

Executive Report Summary

10/23/2024

Executive Report

Updates and New Items:

- **Financial Strategies**
- **Fund Raising Efforts**
- **LifeMed AI**
- **Recruitment of Providers**
- **Medicaid/Medicare Pro Fees**
- **Schools Telehealth – Clinton and Arapahoe Public Schools**
- **Tele-Hospitalist Program**
- **REH Take-Aways**
- **Trunk Or Treat – Report**
- **Cardiopulmonary Update**
- **Radiology Number September**
- **Laboratory Number September**

➤ **Financial Projections Update**

Projections continue to be allusive due to several access struggles. One is partial portal access verses unlimited access, which continues to be a work in process, compliments of our government via CMS. As of this past Monday morning at 10:30am, we received Medicare Part B Portal Approval, and the certification process has begun which remains to be a 2–3-day ratification timeline. One of the latest finding is that Medicaid loaded a false fee schedule which was processing claims at fraction of their required, contracted fee schedule. Rachel has spent considerable time chasing this and communicating with Medicaid to reprocess all Medicaid claims from a to be determined date in April when our Medicaid credentialing was approved. Please recall the subject of “timelines.” While this applies to claims processing it does not imply timeline to cash deposits. However, for the fruits of this effort and consistency we continue to operate on AP known cycles of 21 days and up and through 90-days generating true results, including payments, partial payments, improper payments, or rejections for a plethora of reasons causing Rachel’s team to “retouch and correct”, followed by resubmission. We will continue to hyperfocus on this outstanding AP as well as new AP being filed for our daily charges generated knowing that the purification process will be lengthy. We continue to look for an uptick in revenue as we move towards the later part of this month and into the next moving forward. Rachel and her Team continue to be inundated by claims prior to licensure and credentialing dates, as well as others requiring “retouch and refile.” Things are moving, income will follow.

➤ **Fund Raising Efforts**

Daily, I continue to look for capital to get us onto our feet outside the Cities resources. To clarify, to date, the City has not supported CRH by “giving the hospital money.” In fact, CRH has not been the benefactor of any financial handouts from the City, yet distribution of hospital funds earmarked CRH and invested in different sources of the Cities financial stewardship strategy. Additionally, the last two sums of money from the City were simply loans, not gifts, although I am open to that. The Lines of Credit were loans to be paid back to the hospital with interest. The City of Clinton must have a hospital that not just survives, but thrives, too many are simply crutching along, we can thrive and grow beyond a level most can currently embrace. See REH Summary below.

Roll-over efforts are following into these categories:

- ✓ LifeMed AI – BAA to be approved during this meeting (see next section for explanation)
- ✓ 3rd Avenue West - Over 30-years in the healthcare space with over 70 Fortune 500 collaboration, in progress. Continuing longer range financing for growth
- ✓ Joint Ventures with other multifacility networks, early in discussions. These include Heart, Stem Cell Therapy, FP/PC, Geri-psych, mental health and more

➤ **LifeMed AI**

AI-powered Medical Solutions, Recover the Unrecoverable. Analyze AR in 4 hours or less.

I have collaborated with this company for several weeks and yesterday being the latest. They have processed through AI software over fifty Billion line-items in claims analysis over the past 5 years. One of the Founders was the inventor of “Hotmail” with Bill Gates. They upload AR and within 4-hours or so can provide a thorough analysis of our AR, to include exactly what can be collected and how to maximize the revenue by several verticals. My petition from last meeting was granted by the owner and Sr Partner to review our AP determining the true value and submit a proposal to potentially purchase.

➤ **Recruitment of Providers**

This week includes moving plans and setting dates for Dr Bluth to open his Clinton Office as well as join our hospital team in some fashion. Also, talks continue with our Diabetes Treatment Program, again hoping to put a timeline on this initiative which will involve Dr Bluth as well. The last current event is the ongoing conversations with Happy Valley Regeneration to enter a joint venture offering CRH as a Regional Treatment Center for Stem Cell Regeneration, the leading alternative of many surgeries. Dr. Abernathy also contacted me this past week while at the Rural Emergency Hospital Reverse Site Visit National Conference and request a conversation this week. I am unsure if his relationship with Cordell remains strong. While this effort has slowed due to available funds, I have had several additional meetings with Dr Bluth determining how best to move forward.

➤ **Medicaid Pro Fees & Medicare Portal**

Medicaid Pro Fees credentialing has been completed and accepted. As Rachel and her team receive EOB's she notices an anomaly in the reimbursement and contracted rate between Medicaid and CRH. The reimbursement was a fraction of our contracted rate and Medicaid's posted fee schedule. As aforementioned, Rachel and her team have begun to collect all claims that have been inappropriately adjudicated and will refile with complaint to reprocess at the correct level. Note that Medicaid will pay us for all inappropriately adjudicated claims.

Medicare Pro fees are in process and being tracked. Access to parts of the portal are in place and the remainder resolved by the time of this Board Meeting. Rachel to report in detail.

We have a few outliers that are in the process of completing credentialing, but these do not make up a sizable percentage of our payers.

FrontRunnerHC

FrontRunnerHC is the software that we engaged a month ago and have been training and integrating their processes. Recall that this platform allows us to take little data of a person, example, name and DOB, run them through the RR system and it will tell us in second, likely hood to pay, ability to pay, insurance they're on and if they qualify for Medicaid. If they qualify for Medicaid we can enroll them on the spot. This is a huge step forward to ensure we collect something out of everyone. It is a patient service point as well.

This effort is led by our CSR Coordinator, Devina Perez.

