

Bios for Medical Staff Credentialing/Privileging Changes: 2010

All of the below are contingent on completion of the credentialing process and final recommendation by the Chief or Assistant of Medical Staff. If recommended by the Medical Staff, then approval will be requested at Board Meeting.

APPOINTMENTS: (Provisional)

Suzanne L. Aquino, MD, currently works with Nighthawk Radiology Services. She graduated for the University of Hawaii in 1987. She completed her Residency at the University of Hawaii from 1993-1994 and she completed her Fellowship from 1988-1992 at UCLA Medical Center in Los Angeles, CA. She is board certified with the American Board of Radiology. She is requesting telemedicine privileges in Radiology.

John M. Arias, MD, currently works with Nighthawk Radiology Services. He graduated from the University of South Alabama. He completed his Diagnostic Radiology Residency at the University of Utah from 1991-1995 and he also completed his Fellowship in Nuclear Medicine from 1989-1991, at the University of Utah. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Shannon P. Calhoun, DO, currently works with Nighthawk Radiology Services. He graduated from Oklahoma State University in 1998. He completed his Diagnostic Radiology Residency at the Oklahoma State University from 1998-2003 and he completed his Fellowship in Magnetic Resonance Imaging from 2003-2004, at the ProScan MRI Education Foundation located in Cincinnati, OH. He is board certified with The American Osteopathic Board of Radiology. He is requesting telemedicine privileges in Radiology.

Priti Ram, MD, currently works with Nighthawk Radiology Services. She graduated in 2001 from Semmelweis Orvostudományi Egyetem located in Budapest, Hungary. She completed her Transitional Residency from the Tulane University of Louisiana from 2001-2002 and her Diagnostic Radiology Residency from 2002-2003. She completed her in Magnetic Resonance Imaging Fellowship 2006-2007, at the University of Florida. She is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Michael J. Cooney, MD, currently works with Nighthawk Radiology Services. He graduated in 1990 from New York University. He completed an internship in Internal Medicine from the University of California, located on Los Angeles in 1991. He completed his Radiology Residency from Harvard Medical School from 1991-1995. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Kyle J. Henneberry, MD, currently works with Nighthawk Radiology Services. He graduated in 2002 from Case Western Reserve University located in Cleveland, OH. He completed his Transitional Residency in 2003, from Deaconess Medical Center located in Spokane, Washington and his Resident in Radiology from the University of Colorado, in 2007. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Thomas F. Fiorito, MD, currently works with Nighthawk Radiology Services. He graduated in 2001, from the University of Medicine and Dentistry of New Jersey. He completed his first year

trainee-transitional program in 2002, from Saint Barnabas Medical Center located in Livingston, New Jersey. He completed his Residency from 2002-2006, from Yale-New Haven Hospital. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Donald Eckard, MD, currently works with Nighthawk Radiology Services. He graduated in 1983, from the University of Utah. He completed his Resident in Diagnostic Radiology from 1984-1988, from the University of Virginia Hospitals and his Fellow in Diagnostic and Interventional Neuroradiology from 1998-1990. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Donald T. Nicell, MB, currently works with Nighthawk Radiology Services. He graduated with a Degree of Bachelor in Medicine and Bachelor of Surgery 1982, from the University of Cape Town, located in South Africa. He has satisfied all the requirements for the Educational Commission for Foreign Graduates in 1992. He completed his Resident in Diagnostic Radiology from 1994-1998, from the University of Tennessee, Memphis. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Sunil K. Ram, MD, currently works with Nighthawk Radiology Services. He graduated in 1999, from the Semmelweis University of Medicine, located in Hungary. He completed a one year supervised clinical training at New York Medical College in 1999. He served as an intern at the University Of Virginia School Of Medicine from 1999-2000. He completed his Diagnostic Radiology Residency from 2000-2004, at the Tulane University of Louisiana. He completed a Neuroradiology Fellowship from the University of Florida from 2004-2006 and a Cardiac Fellowship in 2007. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

David K. Bass, MD, currently works with Nighthawk Radiology Services. He graduated in 1990 from the University of Nevada, located in Reno, NV. He completed his Resident in Diagnostic Radiology from 1990-1994, from the University of New Mexico School of Medicine. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Peter M. Reuss, MD, currently works with Nighthawk Radiology Services. He graduated in 1994 from New York University. He completed a Fellow in Radiology in 2001 from the New York University School of Medicine. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Timothy S. Fisher, MD, currently works with Nighthawk Radiology Services. He graduated in 1997 from The University of California, San Diego. He completed his internship from Santa Clara Valley Medical Center from 1997-1998 and his Radiology Residency from 1999-2003. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Alex O. Sinelnikov, MD, currently works with Nighthawk Radiology Services. He graduated from Harvard University School of Medicine in 2003. He completed his Preliminary Medicine internship from Caritas Carney Hospital located in Boston, Massachusetts in 2004. He completed his residency from 2007-2008 at Massachusetts General Hospital. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Jon P. Engbretson, MD, currently works with Nighthawk Radiology Services. He graduated from State University of New York, Health Science Center of Brooklyn, in 1998. He completed his internship from St. Vincent's Medical Center in 1999. He completed his residency from New York University School of Medicine from 1999-2003. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Peter Holt, MD, currently works with Nighthawk Radiology Services. He graduated from Duke University School of Medicine in 1990. He completed his internship from University of Hawaii in 1991. He completed his residency from the University of Virginia Medical Center from 1991-1995. He is board certified with the American Board of Radiology. He is requesting telemedicine privileges in Radiology.

Valerie Eckard, MD, currently works with Nighthawk Radiology Services. She graduated from University of Kansas School of Medicine in 1992, and she also completed her residency there from 1996-2000. She is board certified with the American Board of Radiology. She is requesting telemedicine privileges in Radiology.

Bradford L. Talcott, M.D. Neurology, graduated from Baylor College of Medicine in Houston, TX in 2000. He did his internship at the Mayo Clinic in Rochester, Minnesota completed in 2005, and his residency there in Neurology, completed in 2008. He is board certified with the American Academy of Neurology. He currently has privileges at Mountain View Hospital in Idaho Falls. He is requesting Courtesy privileges in Neurology.

Derek D. Muse, MD, graduated from Southwestern Medical School in Dallas, Texas in 1986. He completed his internship and residency at Good Samaritan Hospital located in Phoenix, AZ. He is Board Certified in Family Practice and Bariatric Medicine. He lives in Salt Lake City, Utah where he practices at Highland Family Practice and he is also affiliated with St. Marks Hospital also in Salt Lake City, and IMC Hospital in Murray, UT.

