



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020
1:00 p.m.

Agenda



Board Members

Mark G. Dewane, Chairman, District 2
Mary Rose Wilcox, Vice Chair, District 5
Mary A. Harden, R.N., Director, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4

President & Chief Executive Officer

Stephen A. Purves, FACHE

Clerk of the Board

Melanie Talbot

Meeting Location

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Conference and Administration Center
Auditorium 2

AGENDA – Formal Meeting

**Maricopa County Special Health Care District
Board of Directors**

Mission Statement

The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

Welcome

The Board of Directors is the governing body for the Maricopa County Special Health Care District. Each member represents one of the five districts in Maricopa County. Members of the Board are public officials, elected by the voters of Maricopa County. The Board of Directors sets policy and the President & Chief Executive Officer, who is hired by the Board, directs staff to carry out the policies.

How Citizens Can Participate

Each meeting is open to the public and there is a "Call to the Public" at the beginning of each meeting. An individual may address the Board of Directors at this time or when the agenda item to be addressed is reached. If you wish to address the Board, please complete a Speaker's Slip and deliver it to the Clerk of the Board prior to the Call to Public. If you have anything that you wish distributed to the Board and included in the official record, please hand it to the Clerk who will distribute the information to the Board members and Valleywise Health Senior Staff.

Speakers will be called in the order in which requests to speak are received. Your name will be called when the Call to Public has been opened or when the Board reaches the agenda item which you wish to speak. As mandated by the Arizona Open Meeting Law, officials may not discuss items not on the agenda, but may direct staff to follow-up with the citizen.

Public Rules of Conduct

The Board Chair shall keep control of the meeting and require the speakers and audience to refrain from abusive or profane remarks, disruptive outbursts, applause, protests, or other conduct which disrupts or interferes with the orderly conduct of the business of the meeting. Personal attacks on Board members, staff, or members of the public are not allowed. It is inappropriate to utilize the Call to Public or other agenda item for purposes of making political speeches, including threats of political action. Engaging in such conduct and failing to cease such conduct upon request of the Board Chair will be grounds for ending a speaker's time at the podium or for removal of any disruptive person from the meeting room, at the direction of the Board Chair.

Agendas are available within 24 hours of each meeting in the Office of the Board, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. and on the internet at <https://valleywisehealth.org/about/board-of-directors/>. Accommodations for Individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice through the Office of the Board, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

- Valleywise Health Medical Center •
- 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
- Conference and Administration Center • Auditorium 2 •

Wednesday, May 27, 2020
1:00 p.m.

One or more of the members of the Board of Directors of the Maricopa County Special Health Care District may attend telephonically. Board members attending telephonically will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Board may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Board's attorney or attorneys on any matter listed on the agenda. The Board also may wish to discuss any items listed for Executive Session discussion in General Session, or the Board may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Board will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

If you are carrying a cell phone, pager, computer, or other sound device, we ask that you silence it at this time to minimize disruption of the meeting.

1:00 **Call to Order**

Roll Call

1:05 **Call to the Public**

This is the time for the public to comment. The Board of Directors may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1:15 1. **Approval of Consent Agenda: 15 min**

Note: Approval of contracts, minutes, IGA's, proclamations, etc. Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any Board member.

a. **Minutes:**

- i. **Approve** Special Health Care District Board of Directors meeting minutes dated April 22, 2020

Melanie Talbot, Chief Governance Officer; and Clerk of the Board

b. **Contracts:**

- i. **Approve** amendment #1 to the contract (MCO-20-003-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to add Commercial and Medicare Advantage Product and Electroconvulsive Therapy Services

Michael S. Zenobi, Vice President, Managed Care Operations

General Session, Presentation, Discussion and Action, cont.:

1:15 1. Approval of Consent Agenda, cont.:

b. Contracts, cont.:

- ii. **Approve** a new contract (90-20-051-1) between SDB, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$350,000
Jo-el Detzel, Vice President, Ancillary and Support
- iii. **Approve** a new contract (90-20-051-2) between Guthrie General, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$1,000,000
Jo-el Detzel, Vice President, Ancillary and Support
- iv. **Approve** a new contract (90-20-051-3) between Loven Contracting, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$350,000
Jo-el Detzel, Vice President, Ancillary and Support
- v. **Approve** a new contract (90-20-051-4) between Edge Construction, LLC and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$1,000,000
Jo-el Detzel, Vice President, Ancillary and Support
- vi. **Approve** a new contract (90-20-051-5) between W.E. O'Neil Construction Company of Arizona and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$350,000-\$1,000,000
Jo-el Detzel, Vice President, Ancillary and Support
- vii. **Approve** a new contract (90-20-051-6) between Willmeng Construction, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$350,000-\$1,000,000
Jo-el Detzel, Vice President, Ancillary and Support
- viii. **Approve** a new cooperative agreement (90-20-173-1) between Runbeck Election Services, Inc. and the Maricopa County Special Health Care District dba Valleywise Health to provide Business Forms and Election Support Services Related to the General Election in November 2020
Warren Whitney, SVP Government Relations

c. Governance:

- i. **Approve** Changes to the Federally Qualified Health Center Clinics Sliding Fee Discount Policy and Schedule
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- ii. **Approve** Travelers Insurance Company property insurance policy and payment of the premium for period June 1, 2020 through May 31, 2021
Martin C. Demos, General Counsel
- iii. **Approve** Application of Pedro Cons for Reappointment to the Valleywise Community Health Centers Governing Council
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer

General Session, Presentation, Discussion and Action, cont.:

1:15 1. Approval of Consent Agenda, cont.:

c. Governance, cont.:

- iv. **Approve** Application of Scott Jacobson for Reappointment to the Valleywise Community Health Centers Governing Council
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- v. **Approve** Application of Liz McCarty for Reappointment to the Valleywise Community Health Centers Governing Council
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- vi. **Approve** Application of Lisa Porter as Potential Member to the Valleywise Community Health Centers Governing Council
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- vii. **Approve** a Letter of Support on behalf of the Maricopa County Special Health Care District Board of Directors to the Accreditation Council for Graduate Medical Education in Support of the Addition of Eight (8) Family Medicine Residents at the Valleywise Community Health Center-South Central by October 1, 2020
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- viii. **Approve** the Addition of Eight (8) Family Medicine Residents at the Valleywise Community Health Center-South Central by October 1, 2020
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- ix. **Approve** a Joint Defense Agreement between the Maricopa County Special Health Care District dba Valleywise Health and the Creighton University Arizona Health Education Alliance and Alliance members
Martin C. Demos, General Counsel
- x. **Approve** a No Objection Letter to the Proposed Foreign-Trade Zone Property Tax Reclassification of Real and Personal Property of Mark Anthony Brewing Inc., to be located within Foreign Trade Zone 277
Warren Whitney, Senior Vice President, Government Relations
- xi. **Approve** a No Objection Letter to the Proposed Foreign-Trade Zone Proposed Property Tax Reclassification of Real and Personal Property of Project Lagerhaus, to be located within Foreign Trade Zone 277
Warren Whitney, Senior Vice President, Government Relations

d. Medical Staff:

- i. **Approve** Valleywise Health Medical Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for May 2020
William D. Dachman, M.D., Chief of Staff
- ii. **Approve** Valleywise Health Allied Health Professional Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for May 2020
William D. Dachman, M.D., Chief of Staff
- iii. **Approve** Proposed Revisions to the Department of Psychiatry-Psychologist Delineation of Privileges
William D. Dachman, M.D., Chief of Staff
- iv. **Approve** Proposed Revisions to Policy 39026 T: Operational Credentialing
William D. Dachman, M.D., Chief of Staff

General Session, Presentation, Discussion and Action, cont.:

- 1:15 1. Approval of Consent Agenda, cont.:
- d. Medical Staff, cont.:
 - v. **Approve** Proposed Revisions to Policy 39017 T: Medical Staff Fund and Associates Dues and Assessment
William D. Dachman, M.D., Chief of Staff
 - e. Care Reimagined Capital:
 - i. **Approve** a new contract (480-90-20-007-1) between Transact Commercial Interiors, and the Maricopa County Special Health Care District dba Valleywise Health to purchase new furniture, products and services
Michael White, M.D., Executive Vice President, Chief Medical Officer
 - ii. **Approve** amendment #1 to the contract (480-90-19-018-01) for Okland Construction Company, Inc., for Construction Manager at Risk (CMAR) for Guaranteed Maximum Price (GMP) One (1) for the following facilities: Valleywise Community Health Centers-Chandler, Mesa, Maryvale and West Maryvale. This GMP value is \$9,775,533. The Revised Contract Value is \$9,906,916. Total Project cost is \$69,000,000 (CER 19-945)
Michael White, M.D., Executive Vice President, Chief Medical Officer
 - iii. **Approve** amendment #2 to the contract (480-90-19-018-02) for Okland Construction Company, Inc., for Construction Manager at Risk (CMAR) for Guaranteed Maximum Price (GMP) One (1) for the following facilities: Valleywise Community Health Centers-Chandler, Mesa, Maryvale and West Maryvale. This GMP value is \$9,323,642. The Revised Contract Value is \$9,455,025. Total Project cost is \$69,000,000 (CER 19-946)
Michael White, M.D., Executive Vice President, Chief Medical Officer
 - f. Capital:
 - i. INTENTIONALLY LEFT BLANK

End of Consent Agenda

- 1:30 2. Valleywise Health's Response to COVID-19 **15 min**
Michael White, M.D., Executive Vice President, Chief Medical Officer
Sherry Stotler, R.N., M.S.N., Senior Vice President, Chief Nursing Officer
- 1:45 3. Discussion and **Possible Action** on Ballot Language and Board Resolution No. 2020-5-27-001, for the Question of Authorizing the Continuance of the Operating Tax Levy for the November 2020 General Election **15 min**
Board of Directors
- 2:00 4. Discuss and Review the Quarterly Quality Dashboard Including but not Limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores **10 min**
Crystal Garcia, Vice President Quality Management and Patient Safety

