

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B - 5:00 p.m.

March 26, 2020

1. Call Regular Meeting to Order

2. Approval of Agenda **

(Items to be pulled from the Consent Agenda) (1-2)

3. Consent Agenda **

- a. Minutes of Board Meeting: February 27, 2020 (3-6)
- b. Approval of Checks (7)
- c. Report: Foundation (8)
- d. Minutes: Finance Committee (9-10)

4. Presentations

- a. Linda Navarre, Compliance Officer: 2019 Annual Report Out (11-21)

5. Public Comment and Announcements

We are unable to allow more than 10 people in the meeting room. Members of the public are welcome to watch and send their comments via YouTube at Kittitas Valley Healthcare or by emailing Mandy Weed at mweed@kvhealthcare.org

6. Reports and Dashboards

- a. Quality - Mande Olsen, Director of Quality Improvement
- b. Chief Executive Officer – Julie Petersen
 - i. Code of Conduct Review – Linda Navarre ** (22-38)
- c. Medical Staff
 - i. Chief Medical Officer, Kevin Martin MD
 - ii. Approval of Resolution No. 20-01: Authorizing Emergency Privileges (39)
Per Policy **
- d. Finance – Chief Financial Officer – Scott Olander
 - i. Operations Report (40-49)
- e. Operations
 - i. Vicky Machorro, Chief Nursing Officer
 - ii. Rhonda Holden, Chief Ancillary Officer
 - iii. Carrie Barr, Chief of Clinic Operations

KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1
BOARD OF COMMISSIONERS' REGULAR MEETING
KVH Conference Room A & B - 5:00 p.m.

- f. Community Relations Report – Michele Wurl, Director of Communications
& Marketing

7. Education and Board Reports

8. Old Business

9. New Business

10. Executive Session

- a. Recess into Executive Session, Real Estate - RCW 42.30.110 (b)
- b. Convene to Open Session

11. Adjournment

Future Meetings

April 30, 2020, Special Meeting
May 28, 2020, Regular Meeting

Future Agenda Items



KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT No. 1

BOARD OF COMMISSIONERS' REGULAR MEETING

KVH Conference Room A & B

February 27, 2020

BOARD MEMBERS PRESENT: Bob Davis, Erica Libenow, Jon Ward, Terry Clark

KVH STAFF PRESENT: Julie Petersen, Scott Olander, Vicky Machorro, Rhonda Holden, Lisa Potter, Dr. Kevin Martin, Mandee Olsen, Carrie Barr, Manda Scott, Linda Navarre, Jeff Holdeman

MEDICAL STAFF PRESENT: Dr. Timothy O'Brien

1. At 5:00 p.m., President Bob Davis called the regular board meeting to order.

2. **Approval of Agenda:**

ACTION: On motion of Terry Clark and second of Erica Libenow, the Board members unanimously approved the agenda as amended.

3. **Consent Agenda:**

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the consent agenda.

4. **Presentations:**

Mandee Olsen presented Safe Catch Awards for the fourth quarter of 2019 as follows: Clinical Award was presented to Marissa Krager, RN, Medical/Surgical Unit; Non-Clinical Award was presented to Renee Svendsen, Housekeeper, Environmental Services.

5. **Public Comment/Announcements:**

None.

6. **Reports and Dashboards:**

The Board members reviewed the QI dashboards and summary with Mandee Olsen. Olsen stated that we received payment from the GCACH Practice Transformation work in the amount of \$187,000 and that Patient Safety Week is coming up March 8-14. Olsen gave an update on the Coronavirus and went over the current checklist and guidelines that we have been using from the CDC. Julie Petersen stated that we have outlined how to put up a pop-up clinic at any time if need be.

The Board members reviewed the CEO report with Julie Petersen. Petersen stated that the Human Resources dashboard has been revamped and we will be working on doing more detailed exit interviews.

Petersen stated that the physician recruiter withdrew the offer that was made to Dr. Hiersche at her direction. She stated that conversation began with Dr. Hiersche in October of last year, and we were successful with a short-term contract for December 2019 through February 2020 as our need for call drove the contract. Dr. Martin stated that ortho has proven to be a difficult recruit and that it is not uncommon for a community of our size to not have 24/7 call coverage.

Chief of Staff Dr. Timothy O'Brien presented the MEC's recommendations for initial appointments and reappointments to the Board.

ACTION: On motion of Erica Libenow and second of Terry Clark, the Board members unanimously approved the initial appointment for Dr. Steven Richards and the reappointments for Dr. Nouredin Abdelhamid, Dr. Lawrence Lareau and additional privileges for Desirae Bloomquist, ARNP and Anna Parr, PA-C as recommended by the Medical Executive Committee.

The Board members reviewed the Chief Medical Officer report with Dr. Kevin Martin. Dr. Martin stated that KVH has been working with (Kittitas County Health Network) KCHN which has led to informational companion for sales and use levy.

Scott Olander reported on KVH's financial performance for January and stated that in-patient volumes were down overall which impacted patient days and admissions. However, AR days came down and the payer mix is still trending up for commercial insurance. Olander went over the state auditor's report and our responses.

ACTION: On motion of Erica Libenow and second of Jon Ward, the Board members unanimously approved the capital expenditure for four ultrasound machines.

The Board members reviewed the operations report with Vicky Machorro, Rhonda Holden, and Carrie Barr. Machorro stated that ENT is coming together and opening in a few days. Holden stated that the pharmacy may have some shortfalls due to the Coronavirus, since many things are manufactured in China. Barr stated that FME is in their new space and that PFAC had their second meeting. Olsen stated that she would like the new Board members to nominate additional committee members.

The Board members reviewed the Community Relations report.

7. Education and Board Reports:

President Davis and Commissioner Ward discussed their takeaways from the AHA Annual meeting. Julie stated that it was an excellent conference.

ACTION: On motion of Jon Ward and second of Erica Libenow, the Board members unanimously approved moving the April Board meeting to April 30, 2020.

8. Old Business:

Julie stated that they had a kickoff meeting last Friday with the consultants for the strategic plan refresh. Julie stated that they went away with an idea of who we are and a sense of momentum. The next meeting is scheduled for April 3rd with the Board. SLT will join for the second half.

9. New Business:

None.

10. Executive Session:

At 7:22 pm, President Davis announced that there would be a 8-minute recess followed by a 60-minute executive session regarding personnel and real estate. RCW 42.30.110(b)(g). No action was anticipated.

At 8:30 pm, the meeting was reconvened into open session.

11. Adjournment:

With no further action and business, the meeting was adjourned at 8:31 pm.

CONCLUSIONS:

1. Motion passed to approve the board agenda.
2. Motion passed to approve the consent agenda.
3. Motions passed to approve the initial appointments and reappointments as recommended by the Medical Executive Committee.
4. Motion passed to approve the capital expenditure for four ultrasound machines.
5. Motion passed to move April Board meeting to April 30.

Respectfully submitted,

Mandy Weed/Matt Altman
Executive Assistant, Board of Commissioners

DATE OF BOARD MEETING: March 26, 2020

ACCOUNTS PAYABLE CHECKS/EFTS TO BE APPROVED:

#1	AP CHECK NUMBERS	<u>261279-262100</u>	NET AMOUNT:	<u>\$5,750,329.11</u>
		SUB-TOTAL:		<u>\$5,750,329.11</u>

PAYROLL CHECKS/EFTS TO BE APPROVED:

#1	PAYROLL CHECK NUMBERS	<u>81580-81588</u>	NET AMOUNT:	<u>\$24,038.84</u>
#2	PAYROLL CHECK NUMBERS	<u>81589-81596</u>	NET AMOUNT:	<u>\$6,297.71</u>
#3	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,143,087.88</u>
#4	PAYROLL DIRECT DEPOSIT	<u>EFT</u>	NET AMOUNT:	<u>\$1,133,696.66</u>
		SUB-TOTAL:		<u>\$2,307,121.09</u>

TOTAL CHECKS & EFTs: \$8,057,450.20

Prepared by

Sharoll Cummins
Sharoll Cummins
Staff Accountant



FOUNDATION ACTIVITIES

17th Annual Magical Evening: Dreams to Fulfill has been officially moved to Saturday, October 10th.

We have reached out to the community through the following message:

Amid the public health warning about the spread of coronavirus (COVID-19) and out of an abundance of caution, The Foundation at KVH has made the difficult decision to postpone our 17th Annual Magical Evening Gala scheduled for May 16th. Please save the date and join us on our new date, Saturday, October 10th at the Kittitas Valley Event Center.

The Foundation at KVH relies on the annual spring gala sponsors and donors for a major portion of all funds we raise each year. These funds help ensure vital equipment and programs are available when needed to help our patients. A recent emergency funding request for PAPRs (personal respiratory devices) for KVH providers on the front lines of the coronavirus pandemic demonstrates the critical and time-sensitive nature of our work.

We are especially grateful to the sponsors and donors who pledged to help support the spring gala. The Foundation will continue with fundraising efforts in our commitment to KVH and honor our pledge of raising \$50,000 in support of purchasing cardiac stress testing equipment in 2020.

The Foundation at KVH would like to thank the following for their support: Jeff Barrom/Hub International, Intalere, Rehab Visions, Auvil Fruit Company/Gee Whiz, Scott Rollins Insurance, Steve Townsend/Hotel Windrow, Anderson Hay & Grain, Fitterer's Furniture, Ellensburg Pasta Company, KDA Architecture, Abbott's Printing and John Graff.

Additional partners include: Seattle Mariners, Seattle Seahawks, Fairmont Olympic Hotel, Empowered Fitness, Vinman's, Heritage Distillery, Dutch Bros. Coffee, Sun Country Golf, WSU Athletic Department, 2nd Street Grill Yakima, The Pearl Bar & Grill, Maryhill Museum of Art, Anytime Fitness, Woodland Park Zoo, Seattle Aquarium, Kvinsland Outfitters, Suncadia, CWU Athletic Department, Maximus Gym, Mundy's Formal Wear, Bart Olson, Dunn Designs, Palomino Salon & Spa, sj Designs, Pearl Street Books, Mindy Siks, Penny Blackburn/Flying Horseshoe Ranch, Maryhill Winery, Ellensburg Parks & Recreation, Wild Waves Theme & Water Park, Great Wolf Lodge, Skamania and Elise Rhodes Vocal Coaching.

Funding support requested by KVH was granted March 11. The Foundation issued a check for \$25,000 for purchase of PAPRs.

Additional funding of the following programs and services have been approved by the board for 2020:

- Rural Grand Rounds 2020
- Evidence Based Medicine Seminar
- WSHA's Management Training Program for three KVH administrators.
- AAPC Training for Home Health & Hospice staff

Finally, The Foundation's Tough Enough to Wear Pink fund has paid for mammograms for 5 Kittitas County patients since January.