REAPPOINTMENTS:

Sandra Theresa Lerch, C-FNP, CNM is Board Certified with the American College of Nurse Midwives (ACNM) as a certified nurse midwife and the American Nurse Credentialing Center (ANCC) as a family nurse practitioner. She obtained her BSN at Oregon Health Science University in 1988, her master of nursing and a master of public health at Emory University, in Atlanta, Georgia, in 1995. She came to Jackson Hole, Wyoming in February 1996 and has practiced at St. John's Medical Center full time as a certified nurse-midwife and family nurse practitioner every since. She began working at Victor Medical Clinic in March 2002. She was appointed to provisional status in the Co-Professional category at Teton Valley Hospital & Surgicenter on 8-25-04. She was advanced to full privileges on 11-20-05. She will only be requesting reappointment of her privileges as a First Assistant to assist Maura Lofaro, M.D. in surgery.

ADVANCEMENTS:

Anne-Marie O'Malley-Neuhaus, NP graduated with a Master's from Wilmington University Nurse Practitioner Program in December 2004. She is National Board Certified from the American Nursing Credentialing Center as a Family Nurse Practitioner. She has worked as a Family Nurse Practitioner at Palekar & Associates in Delaware; as well as Rehoboth Beach Immediate Care and Injury Center, also located in Delaware. She worked as an RN at St. John's Hospital in Jackson, WY and Teton Valley Hospital, ID from 2000-2002. She is requesting advancement of her Co-Professional privileges in ED/Family Practice.

TETON VALLEY HEALTH CARE
Utilization Stats – Fiscal Year 2010

	FY 2010	FY 2010 Monthly Avg	FY 2009	FY 2009 Monthly Avg	
Admissions - Total	182	15	288	24	FY10 Avg daily census 1.93
Patient Days - Total	703	59	896	75	<i>FY 09 Avg daily census 2.46</i>
					FY10 Avg LOS 3.9
					<i>FY 09 Avg LOS 3.1</i>
Patient Days - Swing	237	20	321	27	FY 10 Avg LOS 9.1
					<i>FY 09 Avg LOS 10.3</i>
Observation - admits	171	14	110	9	
Observation - hours	3,406	284	1,636	136	
Surgeries – Inpatient	19	2	61	5	
Surgeries -- Outpatient	286	24	363	30	
Surgeries -- Ortho	161	13	189	16	
ER Visits	1797	150	2301	192	
ER Admits	108	9	171	14	
Ambulance runs	583	49	659	55	
IV Therapy (Pharmacy)	134**	17**			** 8 months only (Feb - Sep)
Laboratory tests	17,689	1,474	18,622	1,552	
Radiology exams	5,035	420	4,875	406	CT ↓, Mamo ↓ Diag XR ↑, US ↑, MRI ↑
Rehab OP admissions	237	20	700	58	
Home Health visits	467	39	420	35	
Driggs Clinic visits	12,715	1,060	13,360	1,113	
Physicians	8,013	668	6,935	562	
Specialists	396	33	179**	30**	** 6 months only (Apr – Sep)
Other providers	4,306	359	6,246	521	
Victor Clinic visits	3,271	273			
Physicians	1,034	86			
Specialists	594	50			
Other providers	1,702	142			
Total Clinic visits	15,986	1,333	<i>FY 2008: 17,242 Driggs 13,186 Victor ** 4,056 **Oct to Aug</i>	<i>FY 2008: 1,437 Driggs 1,099 Victor** 369</i>	

TETON VALLEY HEALTH CARE
Utilization Stats – Fiscal Year 2010
Quarter 1 (Oct – Dec, 2009)

	FY 2010 Q1	FY 2010 Q1 Month Avg	FY 2009 Q1	FY 2009 Month Avg	Oct FY 10	Nov FY 10	Dec FY 10	
Admissions - Total	75	25	70	24	23	20	32	Avg daily census 2.76
Patient Days - Total	254	85	201	75	74	66	114	Avg LOS 3.4 days
Patient Days - Swing	95	32	70	27	30	23	42	Avg LOS 7.3 days
Observation - admits	49	16	30	9	9	20	20	
Observation - hours	836	279	465	137	170	301	365	
Surgeries – Inpatient	11	4	15	5	5	3	3	
Surgeries -- Outpatient	103	34	106	30	25	32	46	
Surgeries -- Ortho	59	20	51	16	19	18	22	
ER Visits	443	148	530	192	172	123	148	
ER Admits	41	14	32	14	11	12	9	
Ambulance runs	127	42	138	55	54	29	44	
Laboratory tests	4494	1498	4609	1552	1355	1432	1707	
Radiology exams	1256	419	1204	406	421	395	440	CT, mammo ↓ Diag XR, US, MRI ↑
Rehab OP admissions	64	21	227	58	17	30	17	
Home Health visits	185	62	180	49	103	50	32	
Driggs Clinic visits	3359	1120	3302	1113	1391	1007	961	
Physicians	2447	815	1485	552	1052	698	697	
Specialists	71	24			12	27	32	
Other providers	841	280	1817	521	327	282	232	
Victor Clinic visits	952	317			448	254	250	
Physicians	101	101					101	
Specialists	133	44			35	37	61	
Other providers	718	239			413	217	88	
Total Clinic visits	4311	1437	FY 2008 Q1: 4821 Driggs 3531 Victor 1290	FY 2008: 1468 Driggs 1099 Victor 369	1839	1261	1211	

TETON VALLEY HEALTH CARE
Utilization Stats – Fiscal Year 2010
Quarter 2 (Jan – Mar, 2010)