General Session, Presentation, Discussion and Action, cont.:

- 2:10 5. Discuss and Review the Quarterly Infection Control Quality Metrics Report 10 min
Crystal Garcia, Vice President Quality Management and Patient Safety
- 2:20 6. Discuss and Review Quarterly Ambulatory Operational Dashboard 10 min
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- 2:30 7. Discuss and Review Quarterly Update on Behavioral Health Programs, Services and Initiatives at Valleywise Health 15 min
Gene Cavallo, Senior Vice President, Behavioral Health Services
- 2:45 8. Discussion on Valleywise Health's 2020 Legislative Agenda and/or the Maricopa County Special Health Care District's Position Regarding Proposed State and Federal Legislative Items 10 min
Michael Fronske, Legislative and Governmental Affairs Director
- 2:55 9. Discuss and Review April 2020 Valleywise Health's Financials and Statistical Information 15 min
Rich Mutarelli, Executive Vice President, Chief Financial Officer
- 3:10 10. Discuss and Review Preliminary Patient Volumes and Capital Target for Fiscal Year 2021 10 min
Claire Agnew, Senior Vice President, Financial Services
- 3:20 11. Review and **Possible Action** on Reports to the Board of Directors 15 min
- a. Monthly Marketing and Communications Report
Bill Byron, Senior Vice President, Marketing and Communications
 - b. Monthly Care Reimagined Capital Purchases
Rich Mutarelli, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health's Employee Turnover Report (April 2020)
Justina Sanchez Cox, Senior Vice President, Chief Human Resources Officer
 - d. Quarterly Compliance Officer's Report; Valleywise Health's Finance, Audit and Compliance Committee Activities
L.T. Slaughter, Chief Compliance Officer
- 3:35 12. Concluding Items 15 min
- a. Old Business:
April 22, 2020
COVID-19 Response
 - Keep the Board informed if Valleywise Health begins broadscale COVID-19 testing
 - Have Marketing/Communications prepare a Q&A on COVID-19 testingLegislative Update
 - Keep the Board informed if the immigration order (if issued) impacts DACA
 - b. Board Member Requests for Future Agenda Items or Reports

General Session, Presentation, Discussion and Action, cont.:

3:35 12. Concluding Items, cont.

c. Comments

i. Chairman and Member Closing Comment

ii. President and Chief Executive Officer Summary of Current Events

3:50 **Adjourn**



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.a.i.

**Minutes
April 22, 2020**

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditorium 2
April 22, 2020
1:00 p.m.**

DRAFT

Present:

Mark G. Dewane, Chairman, District 2 – *participated telephonically*
Mary Rose Wilcox, Vice Chairman, District 5 – *participated telephonically*
Mary A. Harden, Director, District 1 – *participated telephonically*
Susan Gerard, Director, District 3 – *participated telephonically at 1:04 p.m.*
J. Woodfin Thomas, Director, District 4 – *participated telephonically*

Others Present:

Steve Purves, President & Chief Executive Officer – *participated telephonically*
Rich Mutarelli, Executive Vice President, Chief Financial Officer
Michael White, M.D., Executive Vice President, Chief Medical Officer
Sherry Stotler, R.N., M.S.N., Senior Vice President, Chief Nursing Officer
William D. Dachman, M.D., Chief of Staff – *participated telephonically*
Martin Demos, General Counsel

Guest Presenters:

Michael Fronske, Legislative and Government Affairs Director – *participated telephonically*
Claire Agnew, Senior Vice President, Financial Services – *participated telephonically*

Recorded by:

Melanie Talbot, Chief Governance Officer; Clerk of the Board
Cynthia Cornejo, Deputy Clerk of the Board

Call to Order:

Chairman Dewane called the meeting to order at 1:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that four of the five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum. All Board members participated telephonically. Director Gerard joined telephonically shortly after roll call.

For the benefit of all participants, Ms. Talbot announced the individuals present as well as those participating telephonically. Ms. Talbot announced that accommodations were made in Auditorium 1, so the public could view the presentations and listen to the meeting proceedings, while maintaining the appropriate distance from each other.

Call to the Public

Chairman Dewane called for public comment.

Mr. Purves recognized the frontline employees that were treating patients during the COVID-19 pandemic and highlighted the clinical laboratory employees for their efforts. He noted that it was Medical Laboratory Professional week and noted that Valleywise Health operated a full-scale diagnostic laboratory, housed state-of-the-art equipment, performed 5.2 million tests annually, and employed 143 employees. The clinical laboratory had been at the forefront of the pandemic and had been working to increase the testing capabilities. He commended their contributions to the organization.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Special Health Care District Board of Directors meeting minutes dated March 25, 2020
 - b. Contracts:
 - i. Approve amendment #1 to contract (MCO-20-009-01-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to add the Medicare Advantage product
 - ii. Approve amendment #2 to the grant [90-18-428-1-02 (FTF-RC033-19-0674-01-Y3)] with First Things First for the services at the South Phoenix Family Learning Centers (South Central, Maryvale and Phoenix)
 - iii. Approve amendment #2 to the grant [90-18-403-1-02 (GRA-MULTI-19-0965-01-Y3)] with First Things First for the Northwest/Southwest Care Coordinator/Medical Home Services Program
 - iv. Approve amendment #2 to the grant [90-18-420-1-02 (FTF-RC035-19-0614-01-Y3)] with First Things First for the East Maricopa Care Coordinator/Medical Home Services Program
 - v. Approve amendment #2 to the grant [90-19-004-1-02 (FTF-RC033-19-0615-02-Y3)] with First Things First for the South Phoenix Care Coordination/Medical Home Services Program
 - vi. Approve amendment #36 to the Professional Services Agreement (90-12-084-1-36) between Maricopa County Special Health Care District and District Medical Group
 - c. Governance:
 - i. Approve Affidavit Appointing John Lee, D.O., Wesley Smith, D.O., and Faraz Masood, M.D., as Deputy Medical Directors in the Department of Psychiatry
 - ii. Approve the following Change in Scope of Service: Add a Site, Valleywise Community Health Center-South Phoenix/Laveen
 - iii. Approve Changes to the Federally Qualified Health Center Clinics Sliding Fee Discount Policy and Schedule
 - iv. Approve Resolution Appointing Valleywise Health's Executive Vice President and Chief Financial Officer as the Maricopa County Special Health Care District's Agent for Public Assistance
 - v. Approve a new Utility Easement between Arizona Public Service Company and Maricopa County Special Health Care District dba Valleywise Health for the North East Corner of 27th Street and Roosevelt Street

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - vi. Approve a new Power Distribution Easement between Salt River Project and Maricopa County Special Health Care District dba Valleywise Health for the Community Health Center-North Phoenix
 - vii. Authorize the Maricopa County Special Health Care District dba Valleywise Health Executive Vice President and Chief Financial Officer to establish a \$30 million to \$35 million Line of Credit with the Maricopa County Treasurer’s Office Due to the Current COVID-19 Pandemic
 - d. Medical Staff:
 - i. Approve Valleywise Health Medical Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for April 2020
 - ii. Approve Valleywise Health Allied Health Professional Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for April 2020
 - iii. Approve Proposed Revisions to the Department of Anesthesiology Delineation of Privileges
 - iv. Approve Proposed New Urgent Care (Department of Emergency Medicine) Delineation of Privileges
 - e. Care Reimagined Capital:
 - i. Approve Guaranteed Maximum Price (GMP) number 4.04 with Kitchell Construction under contract number 480-90-18-012 for steel fabrication and erection, ship drawings for building envelope, fire protection, helipad fabricator and pneumatic tube in the amount of \$31,813,851. Also includes adding the remaining funds for the elevator and concrete scope of work (CER #19-947 Acute Care Hospital Podium & Bed Tower)
 - f. Capital:
 - i. INTENTIONALLY LEFT BLANK

Chairman Dewane stated that consent agenda item 1.c.iii. would be removed from the consent agenda. The item would not be discussed or voted on.

Director Harden requested item 1.b.vi. be removed from the consent agenda, to be discussed and voted on separately.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.:

MOTION: Vice Chairman Wilcox moved to approve the consent agenda minus item 1.b.vi. and 1.c.iii. Director Harden seconded.

VOTE: 5 Ayes: Chairman Dewane, Vice Chairman Wilcox, Director Gerard, Director Harden, Director Thomas

0 Nays

Motion unanimously passed.

Director Harden addressed consent agenda item 1.b.vi.; amendment #36 to the Professional Services Agreement between Maricopa County Special Health Care District and District Medical Group (DMG), and she said that she agreed that the Certified Registered Nurse Anesthetist (CRNA) rate should increase, however, given Valleywise Health's current financial challenges, she suggested that DMG absorb the costs associated with the rate increase. She requested a roll call vote for the item.

Mr. Mutarelli explained how changes in the local market resulted in challenges to retain and recruit CRNAs, which warranted the rate increase, to remain competitive. The proposed amendment split the cost between the two entities, with DMG contributing 40% of the expense, and the District responsible for the remaining 60%, as the increase impacted both organizations. He noted that surgical volumes were low, however, once the restrictions on elective surgeries were lifted, the volumes were anticipated to increase, and the matter would have to be addressed. If needed, the matter could wait to be addressed until the new fiscal year, July 1, 2020, and leadership could discuss her suggestion with DMG.

Dr. White agreed with the contributing factors and stated that CRNA recruitment and retention would be essential when elective surgery restrictions were lifted.