Respectfully submitted,
Laura Bobovski
Foundation Assistant

**KITTITAS COUNTY PUBLIC HOSPITAL DISTRICT #1
AUDIT & FINANCE COMMITTEE MEETING**

March 24, 2020
Tuesday

Café Conference Room
7:30 A.M.

AGENDA

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes: February 25, 2020**
- **February Financial Highlights**
- **Adjourn**

Next Meeting Scheduled: April 21, 2020 (*Tuesday*)

Kittitas Valley Healthcare
Audit & Finance Committee Meeting Minutes
February 25, 2020

Members Present: Robert Davis, Jon Ward, Jerry Grebb, Julie Petersen, and Scott Olander

Members Excused: none

Staff Present: Kelli Goodian Delys, Jason Adler, Lisa Potter

The meeting was called to order by Robert Davis at 7:30 a.m.

A motion was made to approve the agenda and the January 21, 2020 minutes. The motion carried with a note that an updated statistics worksheet will be presented during the meeting.

The meeting began with a synopsis of the Medical Arts Center activity. Women's Health moved from the 1st to the 2nd floor on February 14, 2020. Family Medicine Ellensburg moved into the Medical Arts Center, 3rd floor, on February 20, 2020. The Lab opened on the 1st floor on February 21, 2020. ENT, 1st floor, opens March 2, 2020. The moves were smooth and kudos were given to the clinic departments, IT, Materials Management, and Marketing. Paperwork has been filed with Medicare and Washington State to make the clinics one rural health clinic called, the Medical Arts Center Clinic. This is to optimize reimbursement.

Scott Olander presented the financial overview of January 2020. January was a mixed month with inpatient volume being down for the first three weeks of the month. This is reflected with inpatient revenue being under budget \$598,248 for the month. Outpatient and clinic volumes were above budget and the revenue also was above budget. The clinic revenue was above budget \$245,367. The mix of services provided by KVH has been shifting from inpatient to outpatient. This impacts the amount KVH is reimbursed: approximately \$.75 per \$1.00 charged in the clinics and \$.50 per \$1.00 charged for inpatients. Revenue deductions included amounts for untimely billing of \$181,000 and \$124,000 for infusion services that did not receive pre-authorization. Other operating revenue was below budget due to 340B receipts. January's total operating revenue was under budget \$269,708. January expenses were under budget except for benefits and professional fees. Overall expenses were under budget \$258,503. This resulted in an operating gain of \$64,997. With the non-operating gain of \$64,997, the total net income for the month was \$126,583 and \$16,632 under budget. The details are in the Chief Financial Officer Report.

Other financial topics shared were AR days decreased to 85 and the revenue cycle team is fully staffed. KVH revenue cycle has been working with Cerner since October 2019 on a revenue cycle optimization project. Days cash on hand went to 133. Payer mix improved with an increase in commercial payers, which pay better. For new charges, patients have received a bill in 2-3 weeks. This time of year we have seen increased self-pay amounts for deductibles. KVH has a slow pay plan that allows for payments over six months and does not impose interest. If the account is not paid and is turned over for collection, then interest and legal fees are added to the patient balance. In Washington State we cannot use extreme collection practices. The news stories on this topic have come from states that did not expand Medicaid. The financial and operating indicator worksheet was updated to include a comparison of charges that have been normalized and a comparison of operational growth over five years.

The committee reviewed the capital request for four ultrasound machines and recommended the request go to the Board of Commissioners.

With no further business, the meeting was adjourned at 8:34 a.m.

March 26 2020

Compliance program annual report- 2019

Compliance and ethics are the foundation of every healthcare organization. At KVH, we have an obligation to the public and our staff to support an environment that demonstrates the highest ethical standards of conduct.

What would an ethical culture look like to our staff and what are we doing to support this type of environment?

1. Organizational values are clear and understandable. Employee forums, department meetings and multiple avenues of communication from our Marketing Team provide clear messaging to our staff on our value statements.
2. Leaders encourage staff to act on values and demonstrate this from the top down by "doing the right thing".
3. Culture where staff feel free to communicate concerns without fear of retaliation. Doing the right thing is not always easy. As a Compliance Officer, I recognize this and do my best to support staff through the reporting process. We share concerns because we care. We care about our patients, fellow staff members and the reputation we have in our community. Sharing concerns helps us identify where improvements may be needed and therefore results in a healthcare system that we feel good about.

KVH Compliance Committee members recognize the important role we play to support a culture of accountability. Below is a summary of steps taken in 2019 to mitigate compliance risks following the 7 principles of an effective compliance program delineated by the Office of Inspector General.

Compliance Program Structure: Our Performance of the Elements in 2018

Element 1 - Written Policy & Procedures

Development and distribution of written standards of conduct, as well as written policies and procedures that promote KVH's commitment to compliance.

Activities:

1. The Compliance Committee conducted an annual review of Compliance policies, procedures and supporting documents. Additional new policies were implemented to meet regulatory requirements.
 - 7 new HIPAA and Privacy policies.
 - 3 new Accountable Care Organization (ACO) compliance policies.
2. Select members of the Compliance Committee provided guidance on multiple organizational policies that included privacy and compliance elements.
 - 340B Program Policy.
 - 340B Material Breach Policy.

Element 2 - Designation of a Compliance Officer and a Compliance Committee

Designation of a compliance officer and other appropriate committees, charged with the responsibility of operating and monitoring the Compliance Program, and who report directly to the CEO and the governing body.

Compliance Committee:

1. Members: Chief Executive Officer Julie Petersen, Chief Ancillary Officer Rhonda Holden, Chief Medical Officer Dr. Kevin Martin, Board Representative Jon Ward, Privacy Officer/Health Information Management Director Cindy Kelly, Compliance Officer/Quality/Risk Management Coordinator Linda Navarre, Quality and Risk Management Director Mandee Olsen, Chief Information Officer Jeff Yamada, Chief Financial Officer Scott Olander, Revenue Cycle Management Director Becky Littke, Chief of Clinic Operations Carrie Barr, Director of Human Resources Carrie Youngblood.
 - Changes to the committee in 2019 include Jon Ward as the new Board Representative. Bob Davis will remain as the alternate.
 - Members are highly committed to uphold the ethical and legal obligations for oversight of the Compliance Program.
 - Each member has expertise in their field for a well-rounded level of knowledge within the committee.
 - Compliance Work Plan action items receive oversight by Committee members who recognize the importance of cross-departmental team work to support improved system and processes. Committee members work to reduce barriers of progress and advocate for necessary resources when needed.
2. Scope: the Compliance Committee will work to ensure that all employees have the knowledge and resources necessary to help them do their work within the regulations that govern the healthcare business.
 - Compliance Committee met monthly to support timely updates on improvement activities and reporting of newly identified risks. Standing agenda items included updates from our Privacy Officer, Revenue Cycle Management, Pharmacy 340B program and Information Security Officer.
 - Sub-Committees:
 - 340B Team:
 - Members include Director of Pharmacy Services, Pharmacist representative, Director of Revenue Cycle Management, Compliance Officer, Chief Ancillary Officer, Information Systems-Application Analyst and Medical Staff Coordinator.
 - Quarterly meetings provide an opportunity for early identification of potential risks and actions needed to ensure comprehensive compliance with the 340B program.
 - Privacy and Security Team
 - Members include Privacy Officer, HIM Applications Analyst, Compliance Officer and Information Security Officer.
 - Team meets monthly to address privacy and security issues.
 - Activities include:
 - Information Security staff & Privacy Officer rounding to identify security and privacy risks with real-time coaching of staff.
 - Report out of HIPAA and Privacy investigations.
 - Development of tools to support the Business Associate Agreement process.

- Planning for 2020 coding audit.
- Secure text messaging. Recognized as a high priority area of risk. The Privacy & Security Team identified a need to better support healthcare communications with a mode of secure texting between the healthcare team members. After a review of pilot project findings, plan in place to expand securing text messaging to other departments in 2020.

Data:

- 38 Compliance, Privacy/Security and 340B meetings.
- 100% of Compliance Work Plan action items were initiated and monitored for ongoing improvement.

Element 3- Conducting Effective Training and Education

Proper education and training of KVH Board of Commissioners, officers, administrators, managers, employees, physicians and other health care professionals, and the continual retraining of current personnel at all levels, are significant elements of an effective compliance program. As part of a compliance program, KVH requires personnel to attend specific training on a periodic basis, including appropriate training in federal and state statutes, regulations and guidelines, and the policies of private payors, and training in corporate ethics, which emphasizes commitment to compliance with these legal requirements and policies.

Activities:

1. Targeted education events - compliance education was provided during Cross-Functional Huddles consisting of interactive education challenges.
 - Healthcare privacy- June 2019
 - i. 5 days of Cross-Functional Huddle one point lessons
 - National Compliance and Ethics Week- November 2019
 - i. 5 days of Cross-Functional huddle one point lessons and education booth. Topics included: Cyber security phishing exercise , cyber security-“Own it, Secure It. Protect It” , Wheel of Fortune - “Do-the-right-thing”, Privacy- Accessing Medical Records Appropriately, Non-Retaliation and Non-Retribution for Reporting Policy review and “How to report a compliance concern”.
2. Annual education - Compliance and HIPAA/Privacy education:
 - Annual assignment for all staff in the electronic learning system.
 - i. Code of Conduct review. 84% of staff complete the annual review of the Code of Conduct. Target not met. To address this issue, Compliance is partnering with Staff Development and department leaders to identify opportunities to increase staff participation
3. New employee/leader education
 - All new employees, leaders and providers receive Compliance and Privacy education upon hire.
4. Compliance Officer education
 - Member of the Washington Rural Health Collaborative Compliance Committee.
 - i. KVH hosted the WRHC Compliance Committee Annual In-Person Meeting in September.
 - Attended National Health Care Compliance Association annual education meeting in June.

Data:

- 10 Cross Functional Huddle interactive education sessions.
- 100% New leaders received Compliance/HIPAA/Privacy education during orientation.

- 84% KVH staff completed review of Code of Conduct.
- 100% of Administrative Team and providers signed an attestation that they reviewed the ACO and KVH Fraud, Waste and Abuse Policy and agree to comply with all laws and regulations pertaining to the delivery of and billing for services to Medicare, Medicaid and other governmental programs.
- 8 WRHC Committee meetings attended via remote access.

Element 4 - Developing Effective Lines of Communication

The maintenance of a process, such as a hotline, to receive complaints, to protect the anonymity of complainants, and to protect whistleblowers from retaliation.

