



**BOARD OF TRUSTEES MINUTES  
APRIL 2021**

**BOARD OF TRUSTEES AGENDA  
J. ARTHUR DOSHER MEMORIAL HOSPITAL**

**APRIL 5, 2021 4:00 PM**

**2<sup>nd</sup> FLOOR HOSPITAL CONFERENCE ROOM/ZOOM MEETING**

**The Mission of J. Arthur Doshier Memorial Hospital is to be the "Friendliest, Most Patient-Focused" Hospital in North Carolina.**

	AGENDA ITEM		DOCUMENTS PROVIDED ACTION NECESSARY
1.	CALL TO ORDER	Robert Howard, Chair	
2.	ROLL CALL	Linda Pukenas, Secretary	
3.	PRESENTATION	<i>Athena Compliance Partners</i> Andrea Merritt and Ally Molletti	
4.	APPROVAL OF MINUTES	Minutes to be Approved: <i>March 1, 2021</i> <i>March 26, 2021 - Expedited</i>	MOTION
5.	APPROVAL OF AGENDA AND STATEMENT	Robert Howard, Chair "If any member of the Board knows of any conflict of interest or the appearance of a conflict of interest with respect to matters on the agenda, to please so state it as this time."	MOTION
6.	<b>MANAGEMENT REPORTS:</b>		
	Interim CNO Report	Lesa Anderson	
	Presidents Report	Lynda Stanley	
	CEO/CMO Report:	Brad Hilaman, MD, CEO, CMO	
	Financial Report	Brandon Hughes <u>Policies presented for approval</u> ➤ Charity Care/Ability to pay ➤ Subject sliding fee Discount Program	Financial Documents MOTION
	Medical Staff Credentialing	Action on Staff as Listed in attached Addendum A as presented.	MOTION
7.	CLOSED SESSION	In accordance with N.C. General Statute 143-318.11(a) (1) to discuss (a) confidential healthcare contracts protected under N.C. General Statute 131 E-99 and (b) confidential competitive healthcare information protected under N.C. General Statute 131 E-97.3	MOTION
8.	RETURN TO OPEN SESSION	Return to Open Session	MOTION
9.	ADDITIONAL COMMENTS	Board Self-Assessments	
10.	ADJOURNMENT		MOTION

Doshier Memorial Hospital  
Compliance Workplan  
2021

	TASK	ASSIGNED TO	DUE DATE	STATUS	COMMENTS
<b>POLICIES AND PROCEDURES</b>					
	Develop or revise existing policies to incorporate EMTALA obligations	Athena	31-Mar-21		
	Review Information Blocking language/policies to ensure appropriate coverage	Athena	30-Jun-21		Evaluate whether current policy language adequately addresses internal processes to prevent information blocking
	Review and update policies and procedures	Athena	31-Dec-21		Policies to be reviewed to ensure they appropriately capture current processes. Changes to be made as needed. Update tracking document upon completion.
	Exclusion screenings	Athena	N/A	Ongoing	Employee screenings performed 6 times/yr (Jan, Mar, May, Jul, Sept, Nov); Vendor screening performed annually (July)
<b>COMPLIANCE OFFICER / COMPLIANCE COMMITTEE</b>					
	Increase awareness of compliance officer and compliance liaison	Athena Compliance Liaison	N/A	Ongoing	Increase awareness through ongoing employee compliance education; additional communications; Compliance Week (Nov)
	Compliance Committee meetings	Athena Compliance Committee	N/A	Ongoing	
	Provide monthly updates and semiannual in-person education to Board of Trustees	Athena	N/A	Ongoing	
	2021 Compliance Program Assessment activities	Athena	31-Dec-21		Provide 2020 assessment activities and comprehensive Cycle 1 (2018-2020) summaries to Compliance Committee and Board; provide status updates for action items; New 3-year assessment plan developed for 2021-2023; Maintain tracking document for completion of action items
<b>LINES OF COMMUNICATION</b>					
	Promote visibility of Compliance Program, including Compliance Officer and reporting mechanisms	Athena	N/A	Ongoing	
	Compliance Week activities	Athena	30-Nov-21		

Dosher Memorial Hospital  
Compliance Workplan  
2021

	TASK	ASSIGNED TO	DUE DATE	STATUS	COMMENTS
	Provide annual employee compliance summary	Athena	31-Dec-21		
<b>AUDITING AND MONITORING</b>					
	Updates to Compliance Committee on annual Monitoring (and related Audit) Activities	Per Monitoring Plan	31-Dec-21	Ongoing	
	Conduct risk assessment and develop Monitoring Schedule for 2022	Athena Senior Leadership Compliance Committee	31-Dec-21		Assessment to include review of OIG Work Plan, RAC approved issues list, prior monitoring plans, internal areas of concern, and ongoing program assessment activities.
<b>TRAINING AND EDUCATION</b>					
	Monitor 2020 annual education plan	Athena	Ongoing		All employees: materials provided quarterly - 3 educational requirements per quarter, approx 15 min total. High-risk departments: one additional educational requirement per quarter. Education to be developed for managers regarding promoting compliance, fostering open communication and handling concerns.
	Develop 2021 annual education plan	Athena	31-Dec-21		
	Provide annual compliance education for Doshier volunteers	Human Resources Compliance Liaison	TBD		Athena provided education materials for volunteers. Volunteers must complete and return to D. Parker prior to performing volunteer work.
	Provide annual physician education	TBD	31-Dec-21		Education will be provided based on individual provider audit results; education on new documentation and billing requirements - TBD
<b>ENFORCEMENT OF DISCIPLINARY STANDARDS</b>					
	Ensure consistent application of disciplinary standards	Athena D. Parker	N/A	Ongoing	Any disciplinary action beyond re-education and/or formal note in employee file will be reviewed by member of Senior Leadership
<b>RESPONDING TO DETECTED OFFENSES/CORRECTIVE ACTION</b>					
	Maintain compliance log with all reports of potential violations, investigations and resolutions	Athena	N/A	Ongoing	Monthly updates to Board; Updates to Compliance Committee at scheduled meetings

Doshier Memorial Hospital  
2021 Auditing Plan

Monitor	Athena Ranking	Status	Concern/Risk/Issue
Medicare Telehealth services during COVID-19 pandemic	High		In response to the COVID-19 pandemic, CMS increased access for Medicare beneficiaries to a wider range of telehealth services without having to travel to a health care facility. CMS is proposing to make some of these changes permanent. CMS is reviewing Medicare Parts B and C data and looking at the use of telehealth services by Medicare beneficiaries during the COVID-19 pandemic. CMS will examine how the use of telehealth services compares to the use of the same services delivered in-person, and the different types of providers and beneficiaries using telehealth services. Review should include verification of process to ensure clinical services providers are duly licensed (or registered) and compliant with clinical practice requirements in the state(s) in which they seek to treat patients. (RAC approved issues list)
EMTALA Central Log	Medium		The Emergency Medical Treatment and Labor Act (EMTALA) requires a central log documenting all individuals who come to the emergency department seeking treatment. The central log should indicate whether each individual (1) refused treatment, (2) was denied treatment, or (3) was examined and when appropriate, treated, admitted, transferred or discharged. Documentation in the central log should be comprehensive and detailed enough to demonstrate compliance with EMTALA obligations. Periodic review of the central log is advisable to ensure properly maintained.
Total Hip Arthroplasty: Medical Necessity and Documentation Requirements	Medium		The goal of a total hip replacement surgery is to relieve pain and improve or increase functional activity of the beneficiary. This review only focuses on total (involving the entire joint) hip arthroplasties. The documentation will be reviewed to determine if a THA is medically necessary according to the guidelines outlined in the LCDs and LCAs. (RAC approved issues list)
Total Knee Arthroplasty: Medical Necessity and Documentation Requirements	Medium		The goal of total knee replacement surgery is to relieve pain and improve or increase functional activity of the beneficiary. This review only focuses on total (involving the entire joint) knee arthroplasties. The documentation will be reviewed to determine if a TKA is medically necessary according to the guidelines outlined in the LCDs and LCAs. (RAC approved issues list)
Procedures that include Imaging: Unbundling	Medium		The focus of this issue is to target claims where the definition of the procedure code includes imaging and imaging was then unbundled. (RAC approved issues list)

