



MEMO

TO: NRHA Board of Director's

FROM: John Schultz, CEO

DATE: February 24, 2020

RE: February 27, 2020 Board of Director's Meeting

The NRHA Board of Director's Meeting will be held **Thursday, February 27, 2020 at 6:00 PM at the Robinson Annex Conference Room.**

The agenda and other items for discussion are attached.

Dinner will be served at 5:30 PM

Please notify Chris Bailey, if you cannot attend the meeting. You may call (304) 465-2253 to reach Chris.

Thank you.

Electronic Access to NRHA Policies and Board Information

**LOOK!!
New
Link**

Go to: <https://secure2.nrhawv.org>

Username: board

Password: New1234!



New River Health Association, Inc.

Board of Directors Meeting

Thursday, February 27, 2020 6:00pm

Robinson Annex-Conference Room

AGENDA

CALL TO ORDER: *Gabriel Peña, Chair*

ROLL CALL: *Rose Anne Michaels, Secretary*

- Denotes ACTION needed
- Informational Item Only
- Issue for Discussion

BOARD MINUTES – Gabriel Peña, Chair

- January 23, 2020 Board Meeting Minutes

FINANCE/AUDIT COMMITTEE REPORT – Joe Brouse, Treasurer

- DRAFT January 31, 2020 Financial Statements and Reports
- Oak Hill Middle/New River Primary School-Based Health Center
- New River Health – Smithers Gateway Center Site

CHIEF EXECUTIVE OFFICER REPORT – John Schultz, Chief Executive Officer

- CEO Report
- MIHOW/PAT Program Monthly Report for January 2020

PERFORMANCE IMPROVEMENT COMMITTEE (PIC) – Rose Anne Michaels for Evelyn Hizer

- Administrative Policy 101.4 – Credentialing and Privileging
- Initial Credentialing and Privileging of the following providers:
 - Stephen Bush, MD Mary Lilly, LICSW
 - Robert DePond, MD Kandi Holly, Licensed Dental Hygienist
 - Paul Dietz, MD Marsha Ryan, Licensed Dental Hygienist
- Re-Credentialing and Re-Privileging of the following providers:
 - Jamie Schraer, Pharmacist Alayna Leshner, PA-C Joel Whittaker, DDS
 - Joseph Golden, MD Emily Clagg, DO Juddson Lindley, MD
- Employee Satisfaction Survey Results (*December 2019 Survey*)
- Risk Management Assessment Checklist
- Risk Management Assessment/Training and Monitoring Plan 2020/2021
- NRHA Quality Dashboard for January 2020

HR/COMPLIANCE DIRECTOR REPORT – Stacy Campbell, HR/Compliance Director

- Monthly Compliance Report

EXECUTIVE SESSION / ADJOURNMENT

Board and Committee Meetings Scheduled for March 2020

Finance Committee	Thursday, March 26th	4:30pm	Annex Conference Room
Stat Plan/Community Health	Thursday, March 26th	5:00pm	Annex Conference Room
Board of Directors	Thursday, March 26th	6:00pm	Annex Conference Room



Board of Directors

January 23, 2020

MINUTES

Annex Conference Room

Members Present:

Gabe Peña, Chair

Joe Brouse, Treasurer

Gary Hairston

Robert Simmons

Evelyn Hizer, Vice-Chair

Rose Anne Michaels, Secretary

Paul Lively

Joe Massie

Nathan Hollister

Angela Sundstrom

Sharon Bradley

Members Absent:

Erin Reid

Others Present:

John Schultz, Chief Executive Officer

Angela Barker, Chief Medical Officer

Luke Hrabosky, Chief Information Officer

Karen Reed, Director of Pharmacy

Melody Ruskin, NRHA Provider

Sharon Lansdale, The Center for Rural Health Development

Dustin White, Chief Financial Officer

Stacy Campbell, HR/Compliance Director

Cindy Whitlock, School Health Director

Chris Bailey, Executive Assistant/Recorder

Carri Strunk, NRHA Prevention Specialist

December 19, 2019 Minutes

Gabe Peña, Board Chair, asked for review of the December 19, 2019 Board meeting minutes. A motion was made (Hairston/Simmons) and unanimously approved to adopt the minutes as presented.

Finance/Audit Committee Report

December 31, 2019 Financial Statements and Performance Reports. Joe Brouse, Treasurer, reviewed the information presented in the Financial Statements, Profit (Loss) Statements, Financial Performance Goals and Visit Variances, for the period ending December 31, 2019. He began his review by reporting the Total Cash and Cash Equivalents total \$10,476,402. He stated that this is an increase of \$1,682,755 from the previous month, which is due in part to the proceeds received from the sale of the shares of stock in West Virginia Family Health.

He continued to report that the organization experienced a Month-To-Date profit of \$1,149,167, and the current Year-To-Date profit is \$1,949,496. He explained that the proceeds from the sale of the shares of stock was allocated to each site, with the exception of the Pharmacies, by percentage of visits. Therefore, the Scarbro, Sophia, Whipple, and North Fayette Clinical Sites experienced a combined profit of \$487,438 after allocations. The Mt.

Hope and Lisa Elliott Dental Clinics experienced a combined profit of \$144,784, and the School Based Health Sites experienced a combined profit of \$225,755 after allocations. Lastly, the NRHA Pharmacies generated a combined profit of \$274,067 for the period ending December 31, 2019.

Joe further reported that during the month of December 2019, a total of 116 vacation, sick, or continuing medical education days were taken resulting in the organization operating at 64% capacity. After some discussion, a motion was made (Brouse/Lively) and unanimously approved to accept the December 31, 2019 Financial Statements as presented.

Financial Benchmarks. Joe explained that due to issues with Athena, the data for the Year End December 31, 2019 Unduplicated User and New Patient Reports will be provided with February's Financial Report.

Joe continued to report that the Total Prescriptions filled in December 2019 totaled 11,612, which exceeded the benchmark of 10,980, and the Total Prescriptions filled for the fiscal Year-To-Date, totaled 67,283 which also exceeded the benchmark of 65,860.

Revised Dental Fee Schedule. Dustin White, Chief Financial Officer, explained that he used a Dental Fee Analyzer from the WV Department of Health and Human Resources to calculate the proposed dental fee schedule. He stated that NRHA's fees are within the 60th percentile compared to other dental clinics in the area. After some discussion, a motion was made (Brouse/Hairston) and unanimously approved to accept the Revised Dental Fee Schedule as presented.

Revised Personnel Policy 712.2 – Employee Wellness Program. Stacy Campbell, HR/Compliance Director, reviewed the revisions to Policy 712.2 – Employee Wellness Program. Stacy explained the revisions to each level of the Exercise Program indicating that the revisions were designed to incentivize employees to live a healthier lifestyle. After further discussion, a motion was made (Simmons/Hizer) and unanimously approved to accept the revisions to Personnel Policy 712.2 – Employee Wellness Program as presented.

CEO Report

John reviewed his written report which outlines the progress in achieving goals under each of the six pillars set forth by the Board in the NRHA Strategic Plan. Specifically, he highlighted the following:

Community

- Advertising continues in the Beckley Register Herald newspaper, and the WTNR, WJLS and WCIR radio stations.
- New River continues to sponsor a number of athletic events in Fayette County.
- New River will continue to be a sponsor of the WVU Tech Basketball games.

- Cindy Whitlock spoke in front of the House Committee on the topic of the WV Healthy Grand Families Program.

Quality and Patient Safety

- Adherence Packaging has been successful at the New River Health – Fayetteville Pharmacy. Therefore, this service is now being expanded to the Scarbro and Sophia NRHA Pharmacies.
- The Health Resources and Services Administration (HRSA) site visit is scheduled for July 14, 15, and 16. Board Members will be asked to meet with the surveyors during this time.

People

- The NRHA Quarterly Staff Meeting will be held at the Lewis Community Center on Wednesday, February 19, 2020 beginning at 8:30am. John encouraged the board members to attend.

Service

- WVU Medicine would like for NRHA to continue to offer OB-GYN services at the Summersville Regional Medical Center Campus.
- NRHA has entered into an agreement with Podium. Podium is a software organization that will direct all of NRHA's social media platforms to one central NRHA employee. This system will also allow for surveys to be sent to the patient electronically asking them to rate their visit experience with NRHA.

Growth

- The Fayette County Board of Education approved the agreement stating that New River Health will be the exclusive medical provider for the Oak Hill Middle School/New River Primary School complex. NRHA has received a preliminary cost estimate of \$360,000 for the formation of a School Based Health Center at the campus. John explained that he is awaiting the finalized plans and contract from ZMM Architects.
- A five year lease has been agreed to with the City of Smithers for NRHA to offer medical, dental, pharmacy, and behavioral health services in their "Smithers Gateway Center". NRHA is finalizing the space layout with Dan Hill Construction. NRHA has received the initial estimate of \$371,000 for renovations of this, and is currently reviewing a revised renovation bid for this space.
- NRHA has received approval for the Fayetteville PreK – 8 School (formerly the Fayetteville High School) to be included in the NRHA's Scope of Services. Once the NRHA Behavioral Health Providers have been credentialed with the payors, NRHA will begin to offer behavioral health services at this site. In the near future, the modular unit that is being utilized as the Valley Elementary School Based Health Center, will be

re-located to the Fayetteville PreK – 8 School campus, at which time NRHA will expand services at that location.

- MAT Services continue to grow at NRHA. The WV Office of Health Facility Licensure (OFLAC) approved the increase of MAT patients for NRHA from 30 to 100.
- NRHA is moving forward with a start date of April 1, 2020, with a plan to allow NRHA to capture revenue from patient prescriptions filled at non-New River Pharmacies, this is known as Contracted Pharmacies.
- ZMM Architects continues the preliminary design work phase for the Kmart property. John stated that NRHA has firm commitments for child day care, vision, and physical therapy services to be offered at this site.

Finance

- John explained that he is working with Bowles Rice to develop the Limited Liability Corporation (LLC) that will take ownership of the Kmart property.
- John mentioned that the Legislature is now in session and there are several bills that may impact NRHA. He explained that there are various immunization bills, and a senate bill stating that if a child is under the age of 18 and receives contraceptive services during a visit, the parent/guardian must be notified that the minor received those contraceptives.

MIHOW/Parents as Teachers (PAT) Monthly Report

John presented for the Board's review, the December 2019 Maternal Infant Health Outreach Worker (MIHOW) and Parent as Teachers (PAT) Monthly Program Report.

Human Resources/Compliance Director Report

Audit Report. Stacy Campbell, HR/Compliance Director reported that the following audits/reports were completed during the month of December 2019:

- Office of Inspector General (OIG) – No findings
- Medicaid Audit – No findings
- System of Award Management (SAM) Audit – No findings
- After Hours Log-In Audit – No findings
- Mandatory Filing Audit of W2's and Social Security Administration (SSA) – No findings
- MIHOW Compliance Audit – Some findings; Continue to monitor.

Review of 2019 Compliance Activities. Stacy provided the following review of 2019 compliance activities:

- A total of 111 audits were conducted, with a total of 21 findings compared to 26 in 2018.
- A total of 7 HIPAA infractions were reported.
- A total of 112 Corrective Counselings occurred.

- The Turnover Rate increased, with a total of 35 terminations.
- NRHA had a total of 46 student's cycle through the organization for educational purposes.
- Active Shooter Training was implemented in 2019, and will continue into 2020.

Upcoming Compliance Activities in 2020. Stacy provided the following tasks that are underway for 2020:

- Full implementation of the HR/Payroll/Time-clock Software will occur.
- Legal review of all of NRHA Policies is out for bid now.
- The Federal Tort Claims Act (FTCA) renewal is due in June.
- Negotiations for the Collective Bargaining Unit Contract.

Governance Committee

On behalf of the Governance Committee, Sharon Lansdale suggested that the Committee meet during the month of February to develop the Board Self-Assessment. The members of the Committee determined that they will meet on Wednesday, February 26, 2020 at 10:00am in the Scarbro Site Executive Conference Room.

Strategic Planning/Community Health Committee

On behalf of the Strategic Planning/Community Health Committee, Sharon Lansdale suggested that the Committee meet during the month of March to discuss the progress made towards the Strategic Plan. The members of the Committee determined that they will meet on Thursday, March 26, 2020 at 5:00pm in the Annex Conference Room.

With no further business the Board meeting was adjourned.

Approved:

Gabriel Peña, Chair

Date

New River Health Associaton
Narrative for Financial Statements
Period Ending January 31, 2020

Financial information is currently unaudited

Balance Sheet

- Cash & Investments as of January 31, 2020 \$ 10,194,840
- decreased from December 2019 by \$ (281,562)

Financial Statements

- Provider Vac/Sick/CME - January 2020 = 55
- Percent Capacity - 82%

Net Profit/(Loss) for January 2020 \$210,590

Increase from Net Profit/(Loss) for January 2019 \$ 150,415

YTD Net Profit/(Loss) as of January 31, 2020 \$2,160,086

YTD Budgeted Net Profit/(Loss) as of January 31, 2020 \$520,809

Difference: \$1,639,277

Adjusted Income as of January 2020 compared to January 2019 increased by \$252,718

Adjusted Income as of January 2020 compared to December 2019 decreased by \$ (979,551)

Net New Patients/Unduplicated Users

- Total New Patients January = 129
- Total New Patients calendar YTD = 129
- Total Unduplicated Users January = 4,948
- Total Unduplicated Users calendar YTD = 4,948

Prescriptions Filled

- Total Prescriptions Filled in January 2020 12,311 compared to target 10,980.
- Total Prescriptions Filled fiscal YTD 80,134 compared to target 76,860.

Important Notes:

- Final 2019 unduplicated user count: 17,490.
- Medicare cost report settlement received for \$70,595. (p. 4)
- Cash decrease due largely to 3 payrolls in January. (p. 7)
- Main sites lose (\$82,709.) Dental loses (\$28,511.) (p. 9)
- School health gains \$47,863. (p. 9)
- Pharmacy gains \$244,597. (p. 9)
- Adjusted income 19% above budget, expenses 2% above. (p. 6)
- Expenses > 15% above budget: drugs/medicine, purchased med services, advertising, subscriptions, accounting, rent. (p. 6)
- Aged receivables: 0-30 days at 66.79%. (p. 8)
- Implementing 529 plan for NRHA employees. Exploring options for Roth 401k.