Activities:

1. Reducing barriers to reporting compliance concerns
 - Staff receive annual education reminding them of their responsibility to report compliance concerns and avenues for reporting. Currently, KVH has the following options for reporting compliance concerns: incident reporting system (Verge), anonymous hot line, compliance email, written notice, reporting up to their supervisor or Senior Leader. The Compliance Officer also has an open door policy to support just in time face to face reporting.
 - Visual reminders of the Compliance Hotline and compliance email are posted throughout the organization.
 - Directors/Managers are expected to ensure the Compliance Hot Line poster is posted at all times in a highly visible area.
 - Hotline calls signal an email queue to the Compliance Officer for prompt response.
 - KVH external and internal websites post the Compliance Hotline and compliance email address.
2. Non-Retaliation and Non-Retribution for Reporting Policy- this policy demonstrates KVH has a pathway to support staff reporting of compliance concerns and no tolerance for retaliatory behavior by leaders or fellow staff members.
 - New and established leaders educated to uphold our commitment to maintaining a culture that promotes the prevention, detection and resolution of incidents of conduct that do not conform to law, regulation, policies and procedure of KVH and KVH Code of Conduct. Harassment, retaliation or retribution of those reporting the concern will not be tolerated.

Data:

- 178 Investigations related to compliance hotline calls, general compliance, HIPAA/Privacy or billing concerns. The investigation process will result in either a substantiated or unsubstantiated finding.
- 100% Compliance concerns reported resulted in initiating an investigation within 48 hours.
- 100% Reporters whose identify is known received feedback related to their concern.

Element 5 - Enforcing Standards through Well-Publicized Disciplinary Guidelines

System to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal Health Care Program requirements.

Activities:

Standards enforcement through the following activities:

- Conflict of Interest Disclosure Statement - new and established leaders and providers received education on the importance of identifying and reporting potential conflict of interest.
- Human Resources provides leaders with education and resource tools to ensure consistency in discipline for any investigations that lead to employee corrective actions.

Data:

- 100% of new leaders completed a Conflict of Interest Disclosure Statement.
- 100% of newly employed providers completed a Conflict of Interest Disclosure Statement.

Element 6 - Auditing and Monitoring

Use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem area.

Activities:

1. Revenue Cycle Management (RCM)
 - a. Revenue Integrity- RCM daily work has many checks and balances in place to ensure compliant billing to our payors. In the last year, we have had no significant audits or audit findings.
 - b. Advanced Beneficiary Notice (ABN) process- ongoing monitoring continued through 2019. Monitoring included measuring the effectiveness of process improvements to improve the flow of ABNs into the patient's medical record to meet Medicare billing requirement. The ABN process includes assessments of Medicare eligibility checking, identifying the need for ABN and documentation to support medical necessity. In 2019, the Director of HIM attended a KVH provider meeting to provide additional education. Outcome- 73% improvement reported in a month to month comparison of DEXA scan ABNs on file in 2019.
 - c. Compliance with WA State Charity Care Regulations- RCM Director initiated a regulatory compliance check-in by surveying our contracted collection agencies to ensure they were in compliance with new charity care regulations.
2. HIM coding
 - a. KVH HIM coders developed a process to increase provider awareness of charges and documentation needed to demonstrate medical necessity. A coding audit by an external auditor is planned for Q1 2020. One of the goals of the audit is to provide a feedback report to each provider.
3. Human Resources
 - a. Exit interview data can provide a wealth of information including potential areas of risk that former employees are willing to share after they leave employment. The exit interview questionnaire includes contact information for the CEO, Compliance Officer and other members of the Administration Team to encourage the sharing of successes or opportunities for improvement. Monitoring metrics includes mailing of exit interview questionnaire to all discharged employees and CEO review of all returned questionnaires.
4. 340B Program audits
 - a. The 340B Program has many system and process complexities that require ongoing auditing to ensure compliance with 340B regulations. KVH 340B auditing plan includes monthly provider, prescription, drug and clinic audits. An audit of 340B contracted pharmacies registrations is conducted annually. Monthly and annual audit targets were met in 2019.

- b. In 2019, 42 audit findings were investigated. Findings identified 2 providers not removed from the 340B Third Party Administrators provider list. These findings were reviewed by the 340B Team and reported to manufacturers following our 340B Breach Policy. Corrective actions were initiated in partnership with the contracted 340B Third Party Administrators to ensure our monthly provider list updates their active provider registry.
5. Security
 - a. Annual Security Risk Analysis (SRA) audit of physical, technical and administrative safeguards was completed in December of 2019. The objective of the SRA was to identify and implement safeguards that comply with the standards and implementation specifications in the Security Rule. Jeff Yamada, Security Officer and Chief Information Officer, lead improvement actions related to the SRA findings.
6. Privacy Auditing and Monitoring
 - a. KVH Privacy Officer followed Federal and State regulations in response to reports of privacy violations. When required, privacy breaches were reported following the Federal HIPAA breach notification rule.
 - b. Chart access audits are conducted to assess appropriate access of patient's medical records. KVH Privacy Officer partners with department directors to verify staff roles during the audit analysis. Any findings with concern of privacy violation are investigated in coordination with staff leaders. One breach of inappropriate access of medical record resulted in disciplinary action.
7. Recall monitoring
 - a. Department leaders respond to recall notifications and take action following recall notification guidance.

Data:

- 108 Exit Interviews mailed to employees who left their position in 2019
- 24 Exit Interviews received back from employees who left their position in 20189
 - 100% of Exit Interview were reviewed by KVH CEO
- 988 Internal 340B claim audits in 2019. Audits included: clinics, providers, prescriptions and drugs..
- 42 Privacy investigations with 4 reportable privacy breaches in 2019.
 - Four were related to inattention to detail
 - One involved 8 patients. The breach occurred with a contracted 3rd party, Armada, a billing service that sent out billing statements in duplex
 - One was related to curiosity- inappropriate access of medical record.
- 57 Recalls were evaluated to determine if we had the product in our inventory. 35% of the recall involved products currently in stock at KVH. Recall actions included removal of the items from inventory, return of items to the manufacturer, re-check of the device, relabeling with new user instructions or replacement batteries.

Element 7 - Responding to Detected Offenses and Developing Corrective Action Initiatives

Investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

Activities:

1. Sanction screening - all new providers are screened to avoid employing individuals who are excluded or sanctioned from participating in federal healthcare programs. All privileged providers are screened

through the Office of Inspector General excluded individuals or entities for federally-funded healthcare programs online monitoring site.

2. Vendor screenings- KVH Materials Management Director initiated a process to incorporate a credentialing program for vendors. This web-based program manages controls to meet compliance requirements for vendor representatives. The benefits of this program include increased patient safety and reducing risk by ensuring our vendors are compliant with our policies and regulatory screening requirements. Vendors screened through Sympir will be identified in the facility with a visible badge. Engineering contracted vendors that support just-in-time repairs will register with Engineering to receive their work badge.

Data:

- 149 Staff and providers screened for sanctions and background checks.
- 224 Vendors visits screened through Sympir during onsite visits in 2019.
 - 57 distinct individuals.
 - 20 KVH Departments accessed by Sympir credentialed vendors.
 - 41 Companies credentialed through Sympir accessed KVH.

Looking ahead:

Compliance education tailored to the needs of the organization is a hallmark of a well-designed compliance program. In 2020, our Compliance Committee is committed to engaging with our department leaders and staff to remove barriers to required training and identify additional education opportunities relevant to their specialty. This will be reflected in the 2020 Compliance Work Plan.

KVH COMPLIANCE PROGRAM
2019 COMPLIANCE WORK PLAN
Board of Commissioner's approval March 28, 2019

KVH is committed to full compliance with all applicable laws, rules and regulations, and to conduct itself with the highest level of business and community ethics and standards.

Objectives identified for the current year relate to the elements of an effective compliance program as defined in the Federal Sentencing Guidelines, items identified in the OIG's 2019 Work Plan, and risk areas identified by KVH. Last update 2.10.20

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
1. Policies & Procedures							
Compliance policies, procedures and supporting documents provide up to date guidance to staff and leaders	Compliance Committee	Compliance policy, procedures, and supporting documents are reviewed annually			X		Completed by Q4 New: 3 ACO Compliance policies. 7 HIPAA/Privacy policies
Annual review of 2019 Compliance Program and Work Plan with Board approval	Compliance Committee	Compliance Program approval by the Compliance Committee & Board of Commissioners	X				Target met
2. Compliance Officer and a Compliance Committee							
Compliance Officer updates the Hospital District #1 Board of Commissioners on Compliance Program activities	Compliance Officer	Annual report and as needed Work Plan updates	X				Target met
3. Conducting Effective Training and Education							
Annual system-wide healthcare compliance training to support staff knowledge of compliance standards and KVH Code of Conduct	Compliance Officer & Privacy Officer	All staff complete annual Compliance & HIPAA/Privacy training				X	Target not met 84% of staff reviewed Code of Conduct 100% of KVH providers and

**KVH COMPLIANCE PROGRAM
2019 COMPLIANCE WORK PLAN**
Board of Commissioner's approval March 28, 2019

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
							Administrative Senior Leaders completed required ACO Fraud, Waste & Abuse education & attestation of compliance.
All new employees, leaders and providers receive Compliance/HIPAA/Privacy training during new employee orientation	Compliance Officer & Privacy Officer	All new employees, leaders and providers receive Compliance & HIPAA/Privacy training					Target met
4. Developing Effective Lines of Communication							
Respond, investigate, and follow up on all Compliance Hotline calls/complaints	Compliance Officer	Hotline calls and compliance concerns are logged and investigations initiated within 2 business days					Target met 2019-4 investigations
Results of compliance internal investigations are shared with leadership and relevant departments	Compliance Officer	Compliance Officer attends Department Director monthly meetings & as needed Senior Leadership meetings					Target met

