

Executive Report Summary

9/11/2024

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Updates and New Items:

- **Financial Projections Update**
- **Trubridge – Smooth Transition**
- **Recruitment of Providers**
- **BCBS Part B**
- **Schools Telehealth – Clinton, Arapahoe, and Taloga Public Schools**
- **Community & Business Telehealth**
- **Tele-Hospitalist Program**
- **REH**

➤ **Financial Projections Update**

While most of this update will depend on the financial projections provided by Rachel, I wanted to give a brief update on collections from last Tuesday evenings meeting. It will remain a priority to keep an eye on cash flow from a revenue and liability standpoint.

The updated Projections are provided in the attachment, but the cash collected to date is (**\$ Value will be added Wednesday morning**). It is noteworthy that the anticipation of any significant uptick in revenue collected is projected during weeks 3 and 4 of this month. From there, this should start an upward trend on a daily, weekly, and monthly basis. Our average charge volume by day, month and year-to-date perspective, provides predictability that we should see a consistency of revenue near \$800,000 - \$900,000 per month. While this provides enough funds to cover current cost of goods sold, it will not provide funds for growth.

➤ **Trubridge – Smooth Transition thus far**

In brief, our Trubridge and evident relationships continue to function seamlessly. Recall that Trubridge continues to provide coding services as well as patient statements following billing and collection Phase 1 efforts. The electronic health record is a mutually exclusive contract and continues functioning without flaw as well.

➤ **Recruitment of Providers**

The pursuit continues to set up a time to meet with a couple of physicians to the west. I have also scheduled two meetings with recruiters for possible FT PCP placement. As we move forward, I will share progress information as it becomes relevant.

➤ **BCBS Part B Status**

The Blue Cross and Blue Shield Part B (Pro Fees) credentialing has been accepted and providers are being entered into their system. I have no reason to believe that by the time we are discussing this during our meeting we will have been granted our “Active” BCBS Part B status and have begun triggering our Pro Fees currently being held.

➤ **School Telehealth – Clinton, Arapaho, and Taloga Public Schools**

We are excited about the progress Janae is making as she gets her feet well established as our Medical Services Coordinator. Last week we ran through two test care events as Janae spent time on both sides of the experience assuring both Clinton Public Schools functioned flawlessly as well as our side of the program. Janae has engaged Carl and his staff in the training process for the Tele-Hospitalist. We are exploring an expanding service port with other physicians as well to assure a robust patient care experience. The target remains October 1st to launch the Tele-Hospitalist initiative.

➤ **Community & Business Telehealth**

Jane's third application is coming together. The *Community & Business Telehealth Program* will be presented with supportive features and benefits during the September 27th first Chamber Breakfast, hosted by CRH. With the unveiling of this platform for the Community and Employers, I will share data that supports the features and benefits to employers and households. While there is a possibility that some of our service area has a benefit on their insurance plan offering Telehealth, it is not tangible and local. As with all our Points of Service, CRH focuses on hometown and regional access and expertise to improve convenience and quality of care. Once we present and receive feedback from this Chamber Event, we will move forward in forming the offering and developing this service.

➤ **REH – Rural Emergency Hospital**

Following a review of the financial analysis and impact from a “before and after” look at the possible implementation of a REH designation, it was clear that the core data that REH – “Mathematica,” their third-party analytic consultant, used was not providing an accurate picture. However, by gently interpreting their data with bias, we would not benefit in the long run making this decision. It is yet to be fully determined if this is true but earlier data indicated it may not prove to be the best choice. We are awaiting a more accurate forecast.