New River Health Association

January 2020
Financial Report

NEW RIVER HEALTH ASSOCIATION		<i>UNAUDITED</i>						
Consolidated Balance Sheet								
As of January 31, 2020								
	Period Ending July 31, 2019	Period Ending August 31, 2019	Period Ending September 30, 2019	Period Ending October 31, 2019	Period Ending November 30, 2019	Period Ending December 31, 2019	Period Ending January 31, 2020	
ASSETS								
Current Assets								
Petty Cash	\$ 2,835	\$ 2,835	\$ 2,835	\$ 2,835	\$ 2,835	\$ 2,886	\$ 2,936	
Chase - Checking Account	\$ 4,050,967	\$ 3,931,795	\$ 4,969,259	\$ 4,746,137	\$ 4,500,037	\$ 5,098,545	\$ 4,760,214	
BBT Trust Account	\$ 2,092,681	\$ 2,097,392	\$ 2,100,876	\$ 2,101,399	\$ 2,102,588	\$ 3,104,463	\$ 3,107,374	
United Checking	\$ 670,552	\$ 708,733	\$ 739,522	\$ 804,744	\$ 824,279	\$ 888,673	\$ 911,885	
Other Cash Accounts	\$ 1,237,863	\$ 1,249,759	\$ 1,296,801	\$ 1,334,465	\$ 1,363,909	\$ 1,381,836	\$ 1,412,431	
Total Cash/Liquid Investments	\$ 8,054,898	\$ 7,990,514	\$ 9,109,293	\$ 8,989,580	\$ 8,793,648	\$ 10,476,403	\$ 10,194,840	
PATIENT A/R								
Accounts Receivable - Patients	\$ 1,048,706	\$ 884,625	\$ 1,027,366	\$ 1,061,260	\$ 900,506	\$ 848,596	\$ 1,027,310	
Accounts Receivable - Rx	\$ 253,796	\$ 350,178	\$ 258,755	\$ 325,512	\$ 329,836	\$ 241,739	\$ 200,554	
Allowance - Unallowable Charges	\$ (638,519)	\$ (444,445)	\$ (470,701)	\$ (420,231)	\$ (364,734)	\$ (367,543)	\$ (442,337)	
Allowance - Bad Debt	\$ (32,483)	\$ (78,684)	\$ (40,159)	\$ (53,172)	\$ (31,090)	\$ (32,965)	\$ (25,611)	
A/R Settlements (Medicaid & Medicare)		\$ 578,456	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Patient Accounts Receivable	\$ 631,500	\$ 1,290,130	\$ 775,261	\$ 913,369	\$ 834,518	\$ 689,827	\$ 759,916	
GRANTS RECEIVABLE								
HRSA	\$ 1,833,959	\$ 1,970,161	\$ 1,586,992	\$ 1,436,993	\$ 1,436,992	\$ 1,061,993	\$ 870,493	
Black Lung	\$ 222,457	\$ 222,457	\$ 222,457	\$ 222,457	\$ 161,653	\$ 161,653	\$ 161,653	
Adolescent Health	\$ 93,125	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	\$ 75,000	
MIHOW	\$ 174,504	\$ 124,863	\$ 124,863	\$ 267,200	\$ 267,199	\$ 248,623	\$ 248,622	
Other Grant Receivables	\$ 311,115	\$ 217,442	\$ 211,277	\$ 251,276	\$ 251,278	\$ 210,923	\$ 193,485	
Total Grant Receivables	\$ 2,635,860	\$ 2,609,923	\$ 2,220,589	\$ 2,252,926	\$ 2,192,122	\$ 1,758,192	\$ 1,549,253	
OTHER CURRENT ASSETS								
Inventory	\$ 210,876	\$ 210,876	\$ 210,877	\$ 210,876	\$ 210,877	\$ 210,876	\$ 210,876	
Other	\$ 4,184	\$ 4,235	\$ 4,304	\$ 4,506	\$ 4,567	\$ 4,606	\$ 4,717	
Total Other Current Assets	\$ 215,060	\$ 215,111	\$ 215,181	\$ 215,382	\$ 215,444	\$ 215,482	\$ 215,593	
FIXED ASSETS								
Fixed Assets	\$ 2,815,942	\$ 2,814,983	\$ 2,798,954	\$ 2,781,186	\$ 2,763,417	\$ 2,764,269	\$ 2,810,920	
Total Fixed Assets	\$ 2,815,942	\$ 2,814,983	\$ 2,798,954	\$ 2,781,186	\$ 2,763,417	\$ 2,764,269	\$ 2,810,920	
OTHER ASSETS								
Prepaid Assets	\$ 43,291	\$ 98,811	\$ 76,222	\$ 69,776	\$ 109,631	\$ 136,984	\$ 136,886	
Investments	\$ 26,000	\$ 26,000	\$ 26,000	\$ 26,000	\$ 26,000	\$ 1,000	\$ 1,000	
Total Other Assets	\$ 69,291	\$ 124,811	\$ 102,222	\$ 95,776	\$ 135,631	\$ 137,984	\$ 137,886	
TOTAL ASSETS	\$ 14,422,551	\$ 15,045,472	\$ 15,221,500	\$ 15,248,219	\$ 14,934,780	\$ 16,042,157	\$ 15,668,408	

LIABILITIES AND FUND BALANCE	Period Ending July 31, 2019	Period Ending August 31, 2019	Period Ending September 30, 2019	Period Ending October 31, 2019	Period Ending November 30, 2019	Period Ending December 31, 2019	Period Ending January 31, 2019
Current Liabilities							
Accounts Payable	\$ 336,794	\$ 253,150	\$ 341,742	\$ 413,560	\$ 197,614	\$ 257,687	\$ 228,955
Accrued Payroll Expenses	\$ 822,258	\$ 622,550	\$ 679,288	\$ 741,238	\$ 783,034	\$ 894,164	\$ 606,607
Payroll Related Payables	\$ 262,795	\$ 435,244	\$ 465,139	\$ 127,797	\$ 172,582	\$ 193,544	\$ 285,628
Accrued Health Insurance Claims	\$ 397,050	\$ 353,022	\$ 403,107	\$ 412,317	\$ 381,561	\$ 398,691	\$ 338,234
Current Portion of Long-Term Debt			\$ -	\$ -	\$ -		
Other Current Liabilities	\$ 141,921	\$ 98,728	\$ 131,935	\$ 187,142	\$ 204,052	\$ 205,736	\$ 198,525
Total Current Liabilities	\$ 1,960,818	\$ 1,762,694	\$ 2,021,211	\$ 1,882,054	\$ 1,738,843	\$ 1,949,822	\$ 1,657,949
UNEARNED INCOME							
HRSA Grant	\$ 1,572,167	\$ 1,347,475	\$ 1,148,058	\$ 948,640	\$ 749,223	\$ 549,805	\$ 350,388
Black Lung	\$ 203,919	\$ 185,381	\$ 166,843	\$ 148,305	\$ 129,766	\$ 111,228	\$ 92,691
Adolescent Health	\$ 68,750	\$ 62,500	\$ 56,249	\$ 49,999	\$ 43,750	\$ 37,500	\$ 31,249
MIHOW	\$ 85,015	\$ 78,465	\$ 56,132	\$ 232,998	\$ 210,663	\$ 188,330	\$ 165,997
Miscellaneous Grants	\$ 433,741	\$ 259,591	\$ 252,911	\$ 247,403	\$ 251,789	\$ 245,109	\$ 199,181
Total Unearned Income	\$ 2,363,592	\$ 1,933,412	\$ 1,680,193	\$ 1,627,345	\$ 1,385,191	\$ 1,131,972	\$ 839,506
LONG TERM DEBT							
Total Long Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL LIABILITIES	\$ 4,324,410	\$ 3,696,106	\$ 3,701,404	\$ 3,509,399	\$ 3,124,034	\$ 3,081,794	\$ 2,497,455
FUND BALANCE							
Unrestricted	\$ 9,973,465	\$ 11,010,417	\$ 11,010,417	\$ 11,010,417	\$ 11,010,417	\$ 11,010,417	\$ 11,010,417
Current Year	\$ 235,079	\$ 338,949	\$ 509,679	\$ 728,403	\$ 800,329	\$ 1,949,946	\$ 2,160,536
Total Fund Balance	\$ 10,208,544	\$ 11,349,366	\$ 11,520,096	\$ 11,738,820	\$ 11,810,746	\$ 12,960,363	\$ 13,170,953
TOTAL LIABILITIES AND FUND BALANCE	\$ 14,532,954	\$ 15,045,472	\$ 15,221,500	\$ 15,248,219	\$ 14,934,780	\$ 16,042,157	\$ 15,668,408

NEW RIVER HEALTH ASSOCIATION

**Consolidated Statement of Financial Activities
Monthly Comparison for January 31, 2020**

Period Ending Jan 31, 2019	Period Ending Jan 31, 2020	% of Change
\$ 1,733,507	\$ 1,882,033	8.57%
\$ (520,980)	\$ (505,421)	-2.99%
\$ (87,427)	\$ (122,598)	40.23%
\$ 1,125,100	\$ 1,254,014	11.46%
\$ 191,084	\$ 191,084	0.00%
\$ 19,023	\$ -	-100.00%
\$ 17,094	\$ 18,538	8.45%
\$ 6,042	\$ 6,250	3.44%
\$ 24,064	\$ 22,334	-7.19%
\$ 16,170	\$ 85,847	430.90%
\$ 3,835	\$ 77,063	1909.47%
\$ 1,402,412	\$ 1,655,130	18.02%
\$ 252,427	\$ 258,001	2.21%
\$ 229,406	\$ 220,213	-4.01%
\$ 205,897	\$ 231,515	12.44%
\$ 3,260	\$ 11,004	237.55%
\$ 142,811	\$ 119,626	-16.23%
\$ 22,916	\$ 22,917	0.00%
\$ 89,092	\$ 122,036	36.98%
\$ 945,809	\$ 985,312	4.18%
\$ 40	\$ 1,122	2705.00%
\$ 111,546	\$ 195,621	75.37%
\$ 17,422	\$ 11,447	-34.30%
\$ 5,942	\$ 1,735	-70.80%
\$ 124,321	\$ 122,984	-1.08%
\$ 91	\$ 7,283	7903.30%
\$ 22,315	\$ 20,975	-6.00%
\$ 5,518	\$ 8,221	48.99%
\$ 7,269	\$ 15,929	119.14%
\$ 5,152	\$ 10,058	-95.23%
\$ 22,659	\$ 14,021	-38.12%
\$ 889	\$ 2,277	156.13%
\$ 493	\$ 905	83.57%
\$ 50,978	\$ 19,360	-62.02%
\$ 4,295	\$ 9,210	114.44%
\$ 17,768	\$ 17,768	0.00%
\$ (270)	\$ 312	-215.56%
\$ 396,428	\$ 459,228	15.84%
\$ 1,342,237	\$ 1,444,540	7.62%
\$ 60,175	\$ 210,590	249.96%

Revenues and Other Support

Gross Charges	\$ 1,739,888	\$ 1,882,033	8.17%
Bad Debt/Contractual Allowances/Sliding Fee/Other Adj	\$ (221,746)	\$ (505,421)	-127.93%
Cost of Goods Sold	\$ (119,774)	\$ (122,598)	-2.36%

Period Ending Dec 31, 2019	Period Ending Jan 31, 2020	% of Change
\$ 1,398,368	\$ 1,254,014	-10.32%
\$ 191,084	\$ 191,084	0.00%
\$ 18,538	\$ 18,538	0.00%
\$ 6,250	\$ 6,250	0.00%
\$ 22,334	\$ 22,334	0.00%
\$ 16,713	\$ 85,847	413.65%
\$ 981,394	\$ 77,063	-92.15%
\$ 2,634,681	\$ 1,655,130	-37.18%
\$ 314,456	\$ 258,001	-17.95%
\$ 238,412	\$ 220,213	-7.63%
\$ 328,137	\$ 231,515	-29.45%
\$ 6,898	\$ 11,004	59.52%
\$ 164,333	\$ 119,626	-27.21%
\$ 22,916	\$ 22,917	0.00%
\$ 108,651	\$ 122,036	12.32%
\$ 1,183,803	\$ 985,312	-16.77%
\$ 1,522	\$ 1,122	-26.28%
\$ 80,560	\$ 195,621	142.83%
\$ 16,815	\$ 11,447	-31.92%
\$ 1,813	\$ 1,735	-4.30%
\$ 39,873	\$ 122,984	208.44%
\$ 2,508	\$ 7,283	190.39%
\$ 31,311	\$ 20,975	-33.01%
\$ 10,468	\$ 8,221	-21.47%
\$ 17,563	\$ 15,929	-9.30%
\$ 609	\$ 10,058	-1651.56%
\$ 12,663	\$ 14,021	10.72%
\$ 1,264	\$ 2,277	80.14%
\$ 30,215	\$ 905	-97.00%
\$ 33,365	\$ 19,360	-41.98%
\$ 3,664	\$ 9,210	151.36%
\$ 17,768	\$ 17,768	0.00%
\$ (270)	\$ 312	-215.56%
\$ 301,711	\$ 459,228	52.21%
\$ 1,485,514	\$ 1,444,540	-2.76%
\$ 1,149,167	\$ 210,590	-81.67%

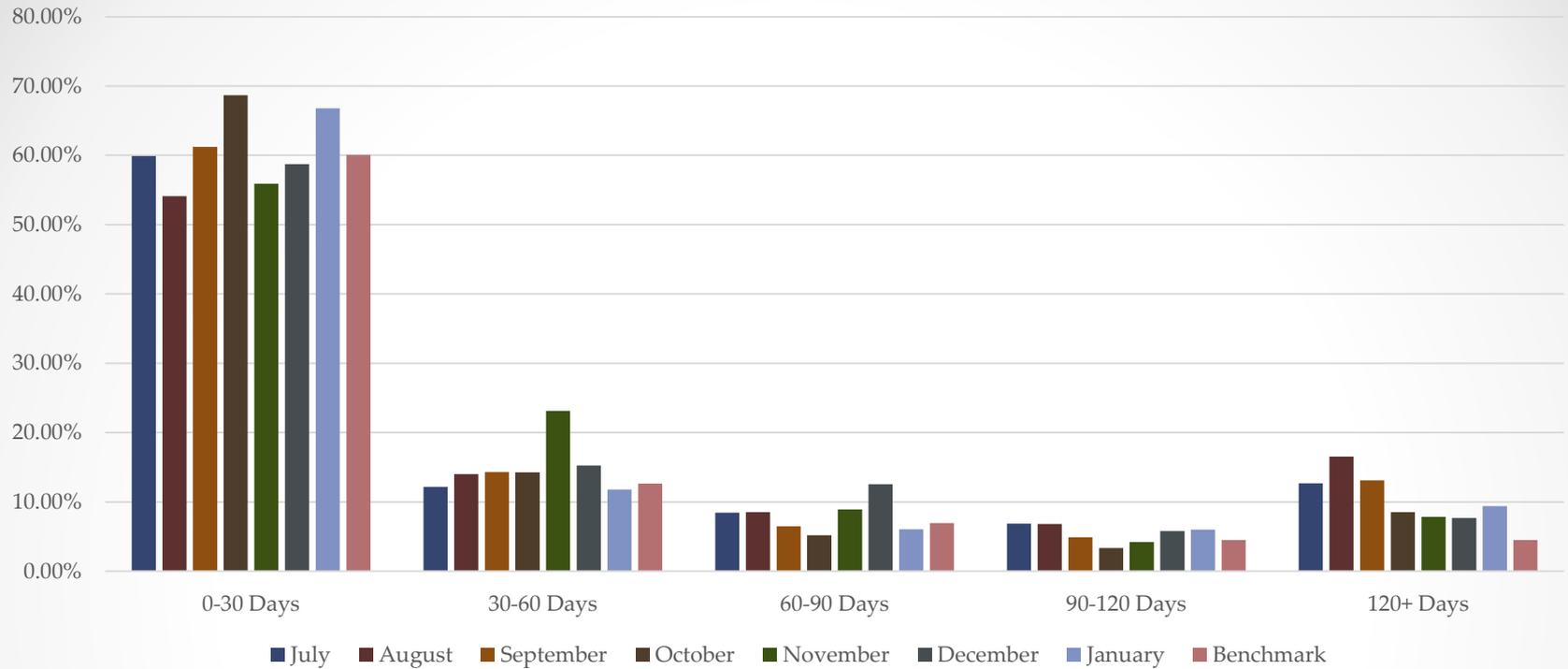
NEW RIVER HEALTH ASSOCIATION											
Consolidated Statement of Financial Activities											
<i>UNAUDITED</i>											
As of January 31, 2020	Period Ending July 31, 2019	Period Ending Aug. 31, 2019	Period Ending Sept. 30, 2019	Period Ending Oct. 31, 2019	Period Ending Nov. 30, 2019	Period Ending Dec. 31, 2019	Period Ending Jan. 31, 2020	Fiscal Year to Date through January 31, 2020	YTD Budget	% Variance - YTD Budget	2019 - 2020 Annual Budget
Revenues and Other Support											
Gross Charges	\$ 1,592,033	\$ 1,517,486	\$ 1,742,111	\$ 2,154,804	\$ 1,682,177	\$ 1,739,888	\$ 1,882,033	\$ 12,310,532	\$ 11,456,876	107%	\$ 19,640,359
Bad Debt/Contractual Allowance/Sliding Fee/Other Adj	\$ (342,569)	\$ (434,048)	\$ (382,711)	\$ (590,309)	\$ (499,194)	\$ (221,746)	\$ (505,421)	\$ (2,975,998)	\$ (2,803,200)	106%	\$ (4,805,485)
Cost of Goods Sold	\$ (98,711)	\$ (105,512)	\$ (94,092)	\$ (75,017)	\$ (93,214)	\$ (119,774)	\$ (122,598)	\$ (708,918)	\$ (834,167)	85%	\$ (1,430,000)
Charges Less Adjustments	\$ 1,150,753	\$ 977,926	\$ 1,265,308	\$ 1,489,478	\$ 1,089,769	\$ 1,398,368	\$ 1,254,014	\$ 8,625,616	\$ 7,819,510	110%	\$ 13,404,874
HRSA Grant Income	\$ 191,084	\$ 191,084	\$ 191,084	\$ 191,084	\$ 191,084	\$ 191,084	\$ 191,084	\$ 1,337,588	\$ 1,390,790	96%	\$ 2,384,211
Black Lung Grant Income	\$ 18,538	\$ 18,538	\$ 18,538	\$ 18,538	\$ 18,538	\$ 18,538	\$ 18,538	\$ 129,766	\$ 129,767	100%	\$ 222,457
Adolescent Health Grant Income	\$ 6,251	\$ 6,250	\$ 6,250	\$ 6,250	\$ 6,250	\$ 6,250	\$ 6,250	\$ 43,751	\$ 42,292	103%	\$ 72,500
MIHOW Grant Income	\$ 24,064	\$ 22,334	\$ 22,334	\$ (43,568)	\$ 22,333	\$ 22,334	\$ 22,334	\$ 92,165	\$ 156,333	59%	\$ 268,000
Other Grant Income	\$ 50,600	\$ 6,681	\$ 16,013	\$ 81,242	\$ 29,370	\$ 16,713	\$ 85,847	\$ 286,466	\$ 178,235	161%	\$ 305,545
Miscellaneous Income	\$ 7,917	\$ 5,760	\$ 7,137	\$ 2,544	\$ 10,511	\$ 981,394	\$ 77,063	\$ 1,092,326	\$ 26,017	4199%	\$ 44,600
								\$ -			
Adjusted Income	\$ 1,449,207	\$ 1,228,573	\$ 1,526,664	\$ 1,745,568	\$ 1,367,855	\$ 2,634,681	\$ 1,655,130	\$ 11,607,678	\$ 9,742,942	119%	\$ 16,702,187