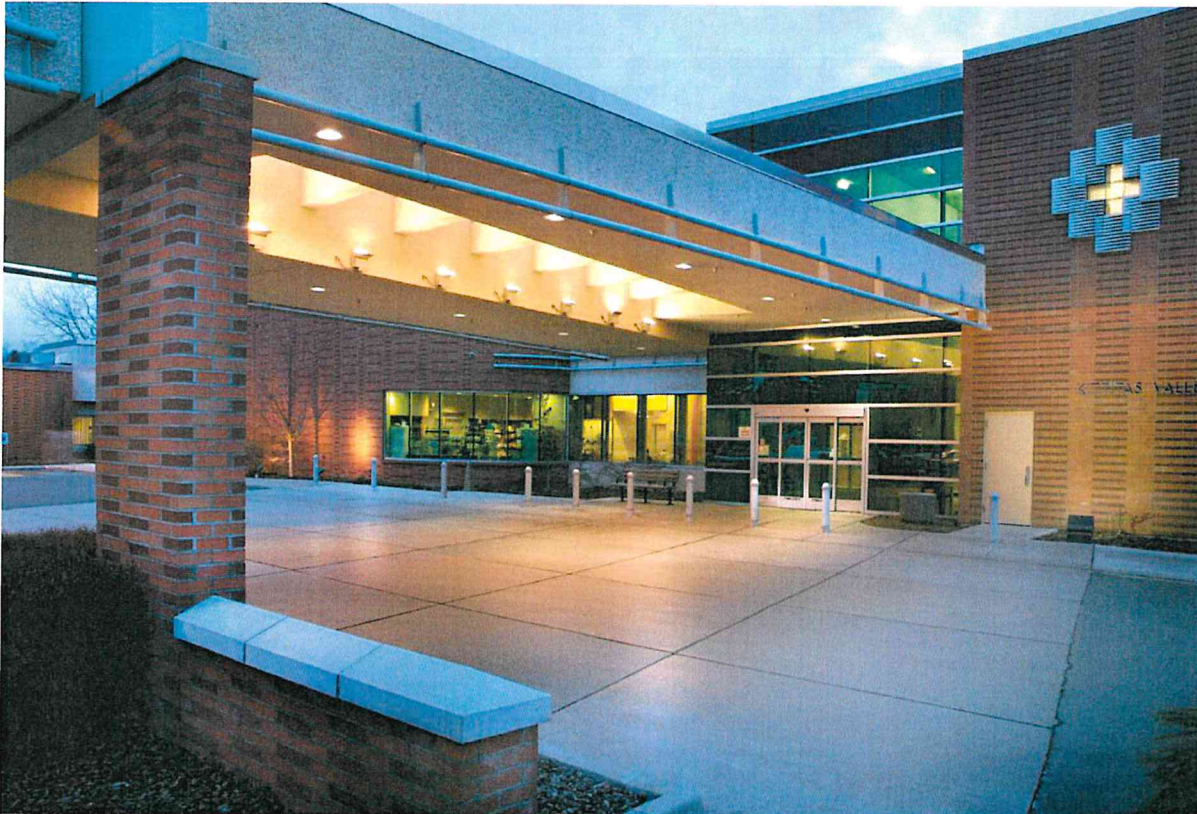
KVH COMPLIANCE PROGRAM
2019 COMPLIANCE WORK PLAN
Board of Commissioner's approval March 28, 2019

OBJECTIVE / ACTION Regulatory Reference		Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
				1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
5. Enforcing Standards through Well-Publicized Disciplinary Guidelines								
Policy: Corrective Actions for Violating KVH Privacy and Security Policies and Procedures. Leaders are educated and policy is posted on the intranet		Privacy Officer	Disciplinary standards are established for employed staff and privileged providers		X			Target met
6. Auditing and Monitoring								
Utilize Cerner ABN process for lab and imaging orders to support meeting CMS ABN regulatory requirements & KVH financial goal Reference: 42 C.F.R. §411.4089e09309ii0		Compliance Officer	No lost payment due to lack of ABN or authorization for bone density DEXA scans				X	Target not met However, 73% improvement reported: month to month comparison of ABNs on file in 2019. Aug. 55% DEXAs w/ABN Oct. 95% DEXAs w/ABN
Business Associate Agreement log meets regulatory requirements Reference: 45 CFR 164.502(e), 164.504(e), 164.532(d) and (e)		Privacy Officer	Business Associate Agreements are logged in central contract log				X	On going

**KVH COMPLIANCE PROGRAM
2019 COMPLIANCE WORK PLAN**
Board of Commissioner's approval March 28, 2019

OBJECTIVE / ACTION Regulatory Reference	Assigned To	GOAL	ACTION COMPLETION TARGET				STATUS
			1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	
Security Risk Analysis (SRA) findings are reviewed and prioritized <i>Reference: Security Rule 45 CFR Part 160 and Subparts A and C of Part 164</i>	Security Officer	Develop work plan to address SRA findings			X		Completed by Q4 SRA completed in December of 2019. Work plan in place for initial findings reported. Expected report in Feb of 2020
Internal 340B audits to meet regulatory requirements <i>Reference: 340B Drug Pricing Program (340B Program) requirements (42 USC 256b(a)(5)(C))</i>	Director of Pharmacy	Ongoing 340B audits					Ongoing
7. Responding to Detected Offenses and Developing Corrective Action Initiatives							
Respond, investigate, and report to Federal authorities as required for HIPAA and other Compliance issues. <i>Reference: HIPAA Breach Notification Rule, 45 CFR §§ 164.400-414</i>	Privacy Officer	Timely respond to privacy incident					Target met KVH Privacy Officer notified HHS of 4 reportable breaches

Code of Conduct



KITTITAS VALLEY HEALTHCARE

MISSION

We are a community-focused health system providing outstanding, personalized care to improve the lives of individuals and families.

VISION

All patients, providers and employees are proud to recommend Kittitas Valley Healthcare as a trusted source for personal health and community well-being.

CORE VALUES

Respect: We recognize the dignity of patients and staff and treat them with compassion.

Quality: We provide excellent, safe care for members of our community in a healing environment.

Service: We promote a culture where patients come first in all we do.

Transparency: We are principled, accountable, and do the right thing with openness and honesty.

Collaboration: We work as a team in partnership with the broader medical community to ensure patients receive the best of care.

**All of the guiding principles are of equal importance. They are not listed in any order of priority.*

Letter from the CEO

As employees who interact with patients and their families, community members, and suppliers, you represent KVH and the ethical decisions you make on a daily basis affect the reputation of the organization.

At KVH, we do a good job of doing what's right. And we do this with the added challenge of working in a small community, where our patients and their families are often our friends, neighbors, and loved ones. Thanks to you, KVH is trusted within the community.



In the increasingly complex business world that we live in, you may face a decision when it's not clear what the right choice is. This Code of Conduct was designed to help you with those difficult decisions. Please remember that it's okay to ask for help when you need it. Making the right decision the first time is important.

Thank you for representing KVH – and thank you for helping us keep the trust of the communities that depend on us.

Julie Petersen, CEO
Kittitas Valley Healthcare

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Introduction

Kittitas County Public Hospital District #1, dba Kittitas Valley Healthcare (KVH) has a long tradition of striving to improve the health and well-being of each person we serve. To complement that excellence in patient care, we continually stress business ethics and integrity in all of our dealings with patients, providers, payers, vendors and others.

The KVH Code of Conduct was prepared to give employees a clear understanding of what is expected of them in the work environment. It is intended to supplement KVH policies which are located on KVH Intranet and provide general guidelines on conduct. The code applies to all KVH employees, as well as the Board of Commissioners, medical staff, agents, consultants, representatives and vendors acting on behalf of KVH.

Compliance Program

KVH has a Compliance Program that supports adherence to this Code of Conduct.

Policies and Procedures

KVH has established compliance standards and procedures that address the compliance issues most applicable to the organization. In developing compliance standards and procedures, KVH promotes its high business and clinical standards by identifying the areas of most concern to KVH and taking steps to address them.

Oversight

KVH has designated a Compliance Officer, who is responsible for overseeing implementation of and adherence to the Compliance Program. In addition, high-level organization personnel have been appointed to a Compliance Committee to advise the Compliance Officer and assist in the implementation of the Compliance Program.

Education and Training

KVH conducts periodic education and training sessions to help ensure that employees are aware of the applicable laws and regulations and federal health care program requirements, as well as KVH policies and procedures. The goal of the training is to provide employees with the information they need to perform their jobs on behalf of KVH in a compliant manner.

Reporting Concerns

When questions arise about compliance with applicable laws, any Federal health care program (or private payor) requirements, or KVH policies and procedures, employees are expected to seek advice and guidance from the Compliance Officer.

Monitoring and Auditing

KVH conducts periodic monitoring and auditing of risk areas to identify potential problems. Monitoring and auditing activities are conducted by the Compliance Officer or in coordination with internal or external auditors.

Enforcement and Discipline

KVH's Compliance Program and personnel policies include procedures for enforcing Compliance Program requirements and for disciplining individuals who violate KVH's compliance standards. A failure or refusal by any person to comply with any portion of this Code of Conduct, KVH policies and procedures, or applicable laws and regulations shall be grounds for disciplinary action. Documentation of any violation and disciplinary action will be recorded in the employee's personnel file.

Response and Prevention

If a compliance violation is detected, KVH is committed to taking all reasonable steps to investigate, respond appropriately, and prevent future compliance violations; including making any needed changes to its Compliance Program.

Code of Conduct

Do What's Right

In the course of doing your job, you may encounter a variety of ethical and/or legal issues. Many of these issues will be covered in this Code of Conduct. Some won't be included because no code can cover all circumstances or anticipate every situation.

Situations not covered here should be decided in a way that is consistent with KVH values and principles. It's therefore important that state and federal laws must always be obeyed, regardless of whether they are mentioned in this code.

All employees are responsible for their own behavior. If you find yourself in a situation not addressed by this code, or by administrative, clinical or departmental standards, ask for clarification.

Ethical behavior by all employees, at all times, is necessary to preserve KVH reputation for integrity and lawful conduct.

Note: No supervisor, clinician, officer or director at KVH has the authority to require or approve any action by any employee that would violate the law or the standards published in this Code of Conduct.

Asking Questions and Reporting Concerns

If you, as a KVH employee, have a question or concern about a violation or a suspected violation of the Code of Conduct, there are resources available to address your concern. The recommended reporting process includes the following steps:

1. Talk to your supervisor. If you aren't comfortable talking to your supervisor, then...
2. Talk to a higher-level manager. If you aren't comfortable talking to a higher-level manager, then...
3. Talk to someone in Human Resources, Quality/Risk Management, or Compliance.
- 3-4. You can also...

- Call the Confidential KVH Hot Line at 509-933-7570 or
- Report the concern in our electronic incident reporting system or
- Write a memo to the Compliance Officer or
- e-mail compliance@kvhealthcare.org

4. Messages will be handled during usual daytime business hours by the Compliance Officer.

KVH encourages employees with a question or a concern about a potential violation (their own or someone else's) to contact the Compliance Officer for clarification. The Compliance Officer maintains an open door policy and is committed to offering prompt guidance.

Every employee is required to report any known or suspected violation of the Code of Conduct or related policies. The Compliance Officer will initiate investigations of every appropriate report of a code violation that cannot otherwise be solved.

