

February 19, 2021

NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in the Kaweah Delta Support Services Building - 520 West Mineral King – GME Conf. Room (5th floor) on Monday February 22, 2021 beginning at 4:00PM. Due to the maximum capacity allowed in this room per CDC social distancing guidelines, members of the public are requested to attend the meeting via GoTo meeting - <https://www.gotomeet.me/CindyMoccio/kaweahdeltaopenregularboardmeetings> or you can also dial in 669-224-3412 Access Code: 468-246-165.

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors at 4:00PM (location and GoTo information above).


The Board of Directors of the Kaweah Delta Health Care District will meet in a Closed Board of Directors meeting at 4:01 pursuant to Health and Safety Code 1461 and 32155, Government Code 54956.9(d)(2).

The Board of Directors of the Kaweah Delta Health Care District will meet in an Open Board of Directors meeting at 4:30PM (location and GoTo information above).

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: cmoccio@kdhcd.org, or on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT
Garth Gipson, Secretary/Treasurer



Cindy Moccio
Board Clerk / Executive Assistant to CEO

DISTRIBUTION:
Governing Board
Legal Counsel
Executive Team
Chief of Staff
www.kaweahdelta.org



KAWEAH DELTA HEALTH CARE DISTRICT - BOARD OF DIRECTORS MEETING

Kaweah Delta Medical Center / Support Services Building
520 West Mineral King – GME Conference Rooms (5th floor)

Join from your computer, tablet or smartphone

<https://www.gotomeet.me/CindyMoccio/kaweahdeltaopenregularboardmeetings>

or Dial In: 669-224-3412 / Access Code: 468-246-165

Monday February 22, 2021

OPEN MEETING AGENDA {4:00PM}

- 1. CALL TO ORDER**
- 2. APPROVAL OF AGENDA**
- 3. PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
- 4. APPROVAL OF THE CLOSED AGENDA – 4:01PM**
 - 4.1. **Approval of closed meeting minutes** – January 25 and February 17, 2021.
 - 4.2. **Conference with Legal Counsel – Anticipated Litigation** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 10 Cases – *Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel*
 - 4.3. **Credentialing** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*
 - 4.4. **Quality Assurance** pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Byron Mendenhall, MD Chief of Staff*

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

Action Requested – Approval of the February 22, 2021 closed meeting agenda.

5. ADJOURN

*Mike Olmos – Zone I
Board Member*

*Lynn Havard Mirviss – Zone II
Vice President*

*Garth Gipson – Zone III
Secretary/Treasurer*

*David Francis – Zone IV
President*

*Ambar Rodriguez – Zone V
Board Member*

MISSION: Health is our Passion. Excellence is our Focus. Compassion is our Promise.

CLOSED MEETING AGENDA {4:01PM}

1. **CALL TO ORDER**
2. **APPROVAL OF CLOSED MEETING MINUTES** – [January 25](#) and [February 17](#), 2021.
Recommended Action: Approval of the closed meeting minutes from January 25 and February 17, 2021.
3. **[Conference with Legal Counsel – Anticipated Litigation](#)** – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 10 Cases.
Ben Cripps, Chief Compliance Officer and Rachele Berglund, Legal Counsel
4. **[CREDENTIALING](#)** - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155
Byron Mendenhall, MD Chief of Staff
5. **[QUALITY ASSURANCE](#)** - Pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee.
Byron Mendenhall, MD Chief of Staff
6. **ADJOURN**

OPEN MEETING AGENDA {4:30PM}

Join from your computer, tablet or smartphone

<https://www.gotomeet.me/CindyMoccio/kaweahdeltaopenregularboardmeetings>

or Dial In: 669-224-3412 / Access Code: 468-246-165

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after Board discussion. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the subject matter jurisdictions of the Board are requested to identify themselves at this time.
4. **CLOSED SESSION ACTION TAKEN** – Report on action(s) taken in closed session.

5. **OPEN MINUTES** – Request approval of the [January 25](#), [January 26](#), and [February 17](#), 2021. **Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

Action Requested – Approval of the open meeting minutes – January 25, January 26, and February 17, 2021 open board of directors meeting minutes.

6. **RECOGNITIONS** – *David Francis*

6.1. Presentation of [Resolution 2120 to Monica Bolton](#), Occupational Therapist III, in recognition as the Service Excellence recipient – February 2021.

6.2. Presentation of [Resolution 2121 to Gloria Simonetti](#), Employee Health Manager, retiring from Kaweah Delta after 16 years of service

6.3. Presentation of [Resolution 2122 to Laura Goddard](#), Director of Organizational Development, retiring from Kaweah Delta after 20 years of service.

7. **CREDENTIALS** - Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

Public Participation – Members of the public may comment on agenda items before action is taken and after the Board has discussed the item.

Recommended Action: Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the MEC, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff be approved or reappointed (as applicable), as attached, to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files.

8. **CHIEF OF STAFF REPORT** – Report relative to current Medical Staff events and issues.

Byron Mendenhall, MD, Chief of Staff

9. **QUALITY – Value Based Purchasing Report** – A review of quality indicators and improvement actions included in the Centers for Medicare and Medicaid Services quality incentive program.

Anu Banerjee, Vice President – Chief Quality Officer, Sandra Volchko, RN, DNP, Director of Quality and Patient Safety, Evelyn McEntire, Quality Improvement Manager

10. **STRATEGIC PLANNING – FY21 Performance** – Review of the performance of the FY21 Strategic Plan through the first two quarters.

Marc Mertz, Vice President & Chief Strategy Officer

11. **CONSENT CALENDAR** - All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

Action Requested – Approval of the February 22, 2021 Consent Calendar.

11.1. REPORTS

- A. [Physician Recruitment](#)
- B. [Kaweah Delta Mental Health Hospital](#)
- C. [Sequoia Regional Cancer Center Joint Ventures](#) (Reviewed by the Board Finance, Property, Services, and Acquisition Committee on 02.10.21)
- D. [Radiation Oncology Services & Medical-Oncology, 3South](#)

11.2. POLICIES - Administrative & Compliance

- A. [AP.28 Computer Security](#) – REVISED
- B. [AP.141 Credit and Collection](#) – REVISED
- C. [AP.180 Weapons Brought Into the District](#) – REVISED
- D. [CP.03 Physician Contracts and Relationships](#) – REVISED

11.3. Recommendations from the Medical Executive Committee (February 2021)

- A. Privileges
 - 1) [Plastic Surgery](#)
 - 2) [Vascular Surgery](#)
 - 3) [Anesthesia](#)
 - 4) [General Surgery](#)
 - 5) [Registered Nurse Anesthetist](#)

12. **[CALL TO VOTE FOR THE INDEPENDENT SPECIAL DISTRICT REPRESENTATIVE TO THE COUNTYWIDE RDA OVERSIGHT BOARD](#)** – Designation of a Kaweah Delta Board member to complete the ballot for the independent special district representative voting ballot to appoint an independent special district representative to the countywide RDA oversight Board Representative Nominees include:

12.1. David Francis – Kaweah Delta Health Care District

12.2. George Ouzounian – Visalia Public Cemetery District

12.3. Stephen Presant – Tulare Public Cemetery District

Lynn Havard Mirviss, Vice President

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

Action Requested – Board vote for a representative nominee to serve as the independent special district representative to the countywide RDA oversight board.

13. REPORTS

13.1. Chief Executive Officer Report - Report relative to current events and issues.

Gary Herbst, Chief Executive Officer

13.2. Board President - Report relative to current events and issues.

David Francis, Board President

ADJOURN

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

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MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JANUARY 25, 2020, AT 4:00PM, IN THE LIFESTYLE CENTER CONFERENCE ROOMS / 5105 W. CYPRESS AVENUE, VISALIA AND VIA GOTO MEETING, DAVID FRANCIS PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; K. Noeske, VP & CNO; M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP & Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care Services; R. Berglund, Legal Counsel; and Cindy Moccio, recording

The meeting was called to order at 4:00PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

MMSC (Olmos/Havard Mirviss) to approve the open agenda. . This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – none

CLOSED AGENDA – 4:01PM

Approval of closed meeting minutes – December 21, 2020 and January 19, 2021.

Conference with Legal Counsel – Existing Litigation – Pursuant to Government Code 54956.9(d)(1) – *Rachele Berglund, Legal Counsel, Anu Banerjee, VP & Chief Quality Officer, and Alexandra Bennett, Director of Risk Management*

Dowdy vs KDH - Case # 283475

Weaver vs KDH – Case # VCL195709

Stanger vs KDH – Case # 284760

Snow vs KDH – Case # VCU284063

Stalcup vs KDH – Case # 284918

Conference with Legal Counsel – Anticipated Litigation – Significant exposure to litigation pursuant to Government Code 54956.9(d)(2) – 1 Case – *Rachele Berglund, Legal Counsel*

Credentialing - Medical Executive Committee (MEC) requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff membership recommended by the respective department chiefs, the credentials committee and the MEC be reviewed for approval pursuant to Health and Safety Code 1461 and 32155 – *Byron Mendenhall, MD Chief of Staff*

Quality Assurance pursuant to Health and Safety Code 32155 and 1461, report of quality assurance committee — *Byron Mendenhall, MD Chief of Staff*

MMSC (Havard Mirviss/Gipson) to approve the closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 4:01PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD MONDAY JANUARY 25, 2021, AT 4:30PM, IN THE LIFESTYLE CENTER CONFERENCE ROOMS / 5105 W. CYPRESS AVENUE, VISALIA AND VIA GOTO MEETING (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVERNOR OF CALIFORNIA), DAVID FRANCIS PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; B. Mendenhall, MD, Chief of Staff; K. Noeske, VP & CNO; M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP & Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care Services; R. Berglund, Legal Counsel; and Cindy Moccio, recording

The meeting was called to order at 4:30PM by Director Francis.

Director Francis asked for approval of the agenda.

MMSC (Havard Mirviss/Olmos) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – none

CLOSED SESSION ACTION TAKEN: Approval of closed minutes from December 21, 2020.

OPEN MINUTES – Request approval of the meeting minutes December 21, 2020 and January 19, 2021.

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

MMSC (Olmos/Rodriguez) Approval of the open meeting minutes December 21, 2020 and January 19, 2021. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

RECOGNITIONS – Director Garth Gipson

- Presentation of Resolution 2115 to Stephen Puerner in recognition as the Service Excellence recipient - December 2020.
- Presentation of Resolution 2116 to Cora Rodgers in recognition as the Service Excellence recipient - January 2021.
- Presentation of Resolution 2117 to Cathy Gage-Ivers retiring from Kaweah Delta after 35 years of service
- Presentation of Resolution 2118 to Deborah Robinson retiring from Kaweah Delta after 35 years of service.

BOARD EDUCATION – Kaweah Delta Medical Staff Credentialing Process – Review and discussion relative to the Kaweah Delta Medical Staff credentialing process and the role of the Board of Directors in the credentialing process (copy attached to the original of these minutes and considered a part thereof) - *Michael Boyd, DPM, Credentials Committee Chair and Teresa Boyce, MHA, CPMSM, CPCS, Director, Medical Staff*

CREDENTIALING – Medical Executive Committee requests that the appointment, reappointment and other credentialing activity regarding clinical privileges and staff

membership recommended by the respective department chiefs, the credentials committee and the Medical Executive Committee be reviewed for approval.

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

Director Francis requested a motion for the approval of the credentials report {copy attached to the original of these minutes and considered a part thereof}.

MMSC (Gipson/Havard Mirviss) Whereas a thorough review of all required information and supporting documentation necessary for the consideration of initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations (pursuant to the Medical Staff bylaws) has been completed by the Directors of the clinical services, the Credentials Committee, and the Executive Committee of the Medical Staff, for all of the medical staff scheduled for reappointment, Whereas the basis for the recommendations now before the Board of Trustees regarding initial applications, reappointments, request for additional privileges, advance from provisional status and release from proctoring and resignations has been predicated upon the required reviews, including all supporting documentation, Be it therefore resolved that the following medical staff, excluding Emergency Medicine Providers as highlighted on Exhibit A (copy attached to the original of these minutes and considered a part thereof), be approved or reappointed (as applicable), to the organized medical staff of Kaweah Delta Health Care District for a two year period unless otherwise specified, with physician-specific privileges granted as recommended by the Chief of Service, the Credentials Committee, and the Executive Committee of the Medical Staff and as will be documented on each medical staff member's letter of initial application approval and reappointment from the Board of Trustees and within their individual credentials files . This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

CHIEF OF STAFF REPORT – Report from Byron Mendenhall, MD – Chief of Staff

- No report.

QUALITY – Annual Review of Quality and Patient Safety Plans – A review of the effectiveness of the Quality and Patient Safety Plans including key measures and actions. (copy attached to the original of these minutes and considered a part thereof) - *Sandra Volchko, RN, DNP, Director of Quality and Patient Safety*

QUALITY - Hospital Acquired Pressure Injury (HAPI) Quality Focus Team - A report of key outcome measures and actions from recent Rapid Improvement Event to reduce HAPI - *Mary Laufer, DNP, RN, NE-BC*

STRATEGIC PLANNING – Outstanding Health Outcomes – Review of the Kaweah Delta strategic plan initiative – Outstanding Health Outcomes including a review of the metrics and strategies/tactics. (copy attached to the original of these minutes and considered a part thereof) - *Anu Banerjee, Vice President – Chief Quality Officer, Tom Gray, MD, Medical Director of Quality and Patient Safety, Sandra Volchko, RN, DNP, Director of Quality and Patient Safety, and Alexandra Bennett, Director of Risk Management.*

CONSENT CALENDAR – Director Francis entertained a motion to approve the consent calendar and noted that he will need to abstain from the vote for item 12.3 (copy attached to the original of these minutes and considered a part thereof).

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

MMSC (Gipson/Olmos) to approve the consent calendar with the removal of item 12.3 {Approval of Resolution 2119 rejecting the claim of Gabriella Montes de Oca v. Kaweah Delta Health Care

District}. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

Director Havard Mirviss requested approval of item 12.3 {Approval of Resolution 2119 rejecting the claim of Gabriella Montes de Oca v. Kaweah Delta Health Care District} from the consent calendar.

MMSC (Olmos/Gipson) to approve items 12.3 {Approval of Resolution 2119 rejecting the claim of Gabriella Montes de Oca v. Kaweah Delta Health Care District} from the consent calendar. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson; Abstained - Francis

LOCAL AGENCY FORMATION COMMISSION (LAFCO) NOMINATION – Nomination to appoint an independent special district representative to the Tulare County Redevelopment Agency Dissolution (RDA) Oversight Board.

Public Participation – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

MMSC (Havard Mirviss/Gipson) to nominate David Francis of the Kaweah Delta Health Care District Board of Directors for the potential appointment to service as an independent special district representative to the Tulare County Redevelopment Agency Dissolution (RDA) Oversight Board}. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

CHIEF EXECUTIVE OFFICER REPORT – Report relative to current events and issues - Gary Herbst, Chief Executive Officer

- The Governor has lifted all stay at home orders statewide today, with limitations. Tulare County is a long way from Tier 2 (red).
- Kaweah Delta is participating in a mass vaccination effort tomorrow with the County.
- Relative to elective surgeries we are working with our surgery team and will start with six elective surgeries a day beginning Thursday and will reevaluate day by day.

BOARD PRESIDENT REPORT – Report from David Francis, Board President

- No report.

ADJOURN - Meeting was adjourned at 7:08PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD TUESDAY JANUARY 26, 2021, AT 3:30PM, IN SUPPORT SERVICES BUILDING 5TH FLOOR GRADUATE MEDICAL EDUCATION CONFERENCE ROOM (CALL IN OPTION DUE TO STAY IN PLACE ORDER BY GOVERNOR OF CALIFORNIA), DAVID FRANCIS PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, D. Cox, VP Chief Human Resources Officer; Ben Cripps, Chief Compliance Officer; Cindy Moccio, recording; Leonard Herr, Kris Pedersen, and Rachele Berglund

The meeting was called to order at 3:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

MMSC (Olmos/Rodriguez) to approve the open agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – none

BOARD/DISTRICT LEGAL COUNSEL – Interview and discussion relative to legal counsel for the Board of Directors and District - *Gary Herbst, Chief Executive Office & David Francis, Board President*

- Mr. Herbst noted that we need to replace Mr. Dennis Lynch as the counsel for the Board and District. We have been working with Ms. Berglund for over 4 years via a formal affiliation agreement that Mr. Lynch had with Herr, Pedersen, and Berglund.
- Director Francis and Mr. Herbst met with the partners (Herr, Pedersen, and Berglund) last week and came away with a very favorable impression. This is an interview with the full Board they would serve as the counsel to the Board as well as Kaweah Delta.
- In depth discussion of experiences and qualifications with each of the partners. Following the interview, Mr. Herr, Ms. Pedersen, and Ms. Berglund left the room so that the Board could discuss the interview.
- Director Francis noted that he appreciates the efficiency of their work with the Kaweah Delta Medical Foundation and the fact that their office is local.
- Director Olmos noted that he has work with these attorneys over 17 years in his past professional roles with the City of Visalia and it was always a good relationship and what they have said here today that they will do, they will do.
- Director Gipson noted that he would like the Board to go out for an RFP over the next year or two. Director Havard Mirviss opposed going out for an RFP unless there is a reason, such as we are not happy with the services we are receiving from the firm. Mr. Herbst noted that if do go through the RFP process, we need to be serious about making a change before we putting legal firms through an RFP process.
- Mr. Herbst noted that at the end of one year of the new relationship, we will do a formal evaluation to ensure we are satisfied with the services we are receiving from Herr, Pedersen, and Berglund.

MMSC (Havard Mirviss/Gipson) to approve the engagement with Herr, Pedersen, and Berglund and to approve management entering into an agreement for their services as legal counsel for the Board and as general legal counsel. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

CHIEF EXECUTIVE OFFICER REPORT

- No report.

BOARD PRESIDENT REPORT

- No report.

ADJOURN - Meeting was adjourned at 4:45PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaweah Delta Health Care District Board of Directors

MINUTES OF THE OPEN MEETING OF THE KAWEAH DELTA HEALTH CARE DISTRICT BOARD OF DIRECTORS HELD WEDNESDAY FEBRUARY 17, 2021, AT 3:30PM, IN THE LIFESTYLE CENTER CONFERENCE ROOMS / 5105 W. CYPRESS AVENUE, VISALIA AND VIA GOTO MEETING DAVID FRANCIS PRESIDING

PRESENT: Directors Francis, Gipson, Havard Mirviss, Olmos & Rodriguez; G. Herbst, CEO; K. Noeske, VP & CNO; M. Tupper, VP & CFO; D. Cox, VP Chief Human Resources Officer; M. Mertz, VP & Chief Strategy Officer; D. Leeper, VP & CIO; R. Gates, VP Population Health; A. Banerjee, VP & Chief Quality Officer; D. Allain, VP Cardiac & Surgical Services; J. Batth, VP of Rehabilitation & Post-Acute Care Services; R. Berglund, Legal Counsel; and Cindy Moccio, recording

The meeting was called to order at 3:30PM by Director Francis.

Director Francis entertained a motion to approve the agenda.

MMSC (Gipson/Olmos) to approve the open agenda. This was supported unanimously by those present.

Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

PUBLIC PARTICIPATION – none

2020/2021 ANNUAL OPERATING & CAPITAL BUDGET AND FINANCIALS – Review of the annual operating & capital budget and strategies and the most current fiscal year financial results (copy attached to the original of these minutes and considered a part thereof).

- Focused presentation relative to Population Health Division – presented by Ryan Gates, Vice President of Population Health (copy attached to the original of these minutes and considered a part thereof).

CHIEF EXECUTIVE OFFICER REPORT

- There will be a tour of the Emergency Room expansion 1 hour prior to the Board meeting on Monday February 22nd. The Board meeting will start at 4:00PM in the Support Services Building 5th floor conference room (GME East/West).
- We currently have 74 COVID patients in house and our utilization rate is just below 90%.
- Elective surgeries will slowly continue to increase as our COVID numbers decrease.

BOARD PRESIDENT REPORT

- Director Francis noted he has enjoyed his initial engagement in the Strategic Plan process.

APPROVAL OF THE CLOSED SPECIAL BOARD MEETING AGENDA

- **Public Security** – Potential threat to the security of essential public services pursuant to Government Code 54957(a)

MMSC (Havard Mirviss/Olmos) to approve the closed agenda. This was supported unanimously by those present. Vote: Yes – Havard Mirviss, Olmos, Rodriguez, Gipson, and Francis

ADJOURN - Meeting was adjourned at 5:51PM

David Francis, President
Kaweah Delta Health Care District and the Board of Directors

ATTEST:

Garth Gipson, Secretary/Treasurer
Kaaweah Delta Health Care District Board of Directors



RESOLUTION 2120

WHEREAS, KAWEAH DELTA HEALTH CARE DISTRICT recognizes Monica Bolton, Occupational Therapist III, with the World Class Service Excellence Award – February 2021 for consistent outstanding performance and,

WHEREAS, Monica embodies the Mission of Kaweah Delta; *Health is our passion, Excellence is our focus, Compassion is our promise* and,

WHEREAS, Monica embraces the Pillar of Kaweah Delta - *Deliver Excellent Service* and,

WHEREAS, the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the KAWEAH DELTA HEALTH CARE DISTRICT on behalf of themselves, the Kaweah Delta staff, and the community they represent, hereby extend their congratulations to Monica Bolton for this honor and in recognition thereof, have caused this resolution to be spread upon the minutes of the meeting.

PASSED AND APPROVED this 22nd day of February 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**

Kaweah Delta Health Care District
World Class Service Excellence – February 2021

Monica Bolton has been working for the district since 9/1996 as an Occupational Therapist. Monica has developed an expertise in treating neurological patients. She strives to ensure her patients are receiving clinical excellence every visit. On her own time she fabricates adaptive equipment for patients to increase their independence. She works hard to ensure all her patients, despite what insurance they have, obtain the tools they need to succeed in achieving the highest level of return after their illness or accident. Monica regularly provides mentorship and education to other therapists at Kaweah to enhance the patient's outcomes. She is a leader of our stroke support group and is seen out in the community at many Kaweah Delta sponsored events bringing education to the community about the services we provide. I can keep adding to the list. Monica is an employee that lives the Kaweah Delta vision every day, she provides world class care to every one of her patients. Therapy Specialists at the rehab hospital is fortunate to have such an exemplary employee such as Monica Bolton.



RESOLUTION 2121

WHEREAS, Gloria Simonetti, is retiring from duty at Kaweah Delta Health Care District after 16 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her loyal service and devotion to duty;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Gloria Simonetti for 16 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of February 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



RESOLUTION 2122

WHEREAS, Laura Goddard, is retiring from duty at Kaweah Delta Health Care District after 20 years of service; and,

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her loyal service and devotion to duty;

WHEREAS, the Board of Directors of the Kaweah Delta Health Care District is aware of her excellence in caring and service,

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Kaweah Delta Health Care District, on behalf of themselves, the hospital staff, and the community they represent, hereby extend their appreciation to Laura Goddard for 20 years of faithful service and, in recognition thereof, have caused this resolution to be spread upon the minutes of this meeting.

PASSED AND APPROVED this 22nd day of February 2021 by a unanimous vote of those present.

President, Kaweah Delta Health Care District

ATTEST:

**Secretary/Treasurer, Kaweah Delta Health Care District
and of the Board of Directors, thereof**



Value Based Purchasing Fiscal Year 2021

Board of Directors Report – February 2021

Anu Banerjee PhD, VP/CQO & Sandy Volchko DNP Director of Quality & Patient Safety

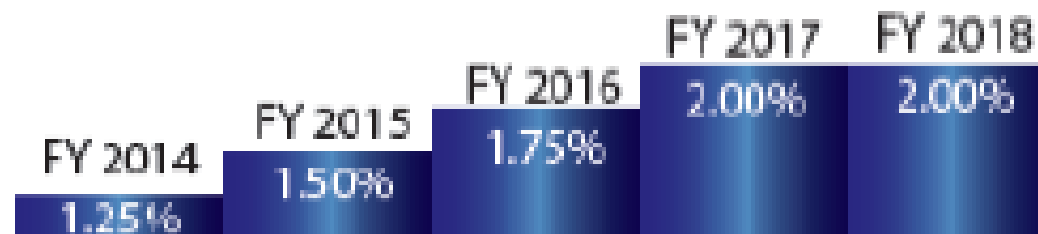
Abbreviations

- CMS: Centers for Medicare and Medicaid Services
- DRG: Diagnosis Related Groups
- FY: Fiscal Year
- CY: Calendar Year
- TPS: Total Performance Score
- VBP: Value Based Purchasing
- CHA: California Hospital Association
- CAUTI – Catheter Associated Urinary Tract Infection
- CLABSI – Central Line Associated Blood Stream Infection
- COPD – Chronic Obstructive Pulmonary Disease
- MRSA - Methicillin-resistant Staphylococcus aureus
- PC – Perinatal Care
- AMI – Acute Myocardial Infarction
- HF – Heart Failure
- PN – Pneumonia
- ERAS – Enhanced Recovery After Surgery
- TPN - Total Parenteral Nutrition
- HAI - Healthcare Associated Infection

VBP Payment Method

- *“The Hospital VBP Program is funded by a 2% reduction from participating hospitals’ base operating diagnosis-related group (DRG) payments for FY 2018.*
- *Resulting funds are redistributed to hospitals based on their Total Performance Scores (TPS).*
- *The actual amount earned by each hospital depends on the range and distribution of all eligible/participating hospitals’ TPS scores for a FY.*
- *It is possible for a hospital to earn back a value-based incentive payment percentage that is less than, equal to, or more than the applicable reduction for that program year.”*

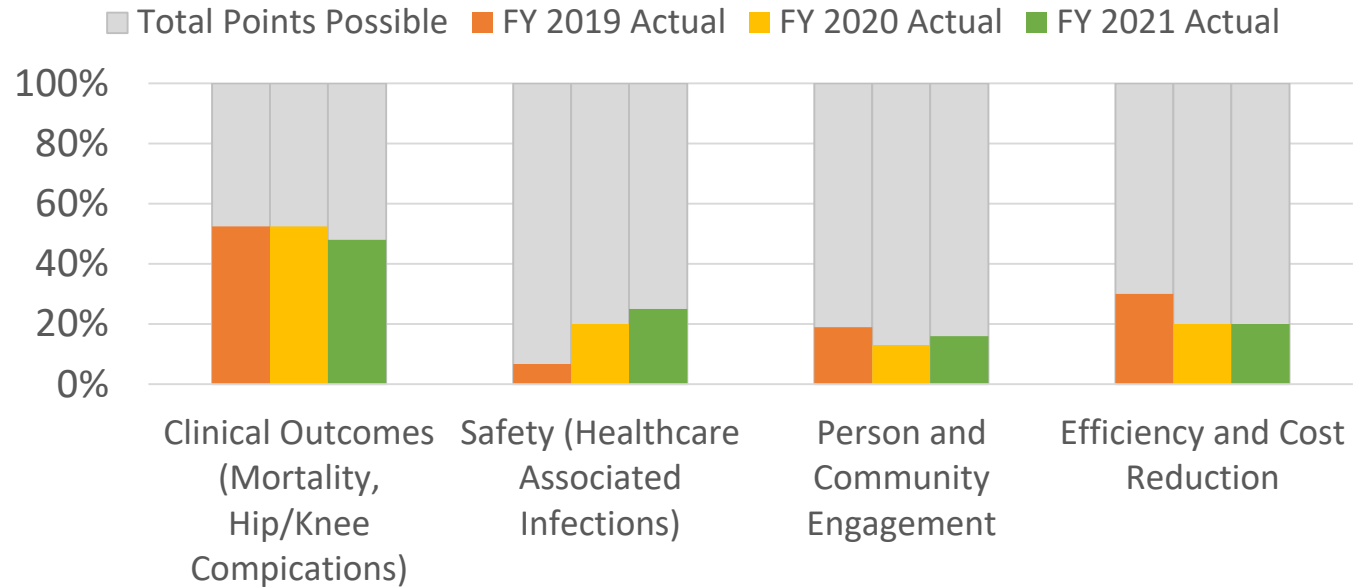
CMS Quality Patient Assessment Instruments



Strategic Initiative Charter: FY 2021 Value Based Purchasing

FY 2021 Hospital Value-Based Purchasing Guide			
Payment adjustment effective for discharges from October 1, 2020 and September 30, 2021			
Baseline Period July 1, 2011–June 30, 2014 Performance Period July 1, 2016–June 30, 2019 Measures 30-Day Mortality, Acute Myocardial Infarction (MORT-30-AMI) 0.860355 0.879714 30-Day Mortality, Heart Failure (MORT-30-HF) 0.883803 0.906144 30-Day Mortality, COPD (MORT-30-COPD) 0.923253 0.938664	Baseline Period July 1, 2012–June 30, 2015 Performance Period September 1, 2017–June 30, 2019 Measure 30-Day Mortality, Pneumonia (MORT-30-PN Updated Cohort) 0.836122 0.870506	Baseline Period January 1–December 31, 2017 Performance Period January 1–December 31, 2019 HCAHPS Survey Dimensions Communication with Nurses 42.06 79.06 87.36 Communication with Doctors 41.99 79.91 88.10 Responsiveness of Hospital Staff 33.89 65.77 81.00 Communication about Medicines 33.19 63.83 74.75 Hospital Cleanliness and Quietness 30.60 65.61 79.58 Discharge Information 66.94 87.38 92.17 Care Transition 6.53 51.87 63.32 Overall Rating of Hospital 34.70 71.80 85.67	Baseline Period April 1, 2011–March 31, 2014 Performance Period April 1, 2016–March 31, 2019 Measure Elective Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate (COMP-HIP-KNEE) 0.031157 0.022418
Clinical Outcomes	Safety	Person and Community Engagement	Efficiency and Cost Reduction
25%	25%	25%	25%
Baseline Period January 1–December 31, 2017 Performance Period January 1–December 31, 2019 Measures (Healthcare-Associated Infections) I Central Line-Associated Bloodstream Infections (CLABSI) 0.687 0.000 I Catheter-Associated Urinary Tract Infections (CAUTI) 0.774 0.000 I Surgical Site Infection (SSI): Colon 0.754 0.000 I SSI: Abdominal Hysterectomy 0.726 0.000 I Methicillin-resistant Staphylococcus aureus (MRSA) 0.763 0.000 I Clostridium difficile Infection (CDI) 0.748 0.067	Baseline Period January 1–December 31, 2017 Performance Period January 1–December 31, 2019 Measures I Medicare Spending per Beneficiary (MSPB) 0.774 0.000 Median Medicare Spending per Beneficiary ratio across all hospitals during the performance period Mean of lowest decile of Medicare Spending per Beneficiary ratios across all hospitals during the performance period		
FY 2021 Value-Based Payments Funded by 2.0% Withhold ↓ = Lower Values Indicate Better Performance			

VBP Domain Scores -% of Possible Points in Each 25%



Value Based Purchasing Measures Fiscal Year 2021

- Payment adjustment effective for discharges from Oct 1, 2020 and Sept 30, 2021
- For outcomes reported in CY 2019 (Safety, Efficiency and Engagement Domains) and July 1, 2016 through June 30, 2019 for Clinical Care Domain

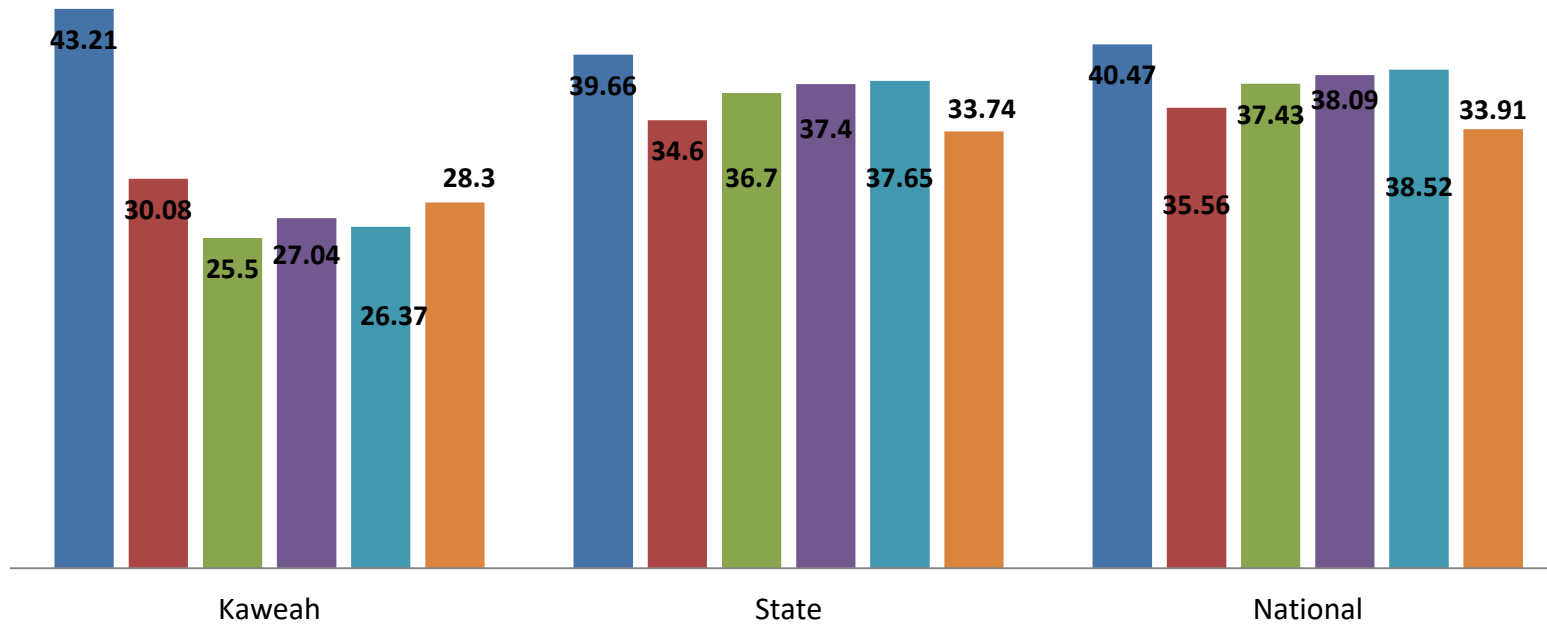
FY 2020 Actual VBP Cost	
Contribution	Payment Received
\$1,816,800	\$1,345,800
(\$471,000)	