	FY 2010 Q2	FY 2010 Q2 Month Avg	FY 2009 Q2	FY 2009 Month Avg	Jan FY 10	Feb FY 10	Mar FY 10	
Admissions - Total	73	24	81	24	19	27	27	Avg daily census 3.26
Patient Days - Total	292	97	305	75	75	109	108	Avg LOS 3.96 days
Patient Days - Swing	82	27	140	27	32	18	32	Avg LOS 11.0 days
Observation - admits	47	16	21	9	13	16	18	
Observation - hours	1024	341	353	137	194	356	474	
Surgeries – Inpatient	8	3	19	5	2	4	2	
Surgeries -- Outpatient	66	22	86	30	23	21	22	
Surgeries -- Ortho	36	12	45	16	7	16	13	
ER Visits	439	146	574	192	151	126	162	
ER Admits	33	11	62	14	12	8	13	
Ambulance runs	184	61	204	55	33	63	88	
IV Therapy (Pharmacy)						18*	48	*Feb 10 - 28
Laboratory tests	5211	1737	5175	1552	1707	1881	1623	
Radiology exams	1453	484	1318	406	499	465	489	CT, mammo ↓ Diag XR, US, MRI ↑
Rehab OP admissions	55	18	218	58	24	25	6	
Home Health visits	69	23	124	49	18	26	25	
Driggs Clinic visits	3334	1111	3608	1113	1040	1133	1161	
Physicians	1893	630	1747	552	637	617	639	
Specialists	84	28			36	26	22	
Other providers	1357	452	1861	521	367	490	500	
Victor Clinic visits	745	248			200	252	293	
Physicians	413	138			127	165	121	
Specialists	150	50			40	45	65	
Other providers	182	61			33	42	107	
Total Clinic visits	4079	1360	FY 2008 Q2: 4455 Driggs 3313 Victor 1142	FY 2008: 1468 Driggs 1099 Victor 369				

TETON VALLEY HEALTH CARE
Utilization Stats – Fiscal Year 2010
Quarter 3 (Apr – Jun, 2010)

	FY 2010 Q3	FY 2010 Q3 Month Avg	FY 2009 Q3	FY 2009 Month Avg	Apr FY 10	May FY 10	Jun FY 10	
Admissions - Total	46	15	68	24	15	14	17	Avg daily census 1.6
Patient Days - Total	137	46	198	75	42	35	60	Avg LOS 3.3 days
Patient Days - Swing	32	11	58	27	8	0	24	Avg LOS 5.3 days
Observation - admits	28	9	30	9	9	11	8	
Observation - hours	503	168	367	137	129	201	173	
Surgeries – Inpatient	0	0	13	5	0	0	0	
Surgeries -- Outpatient	63	21	96	30	29	11	23	
Surgeries -- Ortho	33	11	49	16	15	4	14	
ER Visits	395	132	565	192	129	129	137	
ER Admits	18	6	39	14	6	6	6	
Ambulance runs	119	40	153	55	37	37	45	
IV Therapy (Pharmacy)	29	10			17	6	6	
Laboratory tests	3802	1267	4549	1552	1148	1302	1352	
Radiology exams	1039	346	1087	406	361	308	370	CT ↓ mammo, US =/↑ Diag XR = MRI ↑
Rehab OP admissions	49	16	173	58	16	17	16	
Home Health visits	82	27	158	49	20	24	38	
Driggs Clinic visits	2898	966	3362	1113	1007	903	988	
Physicians	1863	621	1715	552	617	594	652	
Specialists	115	38	58		50	20	45	
Other providers	920	307	1589	521	340	289	291	
Victor Clinic visits	710	237			199	263	248	
Physicians	280	93			83	114	83	
Specialists	288	96			67	100	121	
Other providers	142	47			49	49	44	
Total Clinic visits	3608	1203	FY 2008 Q3: 4126 Driggs 3075 Victor 1051	FY 2008: 1468 Driggs 1099 Victor 369				

TETON VALLEY HEALTH CARE
Utilization Stats – Fiscal Year 2010
Quarter 4 (Jul - Sep, 2010)

	FY 2010 Q4	FY 2010 Q4 Month Avg	FY 2009 Q4	FY 2009 Month Avg	Jul FY 10	Aug FY 10	Sep FY 10	
Admissions - Total	33	11	69	24	14	9	10	Avg daily census 1.4
Patient Days - Total	131	44	192	75	52	30	49	Avg LOS 4.0 days
Patient Days - Swing	28	9	53	27	18	10	0	Avg LOS 6 days
Observation - admits	51	17	27	9	17	19	15	
Observation - hours	1043	348	453	137	313	439	291	
Surgeries – Inpatient	2	0.7	14	5	1	0	1	
Surgeries -- Outpatient	69	23	75	30	15	26	28	
Surgeries -- Ortho	35	12	44	16	8	16	11	
ER Visits	531	177	632	192	206	153	172	
ER Admits	16	5	38	14	8	4	4	
Ambulance runs	153	51	164	55	67	36	50	
IV Therapy (Pharmacy)	39	13			10	17	12	
Laboratory tests	4182	1394	4289	1552	1359	1453	1370	
Radiology exams	1287	429	1266	406	432	418	437	CT ↓ mammo ↓ US ↑ Diag XR ↑ MRI ↑
Rehab OP admissions	63	21	82	58	15	21	27	
Home Health visits	131	44	72	49	47	51	33	
Driggs Clinic visits	3167	1056	3088	1113	950	1072	1145	
Physicians	1853	618	1988	552	537	636	680	
Specialists	126	42	121	30	43	34	49	
Other providers	1188	396	979	521	370	402	416	
Victor Clinic visits	887	296			307	283	297	
Physicians	204	68			83	84	37	
Specialists	169	56			67	53	49	
Other providers	514	171			157	146	211	
Total Clinic visits	4054	1352	<i>FY 2008 Q4: 3840 Driggs 3267 Victor 573**</i>	<i>FY 2008: 1468 Driggs 1099 Victor 369</i>				
			<i>**Jul & Aug only</i>					

Teton Valley Health Care
Surgeries FY 2010

	Oct 09	Nov 09	Dec 09	Q1 FY09	Jan 10	Feb 10	Mar 10	Q2 FY10
Poulter	4	0	8	12	0	3	0	3
Lowe	0	1	1	2	5	0	0	5
Poore	1	2	0	3	0	0	0	0
Lofaro	0	1	0	1	1	0	0	1
Porot	0	2	0	2	6	0	0	6
Hansen	0	3	5	8	0	1	4	5
Hanks	0	0	0	0	0	1	0	1
Hanson	0	0	1	1	0	0	0	0
Total-Specialists	5	9	15	29	12	5	4	21
Revenue	\$19,129	\$43,523	\$55,619	\$118,271	\$33,841	\$16,649	\$36,296	\$86,786
Brown / Ortho	18	17	22	57	7	16	13	36
Horrocks	2	8	7	17	5	4	2	11
Total-Staff	20	25	29	74	12	20	15	47
Revenue	\$241,749	\$319,014	\$299,864	\$860,627	\$208,924	\$305,042	\$206,053	\$720,019
Total Surgeries	25	34	44	103	24	25	19	68

