

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, August 10, 2017 10 AM, 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) CONSENT CALENDAR

F) APPROVAL OF THE MINUTES (*August 10, 2017*)

H) GUESTS (*Ten Minutes Each*)

1. Tanya Busby, DV
2. Mark LeBeau, CRIHB
3. Suzanna Hardenburger, Business Office Manager

I) OLD BUSINESS (*Five Minutes Each*)

- 1.

II) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Josh Stanshaw, Operations Manager (written report)
2. Tony Vasquez, Medical Director (written report)
3. Pat Hobbs, Children & Family Services
4. Eunsun Lew, Dental Director (written report)
5. Cindy Hayes, Yreka Clinic Manager (written report)
6. Sondra Dodson, Happy Camp Clinic Manager (written report)
7. Babbie Peterson, Orleans Clinic Manager (written report)
8. Kori Novak, Health CEO (written report)
9. Vickie Simmons, HR Director (written report)
10. Lessie Aubrey, Manager of Grants, Compliance and Accreditation (written report)
11. Patti White, RPMS Site Manager (written report)

K) REQUESTS (*Five Minutes Each*)

- 1.

M) INFORMATIONAL (*Five Minutes Each*)

1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Dora Bernal, HR Director
3. Vickie Simmons, HR Director
4. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, October 12, 2017 at 10am in Happy Camp.*)

OO) ADJOURN

**Health Board Meeting
August 10, 2017 – Meeting Minutes**

Meeting called to order at 10AM by Chairman Attebery.

Present:

Russell “Buster” Attebery, Chairman
Robert Super, Vice-Chairman
Michael Thom, Secretary/Treasurer
Renee Stauffer, Member at Large
Charron “Sonny” Davis, Member at Large
Alvis “Bud” Johnson, Member at Large
Josh Saxon, Member at Large
Joseph “Jody” Waddell (arrived at 10:08am)

Absent:

Arch Super, Member at Large (excused)

Robert Super read the Mission Statement and Sonny Davis provided a prayer for the group.

Agenda:

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

Consent Calendar:

Michael Thom moved and Robert Super seconded to approve a VISA for Rhonda Jones, 6 haa, 0 puuhara, 0 pupitihara.

Minutes of July 13, 2017

Renee Stauffer moved and Robert Super seconded to approve the minutes of July 13, 2017, 5 haa, 0 puuhara, 1 pupitihara (Michael Thom).

Robert assumed Chair of the meeting while Buster stepped out for a brief time period.

Guests:

1) April Attebury, Judicial Systems:

April is present to seek approval of a position description that is being submitted with a proposal for the Tribal advocate program.

April explained the position description changes.

Josh Saxon moved and Bud Johnson seconded to approve the Supervising Advocate – Tribal Court Advocate position description with changes, 6 haa, 0 puuhara, 0 pupitihara.

She then presented resolution 17-R-091. It is an application to OES in the amount of \$200,000 for 2017-2018.

Michael Thom moved and Renee Stauffer seconded to approve resolution 17-R-091, 6 haa, 0 puuhara, 0 pupitihara.

Buster assumed Chair of the meeting.

April then sought approval for out of state travel for April, Tanya and a Council Member. It is August 29-31, 2017 in Saint Paul, MN.

Josh Saxon moved and Bud Johnson seconded to approve out of state travel, 7 haa, 0 puuhara, 0 pupitihara.

2) Laura Mayton, CFO:

Laura is present to seek approval for out of state travel to NAFOA Conference in October. It is in Tulsa OK., October 2-3, 2017. Its \$5,000 a year to be a member of NAFOA but it is up to the Council if they want to continue being members.

Josh Saxon moved and Bud Johnson seconded to approve the NOFOA Conference for Laura Mayton, 7 haa, 0 puuhara, 0 pupitihara.

She then noted that the second item she has is a casino item. She noted that the Council approved one and changes to 17-A-035. It will increase cost by \$30 per month.

She then noted that the agreement 17-A-036 will also change to include 8 months not 6 months. The agreements weren't signed and finalized but with these changes will be made, so she would like them noted and recorded.

Renee Stauffer moved and Robert Super seconded to approve 17-A-035 with that change, 7 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved and Robert Super seconded to approve 17-A-036 with that change, 7 haa, 0 puuhara, 0 pupitihara.

She then noted that there are employees that are on Committees. When they travel they are sometimes not compensated or allowed to clearly use their time or required to take leave if they are on Committees. She would like the Council to update the policy to clearly define the process for employees who also serve on different committees of the Tribe.

3) Karen Derry, KCDC:

Not present.

4) Eric Cutright, IT Director:

Eric is present to seek approval of one action item. The previous purchase of a copier for the modular in Happy Camp now has a maintenance agreement for that purchase. It is under 17-A-067 with Canon Solutions America.

Renee Stauffer moved and Michael Thom seconded to approve agreement 17-A-067, 7 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1) Vickie Simmons, HR Director:

Vickie is present to review her report. She noted that July was a very busy month.

She overviewed the recent hires for the Health Program. They have been conducting screenings and interviews. There are two employees off on FMLA. Amy Coapman and Dr. Vasquez are up for re-appointment and she will present that action next month.

At the very end of July she attended the TERO Conference. She thanked the Council for letting her attend because she learned a lot about TERO and in particular the history of TERO.

Michael Thom moved and Sonny Davis seconded to approve Vickie's report, 7 haa, 0 puuhara, 0 pupitihara.

2) Dr. Vasquez, Medical Director:

Dr. Vasquez is not present. Kori noted that he, Dr. Lew and Pat Hobbs will not be attending.

Buster noted that there is a report from Dr. Vasquez for the Health Board to review.

Renee Stauffer moved and Sonny Davis seconded to approve Dr. Vasquez's report, 7 haa, 0 puuhara, 0 pupitihara.

3) Pat Hobbs, Children & Family Services:

Pat is not present, report provided electronically.

Michael Thom moved and Renee Stauffer seconded to table Pat's report, 7 haa, 0 puuhara, 0 pupitihara.

4) Dr. Lew, Dental Director:

Not present, report provided.

Josh asked how things are going with advertising Orleans services. Kori commented that she has asked Dr. Lew to create a flyer and she has asked Dr. Lew to provide that out to different locations once it is done. Josh noted that he hasn't seen any advertisement except one sign on the clinic door.

Renee Stauffer moved and Josh Saxon seconded to approve Dr. Lew's report, 7 haa, 0 puuhara, 0 pupitihara.

5) Kori Novak, Health CEO:

Kori is present to review her report. She first sought approval of a few travels. The Health Board tabled them to closed session for further discussion.

Robert Super moved and Michael Thom seconded to approve a VISA for Amy Coapman same as the previous PHN amount, 7 haa, 0 puuhara, 0 pupitihara.

