

Palomar Pomerado Health FINANCE COMMITTEE

(BOARD MEETING WITH RESPECT TO BOARD MEMBERS ON THE COMMITTEE)

Pomerado Hospital, 15615 Pomerado Road, Poway, CA Meeting Room E

Tuesday, October 31, 2006, Meeting Minutes

AGENDA İTEM	DISCUSSION	Conclusion/Action	FOLLOW UP
NOTICE OF MEETING	The notice of meeting was mailed before close of business on Friday, October 27, 2006, which is consistent with legal requirements		
MEETING CALLED TO ORDER	6:05 p.m. by Chairman Ted Kleiter		
ESTABLISHMENT OF QUORUM	Present: Directors Nancy Bassett, R.N., Linda Greer, R.N., Marcelo Rivera, M.D., and Ted Kleiter. Finance Committee Member Michael Covert Absent: Finance Committee Members Paul Tornambe, M.D., and Robert Trifunovic, M.D.		
ATTENDANCE	Gerald Bracht, Bob Hemker and Assistant Tanya Howell. Director Bruce Krider also attended as a guest.		
PUBLIC COMMENTS	There were no public comments.		
INFORMATION ITEMS	 Administrative Fellow Kwaja Floyd introduced guest Jennifer Ritter, a Masters student at SDSU. Ms. Ritter has been shadowing Ms. Floyd. Bob Hemker stated that the Special Finance Committee meeting scheduled for Tuesday, November 14, 2006, would likely become a Special Board meeting, with all Board members except Dr. Alan Larson able to attend. Topics scheduled to be on the agenda are the issuance of the Revenue Bonds and review and approval of the Audited Financials for Fiscal Year 2006. He anticipates having documentation to the Board 6-7 days in advance of the meeting, if possible. Bob Hemker reported that the pilot program with Care Payment is receiving positive feedback. Screening process for participants is thorough, and dollar levels seen thus far are reasonable. The negotiations with Blue Cross were finalized today. The contract is for 2 years and 8 months, the first increase after 8 months. Congratulations to Margie Drobatschewsky for very successful negotiations. PPH is a strategic provider for payers in the North County. As requested at the September meeting, Bob Hemker presented a draft Program Review Calendar (see attached slide), which will be utilized for Finance Committee awareness of topics that will be presented over the coming year. He noted that we are moving away from the standard reviews of current programs in favor of new programs/initiatives and requested updates. Currently on the draft Calendar: Wound Care: Scheduled for presentation at the December 5th Finance Committee meeting. Although PPH already has a Wound Care program at Pomerado, there is a need for a North County presence in the Escondido area, and we are investigating a possible solution. The Service Line Administrator's workgroup has named and prioritized six 		Once finalized, the Program Review Calendar is to be distributed to the full Board of Directors