Teton Valley Health Care
Surgeries FY 2010

	Apr 10	May 10	Jun 10	Q3 FY10	Jul 10	Aug 10	Sep 10	Q4 FY10	FY 2010
Poulter	3	0	0	3	0	0	0	0	18
Lowe	0	1	1	2	2	0	2	4	13
Poore	0	0	0	0	0	0	0	0	3
Lofaro	0	0	0	0	0	1	0	1	3
Porot	0	0	0	0	2	0	0	2	10
Hansen	4	3	0	7	2	0	1	3	23
Hanks	0	1	0	1	0	1	1	2	4
Hanson	0	0	0	0	0	0	0	0	1
Waterhouse					0	2	1	3	3
Zoe					0	2	6	8	8
Total-Specialists	7	5	1	13	6	6	11	23	86
Revenue	\$28,338	\$37,166	\$6,007	\$71,511	\$16,524	\$23,076	\$33,942	\$73,542	\$350,110
Brown / Ortho	15	4	14	33	8	16	11	35	161
Horrocks	7	2	8	17	2	3	7	12	57
Total-Staff	22	6	22	50	10	19	18	47	218
Revenue	\$227,440	\$77,247	\$235,824	\$540,511	\$163,908	\$225,139	\$202,565	\$591,612	\$2,712,769
Total Surgeries	29	11	23	63	16	25	29	70	304

Monthly Financial Report for October 2010

Summary

TVHC produced net revenue of \$916,144 and an operating loss of \$35,229 during October 2010 compared to revenue of \$806,089 and an operating loss of \$69,432 for the same period last year. These results compare to budgeted October 2010 revenue of \$974,585 and profit of \$10,117, respectively.

The 10.6% higher year over year actual revenue reflects higher out-patient and in-patient volume. However, the lower year over year operating results reflect the impact of higher expenses. Total operating expenses increased 8% in October 2010 compared to prior year levels, reflecting the impact of contracted services, physician services, and audit fees. YTD operating loss for FY 2010 was \$35,229 compared to a loss of \$69,432 for the same period last year.

TVHC's cash position decreased by \$119,477 during October 2010. TVHC ended October 2010 with a cash balance of approximately \$598,404, compared to a cash balance of \$717,881 at the end of September 2010. The provision for bad debt was \$76,820 for the month of October 2010 compared to \$167,642 for the month of September 2010.

Operations Review

Clinics – Combined gross revenue (both clinics) was \$271,283 during October 2010 compared to \$292,684 for the same period last year. There was 7.3% lower revenue for the month compared the prior year levels.

Hospital – gross in-patient revenue was \$199,009 during October 2010 compared to \$122,456 for the same period last year. The 62.5% higher revenue reflects 4 IP Surgeries and 48 swing bed days during October 2010 compared to 1IP Surgery and 30 swing bed days in October 2009. Gross out-patient revenue was \$728,690 during October 2010 compared to \$669,266 during the same period last year. The 8.9% increase in comparable revenue reflects 19 Out Patient surgeries for the month compared to 24 in October 2009. Pharmacy revenue increased \$20,682 or 89% and Observation increased \$15,744 or 140% compared to October 2009.

Operating Expenses – total operating expenses were \$989,389 during October 2010 compared to \$916,242 for the same period last year. Other expense increased because audit KPMG costs. PT was higher by \$9,031, MRI \$4,738 Pharmacy \$12,211 as a result of more revenue in 2010.

Other Items-

Teton Valley Hospital & Surgicenter
STATEMENT OF REVENUES & EXPENSES
FISCAL YEAR 2011 (1month)

	Oct 2011 Actual	Oct 2010 Actual	Oct Variance	Oct 2011 Budget	Oct Budget Variance	Y-T-D FY 2011 Actual	Y-T-D Last Year	Y-T-D vs Last Yr	Y-T-D FY 2011 Budget	Percent Change
Patient Revenue:										
Clinic Revenue	271,283	292,684	(21,401)	294,288	(23,005)	271,283	292,684	(21,401)	294,288	-7.3%
In-Patient Revenue	199,009	122,456	76,553	173,702	25,307	199,009	122,456	76,553	173,702	62.5%
Out-Patient Revenue	728,690	969,266	(240,576)	906,425	(77,735)	728,690	969,266	(240,576)	906,425	8.9%
Gross Patient Revenue	1,198,982	1,084,406	114,576	1,274,415	(75,433)	1,198,982	1,084,406	114,576	1,274,415	10.6%
Deductions from Revenue:										
Contractual Allowances	203,339	177,617	25,722	174,467	28,872	203,339	177,617	25,722	174,467	14.5%
Charity Care	2,679	0	2,679	10,323	(7,644)	2,679	0	2,679	10,323	-23.7%
Bad Debt	76,820	100,700	(23,880)	115,040	(38,220)	76,820	100,700	(23,880)	115,040	1.6%
Total Deductions from Revenue	282,838	278,317	4,521	299,830	(16,992)	282,838	278,317	4,521	299,830	13.7%
Net Patient Revenue	916,144	806,089	110,055	974,585	(92,425)	916,144	806,089	110,055	974,585	12.7%
Other Revenue	4,107	2,183	1,924	8,948	(4,841)	4,107	2,183	1,924	8,948	88.1%
Teton County Ambulance District contract	33,909	30,987	2,922	33,909	0	33,909	30,987	2,922	33,909	9.4%
	38,016	40,721	(2,705)	42,857	(4,841)	38,016	40,721	(2,705)	42,857	-6.6%
Total Net Revenue	954,160	846,810	107,350	1,017,442	(63,282)	954,160	846,810	107,350	1,017,442	12.7%
Operating Expenses										
Salaries	540,644	528,317	12,327	556,651	(16,007)	540,644	528,317	12,327	556,651	2.3%
Benefits	70,343	86,094	(15,751)	96,352	(26,009)	70,343	86,094	(15,751)	96,352	-18.3%
Supplies/Minor Equipment	102,400	97,123	5,277	102,940	(540)	102,400	97,123	5,277	102,940	5.4%
Contracted Services	88,392	70,946	17,446	89,734	(1,342)	88,392	70,946	17,446	89,734	24.6%
Physician Services	49,856	37,296	12,560	42,200	7,656	49,856	37,296	12,560	42,200	33.7%
Utilities & Telephone	11,561	6,795	4,766	11,561	0	11,561	6,795	4,766	11,561	70.1%
Maintenance & Repairs	16,153	7,322	8,831	17,458	(1,305)	16,153	7,322	8,831	17,458	120.6%
Insurance	11,352	11,316	36	9,342	2,010	11,352	11,316	36	9,342	0.3%
Depreciation & Amortization	38,344	39,166	(822)	42,041	(3,697)	38,344	39,166	(822)	42,041	-2.1%
Other Expense	60,344	31,867	28,477	36,907	23,437	60,344	31,867	28,477	36,907	89.4%
Total Expenses	989,389	916,242	73,147	1,007,325	(17,936)	989,389	916,242	73,147	1,007,325	8.0%
Operating Income	(35,229)	(69,432)	34,203	10,117	(45,346)	(35,229)	(69,432)	34,203	10,117	-49.3%
Non Operating Revenue & Expense										
Interest income	45	7,785	(7,740)	166	(121)	45	7,785	(7,740)	166	-99.4%
Interest Expense	(5,520)	(12,626)	7,106	(6,520)	1,001	(5,520)	(12,626)	7,106	(6,521)	-56.3%
Grants	3,084	8,914	(5,830)	11,795	(8,711)	3,084	8,914	(5,830)	11,795	-65.4%
Teton County Tax Levy	83,333	83,333	0	83,333	0	83,333	83,333	0	83,333	0.0%
Gain (loss) disposal of capital assets	0	0	0	0	0	0	0	0	0	0.0%
Total Non Operating Income	80,942	87,406	(6,464)	88,773	(7,831)	80,942	87,406	(6,464)	88,773	-7.4%
Excess of Revenue over Expenses	45,713	17,974	27,739	98,890	(53,177)	45,713	17,974	27,739	98,890	154.3%
Capital Grants	0	0	0	0	0	0	0	0	0	#DIV/0!
Capital contributions from Foundation	0	1,805	(1,805)	8,333	(8,333)	0	1,805	(1,805)	8,333	-100.0%
Change in net assets	45,713	19,779	25,934	107,223	(61,510)	45,713	19,779	25,934	107,223	131.1%
Excess Revenue over Expense Margin	4.8%	2.1%	2.7%	9.7%	(4.9%)	4.8%	2.1%	2.7%	9.7%	9.7%
Change in Net Asset Margin	4.8%	2.3%	2.5%	10.5%	(5.7%)	4.8%	2.3%	2.5%	10.5%	10.5%