She then sought approval to speak to the media regarding Indian Healthcare. Josh asked what information this will cover. Kori noted that the funding for Tribes may be affected so having prepared comments on that effect to the Tribes health program is important. Michael would like to keep this within the Tribal Leaders realm, to ensure that it is consistent with what other Tribal Leaders have submitted regarding funding for Tribal Health. He explained that the Tribe has several items they are working on with CRIHB, for an example of different forums which comment on these types of things. Michael noted that the staff may or may not be able to answer questions on behalf of the Tribal perspective. Kori noted that she will attempt to forward the questions to the Executive officers before the interview so they can review her responses. Buster asked that the questions be sent to the entire Health Board. Kori noted that she will make every attempt to provide items to the Health Board but commented that interviews move quickly.

Renee Stauffer moved and Josh Saxon seconded to approve Kori moving forward with the interview and to provide comments regarding Indian healthcare to the Health Board beforehand or after if time is not permitted, 7 haa, 0 puuhara, 0 pupitihara.

She then noted that the TeleHealth agreement wasn't signed by TeleHealth. She noted that the notation of the "Karuk Tribe" be clarified in the agreement and then it's ready for signature.

She then has one action item from Pat Hobbs. She would like to use the Ranch for a Children & Family cultural day event.

Josh Saxon moved and Michael Thom seconded to approve permission to use the ranch for cultural day, 7 haa, 0 puuhara, 0 pupitihara.

She noted that the telemed volume has increased by 9%. The painting RFP has posted. The clinic roof is still ongoing and frustrating. Flooring is still ongoing but it is on hold until the HVAC is complete. The HVAC is on hold due to the roof being stalled until supplies arrive. Jody noted that this should be covered in the contract. Kori thought so as well but there are additional issues with the contract. Jody advised to bill for damages that occurred because the roof contract obligations weren't complete.

Her last item is the employee wellness program. They have purchased a computer program that is installed on health computers and the employees can do 5 minute exercises that can be done at their desks. This looks like the total BMI loss has been 37% for those that have entered into the program. They have had 6 people stop smoking; A1C's are improving, and fit tests are well. This makes for a healthier HHS staff and increased GPRA scores.

Buster asked if the delay on the roof was due to any other factors. It was noted that it was due to materials being unavailable. It was reported that this work won't be done until mid-October. Kori noted that she doesn't have enough experience with construction but sought their assistance. The Health Board will provide guidance. Josh asked if Bill (contractor) is in town today. Josh and Kori aren't sure if they are in town. Josh asked that Bill be tracked down and be present to meet with the Health Board.

Renee Stauffer moved and Josh Saxon seconded to approve Kori's report, 7 haa, 0 puuhara, 0 pupitihara.

6) Lessie Aubrey, HRSA, Grants, Accreditation:

Lessie is present to review her report. She reviewed the CQI reports that have been received. For dental Dr. Millington is improving, Dr. Felker is improving on his allergies, the hygienist is improving and both Dr. Lew and Dr. Kim have scores of 100%.

Regina Flowers has been working on lowering hypertension. They have improved 4.2%, Regina follows up well with the patients which shows by the increase in the numbers.

The Orleans Medical Record audit revealed that the CHDP forms weren't being included into the EHR which may have lowered the score.

Providing ID checks and verifications are required, so that has been identified as needing improvement.

The eye exams have not met any targets yet.

Dr. Vasquez was unable to provide his report on pain management.

Sheila Super has done an excellent job. She provided her first report for GPRA and she completed a CQI chart which demonstrated improvement. She took the GPRA measures and identified just needing three more patients would drastically change the outcome. With this communication from Sheila and providing something understandable and achievable to the medical staff, then this should improve the target goals for GPRA. Since she has multiple experiences in different fields in the health program it is really experience for coordinating information.

Lessie noted that she identified a possible risk through the incident reporting system. She will refer that to Kori to discuss in closed session. She noted that the FQHC application was due and she will hope to improve the risk management process and possibly develop a plan to ensure risk management is covered.

Michael Thom moved and Bud Johnson seconded to approve Lessie's report, 7 haa, 0 puuhara, 0 pupitihara.

7) Patti White, RPMS Site Manager:

Patti is present to review her report. She noted that there is a different format provided. Her reports go back two months to ensure the most accurate information is provided. All three clinics have increased in their numbers for patients seen or miscellaneous services.

The running total for calendar year shows an increase this year from last year, even in the shortage of staff. The changed times for visits may be attributed to seeing more patients. Included in these numbers includes TeleHealth visits. This is up by 70 visits this past month, alone.

Renee asked what miscellaneous service is. Patti noted that it may be a lab draw or nurse visit. It uses staff time, even if it's not a provider time. Josh asked about the clinic scheduled visits that are provided to the Health Board. Patti noted that that is from the scheduling package. Josh noted that the information comes from the Clinic Managers and sent to Josh Stanshaw. Josh Stanshaw reported that he can answer those questions.

Renee Stauffer moved and Josh Saxon seconded to approve Patti's report, 7 haa, 0 puuhara, 0 pupitihara.

8) Cindy Hayes, Clinic Manager:

Not present, written report provided.

Renee Stauffer moved and Sonny Davis seconded to approve Cindy's report, 7 haa, 0 puuhara, 0 pupitihara.

9) Josh Stanshaw, Operations Manager:

Josh is present to review his report. Josh Saxon asked about the clinic report attached to Josh's report. He commented that the math is incorrect. The total number seen may not reflect accurate as no-shows aren't included. Patti reported that the report is a CAN report and it notes the total seen. Josh Stanshaw reported that the cancellations and no shows are not included in the overall number. The notation of 14 visits, is not accurate it's actually 7 if there were 7 cancellations or no shows. Josh noted that the telemedicine adds to the patients that are seen as well. Josh Saxon asked for actuals to be provided to the Health Board. Patti commented that the CAN report can be

modified to provide accurate information. Lessie noted that during a review, they found that for every appointment that was cancelled a walk-in came in and filled in that slot, so it may be that there are actually patients being seen during those time slots. Josh Saxon asked how long ago this project was done. Lessie emphasized that the project was to identify access to care. Every clinic that had showed no shows there were enough people that were walk-ins or called in, and then they were put into the schedule. This was done for 3-4 months and after viewing it was stabilized the group went on to other projects. Josh Saxon commented that that is interesting.

He then sought approval of the Modoc Siskiyou County agency for the Senior Nutrition Program. Hannah worked with Trista Patty and Emma Lee to draft the proposal. This will offset costs for the program, it is for \$15,000. This has to be in Alturas by the 14th. It is under resolution 17-R-092.

Josh Saxon moved and Renee Stauffer seconded to approve resolution 17-R-092, 7 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved and Josh Saxon seconded to approve Josh Stanshaw report, 7 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Renee Stauffer moved and Josh Saxon seconded to uphold CHS denial and pay one year from Third Party for CHS Case #289, 7 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Renee Stauffer seconded to approve July financial report, 7 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Renee Stauffer seconded to approve rehab services for descendant from assessment done by KSAP on 7/14, 7 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Robert Super seconded to approve sponsoring the “too lit to quit” team for \$200, 6 haa, 0 puuhara, 1 pupitihara (Renee Stauffer). Maybe ask that they reconsider their team name.