Director Harden reiterated that she agreed the rate should be increased, however, she believed the costs should be absorbed by DMG. She stated that there was a \$3 million overage in medical service fees, on a year-to-date basis, and there were many unknown challenges ahead.

Vice Chairman Wilcox asked if the two entities had worked cooperatively to put forth the proposed amendment.

Dr. White said that the amendment discussion began prior to the pandemic and an agreement had been reached.

Vice Chairman Wilcox confirmed that the purpose for the amendment was to assist with retainment and recruitment of CRNAs, in preparation for the potential surge once the restrictions were lifted. She asked if the costs for increases were historically split between the two entities.

Mr. Purves stated that it was unusual for DMG to share the costs, however, the agreement was reached due to the dramatic market shift. The amendment was designed to remain competitive in the market, retain quality employees and recruit talent, as the surgery demand increased. He understood Director Harden's concerns with the overage in the medical service fees, and there were separate discussions with DMG to address the financial uncertainties that would result from the pandemic. He recommended moving forward with the proposed amendment to ensure adequate staffing when restrictions were lifted.

Vice Chairman Wilcox agreed and noted that staff had been working on the amendment prior to the pandemic due to the local market shift. She was hopeful that the two entities would work collaboratively through the pandemic to uncover solutions to the unknown financial obstacles that were sure to come.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.:

MOTION: Director Thomas moved to approve consent agenda item 1.b.vi., amendment #36 to the Professional Services Agreement (90-12-084-1-36) between Maricopa County Special Health Care District and District Medical Group. Vice Chairman Wilcox seconded.

Director Harden questioned why the costs were not shared equally between the two entities.

Mr. Purves noted that the current agreement did not include requirements for shared costs. There was a current analysis done on the agreement related to fair market values and that information would be used to renegotiate the current agreement, to align the interests of both entities. For the proposed amendment, DMG realized the financial impact and offered to contribute 40% toward the cost.

Director Gerard understood Director Harden's concern, however, she thought those concerns would be best to be discussed separately from the proposed amendment. She was impressed that DMG had agreed to cover 40 percent.

VOTE: 4 Ayes: Chairman Dewane, Vice Chairman Wilcox, Director Gerard, Director Thomas
1 Nay: Director Harden
Motion passed.

2. Valleywise Health's Response to COVID-19

Dr. White provided an update on Valleywise Health's response to the COVID-19 pandemic, which had consumed the healthcare delivery system nationwide. He expressed his admiration and applauded staff for their resilience in continuing to provide exceptional care, to every patient, every time. He also thanked the Board and leadership for their continued support.

He reviewed the current statistics and noted that there were 43 patients diagnosed with COVID-19 that had been treated or were currently being treated at a Valleywise Health facility. Of those, 16 were discharged home, while some continued to be treated. He stated that Valleywise Health had been at the forefront to provide state-of-the-art polymerase chain reaction (PCR) testing and would begin conducting rapid testing the following day, to provide accurate, timely diagnosis and to provide supportive treatment to patients that tested positive.

Ms. Stotler reiterated the resilience of the employees and the commended the level of camaraderie and engagement between employees during the stressful situation. She noted that there had been continued effort to ensure staff were practicing evidence-based protocol to contain the spread of infection.

Director Harden expressed her appreciation for the leadership provided by Dr. White and Ms. Stotler through the pandemic. She asked if Valleywise Health had adequate supplies, equipment and testing reagents.

Dr. White said that there were currently enough supplies and equipment. Staff would continue to follow a rigid protocol to ensure the testing supplies were adequately allocated and available for the patients in need. However, there was not surplus supply of testing supplies to test asymptomatic patients or to conduct widespread testing at the moment.

Director Harden asked if Valleywise Health had any frontline employees that tested positive for COVID-19 disease.

Dr. White said that there had been employees that tested positive for COVID-19 disease.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

2. Valleywise Health's Response to COVID-19, cont.

Vice Chairman Wilcox expressed her appreciation for all the work that was being done and commended staffs' preparedness and collaboration in working toward solutions. She noted that Arizona was preparing to ease restrictions and reopen some establishments and asked if staff had information on who would be providing tests for those establishments.

Dr. White said that he was unsure who would be responsible to provide community-wide testing. As he previously stated, Valleywise Health did not have a surplus of testing kits or testing reagents to conduct widespread testing. There was a need throughout the country for those supplies and health systems were challenged to offer testing outside of patients that were symptomatic and being treated. He noted that the pandemic was a long, complex situation.

Vice Chairman Wilcox was concerned, as it was unclear on which entity or organization would organize the testing capabilities. She asked that staff the Board updated with information related increased testing capabilities or locations providing tests for the community.

Mr. Purves said that there were many factors considered in the discussions surrounding the relaxation of social distancing measures and the restrictions on elective surgeries. He thanked Dr. White for participating in those discussions with Arizona Department of Health Services (ADHS), the Governor's Office, and other clinical officers in the community, and advocating for a safe, effective, and medically based plan to reintroduce services. He noted that it was difficult to predict what would happen, however, there were many assumptions considered. All recommendations would be based on protecting patients, preventing the spread of the virus and protecting frontline healthcare workers. He said that as the restriction on elective surgeries were eased, protocols would be in place and would be dependent on testing capabilities.

He agreed that COVID-19 was a complex situation and he expressed his appreciation for those that worked tirelessly to keep the organization operational and the employees engaged. He highlighted the contributions from the community, as various organizations and individuals had donated supplies, meals, and words of encouragement to staff. He was hopeful that politics and protests would not hinder the efforts that were being made to resume normalcy or cause a spike in new cases in the future.

Chairman Dewane noted that Walgreen's announced that it would provide drive-thru testing at a Chandler location, and asked if supplies were being allocation elsewhere, that could be received at Valleywise Health.

Dr. White said that the testing provided was similar to the tests that were performed at Valleywise Health. He speculated that Walgreen's had partnered with a laboratory to process the tests, once received and testing sites, like Walgreen's, were not deflecting resources from Valleywise Health.

Director Thomas thanked the staff and praised the efforts made to maintain staff morale throughout the organization.

Director Gerard asked Dr. White, in meeting with the Governor's Office and ADHS, if he believed there was support to expand testing capabilities.

Dr. White said there was support to expand testing and work had begun with the University of Arizona to begin anti-body testing to identify individuals who had been exposed, and immune, to COVID-19. The testing would begin with first responders and healthcare workers.

Director Gerard asked who controlled the testing kits and reagents that were distributed to healthcare systems; the federal government or Valleywise Health's ability to work with vendors to procure the supplies.

Dr. White said that it was a combination; however, staff was working with various vendors to provide laboratory reagents. He noted that all vendors were operating under an allocation methodology and supplies were directed to areas of the country that had the greatest need.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

2. Valleywise Health's Response to COVID-19, cont.

Director Gerard said that staff continued to follow rigid testing protocol and questioned if family members of a positive patient would be eligible to be tested.

Dr. White said that unfortunately, only the symptomatic individual would be tested, and the family would be instructed to self-isolate for 14 days.

Director Gerard was dishearten by the lack of testing supplies available and said testing capabilities needed to improve prior to relaxing the restrictions throughout the state. She questioned when Arizona was expected to peak.

Dr. White said that the date varied, based on the model used; however, one model predicted Arizona was currently in the peak, while another model predicted the peak would be experienced the following week.

Director Gerard stated that it appeared that the local hospitals had the situation under control and asked if there were other parts in Arizona that had been hit harder than others.

Dr. White noted that northern Arizona, by the Navajo Nation, had been disproportionately impacted, while Maricopa County had been relatively spared. He credited the efforts with social distancing and the stay-at-home order with the ability to manage resources appropriately.

Vice Chairman Wilcox expressed frustration with the number of unknown factors that remained and asked if the businesses were prepared to offer testing options, should the Governor lift the stay-at-home order on May 1, 2020. If not, she asked if there was a potential to have another wave of exposures as a result.

Dr. White did not anticipate that widespread testing would be available by May 1, 2020, and individual businesses would not have the ability to test individuals. To successfully relax restrictions, there should be guidelines in place; including limitation on large gathers, maintaining social distancing, and requiring individuals to wear a face mask in public. All those guidelines would assist in reducing the transmission of the virus. If those precautions were not taken, he predicted that there would be increase in cases once the stay-at-home was lifted.

Ms. Stotler said that all individuals should function as if they were infected, to reduce the transmission to others. She reiterated that focus on handwashing and wearing masks could become part of the culture, moving forward.

Director Harden asked if staff continued to use the guidelines set by the Centers for Disease Control and Prevention (CDC), to determine which individuals would be tested.

Dr. White confirmed that the guidelines were being used, with the exception of behavioral health patients. All behavioral health patients had been tested upon admission, to help facilitate placement.

Director Harden reiterated that the Navajo Nation had been disproportionately impacted and asked if there were resources in place to help.

Mr. Purves said that there was a coordinated effort to offer assistance, including support from the National Guard, who airlifted supplies to the facility.

Dr. White said that ADHS had established a statewide network for smaller hospitals to call upon to facilitate transfers and noted that Valleywise Health had received a transfer from Northern Arizona the previous evening.

Chairman Dewane stated that there were many people congregating at nearby lakes and forests, and he asked if that activity could prompt a resurgence of new cases.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

2. Valleywise Health's Response to COVID-19, cont.

Dr. White said that the virus was not confined to city limits and large gatherings increased the risk for exposure. He said staff would continue to monitor the situation.

