on each provider. A total of 15 patients. Data will be extracted from electronic health records reviews of randomly selected patients on a quarterly basis. The data either has been documented ( Yes ) or hasn't been documented ( no ), or non-applicable ( N/A ). This data will become the baseline and will be compared to following reports to determine if improvements were being made.

**Records:**

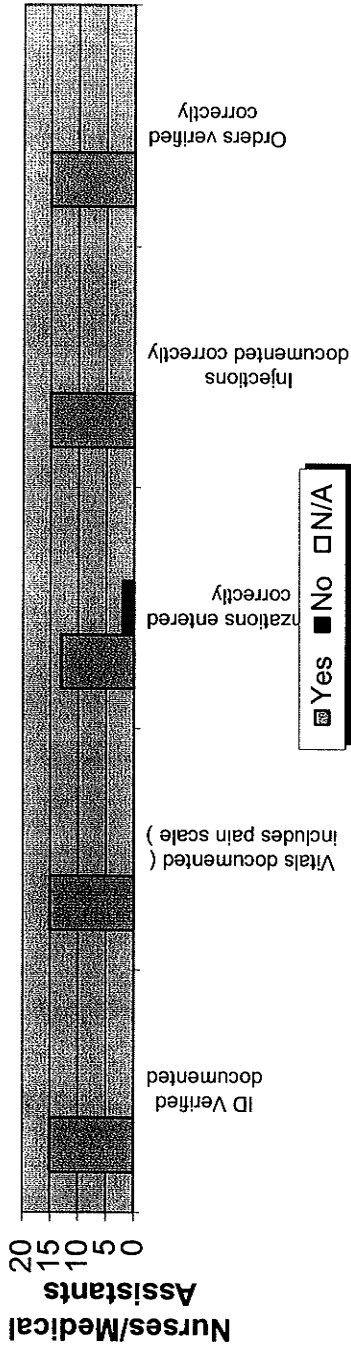
The first graph shows the Records. The health questionnaire situation has been resolved and right on track.



**Nurse/Medical Assistant:**

This graph shows the Nurse/Medical Assistant. N/A comes up on the injections documented correctly, this is due to past history. Also Orders verified correctly, there were no orders needed. I found that there were two immunizations not entered correctly.

### Medical Records Audit / Fabian Alvarado FNP



**Problems / Comparison:**

There were two pt.'s problem lists and health questionnaires that were not reviewed at the time of visit.

**Implementation of Corrective Actions to Resolve:**

The Orleans Clinic will work very hard as a team to help remind our provider to go over all Health Questionnaires, We will continue to work as a team to make our Audits at 100%

**Communicated:**

Reported findings to supervisor, ACQI committee and to the Health Board.



Karuk Tribal Health & Human Services Program

ACQI Sign-In Sheet

Date: 12-11-13

1. Rondil Johnson
2. Mike Smith
3. Chambours
4. Nadine McElyer
5. Jusayna Greene
6. Lessie Aubrey
7. William
8. William
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

Teleconferenced in from Yreka:

1. Mike Lynch
2. Dr. Milton
3. Dr. Ash
4. Sharon Denz
5. Annie Smith
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Teleconferenced in from Orleans:

1. φ
2. \_\_\_\_\_
3. \_\_\_\_\_