Dosher Memorial Hospital  
2021 Auditing Plan

Monitor	Athena Ranking	Status	Concern/Risk/Issue
Procedures that include Ultrasound: Incorrect coding	Medium		This review will target claims where there was an additional payment made for imaging due to incorrect coding. If the provider billed a procedure code where the definition of the code does not include ultrasound and then billed ultrasound, the service will be re-coded to the code that includes ultrasound and the ultrasound will then be denied. (RAC approved issues list)
Patient Access to Medical Records	High		HIPAA requires the Covered Entity to fulfill patient requests to access (obtain copies of) PHI in a timely manner. Failure to promptly fulfill a patient's request may violate HIPAA and the 21st Century Cures Act information blocking provisions. Each patient request and Doshers response should be documented, including date and the format in which the request was fulfilled. (OCR activity)
Sunshine Act/Provider- Vendor Relationships	High		Provider types and nature of payments covered by the Sunshine Act as "covered recipients" were expanded for data to be collected in CY2021. Manufacturers are required to report specified payments or other transfers of value to covered recipients to provide transparency to the public about the relationships between drug or device manufacturer and providers. Health care provider organizations should be tracking any gifts, payments or other transfers of value to their covered providers to avoid potential conflicts of interest. Providers are responsible for reviewing reported data to identify any potential errors.
Conflict of Interest Disclosure (Employees)	High		Employees are required by policy to disclose any potential conflicts of interest. Documentation of disclosure should be maintained in the employee's employment file. Review a sample of files to verify disclosure is completed and maintained.



**2021**

**Conflict of Interest Education**

**Board of Trustees**

Andrea Merritt  
Athena Compliance Partners

# Agenda

- ☐ Conflicts of Interest in Healthcare
- ☐ Duties of the Board of Trustees
- ☐ Identifying and Disclosing Conflicts of Interest
- ☐ Addressing Conflicts of Interest





# Conflicts of Interest (COIs) in Healthcare

- ❑ A Conflict of Interest (COI) exists when an individual has personal or financial interests that compete with the best interest of the patient or organization
- ❑ COI Rule of Thumb: Would a reasonable person question whether the individual's interest or relationship could compromise their judgment and ability to do what is best for the patient or organization?
- ❑ A COI may be a perceived or actual conflict.
  - Even the perception of a conflict can erode patient or public trust in the health care provider/organization
- ❑ All potential COIs must be disclosed and addressed.
  - Not all COIs are “fatal”



# Duties of the Board of Trustees

Board members have three duties:

- ☐ Duty of Care – Requires members to be informed and act with vigilance and care
- ☐ **Duty of Loyalty – Requires faithfulness of members to ensure their needs and interests are subordinate to those of the organization**
  - Affirmation that Board membership does not result in personal or financial gain (either directly or indirectly)
  - Requires the organization to have a robust process for disclosure, evaluation and mitigation of any potential COIs that could affect the organization and its reputation
- ☐ Duty of Obedience – Requires members to ensure the organization is faithful to the organization's mission and purpose



# Identifying and Disclosing COIs

- ☐ Board members have a duty to disclose all **actual or potential** conflicts of interest.
  - Conflicts to be disclosed include those involving the member and his/her immediate family members (parent, spouse, child, sibling, grandchild)
  - Conflicts include but are not limited to relationships, contractual or employment arrangements, and ownership interests (thresholds may apply)
  - Disclosure is required at the time the conflict arises and on an annual basis
- ☐ Doshier has a Conflict of Interest policy that describes what conflicts must be disclosed
- ☐ Ask yourself: how would the average person view your interest or relationship? When in doubt, disclose



## Examples of Potential COIs

- Sole proprietor of printing company used by Hospital for printing needs
- Spouse works as loan officer at bank where Hospital is seeking funding
- Large stock ownership in supply company from which Hospital orders supplies
- Ownership of construction company submitting proposal for Hospital expansion project
- Son is partner at accounting firm used by Hospital
- Employed by another local Hospital





# Addressing Conflicts of Interest

- ☐ Not all COIs are “fatal”
- ☐ Disclosure may be sufficient for some COIs
- ☐ A Board member may not vote or participate in Board discussions when a COI exists
  - Board member is responsible for disclosing all material information regarding his/her interest
  - Non-interested members are responsible for considering the nature of the interest and evaluating any information or recommendations provided by the member with COI
- ☐ Some COIs may have to be eliminated
- ☐ Meeting minutes should reflect any actions taken during a meeting related to the COI
  - Disclosure of conflict
  - Left meeting room for discussion and/or vote

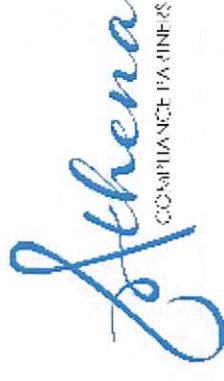


# Questions

Andrea Merritt

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## BOARD OF TRUSTEES MEETING MINUTES RECORD

DATE:	LOCATION:	START	ADJOURN
March 1, 2021	Hospital 2 <sup>nd</sup> Floor Conference Room / ZOOM Call	4:00 pm	5:45pm
<b>MEMBERS PRESENT:</b> Robert Howard, Chairman Debbie Wood, Vice Chair Linda Pukenas, Secretary Dr. Terry Pieper, Trustee Jwantana Gardner–Frink, Trustee Randy Jones, Trustee Karen Taylor, Trustee		<b>NON MEMBERS PRESENT:</b> Dr. Brad Hilaman, CEO, CMO Lynda Stanley, President, Doshier Foundation Lesa Anderson, Interim DON Brandon Hughes, Director of Finance Dr. Andre’ Minor Susan Tabor, Clerk of the Board Terry Pope, State Port Pilot	

	AGENDA ITEM	DISCUSSION/CONCLUSIONS	ACTION
1.	Call To Order	Robert Howard, Chair called the meeting to order at 4:09pm.	
2.	Roll Call	Mrs. Linda Pukenas Called Roll Roll Reflected Above. A quorum was present.	
3.	Approval of Minutes	Minutes to be approved: <b>February 1, 2021</b>	<b>Motioned By:</b> Randy Jones <b>Seconded:</b> Linda Pukenas <i>All Present in Favor</i> <b>The Motion Carried</b>
4.	Approval of the Agenda		<b>Motioned By:</b> Debbie Wood <b>Seconded:</b> Linda Pukenas <b>The Motion Carried</b>

5.	Management Reports	<u>Interim CNO Report - Lesa Anderson</u> <u>COVID:</u> <ul style="list-style-type: none"> <li>At present 61% of Doshier Employees have received the COVID vaccine. Staff has continued to administer COVID vaccines on Fridays at Doshier Memorial Hospital to people in Group 1 and 2, as designated by our state. At present that number is 1872.</li> </ul>	
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- We have continued to send multiple staff members, weekly, to assist with the Partnership Vaccination at Brunswick Community College between Doshier, Novant and the BC Health Dept. as well as additional Moderna vaccinations.
- **Annual Risk Management Plan:**  
Approved as presented
- **Life Safety Management Plan: Physical Environment Management Program:** Has been reviewed.