FY 2021 Actual VBP Cost	
Contribution	Payment Received
2% = \$1,868,400	1.48% = \$1,693,100
(\$175,300)	

Kaweah Delta Performance - FY 2021 Payment Performance

Actual VBP Total Performance Score

FY 2016 FY 2017 FY 2018 FY 2019 FY 2020 FY 2021



FY 2020 <u>Actual</u> VBP Cost	
Contribution	Payment Received
\$1,816,800	\$1,345,800
(\$471,000)	

FY 2021 <u>Actual</u> VBP Cost	
Contribution	Payment Received
2% = \$1,868,400	1.48% = \$1,693,100
(\$175,300)	

FFY 2019-2021 Actual VBP Points by Domain

Domains	FY 2019 (Points out of 10 Possible)	FY 2020 (Points out of 10 Possible)	FY 2021 (Points out of 10 Possible)
Clinical Outcomes - Domain Score (% of all points possible for this 25% of VBP)	53%	53%	48%
Acute Myocardial Infarction	10	8	7
Heart Failure	0	1	4
Pneumonia*	5	2	3
COPD	N/A	N/A	3
Complication elective Total Hip/Knee	6	10	7
Safety - Healthcare Associated infections - Domain Score (% of all points possible for this 25% of VBP)	7%	20%	25%
PC-01 Early Elective Delivery	4	5	N/A
CLABSI - Per 1000 line days*	0	0	0
CAUTI - Per 1000 catheter days*	0	0	0
SSI Surgical Site Infection	0	0	5
SSI Colon - Rate Per 100 procedures	0	0	5
C. difficile - Per 10,000 patient days	0	7	7
MRSA - Per 10,000 patient days	0	0	2
Person and Community Engagement - Domain Score (% of all points possible for this 25% of VBP)	19%**	13%**	16%**
Communication with Nurses	0	0	0
Communication with Doctors	0	0	0
Responsiveness of Hospital Staff	0	0	1
Communication about Medicines*	0	0	0
Cleanliness of Hospital Environment	0	0	0
Quietness of Hospital Environment*	0	0	0
Discharge Information	0	0	0
Care Transition	0	0	0
Overall Rating of Hospital*	0	0	0
Efficiency and Cost Reduction-Domain Score (% of all points possible for this 25% of VBP)	30%	20%	20%
Medicare Spending per Beneficiary	3	2	2

*Largest opportunity for Improvement

**Consistency Score

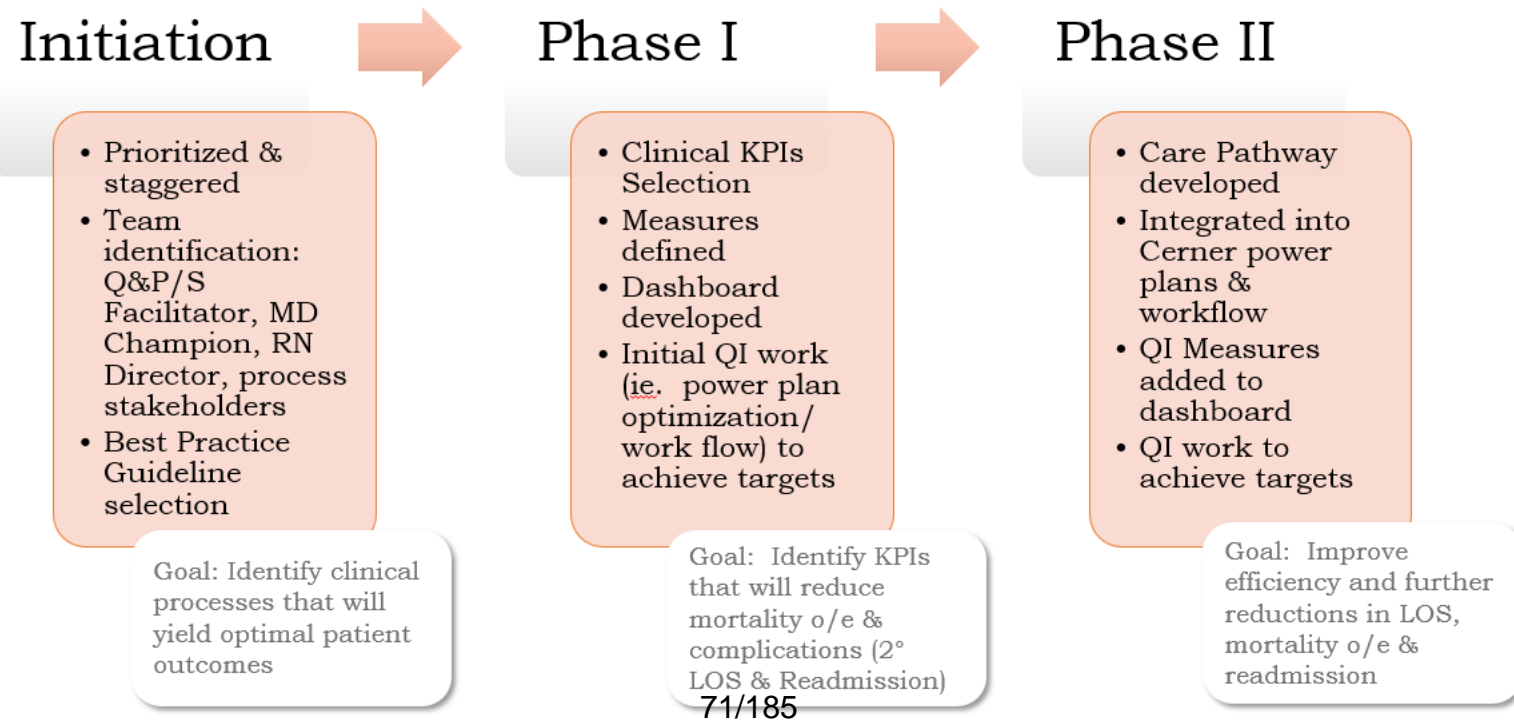
Action Plan & Teams

Mortality & Medicare Spending

- Mortality committee meets once month and has identified the largest improvement opportunity is earlier palliative care. New Medical Director actively improving referral rates and working collaboratively with mortality committee.
- Best Practice Teams for CMS diagnoses (COPD, AMI, HF & PN) scheduled for 2021; HF Best Practice Team already in progress
- Evaluating Cellulitis Medicare spending to identify opportunities for improvement

Best Practice Teams

AMI (non-STEMI), COPD, Heart Failure & Pneumonia



Action Plan & Teams

Hip & Knee Complications

- Orthopedic service line reviews all complications to assess if complications are true (re-code) and identify opportunities for improvement.
- Initiated Enhanced Recovery After Surgery (ERAS) program in 2020 for elective bowel surgery patients. which aims to reduce complications and decrease length of stay through implementation of evidenced-based care pathways. 2021 increasing ERAS to OB/GYN and Orthopedic patient populations

Infection Prevention


- CAUTI and CLBASI Kaizen Events (Rapid Improvement) in Jan and Feb 2020 with robust action plans implemented including daily “gemba” rounds on all patients with central lines and urinary catheters. 1Q21 addressing culture of culturing and TPN utilization root causes of HAIs
- Hand Hygiene (HH) monitoring system (BioVigil) currently rolling out on a number of units with HH rates greater than 98%.

Patient Experience

- Development of service standards to be upheld throughout the organization.
- Installation of new patient communication white boards. Enhances nursing and physician communication.
- Physician representatives rounding on patients to evaluate and improve physician communication.
- Continued reworking of management of patient belongings to decrease occurrences of loss property.
- Evaluation of noise canceling machines to promote a quieter environment.
- Leaders rounding on patients restarting in March. Rounding provides an opportunity to identify team members to recognize and evaluate care standards.

Questions?





FY 2021 Strategic Plan Update on Actual Performance Through the First Two Quarters

July 1, 2020 through December 31, 2020

Kaweah Delta Strategic Plan Framework 2020-2021

	Strategic Initiative	Metrics	Strategies/ Tactics
<p>Our Mission <i>(The reason we exist)</i></p> <p>Health is our passion. Excellence is our focus. Compassion is our promise.</p>	<p>Organizational Efficiency and Effectiveness <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i></p>	<ul style="list-style-type: none"> • ALOS within 0.75 days of GMLOS • Surgical implant standardization- 5% reduction • Staffing metrics- at budget/ mandated staffing ratios • OR patient-out-patient-in within 28 minutes • Spending per beneficiary score < 0.97 	<ul style="list-style-type: none"> • Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient throughput and remove discharge barriers • Better align staffing levels with patient volumes/units of service. • Standardize surgical (ortho/spine) implants • Improve OR efficiency and block utilization
<p>Our Vision <i>(What we aspire to be)</i></p> <p>To be your world-class healthcare choice, for life.</p>	<p>Kaweah Care Culture <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> • EE Engagement survey - 4.19 engagement score (65th ptile) • Physician Engagement survey – 3.68 alignment score • SAQ Teamwork: 66%; Safety 73% • HCAHPS Overall Rating: 76.5% 9s and 10s during FY21 • ED Patient experience: Overall Rating: 70% during FY21 	<ul style="list-style-type: none"> • Pulse & Employee Engagement Survey and action planning • Leadership Development programs • Just Culture Commitment – Staff awareness • GME faculty and Medical Staff Leader Development • Physician Engagement Committee work • Operation Always - Patient engagement • Safety attitudes questionnaire (SAQ) and action planning • Increase Kaweah Care recognitions and celebrations • Develop performance scorecards for leaders, physicians, medical directors and department chairs
<p>Our Pillars</p> <p>Achieve outstanding community health</p> <p>Deliver excellent service</p> <p>Provide an ideal work environment</p> <p>Empower through education</p> <p>Maintain financial strength</p>	<p>Outstanding Health Outcomes <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> • Leapfrog B • CAUTI ≤ 0.727 • CLABSI ≤ 0.633 • MRSA ≤ 0.748 • Sepsis bundle ≥70% • 100% of Leapfrog/NQP Safe Practices points • Zero Defect performance- 100% 	<ul style="list-style-type: none"> • Quality focus teams • Daily catheter and central line Gemba rounds • Improve compliance with sepsis bundle • Create diagnosis-specific committees to address mortality and readmissions • Infection prevention hand hygiene program • Expand adoption and compliance with Cleveland Clinic quality metrics and best practices
	<p>Strategic Growth and Innovation <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> • 2% growth in market share (FPSA) • 11.2% increase in IP surgical volume • Net 30 increase in the number of physicians in the market • Retain 11 KD residents (40%) in the Central Valley • Two new ambulatory locations • Increased total OR capacity (available hours/minutes) • Launch telehealth services • Introduce new branding 	<ul style="list-style-type: none"> • Develop a comprehensive and coordinated ambulatory network strategy • Better monitor and manage patient referrals to ensure continuity of care • Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians • Promote key service lines to a broader geographic market (e.g. Fresno and Kern Counties) • Continue work with community advisory groups and use public perception data to improve community relations • Refresh of organization branding and naming strategy • Complete master facility plan to modernize and expand facilities
	<p>High Performing OP Delivery Network <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> • Employee engagement ≥ 50th percentile • OP patient satisfaction score ≥ 50th percentile • OP Outcome measures (A1c < 9), blood pressure, depression screening, flu vaccine) at target • Clinic visits ≥ 100% of budget • Net income ≥ 100% of budget • Labor productivity ≥ 100% of budget • Provider deficiencies 0% • RAF score of 1.2, resulting in \$750,000 increase in revenue 	<ul style="list-style-type: none"> • People: Leadership rounding with staff and physicians • Service: Leadership rounding with patients • Population health: Improve documentation/coding/billing processes for clinical documentation • Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities • Finance: Monthly accountability meetings around operational measures

Operational Efficiency and Effectiveness

Metric	Actual Performance Through Dec. 31, 2020	Notes/ Comments
ALOS within 0.75 days of GMLOS	YTD ALOS 5.72 vs GMLOS 4.24 for a difference of 1.48 days	FY21 – Health care resources limited, high number of leaves of absence creating shortages and delays in services related to patient throughput and decision making. Delays in discharge locations due to COVID testing requirements, COVID positivity or patients and quarantine requirements in post-acute settings.
Surgical implant standardization- 5% reduction	In progress	Surgery and Purchasing have been working with the orthopedic surgeons to reduce the number of implant vendors we buy from, thus gaining better pricing based on the higher volumes.
Staffing metrics- at budget/ mandated staffing ratios	In progress	Productivity is calculated daily for feedback to department leaders. Challenges in FY21 included staffing for COVID population created variances in staffing matrix. ICU patient acuity higher than projected creating staffing demands over matrix.
OR patient-out-patient-in within 28 minutes	28 Minutes	
Spending per beneficiary score < 0.97	Value not available at this time	Reporting of this value through Centers for Medicare and Medicaid Services is delayed. CY 2020 will be available in July 2021 from CMS

Kaweah Care Culture

Metric	Actual Performance Through Dec. 31, 2020	Notes/ Comments
EE Engagement survey - 4.19 engagement score (65th ptile)	TBD	Survey to be conducted in Spring 2021
Physician Engagement survey – 3.68 alignment score	TBD	Survey to be conducted in Spring 2021
SAQ Teamwork: 66%; Safety 73%	TBD	Results being tabulated
HCAHPS Overall Rating: 76.5% 9s and 10s during FY21	75.6%	Focus is on physician and nurse/staff communication, including new white boards. Emphasis Kaweah Care Culture and new strategic initiatives.
ED Patient experience: Overall Rating: 70% during FY21	66.6%	Focus is on Timeliness of Care and Managing Belongings. Emphasis Kaweah Care Culture and new strategic initiatives.

Outstanding Health Outcomes

Metric	Actual Performance Through Dec. 31, 2020	Notes/ Comments
Leapfrog B	Leapfrog B	Utilize Safety Attitudes Questionnaire (SAQ) to measure safety culture, identify trends, target new QI strategies, develop departmental action plans, implement training to improve teamwork climate and patient safety.
CAUTI ≤ 0.727	1.04	Place all IUC order resources on eCoach, develop urine culture only powerplan, implement powerchart changes to capture device list for lines already in place, add 3-way catheter, create alert when patient has IUC in place and documented loose stools., evaluate reasons for IUC insertion orders, relaunch Safety Summit, epithelial cells count, bladder training and education, changes to the discontinue order, culture of culturing committee for urine specimens, adding sticker to IUC.
CLABSI ≤ 0.633	1.20	TPN utilization, CHG bathing to increase recommended practice of CHG bathing, Just-In-Case-Culture, central line dressing kits, staff/provider education relaunch, stopping labs after dispatch for patients with hospice status change, fever algorithm, midlines as an alternative (staff/provider education, incorporation in to a vascular access team to standardize insertion, appropriateness and monitoring of best practice application).
MRSA ≤ 0.748	1.29	Evaluating universal decolonization of patients BioVigil electronic hand hygiene monitoring system implemented and currently optimizing program
Sepsis bundle ≥70%	76%	Revise new hire and annual Sepsis training./competency, make form revisions to “provider notification”, develop hand off sheet/pathway checklist, requirement for RNs to fill out “provider notification form” after sepsis alert fires, relfex alert when antibiotic is ordered, evaluate blood culture labeling process, evaluate how Clin Ed educates RNs on sepsis alerts, automate IBW in fluid order when height and weight are documented.
100% of Leapfrog/NQP Safe Practices points	100%	Safety Culture survey administered Dec 2020-Feb 2021. Results pending, results analysis and broad dissemination March-April 2021 Hand Hygiene program enhancements (ie. Biovigil) Nurse staff and adverse events analysis completed by June 2021
Zero Defect performance- 100%	100%; 0 events (as indicated by Quality Department)	Improved engagement, high reliability interventions, reducing variation across clinical practices. 2 ID Mandatory Education, armband check at all perioperative transitions of care, “Get it RIGHT” campaign, suicide risk assessment in ED, “hands and head visible” education, utilization of sitters in ED-Communicating Patient Safety Needs

Better than target; at target; worse than target; pending/in process

Strategic Growth and Innovation

Metric	Actual Performance Through Dec. 31, 2020	Notes/ Comments
2% growth in market share (FPSA)	TBD	Pending analysis of annual OSHPD data not yet received
11.2% increase in IP surgical volume	-11.8%	COVID-19 has had a dramatic impact on surgical volumes, especially elective and non-emergent cases.
Net 30 increase in the number of physicians in the market	13	Through 12/31/2020 we have brought 13 physicians to the market. COVID has impacted recruitment, but we are hopeful that we can still reach 30 or close to it.
Retain 11 KD residents (40%) in the Central Valley	17	
Two new ambulatory locations	1	The Tulare Clinic will open in March/April 2021
Increased total OR capacity (available hours/minutes)	Met	Prior to COVID-19, the Department of Surgery and the OR Governance Committee recovered under-utilized block time and reallocated it to surgeons needing more OR time. An OR efficiency project is ongoing to improve start times and room turnaround times.
Launch telehealth services	Met	Within a few days of the start of COVID-19, we successfully launched the Doxy.me telehealth platform across our clinics. Thousands of telehealth visits are conducted every week. We are evaluating options to implement a more robust technology solution.
Introduce new branding	Met	The rebranding has been approved by the Board and the launch is being planned for Spring 2021.

High Performing Outpatient Network

Metric	Actual Performance Through Dec. 31, 2020	Notes/ Comments
Employee engagement ≥ 50th percentile	TBD	Pending Spring Survey Results
OP patient satisfaction score ≥ 50th percentile	84.5%	50 th percentile goal - 85%
OP Outcome measures (A1c < 9), blood pressure, depression screening, flu vaccine) at target	Met	A1c<9: 32.99% (goal - <35.63%) Blood Pressure: 67.32% (goal – 66.56%) Depression Screening: 76.18% (goal – 76.79%) <i>Flu: 43.5% (goal – 50.00%)*</i>
Clinic visits ≥ 100% of budget	+1% over budget	111,195 visits budget vs. 112,439 visits actual
Net income ≥ 100% of budget	+ 1.5 million	The outpatient network collectively had a positive contribution margin of \$1.5M from July 2020 through December 2020.
Labor productivity ≥ 100% of budget	18% under budget	Under labor productivity goal by 18% (1.33 UOS budget vs. 1.09 UOS actual)
Provider deficiencies 0%	.2%	263 deficiencies outstanding, across 112,439 total provider visits
RAF score of 1.2, resulting in \$750,000 increase in revenue	TBD	Currently at 1.163 (up from 0.963) RAF score has drastically increased and data still coming in. <i>(Mid-year sweep due March 2021 & final RAF score for 2020 finalized mid-summer 2022)</i>

*Unit of Service

**Kaweah Delta Physician Recruitment and Relations
Medical Staff Recruitment Report - February 2021**

Prepared by: Brittany Taylor, Director of Physician Recruitment and Relations - btaylor@kdhcd.org - (559)624-2899

Date prepared: 2/18/2021

Central Valley Critical Care Medicine	
Intensivist	1

Delta Doctors Inc.	
OB/Gyn	1

Kaweah Delta Faculty Medical Group	
Family Medicine Associate Program Director	1
Family Medicine Core Faculty	2

Key Medical Associates	
Internal Medicine/Family Medicine	2

Other Recruitment	
Palliative Medicine	1
Neurology	1
Orthopedic Surgery (Trauma)	1

Oak Creek Anesthesia	
General Anesthesia	1

Valley Children's Health Care	
Maternal Fetal Medicine	2
Neonatology	1

Visalia Medical Clinic (Kaweah Delta Medical Foundation)	
Dermatology	1
Adult Primary Care	2
Gastroenterology	1
Orthopedic Surgery (Hand)	1
Otolaryngology	1
Radiology - Diagnostic	1
Rheumatology	1
Urology	2
Urology - Advanced Practice Provider	1

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Colorectal Surgery	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Ota, M.D.	Kyle	08/21	Current KD General Surgery resident	Offer accepted; Contract signed
Diagnostic Radiology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Mohammed, M.D.	Ahmed	08/21	Curative - 2/11/21	Currently under review
Dermatology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Totoraitis, M.D.	Kristin	08/21	Direct - 1/12/21	Site Visit: 2/16/21; Offer pending
Family Medicine	Visalia Family Practice	Suleymanova, M.D.	Violetta	04/21	Direct -4/21/20 UCSF Fresno Career Fair	Offer pending
Family Medicine - Associate Program Director	Kaweah Delta Faculty Medical Group	Ramirez, M.D.	Magda	ASAP	Current Core Faculty with Kaweah Delta Faculty Medical Group	Interview: 2/25/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Bassali, M.D.	Mariam	08/21	Referred by Dr. Martinez - 10/14/20	Tentative Site Visit: 3/10/21
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Demirchyan, M.D.	Daniel	08/21	MDStaffers - 1/29/20	Currently under review
Family Medicine Core Faculty	Kaweah Delta Faculty Medical Group	Mora-Roman Jr., MD	Ruben	08/21	Direct Referral - Dr. Rafael Martinez	Site Visit: 2/17/21
Gastroenterology (Hospitalist)	Valley Hospitalist Medical Group	Bharadwaj, M.D.	Shishira	TBD	Direct email - 12/30/20	Currently under review
Gastroenterology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Qaseem, M.D.	Tahir	09/21	Curative - 1/22/21	Virtual Site Visit Pending Dates
Hospitalist	Central Valley Critical Care Medicine	Malik, M.D.	Sara	08/21	Direct - Dr. Umer Hayyat's spouse	Site Visit: 10/7/20; Offer accepted
Hospitalist	Central Valley Critical Care Medicine	Reed, M.D.	Jennifer	08/21	Vista Staffing - 1/18/21	Offer accepted
Intensivist	Central Valley Critical Care Medicine	John, D.O.	Avinaj	08/21	Vista Staffing - 10/25/19	Site visit: 12/13/19; Offer accepted
Intensivist	Central Valley Critical Care Medicine	Akinjero, M.D.	Akintunde	08/21	Vista Staffing - 10/20/20	Virtual Interview: 11/30/20 Offer accepted
Intensivist	Central Valley Critical Care Medicine	Chand, M.D.	Sudham	TBD	PracticeMatch - 2/5/21	Site visit pending dates

Candidate Activity

Specialty/Position	Group	Last Name	First Name	Availability	Referral Source	Current Status
Intensivist	Central Valley Critical Care Medicine	Jenkins, M.D.	Eric	06/21	PracticeLink - 2/5/21	Currently under review
Intensivist	Central Valley Critical Care Medicine	Leger, M.D.	Kathleen	08/21	Comp Health - 8/24/20	Virtual Interview pending dates
Intensivist	Central Valley Critical Care Medicine	Shaikh, M.D.	Mohammed	ASAP	Direct - 12/24/20	Offer extended for part-time
Maternal Fetal Medicine	Valley Children's Health Care	Behl, D.O.	Esha	04/21	Valley Children's Health Care	Site visit: 12/4/20; Offer extended
Orthopedic Surgery - Hand	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Tomooka, D.O.	Beren	08/21	Direct referral	Phone Interview: 12/2/20; Site Visit: 3/12/21
Palliative Medicine	Independent	Grandhe, M.D.	Sundeep	08/21	Direct -12/7/20	Virtual Interview: 12/28/20; Offer accepted
Rheumatology	Key Medical Associates	Alkhairi, MBBS	Baker	08/22	Enterprise Medical Recruiting - 2/12/21	Currently under review
Urology	Visalia Medical Clinic (Kaweah Delta Medical Foundation)	Patel, M.D.	Neil	TBD	Los Angeles Career MD Fair 9/14/19	Site Visit: 9/25/20; Independent Contractor agreement extended, under review

REPORT TO THE BOARD OF DIRECTORS

Kaweah Delta Mental Health Hospital (KDMHH)

Jaime Hinesly, LMFT
Director of Mental Health Services, x3361
February 15, 2021

Summary Issue/Service Considered

CENSUS	Despite this year beginning in a global pandemic, until November 2020, KDMHH successfully maintained an average daily census (ADC) of 46 for 48 staffed beds (of 63 total licensed beds), against a budget of 46.83. In November, due to rising numbers of positive Covid cases within Tulare County and surrounding counties, we experienced a dip in ADC to 44. In December, we encountered our first and only outbreak of Covid on our mental health unit. This brought our ADC to 30. With new risk mitigation and planning in place, our plan is to return our ADC back to our budgeted 46.83.
LEADERSHIP	Jaime Hinesly, LMFT is the Director of Mental Health Services. She has worked with Kaweah Delta Mental Health hospital in various management roles for the past eleven years and has been working closely with our physician team throughout this time.
MED STAFF	This year, Kaweah Delta Healthcare District (KDHCD) chose Precision Psychiatric Services, Inc. (Precision) to provide psychiatry services for KDHCD. Precision is a physician owned and driven group spearheaded by Harjeet Brar, MD based close to Tulare County in Bakersfield, CA. The decision to contract with this group has given KDHCD the opportunity to work more closely with our physicians in a boots on the ground approach to making decisions about the care of KDHCD's psychiatric patients.
GME	The residency program continues to grow and is at the highest complement it has ever been at with 23 total residents. The residency program has been instrumental in absorbing the massive influx of mental health patients during the ongoing pandemic. We were also able to recruit Dr. Mark Dailey and Dr. Kingwai Lui from our graduates to help provide much needed psychiatric care to the people of the central valley. We have expanded care at the Lindsay clinic and added additional child and adolescent services to the rural health clinics and this expanded care has helped us expedite follow up care and appointments in the clinic for patients needing follow up care after hospitalizations.

Quality/Performance Improvement Data

CORE MEASURES	We continue to participate in Hospital-Based Inpatient Psychiatric Services (HBIPS) core measures, receiving our full market basket payment for collection and submission of data. We continue to meet our internal benchmarks with variance to benchmark occurring immediately after
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introduction of new measures until template and processes are hardwired. Our number of assaults and hours of both physical restraint and seclusions have increased. This is largely due to restrictions placed on the ability to room patients according to acuity level and history of trauma and violence. These restrictions were necessary to mitigate the level of risk and spread of Covid-19 to our patients in our hospital setting.

ACTION PLAN To address the increased number of assaults and hours of physical restraints and seclusions, we have implemented the Agitation Behavioral Scale (ABS): ABS is an objective tool utilized by nursing to assess and intervene in the agitation escalation process. In collaboration with Psychiatry, Nursing and Pharmacy, appropriate medications were defined to treat agitation based upon presenting severity. The goal of the tool was to decrease the number of assaults, and hours of both physical restraint and seclusions. The ABS approaches the treatment of agitation similar to how we treat pain utilizing a linear pain scale, when observing signs of agitation in a patient, the nurse conducts the assessment utilizing the ABS tool, moderate or severe. Staff have expressed overall acceptance and utilize the tool as needed without complications. Covid-19 has created a significant challenge in placing patients in IMD and state hospitals. We have been caring for some of the most severely ill conserved patients for months at a time while awaiting acceptance.

In addition to this action plan, KDHCDC is also exploring designation of a Mental Health designated support officer through our KDHCDC Security Services.

Policy, Strategic or Tactical Issues

COVID-19 As with all departments, the challenge and changes associated with a novel virus and global pandemic placed focus on patient and staff safety at the forefront of most activities. Strategic planning and staff education occurred on a constant basis. Staff were educated on Covid Testing processes, PPE usage. The congregate nature of our facility combined with cognitive and behavioral challenges of the patient population, resulted in a hyper-focus on patient safety and infection prevention.

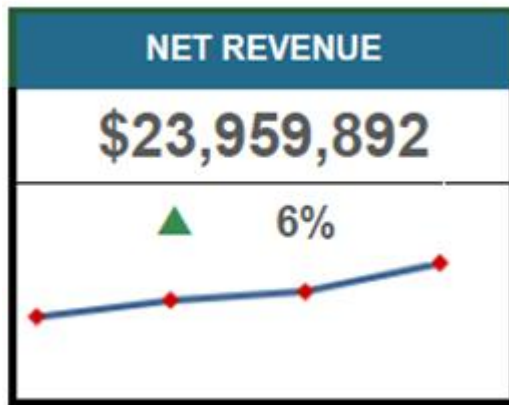
COMMUNITY Over the next five years, we will be focusing on three projects we were charged with by the Community Advisory Committees (CAC). Increased availability of outpatient services for both Medi-cal and private insured patients. Work has begun on this through the Behavioral Health Integration (BHI) project. Completing analysis on the feasibility of establishing a Crisis Stabilization Unit (CSU) or Psychiatric Emergency Room to improve mental health patient outcomes while reducing the use of the ED for mental health crisis intervention and psych inpatient recidivism. Lastly, the use of Electroconvulsive Therapy (ECT) for treatment of severe depression and severe depression accompanied by psychosis is being explored

Recommendations/Next Steps

PARTNERSHIP Continue to focus on profitability of Mental Health Service line through collaboration with Patient Accounting, Finance and Case Management departments to reduce opportunities for payers to deny claims for reimbursement. Continue to partner with GME to support ongoing development of psychiatric residency program. Continue to partner with Tulare County to evaluate and develop new opportunities for community services as financially feasible to include a CSU/PE, ECT and Outpatient psych services to support population health management.

Approvals/Conclusions

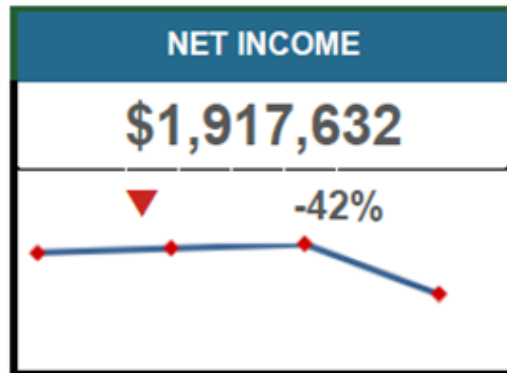
Though this has been a very busy year with continued focus on refining business practice to reduce exposure to uncompensated care and meet budgeted average daily census, we managed to increase our net revenue by 6%.



Our direct cost shows an increase by 16%. This change in direct cost is due to increased nursing staffing related to required response from Joint Commission survey findings. We were surveyed by The Joint Commission last year. Some recommendations were made on improving our mitigation of risk level for patients who are deemed at high or moderate risk for suicide while staying at our hospital. Led by a small team of our leaders and staff, we restructured our assessment of patients at risk for suicide to include an evidence based full assessment and screening our nurses complete utilizing "The Columbia Suicide Severity Rating Scale". These changes required a temporary increase in hours worked by Registered Nurses and resulted in a slight increase to our direct costs.



Net Income shows a decrease by 42%. This is largely due to physician fees. KDHCD changed to a new physician group, Precision, at the beginning of the fiscal year. The physician fees are a combination of services and guarantee offset by collections. Collections are not maximized at present. Precision Physician group has worked extensively on gaining acceptance, as a group, to multiple insurance panels and upgraded to a software program that will focus on billing maximization. This will maximize the return over the next six months.



KDHCD ANNUAL BOARD REPORT

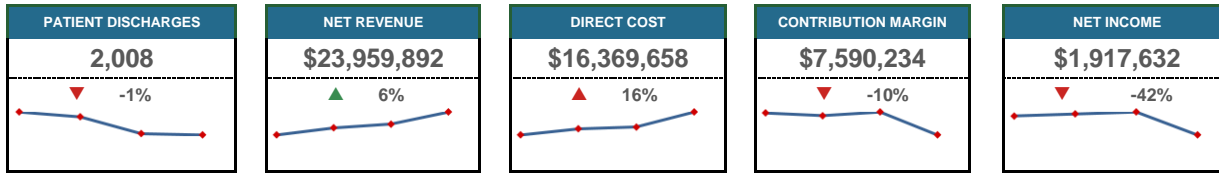
FY2021 Annualized

Mental Health Services - Summary

Note: Includes discharges at the Downtown and West Campus locations

Board Meeting - February 22, 2021

KEY METRICS -- FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020



*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

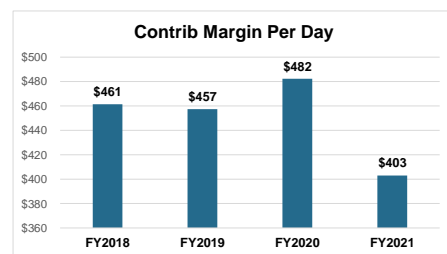
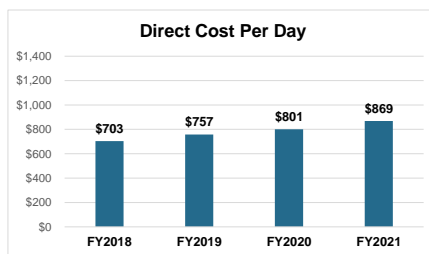
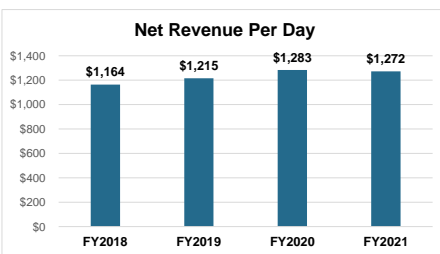
METRICS BY SERVICE LINE - FY 2021 ANNUALIZED

SERVICE LINE	PATIENT DISCHARGES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME
Mental Health Hospital	1,738	\$21,460,446	\$14,330,600	\$7,129,846	\$2,161,900
Inpatient Acute Psych/Drug Abuse	270	\$2,499,446	\$2,039,058	\$460,388	(\$244,268)
Mental Health Totals	2,008	\$23,959,892	\$16,369,658	\$7,590,234	\$1,917,632

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 *Annualized	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-COVID Ann. Jul. 19 - Feb. 20
Patient Discharges	2,371	2,294	2,029	2,008	-1%		2,052
Patient Days	18,296	18,215	17,583	18,834	7%		17,493
ALOS	7.7	7.9	8.7	9.4	8%		8.52
Net Revenue	\$21,302,217	\$22,128,544	\$22,556,788	\$23,959,892	6%		\$22,308,893
Direct Cost	\$12,860,614	\$13,796,413	\$14,077,007	\$16,369,658	16%		\$13,945,472
Contribution Margin	\$8,441,603	\$8,332,131	\$8,479,781	\$7,590,234	-10%		\$8,363,421
Indirect Cost	\$5,383,541	\$5,155,524	\$5,178,801	\$5,672,602	10%		\$5,153,142
Net Income	\$3,058,062	\$3,176,607	\$3,300,980	\$1,917,632	-42%		\$3,210,279
Net Revenue Per Day	\$1,164	\$1,215	\$1,283	\$1,272	-1%		\$1,275
Direct Cost Per Day	\$703	\$757	\$801	\$869	9%		\$797
Contrib Margin Per Day	\$461	\$457	\$482	\$403	-16%		\$478

GRAPHS



Note: FY2021 is annualized in graphs and throughout the analysis

KDHCD ANNUAL BOARD REPORT

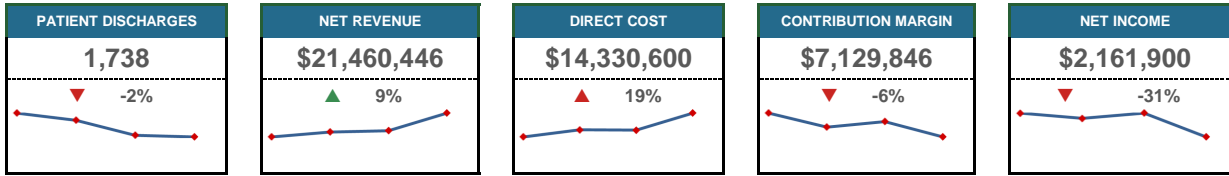
FY2021 Annualized

Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Mental Health services performed at a different location.