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	 initiatives that they will be investigating and implementing within the District. As appropriate, these initiatives will be discussed at the EMT Business Matters meetings, and will then to the Finance Committee for review/approval. Timing is not yet scheduled, with an updated Program Review Calendar to be provided to all members of the Board. The New Vision Program being provided by Special Care Hospital Management, which is scheduled for a six-month follow-up/post-implementation review in the December 2006/January 2007 timeframe. 		
MINUTES SEPTEMBER 26, 2006	No discussion.	MOTION: By Director Bassett, seconded by Director Greer and carried, to approve the Minutes from the September 26, 2006, Finance Committee meeting. Dr. Rivera abstained from voting due to his absence from that meeting; however, later review proved the abstention had been unnecessary, as he did attend the September meeting.	
PHYSICIAN RECRUITMENT AGREEMENTS			
Serge Kaska, M.D.	Jackie Forsythe, Director of Physician Recruitment, provided background on Dr. Kaska: Orthopedic surgeon who trained at UC Irvine Only San Diego orthopedist who performs limb-lengthening surgery (only one of two in the entire state, the other being at UC Irvine) Already has completed the credentialing and privileges process Salary MDS performed an independent income analysis, and the proposed income guaranty is within the parameters of the market Will treat adult and youth populations Will have to negotiate directly with NCEMA to participate in trauma On a separate note, Chairman Kleiter asked if there were objections to omitting the body of the Physician Recruitment Agreement from Finance Committee agenda packets in the future. He suggested that the Narrative, the Abstract and the Face Page only of the Agreement be included, unless there were changes to the standard agreement. Bob Hemker suggested providing a redline version of only those pages containing changes.	MOTION: By Director Rivera, seconded by Director Bassett and carried to approve the Physician Recruitment Agreement with Serge Kaska, M.D. MOTION: By Director Bassett, seconded by Director Greer, to approve the following documentation of Physician Recruitment Agreements for Board Finance Committee packets, and to recommend that the Board of Directors do the same: The Board Narrative The Agreement Abstract The Face Page of the Agreement Redline page(s) showing any changes made from the Standard Agreement	The Physician Recruitment Agreement with Serge Kaska, M.D., was forwarded to the November 20, 2006, Board of Directors meeting with a recommendation for approval. The Finance Committee recommended that the Board of Directors adopt the same procedure with regard to documentation of Physician Recruitment Agreements for future Board agenda packets.

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SEPTEMBER 2006 & YTD FY2007 FINANCIAL REPORT	Utilizing the presentation included in Addendum C of the agenda packet, Bob Hemker discussed the financial statements:	MOTION: By Director Bassett, seconded by Director Greer and carried to approve the	Forwarded to the November 20, 2006, Board of Directors
	 The presentation and the Board Financial Package have now been incorporated into a single document that is still evolving 	September 2006 and YTD	meeting with a
	o The Statistics within the Executive Summary have been turned into a table	FY2007 Financial Report as presented.	recommendation for approval.
	Favorable reaction to volume changes	processing and	
	Admissions - Acute		Budget lines in
	o Consolidated Admissions are just over last year's		graphs [for each
	o PMC is up from budget and POM shows little change		facility & consolidated] need
	 Acute Patient Days are down across the district, so LOS is also down 		to be in different
	Average Daily Census is still below break-even of 320 YTD		colors for
	Surgeries		readability
	o Several new surgeons are just getting started on staff at PMC		
	 Another OR is opening at PMC in response to surgeons' requests for additional time 		
	Outpatient Registration shows general increases in volume		
	ER Visits at PMC are up about 5% year-on-year		
	 Trauma Cases – up 15% against budget – are not showing any notable monthly trend line, with the last 2 months patterning the same as last year 		
	 Trauma Admissions are 25% above prior year figures and almost up to budget 		
	Deliveries are following a cyclical pattern		
	o Consolidated and PMC up		
	o Slightly below both last year's figures and budget at POM		
	SNF LOS is up against budget & year-on-year		
	o Key driver is the census		
	 Decanting patients from acute to SNF frees beds and places patients in proper continuum of care 		
	 Gross Patient Revenue is down about 10% against budget, consistent with lower volume 		
	 PMC is ahead of budget on Net Patient Revenue, with POM holding just below budget 		
	Salaries are slightly below budget		
	 Supplies are slightly below budget, which is positive 		
	Net Operating Income		
	o PMC is well ahead of budget		
	o POM is down, attributed to lower OB and Surgical volumes		
	o Consolidated remains ahead of budget		
	• Collections		
	 Medicare deferrals in September amounted to about \$2 million, which should be caught up in October 		