**Motioned By:**  
Debbie Wood  
**SECONDED:**  
Linda Pukenas  
All present in favor  
**Motion Carried.**

**Presidents Report - Lynda Stanley**

Mrs. Stanley started by informing the Board that Doshier had lost one of our own; Mrs. Lawanda Bullington on March 2nd. Lawanda worked in Medical Records and loved Doshier Hospital. She will be greatly missed.

Shared, a card that was sent to Administration from a patient letting us know what a wonderful experience they had at Doshier. We appreciate such kind words and the community's support.

**Community**

- Marketing for the Mako is in full rollout. News release is out to media and the first print ads dropped the week of 2/15. WECT and radio spots should be up before the board meets on 3/1. There is also a comprehensive geo targeted Facebook and digital display campaign along with a build out on the Doshier website which include video and a fillable form for patients to submit to find out more detailed information.
- Dr. Ward had a successful zoom "Meet and Greet" with the Southport Kiwanis Club on February 4<sup>th</sup>. The club has asked Dr. Ward to read children's books for one of their reading corners (taping on 2/23) as well as create a short video which focuses on children's health.
- Kiwanis is also interested to hear more about the Mako and we have booked Dr. Lescault for their May 6<sup>th</sup> virtual meeting to present with more information. Doshier representation will be on that call as well.
- Our hospital photographer and videographer Tom Peterson took photos in the OR during the month of February to assist us in creating updated and comprehensive content about our surgery team. This will include an updated brochure about the types of surgeries we perform at Doshier, as well as assist with the return of the Joint Camp conducted by Nurse Navigator Chelsea Cannon.



The March/April Heartbeat has been inserted into the local newspapers for the week of 2/22, i.e., Pilot, Beacon, Brunswick section of Star News.

#### **Foundation**

- The 7<sup>th</sup> Annual "Heart to Heart" Program was held on February 16<sup>th</sup> and was live streamed from the Cardiac Rehabilitation Department located at the Wellness Center. Dr. Timothy Winslow, of Cape Fear Heart Associates, Cardiac Rehab patient Kay Jolliff and Department Manager Anna West were our speakers. The program was approximately 20 minutes long and we have had 300 viewers of the program to date.
- Employee annual campaign pledges and donations totaled 13K.

#### **Brunswick Wellness Coalition**

- Assisted with collaborative COVID-19 vaccination clinics with Doshier, Novant, Brunswick County Health Department at BCC and Doshier Memorial inclusive of participation and strategy formation around transportation, underserved populations and minority outreach about vaccine hesitancy (additional partners NHRMC, CommWell Health, New Hope Clinic, & St. Brendan's)
- Wrote a small grant in coordination with the Doshier Memorial Hospital Foundation to ATMC for heart healthy food boxes to assist with food needs since the Heart to Heart event was virtual
- Moved forward with the Annual 5k/1m Spring into Health run that will be virtual throughout March. Sponsors are Cape Fear Fitness, Southport-Oak Island Kiwanis and Tropical Smoothie-Waterford
- Began our Exercise is Medicine pilot with 3 Coalition partners

#### **Compliance**

- Completed the 2021 Compliance Plan
- Working to finalize content of the 2021 Auditing and Monitoring Plan
- Revising the Business Courtesy policy to reflect internal processes

#### **Vaccines:**

- Including educators in the next phase and the County is handling these vaccines.
- About 27K have received their 1<sup>st</sup> dose
- 13K received 2<sup>nd</sup> dose
- Our goal has been 1000 vaccines a day
- Hoping this week we will have about 500
- NC National Guard is on site helping with traffic control and logistics

**CEO/CMO Report – Brad Hilaman, MD**

As of February 26th, the overall total #'s were:

- 8005 Covid positive cases in Brunswick County.
- 135 Resident deaths.
- 855,905 positive cases and 11,186 deaths in N.C

**Mako Robot:**

Reported it has been another successful month using the Mako Robotic technology for knee/partial knee replacement.

- 6 cases
- Dr. Lescault is now asking for an extra day to schedule more cases.

Dr. Hilaman informed the Board that Mrs. Stanley has been nominated for the YWCA 35<sup>th</sup> Annual Achievement Award. This award honors over 400 women for their accomplishments in their respective fields and community. Due to the pandemic, it will be hosted virtually and will be held on March 11<sup>th</sup> at 6:00 pm.

**FINANCE REPORT - Brandon Hughes**

The Finance Report is included in the meeting materials.

	<u>January</u>	<u>December</u>
Days in Gross Accounts Receivable	50.2	44.6
Days Cash on Hand (Unrestricted)	114.1	122.4
Restricted	20.2	19.4
COVID Grants and Stimulus	108.0	108.9
Total	242.3	250.7
Current Ratio (Excluding Covid)	4.5	3.9

<u>Net Operating Gain/(Loss)</u>	<u>Actual</u>	<u>Budget</u>
January	\$ 71,093	\$ (303,777)
YTD	\$ (268,826)	\$ (1,225,297)
<u>Total Net Gain/(Loss)</u>	<u>Actual</u>	<u>Budget</u>
January	\$ 274,287	\$ (86,879)
YTD	\$ 1,021,123	\$ (357,526)

- Total Cash and Investments was \$28.8 mill as of January 31<sup>st</sup>. verses \$12.7 mill. Last year.
- Total patient revenue was 10.9 mill. , which is about \$200K under budget.

		<ul style="list-style-type: none"> <li>• Outpatient revenue increased about \$518 K</li> <li>• Total revenue was about \$3.9 mill, which is about \$375K over budget for the month. Year to date we were \$554K over what was budgeted.</li> <li>• Total operating expenses was \$3,881,755, which is under budget for the month.</li> <li>• We showed an Excess from Operations of \$71,093, where we had budgeted a loss of (\$303,777).</li> <li>• Medical admissions were down for the month, but outpatient operating room procedures increased.</li> <li>• Wound Care visits were down this month. Novant reopened their program, so it has reduced our volumes some.</li> <li>• February is looking good.</li> </ul>	
6.	<b>FINANCE COMMITTEE</b>	<p><u>Audit Report:</u></p> <ul style="list-style-type: none"> <li>• Fiscal Year 2020 Audit was presented, which reflects Doshier's financial position.</li> </ul> <p>Motion was made by the Finance Committee Chair that the 2020 Audit Report be accepted and approved.</p>	<p><b>Motioned By:</b> Linda Pukenas on behalf of the Finance Committee</p> <p><b>Seconded:</b></p> <p><b>The Motion Carried</b></p>
7.	<b>MEDICAL STAFF CREDENTIALING</b>	<p><u>Credentialing Addendum</u></p> <p>The Credentialing Addendum was approved as presented.</p> <p>Dr. Minor reviewed the Credentialing for the month.</p>	<p><b>MOTION:</b> To accept as indicated on the Credentialing Addendum.</p> <p><b>Motioned by:</b> Dr. Pieper</p> <p><b>Seconded by :</b> Karen Taylor</p> <p>All In Favor</p> <p><b>Motion Carried.</b></p>
8.	<b>CLOSED SESSION</b>	<p>MOTION: In accordance with N.C. General Statute 143-318.11(a) (1) to discuss (a) confidential healthcare contracts protected under N.C. General Statute 131 E-99 and (b) confidential competitive healthcare information protected under N.C. General Statute 131 E-97.3.</p>	<p><b>To move into closed session in accordance with the indicated statutes.</b></p> <p>Motioned By: <b>Debbie Wood</b></p> <p>Seconded: <b>Randy Jones</b></p> <p>All in Favor</p> <p><b>The Motion Carried</b></p>
9.	<b>RETURN TO OPEN SESSION</b>	<p>Motion to return to open session:</p>	<p><b>Motioned by:</b> Randy Jones</p> <p><b>Seconded by:</b> Linda Pukenas</p> <p>All in Favor</p> <p><b>The Motion Carried</b></p>