Note: Reports can be made anonymously. Managers who receive a report of a violation from an employee will, to the best of their ability, keep the identity of that employee confidential if the employee requests confidentiality. KVH strictly prohibits retaliation against an employee who, in good faith, reports a violation or a suspected violation, or who cooperates with an investigation. Any employee who does retaliate is subject to disciplinary procedures, including termination of employment. Both Washington state and federal law also prohibit retaliation against employees for any good faith reporting of behavior or activity prohibited by the Code of Conduct or state and federal laws.

Confidential Hot Line: 509-933-7570

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Obey the Law

KVH complies with federal, state and local regulations. Department leaders are responsible for assuring that their departments are in compliance with federal, state and local law, regulatory agencies.

Obeying the law is the personal responsibility of every member of the KVH team. While this applies to all laws, there are specific laws that our employees need to be aware of, including:

Fair Competition

Antitrust and similar laws regulate competition. Prohibited conduct includes:

- Agreements to fix prices, bid rigging and collusion (including price sharing) with competitors
- Boycotts, certain exclusive-dealing and price-discrimination agreements
- Unfair trade practices, such as bribery, stealing trade secrets, deception and intimidation

Tax

As a Public ~~District~~-Hospital District, KVH is obligated to pursue activities that promote the health and well-being of the community it serves. All KVH resources must be used for the public good, and not for the private or personal interests of any employee. KVH employees will:

- Avoid compensation arrangements in excess of fair market value
- KVH supplies for personal use.- For eExample: copying flyers for your child's school event would not be appropriate use of KVH supplies.
- Accurately report payments to the appropriate taxing authorities
 - For example: -any additional compensation such accurately report travel reimbursement compensation
- File all tax and information returns required by law

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Fraud and Abuse

KVH expects its employees to refrain at all times from conduct that may violate federal and Washington state fraud and abuse laws. These laws prohibit:

- Direct, indirect or disguised payments in exchange for referring patients
- Intentional submission of false, fraudulent or misleading claims to any payoer
- Making false statements to gain or retain participation in a program or to get paid for a service

Violations of these laws can result in criminal and/or civil penalties. For (for-example, penalties can be as much as three times the amount billed).

Additionally, federal law allows individuals to participate in federal false claims actions if the individual has personal and independent knowledge of the false claim, sometimes referred to as "whistle blowing." In some cases, a whistle blower may be allowed to share a percentage of recovery in a successful false claims action. Most false claims actions take many years to be processed through court systems.

Falling under the fraud and abuse laws are a number of other guidelines that cover:

- **Medical necessity.** This is a key consideration for clinicians as they decide which treatment and testing options their patients will require. An option must be "medically necessary" before a claim can be submitted to a federally funded health-care program.
- **Professional services.** These are to be billed in the name of the clinician who is (a) authorized to provide the service and (b) actually performed the service. The only exceptions are services billed in the name of a "clinical supervisor" as outlined in Medicare's "Incident To" provisions or Physicians at Teaching Hospitals (PATH) regulations.
- **Documentation and coding.** All clinicians must maintain documentation and coding to support their services. Correct and timely documentation includes using the right diagnosis codes, selecting procedure codes that accurately reflect the service provided and documenting that service in the patient's medical record. Only specifically trained and supervised staff can enter charges for services. All other personnel, including billing staff, are prohibited from making modifications to billing or diagnostic codes.

Lobbying/Political Activity

KVH expects each of its employees to refrain from ~~engaging in activity that may jeopardize the status of the organization, including a variety of~~ lobbying and political activities on behalf of the organization, except as permitted by Washington State law for elected officials. For instance:

- KVH is prohibited from using its resources to support or oppose any ballot measure or candidate for public office.
- No individual, acting on behalf of KVH, will contribute any money, property or services of KVH to any candidate, party, organization or committee to support or oppose any ballot measure or political candidate.

- KVH may publicly offer recommendations on legislation or regulations, and may analyze and take public positions related to KVH operations; when its experience may help clarify the issues involved.
- All KVH contract and dealings with government bodies and officials must be honest and ethical.

Note: KVH employees may support candidates or campaigns as private individuals, using their own money and resources.

Business Ethics

To further KVH's commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent KVH and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

Honest Communication

KVH requires candor and honesty from its employees in all business situations. No employee will make a false or misleading statement to or about

- A patient, person or entity doing business with, or competing with, KVH
- The products or services of KVH or its competitors
- Surveyors, auditors and/or attorneys

Misuse of Information that Belongs to Others

KVH employees will not misappropriate or dishonestly use information that is confidential or does not belong to them. This includes:

- ~~Using any publication, document, computer program, information or product in violation of third party's interest~~
- Improperly copying documents or computer programs in violation of copyright laws and licensing agreements
- Using confidential business information obtained from competitors – such as customers lists, price lists and contracts – to provide an unfair competitive advantage to KVH

Confidentiality

KVH employees will strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

HIPAA policies will be followed at all times; ~~please see~~ **Refer to individual HIPAA policies**

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KVH and its employees have access to a wide variety of confidential and sensitive information. All employees are obligated to protect this information and make sure that it is not released, disclosed or used to harm individuals, KVH business partners or KVH itself. This information includes:

Patient Information

Employees will not reveal any personal or confidential information about patients unless there is a legitimate business or patient-care reason, and all required authorizations to release information have been obtained. If in doubt, ask a supervisor, a manager or the Privacy Officer. KVH HIPAA policies are an additional resource found on the KVH Intranet.

KVH Information

Information, ideas and intellectual-property assets of KVH are important to our success. Information about business strategies, along with payment and reimbursement information, should be protected and shared only with employees who require that information as part of their jobs. The same applies to information related to negotiations with employees and other parties.

Note: Patents, trademarks, copyrights and software licenses should be carefully maintained and managed to protect and preserve their value.

Personnel Actions/Decisions

Salary, benefit and other personal information about employees is ~~strictly~~ confidential, including:

- Personnel files
- Payroll information
- Disciplinary and similar information

The above information can only be shared with employees who need it to do their jobs.

Conflict of Interest

~~Directors, Officers, Board of Commissioners, committee members~~ and key employees in a decision making role have a duty to act ~~with undivided and unqualified loyalty to~~ in the best interest of the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization. For further details see the Conflict of Interest policy.

Business Relationships

Business transactions with vendors, contractors, third-party payers and government entities will be made free from offers, solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction. This applies to all KVH employees. The goal is to avoid even the appearance of improper activity, and nothing in this policy prohibits a business unit or a supervisor from establishing even stricter rules and regulations.

This applies to all KVH employees. The goal is to avoid even the appearance of improper activity, and nothing in this policy prohibits a business unit or a supervisor from establishing even stricter rules and regulations.

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Gifts and Tips

It is the desire of KVH to ~~at all times~~ preserve its integrity at all times. To ensure that this objective is met:

- Employees are prohibited from soliciting or accepting tips, gratuities or personal gifts from patients and/or their families. Anyone who offers a gift of money or significant assets should be referred to the The KVH Foundation at KVH at 509-933-8669.
- Employees will not accept gifts, favors, services, entertainment or anything of value to influence a decision that affects KVH. Similarly, to offer or give money or anything of value to influence any purchaser, supplier, customer, government official or other person by KVH is absolutely prohibited. These types of conduct must be reported immediately to either the Compliance Officer or Administration.
- Employees may not accept "excessive" gifts from suppliers, vendors, etc. They are also discouraged from accepting "significant" gifts and are asked to use good judgment in accepting any gift. Consult with your supervisor if you are unsure about taking a gift. Any gift accepted is subject to review to avoid a conflict of interest.

Employees may, however, accept unsolicited non-monetary gratuities or gifts of a nominal value, such as cookies, flowers or candy if the gift would not influence, or reasonably appear to others to be capable of influencing, the employee's business judgment. If possible, these gifts should be shared with co-workers.

At a vendor's invitation, employees are allowed to accept nominal meals or refreshments at the vendor's expense, as long as it is not done on a regular basis.

Note: If you have any doubt as to whether specific conduct is acceptable, contact your supervisor or the Compliance Officer.

Contracting

All business relations with contractors must be ethical and comply with all KVH policies.

Also:

- Employees must disclose any personal or business relationships with a contractor that may influence the employees' performance or duties.
- Employees must discuss any potential conflict-of-interest situation with management, to obtain clarification.

Bribes and Improper Payments

KVH employees may never try to gain advantage through the improper use of payments, business courtesies or other incentives. Appropriate commissions, rebates, discounts and allowances are customary and acceptable as long as they are approved by KVH management and aren't illegal or unethical payments. Any such payments must be:

- Reasonable in value
- Competitively justified
- Properly documented

Also, payments must be made to the business to which the original agreement or invoice was issued. Payments should not be made to employees or agents of business.

Note: Offering, giving, soliciting or receiving any form of a bribe or other improper payment is always prohibited.

Protection of KVH Property

All employees will strive to preserve and protect the assets (building, grounds, equipment and data) of KVH by making prudent and effective use of KVH resources.

To help ensure KVH's financial health, the following principles should be used as guidelines:

Internal Control

KVH has established standards and procedures to make sure that all assets are protected and properly used, and that all financial records are accurate and reliable. All employees should follow these standards and procedures.

Financial Reporting

Improper financial reporting violates KVH policy and may violate state and/or federal laws. Among the documents that must always be true and accurate are:

- Accounting records
- Financial reports
- Employee reimbursement requests
- Time sheets

Keeping Records

KVH has a Paperwork/Electronic Retention Standard including state and federal retention rules that specify what must be saved and what can be destroyed. If KVH is served with a subpoena, or there is reason to believe a subpoena may be served, all relevant documents must be saved. Also if a violation of this code is reported or suspected, all documents related to that real or potential violation must be saved. Any data stored on your workstation, laptop, and any other electronic devices is property of KVH.

Travel

Travel expenses should always be consistent with both the employee's job and the needs and resources of KVH. Employees should not lose money – or make money – as a result of business travel, and should always use good judgment and spend KVH's assets as if they were spending their own. **See-Refer to the Travel and Education policy.**

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Personal Use of KVH Property

KVH assets cannot be converted to personal use. All KVH property such as workstations, laptops and any electronic devices will be used to conduct business and to promote the best interests of KVH, rather than the personal interests of employees. All employees must receive advance approval before working at an outside activity on company time.

Note: KVH equipment, supplies, materials and services may not be used for personal or non-work purposes without management permission.

Government Investigations

Governments investigations are becoming more common in today's health-care environment and do not necessarily reflect any wrongdoing on the part of KVH or any of our employees. In the event you are involved in an investigation, the particular circumstances might dictate how you should react. For instance:

Indirect Contact

If a federal, state or other regulatory agency investigator arrives at a KVH, contact the senior administrator on-call and the House Supervisor. Only these authorized personnel are to respond to investigators, so you should ask that the investigator(s) not proceed until one or more of these people are present.