Board Meeting - February 22, 2021

KEY METRICS -- FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020



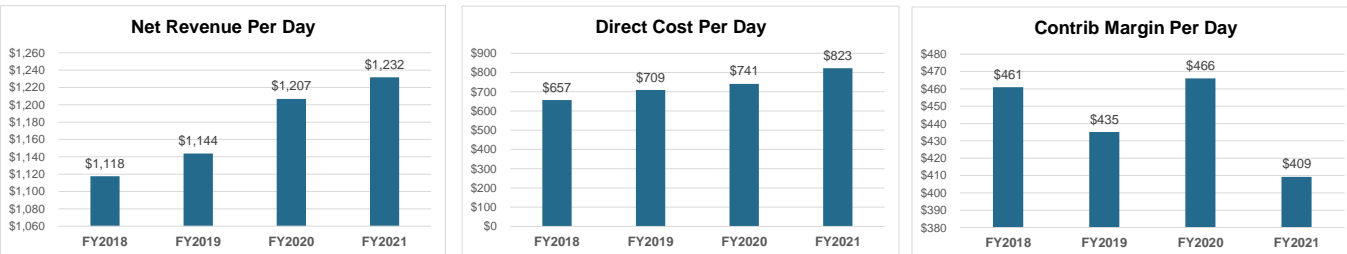
*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-COVID Ann. Jul. 19 - Feb. 20
Patient Discharges	2,143	2,021	1,766	1,738	-2%		1,802
Patient Days	17,009	17,054	16,279	17,422	7%		16,277
ALOS	7.9	8.4	9.2	10.1	10%		9.03
Net Revenue	\$19,009,284	\$19,507,302	\$19,646,110	\$21,460,446	9%		\$19,678,365
Direct Cost	\$11,168,958	\$12,087,187	\$12,059,135	\$14,330,600	19%		\$12,093,377
Contribution Margin	\$7,840,326	\$7,420,115	\$7,586,975	\$7,129,846	-6%		\$7,584,989
Indirect Cost	\$4,724,377	\$4,515,852	\$4,464,505	\$4,967,946	11%		\$4,493,918
Net Income	\$3,115,949	\$2,904,263	\$3,122,470	\$2,161,900	-31%		\$3,091,071
Net Revenue Per Day	\$1,118	\$1,144	\$1,207	\$1,232	2%		\$1,209
Direct Cost Per Day	\$657	\$709	\$741	\$823	11%		\$743
Contrib Margin Per Day	\$461	\$435	\$466	\$409	-12%		\$466

*Annualized

PER CASE TRENDED GRAPHS

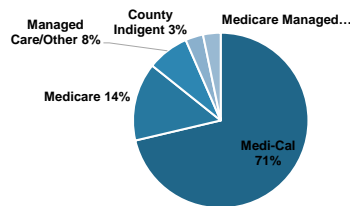


Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2018	FY2019	FY2020	FY2021
Medi-Cal	65%	66%	70%	71%
Medicare	24%	22%	17%	14%
Managed Care/Other	7%	8%	7%	8%
County Indigent	2%	3%	4%	3%
Medicare Managed Care	2%	1%	2%	3%

FY 2021 Payer Mix



KDHCD ANNUAL BOARD REPORT

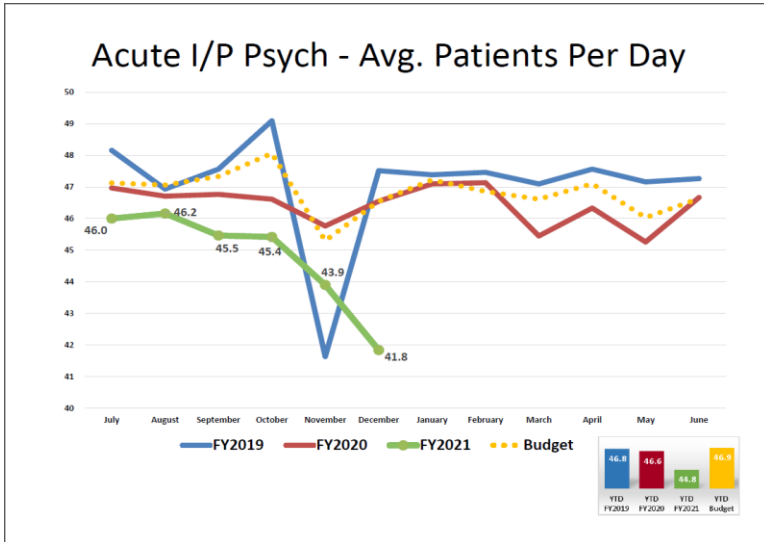
FY2021 Annualized

Mental Health Services - Mental Health Hospital

Note: All discharges at the Mental Health Hospital West Campus Location. This excludes visits with Mental Health services performed at a different location.

Board Meeting - February 22, 2021

KEY METRICS -- FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020



Note: FY 2021 is annualized in graphs and throughout the analysis

Source: Inpatient Service Line Report, Avg Patients Per Day slide

Source: Mental Health Hospital West Campus Location and Stat Slide Report

KDHCD ANNUAL BOARD REPORT

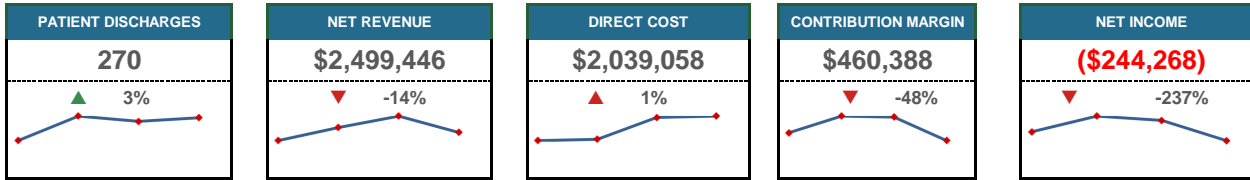
FY2021 Annualized

Mental Health Services - Inpatient Acute Psych/Drug Abuse

Note: All Inpatient discharges from the downtown campus, having a service line of Acute Psych/Drug Abuse.

Board Meeting - February 22, 2021

KEY METRICS -- FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020



*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

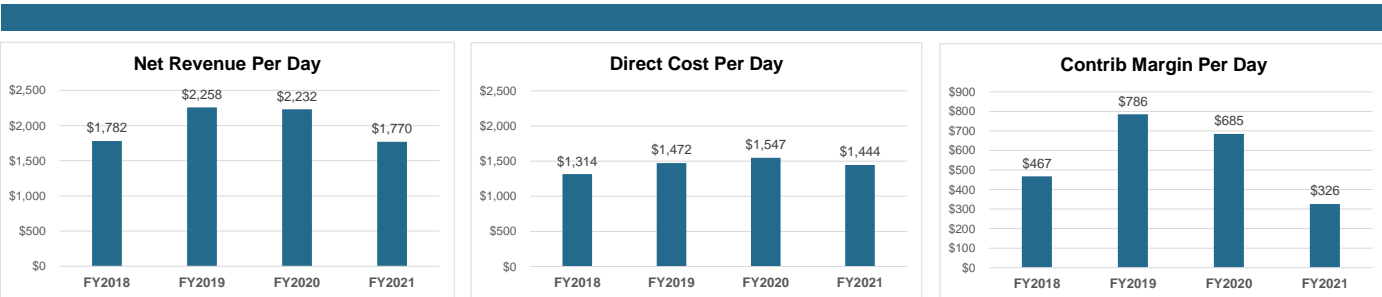
METRICS SUMMARY - 4 YEAR TREND

Metric	FY2018	FY2019	FY2020	FY2021	% Change from Prior Yr	4 Yr Trend	Pre-COVID Ann. Jul. 19 - Feb. 20
Patient Discharges	228	273	263	270	▲ 3%		251
Patient Days	1,287	1,161	1,304	1,412	▲ 8%		1,217
ALOS	5.6	4.3	5.0	5.2	▲ 5%		4.86
GM LOS	3.9	3.8	3.8	4.0	▲ 4%		3.82
Net Revenue	\$2,292,933	\$2,621,242	\$2,910,678	\$2,499,446	▼ -14%		\$2,630,528
Direct Cost	\$1,691,656	\$1,709,226	\$2,017,872	\$2,039,058	▲ 1%		\$1,852,095
Contribution Margin	\$601,277	\$912,016	\$892,806	\$460,388	▼ -48%		\$778,433
Indirect Cost	\$659,164	\$639,672	\$714,296	\$704,656	▼ -1%		\$659,225
Net Income	(\$57,887)	\$272,344	\$178,510	(\$244,268)	▼ -237%		\$119,208
Net Revenue Per Day	\$1,782	\$2,258	\$2,232	\$1,770	▼ -21%		\$2,162
Direct Cost Per Day	\$1,314	\$1,472	\$1,547	\$1,444	▼ -7%		\$1,522
Contrib Margin Per Day	\$467	\$786	\$685	\$326	▼ -52%		\$640
Opportunity Days	1.7	0.4	1.1	1.2	▲ 9%		1

*Annualized

\$480k

PER DAY TRENDED GRAPHS

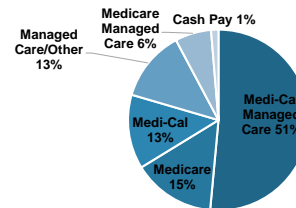


Note: FY2021 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

Payer	FY2018	FY2019	FY2020	FY2021
Medi-Cal Managed Care	41%	41%	43%	51%
Medicare	18%	21%	19%	15%
Medi-Cal	18%	19%	21%	13%
Managed Care/Other	11%	11%	11%	13%
Medicare Managed Care	9%	5%	5%	6%
Cash Pay	1%	3%	1%	1%

FY 2021 PAYER MIX



Note: FY 2021 is annualized in graphs and throughout the analysis

Source: Inpatient Service Line Report

Source: Inpatient Service Line - Acute Psych & Drug Abuse

2021 REPORT TO THE BOARD OF DIRECTORS SEQUOIA REGIONAL CANCER CENTER

Summary of SRCC Joint Venture

The Sequoia Regional Cancer Center joint venture is comprised of three joint venture entities including Sequoia Regional Cancer Center, LLC (“SRCC”), SRCC-Medical Oncology, LLC (“SRCC-MO”) and TKC Development, LLC (“TKC”).

SRCC is a management services organization owned by KDHCDC (75%) and Adventist West, Hanford (25%) which manages the operations of the Kaweah Delta Radiation Oncology service line located in both Visalia and in Hanford.

SRCC-MO is also a management services organization owned by KDHCDC (45%), Sequoia Oncology Medical Associates (“SOMA”) (40%), and Adventist West, Hanford (15%). This entity exists to manage the practice of SOMA, located in both Visalia and Hanford, a medical oncology physician practice.

These management services organizations provide key management, administrative, and support services including all of their employees, leased buildings and equipment, accounting, human resources, information technology, housekeeping, risk management, and maintenance services.

TKC, LLC is owned by KDHCDC (75%) and Adventist West, Hanford (25%) and is a joint venture leasing entity that leases the land, buildings and equipment used in the medical and radiation oncology joint ventures from KDHCDC. TKC then subleases the facilities and equipment to the two management services joint ventures SRCC and SRCC-MO. KDHCDC owns the land and buildings in Visalia for both radiation and medical oncology. KDHCDC also owns the radiation oncology building in Hanford but leases the land from Adventist West. SOMA owns the medical oncology building in Hanford.

METRICS SUMMARY

MEDICAL ONCOLOGY	VISALIA				HANFORD				TOTAL			
	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR
Management Services Revenue	\$25,328,865	\$30,002,731	\$32,754,478	▲ 9%	\$6,546,245	\$2,884,692	\$341,830	▼ -88%	\$31,875,110	32,887,422	\$33,096,308	▲ 1%
Management Services Expenses	\$25,249,403	\$29,911,511	\$32,655,552	▲ 9%	\$6,525,707	\$2,875,911	\$340,755	▼ -88%	\$31,775,110	32,787,423	\$32,996,307	▲ 1%
Net Income	\$79,462	\$91,219	\$98,926	▲ 8%	\$20,538	\$8,780	\$1,074	▼ -88%	\$100,000	100,000	\$100,000	▶ 0%
Partner(s) Share - Minority Interest	\$43,704	\$50,171	\$54,409	▲ 8%	\$11,296	\$4,829	\$591	▼ -88%	\$55,000	55,000	\$55,000	▶ 0%
KDHCD Net Income	\$35,758	\$41,049	\$44,517	▲ 8%	\$9,242	\$3,951	\$483	▼ -88%	\$45,000	\$45,000	\$45,000	▶ 0%

RADIATION ONCOLOGY	VISALIA				HANFORD				TOTAL			
	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR
Management Services Revenue	\$6,899,959	\$8,261,017	\$7,837,511	▼ -5%	\$1,931,553	\$1,752,646	\$2,201,170	▲ 26%	\$8,831,513	10,013,663	\$10,038,681	▶ 0%
Management Services Expenses	\$5,275,042	\$5,527,043	\$5,210,157	▼ -6%	\$1,694,401	\$1,741,772	\$1,402,179	▼ -19%	\$6,969,443	7,268,815	\$6,612,336	▼ -9%
Net Income	\$1,624,917	\$2,733,974	\$2,627,354	▼ -4%	\$237,152	\$10,873	\$798,991	▲ 7248%	\$1,862,069	2,744,848	\$3,426,345	▲ 25%
Partner(s) Share - Minority Interest	\$406,229	\$683,494	\$656,838	▼ -4%	\$59,288	\$2,718	\$199,748	▲ 7248%	\$465,517	686,212	\$856,586	▲ 25%
KDHCD Net Income	\$1,218,688	\$2,050,481	\$1,970,515	▼ -4%	\$177,864	\$8,155	\$599,244	▲ 7248%	\$1,396,552	\$2,058,636	\$2,569,759	▲ 25%

TKC	LEASING				TOTAL			
	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR
Lease Revenue	\$1,891,412	\$1,945,488	\$2,001,180	▲ 3%	\$1,891,412	1,945,488	\$2,001,180	▲ 3%
Lease Expenses	\$1,038,253	\$1,008,890	\$985,868	▼ -2%	\$1,038,253	1,008,890	\$985,868	▼ -2%
Net Income	\$853,159	\$936,598	\$1,015,312	▲ 8%	\$853,159	936,598	\$1,015,312	▲ 8%
Partner(s) Share - Minority Interest	\$213,290	\$234,150	\$253,828	▲ 8%	\$213,290	234,150	\$253,828	▲ 8%
KDHCD Net Income	\$639,869	\$702,449	\$761,484	▲ 8%	\$639,869	\$702,449	\$761,484	▲ 8%

COMBINED TOTAL	VISALIA				HANFORD				TOTAL			
	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR
Total Revenue	\$34,120,237	\$40,209,236	\$42,593,169	▲ 6%	\$8,477,798	\$4,637,337	\$2,543,000	▼ -45%	\$42,598,035	\$44,846,573	\$45,136,169	▲ 1%
Total Expenses	\$31,562,699	\$36,447,444	\$38,851,577	▲ 7%	\$8,220,108	\$4,617,684	\$1,742,934	▼ -62%	\$39,782,807	\$41,065,128	\$40,594,511	▼ -1%
Net Income	\$2,557,538	\$3,761,792	\$3,741,592	▼ -1%	\$257,690	\$19,653	\$800,066	▲ 3971%	\$2,815,228	\$3,781,445	\$4,541,657	▲ 20%
Partner(s) Share - Minority Interest	\$663,223	\$967,814	\$965,076	▶ 0%	\$70,584	\$7,547	\$200,339	▲ 2554%	\$733,807	\$975,361	\$1,165,415	▲ 19%
KDHCD Net Income	\$1,894,315	\$2,793,978	\$2,776,516	▼ -1%	\$187,106	\$12,106	\$599,727	▲ 4854%	\$2,081,421	\$2,806,084	\$3,376,243	▲ 20%

2021 REPORT TO THE BOARD OF DIRECTORS SEQUOIA REGIONAL CANCER CENTER

SRCC Medical Oncology

Lucile Gibbs, Medical Oncology Projects Director, (559) 624-3257
February 10th, 2021

Summary Issue/Service Considered

SRCC Medical Oncology is a strategic member of the District's oncology service line. The District's oncology service line represents a continuum of shared medical and radiation services and programs provided by physicians, Kaweah Delta Health Care District (KDHCD), Adventist Medical Center – Hanford, and outside agencies through Sequoia Regional Cancer Center (SRCC), KDHCD acute inpatient and hospice outpatient programs, Cancer Registry, Tumor Board, Cancer Committee, and the American Cancer Society (ACS).

Quality/Performance Improvement Data

Medical Oncology: We have demonstrated our survival of the far-reaching impact of the COVID-19 pandemic on medical oncology cancer services. We have faced and endured the challenges in maintaining the same level of care as before the pandemic, including social distancing, staff shortage, and PPE.

We continued to utilize the most current releases of Generation 2 iKnowMed, one of the leading Medical Oncology Electronic Medical Record systems and the GE Centricity Practice Management System. We renegotiated our pharmaceutical contract with McKesson and will continue to be a reference site for McKesson utilizing the most recent technology and services that includes Lynx Mobile, Generation 2 iKnowMed, PharmaServ, Clear Value Plus (CVP), and Innovative Practice Services (IPS).

In-Office Dispensing (IOD) specialty pharmacy allows the practice to capitalize on the increased availability of oral oncolytics. We remain focused on maximizing convenience, access, and financial as well as educational support for patients who receive their oral chemotherapy medications from our IOD. By dispensing from our IOD we are able to expedite patient access, reduce out-of-pocket expenses, and provide patients with a timely positive experience.

We successfully completed the attestation for the Merit-based Incentive Payment System (MIPS), a Quality Reporting program for the Centers for Medicare and Medicaid (CMS), for 2020 and continue to work with Innovative Practice Services to achieve and report the results of our goals related to Quality, Advancing Care Information, and Improvement Activities.

The Kaweah Delta construction team completed the remodel of our pharmaceutical compounding rooms at the Visalia location in order to comply with the USP800 government requirements. We successfully transitioned all of our chemotherapy and other medical therapies from the Hanford office to the Visalia office. By consolidating our treatments into the Visalia office we have been able to reduce our registered nursing staff by 1.5 full time equivalents.

We continue to use the DicksonOne temperature monitoring system for our medical grade refrigerators that house our pharmaceuticals.

Policy, Strategic or Tactical Issues

We continue to participate as a strategic member in the development of a multidisciplinary approach for medical oncology, radiation oncology, surgery, imaging, and genetic counseling, to provide responsive, orchestrated cancer treatment to patients in the Tulare and Kings Counties.

Focus on continued development of a strong regional presence in the medical oncology market in both Tulare and Kings Counties.

- Differentiate from competitors' medical oncology services available for patients. Focus on customer satisfaction, high quality service and the most advanced technology.
- Continue to support a seamless environment and optimize access for patients and physician.
- Maintain and nurture the "physician to physician" contact that has resulted in increased referrals in Tulare and Kings Counties.
- Improve efficiency of care and patient throughput.
- Continue to refine the patient care coordination, authorization, and financial assistance program function as well as monitor patient satisfaction.

Recommendations/Next Steps

1. Continue KDHC Tumor Board including community education.
 - Continue to increase referral base in Hanford and surrounding areas.
 - Continue to increase "physician to physician" contact in Hanford.
2. Continue to monitor customer satisfaction.
 - Continue to develop and incorporate "Kaweah Care, Choose Kind" in order to increase patient, physician, and employee satisfaction in all areas of SRCC.
 - Continue to survey patients and families for current satisfaction and identify opportunities for improvement.
 - Continue to survey physicians and employees in order to identify opportunities for improvement.
3. Explore potential relationships with institutions.

Approvals/Conclusions

We will continue to work to address the strategic opportunities available to us and put into practice the various recommendations identified in this report. We will remain focused on providing maximum care for our patients and continue to work toward fully integrating our service line, creating and maintaining a seamless, high quality service and environment for our patients, improving our regional presence, and attaining and preserving a meaningful profit margin.

2021 REPORT TO THE BOARD OF DIRECTORS SEQUOIA REGIONAL CANCER CENTER

Radiation Oncology Services Joint Venture

Renee S Lauck, Director, Imaging & Radiation Oncology Services (559) 624-2345
02/10/2021

Summary Issue/Service Considered

Summary of SRCC Joint Venture

Included on financial Metrics report.

Radiation Oncology Joint Venture Financial Summary

Radiation Oncology saw overall growth in revenue, mostly due to reduction in expenses and increase in total reimbursement per case. Total expenses reduced by 9% while net income increased by 25%.

- Combined total for Visalia and Hanford for FY 2020 includes:
 - Management Services Revenue \$10,013,663
 - Management Services Expenses \$7,268,815
 - Overall Net Income \$2,744,848
 - Partner shared income \$686,212
 - KDHC Net Income \$2,058,636

Radiation Oncology Operational Summary

As radiation oncology encompasses services for Tulare and Kings Counties, we realize the significance of working with other entities.

SRCC services include;

- External radiation treatments for inpatients at KDMC and Adventist Hospital as well as internal radiation (I-131 thyroid) for outpatients in Visalia.
- The bulk of our service is for outpatient care completed in Visalia is performed on our newest technology, the *Truebeam Linear Accelerator*. 75% of Visalia volume is accomplished on this unit.
- Comprehensive High Dose Radiation (HDR) program in Visalia for Breast, Cervical and Vaginal procedures.
- Stereotactic Radiation Surgery program (SRS) provided in coordination with KDMC neurosurgery group.
- Stereotactic Body Radiation Therapy program (SBRT)
- Thyroid I 131 studies completed as outpatients coordinated with Nuclear Medicine at KDMC.
- Xofigo treatments for prostate coordinated with Nuclear Medicine at KDMC.
- We continue to see a small number patients at our Hanford location, located directly on the corner of Adventist Health Hospital.

The Visalia SRCC building encompasses the following services;

- Radiation Oncology
- Medical Oncology
- Kaweah Delta Imaging Center
- Kaweah Delta Breast Center
- Laboratory Services

Having imaging, lab and cancer services in one location is extremely valuable and convenient for our patients and physicians, as care is coordinated between all entities.

Quality/Performance Improvement Data

One of our objectives over the last two years was to reduce expenses, while retaining staff and building our business. We had several things occur which have brought numerous efficiencies as well as a reduction of costs to the department.

- We worked with Kaweah's internal consulting department to review tasks and workflows of physicians and staff, to attempt to identify areas where we might improve.
- Several potential improvements were identified, which included document scanning and duplication of processes with staff/physician workflows. Once recognized, we implemented several changes, which created numerous efficiencies.
- A replacement physicist hired in fall of 2019, brought several electronic efficiencies and commissioned technology on the equipment during 2020, which had been in place, but not used. This created changes in the process for dosimetry that not only affected our productivity, but also improved treatment planning and plan review.
- We finalized training one of our in house therapists into dosimetry, which has proven to be one of our best decisions, as we were consistently hiring dosimetrists out of the area who quickly left, returning to where they had come from. By training one of our radiation therapist who was rooted in the area, we have created a long-term solution.
- We were able to contract directly with one of our very experienced travelers to provide dosimetry service remotely. This assures we have a balance of new and experienced staff.
- In July 2020, we reduced coverage of our staff in Hanford to part time coverage. We were fortunate enough to find staff willing to work part time.
- Renegotiated high cost Service contracts with 169k saved per year.

SRCC continues to see an increase in highly complex cancer treatments, which include our Stereotactic radiosurgery (SRS), Stereotactic Body Radiotherapy (SBRT) and High Dose Radiation (HDR) programs. SRS is one of several collaborative services we perform with our neurosurgery group and both have doubled in volume over the last year. We performed 68 of these cases in 2020.

Our new physician group is committed to bringing the latest treatments and standards to SRCC comparing to those found at universities.

Policy, Strategic or Tactical Issues

Goals for the coming year will include comprehensive marketing of cancer services and programs with new physicians as we work with communities inside and surrounding, Tulare and Kings Counties.

Recommendations/Next Steps

In the coming year, our focus will be working with the new physician group (Sequoia Radiation Oncology Services Inc. aka SROSI), which consists of Dr. David Ly MD and Dr. Tangel Chang DO, as we continue our pursuit of world-class service. We believe we can continue to reorganize tasks while assuring each of our patients receive the best and most advanced treatments.

We would like to begin discussions on the development of a nurse navigator led program. This would help all patients diagnosed with cancer navigate through the treatment process. The idea is to keep our patients at Kaweah, versus being left on their own to coordinate care, which can not only be overwhelming after a cancer diagnosis, but often leads to traveling out of the area after advice from others. We anticipate the nurse to begin navigation when something is found in either ED, Imaging or the hospital. It may not guarantee a patient stays in our system, but it increases the chances dramatically.

Our new physician group has committed to developing radiation oncology services. As we focus on growth and continuity of care, we recommend the purchase of a second Truebeam, which will allow us to finalize the purchase and install the Brainlab equipment, funded by the foundation with money raised last year.

Over the last year, our current *Truebeam* has been overloaded with the majority of our patients in Visalia. This often causes inefficiencies in scheduling and treating some of our cases and an imbalance between the two units.

Approvals/Conclusions

Overall, this year was successful, both in terms of our financial success and managed costs, as well as our focused pursuit of exceptional world-class care. Even with a small decline in volume, we managed to stay busy and monitor overall costs by working on staffing efficiencies as well as renegotiating expensive service contracts.

Our patient satisfaction continues to be close to 100%. Staff satisfaction in radiation oncology has continued to be one of our highest areas. We believe communication plays a major role in overall satisfaction for our patients and staff.

As we continue growing into our future, we remain proud of the services provided to our friends, family and community at Sequoia Regional Cancer Center.

2020 REPORT TO THE BOARD OF DIRECTORS SEQUOIA REGIONAL CANCER CENTER

Radiation Oncology Services

Medical-Oncology 3South

Renee S Lauck, Director, Imaging & Radiation Oncology Services (559) 624-2345
Emma Mozier, MSN, RN, CNML Director of Medical Surgical Services (559) 624-2825
February 22, 2021

Summary Issue/Service Considered

Summary of SRCC Joint Venture

Reported separately on financial Metrics report presented at finance property & Acquisition meeting 02/10/2021.

Radiation Oncology

Radiation Oncology saw overall growth in revenue, mostly due to reduction in expenses and increase in total reimbursement per case. Indirect costs are down by -33%, while direct cost is down by -10%. While patient treatments were down from FY 2018, they increased in FY 2020. FY 2021 is annualized out at 26,256 which is slightly lower than 2020, we believe this report does not account for growth with new physician group.

- Combined total for Visalia and Hanford for FY 2020 includes:
 - Patient Treatments 26,727
 - Net Revenue \$9,436,024
 - Direct Cost \$7,343,816
 - Contribution Margin \$2,070,208
 - Indirect Cost \$14,464
 - Net Income \$2,070,585
 - Net Revenue per Treatment \$353
 - Direct Cost per Treatment \$253
 - Contrib Margin per Treatment \$104

Radiation Oncology Operational Summary

Radiation Oncology Services Include;

- External radiation treatments for inpatients at KDMC and Adventist Hospital as well as internal radiation (I-131 thyroid) for outpatients in Visalia.
- The bulk of our service is for outpatient care completed in Visalia and performed on our newest technology, the *Truebeam Linear Accelerator*. 75% of Visalia volume is accomplished on this unit.
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Quality/Performance Improvement Data

One of our objectives over the last two years was to reduce expenses, while retaining staff and building our business. We had several things occur which have brought numerous efficiencies as well as the reduction of costs.

- We worked with Kaweah's internal consulting department to review tasks and workflows of physicians and staff, to attempt to identify areas where we might improve.
- Several potential improvements were identified, which included document scanning and duplication of processes with staff/physician workflows. Once recognized, we implemented several changes, which created numerous efficiencies.
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Policy, Strategic or Tactical Issues

Goals for the coming year will include comprehensive marketing of cancer services and programs with new physicians as we work with communities in and surrounding, Tulare and Kings Counties.

Recommendations/Next Steps

In the coming year, our focus will be working with the new physician group SROSI, as we continue our pursuit of world-class service. We believe we can continue to reorganize tasks while assuring each of our patients receive the best and most advanced treatments.

We would like to begin consideration for the development of a nurse navigator led cancer program. This would help all patients diagnosed with cancer navigate through the treatment process. The idea is to keep our patients at Kaweah, versus being left on their own to coordinate care, which can not only be overwhelming after a cancer diagnosis, but often leads to traveling out of the area upon advice from others. We anticipate the nurse to begin navigation when something is found in either ED, Imaging or the hospital. It may not guarantee a patient stays in our system, but it increases the chances dramatically.

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Over the last year, our current *Truebeam* has been overloaded with the majority of our patients in Visalia. This often causes inefficiencies in scheduling and treating some of our cases and an imbalance between the two units.

As part of our business plan for the future, we will be working closely with imaging services to collaborate regarding needed equipment such as 3T MRI and the possibility of fiducial seed placements by surgeons or radiologists, which allow for liver and lung SBRT programs to be developed.

Approvals/Conclusions

Overall, this year was successful, both in terms of our financial success and managed costs, as well as our focused pursuit of exceptional world-class care. Even with a small decline in volume, we managed to stay busy and monitor overall costs by working on staffing efficiencies as well as renegotiating expensive service contracts.

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As we continue growing into our future, we remain proud of the services provided to our friends, family and community at Sequoia Regional Cancer Center.

Medical Oncology 3South

Summary Issue/Service Considered

- Oncology Services has a FY 2021 annualized contribution margin of \$5.3 million, the highest of the last four years.
- Overall, COVID had an impact on Oncology Services volumes, however, declining expenses cleared the way for a contribution margin stronger than pre-COVID estimate.
- Patient Discharges down 5.6% (typically 570-600 annually) in FY 2020 as compared to our Pre-COVID estimate, and an additional 14% in FY 2021, at 486 patient discharges. Patient days also down substantially.
- 3South (3S) leadership remains focused on charge nurse and staff development with specific attention to best practices to further improve the patient experience.
- Currently working on recruitment to fill open positions, retain and maintain qualified nursing staff, and reduce contract labor. 3S is using Student Nurse Interns and Student Nurse Aides (RN students in various stages of their nursing school) as a RN recruitment method.
- Active surveillance of all quality measures with the greatest focus: Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated Urinary Tract Infection (CAUTI). 3S's CUSP team is actively engaged to discuss and find solutions for any safety concerns they may have. Also focused on Falls, Hospital Acquired Pressure Injuries- HAPI, and Hypoglycemia rates.

Quality/Performance Improvement Data

CLINICAL QUALITY	Organization Wide			
	4Q19	1Q20	2Q20	3Q20
Central line associated blood stream infection (CLABSI)	0.0	0.0	0.0	0.0
Target	0.0	0.0	0.0	0.0
Catheter associated urinary tract infection (CAUTI)	1.0	0	2	1
Target	0.0	0.0	0.0	0.0
Falls/1000 pt days	2.27	1.12	1.38	2.33
Target	3.11	3.12	3.36	3.19
Injury Falls/1000 pt days	0.0	0.0	0.46	0.39
Target	0.59	0.6	0.7	0.89
% pts. Stage 2+HAPI - 1 Day PREVALENCE *Hospital Acquired Pressure Injury NDNQI Mean	0	0	3.57	3.45
	1.22	1.87	1.69	1.32
Hypoglycemia (% Patient Days <70)	3.3	3.9	3.7	3.9
Target	3.5	3.5	3.5	3.5

3S is implementing various initiatives from the Quality Focus Teams (QFT) for CLABSI, CAUTI, and HAPI. Significant changes made in practice around hygiene care, documentation, and necessity of indwelling catheters or central lines. 3S is trialing a handoff tool to be utilized during change of shift handoff with the goal that both shifts know the required elements, including why present. QFT related to HAPI was delayed

due to timing of COVID pandemic response, but it was initiated in the last quarter and interventions being developed based on input from team and identified opportunities as presented in quality updates from the team. 3S is reviewing and presenting each occurrence as a case study in staff meetings as well as initiating change for any identified problems. In early 2020 all 3S RNs were provided updated education on the Glucommander system, workflow, and over diabetic process which has shown an improvement in the hypoglycemia rates.

Policy, Strategic or Tactical Issues

- The pharmacy hood and clean room conversions to be compliant with USP 800 federal regulations were completed in the Spring of 2020. However, with the increased need for inpatient beds due to the COVID pandemic, outpatient chemotherapy treatments were deferred to primary providers if able. Some infusions have continued but more specialized to bladder and multiday infusion chemotherapy treatments.
- Clinical and LOS performance are continually monitored. As barriers and themes are identified the leaders work with the respective committee groups for support. Our LOS committee is getting back together making improvements related to documentation of medical necessity, eliminating barriers related to discharge, improving efficiency of access to care while inpatient and increasing access to consultations. Unit based councils also discuss and brainstorm at the unit level to improve discharge processes, times and follow-up. Interdisciplinary approach is in place to ensure collaboration in the inpatient process for patients receiving timely access to procedures, tests and decisions.
- COVID challenges/barriers: much of the unit or operational leader's ability to put in concentrated work on LOS and quality or other initiatives have been challenged by the overwhelming work to adapt to our COVID pandemic. The focus of the leadership has been on implementing new care standards with changes to universal precautions, support to team members as they cope with the conditions created by caring for patients safely in the pandemic, onboarding to replace open positions, creating staffing plan to changes to ensure care can be delivered safely with fewer patient care staff, communicating more with families of patients who cannot be at the bedside, and coordinating orientation and education to teams to ensure they understand the frequent changes.