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	 Collections are still down against both prior year and goal Must be on target November, December and January – cash collections will be watched through the next quarter HealthWoRx is concentrating on getting bills out quickly and efficiently Payors Denials are being watched closely to review eligibility and stay issues OEBITDA is at 10.2% Net Income shows a positive \$1.8 million against budget for the first quarter Driven by investment income increase Bond Covenant Ratios Holding Days Cash on Hand Working cash is being used toward capital when possible Maranatha property will soon be reimbursable Cash is being paid to Escondido out of GO Bond funds 		
NOMINATIONS FOR CHAIR, VICE-CHAIR AND SECRETARY OF THE ICOC	After confirming that all were willing to serve a second term, the Board Finance Committee concurred with the recommendation that the incumbent Officers of the ICOC be re-appointed for a second consecutive term of office.	MOTION: By Director Bassett, seconded by Director Greer and carried to recommend to the Finance Committee Chair that the incumbent officers – Steve Yerxa as Chair, Bob Wells as Vice-Chair and John McIver as Secretary – be reappointed to those positions on the ICOC. Board Finance Committee Chair Ted Kleiter presented the recommendation to Board Chair Marcelo Rivera, who reappointed the incumbents listed above on behalf of the Board of Directors	Forwarded to the November 20, 2006, Board of Directors meeting as information.
2007 CAPITATION DECISIONS	 Director Rivera withdrew from these discussions. Utilizing the attached presentation, Margie Drobatschewsky, Director of Managed Care, discussed capitation trends from calendar year 2006 PPH Capitation Policy: Capitation agreement with our medical groups/IPA partners will require an upside and downside sharing of risk where appropriate. Risk will be applied on an equal and consistent basis over a trended period of time PPH's Capitation partners are Centre for Healthcare (CHC); Graybill Medical Group (GMG); Penn Elm; and Sharp Community Medical Group North Inland (SCMG) Division of Financial Responsibility PPH's risk is negotiated with each group Based on 2004 and prior final pool settlements, capitation has worked in the past 2005's final settlement was devastating for one group 2006's final settlement is projected to be at least break even and could end on a positive note One group has been in a deficit, but as of today's date is breaking even 	MOTION: By Director Greer, seconded by Director Bassett and carried to recommend that PPH remain in capitation with all four groups for Calendar Year 2007.	Forwarded to the November 20, 2006, Board of Directors meeting with a recommendation for approval.

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	 o 2 of the 4 groups have been tasked with proving their strategies for improvement warranted remaining in capitation for Calendar Year 2007 • Should PPH remain in capitation or not for Calendar Year 2007? o Budgeted for FY2007 as though remaining in capitation, with no changes • Recommendation was to remain in capitation for Calendar Year 2007 with all four groups 		
STATUS UPDATE ON RAMONA PROPERTY	 The period of Due Diligence had been extended to allow independent engineering tests on the site. The results of the testing showed there were no adverse conditions. No additional Due Diligence issues remain. Escrow is scheduled to close this Friday, November 3, 2006, in that all pre-closing conditions and Due Diligence has been completed and found to be satisfactory. 	INFORMATION ONLY	Forwarded to the November 20, 2006, Board of Directors meeting as information.
DRAFT AUDITED FINANCIAL STATEMENTS FOR YEARS ENDED JUNE 30, 2006 AND 2005 & INDEPENDENT AUDITORS' REPORT	This item was pulled from the agenda and will be presented at the November 14, 2006, Special Board of Directors meeting.		
ADJOURNMENT	There being no further business, the meeting was adjourned at 8:15 p.m.	MOTION: Seconded and carried for adjournment.	
SIGNATURES: • COMMITTEE CHAIR	T.E. Kleiter		
COMMITTEE SECRETAR	YTanya Howell		

Working Draft - FY07 Program Review Calendar

NE	W PROGRAMS/IN	NITIATIVES	SPONSOR(S)	
Dec	cember 2006	Wound Care	Sheila Brown	
		SLA Presentation Order		
1	Developing a	Cardiovascular Institute	Kim Dodson & Bill Kail	
2	POM OSP		Diane Key & Bill Kail	
3	Neuroscience	es ·	Marcia Jackson & Kim Colonnelli	
4	PEDS		Diane Key	
5	Satellite Centers		Marcia Jackson, Susan Linback & Kim Colonnelli	
6	Minimally Inva	asive Surgery	Kim Dodson	
PRO	OGRAM FOLLOW	/-UP	SPONSOR(S)	
December 2006/ January 2007 New Vision Program by Special Care Hospital Management		3	Mary Oelman	