TETON VALLEY HEALTH CARE
COMPARATIVE BALANCE SHEET
FY 2010

ASSETS	Oct 10	Sept 10	Variance
Current assets			
Cash, Cash Equivalents and Bond Fund	598,404	717,881	(119,477)
Receivables			0
Patient Receivables, net of est. reserves	2,666,458	2,546,823	119,635
Estimated third-party payor settlements	261,593	261,593	0
Other/Tax Levy	1,265,837	345,814	920,023
Supplies Inventory	468,565	467,969	596
Prepaid Expenses	143,136	18,492	124,644
Total current assets	<u>5,403,993</u>	<u>4,358,572</u>	<u>1,045,421</u>
Noncurrent assets			
Deferred Financing Costs	25,439	25,813	(374)
Net pension benefit	0	0	0
Capital assets, net	2,396,206	2,390,616	5,590
Goodwill			0
Total noncurrent assets	<u>2,421,645</u>	<u>2,416,429</u>	<u>5,216</u>
Total assets	<u><u>7,825,638</u></u>	<u><u>6,775,001</u></u>	<u><u>1,050,637</u></u>
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts Payable & Accrued Expenses	654,237	596,982	57,255
Accrued Salaries & Benefits	859,969	839,634	20,335
Accrued interest payable	18,658	13,822	4,836
Estimated third-party payor settlements	0	0	0
Deferred Tax Levy Revenue	916,667	0	916,667
Current maturities Bond	136,079	136,079	0
Current maturities of capital lease obligations	17,292	17,292	0
Deferred Home Health Sale Earnest	54,559	48,268	6,291
Loan payable to Teton County	0	0	0
Total current liabilities	<u>2,657,461</u>	<u>1,652,077</u>	<u>1,005,384</u>
Noncurrent liabilities			
Long-term debt-less current maturities.	753,312	753,772	(460)
Capital lease obligations-less current maturities.	82,797	82,797	0
Net pension obligation	45,999	45,999	0
Total noncurrent liabilities	<u>882,108</u>	<u>882,568</u>	<u>(460)</u>
Net assets			
Prior year Net Assets	4,240,356	4,240,356	0
Year-to-date Net Income	45,713	0	45,713
Total net assets	<u>4,286,069</u>	<u>4,240,356</u>	<u>45,713</u>
Total liabilities and net assets	<u><u>7,825,638</u></u>	<u><u>6,775,001</u></u>	<u><u>1,050,637</u></u>
Current Ratio:	2.0	2.6	(0.6)