Michael Thom moved and Robert Super seconded to approve all four gaming position descriptions, 7 haa, 0 puuhara, 0 pupitihara.

Consensus: to release the check to the client #0693.

Consensus: to release the travel checks for #3466.

Informational: Tribal Member provided information regarding previous communications with KTHA. The Tribal Council will evaluate information and respond.

Informational: clinic roof update was provided and the contractor noted that there is an issue finding the supplies that are needed to continue to make progress on it.

Josh Saxon moved and Jody Waddell seconded to approve the salary to \$45k for the LVN/RN position in Orleans, 7 haa, 0 puuhara, 0 pupitihara.

Consensus: to not renew HANC membership as recommended by the Health CEO.

Informational: outline of providers needed at all three clinics was provided.

Consensus: the Health Board is fine with a dental program incentive similar to the health program, however they want the previous incentive corrected to make it more clear for all facilities. A few options will be developed and presented back to the Health Board.

Josh Saxon moved and Renee Stauffer seconded to approve the revised clinic transporter position description, 7 haa, 0 puuhara, 0 pupitihara.

Informational: Pat Hobbs and Kori will attend the next Planning Meeting to discuss continued suspension of the DUI and BIP programs.

Renee Stauffer moved and Josh Saxon seconded to approve travel for Kori to Cabazon, Sunday 11/4-8, 2017, 7 haa, 0 puuhara, 0 pupitihara.

Request: from employee #3548 to have outstanding contracts and payments to be made from the GONA conference.

Renee Stauffer moved and Jody Waddell seconded to approve agreement 17-A-067, 5 haa, 0 puuhara, 1 pupitihara (Josh Saxon). Bud absent for vote.

Consensus: pay employees for their election training, identify budgets and change policy to include all employees take leave and receive a stipend check or evaluate a different option.

Josh Saxon moved and Bud Johnson seconded to approve the Spring Chinook petition and media plan, 7 haa, 0 puuhara, 0 pupitihara.

Informational: casino options are continuing to be worked on.

Informational: discussion regarding the direction the Council previously provided to not seek a C-store,

Next Meeting: September 14, 2017 at 10AM in Happy Camp.

Renee Stauffer moved and Josh Saxon seconded to adjourn at 5:15pm.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider

KARUK TRIBE

Travel Advance/Reimbursement Request

Employees Name: April Spence Destination: Salt Lake City UT
 Departure Date: 10-15-17 Time: _____ Return Date: 10-19-17 Time: _____
 Program Charged: Billing Account: _____
 Description & Purpose of Travel: AADC Regional Conference 2017

**** CHECK ITEMS NEEDED ****

	ADVANCE	RECEIPTS	DUE TO FROM
<input checked="" type="checkbox"/> PERDIEM: 18 x \$ 14.75	\$ 265.50		

No. of Quarters _____ Rate _____

<input checked="" type="checkbox"/> LODGING: 4 x \$ -	1024 -		
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No. of Nights _____ Rate _____

<input type="checkbox"/> MILEAGE: 214 x 535	114.49		
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No. of Miles _____

Tribal Vehicle Personal Vehicle

FROM: HC TO: Medford

OTHER:

<input checked="" type="checkbox"/> Registration	\$ 595 ⁰⁰ -		
Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input checked="" type="checkbox"/> Airfare: (If yes, which airport?) <u>Medford</u>	\$ 348.40 -		
<input checked="" type="checkbox"/> Baggage	\$ 50 ⁰⁰ -		
<input checked="" type="checkbox"/> Shuttle/Taxi/Tolls:	\$ 50 ⁰⁰ -		
<input type="checkbox"/> Gasoline:	\$ -		
<input checked="" type="checkbox"/> Parking:	\$ 50 ⁰⁰ -		
<input type="checkbox"/> Other: <u>Estimate</u>	\$ -		
TOTAL: 2497.39	\$ 2497.39		

I certify that the estimated costs are reasonable and needed to conduct program activities. In the event I fail to complete this travel or if I terminate employment, I authorize the Karuk Tribe to deduct actual costs of this travel from any monies due me at termination of employment. I also certify that any travel for which I have requested an advance/reimbursement was completed as outlined above. I authorize the Karuk Tribe to deduct from my payroll check any part of this advance not substantiated by original receipts within 10 business days of my return from this trip.

Traveler: April Spence Date: 8-23-17

***** TRAVEL WILL NOT BE PROCESSED WITHOUT THIS SECTION COMPLETED *****

Is this travel reimbursable by another agency? Yes No

If yes, which agency? _____

Contract modification required? Yes No

***** MANDATORY AUTHORIZATIONS *****

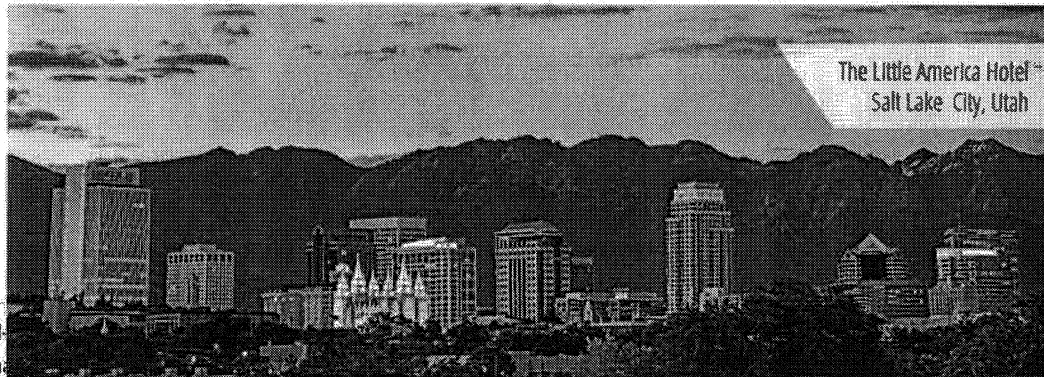
Supervisor Approval: Eileen Iratema Date: 8-23-17

Program Director (if different): _____ Date: _____

Tribal Chairman Approval: _____ Date: _____

Suzanna Hardenbugh 08-29-2017

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- Breakfast and lunch provided (2 Days)

Which certification is right

12:15 PM - 1:30 PM

1C: TBD

12:15 PM - 1:30 PM | 1.25 CEUs COC, CPC, CPC-P, CASCC, CDEO, CPB, CPMS, CPPM

1D: Outpatient Documentation Improvement in the Facility

Pamela J Brooks, COC, CPC

Although many healthcare organizations utilize Clinical Documentation Improvement (CDI) Specialists in the inpatient setting to improve provider documentation, the idea of outpatient CDI specialists in the outpatient setting is not widely recognized. Learn how one hospital implemented a documentation improvement program in the outpatient setting to identify issues, reduce denials and appeals, implement creative solutions, and capture more complete clinical data.