Direct Contact

If a federal, state or other regulatory-agency investigator contacts you directly, either at work or at home, you should contact Administrator on call or your Director. Although the decision on how you respond is your own, you do have the right not to respond and to first consult with an attorney. Neither of these actions implies that you aren't willing to cooperate fully.

Questions involving investigations, or your rights as an employee if you are involved in an investigation, can be answered by the Quality/Risk Management Department or Compliance Officer.

Note: No KVH employee should ever make false or misleading statements to any government investigator or try to persuade another employee to make statements that are anything but true.

Note: Please see the Record Retention Policy for information on saving documents relevant to a government investigation.

Discipline for Code Violations

KVH expects each employee to follow the rules and principles contained in this Code of Conduct. Failure to follow the code may lead to disciplinary action that may include:

- Verbal warning
- Written warning
- Suspension without pay
- Termination of employment

In the event that an employee is covered by the terms of a collective-bargaining agreement, discipline will meet the terms contained in the agreement. Also, supervisors may be disciplined for failure to adequately instruct their staff, or for failing to notice violations of this code when reasonable diligence would have led to the discovery of violations and given KVH an opportunity to correct them.

Note: Nothing in this Code of Conduct is meant to provide additional employment or contract rights to employees or other persons. KVH reserves the right to modify or alter this code without any advance notice.

Effective Date:	2/2015	Dept. of Record:	Compliance		
		Policy Originator:	Debi Barneycastle		

Print Date:		Revision By:	Linda Navarre	Revision Date:	12/3/18
		Reviewed By:	Compliance Committee Board Representative	Review Date:	6/9/17 8/8/19
		Committee Review:	Compliance Committee	Date Approved:	12/13/18 8/8/19
		Approved by:	Board of Commissions	Date Approved:	6/22/17 & 11/30/17

*Paper copies of this document may not be current and should not be relied on for official purposes.
The current version is on the KVH Intranet.*

KITTITAS VALLEY HEALTHCARE

RESOLUTION NO. 2020-01

RESOLUTION AUTHORIZING CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER & CHIEF OF STAFF AUTHORITY TO EXECUTE EMERGENCY PRIVILEGES BASED ON POLICY

WHEREAS, the Medical Executive Committee on June 01, 2002 approved the Delineation of Clinical Privileges – General Policy stating that:

Emergency Privileges:

In case of an emergency, any medical staff appointee is authorized to do anything necessary to save a patient from serious harm, to the degree permitted by the appointee's license – regardless of department affiliation, staff category, or level of privileges. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

NOW THEREFORE BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO. 1, KITTITAS COUNTY, WASHINGTON, as follows:

That the Board hereby authorizes the following positions authority to grant emergency privileges:

Chief Executive Officer
Chief Medical Officer
Chief of Staff

ADOPTED AND APPROVED by the Commission of Public Hospital District No. 1, Kittitas County, Washington, at an open public meeting thereof this 26th day of March 2020.

Robert Davis, Board President

Erica Libenow, Board Vice President

Matthew Altman, Board Secretary

John Ward, Board of Commissioners

Terry Clark, Board of Commissioners

February Operating Results

- February outpatient services exceeded their monthly budget target but inpatient revenue and clinic were both below their revenue budget. The Family Birthplace was nearly \$100k below their revenue target and accounted for the majority of the inpatient revenue variance. KVH's inpatient census included a swing bed patient who stayed for 15 days. An orthopedic provider and GI provider were on vacation for part of February which impacted inpatient and outpatient revenue and clinic revenue. Admissions, patient days, deliveries, inpatient surgery minutes, outpatient surgery minutes, outpatient surgery cases and GI cases were below budget. Outpatient volumes were much stronger. ER, laboratory, radiology exams and clinic visits exceeded their budget target.
- Gross revenue of \$12,709,622 was below budget by \$7,394. Inpatient revenue had a negative variance of \$182,987; outpatient revenue had a positive variance of \$229,788 and clinic revenue was below budget by \$54,195. The percentage of KVH's commercially insured patients increased to 34.44% YTD, an improvement of 1.63% over 2019.
- Deductions from revenue exceeded budget by \$109,517 for the month. Contractual adjustments were below budget by \$92,696. The bad debt allowance exceeded budget by \$64k, a reflection of the Revenue Cycle team working the AR and sending some accounts out for additional collection efforts. Financial assistance exceeded budget by \$39k. Self-pay revenue has been trending up the first two months of 2020. In February KVH wrote-off of \$147k for untimely billing; down from January's untimely billing amount of \$181k and December's amount of \$173k.
- February other operating revenue exceeded budget by \$248,347 due to receipt of an AIMS Grant of \$160,000 and practice transformation funds from GCACH of \$181,262. 340B receipts have been slower than expected during the first two months of 2020. A large 340B payment was received in March.
- Overall operating expenses exceeded budget by \$149,893. Start-up expenses related to the unbudgeted ENT Clinic total \$175,593 in February and accounted for a significant portion of the of the expense variance with no offsetting revenue in February. Salaries exceeded budget by \$206,567; ENT salaries accounted for \$67,681 of the salary budget variance. Other departments with negative salary budget variances had positive volume variances. Family Medicine of Ellensburg had a negative variance of \$40,670, Family Medicine of Cle Elum had a negative variance of \$19,911 and the ER had a negative variance of \$31,904. Benefits were greater than budget due to additional FICA

expenses that KVH matches early in the calendar year. This variance will normalize as highly compensated staff exceed the annual FICA threshold. Professional fees exceeded budget because our new radiology group has not yet received professional fees receipts to offset the monthly guarantee amount of \$105,000 per month. The negative supply variance was due to \$106,174 supplies for the ENT clinic. KVH was below budget in nearly all of the other expense categories.

- February operations resulted in an operating gain of \$156,842 compared to budgeted operating gain of \$175,300; a negative variance of \$18,457. YTD KVH has posted operating income of \$221,840 compared to budgeted operating income of \$251,502, a negative variance of \$29,662.
- Non-operating revenue/expense exceeded budget by \$3,223.
- February Days in Accounts Receivable decreased 1 day from 85 to 84 days. Gross Accounts Receivable decreased by \$24,733 from \$38,802,675 in January to \$38,777,942 in February. Total cash receipts were \$7,202,554. The Revenue Cycle team is fully staffed and working diligently to bill and collect.
- Days Cash on Hand decreased 11.2 days to 122.1 days in February from 133.3 days in January. Significant expenditures in February that impacted cash were \$1.2 million spent on the Medical Arts Building, \$464k in moveable equipment for ENT clinic and ENT Surgical equipment. In addition, KVH spent another \$106k in supplies to set-up ENT clinic.
- Average daily cash collections (all cash) increased to \$379,082 in February from \$377,154 per working day in January. The hospital averaged \$346,094 in collections per working day in 2019.

Financial and Operating Indicators
February 2020 - Key Statistics and Indicators

L	Measure	2020 YTD	2020 Budget	2020 Annualize	2019	2018	2017	2016	2015	2014
1	Total Charges	26,008,626	162,287,212	158,219,141	152,675,062	140,104,003	130,611,388	124,153,636	119,500,425	121,635,699
2	Net Revenue	14,135,902	87,947,737	85,993,406	83,127,969	78,753,810	71,490,964	71,506,819	69,689,466	69,118,460
3	Operating Income	221,840	1,720,871	1,349,524	2,501,969	474,120	885,655	(5,893)	3,620,482	4,662,688
4	Operating Margin %	1.6%	2.0%	1.6%	3.0%	0.6%	1.2%	0.0%	5.2%	6.7%
5	Cash	27,070,294	28,724,206	NA	29,218,516	27,408,625	33,213,447	29,859,717	32,816,113	29,641,010
6	Days Cash on Hand	122.1	127.6	NA	138.6	133.5	178.7	156.0	189.4	175.8
7										
8	Surgeries	217	1,547	1,320	1,305	1,461	1,396	1,510	1,578	1,675
9	Gastrointestinal Procedures	225	1,596	1,369	1,416	1,250	1,383	1,396		
10	Emergency Visits	2,328	13,807	14,162	13,861	13,930	13,162	13,789	13,618	12,250
11	% ED visits To Bed	9.1%	0	9.1%	9.5%	n/a	n/a	n/a	n/a	n/a
12	Diagnostic Imaging Visits	5,210	31,692	31,694	30,397	30,843	33,836	33,471		
13	Laboratory Tests	37,441	213,227	227,766	209,144	207,040	190,587	181,082		
14	Clinic Visits	13,689	77,747	83,275	72,711	59,241	50,917	48,525		
15	IP & Obs Days (no swing)	595	4,074	3,618	3,805	3,999	3,440	3,937	3,740	4,976
16	Deliveries	47	340	286	309	342	322	312	368	334
17	Admits	140	969	852	941	984	899	1,043	1,299	1,433
18										
19	FTEs	485.2	506.6	NA	477.4	469.4	457.6	449.1	437.9	437.7
20	AR Days	83.8	60.0	NA	88.1	92.0	50.8	47.5	45.0	49.5

Normalize charges across years by adjusting for charge master increases:

Normalized Charges to 2020	158,219,141	154,965,188	146,941,008	143,149,491	141,514,697	143,021,342	151,108,818
Operations Growth	2.10%	5.46%	2.65%	1.16%	-1.05%	-5.35%	2.88%

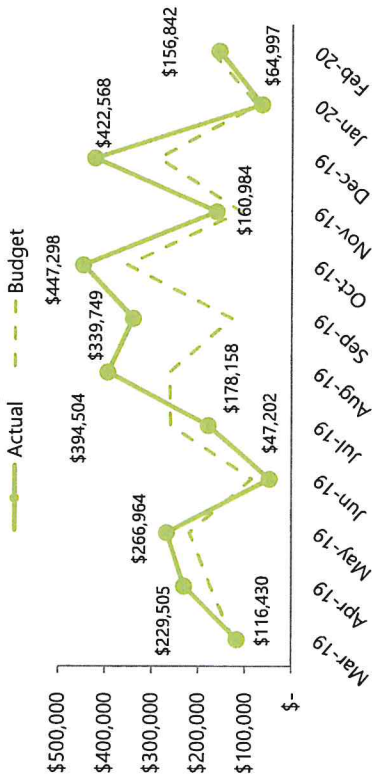
Kittitas Valley Healthcare
February 2020 - Key Statistics and Indicators