		<p><b><u>Finance Committee:</u></b></p> <p>Action taken:</p> <ul style="list-style-type: none"> <li>• Authorize CEO and President to negotiate/finalize for the new provider</li> <li>• Podiatrist Authorization of contract:</li> </ul> <p>Motion was made by the Finance Committee and does not require a 2<sup>nd</sup>.</p>	<p><b>Motioned by:</b> Linda Pukenas on behalf of the Finance Committee</p> <p>All in favor <b>The Motion carried.</b></p>
10.	<b>ADDITIONAL COMMENTS</b>	No additional comments.	
11.	<b>ADJOURN</b>	The meeting was adjourned at 5:45 pm.	<p><b>MOTION:</b> <b>To Adjourn the Board of Trustees</b> Motioned By: <b>Randy Jones</b> Seconded By: Jwantana Frink All In Favor. <b>The Motion Carried</b></p>
	<b>Board Minutes Accepted</b>	<hr/> <p>Robert Howard, Chair, Board of Trustees</p>	

## BOARD OF TRUSTEES MEETING MINUTES RECORD

### **EXPEDITED CREDENTIALING**

DATE:	LOCATION:	START	ADJOURN
3/26/2021	ACR	3:00PM	3:30PM
<b>MEMBERS PRESENT:</b> Robert Howard, Chair		<b>NON MEMBERS PRESENT:</b> Susan Tabor, Executive Admin Asst./Medical Staff Credentialing	

	AGENDA ITEM	DISCUSSION/CONCLUSIONS	ACTION
1.	<b>Approval of Credentialing Addendum</b>	<p><u><b>Credentialing Addendum</b></u> The Expedited Credentialing Addendum is approved as presented.</p> <p>In accordance with the authority granted to the Board Chairman to approve regular privileges on an expedited basis subject to ratification by the full Board, the expedited granting of regular privileges set forth in the attached Credentialing Addendum is hereby approved.</p>	<p><b>MOTION:</b> To accept the Credentialing presented as indicated on the Credentialing Addendum.</p> <p><b>Approved by</b> Robert Howard, Board Chair, on behalf of the Board</p>
2.	<b>ADJOURN</b>	Adjourned at 3:30 pm.	
	<b>Board Minutes Accepted</b>	<hr/> <p>Robert Howard, Chair</p>	

**BOARD *EXPEDITED* CREDENTIALING ADDENDUM**  
**March 26, 2021**

**ACTION**

**CREDENTIALS/MEC COMMITTEE**

**REAPPOINTMENT:**

Sunil Iyer, MD - Cardiology (CFH)  
Cecilia Liu, DDS - Pediatric Dentistry  
Nicole Ramsbottom, DDS - Pediatric Dentistry  
Carol Marriott, CRNA- Anesthesia  
Matej Polomsky, MD - Ophthalmology  
Kristopher Swiger, MD - Cardiology (CFH)  
Dana Point, MD - Urology

Cred./MEC Comm. approved  
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REV. 3/26/2021 ST

**Dosher Memorial Hospital**  
**LEADERSHIP BOARD REPORT**  
**April 5, 2021**

**Top Priorities for Next 30 Days**

- Update all provider NPI numbers to assure proper billing
- Regulatory readiness
- Improve financial performance
- Collaborative Opportunities
- Roll out "Mako Project"
- Complete RSM engagement and transition to "as needed" remote assistance
- Complete staff vaccination project

**Finance**

The Finance Report is included in the meeting materials.

	<u>February</u>	<u>January</u>
Days in Gross Accounts Receivable	49.0	50.2
Days Cash on Hand (unrestricted)	110.8	114.1
Restricted	18.9	20.2
COVID Grants and Stimulus	106.8	108.0
Total	236.5	242.3
Current ratio (excluding Covid)	4.6	4.5
<u>Net Operating Gain/(Loss)</u>	<u>Actual</u>	<u>Budget</u>
February	145,023	(318,814)
YTD	(123,803)	(1,544,112)
<u>Total Net Gain/(Loss)</u>	<u>Actual</u>	<u>Budget</u>
February	444,692	(101,377)
YTD	1,465,815	(458,903)

**People**

- Scott Passingham, MPT has been named the Manager for Dosher's Therapy Services Department on March 22, 2020. Scott has been employed as a physical therapist at Dosher since 2006.
- 68% of Dosher employees have been vaccinated as of 3/31/21.

**Community**

- The marketing campaign for the Mako is going strong, with an estimate of over 3 million impressions from March 1st – March 23<sup>rd</sup>..
- Look for Dosher's two WECT Business Break segments this April! One with Dr. Hilaman and Dr. Lescault, talking about the Mako, and the other with Ava McDonald, Chelsea Cannon, and Scott Passingham discussing Dosher's ability to provide comprehensive care for our patients.

- Vicki Allen hosted Guest Chef, Dustin Garrett of Olivers on the Cape Fear, for a virtual cooking class on March 29<sup>th</sup> which was received very well, with over 370 views as of 4/1.
- Dr. Sarah Ward continued her topic talks on Monday mornings on Facebook live and has cultivated a consistent following of viewers.
- A new piece of print collateral has been created to focus on hospital and surgical services and should be fully produced and delivered by April 5th
- Some of the social media talking points for April will be OT Month, Lab Week, Patient Access Week, and Volunteer Appreciation Week.
- The Doshier vaccine clinic has vaccinated community members as of 3/31/21. We continue to actively participate at the vaccine partnership at BCC by sending employees to assist with the vaccination efforts as well as vaccines.

#### **Foundation**

- The Golden Leaf project is still active. The well water project completion date has been extended to April 30<sup>th</sup> due to delay of equipment based on Texas snow storm.
- The Tom and Susan Charitable Foundation has funded the Cardiac Rehab equipment (replacing the 20 year bike) in honor of Mrs. Pat Eide.
- The \$1,000 grant from Walmart to support the Heart to Heart event has been approved.
- The 2022 Gala has been scheduled for April 22nd at the St. James Community Center.

#### **Brunswick Wellness Coalition**

- Held first Care Fair since January 2020 at St. Brendan food pantry (Loaves & Fishes) and CommWell Health vaccination clinic
- Presented to the North Carolina Healthcare Association Critical Access Hospital Leaders meeting about collaboration and relationship building
- Participated in the Med Assist event providing free OTC medications to well over 300 residents
- Used the Virtual WWAY TV 3 Health Fair as a visibility opportunity for the Coalition
- Completed quarterly wellness events for the Care to Share telehealth sites and held third church discussion
- Successful completion of Virtual Spring Into Health with 19 teams participating

#### **Compliance**

Report will be presented at meeting.

#### **DNV Survey**

3 DNV surveyors arrived on March 23, 2021 for our 3-year reaccreditation survey. The hospital and clinics were a part of this 3-day survey.

At their exit interview, on March 25, 2021 there were only 3 NC-1 findings. The official report will be received within 10 business days of the team's exit.