12:15 PM - 1:30 PM | 1.25 CEUs COC, CPC, CPC-P, CPB, CPPM

1E: How to Attain Your Dream Job in 3 Easy Steps

Colleen Gianatasio, CPC, CPC-P, CPMA, CRC, CPC-I

This session will help participants explore all the possibilities available in coding whether they are seeking their first coding job or looking to make a change. Participants will learn resume and interviewing tips as well as how to effectively utilize networking in their search.

* 12:15 PM - 1:30 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, CPCO, CPPM

1F: Risk Based Compliance Audits vs. Forensic (Error) Audits – Understanding the Difference

Michael D Miscoe, Esq, CPC, CPCO, CPMA, CASCC, CCPC, CUC

When asked to perform an audit it is important to understand the type of audit you have been asked to perform and on that basis, how to characterize and communicate the results. Forensic Auditing differs substantially from Compliance/Risk Auditing based on the criteria that can be applied and the significance (from a disclosure perspective) of the results. This program will outline the difference between these two types of audits as well as clarify the types of criteria, how to delineate conditions of participation from conditions of payment, the difference between coding and reimbursement rules and how these differences influence your audit conclusions.

* Breakout Session 2

1:45 PM - 3:00 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CANPC, CCC, CCPC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, CPEDC, CPMS, CPPM, CPRC, CRC, CRHC, CSFAC, CUC

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2A: Advanced E/M: New vs. Established Patients and Modifier 25 Usage

Lori A Cox, CPC, CPMA, CPC-I, CEMC, CHONC

We will discuss some complex situations when trying to determine if a patient is new or established; such as when a provider is covering for another provider or a new provider joins a practice. Modifier 25 is a hot topic and it is sometimes difficult to determine when it can be used and when it cannot. We will review actual case examples for when an E/M is performed on the same day as a procedure or another service.

1:45 PM - 3:00 PM | 1.25 CEUs COC, CPC, CPC-P, CANPC, CASCC, CIC, CPB, CPPM

2B: Interventional Vascular Coding

Which certification is right

1:45 PM - 3:00 PM

2D: Understanding RVUs

1:45 PM - 3:00 PM | 1.25 CEUs COC, CPC, CPC-P, CPB, CPPM

2E: "Save Your Drama for Your Mama" and Other Resources for Creating a Strong Culture of Success

Dixon Davis, MBA, MHSA

A consistent, positive culture of shared values leads to success in a practice setting and helps minimize management time spent on trivial and less important conflicts between employees. Attendees of this course will leave with an understanding of the importance of practice culture and with an exposure to several readily available resources that can help build and reinforce a positive culture within their practices.

1:45 PM - 3:00 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, CPCO, CPPM

***2F: Setting Up an Audit Program in the Office**

Angela M Jordan, CPC, COBGC

The ACA lists seven core elements that are necessary for an effective compliance program. Setting up ongoing auditing and monitoring of systems to assess the effectiveness of the compliance program and identify issues is one of the seven core elements. During this session, we will discuss the steps of setting up an office audit program. Outlining the program components for service selection, audit tools, audit criteria, reporting, action plan, education and the necessary follow-up. We will also explore the different types of audits that can be performed in the office and why they would be necessary.

Exhibit Hall

3:00 PM - 4:30 PM

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EH1: Welcome Reception

Tuesday, October 17, 2017

Exhibit Hall

7:00 AM - 8:00 AM

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EH2: Continental Breakfast with Exhibitors

General Session

8:00 AM - 9:00 AM | 1.00 CEUs COC, CPC, CPC-P, CPB, CPPM

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GS2: Secrets of Successful Coders

Stephanie Cecchini CHISP, CPC, CEMC

Which certification is right

Is your provider willing [redacted] whether we discuss documentation from a CDI standpoint or for ICD-10 readiness, the common thread is being prepared. Topics included effective provider education, documentation, and compliance in EHRs. This interactive session includes 'how-to' as well as 'how-to-not' communicate with your providers when delivering coding and documentation education.

9:15 AM - 10:30 AM | 1.25 CEUs COC, CPC, CPC-P, CANPC, CASCC, CEMC, CIC, COBGC, CPB, CPPM

3B: Obstetrics - Is it Global?

Peggy A Stilley, CPC, CPB, CPMA, CPC-I, COBGC

Coding for Obstetrics can seem complex and the nuances associated with in OB can create issues for the provider as well as the patient. Global OB care includes antepartum care, delivery, and routine postpartum care. The most common questions asked by coders deal with interrupted pregnancies, services provided in a complicated pregnancy or complicated delivery and care provided in the postpartum period. Knowing reimbursement policies and guidelines is also critical and vary among payers. This session will address some of the most commonly asked questions, discuss industry standards and review coding guidelines in CPT and ICD-10-CM.

9:15 AM - 10:30 AM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, PCO, CPPM

3C: HEDIS

Colleen Gianatasio, CPC, CPC-P, CPMA, CRC, CPC-I

This session will offer a deep dive into the Healthcare Effectiveness Data and Information Set that is used by more than 90% of American health plans to report performance. The discussion will focus on how this program helps health plans, providers and patients achieve better outcomes.

9:15 AM - 10:30 AM | 1.25 CEUs COC, CPC, CPC-P, CDEO, CPB, CPPM

3D: Outpatient Provider Queries

Leonta Williams, CPC, PCO, CEMC, CHONC

This presentation will outline steps for creating an effective provider query based on clinical indicators in the medical record. Attendees will learn why queries necessary in the outpatient setting, when to query, options for querying, and how to manage those queries.

9:15 AM - 10:30 AM | 1.25 CEUs COC, CPC, CPC-P, CPB, CPPM

3E: Optimizing Patient Flow/Mastering the Appointment Schedule

MariaRita Genovese, CPC

Few practices have mastered the appointment scheduling process. Learn how to diagnose an inefficient schedule and understand its potential side effects. Explore strategies to get to the root problems and enhance your facility's schedule. We will identify the barriers which are preventing your practice from achieving optimal patient flow. Come learn the type of strategies that can be implemented to make improvements.

9:15 AM - 10:30 AM

3F: What to do When the Audit Letter Comes

Sarah Jane Reed, CPC, CPC-I

Which certification is right

This session will outline the AAPC's ethical principles and why adherence to such principles is necessary in every professional discipline. We will compare professional standards expected of AAPC members with those of other recognized professional disciplines and the role that ethics plays in not only your own professional image but in the image of our members as an integral part of the healthcare team. We will then apply these principles to outline the potential liabilities that coders face under the False Claims Act in light of the DOJ Yates memo and conclude with examples where administrative personnel have been prosecuted for misconduct.