3. Discuss and Review the Patient Satisfaction Survey Process and the Patient Satisfaction Survey Results/ Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores for Fiscal Year-to-Date 2020

Ms. Stotler stated that the Service Excellence team had been implemented shortly before the start of the pandemic and the implementation had yielded positive results, despite the anxiety surrounding the organization and the nation. For the third quarter of fiscal year 2020 (FY20), there was an improvement in the hospital's overall rating. There were also improvements in scores related to discharge information, communication with doctors and communication with nurses, which was impressive given that providers communicated with patients with masks on and additional protective gear. She highlighted some comments that were received by patients, which patients expressed appreciation for the ability to be in contact with their provider through telehealth services. There was an overall appreciation for the care taken to protect patients, families and staff from the virus.

She stated that staff continued to establish the culture of service excellence across the organization and implement proactive processes for families that were unable to visit patients in the hospital. She outlined the various activities in place to keep staff morale up, to support and celebrate the work done during the pandemic, including but not limited to rounding the units with a cart full of treats. There has also been an outpouring of support from the community, which has donated meals, snacks and cloth masks to distribute to the frontline staff. She commented that staff remained in good spirits and continued to work as a team to provide excellent service to patients and families.

Mr. Purves noted that the telehealth venture had exceeded expectations and had been embraced by both the patients and the providers. He thanked Information Technology (IT) for the work done to launch that service, as well as accelerate Valleywise Health's capabilities to accommodate employees working from home. Approximately 15% of the workforce had the capability to work from home, up from less than five percent before the pandemic. He noted that those changes in technological capabilities had the potential of improving employee satisfaction and reducing facility expenses in the future.

Vice Chairman Wilcox commended staff on their professionalism when being interviewed on television and providing the community with important information.

4. Discussion and Possible Action on Valleywise Health's 2020 Legislative Agenda and/or the Maricopa County Special Health Care District's Position Regarding Proposed State and Federal Legislative Items

Mr. Fronske stated that the Legislature was in session, despite having not met since March 23, 2020. He reviewed the current statistics, which remained unchanged and noted 58 bills had passed and were signed by the Governor. Prior to adjourning, the Legislature passed a baseline budget, which included \$50 million in COVID-19 aid. The session was adjourned until April 13, 2020 or until the President of the Senate and Speaker of the House determined when, which was anticipated to be May 1. It was expected the session would be convened, only to Sine Die, which would mean that all bills that were in process would die. He noted the Finance Advisory Committee predicted that there would be shortfall in the budget between \$600 million and \$1.6 billion, as it was difficult to predict the impact the pandemic would have on the economy. It was recommended to reconvene in the summer, as there may be more information available to estimate the budgetary impact.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

4. Discussion and Possible Action on Valleywise Health's 2020 Legislative Agenda and/or the Maricopa County Special Health Care District's Position Regarding Proposed State and Federal Legislative Items, cont.

There were two options for the Legislature to convene in a special session; the Governor could call a special session to focus on a specific item, or the Legislature could call themselves back to a special session, with no restriction on the items to focus on.

Mr. Fronske reviewed the activity at the federal level and noted the Senate passed Supplemental Funding for COVID-19, and the House was to vote on the item by the end of the week. If passed, \$321 billion would be allocated to expand the Paycheck Protection Program (PPP), \$75 billion would be allocated to hospitals and healthcare systems, \$25 billion would be allocated for testing, and \$11 billion would be sent to states. It was currently unknown how the funds would be distributed, if passed.

He mentioned that the President stated his intention to temporarily suspend immigration to the United States, although an executive order had not been released.

Vice Chairman Wilcox asked if the order would impact Deferred Action for Childhood Arrivals (DACA).

Mr. Fronske was unsure, since the executive order had not been issued.

Vice Chairman Wilcox requested that the Board be kept apprised on the matter.

Director Harden asked if there was a provision in place that would reduce the per diem rates for the legislators if the session was in session after a specified date. She asked if there was an option for virtual or telephonic proceedings.

Mr. Fronske confirmed that there was a provision in place that would reduce the per diems, however, that was not the focus at the moment. He stated that the Legislature rules did not allow for virtual or telephonic participation.

Director Harden questioned the status of moving the November 2020 election to an all-mail-in ballot.

Mr. Fronske stated that in Arizona, all registered voters had the option to add their name to a permanent early voting list (PEVL) and received their ballots by mail. To shift the process to an all-mail-in ballot would require a change in the legislation, and that was unlikely to occur prior to the November 2020 election.

5. Discuss and Review March 2020 Valleywise Health's Financials, Statistical Information, and Quarterly Investment of Funds Report

Mr. Mutarelli reviewed the statistical information for the month of March 2020 and noted that patient volumes throughout the organization had declined. Elective surgery restrictions began mid-March and the result was reflected in the negative 14% variance in total admissions. Emergency department visits were below budget by 23.9%, and ambulatory visits were down 16.4%, compared to budget. Telehealth visits were introduced and there were 1,350 telehealth visits in March. On a year-to-date basis, overall admissions were 5.6% below budget, emergency department visits were 1.1% better than budget, and ambulatory visits were right on budget.

The total operating revenue for March 2020 was below budget by 24.4%, while total operating expenses were 5.8% over budget. He noted that there was a reduction in the number of full-time equivalents (FTEs), however, due to the reduced volume. The FTE per adjusted occupied bed (AOB) was over budget. On a year-to-date basis, the total operating revenue was right on budget, and operating expenses were 4.7% over budget, for a total operating loss of nearly \$69 million, compared to a budgeted loss of \$47.7 million. The normalized bottom line was negative \$13.7 million compared to a budgeted \$9.5 million.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

5. Discuss and Review March 2020 Valleywise Health's Financials, Statistical Information, and Quarterly Investment of Funds Report, cont.

Mr. Mutarelli reviewed the number of days cash on hand, 107 days or \$185 million, which included the infusion of cash from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The number of days in accounts receivable was 90 days, however, that included large burn cases and was calculated based on the most recent 90-day period, including March 2020, which may have altered the figures. The current liquidity ratio was 3:1, excluding bond funds. He stated the goal was to preserve cash, flex staff to appropriate levels, monitor and track all expenses related to COVID-19, and apply for all supplemental support available to assist the organization through the pandemic.

6. Discuss and Review Preliminary Patient Volumes and Capital Target for Fiscal Year 2021

Ms. Agnew reviewed the preliminary patient volumes for fiscal year 2021 (FY21) and noted that the projections were established using data through February 2020, prior to the pandemic. Staff was operating under the assumption that operations would return to normal by the beginning of the fiscal year, July 1, 2020, however, the assumptions would be adjusted based on the COVID-19 impact, to provide a more accurate forecast.

Total admissions were projected to increase by 9.4% and included a significant increase in behavioral health admissions at Valleywise Behavioral Health Center-Maryvale because two additional units were planned to open in the upcoming fiscal year. Patient days were forecasted to increase by 19.8% due to the increase in behavioral health capacity, as the behavioral health average length of stay was four times higher than the acute length of stay. Emergency department visits were projected to surpass over 100,000 visits, or increase by five percent, with the growth stemming from Valleywise Emergency-Maryvale.

Outpatient visits were forecasted to increase by 4.1%, with significant growth in behavioral health. Of the 13.8% increase in outpatient behavioral health, half of the increase was anticipated to come from integrated behavioral health services, a relatively new service that was expanding due to the receipt of grant funding through New Access Point (NAP) from Health Resources and Services Administration (HRSA). The other half of the outpatient behavioral health growth would stem from the Seriously Mentally Ill (SMI) clinic, the Assertive Community Treatment (ACT) team, and the First Episode clinic. The comprehensive health center visits were projected to increase 10% due to the opening of Valleywise Comprehensive Health Center-Peoria. Ms. Agnew noted the primary care visits would be included in the community health center visits, to provide a more concise year-over-year comparison. The community health center and dental visits were projected to decrease slightly as some locations would be closed and/or transition to new locations. She stated that the current Care Reimagined timeline was considered in making the projections.

The preliminary inpatient volume detail projected a 1.4% decrease in the average length of stay, considered some outlier burn cases and reflected the efforts made to improve difficult discharge cases. The behavioral health average length of stay was adjusted to account for lower acuity cases, as well as amended court ordered treatment readmissions. Ms. Agnew reiterated that there would be adjustments made to various volume projections, including surgery.

Ms. Agnew reviewed the preliminary capital budget for FY21 and highlighted the budget was less than \$7 million, excluding emergency and contingency funds. She reviewed some items that were included in each category and stated that many capital items identified may be purchased through the current capital budget or through Care Reimagined funds.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

7. Review and Possible Action on Reports to the Board of Directors
 - a. Monthly Marketing and Communications Report
 - b. Monthly Care Reimagined Capital Purchases
 - c. Monthly Valleywise Health's Employee Turnover Report (March 2020)
 - d. Annual District Wide Risk Management Program Report
 - e. Quarterly Valleywise Community Health Centers Governing Council Structure Report
 - f. Quarterly Valleywise Health Foundation's Tasks Status Report to Valleywise Health's President & Chief Executive Officer

Vice Chairman Wilcox addressed item 7.a., the Monthly Marketing and Communications Report, and commended Mr. Byron and the department on the information that had been released to the public. She requested that a Frequently Asked Questions (FAQ) document related to COVID-19 testing be developed to provide clarification to the public on testing capabilities and locations.

Mr. Byron stated that he would ensure that any information provided to the public would clearly outline Valleywise Health's testing capabilities, as to avoid any confusion.

Ms. Talbot addressed item 7.e., the Quarterly Valleywise Community Health Centers Governing Council Structure Report, and noted the report was recently updated to include the patient population that was reported on the most recent Uniform Data System (UDS) submission.

Ms. Hartsock addressed item 7.f., the Quarterly Valleywise Health Foundation's Task Status Report to Valleywise Health's President & Chief Executive Officer, and highlighted the upcoming Night of Heroes event. She noted the event had transitioned to a virtual platform and had registered over 450 participants.