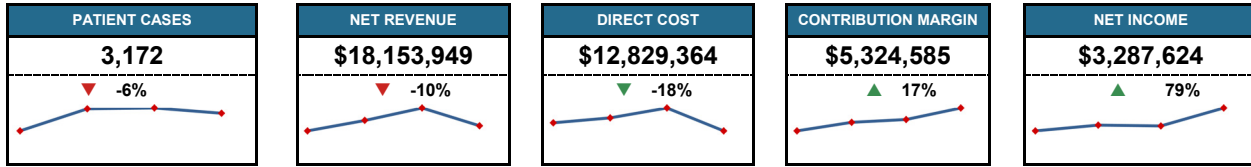
Recommendations/Next Steps

- Maintain momentum to care and adapt to the COVID pandemic and the needs it brings.
- Continue to focus on quality and LOS initiatives to meet organizational goals.
- Focusing on the employee engagement survey and Safety Attitudes Questionnaire (SAQ) action plans. Awaiting results of the SAQ completed 2/2021.
- Work with Human Resources, Clinical Education, and the Advance Practice Nurses to onboard, support and train new and existing nurses to improve recruitment and retention.
- Promote active engagement of our physician partners to increase efficiency of care and use of resources and services while patient in our care.

Approvals/Conclusions

- Strive for overall quality outcomes and set goals to continue to improve. We still have opportunities to improve LOS as well as quality goals related to CAUTI, HAPI, hypoglycemia. These are still a primary focus.
- Leadership remains vigilant, reviewing budget reports and striving for financial strength within each department. This includes monitoring staff pay practices, supply management, and LOS.
- Leadership continues to work through employee engagement opportunities and provide support to frontline care staff. We value the team members and want to ensure they have the best environment to care for their patients.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020



*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

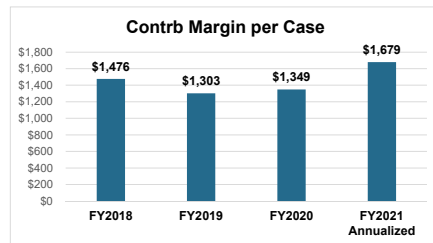
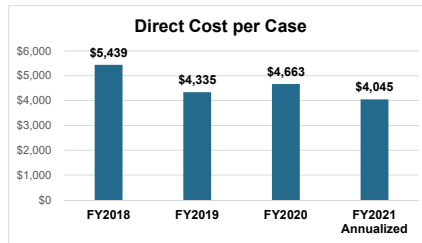
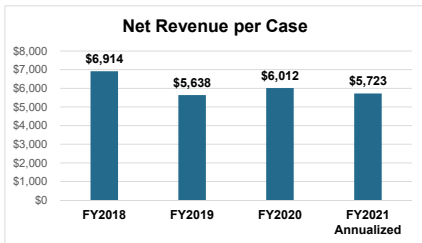
METRICS BY SERVICE LINE - FY 2021 ANNUALIZED

SERVICE LINE	PATIENT CASES	NET REVENUE	DIRECT COST	CONTRIBUTION MARGIN	NET INCOME	CONTRB MARGIN PER CASE
Inpatient Oncology	486	\$8,536,367	\$5,991,650	\$2,544,716	\$564,231	\$5,236
SRCC Radiation Oncology Visalia	1,974	\$7,245,812	\$5,302,202	\$1,943,610	\$1,929,146	\$985
SRCC Radiation Oncology Hanford	590	\$2,111,958	\$1,336,198	\$775,760	\$775,760	\$1,315
Outpatient Kaweah Medical Oncology	122	\$259,813	\$199,314	\$60,499	\$18,487	\$496
Oncology Services Total	3,172	\$18,153,949	\$12,829,364	\$5,324,585	\$3,287,624	\$1,679

METRICS SUMMARY - 4 YEAR TREND

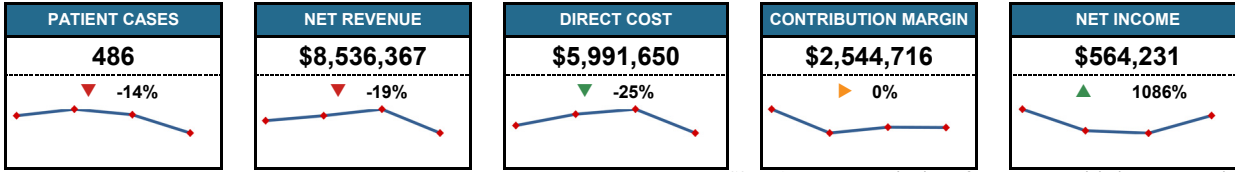
METRIC	FY2018	FY2019	FY2020	FY2021 Annualized	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Cases	2,543	3,330	3,360	3,172	-6%		3,420
Net Revenue	\$17,583,183	\$18,775,256	\$20,200,757	\$18,153,949	-10%		\$20,123,422
Direct Cost	\$13,830,375	\$14,436,615	\$15,668,198	\$12,829,364	-18%		\$15,713,662
Contribution Margin	\$3,752,808	\$4,338,641	\$4,532,558	\$5,324,585	17%		\$4,409,760
Indirect Cost	\$2,312,896	\$2,440,805	\$2,699,056	\$2,036,961	-25%		\$2,821,080
Net Income	\$1,439,912	\$1,897,836	\$1,833,502	\$3,287,624	79%		\$1,588,679
Net Revenue per Case	\$6,914	\$5,638	\$6,012	\$5,723	-5%		\$5,884
Direct Cost per Case	\$5,439	\$4,335	\$4,663	\$4,045	-13%		\$4,595
Contrb Margin per Case	\$1,476	\$1,303	\$1,349	\$1,679	24%		\$1,289

GRAPHS



*There are three joint ventures supporting the outpatient oncology service line including SRCC, LLC, SRCC - Medical Oncology, LLC and TKC, LLC. The combined financial impact of these joint ventures including management services revenue, lease income less profit allocated to partners is \$5.
 *SRCC Radiation Oncology had few indirect costs because the support services fees are included in the direct cost for the service.
 *The selection criteria for "Inpatient Oncology" is the Inpatient Oncology Medical service line and malignant neoplasms from other service lines.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020

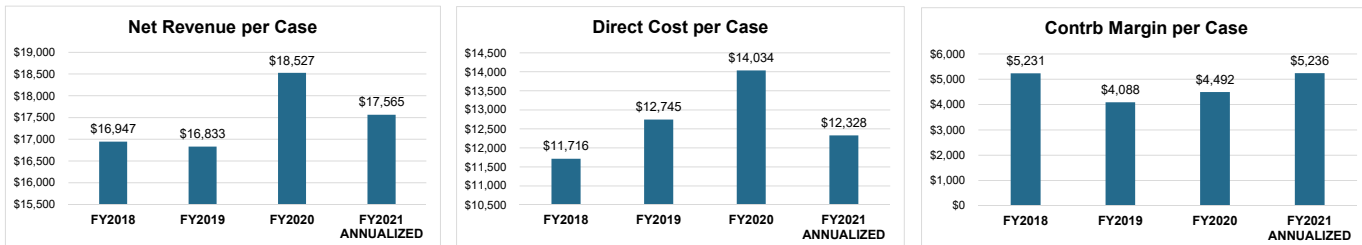


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Cases	564	593	568	486	▼ -14%		602
Patient Days	3,305	3,812	3,497	2,412	▼ -31%		3,672
ALOS	5.9	6.4	6.2	5.0	▼ -19%		6.1
GMLOS	4.6	4.3	4.3	4.2	▼ -2%		4.3
Net Revenue	\$9,558,062	\$9,981,717	\$10,523,263	\$8,536,367	▼ -19%		\$11,011,045
Direct Cost	\$6,607,597	\$7,557,579	\$7,971,572	\$5,991,650	▼ -25%		\$8,341,119
Contribution Margin	\$2,950,465	\$2,424,137	\$2,551,691	\$2,544,716	▶ 0%		\$2,669,926
Indirect Cost	\$2,159,798	\$2,392,351	\$2,608,941	\$1,980,485	▼ -24%		\$2,727,644
Net Income	\$790,667	\$31,786	(\$57,251)	\$564,231	▲ 1086%		(\$57,718)
Net Revenue per Case	\$16,947	\$16,833	\$18,527	\$17,565	▼ -5%		\$18,306
Direct Cost per Case	\$11,716	\$12,745	\$14,034	\$12,328	▼ -12%		\$13,867
Contrb Margin per Case	\$5,231	\$4,088	\$4,492	\$5,236	▲ 17%		\$4,439

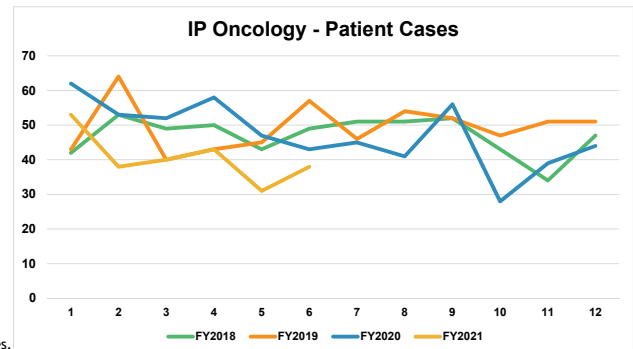
PER CASE TRENDED GRAPHS



Note: FY2021 is annualized in graphs and throughout the analysis

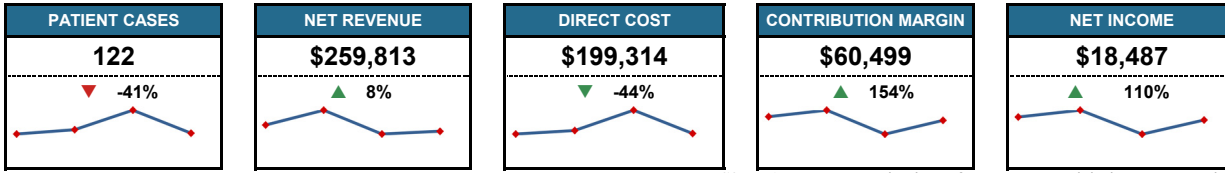
PAYER MIX - 4 YEAR TREND (GROSS REVENUE)

PAYER	FY2018	FY2019	FY2020	FY2021 ANNUALIZED
Medicare	42%	42%	35%	39%
Medi-cal Managed Care	22%	18%	22%	22%
Managed Care/Other	21%	22%	21%	21%
Medicare Managed Care	10%	11%	16%	15%
Medi-cal	5%	6%	5%	2%
Cash Pay	0%	2%	0%	0%



Note: The selection criteria is the Inpatient Oncology Medical service line and malignant neoplasms from other service lines.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020

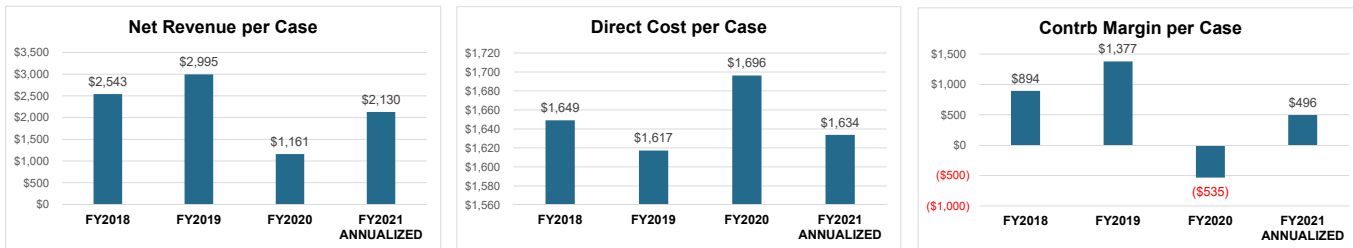


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Cases	119	135	208	122	▼ -41%		234
Net Revenue	\$302,586	\$404,268	\$241,470	\$259,813	▲ 8%		\$267,988
Direct Cost	\$196,231	\$218,311	\$352,811	\$199,314	▼ -44%		\$433,668
Contribution Margin	\$106,355	\$185,957	(\$111,341)	\$60,499	▲ 154%		(\$165,680)
Indirect Cost	\$47,048	\$30,731	\$68,492	\$42,012	▼ -39%		\$74,426
Net Income	\$59,307	\$155,226	(\$179,833)	\$18,487	▲ 110%		(\$240,106)
Net Revenue per Case	\$2,543	\$2,995	\$1,161	\$2,130	▲ 83%		\$1,145
Direct Cost per Case	\$1,649	\$1,617	\$1,696	\$1,634	▼ -4%		\$1,853
Contrb Margin per Case	\$894	\$1,377	(\$535)	\$496	▲ 193%		(\$708)

PER CASE TRENDED GRAPHS

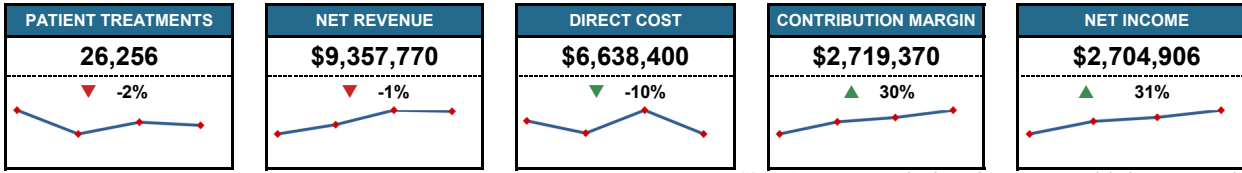


PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	Reimb. Oncology	Reimb Onc. Uro.
Medicare	25%	36%	39%	39%	1,650	988
Managed Care/Other	26%	36%	22%	25%	1,452	1,569
Medicare Managed Care	3%	16%	17%	23%	1,500	
Medi-cal Managed Care	29%	9%	4%	8%	2,100	
Medi-cal	18%	3%	9%	5%	945	
Cash Pay	0%	0%	9%	0%		

Note: Increase costs in FY 2020 due to higher volumes and the usage of Pembrolizumab. This drug had no usage in FY 2019.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020

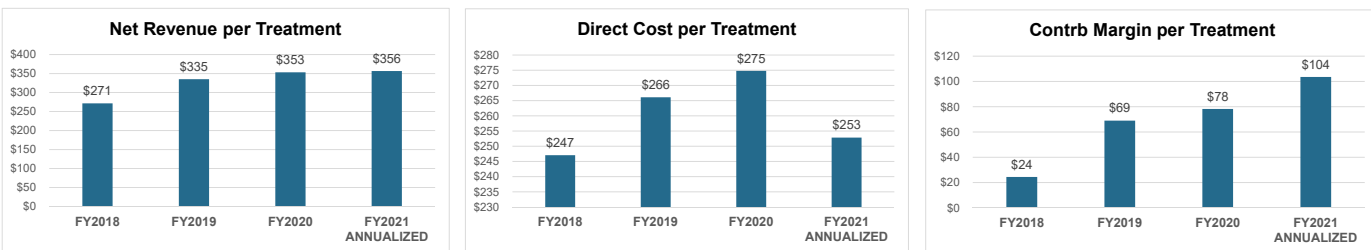


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

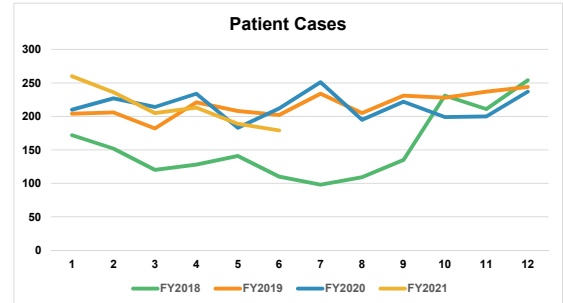
METRIC	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Treatments	28,445	25,031	26,727	26,256	▼ -2%		25,818
Net Revenue	\$7,722,535	\$8,389,271	\$9,436,024	\$9,357,770	▼ -1%		8,844,389
Direct Cost	\$7,026,547	\$6,660,725	\$7,343,816	\$6,638,400	▼ -10%		6,938,874.6
Contribution Margin	\$695,988	\$1,728,546	\$2,092,208	\$2,719,370	▲ 30%		\$1,905,514
Indirect Cost	\$106,049	\$17,723	\$21,623	\$14,464	▼ -33%		\$19,011
Net Income	\$589,939	\$1,710,824	\$2,070,585	\$2,704,906	▲ 31%		\$1,886,503
Net Revenue per Treatment	\$271	\$335	\$353	\$356	▲ 1%		\$343
Direct Cost per Treatment	\$247	\$266	\$275	\$253	▼ -8%		\$269
Contrb Margin per Treatment	\$24	\$69	\$78	\$104	▲ 32%		\$74

PER CASE TRENDED GRAPHS

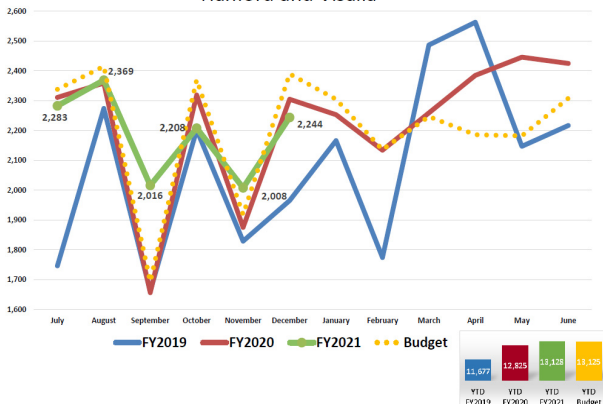


PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021 ANNUALIZED
Medicare	40%	40%	42%	41%
Managed Care/Other	33%	33%	31%	30%
Medi-cal Managed Care	17%	13%	12%	13%
Medicare Managed Care	8%	10%	13%	13%
Medi-cal	2%	2%	2%	2%

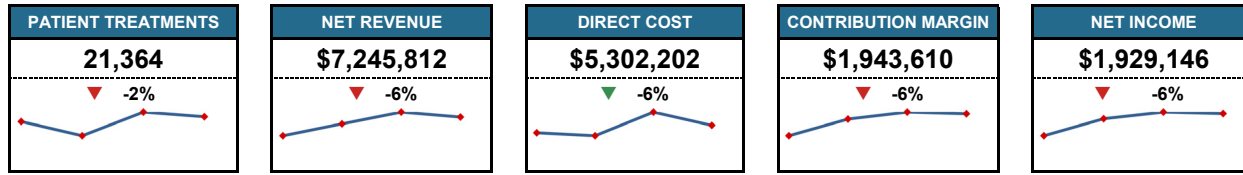


Radiation Oncology Treatments
Hanford and Visalia



*Note: Kaweah Delta's Radiation Oncology program is managed by the Sequoia Regional Cancer Center Joint Venture. The joint venture is 75% owned by Kaweah Delta and 25% owned by Adventist Cancer; therefore, 25% of the net income shown above would be allocated to Adventist Hanford.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020

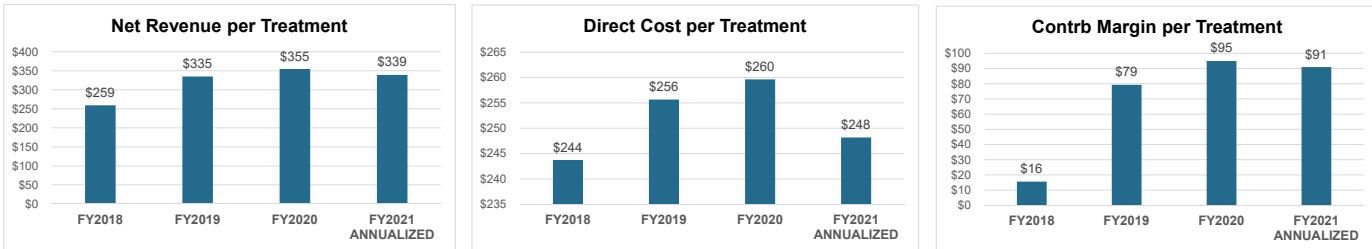


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

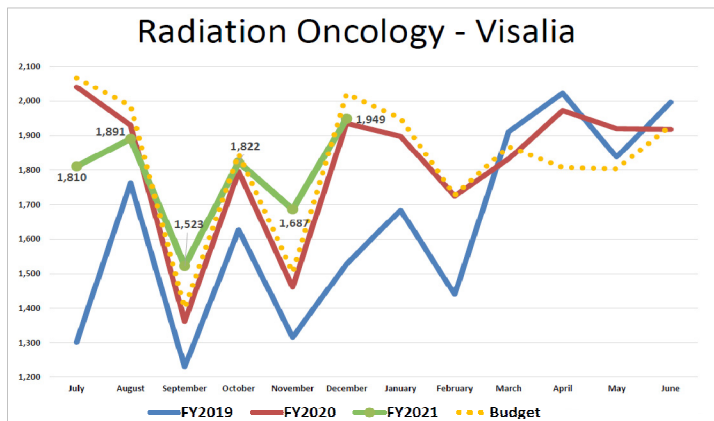
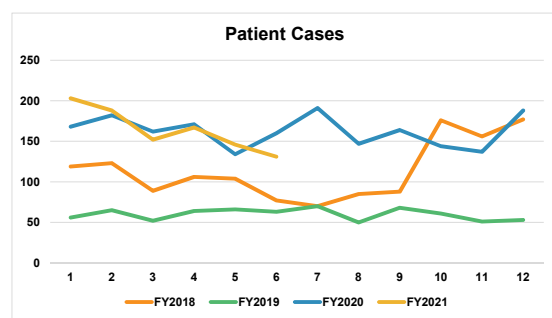
METRIC	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Treatments	20,936	19,655	21,788	21,364	-2%		21,219
Net Revenue	\$5,428,287	\$6,582,210	\$7,726,972	\$7,245,812	-6%		\$7,099,138
Direct Cost	\$5,102,641	\$5,024,787	\$5,657,040	\$5,302,202	-6%		\$5,334,616
Contribution Margin	\$325,646	\$1,557,423	\$2,069,932	\$1,943,610	-6%		\$1,764,521
Indirect Cost	\$76,734	\$16,086	\$21,135	\$14,464	-32%		\$18,279
Net Income	\$248,912	\$1,541,337	\$2,048,797	\$1,929,146	-6%		\$1,746,243
Net Revenue per Treatment	\$259	\$335	\$355	\$339	-4%		\$335
Direct Cost per Treatment	\$244	\$256	\$260	\$248	-4%		\$251
Contrb Margin per Treatment	\$16	\$79	\$95	\$91	-4%		\$83

PER CASE TRENDED GRAPHS



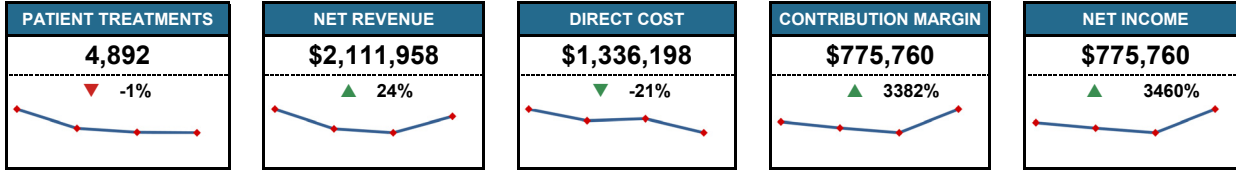
PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021 ANNUALIZED
Medicare	40%	41%	42%	41%
Managed Care/Other	33%	33%	31%	31%
Medi-cal Managed Care	17%	13%	13%	12%
Medicare Managed Care	8%	10%	12%	13%
Medi-cal	2%	2%	2%	3%



*Note: Kaweah Delta's Radiation Oncology program is managed by the sequoia Regional Cancer center joint venture. The joint venture is 75% owned by Kaweah Delta and 25% owned by Adventist Cancer; therefore, 25% of the net income shown above would be allocated to Adventist Hanford.

KEY METRICS - FY 2021 ANNUALIZED ON THE SIX MONTHS ENDED DECEMBER 31, 2020

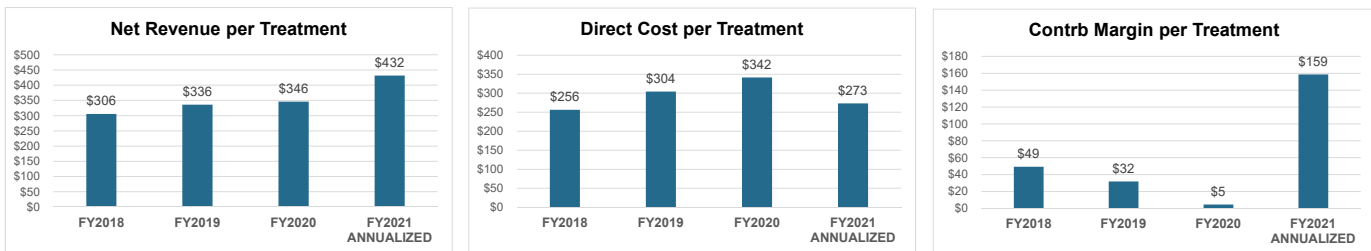


*Note: Arrows represent the change from prior year and the lines represent the 4-year trend

METRICS SUMMARY - 4 YEAR TREND

METRIC	FY2018	FY2019	FY2020	FY2021 ANNUALIZED	%CHANGE FROM PRIOR YR	4 YR TREND	Pre-Covid Ann. Jul. 19-Feb.20
Patient Treatments	7,509	5,376	4,939	4,892	-1%		4,599
Net Revenue	\$2,294,249	\$1,807,061	\$1,709,052	\$2,111,958	24%		\$1,745,251
Direct Cost	\$1,923,907	\$1,635,938	\$1,686,776	\$1,336,198	-21%		\$1,604,258
Contribution Margin	\$370,342	\$171,123	\$22,276	\$775,760	3382%		\$140,993
Indirect Cost	\$29,315	\$1,637	\$488	\$0	-100%		\$733
Net Income	\$341,027	\$169,487	\$21,788	\$775,760	3460%		\$140,260
Net Revenue per Treatment	\$306	\$336	\$346	\$432	25%		\$379
Direct Cost per Treatment	\$256	\$304	\$342	\$273	-20%		\$349
Contrb Margin per Treatmen	\$49	\$32	\$5	\$159	3416%		\$31

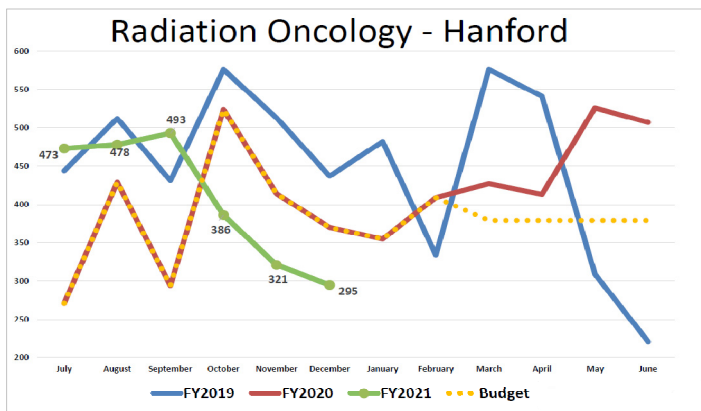
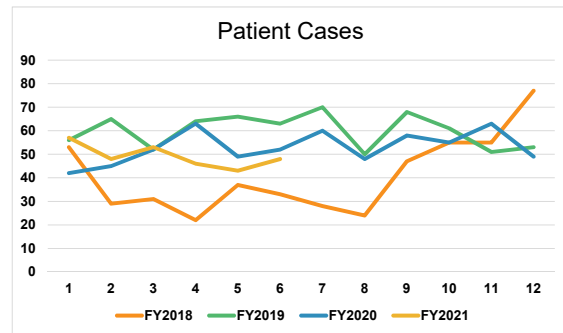
PER CASE TRENDED GRAPHS



Note: FY2020 is annualized in graphs and throughout the analysis

PAYER MIX - 4 YEAR TREND (VOLUME)

PAYER	FY2018	FY2019	FY2020	FY2021 ANNUALIZED
Medicare	41%	39%	42%	43%
Managed Care/Other	32%	34%	31%	27%
Medi-cal Managed Care	19%	15%	10%	17%
Medicare Managed Care	7%	11%	16%	13%
Medi-cal	1%	2%	2%	1%



2,913	2,302	2,446	2,302
YTD FY2019	YTD FY2020	YTD FY2021	YTD Budget

*Note: Kaweah Delta's Radiation Oncology program is managed by the Sequoia Regional Cancer Center Joint Venture. The joint venture is 75% owned by Kaweah Delta and 25% owned by Adventist Cancer; therefore, 25% of the net income shown above would be allocated to Adventist Hanford.

Policy Number: AP28	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Computer Security	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY: KDHCD will maintain a secure computing environment, employing appropriate procedural and technical controls designed to safeguard information and supporting technologies.

KDHCD provides security awareness education for staff members and implement workplace practices where staff understands their responsibilities for ensuring confidentiality and where their workflow encourages protection of information.

All employees receive security awareness education during employee orientation and periodic staff meetings.

The underlying rule of information protection is ‘the need to know,’ i.e. one should only access information when access is required to fulfill one’s job responsibilities or perform an authorized and assigned business function. Access to patient record is tracked and recorded by the system.

Users who violate security, confidentiality, and/or integrity of information intentionally or through carelessness will be subject to loss or restriction of use of the computer system and/or disciplinary action up to and including termination under established District policies.

PROCEDURE:

I. ROLES

- A. Application Steward
- B. Application Administrator
- C. Information Systems Services
- D. Individual Users
- E. IS Security Coordinator

II. RESPONSIBILITIES

- A. The Steward is an individual accountable for leading activities related to a computer application and its information. The Steward is a representative of an operational business or clinical application.
 - 1. Access Management
 - a) Develop information access profiles for job functions, or ‘roles’.

- b) Identify individuals who may use applications and information.
 - c) Review and approve/deny access requests which deviate from role profiles.
 2. Designate a person to cover administrative responsibilities.
 3. Report episodes of policy violations to Human Resources and IS Security Coordinator.
- B. The Administrator is an individual accountable for managing and administering activities related to a computer system/application and its information, and receives his/her direction from the application Steward.
 1. Password Management
 - a) Creates and maintains the computer access codes in the application's security file.
 - b) When emergency access is needed, he/she may generate the new code, or change current access, but must notify and follow-up with the Steward and ISS Security Coordinator as soon as possible for further direction.
 - c) Add or delete user access in the information user database.
 2. Coordinate backup procedures, and software/hardware upgrades with ISS.
 3. Report episodes of policy violations to application Steward.
- C. Information System Services (ISS) is responsible for ensuring the availability of data for backup and recovery processing on a continuing basis and providing tools and support for controlling access to District information.
 1. Develop strategic directions to secure the KDHCD Network and information security.
 2. Identify security vulnerabilities and implement network technologies that secure the KDHCD Network and information during transmission over private or public network (authentication, access control, encryption, etc).
 3. Ensure physical controls are provided to prevent theft or damage to hardware and software.
 4. Manage process for assigning access to KDHCD Network and Desktop applications.
 5. Manage purchase and inventory control of District hardware and software.
 6. Implement information storage technologies under which processing is optimized.
 7. Implement information storage and retention procedures.
 8. Develop and implement backup, recovery, and business resumption plans to ensure that the impact of any system failure or disruption is minimized.
 9. Ensure the availability, and integrity of backup data.
 10. Educate and support the application Stewards in identifying potential security risks to their department's computer application and information, and in determining protection requirements.
 11. Document procedures that verify compliance to the District Security Administration Policy.

12. Report episodes of policy violations to Human Resources and IS Security Coordinator.
- D. Individual persons who access or use KDHCD information or data are expected to fulfill certain responsibilities according to the roles they are assigned.
1. Maintain a secure work area.
 2. Protect computer access and do not divulge security codes or other confidential information to unauthorized persons, even in cases where the unauthorized person is also a staff member of the District.
 3. Report observed or suspected breaches of information to Management, Compliance and IS Security Coordinator.
- E. IS Security Coordinator oversees the District Information Security Program.
1. Ensures that policies, products and systems are compliant with State and Federal laws and regulations with regard to the security and confidentiality of electronic information.
 2. Develop Security Administration Policy, standards, procedures and guidelines.
 3. Develop, implement, and monitor the information security awareness programs.
 4. Partner with application Stewards to provide a System Needs Assessment and Disaster Contingency Plan for each application.
 5. Monitor and maintain a current listing of all personnel who have access to information systems and their authorized functions as determined by their Management.
 6. Audit applications for appropriate use and report breaches and abuse to Management and Human Resources.
 7. Audit application for appropriate access to and use of information.

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."



Policy Number: AP141	Date Created: No Date Set
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Credit and Collection Policy	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

I. Purpose

Kaweah Delta Health Care District (KDHCD) provides high quality health care services to our patients. It is the policy of KDHCD to bill patients and applicable third-party payers accurately, timely, and consistent with applicable laws and regulations, including without limitation California Health and Safety Code section 127400 et seq. KDHCD operates a non-profit hospital and, therefore, KDHCD must also comply with 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) et seq. This policy is intended to meet all such legal obligations.

II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by KDHCD. This policy also applies to any collection agency working on behalf of KDHCD, including entities to which KDHCD sells or refers a Patient's debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with KDHCD hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a KDHCD bill. This policy does not create an obligation for KDHCD to pay for such physicians' or other medical providers' services. In California, Health and Safety Code section 127450 et seq. requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

III. Definitions

A. Collection Agency is any entity engaged by KDHCD to pursue or collect payment from Patients.

B. Community Care Rate means the amount KDHCD would receive for services under its contract with commercial insurance.

C. Extraordinary Collection Actions (ECAs) are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. ECAs include any of the following:

- i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;
- ii) Selling a Patient's debt to KDHC to another party, including without limitation to a Collection Agency;
- iii) Reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;
- iv) Attaching or seizing a bank account or any other personal property¹;
- v) Causing a Patient's arrest or obtaining a writ of body attachment²;
- vi) Wage garnishment;
- vii) Lien on a residence or other personal or real property;
- viii) Foreclosure on real or personal property;
- ix) Delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or
- x) Obtaining an order for examination.