Capitation 2007 Margie Drobatschewsky

October 31, 2006



Capitation Policy

Palomar Pomerado Health has adopted the following policy:

Capitation agreement with our medical groups/IPA partners will require an upside and downside sharing of risk where appropriate. Risk will be applied on an equal and consistent basis over a trended period of time

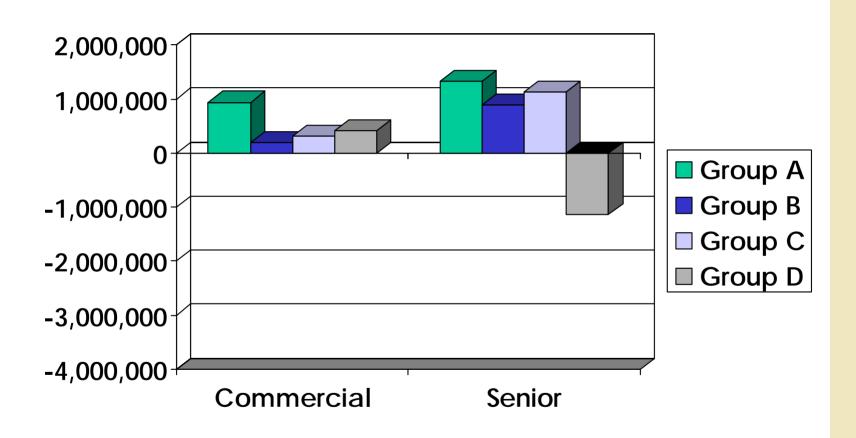


Capitation Procedure

- Minimum 5000 lives under risk
- Senior capitation = > than Medicare reimbursement
- Administrative fee of 1% of monthly cap premium based on plan design
- Valuation rates based on most current OSHPD data
- Consistent Division of Financial Responsibility (DOFR)
- Downside and upside based on group performance
- Surplus split based on group performance
- Risk pools will be financially sound and viable
- Groups must demonstrate effective concurrent and retrospective medical management