8. Ratify a video message sent to Maricopa County Special Health Care District dba Valleywise Health employees on Tuesday, April 14, 2020, from Chairman Mark Dewane on behalf of the Maricopa County Special Health Care District Board of Directors that expressed support for Valleywise Health staff during the COVID-19 pandemic and other or related action of the District Board of Directors Chairman, and/or the District's President and Chief Executive Officer or other District officers or representatives relating to the foregoing or otherwise relating to the video

Description of Activities that Relate to the Actions to be Ratified: Chairman Mark Dewane requested an opportunity to send a video out to thank Valleywise Health employees. Bill Byron, Senior Vice President of Marketing and Communications at Valleywise Health, followed up at Valleywise Health's President & Chief Executive Officer, Steve Purves's request to accommodate the Chairman's request. During the video, Chairman Dewane said that he was delivering his message "on behalf of the Board of Directors." The video was uploaded on the District's internal intranet site, The Vine (<https://t.e2ma.net/message/vs3mrd/fk2nf2b>) as well as uploaded to YouTube (<https://www.youtube.com/watch?v=2YlpwM9Ge-U&feature=youtu.be>).

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

8. Ratify a video message sent to Maricopa County Special Health Care District dba Valleywise Health employees on Tuesday, April 14, 2020, from Chairman Mark Dewane on behalf of the Maricopa County Special Health Care District Board of Directors that expressed support for Valleywise Health staff during the COVID-19 pandemic and other or related action of the District Board of Directors Chairman, and/or the District's President and Chief Executive Officer or other District officers or representatives relating to the foregoing or otherwise relating to the video, cont.

Summary. Although the District does not agree that there were any violations of the Open Meeting Law (or unauthorized acts), the proposal before the District Board of Directors will be to consider ratifying and confirming each of the acts and/or omissions of the Board of Directors, its Chairman, the District's President and Chief Executive Officer, and any other representative of the District that were allegedly without authority and/or in violation of the Open Meeting Law. Ratification of possible Open Meeting Law violations is authorized by A.R.S. § 38-431.05(B)(3). Neither the proposed ratification or a final act of ratification shall constitute an acknowledgment that any act or omission of the Board of Directors, its Chairman, or any other officer or other representative of the District was in violation of any provision of the Open Meeting Law or otherwise without authority.

Director Harden stated that while the production and release of the video was well intended, there were laws and regulations that required specific actions to be taken and one member of the Board could not speak for the entire public body, unless authorized to do so.

MOTION: Director Harden moved to ratify a video message sent to Maricopa County Special Health Care District dba Valleywise Health employees on Tuesday, April 14, 2020, from Chairman Mark Dewane on behalf of the Maricopa County Special Health Care District Board of Directors that expressed support for Valleywise Health staff during the COVID-19 pandemic and other or related action of the District Board of Directors Chairman, and/or the District's President and Chief Executive Officer or other District officers or representatives relating to the foregoing or otherwise relating to the video. Director Thomas seconded.

Vice Chairman Wilcox enjoyed the video and she believed that the Chairman of the Board should be granted more flexibility to speak on behalf of the Board in an effort to boost employee morale, as long as it did not infringe upon policy or cause financial repercussions.

Director Harden questioned if there were provisions in the Arizona Open Meeting Law that, unless authorized to do so, no member of the public body may speak on behalf of the entire body.

Mr. Demos confirmed and there was agreement that the Board take action to ratify the action.

Director Thomas agreed with Vice Chairman Wilcox and suggested the Chairman should have the authority to make such comments.

Director Gerard stated that she believed that the rules in place were appropriate, as suggested changes were based on the best-case scenario, and there could be unintended consequences with granting additional authority. She stated that individual Board members had the ability to speak for themselves.

VOTE: 5 Ayes: Chairman Dewane, Vice Chairman Wilcox, Director Gerard, Director Harden, Director Thomas
0 Nays
Motion passed unanimously.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – April 22, 2020**

General Session, Presentation, Discussion and Action, cont.:

9. Concluding Items

a. Old Business:

June 26, 2019

Legislative Update

- Keep the Board apprised of any immigration issue changes as the federal level

March 25, 2020

Legislative Update

- Who has authority to change to all mail in ballot, Governor or Secretary of State?

b. Board Member Requests for Future Agenda Items or Reports

c. Comments

- i. Chairman and Member Closing Comment
- ii. President and Chief Executive Officer Summary of Current Events

Ms. Talbot reviewed old business and reiterated that the outstanding items from June 2019 and March 2020 had been addressed. She outlined the requests that stemmed from the meeting.

Mr. Purves expressed his gratitude and appreciation for the frontline staff; nurses, physicians, respiratory staff, support and ancillary staff, and the clinical leadership for all the work that had been done during the pandemic. It was truly a team effort and an extraordinary challenge for the organization. He thanked the Board for the support given and he acknowledged the Senior Leaders, members of the marketing and communication staff, the IT department, and human resources staff for addressing challenges and developing solutions.

Adjourn

MOTION: Director Harden moved to adjourn the April 22, 2020 Special Health Care District Board of Directors Formal Meeting. Vice Chairman Wilcox seconded.

VOTE: 5 Ayes: Chairman Dewane, Vice Chairman Wilcox, Director Gerard, Director Harden
Director Thomas
0 Nays
Motion unanimously passed.

Meeting adjourned at 2:53 p.m.

Mark G. Dewane, Chairman
Special Health Care District
Board of Directors



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.i.

**Contracts
MCO-20-003-MSA**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Tuesday, May 12, 2020 8:13 AM
To: Melanie Talbot
Subject: Contract Approval Request: Optum Behavioral Health Inpatient Amend 1 Optum Network Strategies – Behavioral Health

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Optum Behavioral Health Inpatient Amend 1 Optum Network Strategies – Behavioral Health
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts
Status Pending Approval
Title Optum Behavioral Health Inpatient Amend 1

Contract Identifier
MIHS Contract Number MCO-20-003-01
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description
Action/Background Approve First Amendment to contract (MCO-20-003-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to add Commercial and Medicare Advantage product and ECT services allowing Valleywise Health to accommodate commercial members and dual eligible Medicare/Medicaid and ECT patients, enhancing the full continuum of care benefit for United Healthcare members.

Evaluation Process
Notes Approve First Amendment to contract (MCO-20-003-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to add Commercial and Medicare Advantage product and ECT services allowing Valleywise Health to accommodate commercial members and dual eligible Medicare/Medicaid

and ECT patients, enhancing the full continuum of care benefit for United Healthcare members.

Category

Effective Date 7/1/2020

Expiration Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Optum Network Strategies – Behavioral Health

Responses

Member Name	Status	Comments
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Tucker, Collee K.	Approved	
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Zenobi, Michael S.	Approved	This amendment furthers our behavioral health coverage expansion strategy into Commercial and Medicare Advantage product offerings. Please approve.
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Demos, Martin C.	Approved	
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Purves, Steve A.	Approved	
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Talbot, Melanie L.	Current	
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**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.ii.

**Contracts
90-20-051-1**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 10:19 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$25,000.00 - \$350,000.00 SDB, INC.

Message Information

From [Hammer, Mary](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Job Order Contracting \$25,000.00 - \$350,000.00 SDB, INC.

Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 Valleywise JOC_SDB Submittal 2019.pdf
Price		File	 Final Pricing.pdf
Unsigned Contract		File	 00500 Construction Contract 90-20-051-1 SDB.pdf
OIG		File	 OIG.pdf
SAM		File	 SAM.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC

Status Pending Approval

Title Job Order Contracting \$25,000.00 - \$350,000.00

Contract Identifier Board - New Contract

MIHS Contract Number 90-20-051-1

Primary Responsible Party Hammer, Mary P.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Description Job Order Contracting \$25,000.00 to \$350,000.00 per project

Action/Background Approve a new contract between SDB Inc.and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting Services

from \$25,000.00 - \$350,000.00 per project.

The purpose of this agreement is to provide Job Order Contracting for projects between \$25,000.00 - \$350,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. SDB Inc., Guthrie General, Edge Construction and Loven Contracting demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$25,000.00 to \$350,000.00 and the evaluation committee has recommended awarding contracts to SDB Inc., Guthrie General, Edge Construction and Loven Contracting to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor SDB, INC.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-EI M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.iii.

**Contracts
90-20-051-2**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 10:20 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$25,000.00-\$1,000,000.00 Guthrie General Inc.

Message Information

From [Hammer, Mary](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Job Order Contracting \$25,000.00-\$1,000,000.00 Guthrie General Inc.

Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 Valleywise 90-20-051 RFP - Guthrie Response.pdf
Pricing		File	 Final Pricing.pdf
Unsigned Contract		File	 00500 Construction Contract Guthrie 90-20-051-2.pdf
OIG		File	 OIG.pdf
SAM		File	 SAM.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC

Status Pending Approval

Title Job Order Contracting \$25,000.00-\$1,000,000.00

Contract Identifier Board - New Contract

MIHS Contract Number 90-20-051-2

Primary Responsible Party Hammer, Mary P.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Description Job Order Contracting \$25,000.00 to \$350,000.00 per project

Action/Background Approve a new contract between Guthrie General and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting

Services from \$25,000.00 - \$1,000,000.00 per project.
 The purpose of this agreement is to provide Job Order Contracting for projects between \$25,000.00 - \$1,000,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. SDB Inc., Guthrie General, Edge Construction and Loven Contracting demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$25,000.00 to \$350,000.00 and the evaluation committee has recommended awarding contracts to SDB Inc., Guthrie General, Edge Construction and Loven Contracting to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor Guthrie General Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-EI M.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.iv.