D. Financial Assistance Application means the information and documentation that a Patient submits to apply for financial assistance under KDHC's Financial Assistance Policy. An application is complete after a Patient submits information and documentation sufficient for KDHC to determine whether the individual is eligible for assistance. An application is incomplete if a Patient submits some, but not all, information and documentation needed to determine eligibility for assistance. Patients may submit required application information in writing and orally.

E. Financial Assistance refers to Full Charity Care and Partial Charity Care, as those terms are defined in the Finance Assistance Policy.

¹ 26 C.F.R. § 1.501(r)-6(b)(iv)(C).

² 26 C.F.R. § 1.501(r)-6(b)(iv)(F).

F. Financial Assistance Policy (FAP) is the KDHCD policy on Full Charity Care and Partial Charity Care Programs, which describes the KDHCD Financial Assistance Program. This includes the criteria Patients must meet in order to be eligible for financial assistance as well as the process by which Patients may apply for Financial Assistance.

G. Insured Patient means an individual whose hospital bill is fully or partially eligible for payment by a third-party payer.

H. Patient includes the individual who receives services at KDCHD. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.

I. Reasonable Efforts to Determine Eligibility are actions KDHCD must take to determine whether an individual is eligible for financial assistance under KDHCD's Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Full Charity Care, providing adequate notice of an opportunity to apply for Full Charity Care and a reasonable period of time to do so.³ For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.⁴

J. Reasonable Efforts to Notify At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.⁵

K. Reasonable Payment Plan means monthly payments that are not more than 10 percent of a Patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.

L. Reasonable Time as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient's or Patient's family member's continuing illness, or other obstacles specific to a Patient's circumstances.

M. Uninsured Patient or "Self-Pay Patient" means a Patient who does not have third party insurance, Medi-Cal, or Medicare, and who does not have a compensable injury for

³ 26 C.F.R. § 1.501(r)-6(c)(2).

⁴ 26 C.F.R. § 1.501(r)-6(c)(3).

⁵ 26 C.F.R. § 1.501(r)-6(c)(3)-(c)(4).

purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by KDHCD.

IV. Policies and Procedures

After KDHCD Patients have received services, it is the policy of KDHCD to bill Patients and applicable payers accurately. During the billing and collections process, KDHCD staff, and any collection agency working on behalf of KDHCD, provide quality customer service and follow-up, and all unpaid accounts are handled in accordance with this Policy and applicable laws and regulations.

A. Insurance Billing:

1. Obtaining Coverage Information: KDHCD makes reasonable efforts to obtain information from Patients about whether private or public health insurance or sponsorship may fully or partially cover the services rendered by KDHCD to the Patient. However, it is the Patient's responsibility to know their insurance benefits and coverage. With the exception of emergency care, all required referral(s) or authorizations must be secured prior to receiving services. If the Patient has questions regarding their financial responsibility or coverage of services at KDHCD, they can contact their insurance company in advance of services as appropriate.
2. Billing Third Party Payers: KDHCD shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. KDHCD bills all applicable third-party payers based on information provided by or verified by the Patient or their representative. Upon receiving proof of Qualified Medicare Beneficiary (QMB) or Medi-Cal eligibility (including but not limited to a copy of the Medi-Cal card or the Patient's date of birth and either a Medi-Cal ID number or Social Security number), KDHCD must bill exclusively to Medicare or Medi-Cal, and not the Patient, during periods of active QMB or Medi-Cal eligibility.⁶
3. Billing Medi-Cal Recipients: If the State Medi-Cal Eligibility System indicates a Patient with active Medi-Cal coverage also has other health coverage, and sufficient information is not available to bill that other health coverage, KDHCD will contact the patient in an attempt to get the necessary information. If the Patient indicates they do not in fact have other health coverage or cannot access necessary information, KDHCD will refer the Patient to their local Medi-Cal office or legal services office for further assistance. Except as authorized by law, KDHCD will not refer for collection an account with active Medi-Cal coverage at the time of service. This section shall not prevent KDHCD from billing a Medi-Cal patient for non-covered services, such as elective services, or from

⁶ 42 U.S.C. § 1396a(n)(3)(B); Welf. & Inst. Code § 14019.4.

collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.

4. Dispute Resolution with Third Party Payers: If a claim is denied or is not processed by a payer due to factors outside of KDHCDC's control, KDHCDC will follow up as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, KDHCDC may bill the Patient or take other actions consistent with KDHCDC's Financial Assistance Policy, current regulations, and industry standards. Balance billing Qualified Medicare Beneficiary (QMB) and Medi-Cal Patients for covered services is prohibited.

B. Patient Billing:

1. Billing Insured Patients: KDHCDC bills Insured Patients for the Patient Responsibility amount as indicated in the third-party Explanation of Benefits (EOB) and as directed by the third-party payer.
2. Billing Uninsured or Self-Pay Patients: KDHCDC bills Uninsured or Self-Pay Patients for items and services provided by KDHCDC, using KDHCDC's Community Care Rate. All Patients receive a statement as part of KDHCDC's normal billing process that is compliant with and subject to KDHCDC's Financial Assistance Policy. If a Patient has no health insurance coverage, it is KDHCDC's responsibility to provide a written notice to a Patient that they may be eligible for public or private insurance, and an application for Medi-Cal or other state- or county-funded health coverage programs, no later than discharge for admitted Patients and as soon as possible for Patients receiving emergency or outpatient care.⁷ Please refer to the KDHCDC Financial Assistance Policy for more information.
3. Dispute Resolution with Patients/Guarantors: If a Patient/Guarantor disagrees with the account balance, the Patient/Guarantor may request the account balance be researched and verified prior to account assignment to a Collection Agency. The Patient/Guarantor may apply for Financial Assistance at any time. When a Patient/Guarantor has submitted an application for Financial Assistance, KDHCDC will not assign an account to a Collection Agency before reaching a final eligibility determination. The referral of accounts for which an incomplete application for Financial Assistance has been received will be handled as outlined below.

C. Financial Assistance:

1. KDHCDC notifies individuals that financial assistance is available to eligible individuals by doing the following:

⁷ Cal. Health & Safety Code § 127420(b).

- a. KDHCD posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings, consistent with all applicable federal and state laws and regulations, and KDHCD's FAP.
- b. KDHCD makes its FAP, applications for assistance, and the plain language summary of its FAP, as well as other important information about the availability of financial assistance, easily available on the KDHCD website.
- c. KDHCD makes paper copies of its FAP, the application for assistance under the FAP, and the plain language summary of the FAP available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions area, and billing department.
- d. KDHCD provides prominent Financial Assistance information on all Patient statements. The statement notifies and informs patients about the availability of financial assistance under the KDHCD FAP and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct website address (or URL) where copies of this policy, the application form, and the plain language summary of this policy may be obtained. At the time of admission, discharge, and/or on at least one post-discharge written communication, KDHCD provides to every Patient a written, plain language summary of the KDHCD Financial Assistance Policy that contains information about the availability of KDHCD's Financial Assistance policy, eligibility criteria, and the contact information for a KDHCD employee or office where the Patient may apply for assistance or obtain further information about the policy.

D. Collection Practices:

1. KDHCD and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third-party payers, before considering any ECA, KDHCD will evaluate each Patient for Full Charity Care or Partial Charity Care consistent with its Financial Assistance Policy, for care received from KDHCD and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.
2. KDHCD pursues payment for debts owed for health care services provided by KDHCD according to KDHCD policies and procedures. All KDHCD procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all KDHCD Guarantors/Patients.⁸ KDHCD complies with relevant federal and state laws and

⁸ Cal. Health & Safety Code § 127425(b).

regulations in the assignment of bad debt. KDHCDC is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.

3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, KDHCDC or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.⁹

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4. All Patient account balances that meet the following criteria are eligible for placement with a Collection Agency:

a. At least 150 days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least 150 days have passed since the most recent episode of care¹⁰; and

b. KDHCDC is unaware of any pending appeals for insurance coverage of services¹¹; and

c. KDHCDC has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHCDC will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30-day notice appearing on the fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least 150 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation¹²; and

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d. KDHCDC has made reasonable efforts to presumptively determine whether a Patient is ineligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data; and

e. Placement for collection has been approved by the Director of Revenue Cycle¹³.

⁹ 26 C.F.R. § 1.501(r)-6(c)(2).

¹⁰ Cal. Health & Safety Code § 127426(a).

¹¹ Cal. Health & Safety Code § 127426(a).

¹² 26 C.F.R. § 1.501(r)-6(c)(4)(ii).

¹³ Cal. Health & Safety Code § 127425(a).

5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent¹⁴, and KDHCDC has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.¹⁵
6. Accounts with a "Return Mail" status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.
7. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for full Charity Care, KDHCDC will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Partial Charity Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a reasonable time to pay the balance or enter into a reasonable payment plan.¹⁶
8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, KDHCDC and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was 1) incurred for care received from KDHCDC during the previous 8 months; or 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information previously reported to a consumer reporting agency or credit bureau.
9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Partial Charity Care with a remaining balance due, the account will be returned to KDHCDC for payment or negotiation of an interest-free reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and KDHCDC has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.¹⁷

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¹⁴ 26 C.F.R. § 1.501(r)-6(c)(4).

¹⁵ 26 C.F.R. § 1.501(r)-6(a).

¹⁶ 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

¹⁷ Cal. Health & Safety Code § 127425(g)

10. KDHC and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of any review or appeal of that determination,¹⁸ or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a KDHC employee or office where the Patient may obtain further information about the policy and assistance in applying.¹⁹ KDHC and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts.²⁰ If the Patient fails to provide the requested missing information/ documentation in a timely manner, KDHC and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.

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11. KDHC and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.²¹

12. KDHC and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.²²

13. KDHC and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance.²³ Nothing in this section prohibits the use of information obtained by KDHC or Collection Agency independently of the eligibility process for Financial Assistance.

14. Patient accounts at a Collection Agency may be recalled and returned to KDHC at the discretion of KDHC and/or according to state or federal laws and regulations. KDHC may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed, or place the account with another Collection Agency in full compliance

¹⁸ See FAP, Section VII.B. (p. 10)

¹⁹ 26 C.F.R. § 1.501(r)-6(c)(5).

²⁰ 26 C.F.R. § 1.501(r)-6(c)(8)(ii).

²¹ 26 C.F.R. § 1.501(r)-6(c)(6)(ii)

²² 26 C.F.R. § 1.501(r)-6(c)(9).

²³ Cal. Health & Safety Code § 127405(e)(3).

with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with KDHCDC's charity care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting KDHCDC's charity care eligibility criteria, the collection agency will refer the account back to KDHCDC to screen for charity care eligibility. KDHCDC will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.

15. KDHCDC will not report adverse information to a credit agency or pursue a civil action until after it has referred an account to a Collection Agency in conformity with this Credit and Collection Policy.²⁴

E. Collection Agencies:

KDHCDC may refer Patient accounts to a Collection Agency subject to the following conditions:

1. The Collection Agency has a written agreement with KDHCDC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHCDC's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 *et seq.*), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) *et seq.*, including the definition of "reasonable payment plan."
2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to KDHCDC Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and KDHCDC has sent the required information described in IV.D.7 of this policy.²⁵
3. All third-party payers have been properly billed, payment from a third-party payer is no longer pending, KDHCDC is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third-party payer is obligated to pay.

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²⁴ Cal. Health & Safety Code § 127425(d).

²⁵ Cal. Health & Safety Code § 127425(d).

4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.²⁶
5. At least 150 days has passed since KDHCD sent the initial bill to the Patient on the account.
6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.²⁷

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F. Judicial Collection Actions:

In those situations where an account has been assigned for collection and the Collection Agency has information showing that the Patient has an income greater than 600% of the federal poverty level and would not qualify for Partial Charity Care, but has failed or refused to pay for the medical services, or, if a Patient is approved for Partial Charity care and has failed or refused to make payments under a reasonable payment plan, the Collection Agency may be permitted to take legal action to collect the unpaid balance under the following conditions:

1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.
2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:
 - a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, KDHCD's Financial Assistance Policy and all applicable laws and regulations; and
 - b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Full or Partial Charity Care, or, that the Patient was approved for Partial Charity Care and has failed or refused to make payments under a reasonable payment plan.

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²⁶ Cal. Health & Safety Code § 127430.

²⁷ Cal. Health & Safety Code § 127425(e).

3. In cases where no Financial Assistance application is received by KDHCDC, one additional attempt to inform the patient of KDHCDC's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and processed, or an additional 30 days have passed without a complete or incomplete application being received.
4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that KDHCDC and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.
5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.
6. If subsequent to a judgment being entered against any Patient for any unpaid balance, KDHCDC or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under KDHCDC's FAP, or, if the judgment is for a balance outstanding after Partial Charity Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:
 - a. Neither KDHCDC nor any assignee which is an affiliate or subsidiary of KDHCDC shall use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.²⁸
 - b. A Collection Agency which is not an affiliate or subsidiary of KDHCDC may use the following measures to enforce judgment only under the following conditions:
 - i. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.²⁹

²⁸ Cal. Health & Safety Code § 127425(f)(1).

²⁹ Cal. Health & Safety Code § 127425(f)(2)(A).

ii. Sale of Patient's primary residence: The Collection Agency may not notice or conduct a sale of the Patient's primary residence during the life of the Patient or the Patient's spouse, or during the period a child of the Patient is a minor, or a child of the Patient who has attained the age of majority is unable to take care of themselves and resides in the dwelling as their primary residence.³⁰

³⁰ Cal. Health & Safety Code § 127425(f)(2)(B).

Credit and Collection Policy
Attachment A

NOTICE OF FINANCIAL RIGHTS

State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) meet Federal Poverty Income Guidelines based on your gross household income (before deductions and taxes) and family size (see charts below); or (5) are in bankruptcy or have recently completed bankruptcy. All patients have the right to apply for financial assistance under KDHCD's policy. To apply for financial assistance, you must request an application in one of the following ways:

- in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;
- over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 5; or
- by downloading an application from KDHCD's website at: [kawahdelta.org/documents/PDFs/FinancialAssistanceApp-\[english\].pdf](http://kawahdelta.org/documents/PDFs/FinancialAssistanceApp-[english].pdf).

You may be eligible for FREE care if your income is below these amounts for your family size* (200% FPL)

<u>Family Size*</u>	<u>Monthly</u>	<u>Annual</u>
<u>1</u>	<u>\$2,082</u>	<u>\$24,980</u>
<u>2</u>	<u>\$2,818</u>	<u>\$33,820</u>
<u>3</u>	<u>\$3,555</u>	<u>\$42,660</u>
<u>4</u>	<u>\$4,292</u>	<u>\$51,500</u>
<u>5</u>	<u>\$5,028</u>	<u>\$60,340</u>
<u>6</u>	<u>\$5,765</u>	<u>\$69,180</u>
<u>7</u>	<u>\$6,502</u>	<u>\$78,020</u>
<u>8</u>	<u>\$7,238</u>	<u>\$86,860</u>

You may be eligible for a DISCOUNT on your hospital bill if your income is below these amounts for your family size* (600% FPL)

<u>Family Size*</u>	<u>Monthly</u>	<u>Annual</u>
<u>1</u>	<u>\$6,245</u>	<u>\$74,940</u>
<u>2</u>	<u>\$8,455</u>	<u>\$101,460</u>
<u>3</u>	<u>\$10,665</u>	<u>\$127,980</u>
<u>4</u>	<u>\$12,875</u>	<u>\$154,500</u>
<u>5</u>	<u>\$15,084</u>	<u>\$181,020</u>
<u>6</u>	<u>\$17,295</u>	<u>\$207,540</u>
<u>7</u>	<u>\$19,504</u>	<u>\$234,060</u>
<u>8</u>	<u>\$21,715</u>	<u>\$260,580</u>

*For households larger than eight persons, please call for income limits

State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.

Free credit counseling services may be available from local nonprofit agencies.

ClearPoint Credit Counselling: 800-750-2227 / www.clearpoint.org

I. Purpose:

Kaweah Delta Health Care District (KDHCD) provides high quality health care services to our patients. It is the policy of KDHCD to bill patients and applicable third party payers accurately, timely, and consistent with applicable laws and regulations, including without limitation California Health and Safety Code section 127400 et seq. KDHCD operates a non-profit hospital and, therefore, KDHCD must also comply with 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) et seq. This policy is intended to meet all such legal obligations.

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II. Scope

The Credit and Collection Policy applies to all patients who receive services through any of the licensed hospital facilities operated by KDHCD. This policy also applies to any collection agency working on behalf of KDHCD, including entities to which KDHCD sells or refers a Patient's debt. Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians (other than physician specialists on staff or with KDHCD hospital privileges who are called into the emergency department), anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a KDHCD bill. This policy does not create an obligation for KDHCD to pay for such physicians' or other medical providers' services. In California, Health and Safety Code section 127450 et seq. requires an emergency physician who provides emergency services in a hospital to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

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III. Definitions

A. Collection Agency is any entity engaged by KDHCD to pursue or collect payment from Patients.

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B. Community Care Rate means the amount KDHCD would receive for services under its contract with commercial insurance.

C. Extraordinary Collection Actions (ECAs) are any collection activities, as defined by the IRS, that healthcare organizations may take against an individual to obtain payment for care only after reasonable efforts have been made to determine

~~whether the individual is eligible for financial assistance. ECAs include any of the following:~~

~~i) Any action to obtain payment from a Patient that requires a legal or judicial process, including without limitation the filing of a lawsuit;~~

~~ii) Selling a Patient's debt to KDHCDC to another party, including without limitation to a Collection Agency;~~

~~iii) Reporting adverse information about a Patient to a consumer credit reporting agency or credit bureau;~~

~~iv) Attaching or seizing a bank account or any other personal property ;~~

~~v) Causing a Patient's arrest or obtaining a writ of body attachment ;~~

~~vi) Wage garnishment;~~

~~vii) Lien on a residence or other personal or real property;~~

~~viii) Foreclosure on real or personal property;~~

~~ix) Delay or denial of medically necessary care based on the existence of an outstanding balance for prior service(s); or~~

~~x) Obtaining an order for examination.~~

~~D. Financial Assistance Application means the information and documentation that a Patient submits to apply for financial assistance under KDHCDC's Financial Assistance Policy. An application is complete after a Patient submits information and documentation sufficient for KDHCDC to determine whether the individual is eligible for assistance. An application is incomplete if a Patient submits some, but not all, information and documentation needed to determine eligibility for assistance. Patients may submit required application information in writing and orally.~~

~~E. Financial Assistance refers to Full Charity Care and Partial Charity Care, as those terms are defined in the Finance Assistance Policy.~~

~~F. Financial Assistance Policy (FAP) is the KDHCDC policy on Full Charity Care and Partial Charity Care Programs, which describes the KDHCDC Financial Assistance Program. This includes the criteria Patients must meet in order to be eligible for financial assistance as well as the process by which Patients may apply for Financial Assistance.~~

~~G. Insured Patient means an individual whose hospital bill is fully or partially eligible for payment by a third-party payer.~~

~~H. Patient includes the individual who receives services at KDCHD. For purposes of this policy, Patient also includes any person financially responsible for their care, also referred to as Guarantor.~~

~~I. Reasonable Efforts to Determine Eligibility are actions KDCHD must take to determine whether an individual is eligible for financial assistance under KDCHD's Financial Assistance Policy. These must include making a determination of presumptive eligibility as described in the FAP at Section III.A, and if the determination is less than Full Charity Care, providing adequate notice of an opportunity to apply for Full Charity Care and a reasonable period of time to do so. For submitted applications, these efforts must include a reasonable opportunity to correct an incomplete application and Reasonable Efforts to Notify.~~

~~J. Reasonable Efforts to Notify At a minimum, reasonable efforts include providing individuals with written and verbal notifications about the FAP and how to complete the FAP application, with reasonable opportunity to do so before initiating any ECA.~~

~~K. Reasonable Payment Plan means monthly payments that are not more than 10 percent of a Patient's family income for a month, excluding deductions for essential living expenses. "Essential living expenses" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.~~

~~L. Reasonable Time as used in this policy is a period of at least 30 days. That period may be extended for good cause. Situations that may merit an extension of time to act may include language access barriers, the need for disability accommodations, a Patient's or Patient's family member's continuing illness, or other obstacles specific to a Patient's circumstances.~~

~~M. Uninsured Patient or "Self-Pay Patient" means a Patient who does not have third party insurance, Medi Cal, or Medicare, and who does not have a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by KDCHD.~~

~~IV. Policies and Procedures~~

~~After KDCHD Patients have received services, it is the policy of KDCHD to bill Patients and applicable payers accurately. During the billing and collections process, KDCHD staff, and any collection agency working on behalf of KDCHD, provide quality customer service and follow-up, and all unpaid accounts are handled in accordance with this Policy and applicable laws and regulations.~~

~~A. Insurance Billing:~~

~~1. Obtaining Coverage Information: KDCHD makes reasonable efforts to obtain information from Patients about whether private or public health insurance or~~

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~~sponsorship may fully or partially cover the services rendered by KDHCDC to the Patient. However, it is the Patient's responsibility to know their insurance benefits and coverage. With the exception of emergency care, all required referral(s) or authorizations must be secured prior to receiving services. If the Patient has questions regarding their financial responsibility or coverage of services at KDHCDC, they can contact their insurance company in advance of services as appropriate.~~

~~2. Billing Third Party Payers: KDHCDC shall diligently pursue all amounts due from third-party payers, including but not limited to contracted and non-contracted payers, indemnity payers, liability and auto insurers, and government program payers that may be financially responsible for a Patient's care. KDHCDC bills all applicable third-party payers based on information provided by or verified by the Patient or their representative. Upon receiving proof of Qualified Medicare Beneficiary (QMB) or Medi-Cal eligibility (including but not limited to a copy of the Medi-Cal card or the Patient's date of birth and either a Medi-Cal ID number or Social Security number), KDHCDC must bill exclusively to Medicare or Medi-Cal, and not the Patient, during periods of active QMB or Medi-Cal eligibility.~~

~~3. Billing Medi-Cal Recipients: If the State Medi-Cal Eligibility System indicates a Patient with active Medi-Cal coverage also has other health coverage, and sufficient information is not available to bill that other health coverage, KDHCDC will contact the patient in an attempt to get the necessary information. If the Patient indicates they do not in fact have other health coverage or cannot access necessary information, KDHCDC will refer the Patient to their local Medi-Cal office or legal services office for further assistance. Except as authorized by law, KDHCDC will not refer for collection an account with active Medi-Cal coverage at the time of service. This section shall not prevent KDHCDC from billing a Medi-Cal patient for non-covered services, such as elective services, or from collecting the Medi-Cal Share of Cost after screening for eligibility for Financial Assistance.~~

~~4. Dispute Resolution with Third Party Payers: If a claim is denied or is not processed by a payer due to factors outside of KDHCDC's control, KDHCDC will follow up as appropriate to facilitate resolution of the claim. If resolution does not occur after reasonable follow-up efforts, KDHCDC may bill the Patient or take other actions consistent with KDHCDC's Financial Assistance Policy, current regulations, and industry standards. Balance billing Qualified Medicare Beneficiary (QMB) and Medi-Cal Patients for covered services is prohibited.~~

~~B. Patient Billing:~~

~~1. Billing Insured Patients: KDHCDC bills Insured Patients for the Patient Responsibility amount as indicated in the third-party Explanation of Benefits (EOB) and as directed by the third-party payer.~~

~~2. Billing Uninsured or Self-Pay Patients: KDHCDC bills Uninsured or Self-Pay Patients for items and services provided by KDHCDC, using KDHCDC's Community Care Rate. All Patients receive a statement as part of KDHCDC's~~

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~~normal billing process that is compliant with and subject to KDHCDC's Financial Assistance Policy. If a Patient has no health insurance coverage, it is KDHCDC's responsibility to provide a written notice to a Patient that they may be eligible for public or private insurance, and an application for Medi-Cal or other state- or county-funded health coverage programs, no later than discharge for admitted Patients and as soon as possible for Patients receiving emergency or outpatient care. Please refer to the KDHCDC Financial Assistance Policy for more information.~~

~~3. Dispute Resolution with Patients/Guarantors: If a Patient/Guarantor disagrees with the account balance, the Patient/Guarantor may request the account balance be researched and verified prior to account assignment to a Collection Agency. The Patient/Guarantor may apply for Financial Assistance at any time. When a Patient/Guarantor has submitted an application for Financial Assistance, KDHCDC will not assign an account to a Collection Agency before reaching a final eligibility determination. The referral of accounts for which an incomplete application for Financial Assistance has been received will be handled as outlined below.~~

~~C. Financial Assistance:~~

~~1. KDHCDC notifies individuals that financial assistance is available to eligible individuals by doing the following:~~

~~a. KDHCDC posts notices in a visible manner in locations where there is a high volume of inpatient or outpatient admitting/registration, such as the emergency department, billing office, admitting office, and hospital outpatient service settings, consistent with all applicable federal and state laws and regulations, and KDHCDC's FAP.~~

~~b. KDHCDC makes its FAP, applications for assistance, and the plain language summary of its FAP, as well as other important information about the availability of financial assistance, easily available on the KDHCDC website.~~

~~c. KDHCDC makes paper copies of its FAP, the application for assistance under the FAP, and the plain language summary of the FAP available upon request and without charge, both by mail and in public locations in the hospital facility, including, at a minimum, in the emergency department, admissions area, and billing department.~~

~~d. KDHCDC provides prominent Financial Assistance information on all Patient statements. The statement notifies and informs patients about the availability of financial assistance under the KDHCDC FAP and includes the telephone number of the office or department which can provide information about the policy and application process, and the direct website address (or URL) where copies of this policy, the application form, and the plain language summary of this policy may be obtained. At the time of admission, discharge, and/or on at least one post-discharge written communication, KDHCDC provides to every Patient a written, plain language summary of the~~

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~~KDHCD Financial Assistance Policy that contains information about the availability of KDHCD's Financial Assistance policy, eligibility criteria, and the contact information for a KDHCD employee or office where the Patient may apply for assistance or obtain further information about the policy.~~

D. Collection Practices:

- ~~1. KDHCD and its contracted Collection Agency(ies) undertake reasonable efforts to collect amounts due for services received by pursuing reimbursement from insurers and other sources. These efforts include assistance with applications for possible private and government program coverage. If any balance remains after payment by third-party payers, before considering any ECA, KDHCD will evaluate each Patient for Full Charity Care or Partial Charity Care consistent with its Financial Assistance Policy, for care received from KDHCD and incurred at any time during which the Patient was eligible for Financial Assistance under the FAP.~~
- ~~2. KDHCD pursues payment for debts owed for health care services provided by KDHCD according to KDHCD policies and procedures. All KDHCD procedures for assignment to collection/bad debt and application of a reasonable payment plan are applicable to all KDHCD Guarantors/Patients. KDHCD complies with relevant federal and state laws and regulations in the assignment of bad debt. KDHCD is entitled to pursue reimbursement from third-party liability settlements or other legally responsible parties.~~
- ~~3. Prior to engaging in any ECA, and after normal collection efforts have not produced regular payments of a reasonable amount and the Patient has not completed a Financial Assistance application, complied with requests for documentation, or is otherwise nonresponsive to the application process, KDHCD or any Collection Agency acting on its behalf shall make reasonable efforts to presumptively determine whether a Patient is eligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data.~~
- ~~4. All Patient account balances that meet the following criteria are eligible for placement with a Collection Agency:
 - ~~a. At least 150 days have passed since the first post-discharge billing statement was mailed to the Patient, or for billing statements that include any billing aggregation, at least 150 days have passed since the most recent episode of care ; and~~
 - ~~b. KDHCD is unaware of any pending appeals for insurance coverage of services ; and~~
 - ~~c. KDHCD has made attempts to collect payment using reasonable collection efforts, such as mailing billing statements or making telephone calls. KDHCD will mail four (4) Guarantor statements after the date of discharge from outpatient or inpatient care, with a final 30-day notice appearing on the~~~~

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- ~~fourth Guarantor statement, warning the account may be placed with a collection agency, and alerting the Guarantor that at least 150 days have passed since the first post-discharge billing statement for the most recent episode of care included in any billing aggregation ; and~~
- ~~d. KDHCDC has made reasonable efforts to presumptively determine whether a Patient is ineligible for Financial Assistance based on prior eligibility for Financial Assistance or the use of third party data; and~~
- ~~e. Placement for collection has been approved by the Director of Revenue Cycle.~~
- ~~5. ECAs, including placement of an account with a collection agency, may not commence until 30 days after the final notice has been sent , and KDHCDC has made reasonable efforts to determine whether the Patient is eligible for Financial Assistance.~~
- ~~6. Accounts with a "Return Mail" status are eligible for collection assignment after good faith efforts have been documented and exhausted, including outbound phone calls and a reasonable search for a corrected address, and all other requirements of this section have been met.~~
- ~~7. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs when a completed Financial Assistance Application, including all required supporting documentation, is received and until such time as a determination regarding the Financial Assistance Application has been made. Prior to resuming collection efforts on accounts found ineligible for full Charity Care, KDHCDC will send the Patient: (i) written notification of the basis for the finding and the amount of assistance given if any, (ii) a billing statement showing any balance still owed by the Patient and the date payment is due, and (iii) if found eligible for only Partial Charity Care, instructions as to how the Patient may obtain information regarding the amounts generally billed (AGB) for their care. Collection efforts may then resume after the Patient has been given a reasonable time to pay the balance or enter into a reasonable payment plan.~~
- ~~8. If any Patient account previously placed with a Collection Agency is subsequently found eligible for financial assistance, KDHCDC and any Collection Agency acting on its behalf will pursue all reasonable measures to reverse prior collection efforts for debt that was 1) incurred for care received from KDHCDC during the previous 8 months; or 2) incurred at any time at which the patient was eligible for Financial Assistance under this policy. These reasonable measures include but are not limited to measures to vacate any judgment against the Patient, lift any levy or lien on the Patient's property, and remove from the Patient's credit report any adverse information previously reported to a consumer reporting agency or credit bureau.~~
- ~~9. If a Patient account previously placed with a Collection Agency is subsequently found eligible for Partial Charity Care with a remaining balance due, the account will be returned to KDHCDC for payment or negotiation of an interest free~~

~~reasonable payment plan. The account will not be re-referred to any Collection Agency unless the Patient refuses to participate in a reasonable payment plan, or until a patient has failed to make payments under a reasonable payment plan for at least 90 days and KDHCDC has made reasonable efforts to contact the patient by phone and in writing, giving notice that the extended payment plan may become inoperative.~~

~~10. KDHCDC and any Collection Agency acting on its behalf will suspend ECAs if an incomplete Financial Assistance Application is received and until a complete application has been submitted and a determination of eligibility is made, including resolution of any review or appeal of that determination, or the Patient has failed to respond to requests for additional information and/or documentation within a reasonable period of time to respond to such requests. If a Patient submits an incomplete application, a written notice will be sent to the Patient that (i) describes the missing information/documentation required for a complete application, and (ii) includes contact information for a KDHCDC employee or office where the Patient may obtain further information about the policy and assistance in applying. KDHCDC and any Collection Agency acting on its behalf must provide Patients with a reasonable timeframe (at least 30 days from notifying the Patient) to submit any missing information/documentation before resuming collection efforts. If the Patient fails to provide the requested missing information/ documentation in a timely manner, KDHCDC and any Collection Agency working on its behalf will make reasonable efforts to presumptively determine whether the Patient is eligible for Financial Assistance based on the information already provided, prior eligibility for Financial Assistance, or the use of third-party data.~~

~~11. KDHCDC and any Collection Agency acting on its behalf does not base any FAP eligibility determination on any information obtained from Patients under duress or through the use of coercive practices, such as delaying or denying treatment until a Patient provides information.~~

~~12. KDHCDC and any Collection Agency acting on its behalf does not seek any Patient's waiver of their right to apply for Financial Assistance or to receive Financial Assistance application information.~~

~~13. KDHCDC and any Collection Agency acting on its behalf does not use in collection activities any information obtained from a Patient during the eligibility process for Financial Assistance. Nothing in this section prohibits the use of information obtained by KDHCDC or Collection Agency independently of the eligibility process for Financial Assistance.~~

~~14. Patient accounts at a Collection Agency may be recalled and returned to KDHCDC at the discretion of KDHCDC and/or according to state or federal laws and regulations. KDHCDC may choose to work the accounts to resolution with the Guarantor/Patient or third party as needed, or place the account with another Collection Agency in full compliance with these requirements. An account that has been placed with an outside collection agency can be considered for charity care at any time in accordance with KDHCDC's charity~~

~~care policy. When, during the collection process, a patient asserts they cannot afford to pay the debt, has failed to make previously agreed upon extended payments, or is otherwise identified by the collection agency as meeting KDHCDC's charity care eligibility criteria, the collection agency will refer the account back to KDHCDC to screen for charity care eligibility. KDHCDC will undertake reasonable efforts to gather eligibility information from the patient. If, after such reasonable efforts, the patient fails or refuses to provide required information, the account will be referred back to the collection agency.~~

~~15. KDHCDC will not report adverse information to a credit agency or pursue a civil action until after it has referred an account to a Collection Agency in conformity with this Credit and Collection Policy.~~

E.— Collection Agencies:

~~KDHCDC may refer Patient accounts to a Collection Agency subject to the following conditions:~~

- ~~1. The Collection Agency has a written agreement with KDHCDC which provides that the Collection Agency's performance of its functions shall adhere to the terms of KDHCDC's Financial Assistance Policy, this Credit and Collection Policy, the Hospital Fair Pricing Act (Health and Safety Code sections 127400 et seq.), and 26 U.S.C. § 501(r) and its implementing regulations, 26 C.F.R. § 1.501(r) et seq., including the definition of "reasonable payment plan."~~
- ~~2. The Collection Agency has processes in place to identify Patients who may qualify for Financial Assistance, communicate the availability and details of the Financial Assistance Policy to these Patients, and refer Patients who are seeking Financial Assistance back to KDHCDC Patient Financial Services. The Collection Agency shall suspend ECAs during any period after a completed Financial Assistance Application is pending, or an incomplete application is received and KDHCDC has sent the required information described in IV.D.7 of this policy.~~
- ~~3. All third party payers have been properly billed, payment from a third party payer is no longer pending, KDHCDC is unaware of any pending insurance payment appeals, and the remaining debt is the financial responsibility of the Patient. A Collection Agency will not bill a Patient for any amount that a third party payer is obligated to pay.~~
- ~~4. The Collection Agency sends every Patient a Notice of Rights, included as Attachment A, with each document sent indicating that the commencement of collection activities may occur.~~
- ~~5. At least 150 days has passed since KDHCDC sent the initial bill to the Patient on the account.~~