Expenses	Period Ending July 31, 2019	Period Ending Aug. 31, 2019	Period Ending Sept. 30, 2019	Period Ending Oct. 31, 2019	Period Ending Nov. 30, 2019	Period Ending Dec. 31, 2019	Period Ending Jan. 31, 2020	Fiscal Year to Date through January 31, 2020	YTD Budget	% Variance - YTD Budget	2019 - 2020 Annual Budget
Wages - Providers	\$ 202,817	\$ 197,058	\$ 237,620	\$ 293,656	\$ 246,519	\$ 314,456	\$ 258,001	\$ 1,750,127	\$ 1,915,816	91%	\$ 3,284,256
Wages - Medical Staff & Programs	\$ 203,025	\$ 192,059	\$ 205,928	\$ 220,871	\$ 208,023	\$ 238,412	\$ 220,213	\$ 1,488,531	\$ 1,553,614	96%	\$ 2,663,338
Wages - Administration/Maintenance	\$ 205,819	\$ 217,361	\$ 214,515	\$ 228,148	\$ 224,973	\$ 328,137	\$ 231,515	\$ 1,650,468	\$ 1,493,955	110%	\$ 2,561,065
Contract Labor	\$ 650	\$ 10,182	\$ 7,422	\$ 125	\$ 12,462	\$ 6,898	\$ 11,004	\$ 48,743	\$ 19,490	250%	\$ 33,412
Health Insurance	\$ 226,753	\$ 10,459	\$ 142,546	\$ 162,949	\$ 171,010	\$ 164,333	\$ 119,626	\$ 997,676	\$ 1,098,060	91%	\$ 1,882,389
Pension Expense	\$ 22,917	\$ 22,916	\$ 22,916	\$ 22,917	\$ 22,917	\$ 22,916	\$ 22,917	\$ 160,416	\$ 160,417	100%	\$ 275,000
Other Benefits	\$ 74,652	\$ 93,053	\$ 93,821	\$ 99,632	\$ 79,323	\$ 108,651	\$ 122,036	\$ 671,168	\$ 623,871	108%	\$ 1,069,493
Total Personnel Expenses	\$ 936,633	\$ 743,088	\$ 924,768	\$ 1,028,298	\$ 965,227	\$ 1,183,803	\$ 985,312	\$ 6,767,129	\$ 6,865,223	99%	\$ 11,768,953
Recruitment/Retension	\$ 5,040	\$ 870	\$ (5,000)	\$ 29	\$ -	\$ 1,522	\$ 1,122	\$ 3,583	\$ 7,391	48%	\$ 12,670
Clinical Supplies/Office Supplies/EMR Expense	\$ 140,178	\$ 158,902	\$ 129,583	\$ 130,163	\$ 116,583	\$ 80,560	\$ 195,621	\$ 951,590	\$ 907,400	105%	\$ 1,555,543
Drugs & Medicine	\$ 26,580	\$ 34,230	\$ 98,848	\$ 119,242	\$ 58,665	\$ 16,815	\$ 11,447	\$ 365,827	\$ 251,417	146%	\$ 431,000
Consultants	\$ 1,844	\$ 1,743	\$ 3,160	\$ 1,877	\$ 1,760	\$ 1,813	\$ 1,735	\$ 13,932	\$ 20,417	68%	\$ 35,000
Purchased Medical Services	\$ 13,509	\$ 42,547	\$ 60,310	\$ 78,932	\$ 32,056	\$ 39,873	\$ 122,984	\$ 390,211	\$ 245,222	159%	\$ 420,380
Printing, Postage, and Freight	\$ 712	\$ 471	\$ 3,659	\$ 2,389	\$ 1,250	\$ 2,508	\$ 7,283	\$ 18,272	\$ 23,333	78%	\$ 40,000
Telephone & Utilities	\$ 23,230	\$ 17,638	\$ 15,374	\$ 32,647	\$ 15,026	\$ 31,311	\$ 20,975	\$ 156,201	\$ 175,086	89%	\$ 300,147
Travel	\$ 3,154	\$ 6,486	\$ 8,469	\$ 15,636	\$ 14,650	\$ 10,468	\$ 8,221	\$ 67,084	\$ 60,113	112%	\$ 103,050
Advertising	\$ 5,799	\$ 5,663	\$ 4,781	\$ 13,946	\$ 11,016	\$ 17,563	\$ 15,929	\$ 74,697	\$ 52,617	142%	\$ 90,200
Education Materials, Training, Continuing Education	\$ 7,376	\$ 12,210	\$ 4,174	\$ 7,252	\$ 2,987	\$ 609	\$ 10,058	\$ 44,666	\$ 49,904	90%	\$ 85,550
Insurance, License, & Memberships	\$ 9,748	\$ 12,664	\$ 11,594	\$ 12,538	\$ 20,479	\$ 12,663	\$ 14,021	\$ 93,707	\$ 124,874	75%	\$ 214,070
Books & Subscriptions	\$ 888	\$ 911	\$ 1,436	\$ 951	\$ 911	\$ 1,264	\$ 2,277	\$ 8,638	\$ 6,966	124%	\$ 11,941
Legal & Accounting	\$ 653	\$ -	\$ 6,563	\$ 4,805	\$ 6,757	\$ 30,215	\$ 905	\$ 49,898	\$ 29,167	171%	\$ 50,000
Facility & Equipment Maintenance/Rental	\$ 25,209	\$ 63,249	\$ 29,038	\$ 53,175	\$ 16,676	\$ 33,365	\$ 19,360	\$ 240,072	\$ 247,001	97%	\$ 423,431
Rent & Space Utilization/Property Tax	\$ 4,661	\$ 4,701	\$ 4,178	\$ 7,466	\$ 6,482	\$ 3,664	\$ 9,210	\$ 40,362	\$ 31,431	128%	\$ 53,881
Depreciation	\$ 17,768	\$ 17,768	\$ 17,768	\$ 17,768	\$ 17,768	\$ 17,768	\$ 17,768	\$ 124,376	\$ 124,574	100%	\$ 213,555
Miscellaneous Expense	\$ 730	\$ (250)	\$ 37,230	\$ (270)	\$ (135)	\$ (270)	\$ 312	\$ 37,347	\$ -	100%	
Total Other Operating Expenses	\$ 287,079	\$ 379,803	\$ 431,165	\$ 498,546	\$ 322,931	\$ 301,711	\$ 459,228	\$ 2,680,463	\$ 2,356,911	114%	\$ 4,040,418
Total Expenses	\$ 1,223,712	\$ 1,122,891	\$ 1,355,933	\$ 1,526,844	\$ 1,288,158	\$ 1,485,514	\$ 1,444,540	\$ 9,447,592	\$ 9,222,133	102%	\$ 15,809,371
Net Income / (Loss)	\$ 225,495	\$ 105,682	\$ 170,731	\$ 218,724	\$ 79,697	\$ 1,149,167	\$ 210,590	\$ 2,160,086	\$ 520,809	415%	\$ 892,816

New River Health Association, Inc.
Statement of Cash Flows
As of January 31, 2020

	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020
OPERATIONAL INCOME							
Beginning Cash Balance	7,688,433	8,054,898	7,990,514	9,109,293	8,989,579	8,793,647	10,476,402
<i>Plus:</i>							
Patient/Medical Insurance Payments	780,955	759,516	633,796	811,149	723,677	755,456	761,073
Pharmacy Payments	600,882	550,497	540,075	621,880	519,404	659,160	591,551
Cobra Payments	1,871	225					341
Pharmacy Refunds	9,439	4,224	3,383	3,019	642	7,792	4,865
Interest Received	7,525.42	4,739.54	3,511.94	552.44	1,218.24	3,833.41	3,052.37
Medicaid Settlement			698,528			211,703	
Medicare Settlement							
Gain on Sale of Stock						998,073	
Other Misc Income	1,784	3,570	4,755	5,372	12,331	7,586	3,979
Total Operational Additions to Cash	1,402,456	1,322,770	1,884,048	1,441,972	1,257,271	2,643,604	1,364,861
GRANTS							
<i>Plus:</i>							
330 Grant Draws			383,169	150,000		375,000	191,500
WV Uncomp Care Grant	80,005						
Black Lung Grant	84,788				60,804		
MIHOW Grant	56,863	14,960				18,577	
Adolescent Health		18,125					
Other Grant Income	52,094	41,089	7,165	24,167	25,421	40,353	49,026
Total Grant Additions To Cash	273,750	74,174	390,334	174,167	86,225	433,930	240,526
TOTAL ADDITIONS TO CASH	1,676,206	1,396,944	2,274,382	1,616,139	1,343,496	3,077,534	1,605,387
OPERATIONAL EXPENSES							
<i>Less:</i>							
Wages	428,350	553,896	412,105	474,750	442,928	532,375	690,073
Payroll/Health Ins Expenses	453,240	359,594	302,547	691,465	458,412	436,337	441,577
Operational Expenses	425,189	544,902	437,976	566,959	634,993	423,354	749,564
Misc Expenses	2,963	2,936	2,974	2,678	3,095	2,713	5,735
Total Operational Disbursements	1,309,741	1,461,328	1,155,603	1,735,852	1,539,428	1,394,779	1,886,949
TOTAL REDUCTIONS TO CASH	1,309,741	1,461,328	1,155,603	1,735,852	1,539,428	1,394,779	1,886,949
Ending Cash Balance	8,054,898	7,990,514	9,109,293	8,989,579	8,793,647	10,476,402	10,194,840
Line of Credit Balance (BBT)	500,000	500,000	500,000	500,000	500,000	500,000	500,000
Total Available Cash	8,554,898	8,490,514	9,609,293	9,489,579	9,293,647	10,976,402	10,694,840
Net increase (decrease) in cash from prior month	366,465	(64,384)	1,118,779	(119,714)	(195,932)	1,682,755	(281,562)
<i>Account Breakdown:</i>							
Petty Cash	2,835	2,835	2,835	2,835	2,835	2,885	2,935
Chase (main account)	4,050,967	3,931,795	4,969,259	4,746,137	4,500,037	5,098,545	4,760,214
BBT (checking)	304,803	323,245	339,170	356,853	372,788	370,942	391,270
BBT (credit cards)	294,118	303,377	307,569	313,994	318,993	324,471	327,293
BBT(trust)	2,092,681	2,097,392	2,100,876	2,101,399	2,102,588	3,104,463	3,107,375
BBT (trust deposit)							
United (savings)	597,408	609,866	623,238	635,017	648,407	660,404	673,409
United (checkings)	670,552	708,733	739,522	804,744	824,279	888,673	911,885
US Banks	41,535	13,270	26,824	28,602	23,721	26,019	20,459

NRHA Aged Receivables



	0-30 Days	30-60 Days	60-90 Days	90-120 Days	120+ Days
July	59.90%	12.15%	8.44%	6.84%	12.67%
August	54.12%	14.03%	8.51%	6.82%	16.52%
September	61.24%	14.30%	6.49%	4.88%	13.10%
October	68.66%	14.28%	5.20%	3.35%	8.51%
November	55.91%	23.13%	8.93%	4.19%	7.85%
December	58.76%	15.26%	12.53%	5.79%	7.67%
January	66.79%	11.78%	6.02%	6.01%	9.40%
Benchmark	60.06%	12.63%	6.93%	4.51%	4.51%

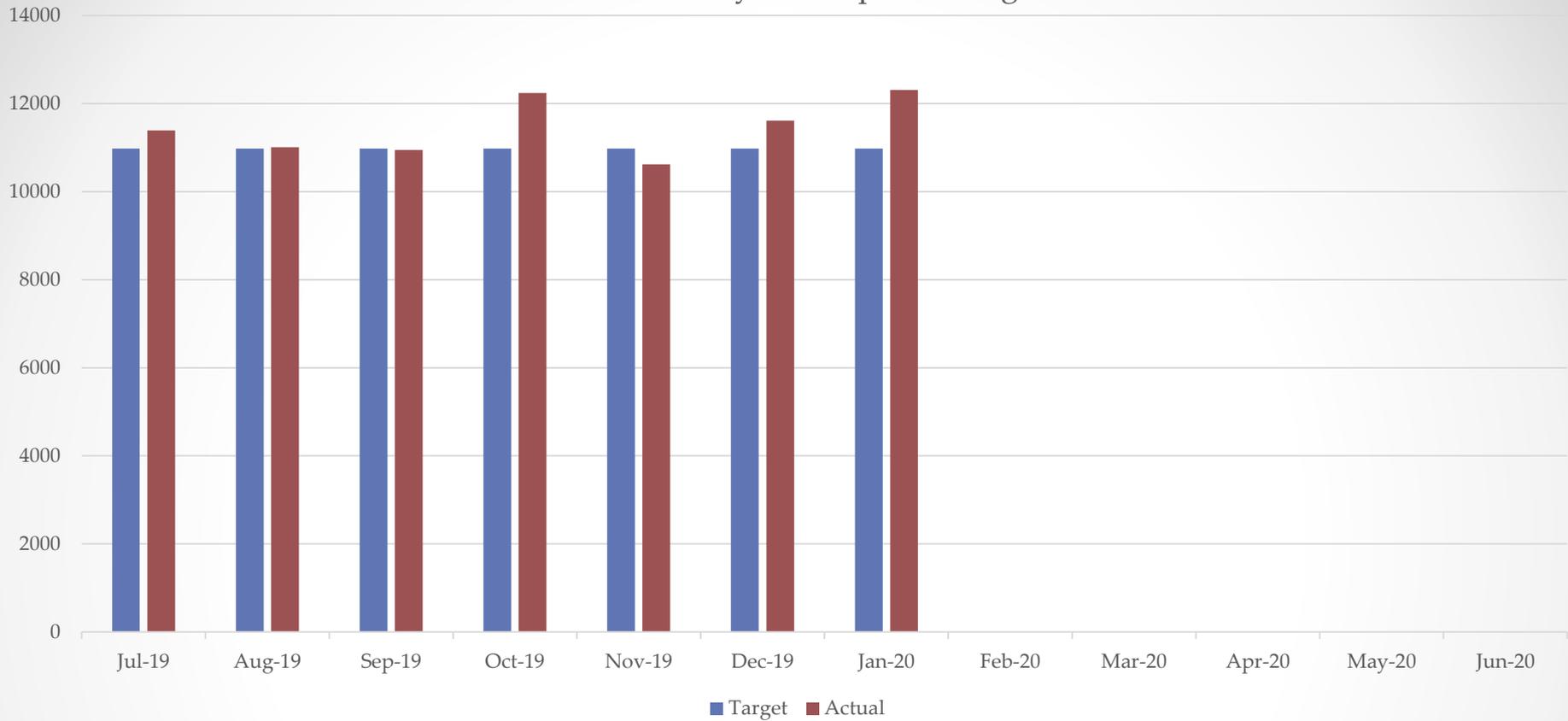
Month	0-30 Days	30-60 Days	60-90 Days	90-120 Days	Over 120 Days
July	509,770	103,382	71,818	58,208	107,799
August	380,926	98,728	59,880	47,995	116,289
September	532,785	124,411	56,436	42,452	113,931
October	634,834	132,051	48,055	30,956	78,694
November	443,154	183,302	70,772	33,206	62,201
December	443,090	115,060	94,516	43,630	57,828
January	615,744	108,580	55,529	55,403	86,655