**Contracts
90-20-051-3**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 10:22 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$25,000.00 - \$350,000.00 Loven Contracting Inc

Message Information

From [Hammer, Mary](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Job Order Contracting \$25,000.00 - \$350,000.00 Loven Contracting Inc
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.
Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 Valleywise Health JOC 90-20-051 - RFQ_LovenContracting_Response.pdf
Unsigned Contract		File	 00500 Construction Contract 90-20-051-3 Loven Contracting.pdf
Price		File	 Final Pricing.pdf
OIG		File	 OIG.pdf
SAM		File	 SAM.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC
Status Pending Approval
Title Job Order Contracting \$25,000.00 - \$350,000.00
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-051-3
Primary Responsible Party Hammer, Mary P.
Departments ENGINEERING AND CONSTRUCTION
Product/Service Description Job Order Contracting \$25,000.00 to \$350,000.00 per project

Action/Background Approve a new contract between Loven Contracting and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting Services from \$25,000.00 - \$350,000.00 per project.
 The purpose of this agreement is to provide Job Order Contracting for projects between \$25,000.00 - \$350,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. SDB Inc., Guthrie General, Edge Construction and Loven Contracting demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$25,000.00 to \$350,000.00 and the evaluation committee has recommended awarding contracts to SDB Inc., Guthrie General, Edge Construction and Loven Contracting to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor Loven Contracting Inc

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-EI M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.v.

**Contracts
90-20-051-4**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, May 13, 2020 3:19 PM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$25,000.00-\$1,000,000.00 Edge Construction LLC.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Job Order Contracting \$25,000.00-\$1,000,000.00 Edge Construction LLC.

Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 EDGE Construction_SOQ_Valleywise Health JOC_90-20-051-RFQ.pdf
Pricing		File	 Final Pricing.pdf
Unsigned Contract		File	 00500 Construction Contract Edge Construction 90-20-051-4.pdf
SAM		File	 SAM.pdf
OIG		File	 OIG.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC

Status Pending Approval

Title Job Order Contracting \$25,000.00-\$1,000,000.00

Contract Identifier Board - New Contract

MIHS Contract Number 90-20-051-4

Primary Responsible Party Hammer, Mary P.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Description Job Order Contracting \$25,000.00 to \$1,000,000.00 per project

Action/Background Approve a new contract between Guthrie General and Edge Construction and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting Services from \$25,000.00 - \$1,000,000.00 per project. The purpose of this agreement is to provide Job Order Contracting for projects between \$25,000.00 - \$1,000,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. SDB Inc., Guthrie General and Edge Construction demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$25,000.00 to \$1,000,000.00 and the evaluation committee has recommended awarding contracts to Guthrie General and Edge Construction to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor Edge Construction LLC.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-EI M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.vi.

**Contracts
90-20-051-5**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 10:22 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$350,000.01-\$1,000,000.00 W.E. O'Neil Construction Company of Arizona

Message Information

From [Hammer, Mary](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Job Order Contracting \$350,000.01-\$1,000,000.00 W.E. O'Neil Construction Company of Arizona
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 WEO_Valleywise JOC 90-20-051-RFQ.pdf
Unsigned Contract		File	 00500 Construction Contract W.E.pdf
Price		File	 Final Pricing.pdf
SAM		File	 SAM.pdf
OIG		File	 OIG.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC
Status Pending Approval
Title Job Order Contracting \$350,000.01-\$1,000,000.00
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-051-5
Primary Responsible Party Hammer, Mary P.
Departments ENGINEERING AND CONSTRUCTION
Product/Service Description Job Order Contracting \$350,000.01 to \$1,000,000.00 per project

Action/Background Approve a new contract between W.E.O'Neil Construction Company of Arizona and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting Services from \$350,000.01 - \$1,000,000.00 per project.

The purpose of this agreement is to provide Job Order Contracting for projects between \$350,000.01 - \$1,000,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. W.E.O'Neil Construction Company of Arizona & Willmeng Construction demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$350,000.01 to \$1,000,000.00 and the evaluation committee has recommended awarding contracts to Guthrie General and Edge Construction to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor W.E. O'Neil Construction Company of Arizona

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-El M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.vii.

**Contracts
90-20-051-6**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, May 13, 2020 3:02 PM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting \$350,000.01-\$1,000,000.00 Willmeng Construction Inc.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Job Order Contracting \$350,000.01-\$1,000,000.00 Willmeng Construction Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Offer		File	 Willmeng Construction -- 90-20-051-RFQ-Job-Order-Contracting.pdf
Unsigned Contract		File	 00500 Construction Contract Willming 90-20-051-6.pdf
Price		File	 Final Pricing.pdf
SAM		File	 SAM.pdf
OIG		File	 OIG.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC
Status Pending Approval
Title Job Order Contracting \$350,000.01-\$1,000,000.00
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-051-6
Primary Responsible Party Hammer, Mary P.
Departments ENGINEERING AND CONSTRUCTION

Product/Service Description Job Order Contracting \$350,000.01 to \$1,000,000.00 per project

Action/Background Approve a new contract between W.E.O'Neil Construction Company of Arizona, Willmeng Construction and Maricopa County Special Health Care District dba Valleywise Health for Job Order Contracting Services from \$350,000.01 - \$1,000,000.00 per project.
The purpose of this agreement is to provide Job Order Contracting for projects between \$350,000.01 - \$1,000,000.00. The initial contract term is from June 1, 2020 to May 31, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the effective date. Either party may terminate the contract upon ninety (90) days written notice.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$8,802,875.78 and have been budgeted for expenditures through cost center 107702 to meet the needs of current and future facilities. Annual expenditures will be dispersed among each of the awarded contractors, cost to be determined per project.

This new contract is sponsored by Jo-el Detzel, VP Ancillary & Support Services.

Evaluation Process Contracts Management issued a Request for Qualifications 90-20-051-RFQ for Job Order Contracting. Proposals were due on December 12, 2019.

Twelve (12) responses were received. All offers were evaluated based on the criteria set forth in the RFQ. W.E.O'Neil Construction Company of Arizona & Willmeng Construction demonstrated their ability to best meet the RFQ requirements for Job Order Contracts from \$350,000.01 to \$1,000,000.00 and the evaluation committee has recommended awarding contracts to Guthrie General and Edge Construction to provide this service to Valleywise Health.

Notes

Category

Effective Date 6/1/2020

Expiration Date 5/31/2023

Annual Value \$8,802,875.78

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-20-051-RFQ

Primary Vendor Willmeng Construction Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved to proceed
Madhavan, Lalitha	Approved	
Detzel, Jo-El M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	

Talbot, Melanie L.
Agnew, Claire F.

Current
Approved



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.b.viii.

**Contracts
90-20-173-1**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, May 13, 2020 4:25 PM
To: Melanie Talbot
Subject: Contract Approval Request: Business Forms & Election Support Services Runbeck Election Services, Inc.

Message Information

From [Melton, Christopher](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Business Forms & Election Support Services Runbeck Election Services, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts \ Services - Management/Outsourcing
Status Pending Approval
Title Business Forms & Election Support Services
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-173-1
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Provide Election Support services related to the election in November 2020.
Action/Background Approve a new Cooperative Agreement between Runbeck Election Services, Inc., and Maricopa County Special Health Care District dba Valleywise Health to provide support services related to the Election scheduled for November 2020.

Runbeck will provide production, printing and mailing services for Voter Information Pamphlets related to the November 2020 Election.

Estimated expense for FY2021 is \$768,000.

Expense Breakdown:
\$425,000 - for services provided by Runbeck
\$343,000 - paid directly to US Postmaster for postage

Final cost will be determined in October when the Pamphlet is completed and mailed, and is dependent upon:

1. The number of pro/con arguments submitted by the public, which drives the number of Voter Information Pamphlet pages that need to be printed; and
2. The number of registered voter households to which we mail pamphlets

This Co-op Agreement is sponsored by Warren Whitney, SVP Government Relations

Evaluation Process

Notes

Category Co-op

Effective Date

Expiration Date

Annual Value \$768,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Runbeck Election Services, Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Whitney, Warren W.	Approved	
Demos, Martin C.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.i.

**Governance
FQHC Clinics Sliding Fee Discount
Policy and Schedule**



Senior Vice President Revenue Cycle

2900 South Diablo Way, Tempe AZ 85282

DATE: May 27, 2020

TO: Maricopa County Special Health Care District Board of Directors

FROM: Barbara Harding, Sr VP Ambulatory Services & CEO
Federally Qualified Health Center Clinics
Nancy Kaminski, Sr VP Revenue Cycle
Kathie Kirkland, Director Patient Financial Services

SUBJECT: HRSA Compliance Manual Chapter 9:
Sliding Fee Discount Program:
Valleywise Health:
Policy # 23624D FQHC Sliding Fee Program:
Changes to FQHC Financial Policies

In accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program the program must meet the following requirements:

- *The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.¹*
- *The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.*
- *The health center must establish systems for [sliding fee] eligibility determination.*
- *The health center's schedule of discounts must provide for:*
 - *A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#)*

[100% of the FPG], except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals; and

- o *No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG]. (HRSA, 2018 <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html#titletop> Retrieved: 04/09/2020.)*

The purpose of this memorandum is to summarize changes to the 2020 Federal Poverty Levels and to incorporate HRSA recommended changes to the Sliding Fee Schedule Policy and Grid.

1.) 2020 Federal Poverty Level (FPL) Guidelines

- a.) Annual update of FPL Levels as published on the Federal Register by Health and Human Services.