**J. ARTHUR DOSHER MEMORIAL HOSPITAL  
BALANCE SHEET  
AS OF FEBRUARY 28, 2021**

	(A) Current Month	(B) Last Month	(C) Prior Year	
<b>ASSETS</b>				
1 Current Assets				1
2 Cash	\$ 13,325,769	\$ 13,577,582	\$ 11,063,183	2
3 Restricted Funds	1,190,615	1,189,561	565,684	3
4 Foundation	1,087,934	1,217,158	1,014,479	4
5 HHS Stimulus Funds	3,016,111	3,016,111	-	5
6 Payment Advance Funds	6,232,093	6,232,093	-	6
7 Paycheck Protection Program	3,454,200	3,454,200	-	7
8 NCHF ASPR Grant Funds	57,493	57,493	-	8
9 NC - SHIP GRANT - COVID	84,317	84,317	-	9
10				10
11 Total Cash and Investments	28,448,532	28,828,515	12,643,347	11
12				12
13 Accounts Receivable-Patients	18,474,081	18,140,361	18,692,087	13
14 Less Allowance	(13,493,279)	(13,627,991)	(11,260,169)	14
15				15
16 Net Patient Receivables	4,980,802	4,512,370	7,431,918	16
17				17
18 Other Accounts Receivable	1,231,970	1,039,222	1,135,686	18
19 Inventories	852,115	851,682	872,518	19
20 Prepaid Expenses	755,261	641,853	716,880	20
21				21
22 Total Current Assets	36,268,679	35,873,642	22,800,349	22
23				23
24 Net Property, Plant and Equipment	35,535,956	35,636,594	35,469,512	24
25 Other Assets	22,374	23,325	42,872	25
26				26
27 Total Assets	\$ 71,827,010	\$ 71,533,561	\$ 58,312,732	27
28				28
<b>LIABILITIES &amp; FUND BALANCE</b>				29
30 Current Liabilities				30
31 Accounts Payable	\$ 2,222,604	\$ 2,370,245	\$ 1,660,212	31
32 Notes Payable Current - BEMC	125,000	125,000	125,000	32
33 Notes Payable Current - USDA	152,068	152,068	147,818	33
34 Notes Payable Current - BB&T	-	-	385,986	34
35 Accrued Payroll and Taxes	917,825	889,791	662,754	35
36 Accrued Employees' Paid Days Off	1,330,917	1,242,730	1,050,439	36
37 COVID-19 Deferred Revenue	12,844,215	12,844,215	-	37
38 Deferred Revenue - Taxes	-	-	-	38
39 Other Current Liabilities	305,469	285,652	273,074	39
40				40
41 Total Current Liabilities	17,898,098	17,909,700	4,305,283	41
42				42
43 Non-Current Liabilities				43
44 BB&T Loan	-	-	-	44
45 Lease Obligations	-	-	-	45
46 Bonds Payable	-	-	-	46
47 USDA Loans	8,569,050	8,569,050	8,721,118	47
48 BEMC Loan	239,584	250,000	364,584	48
49				49
50 Total Non-Current Liabilities	8,808,634	8,819,050	9,085,702	50
51				51
52 Total Liabilities	26,706,731	26,728,750	13,390,985	52
53				53
54 Net Assets	42,566,529	42,566,529	43,851,603	54
55 Excess Revenue over Expenses	1,465,815	1,021,123	55,665	55
56 Restricted Assets	1,087,934	1,217,158	1,014,479	56
57				57
58 Total Net Assets	45,120,278	44,804,810	44,921,747	58
59				59
60 Total Liabilities & Fund Balance	\$ 71,827,010	\$ 71,533,561	\$ 58,312,732	60

**J. ARTHUR DOSHER MEMORIAL HOSPITAL  
OPERATING STATEMENT  
MONTH ENDING FEBRUARY 28, 2021**

	(A)	(B)	(C)	(D)	(E)	(F)	
	<b>Current Month</b>			<b>Year-to-Date</b>			
	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	<b>Actual</b>	<b>Budget</b>	<b>Prior Year</b>	
<b>REVENUE:</b>							
1 Inpatient Revenue	\$ 1,142,540	\$ 1,737,953	\$ 1,555,187	\$ 6,472,583	\$ 9,064,690	\$ 8,299,140	1
2 Outpatient Revenue	9,588,776	7,911,126	8,198,832	48,225,382	42,581,388	41,423,441	2
3 Clinics Revenue	498,281	547,417	433,634	2,649,195	2,754,293	2,359,803	3
4							4
5 Total Patient Service Revenue	11,229,597	10,196,496	10,187,653	57,347,160	54,400,371	52,082,384	5
6 Deductions From Revenue	(7,300,512)	(7,115,735)	(7,121,169)	(38,081,678)	(37,963,886)	(36,265,641)	6
7							7
8 Net Patient Service Revenue	3,929,085	3,080,761	3,066,484	19,265,482	16,436,484	15,816,743	8
9 Other Operating Revenue	174,145	212,942	243,730	889,540	1,075,583	1,158,186	9
10							10
11 Total Revenue	4,103,230	3,293,703	3,310,214	20,155,023	17,512,067	16,974,929	11
12							12
13 <b>OPERATING EXPENSES:</b>							13
14 Salaries	1,427,107	1,385,610	1,359,373	7,601,017	7,472,366	6,866,191	14
15 Employee Benefits	439,279	362,837	427,833	1,827,704	1,851,871	1,688,497	15
16 Professional & Purchased Services	585,335	546,123	552,100	3,387,881	2,902,127	2,613,679	16
17 Medical Supplies & Materials	878,240	665,234	564,659	4,348,346	3,537,172	3,371,586	17
18 Other General Expenses	370,574	390,665	405,692	1,849,315	1,981,670	1,914,636	18
19 Interest	21,208	15,794	37,885	106,598	79,703	180,708	19
20 Depreciation	236,463	246,254	235,045	1,157,964	1,231,270	1,182,629	20
21							21
22 Total Operating Expenses	3,958,207	3,612,518	3,582,587	20,278,826	19,056,179	17,817,926	22
23							23
24 Earnings Before Interest, Depreciation & Amortization (EBIDA)	402,694	(56,766)	557	1,140,760	(233,139)	520,340	24
25							25
26 Excess From Operations	145,023	(318,814)	(272,373)	(123,803)	(1,544,112)	(842,997)	26
27							27
28 Non-Operating Revenue	299,669	217,437	151,095	920,021	1,085,209	898,662	28
29 Covid Grants Revenue	-	-	-	669,598	-	-	29
30							30
Excess Over Expenses	\$ 444,692	\$ (101,377)	\$ (121,278)	\$ 1,465,815	\$ (458,903)	\$ 55,665	31