PROFIT (LOSS) BY COST CENTER			
Jan-20			
		August Profit(loss)	YTD Profit(loss)
		after allocations	after allocations
Scarbro		\$ (94,323)	\$ (173,904)
Scarbro Rx		\$ 103,422	\$ 749,469
North Fayette		\$ (44)	\$ 126,232
Fayette Rx		\$ 58,105	\$ 342,029
Whipple		\$ 2,452	\$ 150,223
GFP		\$ 9,206	\$ 111,999
GFP Rx		\$ 83,070	\$ 626,630
Breathing Center/Pulm Rehab		\$ (13,470)	\$ 11,063
Summersville Women's Health		\$ (14,567)	\$ (47,054)
LEC		\$ (15,974)	\$ (18,563)
MH Dental		\$ (12,537)	\$ (27,820)
	Totals	\$ 105,340	\$ 1,850,305
School Health			
	OHHS	\$ (3,068)	\$ 62,030
	IMS	\$ 10,590	\$ 29,423
	SWC	\$ 27,517	\$ 173,067
	NRE	\$ 8,815	\$ 126,283
	IHS	\$ 20,497	\$ 147,798
	CCE	\$ (2,870)	\$ (21,872)
	Valley	\$ (13,271)	\$ (90,505)
	Dental	\$ (2,196)	\$ (71,492)
		\$ 47,863	\$ 354,920

NEW RIVER HEALTH ASSOCIATION, INC
VISIT BUDGET VARIANCE
FOR PERIOD ENDED JANUARY 31, 2020

	Period to Date			7 Months Ended January 31, 2020		
	Actual	Budget	Variance	Actual	Budget	Variance
SCARBRO						
Medical	1,124	950	174	6,285	6,175	110
Behavioral Health	161	240	(79)	743	1,330	(587)
Chiropractic	199	100	99	1,123	700	423
Psychiatry	169	160	9	896	985	(89)
Xray	194	155	39	1,172	1,085	87
Prescriptions	6,256	5,900	356	40,810	41,300	(490)
MAT- Medical	110	75	35	737	525	212
MAT - Behavioral Health	126	75	51	689	525	164
NORTH FAYETTE						
Medical	764	700	64	4,913	4,900	13
Behavioral Health	58	25	33	317	175	142
FAYETTEVILLE PHARMACY						
	3,030	2,380	650	19,537	16,660	2,877
SOPHIA						
Medical	617	625	(8)	4,020	4,375	(355)
SOPHIA PHARMACY						
Prescriptions	3,025	2,700	325	19,787	18,900	887
WHIPPLE						
Medical	1,038	1,050	(12)	6,123	6,550	(427)
BREATHING CENTER						
Medical	4	125	(121)	656	875	(219)
Summersville Women's Health						
	120	105	15	787	1,085	(298)
SCHOOL HEALTH						
Medical	1,422	1,560	(138)	7,508	8,300	(792)
Behavioral Health	469	250	219	2,564	700	1,864
Dental	23	160	(137)	260	320	(60)
Mobile Unit - Dental	-	75	(75)	124	300	(176)
Mobile Unit - BH	28	75	(47)	61	150	(89)
LISA ELLIOTT DENTAL						
Dental	244	195	49	1,593	1,365	228
MT HOPE DENTAL						
Dental	292	260	32	1,611	1,700	(89)
TOTAL MEDICAL						
	5,089	5,115	(26)	30,292	32,260	(1,968)
TOTAL CHIROPRACTIC						
	199	100	99	1,123	700	423
TOTAL MAT MEDICAL						
	110	75	35	737	375	362
TOTAL DENTAL						
	559	690	(131)	3,588	3,685	(97)
TOTAL BEHAVIORAL HEALTH						
	885	750	135	4,581	3,340	1,241
TOTAL PRESCRIPTIONS						
	12,311	10,980	1,331	80,134	76,860	3,274
TOTAL CHRONIC CARE MGMT						
	2					

FYE2020 Pharmacy Prescriptions Target Vs. Actual



Description	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	YTD Total
Target	10980	10980	10980	10980	10980	10980	10980						76860
Actual	11390	11009	10950	12242	10620	11612	12311						80134
Actual less Target	410	29	-30	1262	-360	632	1331	0	0	0	0	0	3274

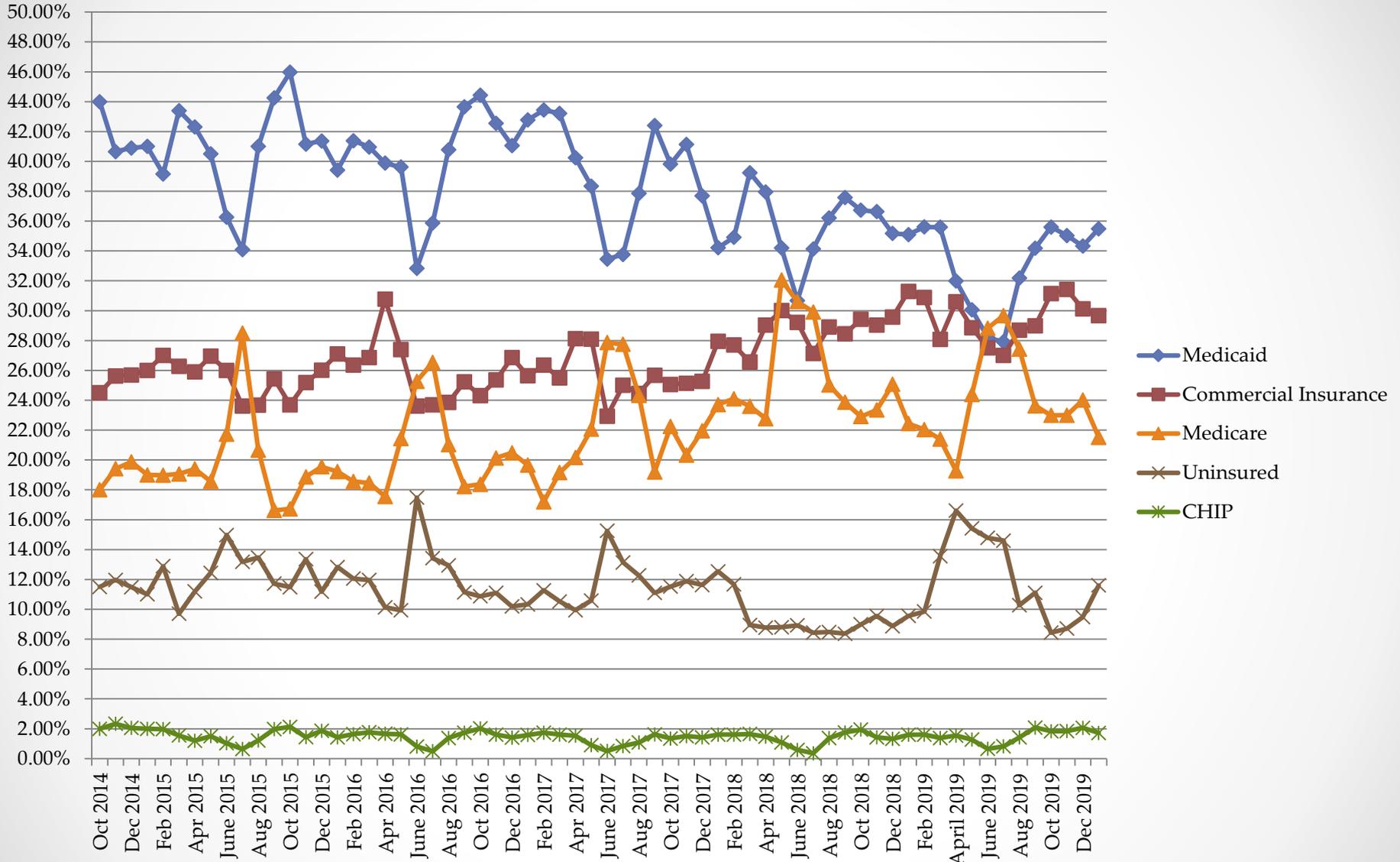
NEW RIVER HEALTH ASSOCIATION, INC

FINANCIAL REPORT

FOR PERIOD ENDED January 31, 2020

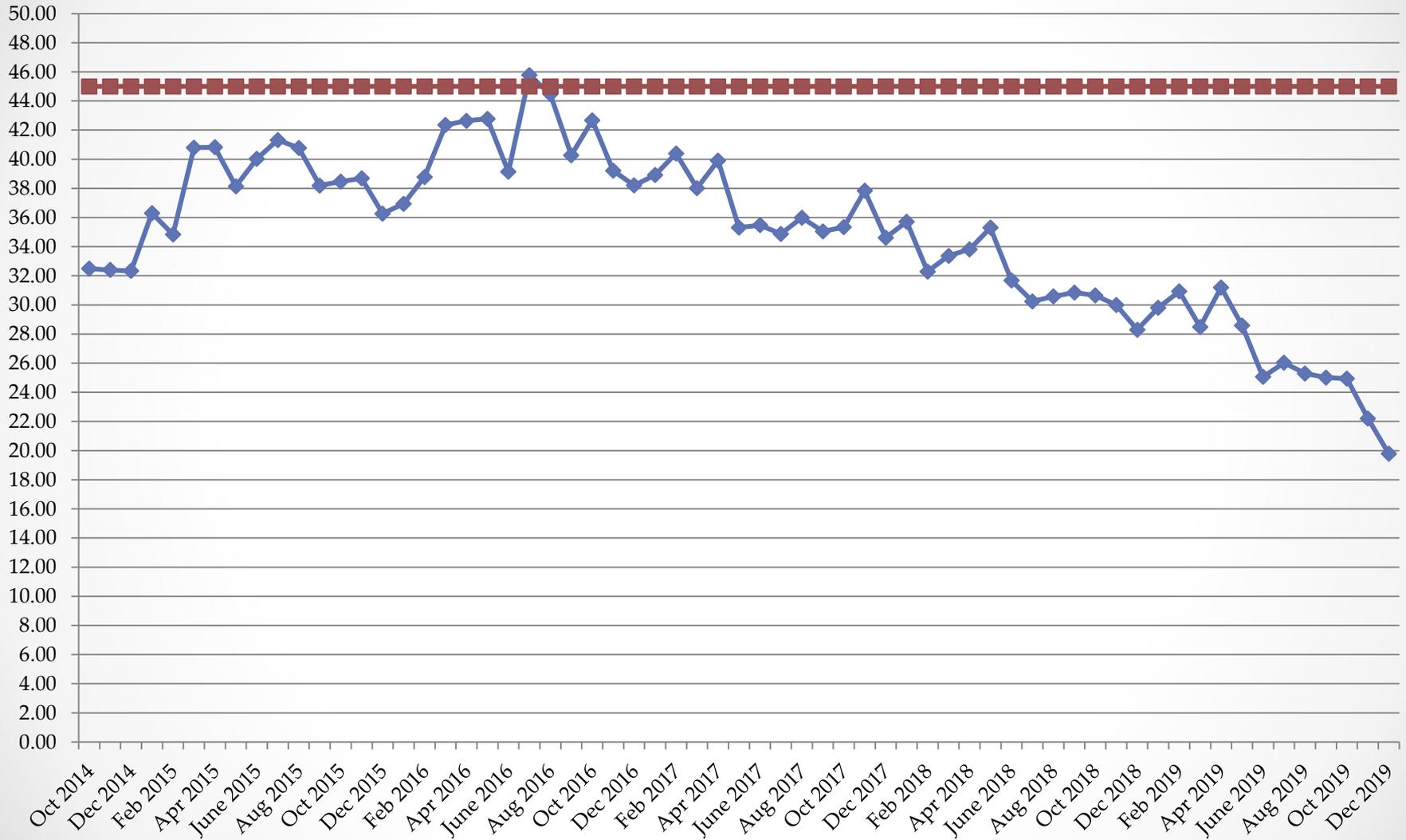
PAYER MIX BASED ON VISIT COUNTS	Previous Fiscal YTD January 2019	Current Month January 2020	Current Fiscal YTD January 2020	WVPCA Average	Variance
Commercial Insurance	30.47%	29.67%	29.89%	30.00%	-0.11%
CHIP	1.46%	1.72%	1.62%	1.00%	0.62%
Medicaid	35.47%	35.49%	31.77%	45.00%	-13.23%
Medicare	21.24%	21.52%	21.26%	16.00%	5.26%
Uninsured	11.37%	11.60%	15.47%	8.00%	7.47%
DAYS IN ACCOUNTS RECEIVABLE			22.04		
GRANTS AS A % OF ADJUSTED INCOME		18.22%	15.34%		
	Previous Calendar YTD Jan-19	Current Calendar YTD Jan-20			
UNDUPLICATED USERS	4,310	4,948			
NEW PATIENTS	227	129			