10:45 AM - 12:00 PM | 1.25 CEUs COC, CPC, CPC-P, CDEO, CEMC, CIC, CPB, CPPM

* **4B: Pathophysiology of Respiratory Failure and Clinical Documentation Improvement**

Nancy L. Reading RN, BS, CPC, CPC-P, CPC-I

This presentation will provide: An in depth review of anatomy, physiology and pathophysiology of the respiratory system and respiratory failure; Documentation criteria for acute versus chronic respiratory failure; DRG impact based on the diagnosis of respiratory failure and the risks incurred when documentation does not support the billed diagnoses.

10:45 AM - 12:00 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, CPCO, CPPM

4C: Wanna Cry? – Don't! – Prevent Cyber Chaos and Ransomware Attacks

Paul Hales, JD

The U. S. Healthcare industry is heavily targeted by Cyber Criminals – Business Associates including billing and coding companies and Healthcare Providers alike. 72 % of Healthcare Cyber Attacks involve Ransomware according to the Verizon 2017 Data Breach Investigations Report. New types of Ransomware are particularly dangerous. They not only lock up your information system – they steal Protected Health Information (PHI). The U. S. Department of Health and Human Services (HHS) underscored the danger by announcing that a Ransomware attack is presumed to be a Breach under the Breach Notification Rule requiring notification of all affected Individuals if it encrypts a Business Associate's or Covered Entity's Electronic Protected Health Information (EPHI) unless the organization can demonstrate and document the Ransomware Attack resulted in only a low probability of compromise to the EPHI. In this session Paul Hales will capture your attention with visual presentations and up to date information that explains – step-by-step – how to prevent, prepare for, respond to and recover from a Ransomware Attack using the HIPAA Rules. HIPAA provides a blueprint to combat Ransomware. Following HIPAA Rules is easy when you know the steps. Key Takeaway – A Blueprint to Prevent Cyber Chaos and Ransomware Attacks using and complying with the HIPAA Rules.

10:45 AM - 12:00 PM | 1.25 CEUs COC, CPC, CPC-P, CIC, CPB, CPPM

4D: Inpatient Coding 101: The Transition from Outpatient to Inpatient Coding

Leonta Williams, CPC, CPCO, CEMC, CHONC

This presentation will highlight general knowledge-based criteria needed to transition to inpatient coding including terminology, policy/procedure, facility coding guidelines, productivity/accuracy goals, etc.

10:45 AM - 12:00 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, CPCO, CPPM

* **4E: Billing Compliance in A Coders World**

Robert A. Pelaia, CPC, CPCO

Coders are continually called upon to make decisions that impact how healthcare services are billed to third party government payors such as Medicare and Medicaid. Join AAPC Legal Advisory Board Member Robert Pelaia as he reviews the building blocks of an "effective" billing compliance program. Participants attending this session will take away a general understanding of the U.S. Federal Sentencing Guidelines, the OIG Model Compliance Guidelines, the 2017 OIG Work Plan, the Provider Self-Disclosure Protocol, the OIG Special Advisory Bulletin on Exclusions and the OIG Resource Guide to Measuring Compliance Program Effectiveness.

Which certification is right

Breakout Session 5

* 1:30 PM - 2:45 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CANPC, CASCC, CCC, CCPC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, PCPO, CPEDC, CPPM, CPRC, CRC, CRHC, CSFAC, CUC

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5A: Long live (MACRA) Coders

Raemarie Jimenez, CPC, CDEO, CPB, CPMA, CPPM, CPC-I, CANPC, CRHC

This is a 2017 MACRA Survival Guide— an Immunization against the changes that can harm a provider's revenue cycle when they work with coders who don't know what they don't know. Frustrations over the complicated new law known as MACRA are looming for physicians who are already drowning in change fatigue. In addition to evaluating APMs and MIPS practices have the daunting task of training. They need to create communication workflows to support conversations with individual providers about their performance under the problem program, which for many will be complicated by weighted performance categories. For many coders, the quality payment under MACRA program is not clearly understood —which means we can't help (and might even hurt) our providers' revenue cycle. Join Raemarie Jimenez to learn the basics, map a strategy, and implement a planned survival guild to help providers make the move smoothly and with as little disruption as possible.

1:30 PM - 2:45 PM | 1.25 CEUs COC, CPC, CPC-P, CEMC, CFPC, COBGC, CPB, CPEDC, CPPM

5B: Neonatal Abstinence Syndrome

Tami DeLuca, CPC, CPC-I

This presentation provides the definition and prominence of the growing epidemic of Neonatal Abstinence Syndrome. In this session we will discuss typical clinical scenarios, management options and how to appropriately determine CPT and diagnosis code selections. Additionally we will review cost and current legislative trends.

1:30 PM - 2:45 PM | 1.25 CEUs COC, CPC, CPC-P, CPB, CPPM

5C: Keys to Effectively Lead and Influence Successful Revenue Cycle Management Without Doing the Work Yourself

Dixon Davis, MBA, MHSA

Be confident as an administrator or manager to lead revenue cycle activity in your practice by applying leadership skills, key metrics, and communication specific to RCM. You will leave renewed on how you can solve problems, lead process improvement, and set the right culture for a strong revenue cycle.

1:30 PM - 2:45 PM | 1.25 CEUs COC, CPC, CPC-P, CIC, CPB, CPPM

5D: Charge Description Master (CDM), Best Practices and How to Sustain

Robert Gilbert, COC

This presentation will go over the topic of the Charge Description Master (CDM). By the end of the presentation the user should be able to know what a CDM is, how organizations use them. Where the common pitfalls are, how to set one up and then maintain it.

1:30 PM - 2:45 PM

5E: Spinal Coding - Coding for Spine takes a real 'back-bone' to get it right

Margie Scalley Vaught, COC, CPC, CPC-I

Which certification is right

Breakout Session 6

3:15 PM - 4:30 PM | 1.25 CEUs COC, CPC, CPC-P, CCC, CCVTC, CEMC, CFPC, CIMC, CPB, CPPM, CUC

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6A: Coding Chronic Conditions

Brenda Edwards, CPC, CDEO, CPB, CPMA, CRC, CPC-I, CEMC

Chronic conditions account for a large percentage of healthcare dollars. The accurate capture of these charges is critical. Our discussion will include helpful tips to ensure documentation is thorough and complete. We will review the importance of reporting manifestations and combination codes. Chronic conditions discussed in this presentation include diabetes mellitus, congestive heart failure, kidney disease, heart disease, and sepsis.

3:15 PM - 4:30 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CDEO, CEDC, CPB, PCPO, CPMS, CPPM

6B: Documentation for ED Visits with "Additional Work-Up" Planned

Raemarle Jimenez, CPC, CDEO, CPB, CPMA, CPPM, CPC-I, CANPC, CRHC

One of the most debated areas of Evaluation/Management (EM) code documentation is the Emergency Department (ED) and what constitutes 'additional work-up planned' when using high level codes (99284-99285) in an ED place of service for a physician claim. CMS leaves the definition to payer discretion as well as providers can also have their own definition. This module will help to clarify some of the common areas of documentation that should be in place if a high level E/M code is used in an ED place of service.