**J. ARTHUR DOSHER MEMORIAL HOSPITAL**  
**STATISTICS**  
**February-21**

	(A)	(B)	(C)	(D)	(E)	(F)	(G)
1 Medical Admissions	34	42	38	157	229	209	221
2 Surgical Admissions	14	24	20	106	132	132	96
3 Swing Bed Admissions	2	2	1	16	12	10	13
4 Total Admissions	50	69	59	279	374	351	330
5							
6 Census Days Medical	87	119	90	450	639	552	576
7 Census Days Surgical	19	41	40	145	218	218	176
8 Census Days Swing Bed	27	14	7	140	146	106	105
9 Observation days	131	101	107	503	417	385	452
10 Total Census Days	264	274	244	1,238	1,421	1,261	1,309
11							
12 Average Daily Census Medical	3.1	4.2	3.1	3.0	4.2	3.6	3.8
13 Average Daily Census Surgical	0.7	1.4	1.4	1.0	1.4	1.4	1.2
14 Average Daily Census Swing Bed	0.7	0.5	0.2	0.9	1.0	0.7	0.7
15 Total Average Census	4.7	6.3	5.7	5.3	6.6	5.5	5.7
16							
17 Average Length of Stay Medical	2.5	2.8	2.1	2.9	2.8	2.6	2.7
18 Average Length of Stay Surgical	1.5	1.7	1.4	1.7	1.6	1.6	2.0
19 Average Length of Stay Swing Bed	13.5	6.2	7.0	9.2	11.8	10.6	4.8
20 Average Length of Stay Total (Excludes Swing Bed)	2.2	4.0	2.1	2.3	3.6	2.2	2.6
21							
22 Observation Patients	37	55	61	206	225	215	221
23 Discharges - Medical	2,304	1,755	1,115	8,870	7,169	7,317	7,564
24 Discharges - Surgical	35	26	18	136	105	76	115
25 Hours - Medical	836	659	459	3,202	2,842	1,929	3,284
26 Hours - Surgical	21	19	21	131	127	138	101
27 Operating Room Procedures:	21	19	21	131	127	138	101
28 Inpatient	250	199	193	1,295	1,004	992	991
29 Outpatient	2	1	0	8	10	8	4
30 Endoscopy Procedures:	69	41	41	398	230	233	203
31 Inpatient	611	606	555	2,960	3,268	3,091	3,286
32 Outpatient	10,439	11,401	11,476	54,697	57,858	56,683	57,897
33 Laboratory:	36	74	70	252	367	397	374
34 Diagnostic Imaging:	1,862	2,318	2,232	9,799	11,657	11,446	12,811
35 Inpatient	140	110	92	497	697	691	686
36 Outpatient	218	260	250	824	1,063	1,038	1,026
37 Cardiorespiratory:	140	110	92	497	697	691	686
38 Sleep Studies	7	17	15	37	110	95	92
39 EKG, Stress Test, & Holter Monitor	1	12	10	34	63	57	71
40 Inpatient	210	271	279	1,059	1,333	1,317	1,436
41 Procedures:	763	2,064	2,063	10,204	10,240	10,212	7,931
42 Physical Therapy:	1,169	945	1,035	5,346	4,439	4,695	3,211
43 Visits	27	35	39	150	147	155	128
44 Diabetic Program:	24	28	24	137	149	142	132
45 Wound Care Program:	258	248	232	1,301	1,297	1,206	1,044
46 Hypertensive Treatments	61	10	10	311	133	166	106
47 Patients Served:	675	792	753	3,564	4,010	3,717	3,956
48 Others	1,326	1,793	1,747	6,165	9,264	8,867	9,010
49 Emergency Room:	660	951	907	3,807	4,812	4,627	4,568
50 Admitted	30	42	36	149	204	168	185
51 Transfers	19	37	38	105	177	168	185
52 Total Outpatient Visits (EXCL ER)	5,446	5,685	5,252	27,082	28,328	26,360	24,748
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68 Clinic Visits:							
69 Doshier Medical 9th Street	242	255	301	1,271	1,300	1,410	1,399
70 Doshier Medical Howes Street	651	628	640	3,127	3,205	3,313	2,912
71 Doshier Medical Smithville Crossing	277	227	244	1,221	1,156	1,308	1,427
72 Doshier Medical Oak Island	111	238	246	760	1,214	1,283	1,148
73 Doshier Medical Women's Health	447	507	456	2,292	2,588	2,082	2,458
74 Doshier Medical Dr. Zukowski	107	183	89	423	971	663	800
75 Doshier Medical General Surgery	148	143	3	768	729	33	94
76 Doshier Medical Baldhead	2,568	2,925	2,561	13,516	14,914	13,161	13,049
77 Total Clinic Visits	188	237	237	979	1,065	1,065	1,283
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**J. ARTHUR DOSHER MEMORIAL HOSPITAL  
DOSHER MEDICAL CLINICS OPERATING STATEMENT  
Month Ending February 28, 2021**

	(A)	(B)	(C)	(D)	
	Current Month		Year-to-Date		
	Actual	Budget	Actual	Budget	
1 REVENUE					1
2 Clinics Revenue	\$ 512,886	\$ 547,417	\$ 2,703,195	\$ 2,754,293	2
3 Deductions From Revenue	(110,441)	(158,204)	(727,015)	(794,926)	3
4					4
5 Net Patient Service Revenue	402,445	389,214	1,976,180	1,959,367	5
6					6
7 OPERATING EXPENSES					7
8 Salaries	371,857	363,882	1,936,234	1,962,366	8
9 Employee Benefits	74,371	72,776	387,247	392,473	9
10 Professional & Purchased Services	7,425	4,072	21,506	21,927	10
11 Medical Supplies & Materials	12,803	23,473	84,804	119,420	11
12 Other General Expenses	41,927	43,815	196,983	222,497	12
13 Depreciation	11,316	11,316	56,579	56,579	13
14					14
15 Total Operating Expenses	519,699	519,335	2,683,354	2,775,262	15
16					16
17 Excess From Operations Before Allocations	\$ (117,254)	\$ (130,121)	\$ (707,174)	\$ (815,895)	17
18					18
19 Clinic Administration	0	0	0	0	19
20 Office Rent	21,178	21,178	105,890	105,890	20
21 Revenue Cycle	30,183	29,191	148,214	146,953	21
22					22
23 Excess From Operations After Allocations	\$ (168,615)	\$ (180,490)	\$ (961,277)	\$ (1,068,737)	23
24					24
25 Patient Visits	2,588	2,924	13,516	14,914	25
26					26
27 Notes:					27
28 (1) Prior to Annual Cost Report Settlement					28

# DOSHER MEMORIAL HOSPITAL

<b>SECTION: PATIENT ACCOUNTS POLICY</b>	<b>POLICY/PROC #</b>	<b>NO. OF PAGES: 3</b>
<b>SUBJECT: CHARITY CARE/ABILITY TO PAY</b>	<b>ORIGINAL DATE:</b> JAN 1, 1997, Dec 4, 2015	<b>DATE REVISED:</b> March 5, 2021, February 28, 020320
<b>REVIEWED: Tina King, Revenue Cycle Director, December 2, 2015</b> <b>Dawn Dollar, Dir Rev Cycle, February 28, 2019, 020320. Margaret Fontana 3.5.21</b>	<b>APPROVED: Dan Porter, CFO, 030419, 020720</b> <b>Brandon Hughes 3.5.21</b>	

## I. Policy:

J. Arthur Doshier Memorial Hospital is a not-for-profit hospital that provides the highest quality medical services to anyone, regardless of the patient's ability to pay. Doshier Memorial Hospital and Doshier Medical Clinics are committed to providing charity care to patients who meet financial criteria based on the Federal Poverty Guidelines as defined in G.S. 131E-214.14(b)(3); and can be found at [www.Doshier.org/FinancialAssistance](http://www.Doshier.org/FinancialAssistance). The purpose of this policy is to establish a conventional method within the hospital, and with each patient, the extent to which the patient is expected to pay for services, based on the patient's ability to pay. This policy applies to patients that do not have any third party coverage in addition to those who have a balance remaining after application of all third party payments. The patient has 240-days to apply for the Financial Assistance after the post discharge statement date as defined by the IRS Billing and Collections 501(r) 6 requirements.

Application of this policy will occur only after the patient has exhausted all possible sources of sponsorship. This includes Medicaid and all federal, state and county sponsored programs.

Patients with self-pay balances (after insurance and true self-pay patients with no insurance) remaining will be classified into two groups as follows:

<u>Group</u>	<u>Identification Criteria</u>	<u>Account Resolution</u>
A. Indigent	Income at or below 150% of Federal Poverty Guidelines based on number of family in household.	Full charity discount
B. Partially Indigent	Income at or below 250% of Federal Poverty Guidelines based on number of family in household.	Discount of self-pay balance based on percentage of income over 150% of Federal Poverty Guidelines.