Payer Mix Based On Visit Count

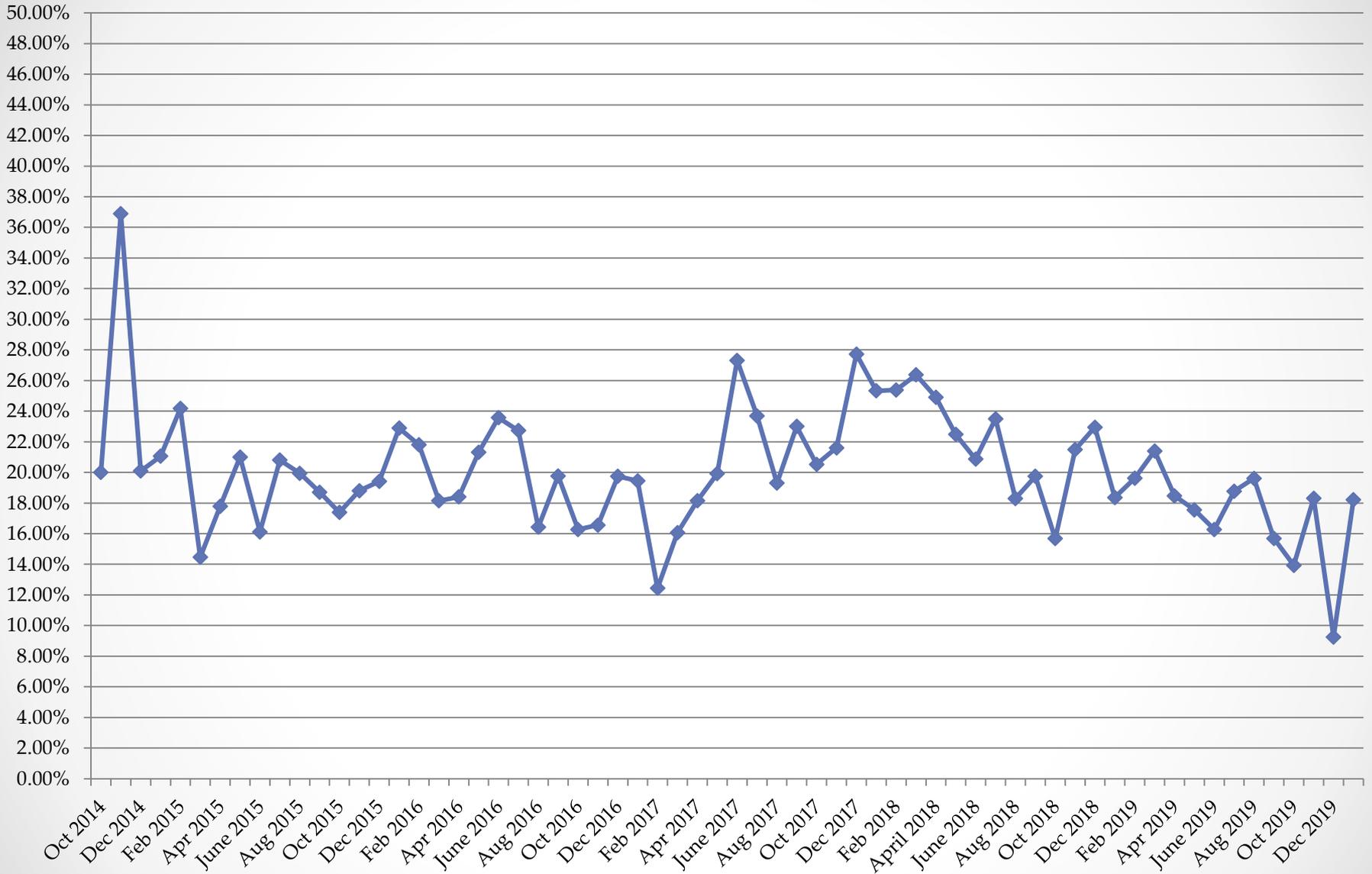


Days In Accounts Receivable

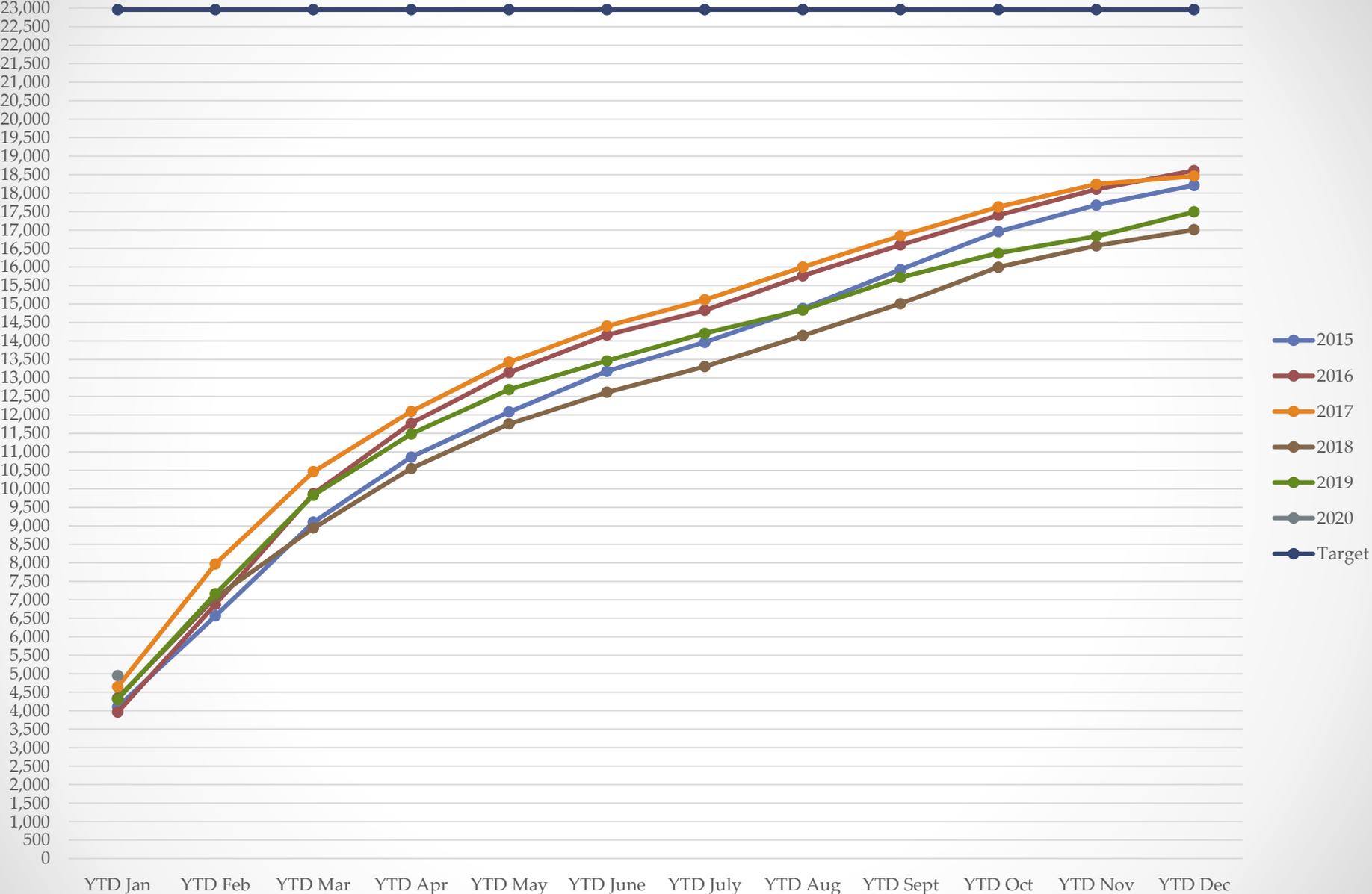
National Benchmark In Red



Grants As % Of Income



Unduplicated Users



New River Health
Chief Executive Officer's Report
Board of Directors
February 27, 2020

Community

- SignArc of Beckley continues installation at all New River sites and locations.
- Advertising continues in the *Beckley Registered Herald*, on WJLS, WTNJ, and WCIR.
- “Just a Minute” spots continue to run on WCIR.
- New River will continue to be a sponsor of the WVU Tech Basketball games.
- Provided sponsorships to a number of athletic events in Fayette County.
- New River continues to be actively involved in the Fayette County Substance Abuse Prevention Coalition led by Carri Strunk.

Quality & Patient Safety

- Pharmaceutical adherence packaging has been highly successful at the Fayetteville pharmacy. Adherence packaging has begun at the Scarbro pharmacy and is targeted to begin at the Sophia pharmacy with the next 45 days.
- HRSA site visit is scheduled for July 14, 15, and 16.
- Website designer has been engaged to revise New River's website.
- 2019 UDS report successfully submitted to HRSA. Report will be presented to the Board of Directors within the next 90 days of receiving final report from HRSA.

People

- Quarterly staff meeting was held on February 19, 2020 at the Lewis Center in Oak Hill and Joe Brouse spoke on reasons he is a member of New River Health's Board of Directors.
- Mary Lilly, behavioral health counselor, starting seeing patients on January 27th at the Scarbro location.

- Marsha Ryan, school health hygienist, began seeing patients last week of January
- Two new mid-level providers have been hired with start dates of April 13th. Katherine Geyer, CNP, will be working at the Valley SBHC/Smithers Gateway Center location 4 days per week, and urgent care at Scarbro one day per week. Amanda Davis, PA-C will be splitting her time equally between the Whipple and Fayetteville practice sites.

Service

- Mobile unit is on site at the Oak Hill Middle School/New River Primary School campus 4 days per week providing behavioral health services, and dental will begin one day per month beginning in March.
- Draft lease from WVU Medicine for the space on the Summersville Regional Medical Center campus is under legal review. Current lease expires on March 31st. New lease reflecting new space allocations will take effect April 1.
- Continue to refine the use of the Podium software which will direct all social media platforms to one central New River employee. Software also enables New River the ability to ask patients to provide a review of their experience at New River in a timely manner.

Growth

- Fayette County Board of Education approved the agreement stating that New River will be the exclusive medical provider for the Oak Hill Middle School/New River Primary School complex at the October 8th BOE meeting. Received a preliminary cost of \$360,000 for the creation of a wellness center at the new school complex in Oak Hill. ZMM has presented a contract for the construction of the SBHC at an estimated cost of \$754,000.
- Fayetteville PreK – 8 School (former Fayetteville High School) has been approved to be included in New River’s scope of services. The principal has identified space within the school New River can use to start providing behavioral health services. Behavioral health services are targeted to begin in the next 30 days.
- Ownership of the former Valley Elementary School has been transitioned to the City of Smithers. City of Smithers plans on creating a community center in the building called “Smithers Gateway Center” which will include the city offices, the city police force, a child day care center, and adult day care center, and space for New River Health. Initial plans are to have pharmacy services, with a drive

through window, medical, dental, and behavioral services located in the space. A five year lease has been agreed to with the City of Smithers for the space. Finalizing space layout with Danhill Construction. Initial estimate to renovate the space is approximately \$371,000. Currently reviewing a revised renovation bid for the space. Received a second bid of \$198,500 to renovate the space.

- MAT services continues to grow at a rapid pace. Jennifer Boyd has been approved by the Osteopathic Board of Medicine to provide care to MAT patients. Jennifer is scheduled to start seeing MAT patients on March 5th. MAT services began February 21, 2019, and have two patients in the program who have been sober for 1 year.
- Moving forward with a plan which will allow New River to capture revenue from patient prescriptions filled at non-New River Pharmacies. This is known as “Contracted Pharmacies”. Program still targeted to begin April 1, 2020.
- ZMM continues the “preliminary design work phase” for the Kmart property. Strong commitments from a child day care center, a cross fit gym/rock climbing facility, and optometrist for space in the building. Draft lease agreements are currently under legal review.
- Have been in contact with the Superintendent of Nicholas County Schools regarding New River Health being the school based health provider for the new schools being planned in Nicholas County.
- Need to complete Change in Scope Process for the following:
 - Cardiac Rehabilitation Services
 - Oak Hill Middle School/New River Primary School

Finance

- All paperwork has been filed with the state to form an LLC holding company for Kmart property site.
- Have received a \$70,000 grant from The Greater Kanawha Valley Foundation for dental services.

Chris Bailey

From: Pam Moore <pam@wvpc.org>
Sent: Monday, February 24, 2020 9:49 AM
Subject: WV Legislative Weekly Update | 2.24.2020



2020 Legislative Weekly Update



Content provided by West Virginia Lobbyist Group

WVPCA Legislative Update (2/24/2020)

After 47 of the 60 total days at West Virginia's 2020 Regular Legislative Session, the following is a summary report provided by Walker & Stevens / West Virginia Lobbyist Group (WVLG) for the West Virginia Primary Care Association (WVPCA) and its members. If there are issues of interest not included in this report, please let us know. We will be glad to discuss them and include them in future reports.

As of February 24, 2020, 2,367 bills have been introduced. The bills included below are listed as **PENDING**, **PASSED**, or **DEAD**, depending on their status. If **specific legislators** are champions or strongly against a certain bill, they have been identified. **WVPCA Positions** have been included for issues the WVPCA has taken positions on.

GOVERNOR JUSTICE'S RURAL HEALTH TASK FORCE

Governor Jim Justice plans to establish a task force on health care aimed at keeping rural hospitals in West Virginia open - the Rural Medicine Task Force - via an executive order next week. "We must stop our rural hospitals from closing," Justice said. "I intend to bring together all the major hospitals and all the leading players to work on this issue. They have the expertise necessary to develop solutions for solving the delivery of rural medicine and care in West Virginia." The WVPCA has made a request to Governor Justice's office to participate on this Task Force. **PENDING - Task Force members have not yet been named.**

DINNER MEETING WITH SENATE HEALTH AND FINANCE VICE CHAIR ERIC TARR

The WVPCA hosted a dinner meeting with Senate Health Vice Chairman and Senate Finance Vice Chairman Eric Tarr on Monday February 17: present were John Schultz, Craig Glover, Rob Dudley, Rebecca Gaughan, Sherri Ferrell, and Matt Walker. Senator Tarr's district is unique in that it touches as many as four WVPCA member FQHC service areas. Many issues were discussed, such as the state budget, school based health, harm reduction, Medicaid block grants, reimbursement methodologies, etc.

LEGISLATION

1. **Primary Care Support Act Rule – SB 343 / HB 4283**
PASSED Senate (32-0-2)
PASSED House (98-1-1)
The reformed PCSA was signed into law in 2019. The bill provided the DHHR Secretary flexibility with primary care grant funding to bring additional FMAP (federal match) into Medicaid. **WVPCA Position: ensure FQHCs and FQHCLAs are eligible to apply for grant dollars left over after FQHCLAs are funded and FMAP has been maximized.**
2. **Pharmacy Audit Integrity Act Rule – SB 359 / HB 4230 (combined in rules bundle SB 357)**
PASSED Senate (32-0-2)
PASSED House (98-1-1)
The PAIA was updated in 2019 to create a comprehensive regulatory structure for pharmacy benefit managers (PBMs) under the Offices of the Insurance Commissioner (OIC), including the nation’s strongest 340B discriminatory reimbursement protection. **WVPCA Position: protect 340B Discriminatory Pricing provisions; support regulation of PBMs.**
3. **Providing dental coverage for adult Medicaid recipients – SB 648**
PENDING on Senate Floor
This bill expands Medicaid to include dental coverage for adults 21 and over, with a \$1,000 cap per person, including restorative services, effective after January 1, 2021. However, the Senate Finance Committee tied this bill to approval of the managed care organization (MCO) provider tax, which will be submitted to CMS within the next few months. This change makes CMS approval of the MCO tax essential to implementing the Medicaid adult dental benefit. DHHR representatives Jeremiah Samples and Cindy Beane both testified about both the health improvement and financial impacts of this bill on the Medicaid budget. **WVPCA Position: support. Also, support CMS approval of the MCO tax, which is required to make this bill effective.**
4. **Imposing a health care related provided tax on certain health care organizations - SB 719**
PASSED Senate (34-0)
PENDING in House Finance Committee
This bill imposes a tiered tax on HMOs in a manner that permits the maximization of federal matching dollars for use in the state Medicaid program. **WVPCA Position: support, as this bill is essential in implementing the Medicaid adult dental legislation (SB 648).**
5. **Creating a workgroup to investigate and recommend screening protocols for ACES – HB 4773**
PASSED House (95-3-2)
PENDING in Senate Children and Families Committee
This bill now states that the Bureau for Public Health MAY develop a work group to develop statewide standards for adverse childhood trauma assessment protocols. The WVPCA is included in the work group (“*three representatives of primary care providers chosen by the WVPCA*”). **WVPCA Position: support ACES screenings and provide input about future standards.**
6. **Requiring PEIA/health insurance providers provide mental health parity – SB 291**
PASSED Senate (34-0)
PENDING reference in House
This bill requires health insurers to provide mental health parity between behavioral health, mental health, substance use disorders, and medical and surgical procedures. This bill is championed by **Senator Ryan Weld**. Following a Senate Health Committee hearing, feedback was solicited from several groups, including the WVPCA. Stakeholder meetings were held on 1/19/20 and 1/24/20 to discuss the bill. **WVPCA Position: advocate for mental health parity protections applicable to all payors, including coverage parity (prior authorization, plan design, etc.) and reimbursement parity (PPS, co-pay parity, etc) including group setting encounters. Continue discussions with BMS to develop APM for Medicaid group setting encounters.**
7. **Health Benefit Plan Network Access and Adequacy Act – HB 4061**
PASSED House (97-0-3)
PENDING in Senate Health Committee (2nd reference to Senate Judiciary Committee)