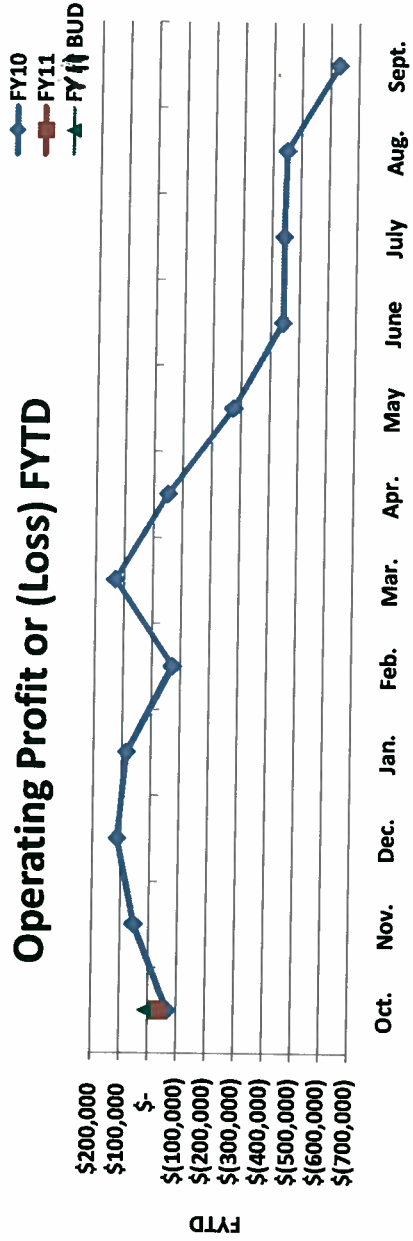
TVHC

Statement of Cash Flows-Oct 2010

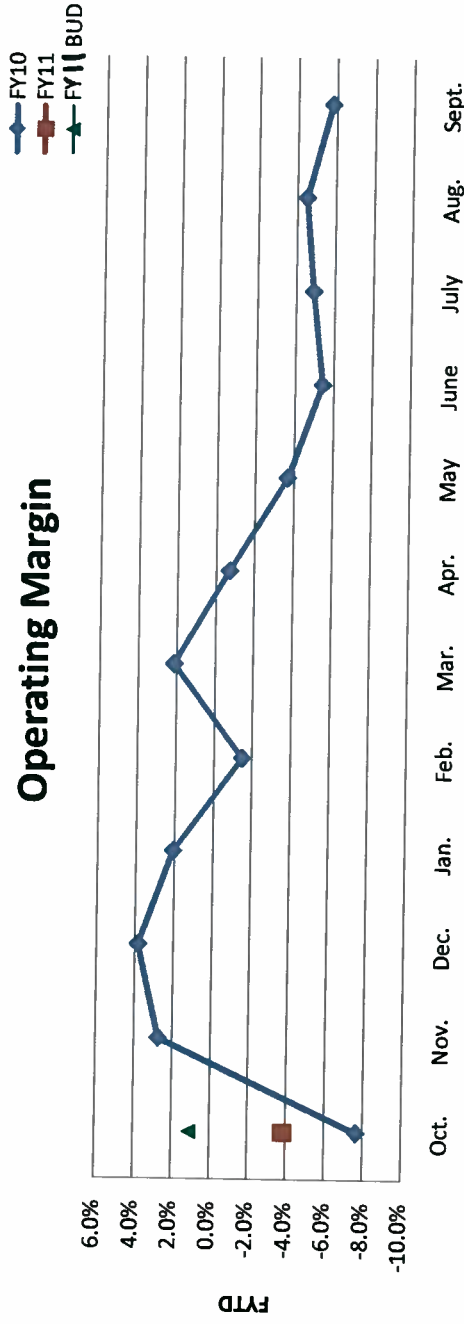
Net Income			45,713
Cash flows from Operating Activities:			
Add (deduct) to reconcile net income to net cash flow:			
Depreciation & Amortization		(5,590)	
Changes in Accounts Receivable		(1,039,658)	
Changes in Inventory		(596)	
Changes in Prepaid Expenses		(124,644)	
Changes in payables & payroll		77,590	
Changes in interest payable and 3rd party		4,836	
Changes in Deferred Tax Levy		916,667	
Changes in net pension		-	
Changes in current debt		6,291	
Net cash inflow from Operating Activities		<u>6,291</u>	(165,104)
Cash flow from Capital & Investing Activities:			
Capital Expenditures		-	
Deferred financing costs/goodwill		374	
Net cash outflow from Investing Activities		<u>-</u>	374
Cash flow from Financing Activities			
Principal paid on long-term debt		(460)	
Principal paid on capital lease obligations		-	
Net cash outflow from Financing Activities		<u>-</u>	(460)
Net Increase (decrease) in cash during period			<u><u>(119,477)</u></u>
Cash Balance start of period	10/1	717,881	
Cash Balance end of period	10/31	<u>598,404</u>	
Net Increase (decrease) in cash during period			<u><u>(119,477)</u></u>