In order to qualify for charity assistance, the patient will be expected to complete a "financial information worksheet" which provides income and expense information. The patient must also supply verification to support the reported income. The following forms will be accepted as income verification: tax return, W2 statements, pay check stubs, Social Security letters, or written statements from private employers.

Once a patient has been determined to be eligible for financial assistance, an individual will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care provided to individuals. The AGB is determined through the "*Look-back method*."

## **II. Full Charity Discount:**

A full charity discount write-off of an account is available to those with incomes at or below 150% of the Federal Poverty Guidelines and no other available sponsorship.

### **Guidelines:**

1. Establish family size in the household
2. Confirm if household income is at or below Federal Poverty Guidelines based on family size.

If Yes - go to step 3.

If No - determine if patient qualifies for partial discount.

3. Determine if other sponsorship is available.

If Yes - Have patient apply for other sponsorship.

If No - Process full indigent discount.

## **III. Partial Indigent Discount:**

A partial charity discount is available to those patients with family household income that are above 150% of the Federal Poverty Guidelines but not greater than 250% of the guidelines per family size. Guidelines:

1. Is household income per family size greater than 150% and at or below 250% of the poverty guidelines? This is calculated by dividing the family income by 150% of the poverty guidelines.  
  
If Yes - Patient qualifies for discount.  
If No - Go to step 3.
2. Calculate the discount. The percentage above the poverty guideline for the family size is the percentage of the bill the patient will be responsible for.

3. If the household income is over 250% of the poverty guidelines, then the patient does not qualify for a partial discount. Refer to payment policy guidelines.

#### IV. Special Circumstances:

Extremely large accounts will be handled on a case by case basis and may represent exceptions to this policy. Each case will be handled individually when extenuating circumstances exist such as excessive medical bills in addition to the hospital bill. All Special Circumstance cases must be reviewed by the Business Office Director and approved by the Chief Financial Officer, or Director of Finance or CEO or President.

#### V. Referral of Accounts:

Before referral for charity write-off approval, all charity discount cases must contain the following:

- A. All accounts for patient and other members of immediate family (i.e. spouse and minor children).
- B. Completed patient financial information worksheet.
- C. Supporting patient/guarantor income verification documentation. A paystub, including year to date earnings will usually be sufficient, unless within the first three months of the calendar year or the patient/guarantor has recently started new employment. It would then be necessary to obtain a copy of the previous year's W2 statement. If the party is self-employed, a copy of the previous year's tax return is necessary.
- D. An adding machine tape showing the method of calculation.
- E. Screen print showing all open accounts and balances or written list.
- F. Comments documented on CPSI system as to the reason for the write-off.

#### VI. Approval for Charity Write-Offs:

Approvals will be documented in the charity file in addition to the CPSI and eCW online comments.

Charity Write-offs will be approved using the following guidelines:

Business Office Representatives - up to \$1,000.00

Patient Accounts Manager/Director - up to \$5,000.00

Director of Finance or Chief Financial Officer or CEO or President - over \$5,000.00 & all Doshier employees that may qualify for assistance through this program.

## Financial Assistance Policy

Dosher Memorial Hospital wants to help patients who do not have health insurance or who need help paying their hospital bills. As a nonprofit health care organization, we care about the patients and communities we service through better health and better healthcare.

Our staff can help you:

- Apply for health insurance through the new Marketplace
- Apply for Medicaid Assistance
- Determine if you qualify for financial assistance from Dosher Memorial Hospital

### Dosher Financial Assistance

First and foremost, your financial circumstances will not affect your care. All patients are treated with respect and fairness. Patients who meet certain income guidelines may qualify for Dosher Financial Assistance. Patients who are eligible for financial assistance will be billed less than the amounts generally billed to individuals who have insurance covering such care.

If you are insured and have questions about your coverage or your level of benefits, please contact your insurance provider. Depending on the type of services and level of financial assistance, a partial payment may be required. We can give you a Financial Assistance Policy Income and Discount chart that shows the payment amounts upon request.

Financial assistance approval will be in effect for 6 months from the date of approval. Patients who have services within this time period should inform us of the visit by calling 910-457-3869 or 910-457-3810 so that financial assistance may be applied.

Exception to the financial assistance qualification criteria will be considered on an individual basis.

### Applying for Financial Assistance

You may apply for Financial Assistance at any time- before, during or after your care, up to 240 days after your initial bill. We will send information with our bill about how to apply for assistance.

Applications are also available upon request on our website at [www.dosher.org](http://www.dosher.org). The application requires proof of income such as an income tax return or paycheck stub. Examples of documents which may be used as proof of income can be found on the application form.

Patients who have been enrolled in Medicaid and who are deemed eligible in the last six months automatically qualify for Financial Assistance for medical services that are not covered by Medicaid. (The only exception is if the previous Medicaid enrollment was due to pregnancy. In that case, you can still apply for Financial Assistance.)

### Medical Qualifications for Financial Assistance

Dosher Memorial Hospital will provide without exception, care of emergency medical conditions to all patients seeking such care, regardless of ability to pay or to qualify for financial assistance, in accordance with the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA).

Financial assistance is available only for emergency and medically necessary services. It does not apply to elective procedures such as cosmetic surgery. It also does not apply to the portion of your services that have been paid for by a third party such as an insurance company or government program.

A listing of providers who are not included under Dosher's financial policy is available by calling 910-457-3869 or 910-457-3810.

### Income Guidelines for Financial Assistance

The amount of financial assistance you receive is based on Federal Poverty Guidelines, set by the U.S. government each year. To be eligible for a discount, your family size and family income must be equal to or less than 250% of the Federal Poverty Guidelines. Patients who exceed 250% are not eligible for a discount under the Financial Assistance Policy.

Once a patient has been determined to be eligible for financial assistance, an individual will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care. At Dosher the AGB is determined through the "Look-back method".

### Learn More

You can get more information about the Dosher Financial Assistance Policy and an application, or make a request to receive written notice or communication electronically by speaking with a Patient Services representative or by calling 910-457-3869 or 910-457-3810. Information and application forms are also available at [www.dosher.org](http://www.dosher.org). Please feel free to ask about Financial Assistance. We are here to help.

(Vers- 4.25.17 reviewed 3.16.21)





## DOSHER MEMORIAL HOSPITAL

<b>SECTION: PATIENT ACCOUNTS POLICY</b>	<b>POLICY/PROC #</b>	<b>NO. OF PAGES: 4</b>
<b>SUBJECT: SLIDING FEE DISCOUNT PROGRAM</b>	<b>ORIGINAL DATE:</b> October 1, 2016	<b>DATE REVISED:</b> September 1, 2017, 02/03/2020, 03/05/21
<b>REVIEWED:</b> Dawn Dollar, Revenue Cycle Director, September 13, 2017, February 27, 2019, February 3, 2020 Margaret Fontana, Controller, September 13, 2017, 021020, 03.05.21	<b>APPROVED:</b> Dan Porter – CFO 021020 Brandon Hughes, Dir. Of Finance 03.05.21	

### Policy:

To make available discount services to those in need. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

DOSHER MEMORIAL HOSPITAL will offer a Financial Assistance Program utilizing the Sliding Fee Discount Scale to all who are unable to pay for their services. DOSHER MEMORIAL HOSPITAL will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <https://aspe.hhs.gov/poverty-guidelines>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. No person will be denied healthcare services due to their inability to pay. A Discounted Sliding Fee Scale is available to assist the determination of charges to pay.