Activity Measures	Current Month				Year to Date				Prior YTD	
	Actual		Budget		Actual	Budget	Var. %	Var. %	Actual	Var. %
01	Admissions w/Swingbed	70	77	-9.1%	140	160	-12.3%		168	-16.7%
02	Patient Days - W/O Newborn	194	215	-9.6%	397	446	-10.9%		524	-24.2%
03	Patient Days - Swingbed	15	14	7.1%	15	28	-46.4%		NA	NA
04	Avg Daily IP Census w/Swingbed	7.2	7.9	-8.5%	6.9	7.9	-13.0%		8.9	-22.6%
05	Average Length of Stay	2.8	2.8	-0.6%	2.8	2.8	1.6%		3.1	-9.0%
06	Average Length of Stay w/Swingbed	3.0	3.0	0.6%	2.9	3.0	-0.8%		3.1	-5.6%
07	Deliveries	19	26	-27.0%	47	55	-14.4%		63	-25.4%
08	Case Mix Inpatient	1.09	1.00	9.3%	1.09	1.00	8.7%		1.23	-11.6%
09	Surgery Minutes - Inpatient	2,436	2,655	-8.3%	3,904	5,502	-29.0%		7,138	-45.3%
10	Surgery Minutes - Outpatient	4,769	6,859	-30.5%	11,759	14,279	-17.7%		9,618	22.3%
11	Surgery Procedures - Inpatient	20	20	0.0%	34	41	-18.0%		52	-34.6%
12	Surgery Procedures - Outpatient	80	100	-20.4%	183	209	-12.5%		149	22.8%
11	Gastrointestinal Procedures	93	125	-25.3%	225	259	-13.0%		223	0.9%
12	ER Visits	1,151	1,080	6.6%	2,328	2,240	3.9%		2,290	1.7%
13	Urgent Care Cle Elum Visits	419	428	-2.0%	904	888	1.8%		742	21.8%
14	Laboratory	17,966	16,669	7.8%	37,441	34,586	8.3%		34,907	7.3%
15	Radiology Exams	2,513	2,476	1.5%	5,210	5,140	1.4%		4,972	4.8%
16	Rehab Visit	1,490	1,511	-1.4%	3,075	3,136	-1.9%		3,098	-0.7%
17	Outpatient Percent of Total Revenue	87.9%	86.5%	1.7%	89.3%	86.4%	3.3%		82.6%	8.1%
18	Clinic Visits	6,722	6,134	9.6%	13,689	12,582	8.8%		11,730	16.7%
19	Adjusted Patient Days	1,603	1,585	1.1%	3,701	3,286	12.6%		3,010	23.0%
20	Equivalent Observation Days	99	104	-4.4%	198	215	-8.1%		261	-24.2%
21	Avg Daily Obs Census	3.4	3.6	-4.4%	3.3	3.6	-8.1%		4.3	-24.2%
22	Home Care Visits	439	534	-17.8%	857	1,108	-22.6%		1,139	-24.8%
23	Hospice Days	754	831	-9.3%	1,528	1,751.1	-12.7%		1,637	-6.7%
Financial Measures										
24	Salaries as % of Operating Revenue	50.4%	48.4%	-4.2%	50.9%	49.3%	-3.2%		51.0%	-0.2%
25	Total Labor as % of Operating Revenue	62.4%	60.4%	-3.3%	63.5%	61.2%	-3.7%		63.9%	-0.6%
26	Revenue Deduction %	49.2%	48.3%	-1.8%	48.5%	48.4%	-0.2%		49.4%	-1.8%
27	Operating Margin	2.2%	2.5%	-12.2%	1.6%	1.8%	-10.9%		-0.8%	-304.8%
Operating Measures										
28	Productive FTE's	445.6	452.1	1.4%	426.8	452.1	5.6%		419.0	1.9%
29	Non-Productive FTE's	40.6	54.4	25.4%	58.4	54.4	-7.3%		58.4	-0.1%
27	Paid FTE's	486.2	506.6	4.0%	485.2	506.6	4.2%		477.4	1.6%
28	Operating Expense per Adj Pat Day	\$ 4,286	\$ 4,240	-1.1%	\$ 3,760	\$ 4,268	11.9%		\$ 4,430	-15.1%
29	Operating Revenue per Adj Pat Day	\$ 4,384	\$ 4,350	0.8%	\$ 3,820	\$ 4,344	-12.1%		\$ 4,396	-13.1%
30	A/R Days	83.8	60.0	-39.7%	83.8	60.0	-39.7%		89.0	-5.8%
31	Days Cash on Hand	122.1	175.0	-30.2%	122.1	175.0	-30.2%		126.6	-3.5%

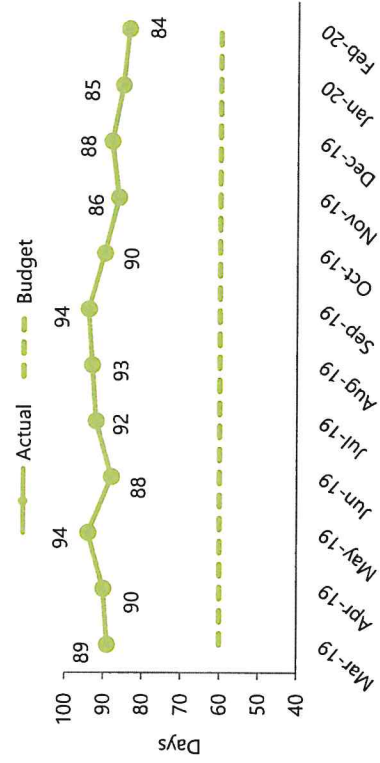
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Financial Sustainability

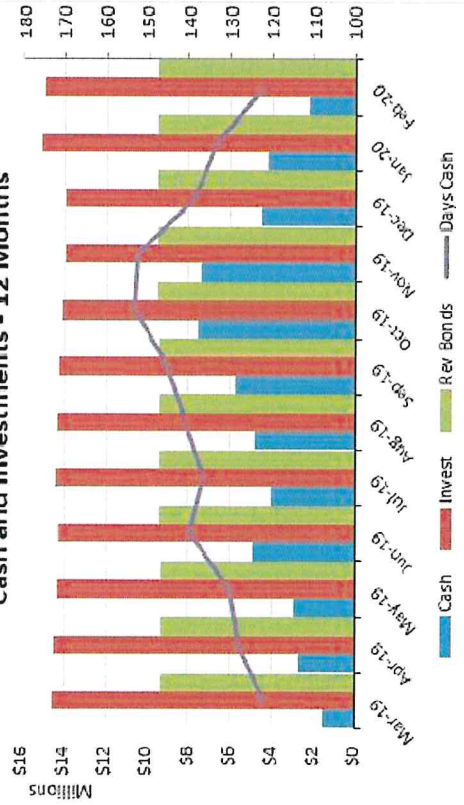
Operating Income



Accounts Receivable Days



Cash and Investments - 12 Months



Payer Mix

	CY 2018	CY 2019	YTD 2020
Medicare	41.85%	41.97%	40.32%
Medicaid	18.45%	18.72%	18.62%
Commercial	32.03%	32.81%	34.44%
Self Pay	3.52%	2.21%	2.65%
Other	4.15%	4.30%	3.98%

Kittitas Valley Healthcare

Statement of Revenue and Expense

	Current Month			Year to Date			Prior Y t D
	Actual	Budget	Variance	Actual	Budget	Variance	Actual
INPATIENT REVENUE	1,539,608	1,722,595	(182,987)	2,790,980	3,572,215	(781,235)	4,282,855
OUTPATIENT REVENUE	9,390,612	9,160,824	229,788	19,265,589	19,002,952	262,637	16,948,780
CLINIC REVENUE	1,779,403	1,833,598	(54,195)	3,952,057	3,760,885	191,171	3,382,810
REVENUE	12,709,622	12,717,016	(7,394)	26,008,626	26,336,052	(327,426)	24,614,445
CONTRACTUALS	5,670,103	5,762,799	(92,696)	11,346,751	11,952,551	(605,800)	11,315,468
PROVISION FOR BAD DEBTS	331,861	267,222	64,639	641,054	549,563	91,491	541,152
FINANCIAL ASSISTANCE	79,108	39,728	39,380	122,843	81,565	41,278	105,610
OTHER DEDUCTIONS	176,009	77,816	98,193	495,515	160,574	334,941	187,493
DEDUCTIONS FROM REVENUE	6,257,081	6,147,564	109,517	12,606,163	12,744,253	(138,091)	12,149,723
NET PATIENT SERVICE REVENUE	6,452,541	6,569,452	(116,911)	13,402,463	13,591,799	(189,336)	12,464,722
OTHER OPERATING REVENUE	575,625	327,277	248,347	733,439	682,375	51,064	765,224
TOTAL OPERATING REVENUE	7,028,166	6,896,729	131,436	14,135,902	14,274,174	(138,272)	13,229,946
SALARIES	3,545,535	3,338,968	206,567	7,188,117	7,035,683	152,435	6,741,606
TEMPORARY LABOR	32,059	39,001	(6,942)	43,511	82,180	(38,669)	44,944
BENEFITS	840,905	829,022	11,883	1,793,383	1,706,638	86,745	1,717,746
PROFESSIONAL FEES	144,066	103,938	40,129	296,248	219,011	77,237	91,223
SUPPLIES	792,055	725,433	66,622	1,505,957	1,512,535	(6,578)	1,442,061
UTILITIES	74,672	92,072	(17,400)	155,465	184,716	(29,252)	159,825
PURCHASED SERVICES	825,578	848,705	(23,127)	1,656,851	1,776,144	(119,293)	1,704,491
DEPRECIATION	301,144	335,255	(34,111)	614,341	672,976	(58,635)	617,359
RENTS AND LEASES	110,860	131,476	(20,616)	231,239	263,872	(32,633)	252,389
INSURANCE	30,831	56,796	(25,965)	76,014	113,669	(37,655)	152,583
LICENSES & TAXES	65,016	75,565	(10,549)	124,663	157,064	(32,402)	152,566
INTEREST	54,349	57,150	(2,801)	108,698	114,300	(5,602)	115,965
TRAVEL & EDUCATION	27,268	38,718	(11,450)	55,750	79,936	(24,186)	43,572
OTHER DIRECT	26,984	49,331	(22,346)	63,826	103,947	(40,121)	95,008
EXPENSES	6,871,323	6,721,430	149,893	13,914,063	14,022,672	(108,610)	13,331,338
OPERATING INCOME (LOSS)	156,842	175,300	(18,457)	221,840	251,502	(29,662)	(101,392)
OPERATING MARGIN	2.23%	2.54%	-14.04%	1.57%	1.76%	21.45%	-0.77%
NON-OPERATING REV/EXP	70,385	67,163	3,223	131,971	134,175	(2,204)	292,364
NET INCOME (LOSS)	227,228	242,462	(15,235)	353,811	385,677	(31,866)	190,972
UNIT OPERATING INCOME							
HOSPITAL	621,851	272,312	349,539	670,116	516,893	153,223	170,616
URGENT CARE	48,308	(25,594)	73,902	17,411	(54,589)	72,000	(93,529)
CLINICS	(484,741)	(113,998)	(370,743)	(491,165)	(295,904)	(195,261)	(233,503)
HOME CARE COMBINED	(28,576)	42,579	(71,155)	25,477	85,100	(59,623)	55,024
OPERATING INCOME	156,842	175,299	(18,456)	221,840	251,500	(29,661)	(101,392)