❖ **Medical Service Coordinator**
Pending Update

❖ REH – Rural Emergency Hospital

Currently awaiting feedback from our September 30th meeting to determine CRH's eligibility, as CRH was not an independent entity on 12/31/2020, which is one of the criteria of the "grant".

During the Rural Emergency Hospital National Reverse Site Visit Conference, held in Maryland this past week, I had some one-on-one time with Federal CMS representative Karen Tirtz, who is the Director of Survey and Operations Group, Center for Clinical Standards and Quality, CMS, for two reasons. One, our outstanding issues with payables and the second, is there a case precedence for a facility like ours that could qualify as an REH although the City of Clinton did not hold the State License nor the CNN, Medicare license on 12/31/2020. Karen has agreed to make some calls and investigate these matters as during the conference, it was mentioned some back dating on applications had happened. Not that that action applies directly to us but the fact that some manipulation of the Grant application process had been allowed.

❖ REH Conference Highlights

I made a comment to several of the National Leaders stating that during this two- and half-day conference the value add superseded over 41-years of Continuing Medical Education and Professional Development Conferences, this was the most impactful. Perhaps it is the healthcare crisis, hearing from thirty rural hospitals sharing their struggling destiny. It was remarkable and confirming as to our direction to attend and participate. Their TAC Team consists of specialists in each of their fields of emphasis and with the Rural Health Design Center Program, from legislative, legal, RCM, local, state, and national analytic specialists who help define needs and opportunities as well as those after which you should not entertain, reutilization of dead space, business modeling and more.

A few takeaways:

- ❖ 28-30 rural hospitals attendance had converted or are converting now
- ❖ Two of us conversely had not
- ❖ All twenty-nine other facilities were historically and currently supported by local municipal tax revenue
- ❖ We are not and never have been (Mayor David Berrong)
- ❖ Many were hours away from closing before their REH transition
- ❖ Most are cash flow positive as a result.
- ❖ All had no other options as larger facilities are not interested and investors are not either...
 - We are not in that category as we have interested money on all levels
- ❖ All were seeking Outpatient solutions and how to integrate the following services
 - Cardiopulmonary
 - IV Therapy
 - Infusion Therapy
 - Diabetes Treatment Centers
 - Reopening their OR if they can find surgeons willing
 - Ortho
 - Eyes
 - Pain
 - Scopes – General or URO

All of which we either have in place or are triggered to launch once things are in order.

Many were leaving TB. The RCM National guru, Kathy Dean, CPMA, CPC, CPC-P, COC, CCS-P, CRC, (I have no idea what all that stands for) VP Of Outpatient Services and Chargemaster Analysis, Administrative Consultive Services, LLC. She and I spoke in length and shared the travesty TB is spreading throughout our Region and country, many are failing as a result and trying to transition as fast as they can. Hobart and Weatherford are two other local entities which are in the mix. There is much more that I brought back but the story was affirming and encouraging. Yes, we are in a crisis, no it is not going away as it is a war that has no end, but we are able to do all the right things if we trust the direction, leadership, and process.

Other Noteworthy Items:

- ✚ 1500+ Cyber-attacks per week is the current rate
- ✚ CVS closes twenty-nine more stores, cuts infusion services
- ✚ Walgreens to close 1,200 stores
- ✚ Sixty-one hospitals, health systems cutting jobs
- ✚ Most hospitals struggle with month-end close, but some are lowering 3-month budget cycles to 1 week
- ✚ Some 330 hospitals closing by year end

❖ Trunk Or Treat Public Event

We had about 10 classic cars, 5 food trucks and 10 vendors, Clinton PD, Clinton Fire department, State Medical Examiner, Cheyenne and Arapaho Tribal Ambulance, Sinor Ambulance and Custer County Sheriff. We received two poly-carts full of nonperishable foods and around \$900.00 in cash donations. It was an overwhelming success for year one.

Report by Chasity Richardson.

Cardiopulmonary Update

CPD continues to build the most recent realignment efficiency and growth are projected to move even faster and with more efficiency. Andrea Hammer has added the leadership required to do just that.

❖ Numbers to date include:

Oct 7th-Oct 18th CPD Information

- 53 total treatments (13 cancellations due to sickness)
- 2 patient new starts
- 16 total patients on caseload
 - 1 patient graduated from the program

- October Totals TD= 13 new referrals
 - 2 scheduled (Why only 2 of 13 scheduled?)
 - 1 declined secondary to full time care of disabled son
 - 1 requested a call back this week secondary to just getting out of the hospital today
 - 4 left VM's --calls are made daily
 - 1 reported he is still in the hospital—will call back this week
 - 1 reported transportation issues and lives in Elk City
 - 1 reported she is still in skilled care—will call back at beginning of November
 - 1 receiving home health—will call back middle of November
 - 1 reported she needs another surgery and requested to wait to start until after the first of the year

➤ Radiology Update

David's, Radiology Service Update:

Month		XR	CT	US	Month Totals
JAN		222	171	13	406
FEB		219	165	17	401
MAR		234	189	13	436
APR		275	207	13	495
MAY		256	185	18	459
JUN		209	214	11	434
JUL		222	211	7	440
AUG		231	254	19	504
SEP		279	261	19	559
OCT		151	135	14	300
NOV		0	0	0	0
DEC		0	0	0	0
YTD Totals		2298	1992	144	4434

➤ **Laboratory Number September**

MONTHLY TOTAL COST	MONTHLY TEST COUNT	REVENUE	
\$ 7,714.82	507	\$25,7664	

Pending updated data...