3:15 PM - 4:30 PM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CPB, PCPO, CPPM

6C: Creating Your Professional Path in Healthcare Compliance

CJ Wolf MD CHC CCEP CIA, COC, CPC

The health care compliance arena is a growing professional field. What is the best way for you to navigate your path in the compliance profession? What resources are available for those wanting to transition into the field of health care compliance? How can those who've been in the compliance profession take that next step in their compliance career? What does the future hold for the profession? The answers to these and more questions will be discussed. Submit questions in advance to the speaker who is a seasoned compliance professional by emailing him at cj.wolf@healthicity.com.

3:15 PM - 4:30 PM | 1.25 CEUs COC, CPC, CPC-P, CANPC, CASCC, CCC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, CPEDC, CPPM, CPRC, CRC, CSFAC, CUC

6D: Documentation for Wound Care - It's in the Details!

Linda Martien, COC, CPC, CPMA

What's in a note? It's the details! Come to this session prepared to examine wound care encounter chart notes. We will review common standard criteria as well as Local Coverage Determination documentation requirements. But there are other standards, too. Do you know what they are? We will then review wound care encounter notes and their documentation provided and evaluate it based on what we learn.

3:15 PM - 4:30 PM | 1.25 CEUs COC, CPC, CPC-P, CPB, CPPM

6E: Resume Building and Interview Techniques for Coders

Pamela J Brooks, COC, CPC

Which certification is right

Wednesday, October 18, 2017

Exhibit Hall

7:00 AM - 8:00 AM

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EH4: Continental Breakfast with Exhibitors

General Session

8:00 AM - 9:00 AM | 1.25 CEUs COC, CPC, CPC-P, CDEO, CPB, CPPM

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GS3: Codes - It's Not Always About Payment

Raemarie Jimenez, CPC, CDEO, CPB, CPMA, CPPM, CPC-I, CANPC, CRHC

Reimbursement models are ever changing and now emerging models will change how we get paid but does that mean the use of codes will change too? Learning how valuable data obtained from codes and how it can support any payment model (e.g., MACRA and MIPS) can help transform your practice, your documentation and your physician buy in.

Breakout Session 7

9:15 AM - 10:30 AM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CANPC, CCC, CCPC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, PCPO, CPEDC, CPMS, CPPM, CPRC, CRC, CRHC, CSFAC, CUC

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7A: The EMR said it was a 99215

Angela M Jordan, CPC, COBGC

Leveling E/M services in an EHR can be perilous. During this session we will explore the parts of the electronic health that are off limits, and areas that are questionable for compliance when determining the E/M level for an encounter. We will apply CMS guidance to ROS, PSH, and template information in the EHR to E/M coding, with case studies from EHRs.

9:15 AM - 10:30 AM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CCPC, CPB, PCPO, CPPM

7B: Auditing and Coding Secrets for Physical Medicine (Chiro/PT)

Evan M Gwilliam DC, CPC, CPMA, CPC-I, CCPC

Post payment reviews and false claims analyses are increasing for physical therapists and chiropractors. In this presentation, Dr. Gwilliam, a clinician who is also a CPC and CPMA, will examine the difference between modalities and therapeutic procedures, and review the most common errors made by providers and coders when using physical medicine codes. He will also teach what the clinical indications are that support specific procedure codes, and how providers should document functional progress to support medical necessity.

9:15 AM - 10:30 AM | 1.25 CEUs COC, CPC, CPC-P, CIC, CPB, CPPM, CRC

7C: Introduction to Risk Adjustment

Sheri Poe Bernard, COC, CPC, CDEO, CPC-I

Which certification is right

BOOKS/Software (onlinestore/)
9:15 AM - 10:30 AM | 1.25 CEUs COC, CPC, CPC-P, CANPC, CASCC, CIC, COSC, CPB, CPPM
7E: TBD

9:15 AM - 10:30 AM | 1.25 CEUs CPMA, COC, CPC, CPC-P, CDEO, CPB, CPCO, CPMS, CPPM
7F: How to Effectively Communicate Audit Results
Stephani E Scott, CPC

General Session

10:45 AM - 11:45 AM | 1.00 CEUs CPMA, COC, CPC, CPC-P, CANPC, CCC, CCPC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, CPCO, CPEDC, CPMS, CPPM, CPRC, CRC, CRHC, CSFAC, CUC [Back to top](#)
GS4: E/M Ambiguities - Panel Discussion (Open Forum)
Michael Warner DO, CPC, CPMA; Michael D Miscoe, Esq, CPC, CPCO, CPMA, CASCC, CCPC, CUC; Jaci J. Kipreos, COC, CPC, CPMA, CPC-I, CEMC

A panel of industry experts including auditing, compliance/legal, physician and payer representatives will host an interactive discussion of the most common problems with proper reporting of E/M services. The panel will respond to questions from attendees regarding troublesome E/M documentation and scoring issues. The perspective of each panel member on these common issues will provide attendees with valuable insight that can be applied when developing internal compliance policies for resolving these concerns.

Exhibit Hall

12:00 PM - 1:00 PM [Back to top](#)
EH5: Lunch with Exhibitors

General Session

1:00 PM - 2:00 PM | 1.00 CEUs CPMA, COC, CPC, CPC-P, CANPC, CASCC, CCC, CCPC, CCVTC, CDEO, CEDC, CEMC, CENTC, CFPC, CGIC, CGSC, CHONC, CIMC, COBGC, COPC, COSC, CPB, CPC-9, CPCD, CPCO, CPEDC, CPPM, CPRC, CRC, CRHC, CSFAC, CUC [Back to top](#)
GS4: ICD-10-CM 2018 Coding Updates
Rhonda Buckholtz, CPC, CDEO, CPMA, CRC, CPC-I, CENTC, CGSC, COBGC, CPEDC

Even though we have over 69,000 codes, it's not the numbers we focus on but what is contained in them. There are many additions and revisions for 2018 that will help us to be able to better demonstrate the true clinical condition of the patient. We will discuss the ICD-10-CM coding updates, guideline changes that are available and the clinical aspects of the coding system. We will also discuss any new documentation challenges with the revised and new codes.

Dedication to Quality: AAPC is dedicated to the delivery of top-level education to our members and attendees. To accomplish this, AAPC reserves the right to make any necessary program adjustments/changes (for example, industry updates, speaker changes, schedule adjustments, etc.) that we feel may provide you with the very best event/educational experience.

Which certification is right

OPERATIONS MANAGER REPORT

September 14, 2017

SYNOPSIS

The roofing project for the Yreka Clinic is still scheduled for completion by October 15, 2017 due to materials shortages on the part of the sub-contractor. The HVAC system install is beginning on Monday September 11, 2017. The Exterior painting contract has been awarded to The Paintsmith out of Redding and I am currently working with Emma Lee to finalize the contract and get the work started. A revised quote for the flooring has been submitted and I will be working with Emma Lee to get that completed. We have hired Tonya Albers as the new full time executive assistant, we are excited to have her on board.