2.) FQHC Sliding Fee Discount Program Policy (23624 D)

- a.) Update Organization name, Board of Directors and Governing Council to Valleywise Health and Valleywise Community Health Centers.
- b.) Add language related to Presumptive and Traditional screening used to determine eligibility for Sliding Fee Program.
- c.) Removed requirement of payment history for full time students
- d.) Add language for insured patients qualifying for Sliding Fee after insurance payment. Sliding Fee patients will be billed the lessor of the co-pay/co-insurance assigned by their payer or the appropriate sliding fee amount (unless payer prohibits this practice).
- e.) Add language outlining review of Sliding Fee Policy and Fees by Governing Council Finance, Compliance, Quality and Board of Directors every 3 years.
- f.) Inclusion and discussion of utilization data by Sliding Fee Category to determine if there are any barriers to care.

3.) FQHC Sliding Fee Discount Schedule, Outpatient Ancillary Services

- a.) Updated Category 4 rate to allow for three increments of patient responsibility.
- b.) Added minimum fees to ensure Categories 2-4 are higher than Category 1 Nominal Fee.

The Valleywise Community Health Centers Governing Council approved the approved changes to Policy#23624D FQHC Look Alike Sliding Fee Program on 04/01/2020. Per the Co-applicant Operational Agreement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council, Section 1.2.2 and 2.5, the Valleywise Community Health Centers Governing Council requests final approval of the changes.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.i.

Governance

**FQHC Clinics Sliding Fee Discount
Policy and Schedule – Red-line**

~~Maricopa Integrated~~[Valleywise](#) Health ~~System~~ Administrative Policy & Procedure

Effective Date: 05/15

Reviewed Dates: 00/00

Revision Dates: 01/18, 07/18, 09/18, 10/18, [02/20](#)

Policy #: 23624 D

Policy Title: FQHC ~~Look-Alike~~ Sliding Fee Discount Program

- Scope: [] District Governance (G)
[] System-Wide (S)
[D] Division (D)
[] Multi-Division (MD)
[] Department (T)
[] Multi-Department (MT)
[F] ~~FQHC-LA~~ (F)

Purpose: ~~The United States Department of Health and Human Services, Health Resource and Services Administration (HRSA)~~ [In accordance with the Health Resources and Services Administration \(HRSA\) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, HRSA requires all](#) [Valleywise Health's](#) Federally Qualified Health Centers (FQHCs); ~~including Look-Alikes, to~~ established a sliding fee discount program that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria. This policy establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at [Valleywise Health-MHS's](#) FQHC ~~Look-Alike~~ designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size.

Definitions:

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board of Directors of [Valleywise Health-MHS](#). Medical Staff are also referred to as Attendings and for purposes of this policy is synonymous with Provider.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living / sharing quarters or foreign visitors, where permanent

residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Allied Health Professional: A health care practitioner, other than a Medical Staff member, who is authorized to provide patient care services to patients of [MHHSValleywise Health](#) and been granted clinical privileges.

FOHC ~~Look-Alike~~ Sliding Fee Discount Program: A program which ensures that [Valleywise Health](#)~~MHHS's~~ FOHC ~~Look-Alike~~ Health Center patients have access to all services that are available at the health center. The program seeks to provide its services to eligible patients and minimize financial barriers, all according to the following elements:

- + A schedule of fees for services.
- + A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income.
- + Board of Director and ~~Maricopa Health Centers~~[Valleywise Community Health Centers](#) Governing Council (~~MHCGGVCHCGC~~) approved policies and ~~MHHS's~~[Valleywise Health's](#) supporting operating policies and procedures, including billing and collections.

Low Income: Annual income = less than or equal to 200% of the current Federal Poverty Level.

Nominal Fee / Nominal Charge: The amount charged for services to patients at or below 100% of the Federal Poverty Level (FPL). It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." The nominal fee must not impede the patient in accessing services due to their ability to pay.

Deposit: Initial payment applied toward the total fees due.

Valleywise Health~~MHHS~~ Clinic Manager: The [Valleywise Health](#)~~MHHS~~ clinic manager is responsible for the supervision, direction, and coordination of the day to day operations of the assigned [Valleywise Health](#)~~MHHS~~ clinic.

Income / Annual Household Income: Gross annual income before deductions include the following: Earnings, unemployment compensation, worker's compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Presumptive Eligibility Screening System: An automated software tool that predicts the likelihood of a patient to qualify for the Sliding Fee Program based on publicly available data sources. The tool provides estimates of the patient's household income and size.

Policy: A Sliding Fee Discount Schedule (SFDS) is used to determine the nominal fee and /or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross annual household income and family size in the household. Under this policy, the patient is responsible for one hundred percent (100%) of the fees charged for the services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

Valleywise Health recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Valleywise Health utilizes an automated, predictive scoring tool provided by our third-party vendor to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

Procedure:

I. Eligibility

- A. Valleywise HealthMHS will inform patients about the availability of the Sliding Fee Discount Program through signage, personal reminders and other methods of communication. As part of the preregistration or registration process, the Valleywise HealthMHS eligibility specialist or other front office staff will inform patients that are not informed of the SFDS.
- B. Patients whose income exceeds 200% of the FPL Guidelines are not eligible for discounts on the Sliding Fee Discount Program. (Appendix A)
- C. Valleywise Health uses two types of screening to determine eligibility for the Sliding Fee Discount Program; Presumptive and Traditional.
+ Presumptive screening is the initial process used to determine a patient's eligibility for the Sliding Fee Discount Program.

B- + Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the Presumptive Eligibility Screening System.

D. Patients applying [via the Traditional screening](#) for the Sliding Fee Discount Program must provide written verification of monthly income (see Appendix A).

~~G.~~ Examples include:

- + Previous year federal tax returns.
- + Paycheck stubs for each adult working in the household.
- + A signed statement from the patient's employer stating rate of pay, average number of hours worked weekly and hire date.
- + Quarterly tax statement for those self-employed.
- + Unemployment benefit letter.
- + Benefit letter from Social Security showing monthly payment received for each person in the household.
- + Documentation of child support and/or alimony (divorce paperwork, etc.)
- + Copy of pension / retirement benefits.
- + Copy of Veterans benefits.
- + Full time unemployed students: Provide proof of student status. ~~plus payment history for the current semester.~~

+ Federal or State support: Example: Food stamps, the packet received with approval is required, this includes start and stop dates and Food Stamp Summary page.

~~D.E.~~ [Valleywise Health](#) ~~MHS~~ will verify patient eligibility, at minimum, on an annual basis.

~~E.F.~~ Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed statement of income, and why he / she are unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income of the items in Appendix A, within 30 days following the one time visit in order to remain eligible to participate in the Sliding Fee Discount Program. The assigned category will be retroactive for 30 days. (Appendix B)

~~Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.~~

~~G.~~ ~~G.~~ Patients applying for the Sliding Fee Discount Program will be informed that they will need to contact [Valleywise Health](#) ~~MHS~~ if their income or household status changes.

II. Sliding Fee Discount Schedule

- A. The Sliding Fee Discount Schedule and corresponding rates and policies for administration of the Sliding Fee Discount Program will be reviewed and updated annually.
- B. ~~The Finance Department will obtain the~~ The updated FPL income guidelines will be obtained from the Federal Register annually. ~~and~~ The update the sliding fee discount schedule Poverty Guidelines document and corresponding systems will be updated promptly following the federal update. ~~update.~~
- C. Services covered by Sliding Fee Discount Program must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost procedures, elective procedures and lab tests with less expensive options are exempted from sliding fee discounts.

III. Billing and Collection Schedules

- A. The patient will be advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event ~~that~~ the patient is unable to pay at the time of service, the patient ~~)~~ will be informed that they will be billed. Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a Valleywise Health ~~MHS~~ financial counselor.
- B. An inability to pay will not impede access to care. Payment arrangements may be made through Patient Financial Services in accordance with policy #09003 S Revenue Cycle/Business Office: Payment Plans. This will be determined on an ~~individualized~~ — basis. Factors that may be considered in making this determination include large outstanding medical bills, ~~—~~ which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services.
- C. Insured patients qualifying for Sliding Fee after insurance will be billed for the lessor of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

~~B.—~~

~~IV. Patient Refusal to Pay~~

~~Refusal to pay will not impede access to care. Payment plans will be developed for patients in accordance with Policy #09003 S Revenue Cycle /Business Office: Payment Plans.~~

IV. Governing Body Oversight

- A. Updates to the Sliding Fee Discount Program ~~and schedule as well as~~ and proposed policy changes will be presented every 3 years to the MHVCHCGC ~~'s~~ Finance Committee, VCMHCGC's Compliance and Quality Committee,

and followed by approval of the VCMHCGC and the District's Board of Directors.

B. The Sliding Fee Discount Schedule will be presented annually to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.

C. Sliding Fee Level Utilization information will be reviewed and discussed annually to ensure no barriers to care exist.

References: HRSA Health Center Program Compliance Manual, released August 2018 CHC & FHC Internal and External Referrals Policy # 20006S

Valleywise Health~~MHS~~ Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Chief Executive Officer, ~~Maricopa~~Valleywise Health Centers, Governing Council, and ~~MHS~~Valleywise Health's Senior Vice President of Revenue Cycle

DEVELOPMENT TEAM(S):

Policy #: 23624 D

Policy Title: FOHC ~~Look-Alike~~ Sliding Fee Discount Program

e-Signers: Barbara Harding, ~~Maricopa~~Senior Vice President Ambulatory Services and CEO Federally Qualified Health Center Clinics~~Health Centers Governing Council, Chief Executive Officer~~

Nancy Kaminski, Senior VP Revenue Cycle

Richard Mutarelli, ~~Maricopa Integrated Health~~Valleywise Health System Chief Financial Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes -

Revised with Major Changes - X

Please list revisions made below: (Other than grammatical changes or name and date changes)

Revisions throughout policy in accordance with HRSA guidelines and recommendations

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: ~~Maricopa Health Centers Governing Council Compliance and Quality Committee~~Valleywise Community Health Centers Governing Council's Compliance and Quality Committee **013/09/2018**

Committee: ~~Maricopa Health Centers Governing Council Finance Committee~~Valleywise Community Health Centers Governing Council's Finance Committee **031/04/2018**

Committee: [Valleywise Community Health Centers Governing Council](#) ~~Maricopa Health Centers~~ Governing Council **04/01/18**
Other: Board of Directors **04/22/20**
Other: Compliance & Quality Committee **12/17**

Appendix A

VALLEYWISE HEALTHMHS FINANCIAL/DISCOUNTED POLICIES

Sliding Fee- Free Pregnancy Test- Prenatal Care-Maternity Agreements, Healthy (E) AHCCCS Applications- Family Planning Program for Women

Thank you for your interest in ~~Maricopa Integrated Health System~~ Valleywise Health's medical programs. To assist you better please provide the following information at the time of your interview. Please provide documents from each of the following categories.