This bill was intended to create network adequacy requirements and protections for several provider types, including “Essential Community Providers,” which includes FQHCs and others. The House Health Committee amended this bill to give the WV Offices of the Insurance Commissioner (OIC) the authority to review insurance networks for network adequacy, but the “any willing provider” components were removed. Also, the provisions of this bill do not apply to Medicaid and its contracted MCOs, Medicare, or ERISA plans. It is likely this bill will change significantly throughout the legislative process, and is being opposed by the insurance industry. **WVPCA Position: advocate for “Essential Community Provider” protections applicable to all payors. Begin discussions with MCOs and DHHR to include ECP “Any Willing Provider” protections in all future MCO/DHHR contracts.**

8. **Allowing WVCHIP flexibility in rate setting – SB 641**

PASSED Senate (33-0-1)

PENDING in House Health Committee

This bill offers CHIP flexibility in rate setting by unbinding CHIP from the PEIA provider reimbursement rate schedule, since both were previously under the Dept. of Administration. This is being done as CHIP is moved under a managed care portfolio. Guidance from DHHR and CHIP is that MCOs will reimburse providers in the same manner that Medicaid managed care is reimbursed. **WVPCA Position: request clarity on reimbursement rate approach, as related to prospective payment system (PPS) rates versus other rate structures to be negotiated with WVCHIP, MCOs, DHHR.**

9. **Relating to pharmacy benefit managers – HB 4058**

PASSED House (95-0-5)

PASSED Senate (32-0-2)

This bill makes technical changes to PBM law and addresses fines/sanctions charged to PBMs for violations. It was amended upon request by the WVPCA to make PBM fines “per violation,” which could result in greater fines for violations of the Act. **WVPCA Position: support “per violation” fine language added to effectively regulate PBMs and deter unlawful conduct; oppose fine caps.**

10. **Providing reimbursement to pharmacists for services – SB 787**

PENDING on Senate Floor

This bill establishes a framework for pharmacists to be reimbursed for services rendered under a pharmacist’s scope of practice if those services would have been reimbursable if performed by another health care provider. The bill also requires payors to credential pharmacists individually. **WVPCA Position: support and begin discussions with payors about reimbursement.**

Relating to disposal of unused, unwanted or expired medications. (JUD) - HB 4784 - DEAD

This bill requires pharmacists to instruct persons purchasing medicines the necessity of disposing unused, unwanted, or expired medicines and provide patients with methods of properly doing so. **WVPCA Position: oppose unfunded mandate on FQHC pharmacies.**

11. **Reducing the cost of prescription drugs – HB 4062**

PASSED House (99-0)

PENDING in Senate Health Committee (2nd reference to Senate Finance Committee)

LIKELY DEAD

This bill requires all compensation remitted by or on behalf of a drug manufacturer (rebates) to a carrier or PBM to be remitted directly to covered persons at the point of sale to reduce out of pocket costs or to be remitted to the carrier to apply in future plan designs to offset premiums for covered persons. This bill is similar to drug pricing controls recently passed in Maine. Following a stakeholder meeting, this bill is unlikely to pass. **WVPCA Position: support the future plan design cost offsets by using drug manufacturer rebates and effective, transparent reporting. Support that the following amendment to protect FQHC in-house and contract pharmacies from PBMs, carriers, or others from cost-shifting the loss of rebates to pharmacies. This language is similar to 340B discriminatory reimbursement protective language passed in 2019:**

A pharmacy benefit manager, a carrier, or any other third party, that reimburses a pharmacy for drugs shall not reimburse a pharmacy at a lower rate and shall not assess any fee, charge-back, or other adjustment upon the pharmacy on the basis that compensation is being remitted directly to a covered person at the point of sale to reduce the out of pocket costs to the covered person associated with a particular

prescription drug, or on the basis that compensation is being remitted to, and retained by, a pharmacy benefit manager, a carrier, or any other third party.

12. **Relating to telehealth insurance requirements – HB 4003**

PASSED House (92-5-3)

PENDING in Senate Health Committee

This bill originally established insurance standards related to telemedicine, including creating an originating site charge (facility fee) of \$10 or up to 10% of the charge for the service provided, as well as payment parity between face-to-face and telemedicine services. FQHCs were included in the definition of “originating site.” The amount was changed to “at least 90%” and the originating site facility fee was removed in House Health Committee on 1/16/20, but the bill was laid over and not passed. On 1/30, **House Majority Leader Amy Summers** proposed an amendment to strike the “100% parity” mandate and allow for contractual negotiations between providers and carriers. Division on the amendment was called, and it failed 12-13. On 2/4 the Committee, recalled its action, the amendment was made again, and it passed. **WVPCA Position: support 100% telehealth parity applicable to all payors. Advocate for originating site facility fee (with FQHCs included).**

13. **Prohibiting syringe exchange programs – SB 286 - DEAD**

This bill prohibits opening new syringe programs and forces closure of existing programs. **WVPCA Position: oppose, while educating legislators that while FQHCs may not directly participate directly in needle exchanges (federal law), explain value of harm reduction programs, which are evidenced-based and effective in reducing infectious disease.**

14. **Various Immunization Exemption Bills - DEAD**

These bills would eliminate the current medical exemption process, create a personal belief exemption, create a religious exemption, etc. “Health Freedom” Day was held on Jan. 13 at the Capitol. Various health care groups are aggressively opposing these bills. The West Virginia Immunization Network has made available some excellent resources which may be used when speaking with legislators or others about these issues. **WVPCA**

Position: oppose all anti-immunization bills. Formally adopt WVIN positions and materials.

✚ **SB 220** and **HB 2847**: both allow non-medical exemptions to school immunization requirements and remove the medical exemption review process.

✚ **HB 4063**: removes the medical exemption review process.

✚ **HB 4115**: removes immunization requirements for private and parochial schools.

✚ **HB 4114**: Informed Consent Protection Act (HCP may not accept monetary payments from insurance carrier or drug manufacturer for patient vaccinations).

15. **Relating generally to Certificate of Need for health care services – HB 4108**

PASSED House (99-0)

PENDING in Senate Health Committee

This bill reorganizes the exemption section of CON. The \$1,000 fee and the required application/letter requesting an exemption for review by the Health Care Authority (HCA) have both been eliminated. A provider requesting an exemption simply must notify the HCA about which services they plan to expand. As mentioned before, there is no review, fee, or opportunity for objection. **WVPCA Position: advocate to keep CON (with FQHC exemption), elimination of \$1,000 fee, elimination of application/letter and HCA approval requirement.**

16. **Relating to insulin cost management – HN 4543**

PASSED House (94-4-2)

PENDING in Senate Banking & Insurance (2nd reference to Senate Finance Committee)

This bill will cap costs for insulin to \$25 for a 30-day supply, regardless of the amount or type of insulin prescribed, to protect patients from rising insulin costs. The bill contains an important pharmacy protection which states that a drug manufacturer, drug wholesaler, or PBM may not pass through the costs of the prescription drug to the pharmacy. In House Judiciary Committee, PEIA Director Ted Cheatham and others presented about prescription drugs and the process by which they are handled. This bill was amended significantly in the House Judiciary Committee. This bill is likely to change significantly throughout the process in the Senate, if it passes the House. **WVPCA**

Position: support, but advocate for inclusion of FQHC pharmacy cost-shifting protections.

17. **West Virginia Children’s Vision Act – HB 4492 & SB 628 - DEAD**

This bill creates the West Virginia Children's Vision Act, requiring school children to have comprehensive vision examinations before enrollment in K-12 school (both public and private). **WVPCA Position: support eye screenings conducted by PCPs, pediatricians, etc., but not limited to optometrists/ophthalmologists.**

18. **West Virginia Health Care Workforce Sustainability Study – HB 4434**

PASSED House (100-0)

PENDING in Senate Health Committee

This bill authorizes a statewide study and report on the existing health care workforce and estimated needs of the next 15 years. **WVPCA Position: support.**

19. **Relating to family planning and child spacing – SB 288**

PASSED Senate 31-0-3

PENDING in House Health Committee

This bill mandates the Bureau for Public Health with developing and implementing a plan to prevent exposure of unborn children to illicit substances and NAS.

20. **Tax Credit for Establishing a New Physician Practice – SB 77 - DEAD**

This bill would establish a tax credit for physicians who are new graduates and locate in West Virginia to practice medicine for at least six years. This bill passed the Senate Health Committee unanimously on 1/21/20, and has been sent to the Senate Finance Committee for further review, although it is unlikely to pass. **WVPCA Position: support tax credits for HCPs.**

21. **Relating to certain waivers for SNAP benefits – SB 268 - DEAD**

This bill requires the Secretary of DHHR to seek a CMS waiver related to the SNAP program to allow benefits to be limited to purchases with the same or nutritional value as under WIC. The Secretary must also coordinate with state agencies to report to LOCHHRA by December 2020 on progress. **WVPCA Position: oppose, as mandating SNAP rules/regs to mirror WIC could be disruptive to program.**

22. **Creating WV Health Care Continuity Act – SB 284**

PENDING on Senate Floor

This bill intends to ensure insurance plans meet certain minimum standards, remain affordable, and are not denied on the basis of preexisting conditions. This bill presupposes the ACA is repealed or struck down in court, and would take effect only in those instances. **WVPCA Position: support pre-existing condition coverage legislation, but advocate for the inclusion Medicaid expansion in this legislation, ACA funding, etc. and educate legislators that this legislation, while well-meaning, is not a replacement for the positive impact of the ACA. Oppose ACA repeal.**

23. **Born-Alive Abortion Survivors Protection Act – HB 4007**

PASSED House (93-5)

PASSED Senate (32-0-2)

This bill requires a physician to use reasonable medical judgment if a child is born alive when an abortion is performed. Examining WV Code, this bill makes no practical change. This bill is very likely to pass. **WVPCA Position: neutral.**

24. **Removing the requirement that a veterinarian access and report to the controlled substances monitoring database – HB 4395**

PASSED House (95-0)

PENDING in Senate Health Committee

This bill removes the requirement that a veterinarian access and report to the controlled substances monitoring database. The Senate will likely include “pharmacists.” Vets requested this legislation because when looking up a pet owner, which is currently required when writing for a pet, vets have HIPAA concerns about accessing owners’ information. **WVPCA Position: neutral.**

25. **Authorizing pharmacists and pharmacy interns to administer vaccines – SB 544**

PASSED Senate 34-0

PENDING in House Health Committee

This bill authorizes pharmacists and pharmacy interns to administer vaccines in accordance with rules proposed by the WV Board of Medicine and WV Board of Osteopathic Medicine and in accordance with definitive treatment guidelines for immunizations promulgated by the latest notice from the U.S. Dept. of Health and Human Services, CDC, including, but not limited to CDC's recommended immunization schedule for adults, children, and adolescents. Previously, pharmacists and interns could only administer influenza and HPV immunizations to persons 11-18 with written informed parental consent when presented with a prescription from a physician and when there are no contraindications to that patient receiving the vaccine. This bill is likely to pass. Several Republican legislators questioned committee legal counsel at length. **WVPCA Position: neutral.**

26. **Requiring physicians notify parents if prescribing contraceptives to minors – SB 473 - DEAD**
This bill requires physicians to notify parents when prescribing contraceptives to individuals under the age of 18 that have not graduated from high school. **WVPCA Position: oppose, as FQHCs follow current law on issue, which states a person (14 and >) that does not want notifications to be made about their care will not be made without a consent and release of records.**
27. **Youth Mental Health Protection Act – HB 4160 - DEAD**
This bill protects LGBT youth from conversion therapy AKA sexual orientation change efforts AKA reparative therapy. **WVPCA Position: support.**
28. **Making it illegal to scleral tattoo a person – HB 4161**
PASSED House (78-21)
PENDING in Senate Health Committee
This bill makes it unlawful to tattoo the sclera (white of the eye). **WVPCA Position: support.**
29. **Allowing physician assistants to order do-not-resuscitate orders and determinations of incapacity – SB 664 & SB 647**
PASSED Senate (33-0-1)
PENDING in House Health Committee
WVPCA Position: support.
30. **Establishing advisory council on rare diseases – SB 269**
PENDING on Senate Floor
This bill creates an advisory council to educate the public and medical community in the recognition, diagnosis, treatment, and research of rare diseases. It is likely the expense reimbursement section of this bill will be removed. It is likely to pass. **WVPCA Position: support.**
31. **Relating to the organizational structure office of drug control policy – HB 4103**
PASSED House (97-1-2)
PASSED Senate (32-0-2)
This bill elevates the Director to the Office of Drug Control Policy to the Department level, under supervision of the DHHR Secretary. **WVPCA Position: support.**
32. **Relating to the administration of anesthetics – HB 4356**
PASSED House (70-29)
PENDING in Senate Health Committee
LIKELY DEAD
This bill removes the requirement of direct physician supervision for CRNAs. This bill is unlikely to pass in the Senate. **WVPCA Position: neutral.**
33. **Prohibiting smoking in enclosed motor vehicle when a child < 8 present – HB 2077 - DEAD**
This bill prohibits smoking in an enclosed motor vehicle when a child under eight is present. **WVPCA Position: support.**
34. **Relating to age verification requirements for delivery sales of tobacco – HB 4493 - DEAD**

This bill mandates that mail carriers check photo ID when delivering tobacco, tobacco related products, alternative nicotine products, or vapor products. **WVPCA Position: support.**

The Patient Brokering Act – HB 4422

PASSED House (99-0-1)

PENDING in Senate Health Committee (2nd reference to Senate Judiciary Committee)

This bill prohibits patient brokering and prohibits causing or participating in acts that are intended to derive any benefit or profit from referral of a patient to a healthcare provider or facility. **WVPCA Position: neutral.**

35. Relating to Opioid Antagonists – 4102

PASSED Senate (100-0)

PENDING in House Health Committee

This bill updates and clarifies who may prescribe dispense, obtain, and possess an opioid antagonist. **WVPCA Position: neutral.**

36. Increasing access to long acting reversible contraception – HB 4059

PENDING on House Floor

This bill increases access to long acting reversible contraception (LARC). **WVPCA Position: support.**

37. Permitting a person to obtain a 12-month supply of contraceptive drugs – HB 4198

PASSED House 88-5-7

PENDING in Senate Health Committee

This bill permits a person to obtain a 12-month supply of contraceptive drugs. **WVPCA Position: support.**

38. Permitting nursing home use trained individuals to administer medication – SB 560

PASSED Senate (27-7)

PASSED House (70-26-4)

This bill permits nursing homes to use trained individuals (AMAPS) to administer medication under the direction of an RN. This bill is likely to pass, although it has died several years in a row due to opposition from the WV Nurses Association and the WV Society for Respiratory Care. **WVPCA Position: neutral.**

39. Establishing a pilot program to develop school-based mental and behavioral health services – HB 2100 – DEAD

This bill requires the State Dept. of Education to develop a pilot program to provide mental and behavioral health services as an alternative to suspending students for disruptive behaviors. **WVPCA Position: neutral.**

40. Improving the quality of West Virginia's Medicaid program – HB 2978 - DEAD

This bill creates a pilot program within DHHR to implement smart health cards for individuals receiving Medicaid healthcare benefits to promote interoperability of electronic medical record systems between public and private providers and DHHR. **WVPCA Position: neutral.**

41. Relating to Medicaid subrogation liens of DHHR – HB 4573

PENDING on House Floor

This bill harmonizes Medicaid subrogation law with recent changes to federal laws by removing restrictions on amounts subject to recovery by DHHR. **WVPCA Position: neutral.**

42. Requiring Accountable Pharmaceutical Transparency, Oversight, Reporting - HB 4583 - DEAD

This bill requires drug manufacturers and health benefit plan issuers who sell prescription drugs in WV to provide cost information, changes in cost information, and prescription drug statistics to the State Auditor, and requires the Auditor to publish this information on a searchable transparency website available to the public and disclose identities of drug manufacturers and health benefit plan issuers who fail to comply with the requirements of the article. **WVPCA Position: support.**

43. Exempting participants in the Jobs and Hope program from Medicaid forfeiture for one year after certain conditions are met – HB 4669 - DEAD

This bill exempts participants in the Jobs & Hope program from Medicaid forfeiture for one year after they exceed 138% of the Federal Poverty Level. After one year of continued coverage, they may retain treatment services for a copayment fee. **WVPCA Position: support.**

FISCAL YEAR 2021 BUDGET

West Virginia Department of Health and Human Resources (DHHR) Budget Hearings: the DHHR offered its budget presentation to the Senate Finance Committee on Tuesday, January 28 and to the House Finance Committee on Thursday, January 30. Main presenters were DHHR Secretary Bill Crouch and DHHR Deputy Secretary Jeremiah Samples. Information related to the state's substance abuse response, state facilities, such as nursing homes, hospitals, and others, and foster care issues dominated early parts of the presentation from Secretary Crouch, with Mr. Samples giving detailed budget breakdowns related to open DHHR positions, provider reimbursement, etc. Secretary Crouch noted that overdose deaths appear to be down 6% from last year, after increases in previous years of 13% and 22%. Samples stated that DHHR's overall budget is approximately \$6.1 billion, made up of \$4.1 billion in federal dollars (81% overall FMAP), with the Bureau for Medical Services (BMS) making up \$4.5 billion of that total.