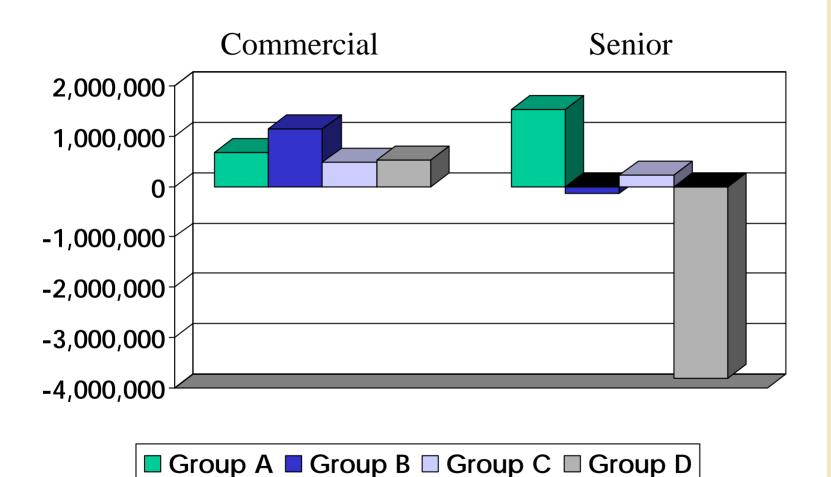


2004 Pools FINAL Settlement



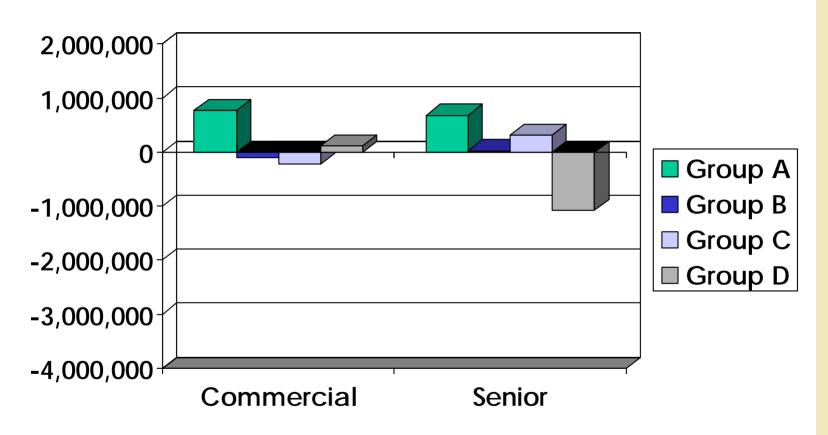


2005 pools FINAL Settlement





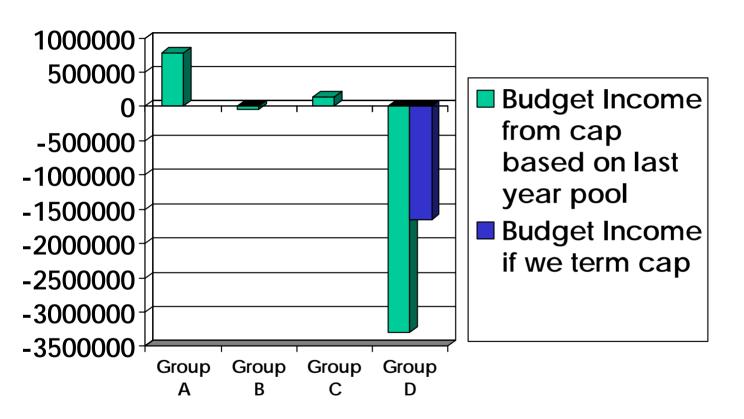
PY 2006 YTD thru June



Projected Full year positive pool or break even



The Effect on cap on the FY07 budget

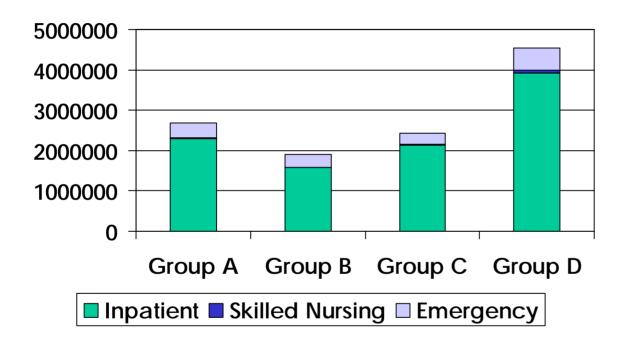


The pool runs January-December. We are contracted to remain in cap until January 2007.



If PCPs move to other hospital – Lost revenue potential

CY 2005 HMO revenue



 This does not capture the important Medicare and PPO business that could be channeled away from the district.



Background

				Penn Elm	
	GMG	SCMG	СНС	Penn Elm	Quality Care
Comml Lives	7,522	6,826	5,887	3272	2626
Senior Lives	4,095	3,789	2,470	1299	808
Capped since	June 1995	May 1999	February 1999	January 2004	
PCPs within the group	Fallbrook Primary Care	PMG El Norte NCI EIM	CHC Ramona group	Penn Elm Quality Care	

Over the years there has been some movement of these physician. Many of the SCMG physicians belonged at one time to bankrupt PPMA and defunct NCHN. The El Norte group has moved from GMG to SCMG in Feb 2001