Clinic Reports

Attached are the reports from Cindy Hayes, Yreka Clinic Manager; Sandra Dodson, Happy Camp Clinic Manager; and Babbie Peterson, Orleans Clinic Manager. The highlights from their reports are provided below.

Yreka: Our telemedicine visits continue to grow at an impressive rate. Jamie Wasson is working very hard while filling in as the Telemedicine Coordinator. LuLu Alexander has picked up the prior authorization from Jamie and is doing a great job at getting approvals.

Happy Camp: Sandra Dodson continues to provide care to patients in Happy Camp in the absence of a provider. Dr. Vasquez and Jennifer Cronin are still traveling to Happy Camp to see patients and supplementing with Telemedicine visits.

Orleans: Regina is now seeing patients in the clinic after being out briefly. We are helping support Orleans with assistants from Happy Camp.

Senior Nutrition

Hannah has returned from leave and is picking up where Bobbisue left off. Bobbisue did a fantastic job filling in for Hannah and we welcome her back any time.

Respectfully submitted;

Joshua Stanshaw
Operations Manager
Karuk Health & Human Services

CEO Report- Open Session

Sept. 14, 2017

Synopsis: This month has been busy with trying to stay organized in support of the fire situation. We have also been working on hiring and on-boarding new clinical and administrative staff. We held our HHS strategy meeting, (note are provided in more detail in the report) worked on budgeting for 2018 and spend down and budget analysis of 2017. The medical clinics are in the yearly push for flu shots. September is the month we focus on these to help us increase our GRPA scores so I have let the LVN's and RN loose on the clinics with flu shots in hand. Any staff members can also come in and get the shot. I just attended an IHS Program Directors meeting in Sacramento and am currently in DC for the National Institutes of Health Tribal Consultation. I don't anticipate any travel again until next month for CRIHB.

Action Items:

Credit card for CHR Letha Jerry. – Request \$1500 credit card for Letha Jerry, Yreka CHR

**All the CHR's have credit cards they use for patient care.*

Reports:

Telemed

We continue to see an up tick in our telemed patients. It has worked well with the shortages we have had with Regina being back part time in Orleans. We continue to add and explore new telemed clinics. We have held off adding additional ones in the last few weeks as we determine staffing issues in this dept.

Flying RFP for painting clinic

As soon as you approved the company chosen via RFP (should be in Josh's report) we will get this scheduled. I will update you on Friday reports.

Roofing

I will know more on this next week, as Bill (Danco) had said that they were supposed to be receiving the materials this week (15th) had to roll it and would start in Oct. I will keep you updated on Friday reports. We did leak in the lobby with the rain on the 7th, Bill was called and they are taking care of it.

Flooring

I will keep you updated on Friday reports

HVAC

They are waiting to get all their materials in to begin work. The anticipated start is Oct.

Smoke Protocol

This seems to be working however, as anticipated we have some individuals who think that just because they got the referral they can get a free room on the coast or the casino. I have reminded them that this is not the case and that the issuance of the referral is not a guarantee of payment—it also says that on the bottom of the referral form. I have also reminded them that it is their responsibility to take the paper to whomever they are asking to help with their respite (housing or TANF). We (HHS) are not responsible for sending their paperwork to everyone in the tribe.

Health Board Report for Sept. 2017

I am currently working with Dr. Novak to recruit qualified medical staff for our three clinics. Currently, we have two full time providers to staff our three clinics. We have managed to staff all three clinics. I am committed to staffing all of our clinics. In the next two weeks we should have a dedicated provider who will be based in the Happy Camp Clinic. Regina Flowers is currently staffing the Orleans Clinic. We will have another physician joining us in approximately one month who will split her time between the Yreka and the Happy Camp Clinics.

I am in agreement with Dr, Novak that using Locums is not an ideal solution or a panacea to our current staffing needs. There is light at the end of the tunnel. Shortly, we will have adequate medical staff.

Respectfully

 Sept. 7, 2017
Tony Vasquez M.D., Ph.D.
Medical Director Karuk Medical Clinics

DENTAL DIRECTOR REPORT

September 7th, 2017

SYNOPSIS:

Thanks for Yreka Dental Team members who volunteered their time for the Yreka Fair on 08/09/17 to 08/13/2017 : Susan, Shannon ,Crystal and Chris gave their time. Both Clinics had MOCK Inspection on 08/24/2017 , All dental staff had OSHA and HIPPA class on 08/25/2017 and certified- Also found non-compliant for some areas but this is a head start for AAAHC 2018. Orleans dental clinic open every Wednesday, we scheduled 21 patients, 13 patients were seen by the providers on month of August. We can only see 5 patients per day but we are booked till Nov 29th.

SECTION 2

Karuk Tribe is participating entity for Dental Transformation Initiative that is supported by CRIHB. Target is for Tribal(AI/AN) patients ages 0-20 to increase oral health prevention, decrease restoration proportion and strong collaboration between the dental and medical staff. This pilot program that nothing but benefit to our tribe and I am very happy Kayla Super accepted additional duty as Oral Health Coordinator and Kayla S will serve as the liaison.

SECTION 3

Month of August 2017 we served 697 patients ,compare to 448 patients for August 2016. We have one more month to go for the fiscal year, but 11 months dental revenue surpassed any other year since 2012.

Respectfully submitted;

EUNSUN LEW DDS



DENTAL DIRECTOR KTHC

YREKA MEDICAL CLINIC

Health Board Date September 14, 2017

SYNOPSIS:

August 2017 Dr. Vasquez had 216 face to face visits with patients.(Down 8.09% from August 2016). Jennifer Cronin had 279 face to face visits with patients (Up 19.74% from August 2016) Telemedicine had 25 patients (Up 357.14% from August of 2016)

In the month of July for prior Auths...

CHS & Direct total savings= \$1,250.19

Ineligible total savings= \$446.28

Total savings for the month of July= \$1,696.47

Lulu Alexander is now doing the prior auths.. As we have Jamie Wasson covering Telemedicine.

We are getting ready to do a push for Mammograms as October is Breast Cancer awareness month.

Respectfully submitted;

A handwritten signature in black ink, appearing to read "Donald McHayer", written in a cursive style.

Cindy Hayes

Yreka Medical Clinic Manager

September 7, 2017

HAPPY CAMP

August 2017

Hello Council Members!

Happy Camp patient numbers are down 52 from July with total of 114. With only 2 providers working most of the month, it definitely affected the numbers here. This number does not reflect the patients that are seen on the lab schedule for daily blood draws and minor treatments provided by myself. We are busy every day with numerous prescription refills, patient calls, triage of walk-in patients, and other activities which must go on daily to provide care for our patients.

We are looking forward to having a new provider in Happy Camp and are preparing to welcome him! We have hired a new Health information clerk and she is doing a great job for us already, just in her second week! She is catching on quickly to her responsibilities and fitting in well with staff.