Notable was a projected \$309 million Medicaid surplus identified by Governor Justice during his State of the State Address, as well as a newly proposed Medicaid Families First Reserve Fund of \$150 million to plan ahead for future shortfalls. The importance of these efforts was echoed by DHHR. Other accomplishments included nearly \$20million to clear the Intellectual and Developmental Disability (IDD) Waiver waiting list, with IDD Waiver recipients receiving \$61,000 on average per member per year, with 4,896 slots available in 2019, and possibly around 5,000 in 2020. Mr. Samples noted that for the first time in state history, all three waiver programs (IDD, Aged and Disabled Waiver, and Traumatic Brain Injury Waiver) will not have waiting lists. Surrounding states have waiting lists, although benefits and eligibility criteria differ among states.

Mr. Samples reminded the Senate Finance Committee that Medicaid always budgets on a 6-year forward projection, and that Medicaid has seen a 9% enrollment decrease over the past year, with 505,000 enrollees as of now. Of course, lower enrollment means decreased utilization, which explains some of the savings. However, there are savings in other areas as well.

For example, Mr. Samples mentioned that Medicaid enjoyed the largest pharmacy rebate return in history: \$514 million in drug rebates on \$686 million in pharmacy spend. This is a positive outcome, given the changes made to the state's Medicaid pharmacy benefits over the past few years. **Mr. Samples mentioned hospital, nursing home, and FQHC provider expenditures trending upward over the past year, although there was no mention that part of the overall FQHC increase could be attributed to various FQHC rate increase applications being held by BMS without action since as far back as 2015. Once those applications were finally approved and rate changes were awarded, back payments spanning several years were made to some FQHCs and rates were increased prospectively. Taking closer look at FQHC expenditures without these amounts included could yield a more accurate reflection of FQHC spending by BMS.**

Mr. Samples mentioned that an economic downturn in the state could likely result in increased Medicaid enrollment, making the Reserve Fund that much more important. Because of recent federal law changes, additional funding is required for CHIP to remain at current levels without caps, reimbursement cuts, etc. The CHIP program currently serves 21,000+ kids in West Virginia.

Finally, several Committee members questioned State Health Officer Dr. Cathy Slemp about how harm reduction programs, and especially the needle exchange components, are funded in West Virginia. During a somewhat contentious exchange, Dr. Slemp informed Committee members that thousands of individuals were served in 2019 by harm reduction

programs, including needle exchanges, naloxone programs, addiction treatment linkage to care, and other services. Dr. Slemp stressed the importance of making these decisions at the local level, based on the community's needs, and that harm reduction is only one piece of the complex puzzle in solving the state's substance abuse crisis. Finally, Dr. Slemp cautioned the Committee that leaving infectious diseases such as Hepatitis C and HIV untreated would cripple the Medicaid and state budgets at some point, and that successful recovery from addiction eases many burdens on the state and improves its workforce.

The RFP for the West Virginia Medicaid managed care contracts was released, and as the managed care bidding process saw significant delays, it is likely that the current three (Aetna Better Health, Anthem/Unicare, The Health Plan) managed care organizations participating in the market will remain, with no new MCOs entering the market.

West Virginia Primary Care Association
1700 MacCorkle Avenue, SE
Charleston, WV 25314-1518
(304) 346-0032
(304) 346-0033 Fax



WV Community Health Centers - Proudly Serving 1 in 4 West Virginians

IMPORTANT NOTICE: WVPCA DISCLAIMER This e-mail may be confidential and/or subject to legal privilege, and is for the use of the intended addressee only. Any unauthorized use, dissemination, or copying of the information in this message is strictly prohibited. If you have received this message in error, please notify the sender immediately and delete this message.



MONTHLY PROGRAM REPORT

Number of Home Visitors:	5	Month Reported:	January 2020
Agency:	New River Health	Prepared by:	Amanda Withrow
Program Participation		Current Month	Comments
# of new enrollees		0	
# of cases exited from program		3	
# of home visits		66	

I. Training/Special Events/Group Meetings

Reflective Supervision – All Staff

MIHOW/PAT Staff Training – All Staff – 1/31/20

CTF Alliance Preventing Child Neglect Webinar - 1/3/20 – Stefanie

Strengthening Families CTF Alliance Webinar – 1/3/20 – Stefanie

CTF Alliance Child Neglect Basics pt 1 & 2 Webinars – 1/5/20 – Stefanie

Top Tips for Creating a Safe Home Webinar – 1/18/20 – Stefanie

Family and Community Engagement Webinar – 1/14/20 – Stefanie

American Academy of Pediatrics Webinar – 1/15/20 – Stefanie

Early Signs of Autism Webinar – 1/9/20 – Taralyn

What Can Child Care Health Educators Do For You? Webinar 1/20/20 – Taralyn

Quarterly COIIN CQI Meeting – 1/24/20 – Taralyn, Ashley

Site Director/Supervisor Activities – Brenda McClung

COIIN Training – 1/15/20, Boston, MA

COIIN Training – 1/16/20, Boston, MA

PAT Supervisors Conference Call – 1/23/20

Quarterly COIIN CQI Meeting – 1/24/20

Group Connections/Group Sessions

WIC Literacy Meeting, Raleigh Co, 13 Participants, 1/16/20

Raleigh Co FRN Meeting, 33 Participants, 1/16/20

Fayette Co FRN Meeting, 38 Participants, 1/23/20

II. Most significant success story this month

Mother quit smoking!!!!!! The success that I recognize with this family: resilience!!! They have faced a lot of hardship but they continue to work together and remain happy and hopeful. How MIHOW encouraged/helped/supported this success: educated mom on the dangers of secondhand smoke and encouraged her to make the change for overall health of her family. - Stefanie

III. Most significant problem encountered this month.

Employees entering home visit data and monthly billing information on time.

III. Special stories, concerns, project ideas, parenting tips, and myths for the MIHOW Monthly

My MIHOW mom who is working hard with CPS to gain her custody back had SEVERAL meetings this month. She handled herself very calm and professional with each and every person and agency!!!!!!!!!!!! I can't say how proud I am of this accomplishment. She is listening to what I'm saying and she is gaining so much confidence in herself. She spoke clearly and respectfully and her response was (to her surprise) so different and she worked through problems that normally she could never have. - Natalie

I have a new mom to be that I am visiting with. She is trying to recover from a drug addiction. She was living in a home where substance abuse was still a problem. She made a decision to return home and live with her father for support, motivation and confidence in battling her addiction. The success that I recognize with this family: This mom found strength within to leave a home where the father of her baby was living and her best friends were living with her. She left due to drug use/ abuse was a problem. She has been an addict for several years and is now pregnant and wants a different life for her and her baby. She went to live with her step father for support and guidance. - Brenda

One of the ladies I visits husband has been diagnosed with cancer for the third time and they were able to raise money to send him to a Dr. Atlanta Georgia. – Ashley

Sometimes it's hard to pick just one success each month. This month, I want to write about E and her son J. Mother E has been through a lot and is now in rehab. When she came to rehab, she had been living with her dad and her 4 month old son J. As soon as she came to rehab, she found out she was pregnant again and slipped into depression because of everything she was going through and the fact that she was pregnant again so soon and had only been with the baby's dad (also J's dad) one time since J had been born. Because of her addiction, she had a cps case opened and ongoing that was causing her a lot of stress along with being away from home, pregnant, and going through rehab. E was/is very open with me about everything that is going on and had a little attitude about it all in the beginning, but after our first visit, she came around and has really appreciated the program. - Taralyn



ADMINISTRATIVE POLICIES

Credentialing and Privileging Policy

Effective Date: 7/1/09

Policy Number: 101.~~43~~

Revision Date: 6/16/14; 4/28/2016;
2/22/2018; ~~2/27/2020~~

Authorization: Board of Directors

Review Date: ~~2/2227/2020~~2018

Approval: _____
Angela Barker, PA-C, Chief Medical Officer

Date: _____

Approval: _____
John R. Schultz, Chief Executive Officer

Date: _____

Approval: _____
Gabriel Pena, Board Chairman

Date: _____

Policy:

New River Health (NRH) will maintain current licensing and other credentialing information for all providers to ensure that all providers working ~~in~~for NRH have obtained the appropriate training, experience, licenses, and certifications for the specialty ~~they~~the provider represents. All providers are re-credentialed every two (2) years.

Each licensed or certified healthcare practitioner will be privileged specific to the services being provided at each of the health center's delivery settings.

Credentialing and privileging will be completed prior to the start date of the practitioner.

Procedure:

Initial Credentialing of Licensed Independent Practitioners (LIPs)

- Applicant will receive initial application packet

- Applicant will return completed applications along with requested documents
- Application will be reviewed and processed by the health center's credentialing specialist.
- ⊖ Application packet and requested documents will be sent to the Partners In Health Network (PIHN) credentials verification service for primary source verification of:

- o Licensure
- o Medical School
- o Fifth Pathway (if applicable)
- o Certification by Education Commission for Foreign Medical Graduates (if applicable)
- o Internship
- o Residencies
- o Fellowship (if applicable)
- o Post-graduate employment
- o Faculty appointments
- o Board Certification
- o Drug Enforcement Administration ~~Restrictions~~ ~~agency regulations~~
- o Professional Liability Insurance and claims history
- o Past and present health care affiliations
- o Military experience (if applicable)
- o Membership in professional organizations
- o Peer references
- o Ability to perform requested privileges
- o National Practitioner Data Bank

- ⊖• The following documentation will be reviewed by secondary source verification:
 - o Government-issued picture identification
 - o Drug Enforcement Administration registration
 - o Hospital admitting privileges
 - o ~~Immunizations~~
 - o Physical fitness certification
 - o Life support training (Not required for Behavioral Health Providers).

- Physicians who provide supervision/consultation only and do not see patients are not subject to verification of physical fitness certification, and life support training.
- Once the credentialing process is complete, the application will be moved on for clinical privileging. The credentialing specialist recommends the specific scope and content of patient care services based on an evaluation of the health care practitioner's clinical qualifications and competence.
- The completed and verified applicant packet, along with the credentialing specialist's recommendations regarding credentialing and clinical privileges, will be forwarded to a joint committee of the Chief Medical Officer, Associate

Medical Director and Chief Executive Officer for review. The joint committee will review the material and forward the application and recommendation for approval or denial of credentialing and clinical privileges to the Performance Improvement Committee of the NRH Board of Directors. The Performance Improvement Committee reviews the credentialing and clinical privileging information and comes to an independent decision for recommendation to the Board of Directors. The final decision by the board (approval or denial) is documented in writing and signed by the Chair of the NRH Board of Directors.

- Applicant will be notified of the NRH Board of Directors' decision.

Re-Credentialing of Licensed Independent Practitioners (LIPs)

- For re-appointment every two years, the PIHN credentials verification service will primary source verify:
 - Licensure
 - Drug Enforcement Agency registration
 - Professional Liability Insurance and claims history
 - Past and present health care affiliations
 - Changes in affiliation since last appointment
 - Changes in Board status
 - Any other relevant changes in membership and privileges since the practitioner's last appointment date
 - Peer references
- The practitioner must also present current documentation for:
 - ~~Required continuing education~~
 - Appropriate life support certification
 - Specialty Board re-certification (if applicable)
 - Physical fitness certification
- The joint committee of the Chief Medical Officer, Associate Medical Director and Chief Executive Officer will review the material and forward the application and recommendation for approval or denial of re-credentialing and clinical privileges to the Performance Improvement Committee of the NRH Board of Directors. The Performance Improvement Committee reviews the re-credentialing and clinical privileging information and comes to an independent decision for recommendation to the Board of Directors. The final decision by the board (approval or denial) is documented in writing and signed by the Chair of the NRH Board of Directors.
- Practitioner will be notified of the NRH Board of Directors' decision.

Privileging of Licensed Independent Practitioners (LIPs)

- Initial granting of privileges will involve primary source verification of current competence to provide such services based on peer review and performance improvement data.
- Renewal of clinical privileges for LIPs requires primary source verification of:
 - Expiring or expired credentials
 - Chart review results for the two-year period
 - Relevant performance improvement information

Temporary Credentials and Privileges

Temporary credentials and privileges may be granted to fulfill an important patient care need such as when a physician is ill or takes a leave of absence and an LIP must cover his or her practice until he or she returns or when an LIP has the necessary skills to provide care to a patient that the privileged LIP does not. The decision to grant temporary privileges in such situations is made on a case-by-case basis. The health center must verify the LIP's current licensure and current competence.

Temporary credentials and privileges may also be granted when an applicant with a complete, clean application is awaiting review and approval of the joint committee and the NRH Board of Directors. In such cases, temporary privileges may be granted for a period of time, not to exceed 90 days.

To grant temporary credentials and privileges, the following information has been obtained:

- Verification of:
 - Current licensure
 - Relevant training and experience
 - Current competence
 - Ability to perform the requested privileges
- Results from National Practitioner Data Bank queries
- Applicant information:
 - Complete application
 - No current or previously successful challenge to licensure or registration
 - No history of involuntary termination of medical staff membership at another organization
 - No history of involuntary limitation, reduction, denial, or loss of clinical privileges
- The completed and verified credentialing file will be forwarded to a joint committee of the Chief Medical Officer, Associate Medical Director and Chief Executive Officer for review. The joint committee will review the credentialing and clinical privileging information and make a determination to grant or deny temporary credentials and privileges.

- Any temporary credentials or privileges granted to a practitioner will be reviewed by the Performance Improvement Committee at the next scheduled meeting and continue through the Board approval process for full credentialing and privileging.

Initial Credentialing of Other Licensed or Certified Healthcare Practitioners

- The following documentation will be reviewed by primary source verification:
 - License, registration, or certification
- The following will be reviewed by secondary source verification:
 - Education and training
 - Government-issued picture identification
 - **Immunization**
 - Drug Enforcement Administration registration (if applicable)
 - Hospital admitting privileges (if applicable)
 - Life support training (if applicable)
- Verification of current competence is accomplished by a thorough review of clinical qualifications and performance

Re-Credentialing of Other Licensed or Certified Healthcare Practitioners

- The individual's competence to perform the duties described in the job description will be determined by the annual performance review and any other performance improvement information.
- Current licensure, registration, or certification will be verified.