### Procedure:

The following guidelines are to be followed in providing Financial Assistance utilizing the Sliding Fee Discount Scale.

1. **Notification to Our Patients:** DOSHER MEMORIAL HOSPITAL will notify patients of the Financial Assistance based on the Sliding Fee Discount Scale by:

Plain Language Summary of Financial Assistance Brochure will be available to all uninsured and underinsured patients at the time of service.

Notification of the Financial Assistance/Sliding Fee Discount Scale will be offered to each patient upon admission.

Financial Assistance/Sliding Fee Discount information will be included with patient statements sent out by the DOSHER MEMORIAL HOSPITAL.

An explanation of our Sliding Fee Discount and our application form are available on the DOSHER MEMORIAL HOSPITAL website at [www.Dosher.org/FinancialAssistance](http://www.Dosher.org/FinancialAssistance).

Dosher Memorial Hospital places notification of Financial Assistance/Sliding Fee Discount Program in the waiting areas.

2. All patients seeking healthcare services at DOSHER MEMORIAL HOSPITAL are assured that they will be served regardless of ability to pay. **No one is refused service because of a lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic/hospital visits. Information and forms can be obtained from the Front Desk and the Business Office.
4. **Administration:** The Financial Assistance/Sliding Fee Discount procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.
6. **Completion of Application:** The patient/responsible party must complete the Financial Assistance/Sliding Fee Discount application in its entirety. By signing the Financial Assistance/Sliding Fee Discount application, persons authorize DOSHER MEMORIAL HOSPITAL access in confirming income as disclosed on the application form. Providing false information on a Financial Assistance/Sliding Fee Discount application will result in all Financial Assistance/Sliding Fee Discount Scale discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Financial Assistance/Sliding Fee Discount.

Collection Policy: Should any patient participating in the Financial Assistance/ Discount Sliding Fee Scale default on their account, the process will follow the Doshier Memorial Hospital Collections policy that allows for action after internal methods of collecting have been exhausted and 3 consecutive statements are sent. The collection policy can be obtained by contacting the Doshier Memorial Hospital Patient Billing Office.

7. **Eligibility:** Discounts will be based on income and family size only. DOSHER MEMORIAL HOSPITAL uses the Census Bureau definitions of each.
  - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
  - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. **Self-declaration of Income** may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to DOSHER MEMORIAL HOSPITAL'S Dir. of Finance or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
9. **Discounts:** Those with incomes at or below 150% of poverty will receive a full 100% discount. Those with incomes above 150% of poverty, but at or below 250% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.
10. **Waiving of Charges:** In certain situations, patients may not be able to pay the discount fee. Waiving of charges may only be used in special circumstances and must be approved by DOSHER MEMORIAL HOSPITAL's CEO, CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
11. **Applicant notification:** The Financial Assistance/Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with DOSHER MEMORIAL HOSPITAL. Financial Assistance/Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Financial Assistance/Sliding Fee Discount application.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the Financial Assistance/Sliding Fee Discount Scale will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At that point in time, DOSHER MEMORIAL HOSPITAL can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
13. **Record keeping:** Information related to Financial Assistance/Sliding Fee Discount Program decisions will be maintained and preserved in the Doshier Memorial Hospital Business Office and/or their Electronic Health Record., in an effort to preserve the dignity of those receiving free or discounted care.
  - a. Applicants that have been approved for the Financial Assistance/Sliding Fee Discount Program will be logged in a password protected document on DOSHER MEMORIAL HOSPITAL shared directory or the Electronic Health Record, noting names of applicants, dates of coverage and percentage of coverage.

- b. The Business Office Manager or designee will maintain an additional monthly log identifying Financial Assistance/Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
14. **Policy and procedure review:** Annually, the amount of Financial Assistance/Sliding Fee Discount Program provided will be reviewed by the CEO, Director of Finance, CFO, and/or Comptroller. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
15. **Budget:** During the annual budget process, an estimated amount of Financial Assistance/Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue. Board approval will be sought as an integral part of the annual budget process.

Reviewed and Approved:

  
\_\_\_\_\_  
Brandon Hughes, Director of Finance



J. Arthur Doshier Memorial Hospital and Clin  
SLIDING FEE SCALE EFFECTIVE March 1, 201

HOUSEHOLD/ FAMILY SIZE	2021 100% FPG	SCALE A <=150%	SCALE B >150% - 175%	SCALE C >175% - 200%
1	12,880.00	19,320.00	22,540.00	25,760.00
2	17,420.00	26,130.00	30,485.00	34,840.00
3	21,960.00	32,940.00	38,430.00	43,920.00
4	26,500.00	39,750.00	46,375.00	53,000.00
5	31,040.00	46,560.00	54,320.00	62,080.00
6	35,580.00	53,370.00	62,265.00	71,160.00
7	40,120.00	60,180.00	70,210.00	80,240.00
8	44,660.00	66,990.00	78,155.00	89,320.00

for each additional household/family member add \$4,540 to the 100% level

SLIDING FEE DISCOUNT AT EACH LEVEL

PRICE REDUCTION		100%	80%	60%
PAYMENT DUE		0%	20%	40%

Board/Financial Committee Approval Date\_\_\_\_\_

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<b>SCALE D</b> <b>&gt;200% - 225%</b>	<b>SCALE E</b> <b>&gt;225% - 250%</b>	<b>SCALE F</b> <b>&gt;250%</b>
<b>28,980.00</b>	<b>32,200.00</b>	<b>32,200.01</b>
<b>39,195.00</b>	<b>43,550.00</b>	<b>43,550.01</b>
<b>49,410.00</b>	<b>54,900.00</b>	<b>54,900.01</b>
<b>59,625.00</b>	<b>66,250.00</b>	<b>66,250.01</b>
<b>69,840.00</b>	<b>77,600.00</b>	<b>77,600.01</b>
<b>80,055.00</b>	<b>88,950.00</b>	<b>88,950.01</b>
<b>90,270.00</b>	<b>100,300.00</b>	<b>100,300.01</b>
<b>100,485.00</b>	<b>111,650.00</b>	<b>111,650.01</b>

<b>40%</b>	<b>20%</b>	<b>No Discount</b>
<b>60%</b>	<b>80%</b>	<b>FULL AMOUNT</b>

## CREDENTIALING ADDENDUM

For Presentation at the April 5, 2021 **Board** of Trustees Meeting

ACTION	CREDENTIALS/MEC COMMITTEE
<b><u>INITIAL APPOINTMENT:</u></b>  James Greenawalt, MD - Anesthesiologist (joining Dr. Shakar's group) Gayle May, MD - Tele-hospitalist (Eagle) Susan Stuber, MD - Pathology (Warren White)	Cred./MEC Comm. approved  Cred./MEC Comm. approved Cred./MEC Comm. approved
<b><u>REAPPOINTMENT: <b>EXPEDITED 3/26/2021</b></u></b>  Sunil Iyer, MD - Cardiology (CFH) Cecilia Liu, DDS - Pediatric Dentistry Nicole Ramsbottom, DDS - Pediatric Dentistry Carol Marriott, CRNA- Anesthesia Matej Polomsky, MD - Ophthalmology Kristopher Swiger, MD - Cardiology (CFH) Dana Point, MD - Urology	Cred./MEC Comm. approved Cred./MEC Comm. approved Cred./MEC Comm. approved Cred./MEC Comm. approved Cred./MEC Comm. approved Cred./MEC Comm. approved Cred./MEC Comm. approved
<b><u>QUALITY DATA REPORTS:</u></b>  Included with Reappointment applications.	Cred./MEC Comm. approved
<b><u>OTHER DISCUSSION:</u></b> N/A	

REV. 4/1/2021 ST