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~~6. The Patient is not negotiating a reasonable payment plan, making payments under a reasonable payment plan as defined above, or making regular partial payments of a reasonable amount.~~

F. Judicial Collection Actions:

~~In those situations where an account has been assigned for collection and the Collection Agency has information showing that the Patient has an income greater than 600% of the federal poverty level and would not qualify for Partial Charity Care, but has failed or refused to pay for the medical services, or, if a Patient is approved for Partial Charity care and has failed or refused to make payments under a reasonable payment plan, the Collection Agency may be permitted to take legal action to collect the unpaid balance under the following conditions:~~

~~1. The Collection Agency shall assess a Patient or guarantor's ability to pay by reviewing, at a minimum, a current credit report for the Patient, if available, and reliable sources of publicly available information for Patients with little or no credit history, or a third party electronic review of Patient information.~~

~~2. When the Collection Agency has determined that legal action is appropriate and criteria for Extraordinary Collection Actions have been met, the Agency will forward a written request to the Director of Revenue Cycle, who must approve it prior to any legal action. The request must contain relevant particulars of the account, including:~~

~~a. Documentation that the Collection Agency has complied with all applicable provisions of this policy, KDHCDC's Financial Assistance Policy and all applicable laws and regulations; and~~

~~b. A copy of the Collection Agency's documentation that led it to believe the Patient or guarantor has an income greater than 600% of the federal poverty level and would not qualify for Full or Partial Charity Care, or, that the Patient was approved for Partial Charity Care and has failed or refused to make payments under a reasonable payment plan.~~

~~3. In cases where no Financial Assistance application is received by KDHCDC, one additional attempt to inform the patient of KDHCDC's Financial Assistance Policy and the opportunity to apply for assistance will be made before legal action is initiated. In addition to sending the patient a final correspondence, an additional attempt to contact the patient by phone will be made. If the Patient asks to apply for assistance, an application will be sent and no ECAs will be initiated until the application is received and processed, or an additional 30 days have passed without a complete or incomplete application being received.~~

~~4. The Director of Revenue Cycle will authorize each individual legal action in writing, after verifying that KDHCDC and/or the Collection Agency working on its behalf has made legally sufficient reasonable efforts to determine the individual is eligible for Financial Assistance. This authority cannot be delegated to any~~

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~~other person. A copy of the signed authorization for legal action will be maintained in the Patient account file.~~

~~5. In no case will the Collection Agency be allowed to file a legal action as a last resort to motivate a Patient to pay when the Collection Agency has no information as to the Patient's income relative to the federal poverty level and eligibility for financial assistance.~~

~~6. If subsequent to a judgment being entered against any Patient for any unpaid balance, KDHCDC or any Collection Agency working on its behalf receives information indicating the Patient would qualify for financial assistance under KDHCDC's FAP, or, if the judgment is for a balance outstanding after Partial Charity Care is approved and the Patient has refused to make payments under a reasonable payment plan, the following shall apply:~~

~~a. Neither KDHCDC nor any assignee which is an affiliate or subsidiary of KDHCDC shall use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.~~

~~b. A Collection Agency which is not an affiliate or subsidiary of KDHCDC may use the following measures to enforce judgment only under the following conditions:~~

~~i. Wage Garnishment: The Collection Agency must file a noticed motion with the applicable Court, supported by a declaration identifying the basis for which the Agency believes that the Patient has the ability to make payments on the judgment under the wage garnishment, including, if available, information about probable future medical expenses based on the current condition of the Patient, and other financial obligations of the Patient.~~

~~ii. Sale of Patient's primary residence: The Collection Agency may not notice or conduct a sale of the Patient's primary residence during the life of the Patient or the Patient's spouse, or during the period a child of the Patient is a minor, or a child of the Patient who has attained the age of majority is unable to take care of themselves and resides in the dwelling as their primary residence.~~

Credit and Collection Policy
Attachment A

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NOTICE OF FINANCIAL RIGHTS

~~State and federal law requires hospitals to offer financial assistance to uninsured Patients and Patients with high medical debt who have low to moderate incomes. You may be eligible for free care or have your bill for medically necessary care reduced if~~

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~~you meet any of these criteria: (1) are receiving government benefits; (2) are uninsured; (3) have medical expenses in the past 12 months that exceed 10% of your Family income; (4) meet Federal Poverty Income Guidelines based on your gross household income (before deductions and taxes) and family size (see charts below); or (5) are in bankruptcy or have recently completed bankruptcy. All patients have the right to apply for financial assistance under KDHCD's policy. To apply for financial assistance, you must request an application in one of the following ways:~~

- ~~▪ in person from the Acequia Lobby at the corner of Floral and Acequia, 305 West Acequia Avenue in Visalia, California 93291;~~
- ~~▪ over the phone by calling Patient Financial Services at (559) 470-0016 or (559) 624-4200 and selecting option 5; or~~
- ~~▪ by downloading an application from KDHCD's website at: kaweahdelta.org/documents/PDFs/FinancialAssistanceApp-English.pdf.~~

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~~You may be eligible for FREE care if your income is below these amounts for your family size* (200% FPL)~~

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Family Size*	Monthly	Annual
1	\$2,082	\$24,980
2	\$2,818	\$33,820
3	\$3,555	\$42,660
4	\$4,292	\$51,500
5	\$5,028	\$60,340
6	\$5,765	\$69,180
7	\$6,502	\$78,020
8	\$7,238	\$86,860

~~You may be eligible for a DISCOUNT on your hospital bill if your income is below these amounts for your family size* (600% FPL)~~

Family Size*	Monthly	Annual
1	\$6,245	\$74,940
2	\$8,455	\$101,460
3	\$10,665	\$127,980
4	\$12,875	\$154,500
5	\$15,084	\$181,020
6	\$17,295	\$207,540
7	\$19,504	\$234,060
8	\$21,715	\$260,580

~~*For households larger than eight persons, please call for income limits~~

~~State and federal law requires debt collectors to treat you fairly and prohibits debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact~~

~~you before 8:00 am or after 9:00 pm. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (1-877-382-4357) or online at www.ftc.gov.~~

~~Free credit counseling services may be available from local nonprofit agencies. ClearPoint Credit Counseling: 800-750-2227 / www.clearpoint.org~~

~~**Purpose:** Kaweah Delta Health Care District (KDHCD) provides high-quality health care services to our patients. Patients may have a financial responsibility related to services received at KDHCD and must make arrangements for payment to KDHCD either before or after services are rendered. Such arrangements may include payment by an insurance plan, including coverage programs offered through the federal and state government. Payment arrangements may also be made directly with the patient, subject to the payment terms and conditions of KDHCD.~~

~~Emergency patients will always receive all medically necessary care within the scope of resources available at KDHCD, to assure that their medical condition is stabilized prior to consideration of any financial arrangements.~~

~~The Credit and Collection Policy establishes the guidelines, policies and procedures for use by KDHCD personnel in evaluating and determining patient payment arrangements. This policy is intended to establish fair and effective means for collection of patient accounts owed to KDHCD. The Credit and Collection Policy is to be used in conjunction with the Patient Access Policy, which describes practices used during the inpatient admitting and outpatient registration processes. The Patient Access Policy creates a linkage between information collected from patients at the front of the revenue cycle, and the billing and collections activities of the Patient Financial Services department.~~

~~In addition, other KDHCD policies such as the Financial Assistance Policy which contains provisions for full charity care and discounted partial charity care will be considered by KDHCD personnel when establishing payment arrangements for each specific patient or their guarantor.~~

~~**Scope:** The Credit and Collection Policy will apply to all patients who receive services at KDHCD. This policy defines the requirements and processes used by the KDHCD Patient Financial Services department when making payment arrangements with individual patients or their account guarantors. The Credit and Collection Policy also specifies the standards and practices used by KDHCD for the collection of debts arising from the provision of services to patients at KDHCD. The Credit and Collection Policy acknowledges that some patients may have special payment arrangements as defined by an insurance contract to which KDHCD is a party, or in accordance with KDHCD conditions of~~

~~participation in state and federal programs. KDHCDC endeavors to treat every patient or their guarantor with fair consideration and respect when making payment arrangements.~~

~~All requests for payment arrangements from patients, patient families, patient financial guarantors, physicians, KDHCDC staff, or others shall be addressed in accordance with this policy.~~

~~**Policy:** All patients who receive care at KDHCDC must make arrangements for payment of any or all amounts owed for KDHCDC services rendered in good faith by KDHCDC. KDHCDC reserves the right and retains sole authority for establishing the terms and conditions of payment by individual patients and/or their guarantor, subject to requirements established under state and federal law or regulation.~~

~~**General Practices:**~~

- ~~1. KDHCDC and the patient share responsibility for timely and accurate resolution of all patient accounts. Patient cooperation and communication is essential to this process. KDHCDC will make reasonable, cost-effective efforts to assist patients with fulfillment of their financial responsibility.~~
- ~~2. Healthcare services at KDHCDC are available to all those who may be in need of necessary services. To facilitate financial arrangements for persons who may be of low or moderate income, both those who are uninsured or underinsured, KDHCDC provides the following special assistance to patients as part of the routine billing process:
 - ~~a. For uninsured patients, a written statement of charges for services rendered by KDHCDC is provided in a summary of services format which shows the patient a synopsis of all charges by the department in which the charges arose. Upon patient request, a complete itemized statement of charges will be provided;~~
 - ~~b. Patients who have third party insurance will be provided a summary statement clearly showing the amount of payment expected from, or paid by insurance and any or all amounts due and payable by the patient. Upon patient request, a complete itemized statement of charges will be provided;~~
 - ~~c. A written request that the patient inform KDHCDC if the patient has any health insurance coverage, Medicare, Healthy Families, Medi-Cal or other form of insurance coverage;~~
 - ~~d. A written statement informing the patient or guarantor that they may be eligible for Medicare, Healthy Families, Medi-Cal, California Children's Services Program, or the KDHCDC Financial Assistance Program;~~~~

- e. ~~A written statement indicating how the patient may obtain an application for the Medi-Cal, Healthy Families Program or other appropriate government coverage program;~~
 - f. ~~If a patient is uninsured, an application to the Medi-Cal, Healthy Families Program or other appropriate government assistance program will be provided prior to discharge from KDHCDC;~~
 - g. ~~A KDHCDC representative is available at no cost to the patient to assist with applications relevant to government assistance programs;~~
 - h. ~~A written statement regarding eligibility criteria and qualification procedures for full charity care and/or discount partial charity care under the KDHCDC Financial Assistance Program. This statement shall include the name and telephone number of KDHCDC personnel who can assist the patient or guarantor with information about and an application for the KDHCDC Financial Assistance Program.~~
3. ~~The KDHCDC Patient Financial Services department is primarily responsible for the timely and accurate collection of all patient accounts. Patient Financial Services personnel work cooperatively with other KDHCDC departments, members of the Medical Staff, patients, insurance companies, collection agencies and others to assure that timely and accurate processing of patient accounts can occur.~~
4. ~~Accurate information provides the basis for KDHCDC to correctly bill patients or their insurer. Patient billing information should be obtained in advance of KDHCDC services whenever possible so that verification, prior authorization or other approvals may be completed prior to the provision of services. When information cannot be obtained prior to the time of service, KDHCDC personnel will work with each patient or their guarantor to assure that all necessary billing information is received by KDHCDC prior to the completion of services.~~

Procedure:

- 1. ~~Each patient account will be assigned to an appropriate Patient Financial Services representative based upon the type of account payer and current individual staff workloads. The Patient Financial Services Director or designee will periodically review staff workloads and may change or adjust the process or specific assignment of patient accounts to assure timely, accurate and cost-effective collection of such accounts.~~
- 2. ~~Once a patient account is assigned to a Patient Financial Services representative, the account details will be reviewed to assure accuracy and completeness of information necessary for the account to be billed.~~

- ~~3. If the account is payable by the patient's insurer, the initial bill will be forwarded directly to the designated insurer. KDHCD Patient Financial Services personnel will work with the patient's insurer to obtain any or all amounts owed on the account by the insurer. This will include calculation of contracted rates or other special arrangements that may apply. Once payment by the insurer has been determined by KDHCD, any residual patient liability balance, for example a patient co-payment or deductible amount, will be billed directly to the patient. Any or all patient balances are due and payable within 2130 days from the date of this first patient billing.~~
 - ~~4. If the account is payable only by the patient, it will be classified as a private pay account. Private pay accounts may potentially qualify for government coverage programs, financial aid under the KDHCD Financial Assistance Policy, or the KDHCD Community Rate Program. Patients with accounts in private pay status should contact a Patient Financial Services representative to obtain assistance with qualifying for one or more of these options.~~
 - ~~5. In the event that a patient or patient's guarantor has made a deposit payment over \$5.00, or other partial payment for services and subsequently is determined to qualify for full charity care or discount partial charity care, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance Program process, shall be refunded to the patient with interest. Deposit payments or other partial payment for services under \$4.99 will be refunded with no interest accrual. Any overpayment due to the patient under this obligation may not be applied to other open balance accounts or debt owed to KDHCD by the patient or family representative. Any or all amounts owed shall be reimbursed to the patient or family representative within a reasonable time period. Such interest shall begin to accrue on the first day that the patient or guarantor's payment obligation is determined through the Financial Assistance Program process. Interest payments on overpayments \$5.00 or greater shall be accrued at 10 Percent (10%) per annum.~~
 - ~~6. All private pay accounts may be subject to a credit history review. Any private pay patient who has applied for the KDHCD Financial Assistance Program will not have a credit history review performed as an element of Financial Assistance Program qualification. KDHCD will use a reputable, nationally-based credit reporting system for the purposes of obtaining the patient or guarantor's historical credit experience.~~
- ~~KDHCD offers patients a payment plan option when they are not able to settle the account in one lump sum payment. Payment plans are established on a case-by-case basis through consideration of the total amount owed by the patient to KDHCD and the patient's or patient family representative's financial circumstances. Payment~~

~~plans generally require a minimum monthly payment based on the size of the patient balance. For minimum balance and corresponding plan term see table 1.0 below. of an amount such that the term of the payment plan shall not exceed twelve (12) months. This minimum monthly payment amount shall be determined by dividing the total outstanding patient liability balance by 12. Payment plans exceeding 2412 months may be permitted for patients on a case-by-case basis who have an above average patient liability. Payment plans are free of any interest charges or set-up fees. Some situations, such as patients qualified for partial financial assistance, may necessitate special payment plan arrangements based on negotiation between KDHCDC and patient or their representative. Such payment plans may be arranged by contacting a KDHCDC Patient Financial Services representative, and receiving approval from management. Once a payment plan has been approved, any failure to pay in accordance with the plan terms will constitute a plan default. It is the patient or guarantor's responsibility to contact the KDHCDC Patient Financial Services department if circumstances change and payment plan terms cannot be met.~~

7. _____

Balance Size:

<u>From</u>	<u>To</u>	<u>Max # of Pymts</u>
<u>\$0</u>	<u>\$200</u>	<u>4</u>
<u>\$201</u>	<u>\$500</u>	<u>5</u>
<u>\$501</u>	<u>\$1,000</u>	<u>6</u>
<u>\$1,001</u>	<u>\$2,500</u>	<u>10</u>
<u>\$2,501</u>	<u>\$5,000</u>	<u>15</u>
<u>>\$5,001</u>		<u>24</u>

~~*Minimum payment accepted = \$50/mo.~~

~~8. Patient account balances in private pay status will be considered past due after 2130 days from the date of initial billing unless arrangements have been made with Patient Accounting. Accounts may be advanced to collection status according to the following schedule:~~

- ~~a. Any or all private pay account balances where it is determined by KDHCDC that the patient or guarantor provided fraudulent, misleading or purposely inaccurate demographic or billing information may be considered as advanced for collection immediately upon such a determination by KDHCDC. Any such account will be reviewed and approved for advancement by the Patient Financial Services Director or her/his designee;~~
- ~~b. Any or all private pay account balances where no payment has been received, and the patient has not communicated with KDHCDC within 1200 days of initial billing and a minimum of one bill showing details at the Summary of Services level and two~~

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~~cycle statements have been sent to the patient or guarantor. Any such account will be reviewed and approved for advancement by the Patient Financial Services Director or her/his designee;~~

~~c. Any or all other patient accounts, including those where there has been no payment within the past 1200 days, may be forwarded to collection status when:~~

~~i. Notice is provided to the patient or guarantor that payments have not been made in a timely manner and the account will be subject to collection 30 days from the notice date;~~

~~ii. The patient or guarantor refuses to communicate or cooperate with KDHCD Patient Financial Services representatives; and~~

~~iii. The Patient Financial Services Director or their/her/his management designee has reviewed the account prior to forwarding it to collection status.~~

~~9. Patient accounts will not be forwarded to collection status when the patient or guarantor makes reasonable efforts to communicate with KDHCD Patient Financial Services representatives and makes good faith efforts to resolve the outstanding account. The KDHCD Patient Financial Services Director or their/her/his designee will determine if the patient or guarantor are continuing to make good faith efforts to resolve the patient account and may use indicators such as: application for Medi-Cal, Healthy Families or other government programs; application for the KDHCD Financial Assistance Program; regular partial payments of a reasonable amount; negotiation of a payment plan with KDHCD and other such indicators that demonstrate the patient's effort to fulfill their payment obligation.~~

~~10. After 30 days or anytime when an account otherwise becomes past due and subject to internal or external collection, KDHCD will provide every patient with written notice in the following form:~~

~~a. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov."~~

~~b. Non-profit credit counseling services may be available in the area. Please contact the KDHCD Patient Financial Services if you~~

~~need more information or assistance in contacting a credit counseling service.~~

- ~~11. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she~~they~~ may have high medical costs, the Patient Financial Services representative will assure that the patient has been provided all elements of information as listed above in number 2, parts (a) through (h). This will be accomplished by sending a written billing supplement with the first patient bill. The Patient Financial Services representative will document that the billing supplement was sent by placing an affirmative statement in the "notes" section of the patient's account.~~
- ~~12. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she~~they~~ may have high medical costs, KDHCDC will not report adverse information to a credit reporting agency or commence any civil action prior to 150 days after initial billing of the account. Furthermore, KDHCDC will not send an unpaid bill for such patients to an external collection agency unless the collection agency has agreed to comply with this requirement.~~
- ~~13. If a patient or guarantor has filed an appeal for coverage of services in accordance with Health & Safety Code Section 127426, KDHCDC will extend the 150-day limit on reporting of adverse information to a credit reporting agency and/or will not commence any civil action until a final determination of the pending appeal has been made.~~
- ~~14. KDHCDC will only utilize external collection agencies with which it has established written contractual agreements. Every collection agency performing services on behalf of KDHCDC must agree to comply with the terms and conditions of such contracts as specified by KDHCDC. All collection agencies contracted to provide services for or on behalf of KDHCDC shall agree to comply with the standards and practices defined in the collection agency agreement; including this Credit and Collection Policy, the KDHCDC Financial Assistance Policy and all legal requirements including those specified in Health & Safety Code Section 127420 et seq.~~
- ~~15. KDHCDC and/or its external collection agencies will not use wage garnishments or liens on a primary residence without an order of the court. Any or all legal action to collect an outstanding patient account by KDHCDC and/or its collection agencies must be authorized and approved in advance, in writing by the KDHCDC Director of Patient Financial Services. Any such legal action must conform to the requirements of Health & Safety Code Section 127420 et seq.~~
- ~~16. KDHCDC, its collection agencies, or any assignee may use any or all legal means to pursue reimbursement, debt collection and any~~

~~enforcement remedy from third-party liability settlements, tortfeasors, or other legally responsible parties. Such actions shall be conducted only with the prior written approval of the KDHC director of patient financial services or the chief financial officer.~~

- ~~17. KDHC, its collection agencies, or any assignee will not "balance bill" patients for amounts that health plans or capitated payors are obligated to pay. If a health plan or capitated payor submits a payment to KDHC for lower than the amount billing, KDHC will not directly bill the patient for the difference if the health plan is obligated to pay contractually.~~

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

Policy Number: AP180	Date Created: 12/01/2009
Document Owner: Cindy Moccio (Board Clerk/Exec Assist-CEO)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration)	
Weapons Brought Into The District	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

Kaweah Delta is committed to the safety and wellbeing of our employees, physician staff, volunteers, patients, and visitors.

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DEFINITION:

A weapon is defined as any firearm, knife, chemical spray or device that can cause bodily harm or injury.

Examples of weapons include, but are not limited to:

Firearms

Edged weapons (Swords, Knives)

Generally pocket knives and multi-tools are not considered weapons; however, extreme caution should be taken in their presence. Any edged weapon with a blade length of over 3 inches will be considered a weapon and will be stored in the safe.

Striking implements (Batons, Clubs)

Missile throwing objects (slingshots, bow/arrows)

Explosives

Incendiary devices

Any other object deemed to be inherently dangerous to ~~Sentara~~ patients, staff, visitors, contractors, or vendors.

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POLICY:

- I. Weapons are ~~never~~not permitted on Kaweah Delta ~~Health Care District property~~properties.
- II. Weapons that are discovered after arrival should be returned to the owner's vehicle or turned in to Security for safekeeping.

EMPLOYEE EXCEPTION:

Understanding that our employee workforce is our greatest resource and that we have a shared value to keep our employees safe, Kaweah Delta will permit employees to carry mace/pepper spray and stun gun/taser electroshock self-defense devices tools when coming to and leaving work.

Employees who choose to carry approved personal self-defense tools while coming to and going from work may bring such items on-site. However, it is a violation of company policy, to openly display, carry or inappropriately refer to possession in a threatening or disruptive manner while performing work responsibilities or interacting with co-workers or customers.

STORAGE:

Employees are responsible for ensuring that self-defense tools are stored properly where patients and the public cannot access the property. (concerned that units do not have the secured storage capacity for self-defense tools)

Department employees and support staff assigned to work in the Emergency Department and the Mental Health Hospital are not permitted to enter the patient care areas/units with these self-defense tools. Property must be secured before stepping onto the patient care area.

DISCLAIMER:

Employees are liable for the cost of property damage, cleanup, or injuries resulting from an accidental discharge, negligent or willful use while on duty.

AEROSOL WARNING:

Pepper spray is a chemical compound that irritates the eyes to cause tears, pain and temporary blindness (inflammatory effects cause eye to close). An accidental discharge of pepper spray inside our facilities can travel through the HVAC (heating, ventilation and air conditioning) system and contaminate the environment.

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

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Commented [MM1]: Can we be more prescriptive on this? Do they have to be stored in a locked draw/cabinet, for example?

Commented [LM2]: Suggest change the word "floors" when referring to location – "patient care area" or "patient care unit"

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Policy Number: CP.03	Date Created: 07/30/2020
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: Not Approved Yet
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance Officer)	
Physician Contracts and Relationships	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

The purpose of this Policy and Procedure is to establish guidelines for the orderly processing of negotiating, documenting, and administering contracts between Kaweah Delta Health Care District (“Kaweah Delta”) and physician(s) or physician groups. This policy must be followed prior to entering into any arrangement (i) in which Kaweah Delta engages physicians to provide services or space/items to Kaweah Delta, or (ii) in which Kaweah Delta provides any services, space, staff, equipment or items to physicians.

Policy:

It is the policy of Kaweah Delta to comply with all state and federal laws. Kaweah Delta shall execute contracts with physicians and physician groups (“physician(s)”) that comply with all applicable laws and regulations, including those designed to prevent the provision of improper payments, inappropriate referrals, and/or inappropriate inducements to refer. To that end, Kaweah Delta will negotiate, document, and administer Agreements that comply with the following standards:

- I. The Agreement shall be set out in writing and signed by all parties. The terms of the Agreements must be commercially reasonable.
- II. The arrangement must be commercially reasonable, and the compensation under the arrangement must be set in advance, established at fair market value through an arms-length transaction, and must not take into account the volume or value of referrals for an item or service reimbursable by a state or federal program or other business generated between the parties.
- III. All items and services covered by an Agreement with physician(s) must address a legitimate need of Kaweah Delta, must actually be provided by the physician(s), and must be specifically described in sufficient detail in the Agreement.
- IV. The Agreement shall specify the compensation terms in sufficient and measurable detail.
- V. The term of the Agreement shall be for not less than twelve (12) months, or longer than thirty-six (36) months unless approved by the Chief Executive

Officer (CEO) and Board in consultation with Legal Counsel and allowable under District Law. Contracts shall not automatically renew.

- VI. The services performed under the Agreement shall not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law.
- VII. All Agreements between Kaweah Delta and physician(s) for any purpose shall be prepared by, or in collaboration with, Kaweah Delta's Legal Counsel for signature by the parties.
- VIII. Any payment to physician(s) shall be made only pursuant to an Agreement that has been formally executed between Kaweah Delta and the physician(s). Medical Director payments will be made only pursuant to approved time records submitted by the physicians. Likewise, payments to physician(s) will require documentation of availability and/or services rendered.
- IX. Gifts and financial benefits to a physician or their office shall not exceed the annual physician non-monetary compensation threshold as established by the Federal Stark Law. Any gift or benefit provided to physician(s) or a physician's office must first be approved, documented, and tracked through the Medical Staff Office.

Procedure:

- I. Fair Market Value (FMV) – State and federal law require a documented and objective determination that the payment between Kaweah Delta and physician(s) is consistent with FMV. Such determination may be evidenced by an approved vendor-written appraisal/valuation, an approved published third-party source, or as otherwise approved by Legal Counsel. ~~The Chief Compliance and Privacy Officer (CPCO)~~ (or designee) will oversee the management and administration of the FMV process.

Commented [TB1]: Update to Chief Compliance Officer?

The CPOCCO (or designee) must be contacted before entering into negotiations of any physician Agreement to evaluate the FMV compensation needs. The negotiated rate must be reviewed and approved by the CPOCCO (or designee) before Legal Counsel is engaged to draft or modify the Agreement. The FMV compensation process will be documented and administered in the following manner:

- A. Medical Director Agreements – The Compliance Department will maintain an updated listing of all Medical Director positions by specialty and the corresponding FMV range. Vice President(s) (VP) (or designee) may negotiate rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and CPOCCO).
- B. Recruitment Agreements – The Compliance Department will maintain a listing of Board approved physician recruitment needs by specialty and the corresponding FMV range. The Chief Compliance Officer, VP Chief

~~Strategy Officer, - and Director of Physician Recruitment and Relations will make recommendations to the Physician Compensation Committee. The Physician Compensation Committee will approve Physician Recruitment Compensation Committee (VP of HR, KDHCDCMO, and KDMF-CEO) will approve~~ the negotiated rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and [CPOCCO](#)).

- C. Exclusive and Non-Exclusive Provider Agreements – The FMV rate must be established through an independent and external FMV assessment. The VP (or designee) will work with the [CPOCCO](#) (or designee) to engage Legal Counsel and a third-party valuation firm. The [CPOCCO](#) (or designee) will facilitate the Fair Market Valuation process to ensure the data and assumptions are documented and appropriate.
 - 1. [Changes to compensation terms and/or methodologies must be reviewed by the Executive Team and formally approved by the CCO and CEO. This provision and approval process applies to all Exclusive and Non-Exclusive -Provider Agreements including new or potential agreements, contract renewals, and agreements that allow for compensation changes throughout the term of the agreement.](#)
- D. Space Lease Agreement - The VP (or designee) will work with the [CPOCCO](#) (or designee) and Legal Counsel to establish the FMV rate. The Space Lease calculation must be reviewed by the [CPOCCO](#) (or designee) and approved by Legal Counsel.

II. Medical Director Agreements

- A. New and existing Medical Director Agreements shall be prepared and executed using the process outlined in Exhibit A.
- B. The VP is responsible for ensuring the necessity of a Medical Director position and ensuring the physician satisfies any qualification or training requirements and provides required services.
- C. Compliance will maintain a listing of Medical Director positions required by federal, state, or Joint Commission accreditation. Compliance must be contacted immediately of a statute, regulation, or other standard requiring a Medical Director position. If a new Medical Director position is not required, the VP must demonstrate the necessity and/or benefit to Kaweah Delta, and present the need to the Executive Team for review and approval.
- D. Semi-Annually, Compliance will provide a listing of all Medical Director positions to the Executive Team for review and evaluation. Medical Director positions not required by federal, state, or Joint Commission accreditation will be reviewed by the Executive Team to evaluate and demonstrate the necessity and/or benefit to Kaweah Delta.

- E. Monthly payments to Medical Directors must be supported by approved time records as follows:
1. Physician(s) must track time spent on activities/responsibilities outlined in the Agreement.
 2. Physician(s) shall record activities by date in the electronic time record system. Physician(s) may use a method other than electronic to document and submit time records when approved by the responsible VP and by Finance Department.
 3. Physician(s) time records submitted in any format must include an attestation statement signed by the physician(s) (electronic signature process is used in the electronic time record system).
 4. The responsible VP (or designee) must review and approve time records and approve the payment amount to authorize payment. Evidence of such approval must include an original or electronic signature by the VP.
 5. Upon receipt of the approved time record and payment amount, Accounts Payable will process the payment for the amount approved by the VP.
 6. The responsible VP (or designee) will promptly meet with the Medical Director if they fail to (i) submit time records in a timely manner or (ii) provide services in the manner set forth in the Agreement. Recurring performance issues shall be immediately reported to the [GPOCCO](#).
- III. New and existing and Exclusive and Non-Exclusive Physician Provider Agreements shall be prepared and executed using the processes outlined in Exhibits B, C, and D.
- IV. Physician Lease of Space Agreements shall be negotiated by the responsible VP (or designee).
- The proposed lease rate shall be at FMV.
1. Market analysis must be documented.
 2. Rate must be reviewed by the [GPOCCO](#) (or designee) and approved by Legal Counsel.
- V. Physician Recruitment Agreements shall be negotiated by the ~~Physician Recruiter~~ [Director of Physician Recruitment and Relations](#) or responsible VP (or designee) consistent with AP.126 – [\(AP126\) Physician Recruitment Policy \(v.2\)](#).
- A. The terms of the Agreement shall follow current physician recruitment guidelines approved by the Board of Directors.
 - B. The proposed income guarantee shall be at FMV.
 1. Market analysis must be documented.
 2. Compensation arrangement must be approved by the [GPOCCO](#) (or designee).

- IV. Information on all signed Agreements will be maintained in the contract database (see AP.69 [Requirement for Contracting with Outside Service Providers](#)).
- X. Modifications – In the event physician(s) requests any modifications to the Agreement language, the VP (or designee) shall forward the requests to Legal Counsel for consideration. If the changes are agreeable, a modified Agreement or Addendum will be provided to the VP (or designee). If changes are not agreeable, Legal Counsel will provide explanations to the VP (or designee).
- XI. Board Approval – Board Approval is required as described below:
 - A. Medical Director Agreements – New or established Medical Director Agreements do not require review and approval by the Board if the expense has been accounted for within the current fiscal budget.
 - B. Non-Exclusive Providers Agreements – New or established Non-Exclusive Provider Agreements do not require review and approval by the Board if the expense has been accounted for in the current fiscal year budget.
 - C. Exclusive Provider Agreements – All new or unbudgeted Exclusive Provider Agreements must be submitted to the Board of Directors for review and approval.
- VI. Monitoring –
 - A. The Compliance and/or Internal Audit Departments may complete periodic audits of Medical Directors and Physician Providers Agreements.
 - B. Prior to the expiration of the Agreement, the VP (or designee) is required to evaluate position duties, requirements, and hours, and to solicit input from key stakeholders including Kaweah Delta staff and/or Medical Staff as appropriate.
- VII. Gifts and other financial benefits given to a physician(s) or their office staff shall be recorded by the Medical Office.
 - A. Any employee/department must contact the Medical Staff Office prior to giving any gifts/financial benefit.
 - B. The Medical Staff Office must confirm that total financial benefits to the physician(s) and their office do not exceed the annual physician non-monetary compensation threshold for the current calendar year.
 - C. The Medical Staff Office will log the gift/financial benefit.
 - D. The value of a gift given to a group of physicians shall be divided and attributed to each physician equally.

Any violators may be subject to disciplinary action for violating Kaweah Delta policy.