Appeal Rights and Process

Practitioners have the right to appeal credentialing and privileging decisions made by the NRH Board of Directors. Incomplete applications or applications from practitioners who no longer meet credentialing criteria due to loss of license, loss of Board Certification, or loss of DEA license are not subject to appeal.

Practitioners desiring to appeal a credentialing and/or privileging decision must submit a written appeal within 30 days of notification of the decision. This appeal should detail why the practitioner believes the decision was incorrect or include any new or additional information for the NRH Board of Directors to consider.

The NRH Board of Directors and the joint committee of the Chief Medical Officer, Associate Medical Director, and the Chief Executive Officer will discuss this appeal at the next scheduled Board meeting. The practitioner may request to be present at this meeting. The Board will then vote to sustain, modify, or overturn its original decision. The practitioner will be notified in writing of the Board's decision within five (5) days after the Board meeting.



New River Health Association, Inc.
Medical Staff Credentialing

Stephen Bush, MD

Board Certified, OBGYN

West Virginia University

Current Practice Location:

Summersville Women's Health Center

Hire Date 3/9/2017

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.
Medical Staff Credentialing

Robert DePond, MD

Board Certified, OBGYN

West Virginia University

Current Practice Location:

Summersville Women's Health Center

Hire Date 3/9/2017

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Medical Staff Credentialing

Paul Dietz, MD

Board Certified, OBGYN

West Virginia University

Current Practice Location:

Summersville Women's Health Center

Hire Date 3/9/2017

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.
Medical Staff Credentialing

Mary Lilly, LICSW

*Licensed Independent Clinical Social
Worker*

West Virginia University

Primary Location:
New River Health - Scarbro

Hire Date 1/20/2020

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for privileging at NRHA.



New River Health Association, Inc.

Dental Hygiene - Credentialing

Kandi Holley

Licensed Dental Hygienist

WU Tech

Current practice Location:

Mount Hope Dental Clinic – Mount Hope

Hire Date: 10/15/2019

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Dental Hygiene - Credentialing

Marsha Ryan

Licensed Dental Hygienist

WVU Tech

Current practice Location:

Mount Hope Dental Clinic

Lisa Elliot Health Center

School Health

Hire Date: 1/13/2020

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Medical Staff Credentialing

Jamie Schraer

Registered Pharmacist

Certified Immunizing Pharmacist

University of Charleston

Current Practice Location:

New River Health – Scarbro Pharmacy

Hire Date: 1/05/2015

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.
Medical Staff Credentialing

Alayna Lesher, PA-C

Physician Assistant - Certified

Mountain State University

Current Practice Location:

New River Health – Scarbro

Hire Date: 12/4/2017

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Medical Staff Credentialing

Joel Whitaker, DDS

Doctor of Dental Surgery

West Virginia University

Current Practice Location:

Lisa Elliot Health Center

Hire Date 8/16/2016

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Medical Staff Credentialing

Joseph Golden, MD

Board Certified, Family Medicine

University of Connecticut

Current Practice Location:

New River Health –Scarbro

Hire Date 3/1/2005

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.

Medical Staff Credentialing

Emily Clagg, DO

Board Certified, Family Medicine

*West Virginia School of Osteopathic
Medicine*

Current Practice Locations:

New River Health –Scarbro
New River Health – North Fayette
New River Health – Whipple
Nicholas County School Based Health Center
Valley School Based Health Center

Hire Date 5/21/2018

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



New River Health Association, Inc.
Medical Staff Credentialing

Juddson Lindley, MD

Board Certified, OBGYN

West Virginia University

Current Practice Location:

New River Health –Whipple

Hire Date 4/1/2005

The Chief Medical Officer and
Chief Executive Officer recommend
Provider for Privileging at NRHA.



2019 Employee Satisfaction Summary - December

Last year NRHA composed a new Employee Satisfaction Survey that concluded in June. We sent out the Employee Satisfaction Survey again in December and we observed an increase of participation from the previous survey in June.

- **December 2019** – 120 responses; 116 completed responses
- **June 2019** – 106 responses; 101 completed responses
- **2018** – 76 responses; 66 completed responses
- **2017** – 97 responses; 90 completed responses

Based off the anonymous online ESS and the paper ESS, benefit eligible employees, 83.63% have made use of their medical insurance, 66.36% have made use of their dental insurance, and 67.85% have made use of their vision insurance. Overall, 93.75% are very satisfied / satisfied with NRHA's current employee benefits. We continue to update our internal benefit policies to make utilizing NRHA more convenient and affordable. NRHA's employee benefit program is our best recruiting and retention feature. Employees have responded by an overwhelming 94% that they would like NRHA to offer Education related benefits and a policy will be presented to the PIC for their review in April 2020.

It takes time and full participation to build a great company and I see New River making tremendous strides. Company culture normally gets pushed to the back burner as urgent business interruptions arise and because it is honestly very difficult to navigate. We are putting new systems in place with our new HR platform and SLIDO Q & A feature for our quarterly meetings and now bi-annual surveys. We have kept up with our employee events (summer cookout and movie at Christmas) and have consistently updated our policies and improved our benefit platforms (not increasing health insurance premiums and offering wellness bonuses).

I am beyond proud to report that the questions that ask about management of the company and how employees feel about how we do everything from "convey our mission to employees and patients" to how employees view whether their "supervisor treats them with respect" have shown very significant increases! In many categories there has been a 10% increase in positive scores.

I believe that we can continue to build on this and make NRHA an employer of choice by also adding a Diversity and Inclusion committee. This committee would have employee, management and board participation and focus on primarily two goals. First, a diverse workforce that reflects the diversity of our communities and second would focus on making employees feel included in the company.

High
Priority
Watch
Measures

New River Health
Performance Indicators
2019/2020

At or above target 
 Within 10 points of obtaining target 
 Missing target greater than 10 points 

	QI	Reporter	HRSA Goal	NRHA FY 2018	NRHA FY 19 Goal	Jul. 19	Aug.19	Sept. 19	Oct. 19	Nov. 19	Dec. 19	Jan. 20	Feb. 20	Mar. 20	Apr. 20	May.20	Jun.20
	Clinical																
	Behavioral Health/ Correct documentation for Initial patient intake. Quarterly	K. White	100%	90%	100%	Qtly	Qtly	Qtly	100%	Qtly	Qtly	66%					
	Behavioral Health / F/U progress notes using APS guidelines. Quarterly	K. White	100%	94%	100%	Qtly	Qtly	Qtly	100%	Qtly	Qtly	88%					
	Pediatric Prevention Hlth 6-18 yrs. Correct documentation of indicators of quality.	T. Vogel	100%	94%	100%	N/A	94%	99%	99%	99%	98%	92%					
	Abnormal Pap/ Colposcopy/ Quarterly	B. Stover	85%	85%	85%	40%	Qtly	Qtly	Qtly			59%					
	Prenatal visit within 42 days of enrollment or during the first trimester./ Quarterly	N. Burley	85%	78%	85%	Qtly	Qtly	85%	Qtly	Qtly							
	Postpartum visit within 21-56 days of delivery. / QUARTERLY	N. Burley	85%	44%	85%	Qtly	Qtly	30%	Qtly	Qtly							
✓	Black Lung-Breathing Center and Pulmonary Rehabilitation. Validity of Spirometry Testing	B. Marion	100%	100%	100%	100%		100%	100%	100%	100%	100%					
✓	Provider Chart Audit	A. Barker	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					
	Oral Health/Sealants for children 6-9yrs old. QUARTERLY	S. Coffelt															
	Total number of dental patients 6-9yrs of age.					Qtly	Qtly	Qtly			6	3					
	Number of patients 6-9yrs of age who received a sealant on a first permanent molar during the measured period.		85%			Qtly	Qtly	Qtly			66%	66%					

V	School Health	C. Whitlock																
	Students enrolled in all school health sites		75%	80%	50%	N/A	62%	71%	73%	75%	75%	76%						
	Well Child Physical for students enrolled			1%	25%	N/A	1%	3%	5%	7%	8%	9%						
	Quality Improvement																	
	Patient Satisfaction/ Pts. who recommend NRHA to others.		100%	97%	100%	86%	N/A	N/A	N/A	N/A	N/A	N/A						
	Pharmacy-Accuracy of Post Dispensing error rate.																	
	Pharmacy NF	K. Reed	100%	99%	100%	100%	99%	99%	100%	99%	99%	99%						
	Pharmacy Scarbro.	J. Schraer	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%						
	Pharmacy Sophia	T. Rosiek	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%						
V	Laboratory-Pre and Post Analytical Tracking of specimens.	B Bennett																
	Blind Sample Testing - Physical inspection for correct testing and resulting			99%	100%	94%	99%	96%	94%	96%	98%	98%						
	Safety Committee/Risk Management	A. Campbell																
	Clinical / Personal Protective Equipment (gloves, gowns, masks, ect) is readily available and used.		100%	99%	100%	100%	100%	100%	100%	99%	100%	100%						
	Fire Safety/ Fire drills are conducted , fire extinguishers are accessible, mounted and secure		100%	96%	100%	100%	100%	99%	100%	100%	100%	99%						
	General Safety/Storage rooms and equipment rooms are neat and orderly.		100%	99%	100%	100%	100%	100%	100%	100%	100%	100%						
	Chemical Safety/ Exposure control manual updated and education done.		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%						
	QI		HRSA Goal	NRHA FY 2018	NRHA FY 19 Goal	Jul. 19	Aug.19	Sep.19	Oct.19	Nov.19	Dec. 19	Jan.20	Feb. 20	Mar. 20	Apr.20	May.20	Jun.20	
V	Incidents	L. Sullivan																
	Incidents. All incidents addressed and closed within 30 calendar days			48%	75%	100%	Qtly	Qtly	87%	Qtly	Qtly	Qtly						
	UDS Data Report/ QUARTERLY	L. Watkins										Total 2019						
	Colorectal Screening -Members 50-75 years of age who had appropriate screening for colorectal cancer.		45%	36%	45%	Qtly	Qtly	17%	Qtly	Qtly	14%	14%						

	Childhood Immunization- Percentage of children who had all of the immunizations on or before their 2nd. birthday.		25%	14%	80%	Qtly	Qtly	20%	Qtly	Qtly	24%	24%					
V	A1C- Measure identifies patients 18 through 75 years of age with diabetes whose most recent hemoglobin A1C value is >9.0% during the measurement period.		25%	48%	25%	Qtly	Qtly	29%	Qtly	Qtly	34%	34%					
	HTN- Members 18-85 years of age with diagnosis of (HTN) prior to June 30 of the measurement year and who's BP was adequately controlled.		70%	69%	70%	Qtly	Qtly	72%	Qtly	Qtly	69%	69%					
	Tobacco Screen- Pts. Aged 18 and older who (1) were screened for tobacco use one or more times in the measured year or the prior year AND (2) for those found to be a tobacco users, received cessation counseling intervention or medication.		95%	91%	95%	Qtly	Qtly	94%	Qtly	Qtly	89%	91%					
	Lipid Therapy/- Pts. 18 and older with a diagnoses of CAD who were prescribed a lipid lowering therapy.		70%	72%	70%	Qtly	Qtly	76%	Qtly	Qtly	76%	76%					
	Asthma Ass. - Pts. 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan.		75%	49%	75%	Qtly	Qtly	73%	Qtly	Qtly	87%	87%					
V	Aspirin Therapy- Pts. 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy.		50%	47%	50%	Qtly	Qtly	73%	Qtly	Qtly	76%	76%					
V	Adult weight ass.- Members 18-74 years of age whose BMI was documented during the measured year or the year prior to the measurement year.		70%	42%	70%	Qtly	Qtly	70%	Qtly	Qtly	59%	61%					
	Child Weight Ass. Children aged 3-17 with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.		63%	51%	63%	Qtly	Qtly	66%	Qtly	Qtly	58%	59%					
	Depression Screening- PHQ2 No benchmark set at this time for depression screening.		65%	39%	65%	Qtly	Qtly	69%	Qtly	Qtly	60%	61%					
V	Cervical Cancer Screening- Pt age 21-64 who received pap test to screen for cervical cancer.		65%	32%	65%	Qtly	Qtly	41%	Qtly	Qtly	39%	40%					

Key:

At or above target

Within 10 points of obtaining target

Missing target greater than 10 points

Qtly indicates reports are quarterly
RED SQUARE indicates no report turned in.

New River Health Association

Risk Management Assessment Checklist

Using the Strength, Weakness, Opportunity, and Threat (SWOT) analysis framework, NRHA has developed this plan of the key activities to meet Risk Management Needs.

Activity	Owner	Completion Date
Strengths: Management commitment to review compliance audits, incidents and overall risk management items at least quarterly	Campbell	12/31/2020
Strengths: Identify risks within the business through review of incident management reports, and active participation and hands on management	Jones/Sullivan	Quarterly, 2020
Weaknesses: Identify any barriers to a safe, compliant and low risk health center (by reviewing, technical barriers, patient and staff complaints, and process barriers).	RM Team	Monthly, 2020
Weaknesses: Identify any risks inherent to the organization that need to be mitigated so that the company can realize its mission and strategic goals.	Schultz	Monthly, 2020
Opportunities: Identify areas where the current market is underserved that provide an opportunity for the company.	Schultz	Annually, 2020
Opportunities: Identify any key processes, work procedures, or other resources that the company can use to mitigate risk.	Barker	Quarterly, 2020
Threats: Identify primary incidents, and then analyze NRHA's performance by using all available data that can be verified.	RM Team	Monthly, 2020
Threats: Identify near misses and then analyze our processes and find the root cause to prevent future risk.	RM Team	Monthly, 2020
Threats: Develop strategies for mitigating primary and secondary risks and threats.	RM Team	Monthly, 2020

Risk Management Assessment/Training & Monitoring

Plans 2020/2021

HIPAA has been identified as a Risk Item and NRHA has implemented the following Training for 2020 and 2021 based upon that Risk:

<i>Training Item</i>	<i>Completion Date</i>
<ul style="list-style-type: none">CareLearning	Annually in June
<ul style="list-style-type: none">HIPAA training Staff/Provider Meetings	Quarterly

Pharmacy-Related Medication Errors has been identified as a Risk Item and NRHA has implemented the following Training for 2020 and 2021 based upon that Risk:

<i>Training Item</i>	<i>Completion Date</i>
<ul style="list-style-type: none">Distribution of ECRI Article	January 2020
<ul style="list-style-type: none">Put plan in place with RM Committee	February 2020
<ul style="list-style-type: none">Review plan with Pharmacy Staff	February 2020
<ul style="list-style-type: none">Review monthly through audits	Monthly 2020
<ul style="list-style-type: none">RM Committee overview	Monthly 2020

Referral Tracking has been identified as a Risk Item and NRHA has implemented the following for 2019/2020 based upon that risk:

<i>Monitoring Item</i>	<i>Completion Date</i>
<ul style="list-style-type: none">Review reports	Monthly at Risk Mtg
<ul style="list-style-type: none">Review reports and update Board of Directors	Quarterly

Incident Management has been identified as a Risk Item and NRHA has implemented the following for 2019/2020 based upon that risk:

<i>Monitoring Item</i>	<i>Completion Date</i>
<ul style="list-style-type: none">Review incident reports	Monthly at Risk Mtg
<ul style="list-style-type: none">Review reports and update Board of Directors	Quarterly

Continual training of staff has been identified as a Risk Item and NRHA has implemented the following for 2020 and 2021 based upon that risk:

Training Item

Completion Date

- Release annual training classes through CareLearning with necessary updates Q1, 2020 and 2021
- Check for mandatory training enhancements Annually
- Review progress reports with Risk Management Committee and Board of Directors As necessary