Respectfully submitted;

Sandy Dodson, RN, Clinic Manager

Happy Camp Clinic

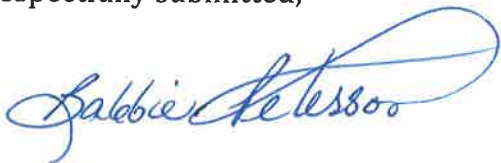
ORLEANS MEDICAL CLINIC

Health Board Date September, 14 2017

SYNOPSIS:

August 2017 our medical provider had 22 face to face visits with patients (down 85.03% from August 2016), at Happy Camp she saw 2 (see attachment). We had 13 lab visits (down 75.47% from August 2016) with our M.A. and nurse. Our Medical Provider has been out on FMLA, returning to work on 08/28/2017 and back out on FMLA 08/29/17. Dr. Vasquez worked Wednesdays in Orleans seeing 20 people face to face – until this was disrupted due to wildland fires which closed the roads between Happy Camp and Orleans. Amy Coapman has seen 8 patients via Tele-Med during this time. This month we have new Tele-Med equipment that was installed; we have had some technical difficulties for our connection to the Tele-med to you specialists that we are working out. We had 3 visits in August. We have been working with the CHR/Elders Worker to get patients air purifiers, Melodee has been doing out reach delivering units to homes, checking in at the schools, and working with other tribal staff to order more units and replacement filters. She has assisted people in the communities of Somes Bar, Forks of Salmon, and Orleans to maintain units and clean/replace filters in units they have. We ran out of filters Monday August 28, 2017 and have 20 people on a waiting list to receive an air purifier. Happy Camp Dental has started having dental visits in Orleans and we have had positive feedback from our community. We are advertising for a nurse and have also added an announcement to recruit a medical assistant/receptionist with the same job duties that Travis has. We have had two people interview, one for each slot, but both declined the job offers.

Respectfully submitted;



Babbie Peterson

Orleans Medical Clinic

Manager

HR DIRECTOR REPORT
Karuk Tribal Health Board Meeting
September 14, 2017
Vickie Simmons
August Report

CLOSED SESSION NEEDED:

Credentialing and Privileging

ACTION ITEMS:

Job Descriptions

AUGUST ACTIVITIES:

New Hires:

HC Health Information Clerk – Kassandra Polmateer

HC CHR – Didi Poe

Interviewed:

Orleans RN (offer made, but declined)

HC Health Information Clerk

HC CHR

HC Physician's Assistant (offer made, awaiting screening completion)

Yreka Executive Assistant (offer made, starts in September)

Orleans MR/MA (offer made and accepted, declined after tests were completed)

Orleans Mental Health Therapist – Intern (offer made, with stipulation to get certificate first)

Yreka Dentist (offered made and being considered)

Screenings:

Orleans RN (Dora)

HC Health Information Clerk (Dora)

HC CHR

Orleans MR/MA

Yreka Executive Assistant

Certified Substance Abuse Counselor II

Mental Health Therapist

Social Worker (wait for more applications)

Resignations/Employment Terminations:

HC Medical Assistant

PT Executive Assistant

HHS jobs yet to fill: Yreka Dentist, Clinic Physician for Happy Camp/ Yreka, FNP or PA for HC, Medical Social Worker, Mental Health Therapist II, Mental Health Therapist I-Intern (1 for CFS, 1 for KVYS), LVN, Social Worker for Yreka and/or Happy Camp, Orleans Clinic MA/Receptionist, Substance Abuse Counselor I or II, Yreka Clinic Transporter, and PHN

1. Miscellaneous HR duties: employment verifications, insurance applications, supervisor and employee counseling, license verifications, recruitment opps, etc.
2. FMLA – One employee was denied an extension to an FML that will end in September, one employee is out on FML, and two employees returned from FML.
3. Miscellaneous conference calls, meetings, webinars, nurse report, PA report, and orientations.
4. Attended 2nd Half of HHS Strategy Meeting.

AUGUST TRAININGS:

Ending of TERO Conference

NUMBERS:

HHS Staff – 91

Contracted Staff - 3

HRSA, Compliance and Accreditation

Board Report

September 13, 2017

Lessie Aubrey, Manager

CQI Reports:

1. HC Dental Chart Audit: Only one working this quarter is the RDH and she is at 100% on everything except charting pain level. The problem is the default but unless you chart something you can't tell if she asked the patient or not. And so her adult documentation on pain went down from 30% to 10% and to 0% from 10% in children.
 2. Update on PCMH: Danci Harris, LVN reported that the PCMH through NCQA is definitely something we can achieve. We have a six month time line before we apply for it. Danci said NCQA has revised all the standards and Cindy Hayes said they explained to them that these new standards should be easier than the way they have been doing it.
 3. PAP Smears/Sheila Super: Sheila reported that we are at 60% of the year and have reached 81% of our goal, which is 49.2%. Since 2013 our PAP Smear percentages have gone up steadily and we anticipate reaching our highest rate yet.
 4. Prompt Return on calls (Patient portals) Amy Coapman: The goal is to reach 50% of each providers patients in signing them up for their portal into their medical record. To date we have only 25 and most of them are employees. It is highly recommended that we hire someone to work in the lobby to sign patient up. They could travel to each clinic throughout the week.
-

Risk Management/Incident Reports:

1. 4 provider issues.
2. One air filter issue

Additional Information:

Word received from HRSA that the FTCA application for 2018 was approved.

The upcoming HRSA Service Area Competition. The current HRSA grant ends April 30, 2018. The NOFA for the 2018 grant is expected to be released September 6th. The DEADLINE for grants.gov is November 6th and the HRSA EHB DEADLINE is November 28th. Our 5 year non-competing grant is ending in April 2018.

RPMS/EHR/EDR Report
Karuk Tribal Health and Human Services Program
Health Board Meeting
September 14, 2017

Synopsis:

--The **Operations Summary** for Karuk showed 1,731 visits in July 2017. This is down by 327 visits from the previous month. All clinics show a decrease: Yreka was down by 327 visits, Happy Camp was down by 61 visits and Orleans was down by 28 visits. Medical was down by 182 visits, Dental was down by 57 visits, AOD and Mental Health were down by 86 visits, and miscellaneous services were down by 15 visits. 1,016 of these visits were 'official' APC visits and of 524 (52%) of these visits were for Native Americans.

The running total for calendar year 2017 is 13,678 visits compare to 13,333 visits for the same period in 2016.

--**RPMS/EHR Updates** - August 4, 2016 the iCare package was updated to version 2.6. iCare is a graphic user interface (GUI) to the RPMS and retrieves key patient information from various components. It gives the user the ability to create multiple panels of patients with common characteristics such as age, diagnosis, community, etc. The user can personalize the way they view the data.

The patch had 19 fixes for problems and issues reported by users.

RPMS Budget:

Budget Code	3000-75
Program Year	2016-2017
Total Budget	\$240,454.40
Expenses year to date	\$189,744.21
Unencumbered Balance	\$50,710.19
Percent used	78.91%

Respectfully Submitted,

Patricia C White,
RPMS Site Manager