PCPs in a Capitated agreements with PPH

СНС	GMG		GMG Penn Elm		SCMG North Inla <mark>nd</mark>	
Barker, Michael	Bridgeman, David	Blain, Arthur	Bibler, Mark	Altschuler, Ken	Chiang, Larry	Conrad, Alan
Blando, Ellen	Huang, Victor	Borecky, David	Chabala, James	Birchall, Jeff	Foraci, Anna	Cottel,Jill
Brodkin, Jerome	Kordas, Karin	Carrillo, Pedro	Chang, Nancy	Buzard, Russell	Greenstein, Joshua	Greenstein, Joshua
Carty, David	Martinez, Genaro	Dann, Raymond	Colner, Gary	Chang, Nancy	Haffie, David	Klein, S. Douglas
Cornelius, Carol	Petersen, Jeffrey	Davidson, Elaine	Cueva, Mary	Curley, Edward	Lee, Emmet	Konzen, Larry
Dure-Smith, Belinda	Winton, Frank	Haberman, Mark	Hurd, Melissa	Giesemann, Corrine	Meyerhoff, Brian	Magat, Patrocina A.
Joswig, Bill	Tyson, Brian	Jacobs, Shari	Newman, Jeffrey	Greenberg, Brent	Minkoff, Peter	Merino, Richard A.
Kasch, Janine	Varma, Aruna	Le, Lara	Sharma, Sanjeev	Mendez, Angela	Moir, G Douglas	Ormsby, Monica
Lind, Christine	Weir, Vanessa	Mallo, Richard		Naegeli, Thomas	Salada, Elizabeth	Pasha, <mark>Sabiha</mark>
Luan, Gordan	Woo-Ming, MI	Martinez, John		Probahakar, Vena	Shapiro, Mark	Pearson, Jeffrey
Maletz, Louis		McKinney, Cynthia		Ricci, Richard	Stein, Robert	Pincock, Norman
Meram, Susan		Paz, Alejandro		Sheffey, Lynn	Tarzy, Neil	Ratniewsky, Alfredo
Nazareth, Vivek		Pengson, Joel			Tremain, Nicole	Rinderknecht, Heini
Presant, Larry		Penunuri, Isela				Safi, Akber
Putnam, Richard		Phan, Christine				Schoengold, Alan
Rivera, Marcelo		Rastle, Thomas				Shaffer, Mark
Zakov, Kamen		Reno, Edward				Weinberg, Stanley
Zgliniec, Robert		Rodriguez, George				Wickes, Aeron
		Stansbury, James				
		Tordilla, P				



Group D 2007 capitation strategy

- Onsite masters degree case manager for PMC, telephonic review for POM until new onsite manager is hired
- Respected medical director for PMC, new hire Medical Director for Pomerado (hire date 12/1/2006)
- Commitment to the hospitalist program at PMC
- Change to valuation rates that are in line with likepayors
- Downside risk
- Out-of-network team will repatriate members back to PPH
- Retrospective review of re-admits
- Monthly operations meetings with senior management



Group C capitation strategy

- Change to a 25/75% split
- Any 2006 surplus will not be paid out until 2007 settlement is calculated
- Continued successful medical management using on-site case manager with a proven track record
- Continued use of Hospice as appropriate
- Medical director involvement in repatriate out-ofnetwork patients back in network
- Change in valuation rates so that they are in line with like-payors



Primary Care Physicians

	Palomar Privileges	Pomerado Privileges	Palomar and Pomerado Privileges
Family Practice	41	7	13
Internal Medicine	21	22	17

Number of PCPs by medical group

Centre for HealthCare	16
El Norte Family Medicine	4
Escondido Internal Medicine	3
Graybill Medical Group	16
North County Health Services	4
North County Internists	6
Palomar Medical Group	4
Penn Elm Medical Group	7
Quality Care Medical Group	8



Recommendations

Stay in capitation for 2007

 Meet with Groups quarterly, more often if appropriate for business matters and monthly for operational matters

 Review cap pools mid 2007 for decision for 2008