TETON VALLEY HEALTHCARE

Operating Profit or (Loss) FYTD

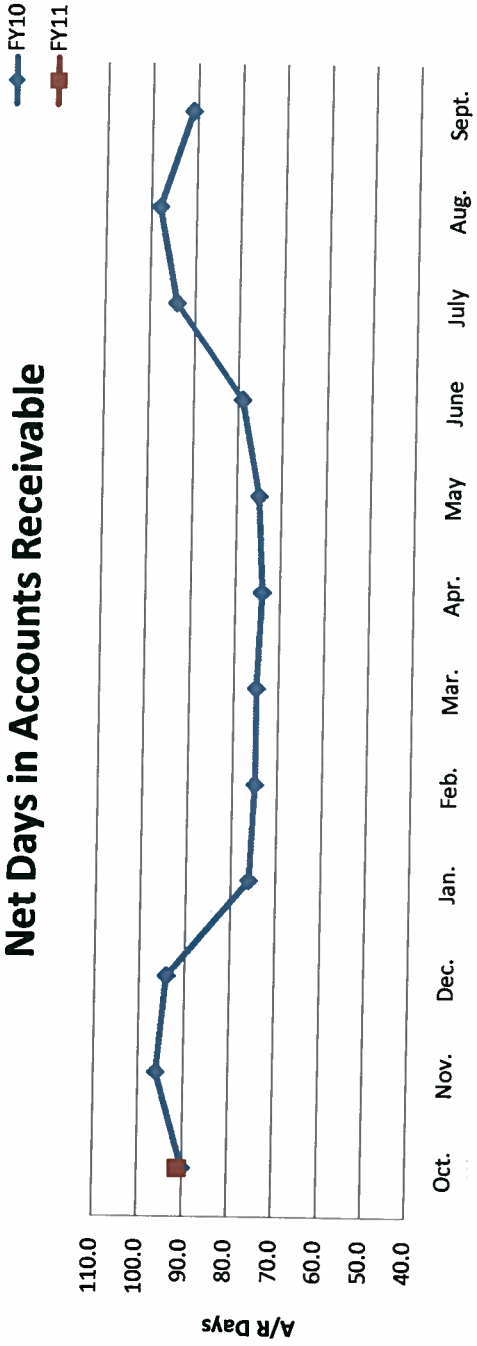


Operating Margin

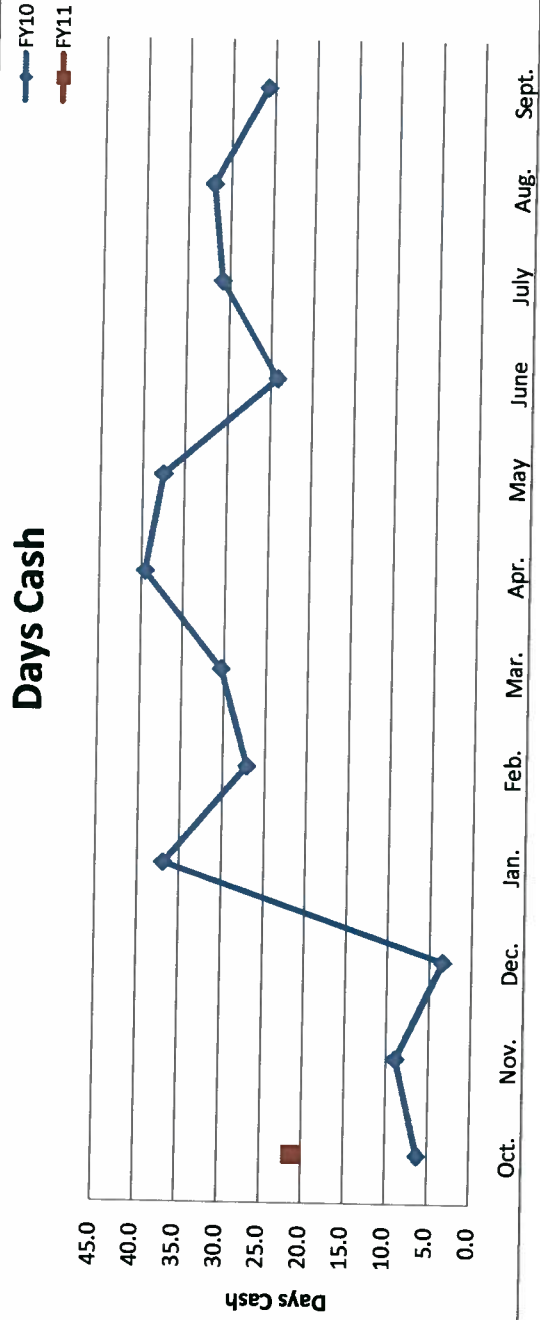


TETON VALLEY HEALTHCARE

Net Days in Accounts Receivable



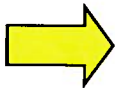
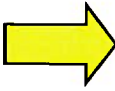
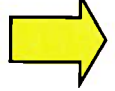
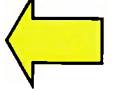
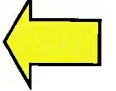
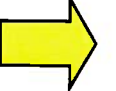
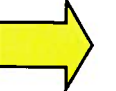
Days Cash



Teton Valley Health Care
Statistical Information

	Desired Trend	2008 FYE Actual	2009 FYE Actual	2010 FYE Actual	October FY 11	2011 Budget/ Targets
Payroll Overhead to Salaries	↓	15.8%	14.5%	16.0%	13.0%	17.5%
Salary to Net Revenue	↓	57.4%	55.8%	60.5%	59.0%	57.3%
TVH Paid Full-Time-Equivalent	↓	119.0	110.3	116.0	116.7	112.0
TVH Worked Full-Time-Equiv.	↓	107.7	99.3	105.4	108.5	101.0
Long Term Debt to Equity	↓	65.4%	42.2%	21.0%	20.6%	19.5%
Expenses Per Calendar Day	↓	43,745	34,976	32,883	31,916	32,600
Net Pt Revenue Per Calendar Day	↑	36,846	31,864	29,780	29,553	31,367
Net Margin	↑	-14.38%	-5.04%	5.89%	4.79%	8.47%
Current Ratio	↑	1.03	1.49	2.65	2.03	2.60
Days cash on hand	↑	1.50	8.50	25.74	21.22	58.90

**Teton Valley Health Care
Statistical Information
Accounts Receivable**

	2008 FYE Actual	2009 FYE Actual	2010 FYE Actual	October FY 11	2011 Budget/ Targets
Net Days in Receivables	90	85	91	91	65
Gross Days in Receivables	125	127	129	129	97
	Desired Trend				
					
Revenue/Days in Year/AR w/o Allowances & Bad Debt					
					
Unbilled Amount in Accounts Receivable	2.5%	1.7%	2.5%	2.9%	3.0%
No Discharge in AR					
Bad Debt Percentage of Gross A/R	17.4%	11.7%	9.2%	7.0%	9.2%
					
Admissions Demographic Accuracy			83.0%	89.0%	95.0%
					
Percentage of Patient Payments at Time of Service in Clinic			72.0%	85%	80.0%
					
Clinic A/R over 90 days			71.0%	72.0%	56.0%
					
Hospital A/R over 90 days			45.0%	46.0%	38.0%



TETON VALLEY HOSPITAL FOUNDATION

Supporting Teton Valley Hospital

120 East Howard Avenue, Driggs, Idaho 83422 208-354-6301

TO: Board of Trustees
FROM: Diane Temple
CC: Virgil Boss, Ann Loyola, Marni Vasseur
RE: Executive Director Report: November 17, 2010

PRIVATE / DONOR SOLICITATION

Burton Foundation

Pediatric Advanced Life Support Grant was submitted. The items included within the proposal: Child Crisis Manikin, PALS textbooks, and instructor training, are all needs within the nursing department that potentially are a good fit for the Foundation. The funding will allow the healthcare professionals to respond in a quicker and more definitive way. Total grant/funding request \$5,000.00

CHC Foundation

The Foundation was awarded the Defibrillator and Trainer from CHC Foundation in the amount of \$15,500.00.

EVENTS

Festival of Trees

More information provided at meeting.

YEAR END

Year End and Christmas card mailing will begin soon. Year End mailing scheduled for third week of November. Christmas cards expected to be sent first week of December. Year End goal is \$20,000.00 to be designated for Emergent Needs.



**TETON VALLEY
HEALTH CARE**

Partners in Health for a Lifetime

**CEO Report
November 23, 2010**

1. October begins the first month of the new operating budget for FY 2011. This is the opportunity to reset objectives, adjust to current trends and begin to measure revised performance benchmarks. Attachments: Accounts Receivable Spreadsheets, Statistical Information Accounts Receivable-Percentage of Patient Payments at Time of Service Clinic. Staff Productivity Assessments.
2. Clinic Operations
 - a. Victor patient visits: Oct TY 325, LY 448 with that being the big flu vaccination month LY. An increase of 28 from Sept.
 - b. Driggs patient visits: Sept. TY 1184, LY 1357. An increase of 39 from Sept.
3. Visiting Specialist activity Sept. TY 118. LY 47. This reflects an increase by several specialists who were available for additional clinic days this year and also was an increase in Specialist revenue/expense lines over budget.
4. TVHC Financial Comments. Addition of Variance Column to Budget added to Statement of Revenues and Expenses.
5. The Computer Server hardware installation is moving along well. All the hardware is now installed and we have begun to move over software from the existing individual servers to the new blade system. Healthland software transfer is complete Nov. 18th. The Meaningful Use Committee will make a recommendation on next steps at the December BOT meeting.
6. Check out the new Tvhcare.org website. Video Demo-Ann Loyola.
7. Risk Management involves three key areas: Idaho Counties Risk Management Program, Multi-lines Property Insurance. Chivaroli & Associates, Inc., Health Care Professional Liability Insurance, including Directors and Officers. Internal Risk Management policies and Procedures for patients and staff.
8. Our Employee Health Insurance Program moving to a Self Insured/Wellness model to reduce cost; focus on employee wellness and coincide with new healthcare reform measures taking effect Jan. 1, 2011. This program is another attempt to reduce risk of loss to participating staff members and our healthcare delivery system.