	YEAR TO DATE	PRIOR YEAR END	CHANGE
CASH AND CASH EQUIVALENTS	2,249,319	4,488,811	(2,239,493)
ACCOUNTS RECEIVABLE	38,777,942	40,613,365	(1,835,423)
ALLOWANCE FOR CONTRACTUAL	(21,360,469)	(22,382,150)	1,021,681
THIRD PARTY RECEIVABLE	300	300	0
OTHER RECEIVABLES	155,230	588,166	(432,936)
INVENTORY	1,855,733	1,894,491	(38,758)
PREPAIDS	1,157,295	776,900	380,395
INVESTMENT FOR DEBT SVC	318,654	950,100	(631,446)
CURRENT ASSETS	23,154,004	26,929,983	(3,775,980)
INVESTMENTS	24,502,322	23,779,605	722,716
PLANT PROPERTY AND EQUIPMENT	84,934,614	83,068,141	1,866,473
ACCUMULATED DEPRECIATION	43,223,279	42,573,102	650,176
NET PROPERTY, PLANT, & EQUIP	41,711,336	40,495,039	1,216,297
OTHER ASSETS	(0)	(0)	0
NONCURRENT ASSETS	41,711,336	40,495,039	1,216,297
ASSETS	89,367,661	91,204,627	(1,836,967)
ACCOUNTS PAYABLE	810,420	1,395,147	(584,727)
ACCRUED PAYROLL	112,000	1,263,533	(1,151,533)
ACCRUED BENEFITS	674,837	268,613	406,223
ACCRUED VACATION PAYABLE	1,797,337	1,764,089	33,248
THIRD PARTY PAYABLES	2,123,721	2,142,630	(18,909)
CURRENT PORTION OF LONG TERM DEBT	1,024,910	1,629,839	(604,929)
OTHER CURRENT LIABILITIES	0	0	0
CURRENT LIABILITIES	6,543,225	8,463,851	(1,920,627)
ACCRUED INTEREST	114,140	311,475	(197,335)
BOND PREMIUM 2008 REFUND	0	0	0
DEFERRED TAX COLLECTIONS	7,734	0	7,734
DEFERRED REVENUE HOME HEALTH	56,405	136,954	(80,549)
DEFERRED LIABILITIES	178,279	448,430	(270,150)
LTD - 2008 UTGO BONDS	(0)	(0)	0
LTD - 2009 LTGO BONDS	0	0	0
LTD - 2017 REVENUE BONDS	12,564,910	12,989,839	(424,929)
LTD - 2018 REVENUE BOND	5,640,000	5,820,000	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	2,148,435	2,148,435	0
LTD - ENERGY PROJECT	0	0	0
CURRENT PORTION OF LONG TERM DEBT CONT	(1,024,910)	(1,629,839)	604,929
LTD - PACS SYSTEM	0	0	0
LONG TERM DEBT	19,328,435	19,328,435	0
NONCURRENT LIABILITIES	19,506,714	19,776,865	(270,150)
LIABILITIES	26,049,939	28,240,716	(2,190,777)
FUND BALANCE	62,963,912	62,963,912	0
NET REVENUE OVER EXPENSES	353,811	0	353,811
FUND BALANCE	63,317,722	62,963,912	353,811
TOTAL LIABILITIES & FUND BALANCE	89,367,661	91,204,627	(1,836,967)

Statement of Cash Flow

	CASH
NET BOOK INCOME	353,811
ADD BACK NON-CASH EXPENSE	
DEPRECIATION	650,176
PROVISION FOR BAD DEBTS	
LOSS ON SALE OF ASSETS	
NET CASH FROM OPERATIONS	1,003,987
CHANGE IN CURRENT ASSETS (\$)	
PATIENT ACCOUNTS	813,742
OTHER RECEIVABLES	432,936
INVENTORIES	38,758
PREPAID EXPENSES & DEPOSITS	(380,395)
INVESTMENT FOR DEBT SVC	631,446
TOTAL CURRENT ASSETS	1,536,487
INVESTMENTS	(722,716)
PROPERTY, PLANT, & EQUIP.	(1,866,473)
OTHER ASSETS	0
TOTAL ASSETS	(48,716)
CHANGE IN CURRENT LIABILITIES (\$)	
ACCOUNTS PAYABLE	(584,727)
ACCRUED SALARIES	(1,151,533)
ACCRUED EMPLOYEE BENEFITS	406,223
ACCRUED VACATIONS	33,248
COST REIMBURSEMENT PAYABLE	(18,909)
CURRENT MATURITIES OF LONG-TERM DEBT	(604,929)
CURRENT MATURITIES OF CAPITAL LEASES	0
TOTAL CURRENT LIABILITIES	(1,920,627)
CHANGE IN OTHER LIABILITIES (\$)	
ACCRUED INTEREST ON 1998, 1999 UTGO	(197,335)
2008 UTGO REFUNDING BOND PREMIUM	0
DEFERRED TAX COLLECTIONS	7,734
DEFERRED REVENUE - HOME HEALTH	(80,549)
TOTAL OTHER LIABILITIES	(270,150)
CHANGE IN LT DEBT & CAPITAL LEASES (\$)	
LTD - 2008 UTGO BONDS	0
LTD - 2009 LTGO BONDS	0
LTD - 2017 REVENUE BONDS	(424,929)
LTD - 2018 REVENUE BOND	(180,000)
LTD - 2018 LTGO & REVENUE REFUND BONDS	0
CURRENT PORTION OF LONG TERM DEBT	604,929
TOTAL LONG-TERM DEBT & LEASES	0
TOTAL LIABILITIES	(2,190,777)
NET CHANGE IN CASH	(2,239,493)
BEGINNING CASH ON HAND	4,488,811
ENDING CASH ON HAND	2,249,319

Grant	Grantee/ Applicant	Funding Category	Funding Source	Amount	Status	Funds Leveraged/Complimented	Partnerships	Purpose
Construction Grant	D2 via KVHF	Facilities	Sunderland		Researching	BNSF, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	BNSF		Researching	Sunderland, Shoemaker, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Shoemaker		Researching	Sunderland, BNSF, Suncadia	Foundation	Funding to supplement cost of new ambulance garage
Construction Grant	D2 via KVHF	Facilities	Suncadia		Researching	Sunderland, BNSF, Shoemaker	Foundation	Funding to supplement cost of new ambulance garage
Opioid Implementation Grant	KCHN	Opioids	HRSA	\$1,000,000	Awarded	Opioid Planning and Opioid Resource Network Manager	KCHN Participants	Implement plan created in Opioid Planning Grant to address opioid addiction in our county
Rural Health Network Development Grant	KCHN	Care Coordination	HRSA	\$900,000	Applied	HRSA Care Coordination, Implementation, GCACH	KCHN Participants	Funding to improve sustainability of the Health Network and create a community health workers program
Care Coordination	KCHN	Care Coordination	HRSA	\$750,000	Applied	HRSA Rural Health Network Development, GCACH	KCHN Participants	Funding to improve care coordination in our community
Community World of Difference	KCHN	Care Coordination	Cigna	\$100,000	WIP	HRSA Rural Health Network Development, GCACH, HRSA Care Coordination	KCH Participants	Funding to improve care coordination in our community
Drug Free Communities Improving Reentry for Individuals with SUD	KCHN	Opioids	HRSA	\$125,000	Researching	Implementation Grant, Opioid Resource Network manager	KCHN Participants	Provide funding to focus on youth prevention
Second Chance Act Community-Based Reentry Program	KCHN	Opioids	BJA	\$900,000	Researching	Implementation Grant, Opioid Resource Network manager	KCHN Participants	Provide an emphasis on treatment for individuals being released from incarceration
Opioid Resource Network Manager	KVH	Opioids	GCACH	\$100,000	Awarded	Coordinate the care of incarcerated individuals being released	KCHN Participants	Provides funding to reduce recidivism and support individuals as they leave jail
Rural Mental Health Integration	KVH	PCMH	UW/AIMS	\$245,000	Awarded	Opioid Planning and Implementation Grants	KCHN	Create a robust MAT program in Kittitas County - Provides funding for Dr. Asriel and RN Care Manager
Opioid Planning Grant	KVH	Opioids	HRSA	\$200,000	Awarded	GCACH	Greater Columbia	Provides training and education for integrated mental health at FMCE
Coder Training Grant	KVH	Education/Staff Development	SoCentral Workforce Council	\$3,800	Awarded	Implementation Grant, Opioid Resource Network manager	KCHN	Create a robust plan to address opioid addiction in our county
Rural Health Systems Capacity Safety	KVH via KVHF	Education/Staff Development	WSHA	\$5,000	Awarded	WSHA SoCentral Workforce Council Grant	Foundation	Provides training for new coders
Communications Equipment	KVH via KVHF	Facilities	PSEF	\$44,000	Applied		Foundation	Provider coder education
								Purchase emergency communications systems for KVH

Drill Grant	KVH via KVHF	Education/Staff Development	Coverys	\$49,000	WIP	PSEF, DOH Trauma	KVFR, Law Enforcement (likely included), Foundation	Create and implement clinical and non-clinical drill program
Behavioral Health Grant	KVH via KVHF	Facilities	Premiera	\$100,000	WIP	PSEF, Rural Mental Health Integration	ED, Foundation	Remodel ED and ICU rooms to be safe rooms for behavioral holds and training staff
Breast Cancer Education	KVH via KVHF	Education/Staff Development	ASBSF	\$5,000	Awarded		Foundation	Provide community education on breast health
Blue Band Initiative	KVH via KVHF	Education/Staff Development	Shoemaker	\$6,500	Awarded		Foundation	Provide community education on preeclampsia
Rural Development Grants	KVH, D2, KCHN	Development or Construction	USDA		Researching			Provides funding for development of community identified needs

* Grants under research are not yet assigned a request amount

**** Bold and larger fonts are new opportunities**