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EXHIBIT A

MEDICAL DIRECTOR CONTRACT CHECKLIST

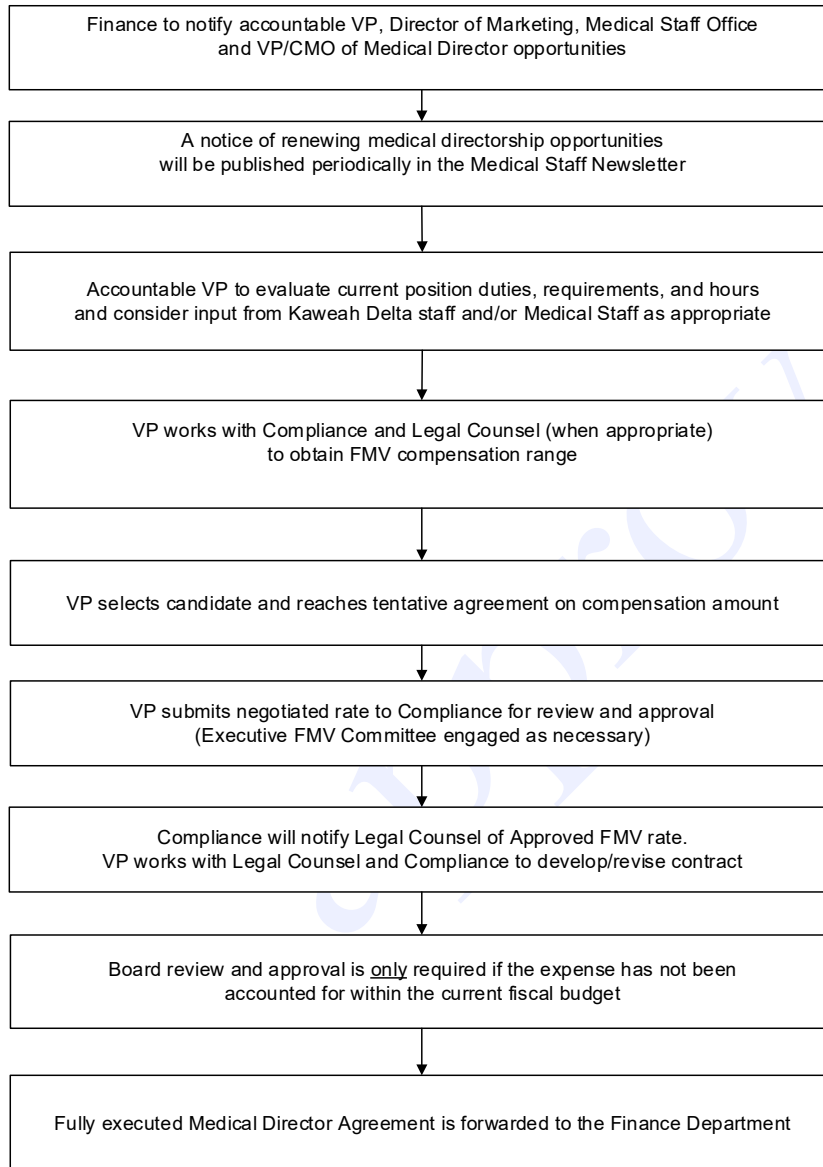


EXHIBIT B

PROVIDER CONTRACT RENEWALS

Exclusive and Non-Exclusive Provider Agreements

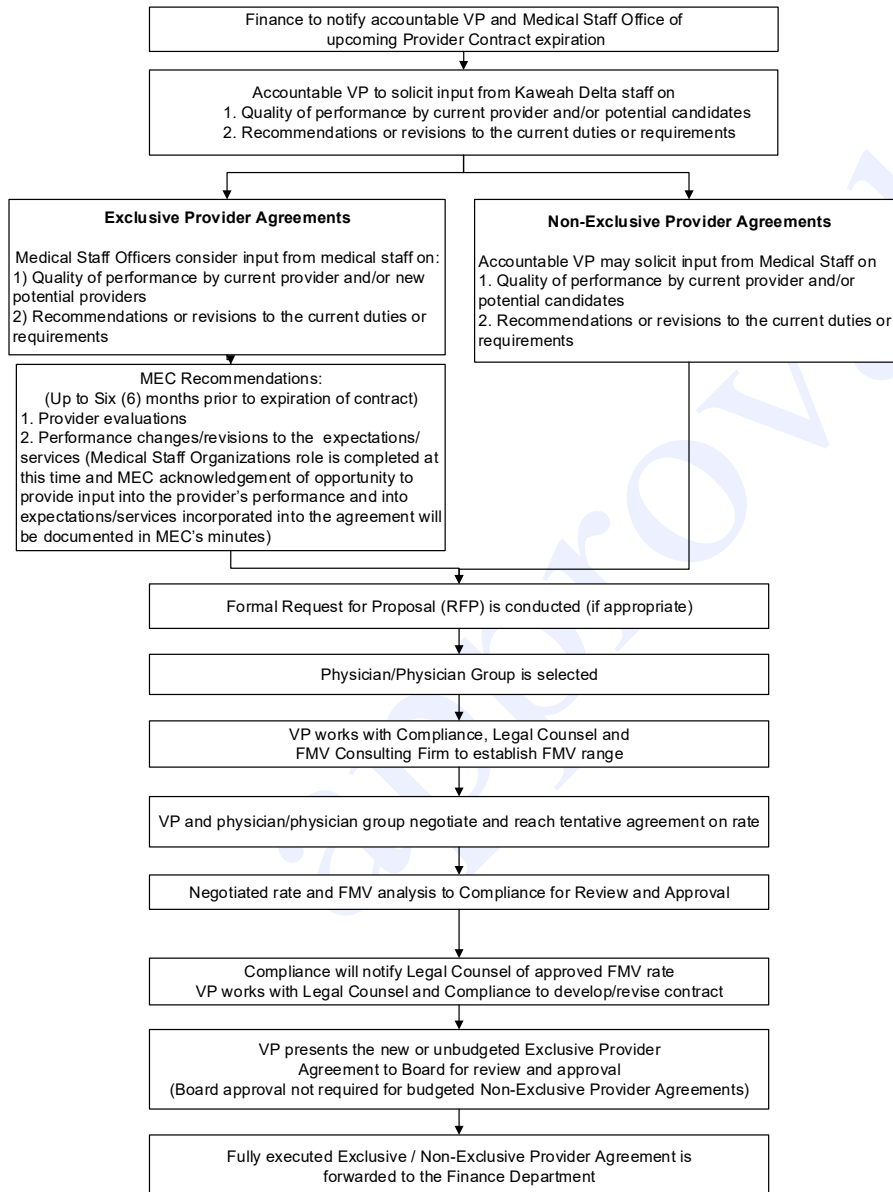


EXHIBIT C
NEW PROVIDER CONTRACT
Exclusive Provider Agreements

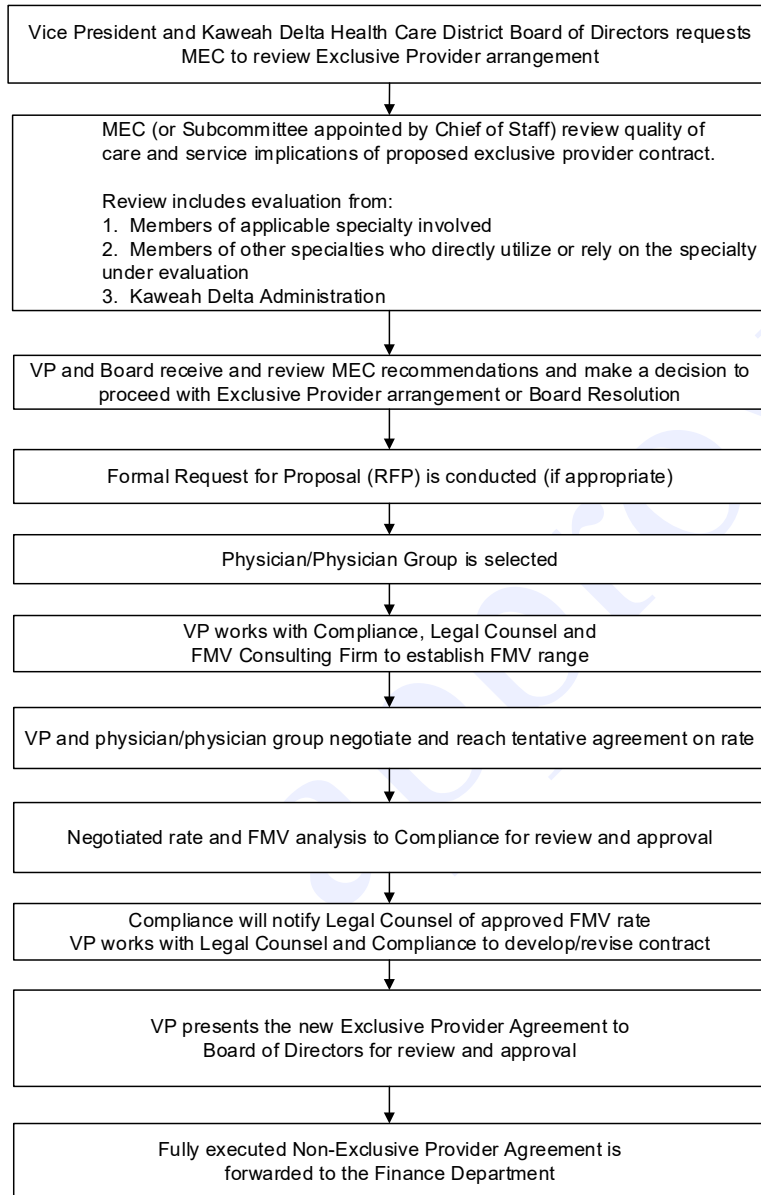
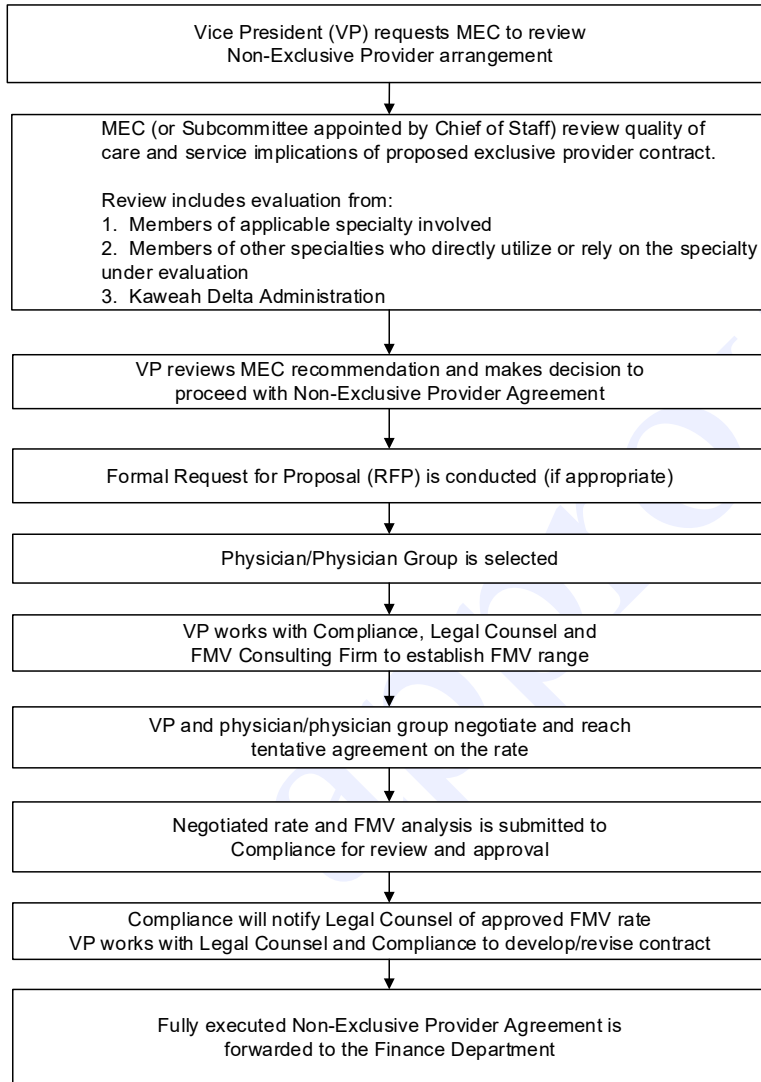


EXHIBIT D
NEW PROVIDER CONTRACT
Non-Exclusive Provider Agreements



Policy Number: CP.03	Date Created: 11/15/2019
Document Owner: Lisa Wass (Compliance Analyst)	Date Approved: 12/19/2019
Approvers: Board of Directors (Administration), Compliance Committee, Ben Cripps (Chief Compliance Officer)	
Physician Contracts and Relationships	

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Purpose:

The purpose of this Policy and Procedure is to establish guidelines for the orderly processing of negotiating, documenting, and administering contracts between Kaweah Delta Health Care District (“Kaweah Delta”) and physician(s) or physician groups. This policy must be followed prior to entering into any arrangement (i) in which Kaweah Delta engages physicians to provide services or space/items to Kaweah Delta, or (ii) in which Kaweah Delta provides any services, space, staff, equipment or items to physicians.

Policy:

It is the policy of Kaweah Delta to comply with all state and federal laws. Kaweah Delta shall execute contracts with physicians and physician groups (“physician(s)”) that comply with all applicable laws and regulations, including those designed to prevent the provision of improper payments, inappropriate referrals, and/or inappropriate inducements to refer. To that end, Kaweah Delta will negotiate, document, and administer Agreements that comply with the following standards:

- I. The Agreement shall be set out in writing and signed by all parties. The terms of the Agreements must be commercially reasonable.
- II. The arrangement must be commercially reasonable, and the compensation under the arrangement must be set in advance, established at fair market value through an arms-length transaction, and must not take into account the volume or value of referrals for an item or service reimbursable by a state or federal program or other business generated between the parties.
- III. All items and services covered by an Agreement with physician(s) must address a legitimate need of Kaweah Delta, must actually be provided by the physician(s), and must be specifically described in sufficient detail in the Agreement.
- IV. The Agreement shall specify the compensation terms in sufficient and measurable detail.
- V. The term of the Agreement shall be for not less than twelve (12) months, or longer than thirty-six (36) months unless approved by the Chief Executive Officer (CEO) and Board in consultation with Legal Counsel and allowable under District Law. Contracts shall not automatically renew.

- VI. The services performed under the Agreement shall not involve the counseling or promotion of a business arrangement or other activity that violates any state or federal law.
- VII. All Agreements between Kaweah Delta and physician(s) for any purpose shall be prepared by, or in collaboration with, Kaweah Delta's Legal Counsel for signature by the parties.
- VIII. Any payment to physician(s) shall be made only pursuant to an Agreement that has been formally executed between Kaweah Delta and the physician(s). Medical Director payments will be made only pursuant to approved time records submitted by the physicians. Likewise, payments to physician(s) will require documentation of availability and/or services rendered.
- IX. Gifts and financial benefits to a physician or their office shall not exceed the annual physician non-monetary compensation threshold as established by the Federal Stark Law. Any gift or benefit provided to physician(s) or a physician's office must first be approved, documented, and tracked through the Medical Staff Office.

Procedure:

- I. Fair Market Value (FMV) – State and federal law require a documented and objective determination that the payment between Kaweah Delta and physician(s) is consistent with FMV. Such determination may be evidenced by an approved vendor-written appraisal/valuation, an approved published third-party source, or as otherwise approved by Legal Counsel. The Compliance and Privacy Officer (CPO) (or designee) will oversee the management and administration of the FMV process.

The CPO (or designee) must be contacted before entering into negotiations of any physician Agreement to evaluate the FMV compensation needs. The negotiated rate must be reviewed and approved by the CPO (or designee) before Legal Counsel is engaged to draft or modify the Agreement. The FMV compensation process will be documented and administered in the following manner:

- A. Medical Director Agreements – The Compliance Department will maintain an updated listing of all Medical Director positions by specialty and the corresponding FMV range. Vice President(s) (VP) (or designee) may negotiate rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and CPO).
- B. Recruitment Agreements – The Compliance Department will maintain a listing of physician recruitment needs by specialty and the corresponding FMV range. The Physician Recruitment Compensation Committee (VP of HR, KDHCDCMO, and KDMF CEO) will approve the negotiated rates up to the 50th percentile. Negotiations between the 51st and 65th percentiles require documented justification and CEO approval. Negotiations beyond the 65th percentile require Executive FMV Committee approval (CEO, Board Chair, and CPO).

- C. Exclusive and Non-Exclusive Provider Agreements – The FMV rate must be established through an independent and external FMV assessment. The VP (or designee) will work with the CPO (or designee) to engage Legal Counsel and a third-party valuation firm. The CPO (or designee) will facilitate the Fair Market Valuation process to ensure the data and assumptions are documented and appropriate.
 - 1. Changes to compensation terms and/or methodologies must be reviewed by the Executive Team and formally approved by the CPO and CEO. This provision and approval process applies to all Exclusive and Non-Exclusive Provider Agreements including new or potential agreements, contract renewals, and agreements that allow for compensation changes throughout the term of the agreement.
 - D. Space Lease Agreement - The VP (or designee) will work with the CPO (or designee) and Legal Counsel to establish the FMV rate. The Space Lease calculation must be reviewed by the CPO (or designee) and approved by Legal Counsel.
- II. Medical Director Agreements
- A. New and existing Medical Director Agreements shall be prepared and executed using the process outlined in Exhibit A.
 - B. The VP is responsible for ensuring the necessity of a Medical Director position and ensuring the physician satisfies any qualification or training requirements and provides required services.
 - C. Compliance will maintain a listing of Medical Director positions required by federal, state, or Joint Commission accreditation. Compliance must be contacted immediately of a statute, regulation, or other standard requiring a Medical Director position. If a new Medical Director position is not required, the VP must demonstrate the necessity and/or benefit to Kaweah Delta, and present the need to the Executive Team for review and approval.
 - D. Semi-Annually, Compliance will provide a listing of all Medical Director positions to the Executive Team for review and evaluation. Medical Director positions not required by federal, state, or Joint Commission accreditation will be reviewed by the Executive Team to evaluate and demonstrate the necessity and/or benefit to Kaweah Delta.
 - E. Monthly payments to Medical Directors must be supported by approved time records as follows:
 - 1. Physician(s) must track time spent on activities/responsibilities outlined in the Agreement.
 - 2. Physician(s) shall record activities by date in the electronic time record system. Physician(s) may use a method other than electronic to document and submit time records when approved by the responsible VP and by Finance Department.
 - 3. Physician(s) time records submitted in any format must include an attestation statement signed by the physician(s) (electronic signature process is used in the electronic time record system).

4. The responsible VP (or designee) must review and approve time records and approve the payment amount to authorize payment. Evidence of such approval must include an original or electronic signature by the VP.
 5. Upon receipt of the approved time record and payment amount, Accounts Payable will process the payment for the amount approved by the VP.
 6. The responsible VP (or designee) will promptly meet with the Medical Director if they fail to (i) submit time records in a timely manner or (ii) provide services in the manner set forth in the Agreement. Recurring performance issues shall be immediately reported to the CPO.
- III. New and existing and Exclusive and Non-Exclusive Physician Provider Agreements shall be prepared and executed using the processes outlined in Exhibits B, C, and D.
- IV. Physician Lease of Space Agreements shall be negotiated by the responsible VP (or designee).
- The proposed lease rate shall be at FMV.
1. Market analysis must be documented.
 2. Rate must be reviewed by the CPO (or designee) and approved by Legal Counsel.
- V. Physician Recruitment Agreements shall be negotiated by the Physician Recruiter or responsible VP (or designee) consistent with AP.126 – [\(AP126\) Physician Recruitment Policy \(v.2\)](#).
- A. The terms of the Agreement shall follow current physician recruitment guidelines approved by the Board of Directors.
 - B. The proposed income guarantee shall be at FMV.
 1. Market analysis must be documented.
 2. Compensation arrangement must be approved by the CPO (or designee).
- IV. Information on all signed Agreements will be maintained in the contract database (see AP.69 [Requirement for Contracting with Outside Service Providers](#)).
- X. Modifications – In the event physician(s) requests any modifications to the Agreement language, the VP (or designee) shall forward the requests to Legal Counsel for consideration. If the changes are agreeable, a modified Agreement or Addendum will be provided to the VP (or designee). If changes are not agreeable, Legal Counsel will provide explanations to the VP (or designee).
- XI. Board Approval – Board Approval is required as described below:
- A. Medical Director Agreements – New or established Medical Director Agreements do not require review and approval by the Board if the expense has been accounted for within the current fiscal budget.

- B. Non-Exclusive Providers Agreements – New or established Non-Exclusive Provider Agreements do not require review and approval by the Board if the expense has been accounted for in the current fiscal year budget.
 - C. Exclusive Provider Agreements – All new or unbudgeted Exclusive Provider Agreements must be submitted to the Board of Directors for review and approval.
- VI. Monitoring –
- A. The Compliance and/or Internal Audit Departments may complete periodic audits of Medical Directors and Physician Providers Agreements.
 - B. Prior to the expiration of the Agreement, the VP (or designee) is required to evaluate position duties, requirements, and hours, and to solicit input from key stakeholders including Kaweah Delta staff and/or Medical Staff as appropriate.
- VII. Gifts and other financial benefits given to a physician(s) or their office staff shall be recorded by the Medical Office.
- A. Any employee/department must contact the Medical Staff Office prior to giving any gifts/financial benefit.
 - B. The Medical Staff Office must confirm that total financial benefits to the physician(s) and their office do not exceed the annual physician non-monetary compensation threshold for the current calendar year.
 - C. The Medical Staff Office will log the gift/financial benefit.
 - D. The value of a gift given to a group of physicians shall be divided and attributed to each physician equally.

Any violators may be subject to disciplinary action for violating Kaweah Delta policy.

"These guidelines, procedures, or policies herein do not represent the only medically or legally acceptable approach, but rather are presented with the recognition that acceptable approaches exist. Deviations under appropriate circumstances do not represent a breach of a medical standard of care. New knowledge, new techniques, clinical or research data, clinical experience, or clinical or bio-ethical circumstances may provide sound reasons for alternative approaches, even though they are not described in the document."

EXHIBIT A

MEDICAL DIRECTOR CONTRACT CHECKLIST

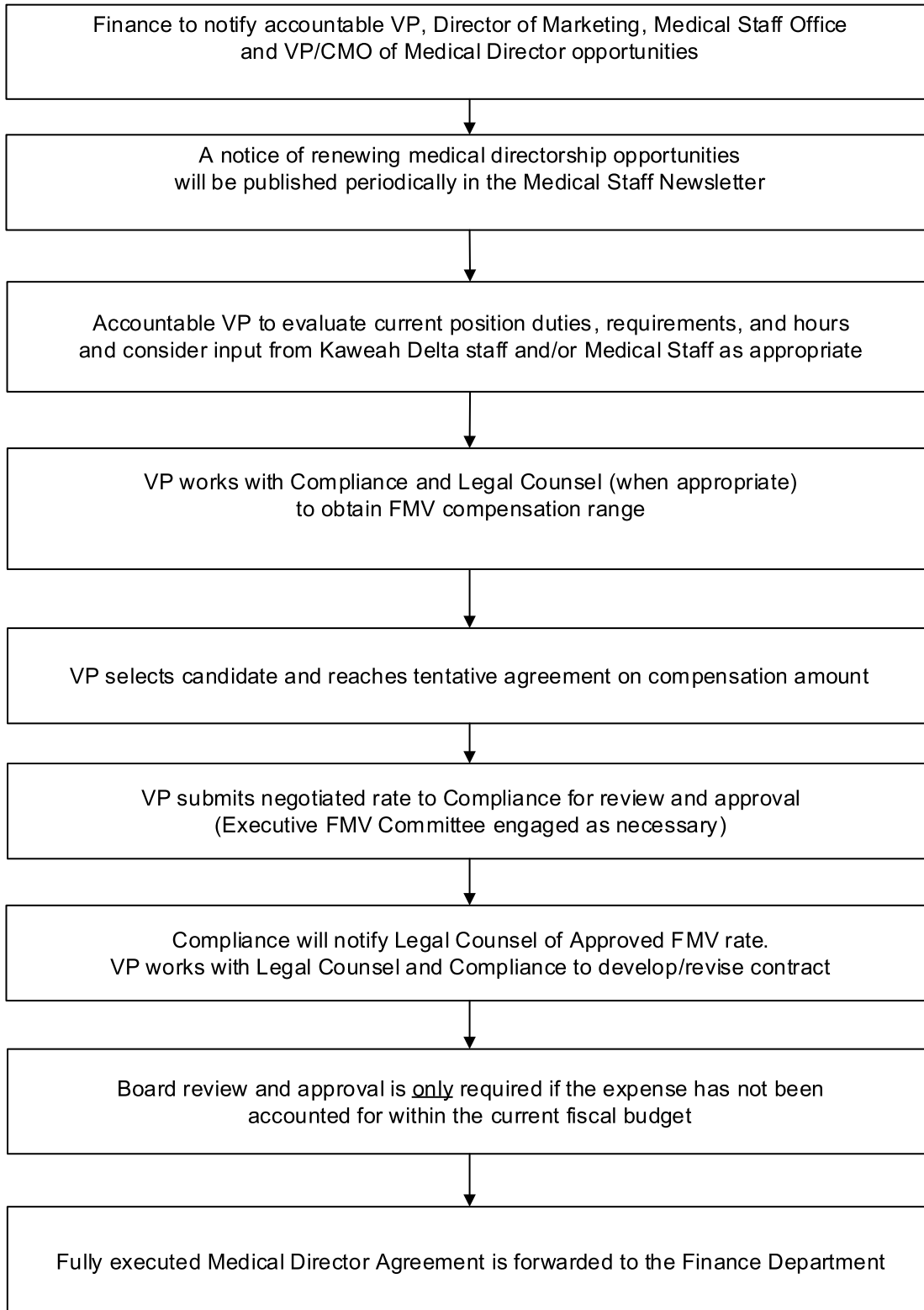


EXHIBIT B

PROVIDER CONTRACT RENEWALS

Exclusive and Non-Exclusive Provider Agreements

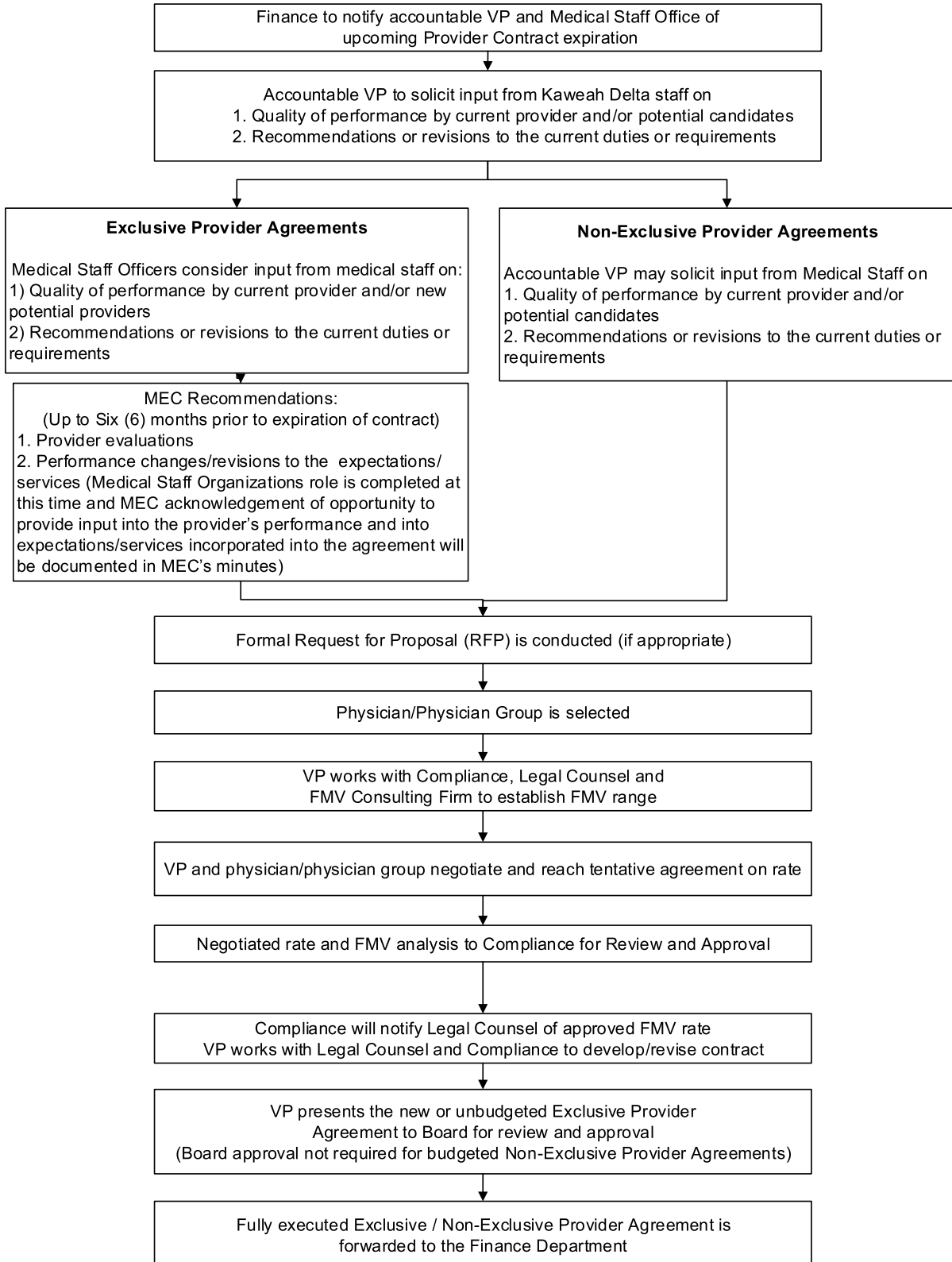


EXHIBIT C

NEW PROVIDER CONTRACT

Exclusive Provider Agreements

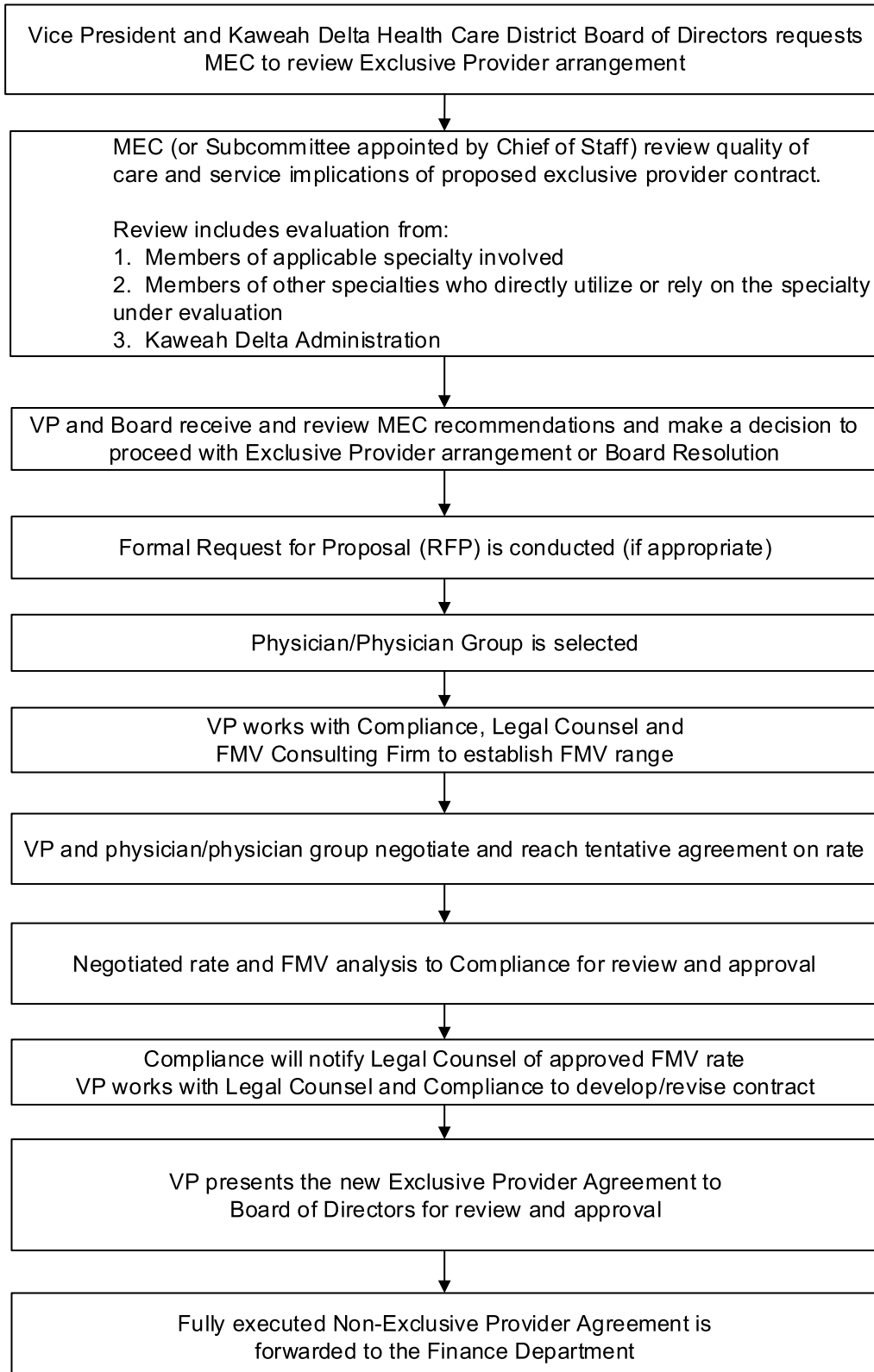
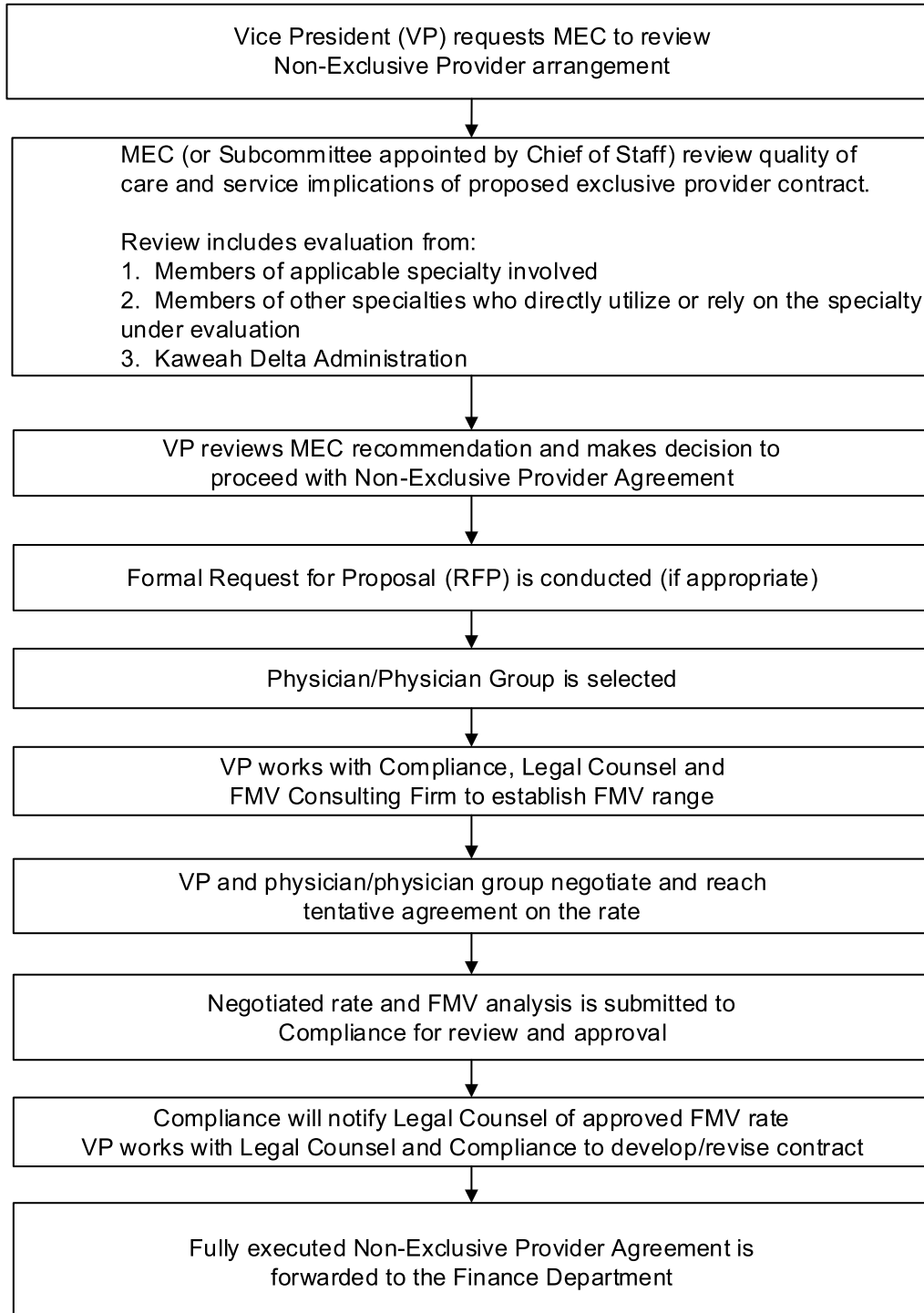