9. The Town Planning and Zoning Board approved the conditional use permit for the Food Bank and had their first day of operation at the N E First Street house Sat. 11/20 from 10-12. This is the big day for Thanksgiving Boxes and Turkeys.
10. The TVHC Staff Christmas Party will be Friday Dec. 10 at the Wildwood Room in Victor from 6:30-9. Dinner by Dining In Catering, Live Band and I would like to invite the Board of Trustees and Spouses as our guests.
11. Healthcare Reform has also opened a new door for reducing patient health care costs and possible reimbursement improvements. The Accountable Care Organization, (ACO) is being discussed in all the trade journals and seminar circuits. We are participating in discussions with larger health care providers to understand how that could help TVHC patients. Attachment: ACO educational materials. Questions and discussion as time allows.

**Medicare “Accountable Care Organizations”
Shared Savings Program – New Section 1899 of Title XVIII**

Preliminary Questions & Answers

CMS/Office of Legislation

The Affordable Care Act (ACA) improves the health care delivery system through incentives to enhance quality, improve beneficiary outcomes and increase value of care. One of these key delivery system reforms is the encouragement of Accountable Care Organizations (ACOs). ACOs facilitate coordination and cooperation among providers to improve the quality of care for Medicare beneficiaries and reduce unnecessary costs. This document provides an overview of ACOs and the Medicare Shared Savings Program.

Q: What is an “accountable care organization”?

A: An Accountable Care Organization, also called an “ACO” for short, is an organization of health care providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries who are enrolled in the traditional fee-for-service program who are assigned to it.

For ACO purposes, “assigned” means those beneficiaries for whom the professionals in the ACO provide the bulk of primary care services. Assignment will be invisible to the beneficiary, and will not affect their guaranteed benefits or choice of doctor. A beneficiary may continue to seek services from the physicians and other providers of their choice, whether or not the physician or provider is a part of an ACO.

Q: What forms of organizations may become an ACO?

A: The statute specifies the following:

- 1) Physicians and other professionals in group practices
- 2) Physicians and other professionals in networks of practices
- 3) Partnerships or joint venture arrangements between hospitals and physicians/professionals
- 4) Hospitals employing physicians/professionals
- 5) Other forms that the Secretary of Health and Human Services may determine appropriate.

Q: What are the types of requirements that such an organization will have to meet to participate?

A: The statute specifies the following:

- 1) Have a formal legal structure to receive and distribute shared savings
- 2) Have a sufficient number of primary care professionals for the number of assigned beneficiaries (to be 5,000 at a minimum)
- 3) Agree to participate in the program for not less than a 3-year period

- 4) Have sufficient information regarding participating ACO health care professionals as the Secretary determines necessary to support beneficiary assignment and for the determination of payments for shared savings.
- 5) Have a leadership and management structure that includes clinical and administrative systems
- 6) Have defined processes to (a) promote evidenced-based medicine, (b) report the necessary data to evaluate quality and cost measures (this could incorporate requirements of other programs, such as the Physician Quality Reporting Initiative (PQRI), Electronic Prescribing (eRx), and Electronic Health Records (EHR), and (c) coordinate care
- 7) Demonstrate it meets patient-centeredness criteria, as determined by the Secretary.

Additional details will be included in a Notice of Proposed Rulemaking that CMS expects to publish this fall.

Q: How would such an organization qualify for shared savings?

A: For each 12-month period, participating ACOs that meet specified quality performance standards will be eligible to receive a share (a percentage, and any limits to be determined by the Secretary) of any savings if the actual per capita expenditures of their assigned Medicare beneficiaries are a sufficient percentage below their specified benchmark amount. The benchmark for each ACO will be based on the most recent available three years of per-beneficiary expenditures for Parts A and B services for Medicare fee-for-service beneficiaries assigned to the ACO. The benchmark for each ACO will be adjusted for beneficiary characteristics and other factors determined appropriate by the Secretary, and updated by the projected absolute amount of growth in national per capita expenditures for Part A and B.

Q: What are the quality performance standards?

A: While the specifics will be determined by the HHS Secretary and will be promulgated with the program's regulations, they will include measures in such categories as clinical processes and outcomes of care, patient experience, and utilization (amounts and rates) of services.

Q: Will beneficiaries that receive services from a health care professional or provider that is a part of an ACO be required to receive all his/her services from the ACO?

A: No. Medicare beneficiaries will continue to be able to choose their health care professionals and other providers.

Q: Will participating ACOs be subject to payment penalties if their savings targets are not achieved?

A: No. An ACO will share in savings if program criteria are met but will not incur a payment penalty if savings targets are not achieved.

Q: When will this program begin?

A: We plan to establish the program by January 1, 2012. Agreements will begin for performance periods, to be at least three years, on or after that date.

Q: How do I get more specific information?

A: CMS plans to hold a listening session to hear stakeholder ideas on ACOs this summer. Further details about this listening session, to be held as a special open door forum, will be posted by June 11 on the following special open door forum website:

http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp#TopOfPage

Further details for the shared savings program will be provided in a Notice of Proposed Rulemaking which CMS expects to publish this fall.

The Physician's Place in the ACO

ACOs and Health Reform

The Patient Protection and Affordable Care Act of 2010 calls for the creation of an ACO program administered by CMS by January 1, 2012. Qualifying providers, including hospitals, physician group practices, networks of individual practices, and partnerships between hospitals and other healthcare professionals will be eligible to form ACOs. The ACO will “be willing to become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to it” and will also be expected to meet specific organization and quality performance standards in order to be eligible to receive payment for shared savings.

Importantly, performance standards have yet to be determined by CMS, and the legislation does not provide specifics on how ACOs will be held financially accountable, as they will not be subject to financial risks in the form of payment penalties if they do not achieve their savings targets.

Additional stipulations say that ACOs:

- Must have a formal legal structure to receive and distribute shared savings to participating providers.
- Must employ enough primary care professionals to treat their beneficiary population (minimum of 5,000 beneficiaries) as deemed sufficient by CMS.
- Must agree to at least three years of participation in the program.
- Will have to develop sufficient information about their participating healthcare professionals to support beneficiary assignment and for the determination of payments for shared savings.
- Will be expected to include a leadership and management structure that includes clinical and administrative systems.
- Will be expected to have defined processes to promote evidence-based medicine, report on quality and cost measures, and coordinate care.
- Will be required to produce reports demonstrating the adoption of patient-centered care.

SOURCES: American Hospital Association, CMS.