EXHIBIT D

NEW PROVIDER CONTRACT

Non-Exclusive Provider Agreements



Privileges in Plastic Surgery

Name: _____

Please Print

PLASTIC SURGERY				
<p>Education & Training: MD or DO; AND Successful completion of a plastic surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada, if board certified by an ABMS board, or actively pursuing board certification by an ABMS board (Obtained within 5 years).</p> <p>Current Clinical Competence: Documentation of the performance of at least 200 plastic surgery procedures in the past 2 years or successful completion of a residency or clinical fellowship in the past 12 months</p> <p>Renewal Criteria: Maintenance of Board Certification and documentation of 25 procedures reflective of the privileges requested.</p> <p>FPPE: Direct observation of a minimum of five (5) diverse procedures</p>				
Request	CORE PRIVILEGES			Approve
<input type="checkbox"/>	Core privileges for plastic surgery include the ability to evaluate, perform history & physical, diagnose, and provide consultation to patients of all ages and surgically repair, reconstruct, or replace physical defects of form or function involving the skin, musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast, trunk, and external genitalia, or perform cosmetic enhancement of these areas of the body. The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills: <ul style="list-style-type: none"> • Treatment of skin neoplasms, diseases, and trauma: Includes Removal of benign and malignant lesions of the skin and soft tissue; Reconstruction by tissue transfer, including grafts and flaps; Reconstruction of soft tissue disfigurement/scar revisions; Surgery on neoplasms of the head, neck, and oropharynx • Breast surgery: Includes Breast reconstruction; Breast reduction; Breast biopsy; Congenital anomalies; Mastectomy (subcutaneous and simple) • Treatment of facial diseases and injuries including maxillofacial structures: Includes Facial fractures including of the mandible; Deformities of the nose, ear, jaw, eyelid, and cleft lip and palate; Skull base surgery; Facial deformity and wound treatment; Tumors of the head and neck • Surgery of the hand and extremities: Includes Hand wounds • Tendon injuries: Includes Hand/wrist fractures; Carpal tunnel syndrome (endoscopic and open); Dupuytren's contracture; Surgery for rheumatoid arthritis; Congenital anomalies; Tumors of the bones and soft tissues • Reconstruction of congenital and acquired defects of the trunk and genitalia: Includes Vaginal reconstruction; Repair of penis deformities; Gender reassignment; Chest and abdominal wall reconstruction; • Complex wound healing and burn treatment : Includes Initial burn management; Acute and reconstructive burn treatment • Cosmetic surgery: Includes Contouring (body, facial); Breast augmentation; Breast lift (mastopexy); Cosmetic rhytidectomy, rhinoplasty, and blepharoplasty; Subcutaneous injections; Skin peeling and dermabrasion; Vein injection sclerotherapy; Endoscopic cosmetic surgery; Laser therapy for vascular and cutaneous lesions 			<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (Must request and maintain inpatient contact volume for Courtesy or Active Staff Status)			<input type="checkbox"/>
<input type="checkbox"/>	Complex craniofacial surgery			<input type="checkbox"/>
<input type="checkbox"/>	Liposuction (including laser, ultrasonic assisted, and power assisted)			<input type="checkbox"/>
<input type="checkbox"/>	Reconstructive microsurgery: Microvascular flaps and grafts/free tissue transfer; Replantation and revascularization of the upper and lower extremities and Digits; Reconstruction of peripheral nerve injuries;			<input type="checkbox"/>
ADVANCED PROCEDURES				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Use of surgical laser	Training in residency OR completion of an approved eight-hour minimum CME course that included training in laser principles & a letter of reference from preceptor experienced & credentialed in laser privileges AND a minimum of 10-24 laser procedures in the last 2 years.	A minimum of 5-24 laser procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass KDHCD Sedation Exam	Pass KDHCD Sedation Exam	<input type="checkbox"/>

<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Outpatient Clinics identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center	Executed contract with Kaweah Delta Health Care District or KDHCD ACGME Family Medicine Program	Maintain initial criteria	<input type="checkbox"/>
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Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Signature: _____
Applicant *Date*

Department of Surgery Chair's Signature *Date*

Privileges in Vascular Surgery

 Name: _____
Please Print

VASCULAR SURGERY				
Education & Training: MD or DO; AND Successful completion of a general surgery residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by the Royal College of Physicians & Surgeons of Canada if board certified by an ABMS board or actively pursuing board certification by an American Board/American Osteopathic Board within 5 years; AND successful completion of an accredited vascular surgery fellowship ; AND current board certification or actively pursuing certification by the American Board/American Osteopathic Board of Vascular Surgery within 5 years.				
Current Clinical Competence: Documentation of the performance of at least 100 vascular- procedures in the past 2 years, the majority being reconstructive; (excluding cardiac surgery) or successful completion of a residency or clinical fellowship in the past 12 months				
Renewal Criteria: Maintenance of Board Certification and documentation of 70 procedures reflective of the privileges requested.				
FPPE: Direct observation of a minimum of five (5) diverse procedures				
Request	CORE PRIVILEGES			Approve
<input type="checkbox"/>	VASCULAR SURGERY CORE PRIVILEGES INCLUDE:- Medical H&P; work up, diagnosis, ordering and prescribing medication, ordering diagnostic tests, as well as surgical and non-surgical treatment of patients of all ages presenting with diseases/disorders of the arterial, venous, and lymphatic circulatory systems, excluding the heart and intracranial vessels. Vascular surgery procedures include but are not limited to: <ul style="list-style-type: none"> • Abdominal aortic aneurysmectomy, aneurysm repair • Amputations, upper extremity, lower extremity; • Aneurysmectomy • Angio-access for dialysis, chemotherapy • Central vascular access, permanent: fistula, graft, shunt • Embolectomy (non-dialysis access related); arterial, graft, venous • Endarterectomy - Carotid; Peripheral • Endovascular percutaneous interventions/repairs • Intraoperative angiography • Peripheral arterial bypass grafts - Obstructive bypass • Peripheral venous procedures (includes varicose veins) • Portal-systemic-venous shunts • Skin Grafts • Sympathectomy (Cervical, Thoracic, Lumbar) 			<input type="checkbox"/>
<input type="checkbox"/>	Admitting Privileges (must request Active or Courtesy staff status)			<input type="checkbox"/>
ADVANCED PROCEDURES				
FPPE: Direct observation of the first 3 cases of each privilege granted.				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Peripheral and Carotid Angiography - Includes: Subclavian, Axillary, Brachial (not by axillary approach) Renals, Common Carotid, Vertebral and Internal Carotid (diagnostic only) Prerequisite: Fluoroscopy	Documentation of 100 diagnostic angiograms (at least 50 as primary) in the last 2 years.	25 Diagnostic angiograms in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Carotid angiography *—includes: Common Carotid, Vertebral aa (diagnostic only) Internal Carotid (diagnostic only) Prerequisite: Peripheral Angiography	30 diagnostic carotid angiograms (at least 15 as primary) in the last 2 years	25 Diagnostic carotid angiograms in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral Vascular Interventions (peripheral balloon, stent placement, and arthrectomy and peripheral catheter directed thrombolysis). Includes: Abdominal Aorta; Use of approved atherectomy arterectomy devices; Femoropopliteal, Subclavian, Axillary, Brachial (not by axillary approach) Infrapopliteal, Renals Prerequisite: Peripheral Angiography	Meets initial training criteria OR , if trained before 1995, must have performed at least 50 peripheral balloon angioplasties (25 as primary operator within the last 2 years.	25 balloon angioplasties and/or stent placements in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Carotid Interventions (Includes: carotid stenting and angiography)	Meets initial training criteria OR documentation of 30 Cervico-cerebral angiograms (15 as primary) & 25 carotid stent procedures (13 as primary)	10 procedures in the last two years.	<input type="checkbox"/>

ADVANCED PROCEDURES				
FPPE: Direct observation of the first 3 cases of each privilege granted, except Hyperbaric which requires the first 2 cases observed and charts reviewed.				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Laparoscopic placement of peritoneal dialysis catheter	Completion of General Surgery Residency OR Fellowship in Vascular Surgery AND documentation of 10 procedures in the last 2 years	5 procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	• Endovascular abdominal and thoracic aneurysm repair	Completion of Fellowship in Vascular Surgery AND documentation of 5 procedures in the last 2 years	2 procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Peripheral Catheter Directed Thrombolysis <i>Prerequisite: Peripheral vascular intervention privileges.</i>	Documentation of at least 10 procedures in the previous 2 years	To maintain privileges: must have performed 5 peripheral catheter directed thrombolysis procedures within previous 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Use of surgical laser	Training in residency OR completion of an approved eight-hour minimum CME course that included training in laser principles & a letter of reference from preceptor experienced & credentialed in laser privileges AND a minimum of 24 laser procedures in the last 2 years.	A minimum of 24 laser procedures in the last 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Wound Care: Surgical debridement of wounds, transcutaneous oximetry interpretation, complicated wound management, local and regional anesthesia, wound biopsy and preparation of wound bed and application of skin substitute	Meets initial criteria for core and documentation of a minimum of 20 procedures in the last two years.	Documentation of 5 procedures in the last 2 years.	<input type="checkbox"/>
<input type="checkbox"/>	Hyperbaric Oxygen Therapy	Document completion of a training program in hyperbaric oxygen therapy (HBOT) of a minimum of 40 hours, approved by the Undersea and Hyperbaric Medical Society (UHMS) or the American College of Hyperbaric Medicine (ACHM) AND 20 dives in the last 2 years.	Documentation of 20 dives in the last 2 years.	<input type="checkbox"/>
ADDITIONAL PROCEDURES				
FPPE: None				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Fluoroscopy	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>
<input type="checkbox"/>	Procedural Sedation	Pass KDHCD Sedation/Analgesia (Procedural Sedation) Exam	Pass KDHCD Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Outpatient Clinics identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center ___ Wound Care Center	Executed contract with Kaweah Delta Health Care District or KDHCD ACGME Family Medicine Program	Maintain initial criteria	<input type="checkbox"/>

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Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.



VASCULAR SURGERY

- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Signature: _____
Applicant _____ *Date*

_____ *Department of Cardiovascular Services Chair* _____ *Date*

Name: _____ Date: _____

Please Print
ANESTHESIA PRIVILEGE CRITERIA

Initial Criteria: Successfully completed a post-graduate residency program in Anesthesiology approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA); **AND** Documentation of provision of inpatient care to at least 250 anesthesia patients over the past 24 months; **AND** current certification or active participation in the examination process leading to certification in Anesthesiology by the ABA or the AOBA or active participation in the examination process leading to certification in 5 years. Active enrollment in Maintenance of Certification in Anesthesiology (not required for those with lifetime certification)

Certification: ACLS

ADULT AND ADOLESCENT CORE PRIVILEGES

Request	Procedure	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> Performance of H&P; Assessment of, consultation for, and preparation of patients for anesthesia; Clinical management of cardiac & pulmonary resuscitation; Evaluation of respiratory function and application of respiratory therapy; Monitoring and maintenance of normal physiology during the perioperative period; Relief and prevention of pain during and following surgical, obstetrical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, and regional anesthesia Diagnosis and treatment of acute, chronic, and cancer-related pain Image-guided procedures; Management of critically ill patients; Treatment of patients for pain management (excluding chronic pain management) Anesthetic management of patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiological diagnostic/therapeutic procedures 	Minimum of 250 cases required in the past two years AND Maintain current certification or active participation in the examination process leading to certification in Anesthesiology by the ABA or the AOBA	6 retrospective or concurrent reviews with a Minimum of one direct observation	<input type="checkbox"/>

ADULT CARDIOTHORACIC CORE PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> Performance of H&P Anesthetic management for patients undergoing minimally invasive cardiac surgery for congenital/Non-congenital cardiac procedures including off pump procedures Anesthetic management of patients undergoing surgery on the ascending or descending thoracic aorta requiring full cardiopulmonary bypass (CPV), left heart bypass, and/or deep hypothermic circulatory arrest Anesthetic management of patients undergoing non cardiac thoracic surgery; Image-guided procedures Management of intra-aortic balloon counter pulsation Management of nonsurgical cardiothoracic patients Management of cardiothoracic surgical patients in a critical care (ICU) setting; <u>Swan Ganz Catheter</u>; Transesophageal echocardiography (TEE) Anesthetic Management for insertion of Ventricular Assist Devices 	Initial Core Criteria AND Completion of Cardiac Anesthesia fellowship preferred. Documentation of a minimum of 24 months of clinical experience dedicated to the perioperative care of surgical patients with cardiovascular disease; AND Board Certification in Perioperative Echocardiography within 2 years of Medical Staff appointment. AND a minimum of 50 open heart surgeries in the past two years	Minimum 50 cases required in the past two years; AND Maintenance of Perioperative Echocardiography Board Certification up to age 65 AND 50 TEE Procedures in the past 2 years AND Maintenance of ACLS	6 retrospective or concurrent reviews with a Minimum of one direct observation	<input type="checkbox"/>

OBSTETRIC CORE PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> Performance of H&P; Consultation and management for pregnant patients requiring non-obstetric surgery General anesthesia for cesarean deliver; Image-guided procedures All types of neuraxial analgesia (including epidural, spinal and combined spinal) and different methods of maintaining analgesia such as bolus, continuous infusion, and patient-controlled epidural analgesia Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions Interpretation of antepartum and intrapartum fetal surveillance tests 	Initial Core Criteria AND A minimum of 3 labor epidurals AND 3 spinals in the past two years	Minimum of 15 cases required in the past two years.	a Minimum of 3 labor epidurals AND 3 spinals with direct observation	<input type="checkbox"/>

PEDIATRIC CORE PRIVILEGES

Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Pediatric Core Privileges for patients under 5 years of age	Initial Core Criteria AND Pediatric subspecialty training or equivalent experience ; AND PALS certification AND at least 10 pediatric procedures in the last 24 month	Minimum of 10 25 pediatric cases required in the past two years AND Maintenance of PALS certification	2 retrospective or concurrent reviews with a minimum of one direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric Core Privileges for patients 5 years and older	Initial Core Criteria AND PALS certification AND at least 10 pediatric procedures in the last 24 month	Minimum of 5 pediatric cases required in the past two years AND Maintenance of PALS certification	2 retrospective or concurrent reviews with a minimum of one direct observation	<input type="checkbox"/>

ADDITIONAL PRIVILEGES

	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Supervision of a technologist using fluoroscopy equipment	Current and valid Fluoroscopy supervisor and Operator Permit or a Radiology Supervisor and Operator Permit	Maintenance of Fluoroscopy Permit	None	<input type="checkbox"/>
<input type="checkbox"/>	Trans Thoracic Echo Cardiography (TTE)	1) Completion of an ACGME or AOA approved residency training program that included training specific to TTE; OR 2) Documentation of completion of a training course specific to point of care ultrasound that includes TTE. (<i>Module must be a minimum of 8 hours and include the physics of ultrasound and hands on-training.</i>) AND Documentation of a minimum of 20 TTEs IF training completed prior to the last 24 months	Minimum of 10 procedures in the past 24 months	3 direct observation and 5 over-reads	<input type="checkbox"/>
<input type="checkbox"/>	Trans Esophageal Echo Cardiography (TEE)	1) Completion of an ACGME or AOA approved residency training program that included training specific to TEE; OR 2) Documentation of completion of a training course specific to point of care ultrasound that includes TEE. (<i>Module must be a minimum of 50 hours and include the physics of ultrasound and hands on-training.</i>) AND Documentation of a minimum of 50 TEEs IF training completed prior to the last 24 months	Minimum of 50 procedures in the past 24 months	5 direct observation and 5 over-reads	<input type="checkbox"/>
<input type="checkbox"/>	Swan Ganz Catheters	1) Completion of an ACGME or AOA approved residency training program that included training specific to SGC. Document of a minimum of 12 SGC placements if training completed prior to the last 24 months; OR 2) Documentation of successful placement of 6 SGCs by direct concurrent observation of a member of the Medical Staff with SGC privileges.	Minimum of 6 procedures in the past 24 months	A minimum of 1 direct observation	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Outpatient Clinics identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center ___ Sequoia Cardiology Clinic	Executed contract with Kaweah Delta Health Care District or KDHCD ACGME Family Medicine Program	Maintain initial criteria	None	<input type="checkbox"/>

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Signature: _____ *Applicant* _____ *Date*

Signature _____ *Department of Anesthesia Chair* _____ *Date*

Privileges in General Surgery

Name: _____

Please Print

General Surgery Privileges – Initial Criteria			
<p>Education & Training: M.D. or D.O. and Successful completion of an ACGME or AOA accredited residency in general surgery, and/or current certification or active participation in the examination process (with achievement of certification within 5 years) leading to certification in general surgery by the ABS or AOBS and a full schedule DEA</p> <p>Current Experience: Applicants must provide evidence of at least 200 general surgery procedures in the past 2 years, reflective of the scope of privileges requested or completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.</p> <p>Renewal Criteria: Minimum of 100 procedures in the last 2 years; Maintenance of Board Certification or participation in the examination process leading to certification in general surgery by the ABS or AOBS and a full schedule DEA</p> <p>FPPE: Concurrent review of 5 diverse procedures reflective of privileges requested (to include advanced procedures)</p>			
GENERAL SURGERY CORE PRIVILEGES			
Request	Procedure	Approve	
<input type="checkbox"/>	<p>Core privileges for general surgery include the ability to evaluate, diagnose, consult, perform H&P, provide pre-, intra-, and postoperative care and perform surgical procedures for patients of all ages to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract; skin, soft tissues, and breast; endocrine system; head and neck; surgical oncology, trauma, and nonoperative trauma; and the vascular system. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They may also assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures in the following procedures list and such other procedures that are extensions of the same techniques and skills:</p> <ul style="list-style-type: none"> • Trauma, abdomen, alimentary • Abdominoperineal resection • Amputations, above and below the knee, toe, transmetatarsal, digits • Anoscopy; Appendectomy; Circumcision • Colectomy (abdominal) • Colon surgery for benign or malignant disease • Colotomy, colostomy • Correction of intestinal obstruction • Drainage of intra-abdominal, deep ischiorectal abscess • Emergency thoracostomy • Endoscopy (intraoperative) • Enteric fistulae, management • Enterostomy (feeding or decompression) • Distal esophagogastrectomy • Excision of fistula in ano/fistulotomy, rectal lesion • Excision of pilonidal cyst/marsupialization • Gastric operations for cancer (radical, partial, or total gastrectomy); Gastroduodenal surgery; Gastrostomy (feeding or decompression) • Genitourinary procedures incidental to malignancy or trauma • Gynecological procedures incidental to abdominal exploration • Hepatic resection • Hemorrhoidectomy, including stapled hemorrhoidectomy 	<ul style="list-style-type: none"> • Incision and drainage of abscesses and cysts • Incision, excision, resection, and enterostomy of small intestine • Incision/drainage and debridement, perirectal abscesses • Insertion and management of pulmonary artery catheters • IV access procedures, central venous catheter, and ports • Laparoscopy, diagnostic, appendectomy, cholecystectomy, lysis of adhesions, mobilization, and catheter positioning • Laparotomy for diagnostic or exploratory purposes or for management of intra-abdominal sepsis or trauma • Liver biopsy (intraoperative), liver resection • Management of burns • Management of intra-abdominal trauma, including injury, observation, paracentesis, and lavage • Management of multiple trauma • Operations on gallbladder, biliary tract, bile ducts, and hepatic ducts, including biliary tract reconstruction • Pancreatectomy, total or partial • Pancreatic sphincteroplasty • Panniculectomy • Proctosigmoidoscopy, rigid with biopsy, with polypectomy/tumor excision • Pyloromyotomy • Radical regional lymph node dissections • Removal of ganglion (palm or wrist; flexor sheath) • Repair of perforated viscus (gastric, small intestine, large intestine) • Selective vagotomy • Sentinel Lymph node biopsy • Sigmoidoscopy, fiberoptic with or without biopsy, with polypectomy • Small-bowel surgery • Splenectomy (trauma, staging, therapeutic) • Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic and inguinal hernias, and orchiectomy in association with hernia repair • Thoracentesis • Thoracoabdominal exploration • Tracheostomy; Tube thoracostomy 	<input type="checkbox"/>
<input type="checkbox"/>	<p>Breast, skin, and soft tissue; Includes Complete mastectomy with or without axillary lymph node dissection; Excision of breast lesion; Breast biopsy; Incision and drainage of abscess; Management of soft-tissue tumors, inflammations, and infections; Modified radical mastectomy; Operation for gynecomastia; Partial mastectomy with or without lymph node dissection; Radical mastectomy; Skin grafts (partial thickness, simple); Subcutaneous mastectomy; Endocrine system; Excision of thyroid tumors; Excision of thyroglossal duct cyst; Parathyroidectomy; Thyroidectomy and neck dissection</p>	<input type="checkbox"/>	
<input type="checkbox"/>	<p>Vascular surgery; Includes Hemodialysis access procedures; – Peritoneal venous shunts, shunt procedure for portal hypertension; Peritoneovenous drainage procedures for relief or ascites; Sclerotherapy; Vein ligation and stripping; Endovenous laser therapy</p>	<input type="checkbox"/>	
<input type="checkbox"/>	<p>Admitting Privileges (Must request Active or Courtesy staff Status)</p>	<input type="checkbox"/>	

ADVANCED PROCEDURES				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Esophagogastroduodenoscopy (EGD) with and without biopsy	Documentation of 20 procedures in the past 2 years or completion of residency in the last 12 months.	Minimum of 10 20 cases in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Colonoscopy with or without biopsy	Documentation of 10 procedures in the past 2 years or completion of residency in the last 12 months.	Minimum of 10 cases in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Advanced laparoscopic procedures (e.g., colectomy, splenectomy, common duct, exploration/stone extraction,) Also includes Nissen fundoplication (e.g. anti reflux, hernia repair, paraesophageal)	Documentation of 20 procedures in the past 2 years or completion of residency in the last 12 months.	Minimum of 10 20 cases in the past 2 years	<input type="checkbox"/>
<input type="checkbox"/>	Use of a robotic-assisted system for general surgical procedures	Completion of residency in the last 12 months or Certification Course or documentation of 12 procedures in the past 2 years	Minimum of 12 cases in the past 2 years	<input type="checkbox"/>
ADDITIONAL PRIVILEGES				
Request	Procedure	Initial Criteria	Renewal Criteria	Approve
<input type="checkbox"/>	Surgical Assist Only	Meet Initial Criteria	Maintain Initial Criteria	<input type="checkbox"/>
<input type="checkbox"/>	Outpatient Services at a Kaweah Delta Health Care District Outpatient Clinics identified below. Privileges include performance of core privileges/procedures as appropriate to an outpatient setting and may include telehealth: ___ Dinuba ___ Exeter ___ Lindsay ___ Woodlake ___ Family Medicine Clinic ___ Chronic Disease Management Center	Executed contract with Kaweah Delta Health Care District or KDHCDC ACGME Family Medicine Program	Maintain initial criteria	<input type="checkbox"/>
<input type="checkbox"/>	Administration of Moderate Sedation	Must successfully pass KDHCDC Sedation/Analgesia (Procedural Sedation) Exam	Must successfully pass KDHCDC Sedation/Analgesia (Procedural Sedation) Exam	<input type="checkbox"/>
<input type="checkbox"/>	Fluoroscopy: Use of equipment and/or Supervision of a technologist using equipment	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	Current and valid CA Fluoroscopy supervisor and Operator Permit or a CA Radiology Supervisor and Operator Permit	<input type="checkbox"/>

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and I understand that

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Name: _____
Print

Signature: _____
Applicant *Date*

Department of Surgery Chairperson's Signature

Date

Provider Name: _____ Date: _____
Please Print

CERTIFIED REGISTERED NURSE ANESTHETIST

CERTIFIED REGISTERED NURSE ANESTHESIST			
Initial Criteria			
<p>Education: Master of Registered Nursing Degree. Current licensure as an Advanced Nurse Practitioner in the state of California.</p> <p>Formal Training: Successful completion of a nurse anesthesia educational program accredited by the AANA, CANAEP; Certification by the CCNA or recertification by the Council on Recertification; Current active licensure to practice professional nursing or advanced practice nursing in the nurse anesthetist category by the State of California Board of Nursing.</p> <p>Certifications: ACLS or equivalent certification AND current certification by NBCRNA</p> <p>Clinical Experience: Documentation of patient care for 250 patients in an acute care setting in the past two years OR certification within the last 12 months</p> <p>Renewal Criteria: Documentation of patient care for 250 patients in the past 24 months AND Maintenance of current certification by NBCRNA AND ACLS or equivalent certification</p> <p>FPPE: A minimum of Six (6) cases representative of privileges requested (3- Direct Observation; 3- Retrospective Review)</p>			
ADULT AND ADOLESCENT CORE PRIVILEGES			
Request	Procedure		Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> Performance of H&P; Assessment of, consultation for, and preparation of patients for anesthesia; Clinical management of cardiac & pulmonary resuscitation; Evaluation of respiratory function and application of respiratory therapy; Monitoring and maintenance of normal physiology during the perioperative period; Relief and prevention of pain during and following surgical, obstetrical, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, and regional anesthesia Diagnosis and treatment of acute, chronic, and cancer-related pain Ultrasound guided regional nerve blocks Management of critically ill patients; Treatment of patients for pain management (excluding chronic pain management) Post anesthesia care and discharge 		<input type="checkbox"/>
OBSTETRIC CORE PRIVILEGES			
<p>Clinical Experience: A minimum of 3 labor epidurals AND 3 spinals in the past two years</p> <p>Renewal Criteria: A Minimum of 15 obstetric cases required in the past two years.</p> <p>FPPE: A Minimum of 3 labor epidurals AND 3 spinals with direct observation</p>			
Request	Procedure		Approve
<input type="checkbox"/>	<ul style="list-style-type: none"> Performance of H&P All types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia such as bolus, continuous infusion, and patient-controlled epidural analgesia Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions Consultation and management for pregnant patients requiring non-obstetric surgery General anesthesia for cesarean deliver 		<input type="checkbox"/>

Provider Name: _____ Date: _____

Please Print

PEDIATRIC CORE PRIVILEGES					
<ul style="list-style-type: none"> • Performance of H&P • Consultation for medical and surgical patients • Interpretation of laboratory results • Management of normal perioperative fluid therapy and massive fluid and/or blood loss • Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, and congenital disorders Management of normal and abnormal airways					
Request	Procedure	Initial Criteria	Renewal Criteria	FPPE	Approve
<input type="checkbox"/>	Patients under 5 years of age	Pediatric subspecialty training or equivalent experience and current PALS certification and at least 10 pediatric procedures in the last 2 years	A Minimum of 10 25 pediatric cases required in the past two years AND maintenance of PALS certification.	<u>2 retrospective or concurrent reviews with a minimum of one direct observation</u>	<input type="checkbox"/>
<input type="checkbox"/>	Patients 5 years and older	PALS certification and at least 10 pediatric procedures in the last 2 years	A Minimum of 5 pediatric cases required in the past two years AND maintenance of PALS certification.	<u>2 retrospective or concurrent reviews with a minimum of one direct observation</u>	<input type="checkbox"/>

Acknowledgment of Practitioner:

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise and; I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) I may participate in the Kaweah Delta Street Medicine Program, as determined by Hospital policy and Volunteer Services guidelines. As a volunteer of the program, Medical Mal Practice Insurance coverage is my responsibility.
- (c) **Emergency Privileges** – In case of an emergency, any member of the medical staff, to the degree permitted by his/her license and regardless of department, staff status, or privileges, shall be permitted to do everything reasonably possible to save the life of a patient from serious harm.

Advanced Practice Provider Signature

Date

Department of Anesthesiology Chairman Signature

Date



TULARE COUNTY LOCAL AGENCY FORMATION COMMISSION

210 N. Church St., Suite B, Visalia, CA 93291 Phone: (559) 623-0450 FAX: (559) 733-6720

2/9/2021

COMMISSIONERS:
Julie Allen, Chair
Martha Flores, V. Chair
Dennis Townsend
Vacant
Pete Vander Poel

ALTERNATES:
Eddie Valero
Fred Sheriff
Vacant

EXECUTIVE OFFICER:
Ben Giuliani

CALL TO VOTE FOR THE APPOINTMENT OF AN INDEPENDENT SPECIAL DISTRICT REPRESENTATIVE TO THE COUNTYWIDE RDA OVERSIGHT BOARD

Background

On July 1, 2018, more than 400 redevelopment agency (RDA) oversight boards across California were consolidated into just one oversight board per county. Each county's Independent Special District Selection Committee ("committee") is granted the authority to appoint one special district representative to that county's oversight board.

In 2018, Daniel Smith of the Sierra View Local Health Care District was selected to be the Special District representative to the Countywide RDA Oversight Board. Daniel Smith no longer serves on the Sierra View Local HCD so a call for nominations was distributed to eligible special districts on 12/7/20 with a nomination deadline of 1/29/20. Three nominations were received: David Francis (Kaweah Delta Healthcare District), George Ouzounian (Visalia Public Cemetery District) and Steven Presant (Tulare Public Cemetery District).

Eligibility Requirements

Committee participation is limited to independent special districts that receive property tax residual from the Redevelopment Property Tax Trust Fund (Health and Safety Code section 34179(j)(3)). There are 39 independent special districts (listed on the following page) that are eligible to participate on the committee to vote for the special district representative to the countywide RDA Oversight Board. Committee action, such as the request addressed in this memo, may be conducted via mail pursuant to Government Code section 56332(f).

Your district's representative on the committee is the presiding officer of the legislative body of the district (generally the board chairperson). If the presiding officer is unable to participate, your board may appoint one of its members as an alternate.

Please note, we must have a quorum to complete the election. This means we need to receive 20 votes to have a valid election. Leo Gonzalez (Orosi Memorial District) was voted to be the Alternate Special District representative in 2018 and will serve as the Special District voting member to the RDA Oversight Board until this election is completed.

The independent special districts eligible to serve on the committee and vote are as follows:

ALTA PUBLIC CEMETERY	PIXLEY IRRIGATION
ALTA HOSPITAL	POPLAR COMMUNITY SERVICES
CUTLER PUBLIC UTILITY	PORTERVILLE PUBLIC CEMETERY
DELTA VECTOR CONTROL	PORTERVILLE MEMORIAL
DINUBA MEMORIAL	PORTER VISTA PUBLIC UTILITY
EARLIMART PUBLIC UTILITY	RICHGROVE COMMUNITY SERVICES
EXETER PUBLIC CEMETERY	SIERRA VIEW HEALTHCARE
EXETER MEMORIAL	SOUTH TULARE COUNTY MEMORIAL
GOSHEN COMMUNITY SERVICES	TIPTON-PIXLEY PUBLIC CEMETERY
IVANHOE IRRIGATION	TULARE PUBLIC CEMETERY
IVANHOE PUBLIC UTILITY	TULARE COUNTY RESOURCE CONSERVATION
IVANHOE MEMORIAL	TULARE HEALTHCARE
KAWEAH DELTA HEALTHCARE	TULARE MEMORIAL
KAWEAH DELTA WATER CONSERVATION	TULARE MOSQUITO ABATEMENT
LINDSAY LOCAL HOSPITAL	VISALIA PUBLIC CEMETERY
LINDSAY-STRATHMORE PUBLIC CEMETERY	VISALIA MEMORIAL
LINDSAY-STRATHMORE MEMORIAL	WOODLAKE PUBLIC CEMETERY
LOWER TULE RIVER IRRIGATION	WOODLAKE FIRE PROTECTION
OROSI MEMORIAL DISTRICT	WOODLAKE MEMORIAL
OROSI PUBLIC UTILITY	

CALL TO VOTE FOR THE INDEPENDENT SPECIAL DISTRICT REPRESENTATIVE TO THE COUNTYWIDE RDA OVERSIGHT BOARD

Pursuant to Government Code section 56332 et seq, the LAFCO executive officer is giving written notice and calling for a vote for an eligible independent special district representative to the Countywide RDA oversight board.

Enclosed is a ballot to be completed by your special district's presiding officer, or alternate as designated by the governing body. Please return this ballot to Tulare LAFCO in the enclosed postmarked envelope prior to the end of the voting period, March 26, 2021. The results of the vote will be distributed to the special districts by April 2, 2021.

Should you have any questions, please contact me at 623-0450 or bjuliani@tularecog.org.

Sincerely,



Benjamin Giuliani, Executive Officer
Tulare County LAFCO

**INDEPENDENT SPECIAL DISTRICT REPRESENTATIVE VOTING BALLOT TO
APPOINT AN INDEPENDENT SPECIAL DISTRICT REPRESENTATIVE TO THE
COUNTYWIDE RDA OVERSIGHT BOARD**

VOTING INSTRUCTIONS

1. Vote for only one nominee.
2. Pursuant to Government code sec. 56332(c)7, "For a vote on special district representation to be valid, at least a quorum of the special districts must submit valid ballots. By a majority vote of those district representatives voting on the issue, the selection committee shall either accept or deny representation."

A minimum of 20 special districts must return ballots to LAFCo for a valid election.

3. This ballot must be returned by March 26, 2021 to Tulare County LAFCo at 210 N Church Street, Suite B, Visalia CA, 93291.

BALLOT

Name of Special District Voting: _____

Category: Representative Nominees (vote for one):

[] **David Francis** - Kaweah Delta Healthcare District

[] **George Ouzounian** - Visalia Public Cemetery District

[] **Stephen Presant** - Tulare Public Cemetery District

Party voting: _____
Signature of presiding officer of your board or
their alternate as designated by your board

Print Name

Date