Proof of income for the past 30 days from interview date for EVERYONE in the household

- ✓ Current award letter from DES if receiving cash assistance or food stamps
- ✓ Paycheck stubs (4) if paid weekly, (2) if paid bi-weekly
- ✓ Employer statements on letterhead / business card or notarized.
- ✓ Unemployment income
- ✓ Social Security award letter or copy of check for all household members
- ✓ Veteran's Benefits
- ✓ Pensions
- ✓ Workman's Compensation
- ✓ Child support/Alimony
- ✓ Record of earnings from self-employment or odd jobs (Income calendar if paid in cash)
- ✓ Grants, scholarships or educational benefit letters
- ✓ Current bank statements, **checking and savings** for all household members
- ✓ Statement of support from person **providing** support

Self Employed Clients 30 days from interview date

- ✓ Bank statements
- ✓ Check stubs
- ✓ Income vouchers or receipts
- ✓ Income statement from person/company paying for the services rendered
- ✓ Income calendar or any other documentation
- ✓ Statements/calendars must display dates and total amount of payment and current tax returns
- ✓ All business expenses

Proof of Address/Monthly Household Monthly Expenses within 30 days from the interview date

(All that applies)

- ✓ Rent or lease agreement/mortgage payment
- ✓ Utility receipt electric, gas, water, phone, cable, internet, car insurance, bank statement
- ✓ Letter from Landlord or a neighbor if utility bills under someone else's name
- ✓ Current registration for school aged children
- ~~✓—Verify residency of person providing support (for example: utility bill)~~
- ~~✓—Post marked mail received~~

Proof of dependents/relationship

- ✓ Children's birth or baptismal certificates (**Even if child is already insured**)
- ✓ Marriage License
- ✓ Proof of Pregnancy (if applicable)
- ✓ Receipt from social security administration

Proof of Identity (Not required and ~~Inability~~ to provide will not disqualify for Sliding Fee)

- ✓ Birth or Baptismal Certificate

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- ✓ Naturalization/Citizenship Certificate
- ✓ Driver's license/Photo ID for everyone over 18 years of age
- ✓ Lawful Permanent Resident Card
- ✓ Employment Authorization Card
- ✓ Passport Visa
- ✓ Passport-INS-194

Appendix A

PÓLIZAS FINANCIERAS/DE DESCUENTOS DE ~~Valleywise Health~~ **VALLEYWISE HEALTH-MHS**

Programa de Descuento - Pruebas de embarazo sin costo - Cuidado prenatal - Acuerdos de maternidad - Solicitudes para Healthy (E) AHCCCS - Programa de planificación familiar para mujeres

Gracias por su interés en los programas médicos de ~~Maricopa Integrated Health System~~ **Valleywise Health**. Para asistirle mejor, por favor traiga la siguiente información el día de su entrevista. Por favor proporcione documentos para cada una de las siguientes categorías.

Comprobante de ingresos de los últimos 30 días antes de la fecha de su entrevista de TODOS los que viven en la casa.

- ✓ Carta más reciente del Departamento de Servicios Económicos (DES) si recibe asistencia económica en efectivo, o estampillas de comida
- ✓ Talones de cheque (4) si el pago es semanal, (2) si el pago es cada dos semanas
- ✓ Una declaración por escrito del empleador en papel con el membrete/tarjeta del negocio o notariada
- ✓ Información sobre ingresos de desempleo
- ✓ Carta de aceptación o copia de cheques del Seguro Social para todos los que viven en su casa
- ✓ Beneficios de veterano
- ✓ Pensiones
- ✓ Información de ingresos del seguro de compensación laboral
- ✓ Manutención de hijos/pensión alimenticia
- ✓ Registro de ingresos de trabajo por cuenta propia/o trabajos ocasionales
- ✓ Cartas de subsidios, becas u otros beneficios educacionales
- ✓ Estados actuales de cuenta bancaria, de ahorros y cheques para todos los que viven en su casa
- ✓ Carta de apoyo de la persona que lo mantiene

Cientes con Trabajo por Cuenta propia - Comprobante de los 30 días antes de la Entrevista

- ✓ Estados de cuenta bancaria
- ✓ Talones de cheque
- ✓ Vales o recibos de ingresos
- ✓ Declaración de ingresos de la persona/compañía que paga por los servicios proporcionados
- ✓ Calendario de ingresos o cualquier otro documento
- ✓ Las/los declaraciones/calendarios deben mostrar fechas y cantidad total del pago y devoluciones de impuestos actuales
- ✓ Todos los gastos del negocio

Comprobante de domicilio/gastos mensuales del hogar: ~~dentro de los~~ Debe incluir los gastos dentro de los 30 días antes de la fecha de la entrevista la entrevista (todo lo que corresponda).

- ✓ Recibo de pago o contrato de renta/hipoteca
- ✓ Recibos de luz, gas, agua, teléfono, cable, Internet, seguro del carro, cuenta de banco.
- ✓ Carta del arrendador o de un vecino si los recibos de servicios públicos están a nombre de alguien más
- ✓ Comprobante de la inscripción escolar actual de los niños

~~✓~~ Comprobante de domicilio de la persona que proporciona el apoyo (por ejemplo: un recibo de servicios públicos)
Correo recibido con sello postal

~~✓~~

Comprobante de dependientes/parentesco

- ~~✓~~ Acta de nacimiento o certificado de bautismo de los niños (incluso si el menor ya tiene seguro Seguro medico)
- ~~✓~~ Acta de matrimonio
- ~~✓~~ Prueba de embarazo (si corresponde)

Comprobante de identidad (No es necesario y la incapacidad de proporcionar no se descalificará para la tarifa de deslizamiento) Prueba de identidad (No es obligatorio y si no puede proporcionarlo, no será descalificado de los programas de descuento)

- ~~✓~~ Acta de nacimiento o certificado de bautismo
- ~~✓~~ Certificado de naturalización/ciudadanía
- ~~✓~~ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ~~✓~~ Tarjeta de residencia permanente legal
- ~~✓~~ Tarjeta de permiso para trabajar
- ~~✓~~ Pasaporte visado
- ~~✓~~ Pasaporte-INS-194

~~✓~~ Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550

Policy # 23624 FQHC Look Alike Sliding Fee Discount Program Page 9 of 12

10/18 Supersedes 09/18

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- ~~✓~~ Acta de matrimonio
- ~~✓~~ Prueba de embarazo (si corresponde)

~~Comprobante de identidad (No poder proveer lo siguiente no significa que no podrá calificar para la escala variable de honorarios)~~

- ~~✓~~ Acta de nacimiento o certificado de bautismo
- ~~✓~~ Certificado de naturalización/ciudadanía
- ~~✓~~ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ~~✓~~ Tarjeta de residencia permanente legal
- ~~✓~~ Tarjeta de permiso para trabajar
- ~~✓~~ Pasaporte visado
- ~~✓~~ Pasaporte-INS-194

~~Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550~~

Policy # 23624 FQHC Look Alike Sliding Fee Discount Program Page 10 of 12

10/18 Supersedes 09/18

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Appendix B

MRN: _____

SELF-DECLARATION/DECLARACION: _____

DATE/FECHA: _____

SIGNATURE/FIMA: _____
Revised 02/2012



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.i.

Governance

**FQHC Clinics Sliding Fee Discount
Policy and Schedule – Clean**

Valleywise Health Administrative Policy & Procedure

Effective Date: 05/15

Reviewed Dates: 00/00

Revision Dates: 01/18, 07/18, 09/18, 10/18, 02/20

Policy #: 23624 D

Policy Title: FQHC Sliding Fee Discount Program

Scope: [] **District Governance (G)**
[] **System-Wide (S)**
[D] **Division (D)**
[] **Multi-Division (MD)**
[] **Department (T)**
[] **Multi-Department (MT)**
[F] **FQHC (F)**

Purpose: In accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, HRSA Valleywise Health’s Federally Qualified Health Centers (FQHCs) established a sliding fee discount program that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria. This policy establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at Valleywise Health’s FQHC designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size.

Definitions:

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board of Directors of Valleywise Health. Medical Staff are also referred to as Attendings and for purposes of this policy is synonymous with Provider.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living / sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the “household” are considered individually for eligibility.

Allied Health Professional: A health care practitioner, other than a Medical Staff member, who is authorized to provide patient care services to patients of Valleywise Health and been granted clinical privileges.

FQHC Sliding Fee Discount Program: A program which ensures that Valleywise Health's FQHC Health Center patients have access to all services that are available at the health center. The program seeks to provide its services to eligible patients and minimize financial barriers, all according to the following elements:

- + A schedule of fees for services.
- + A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income.
- + Board of Director and Valleywise Community Health Centers Governing Council (VCHCGC) approved policies and Valleywise Health's supporting operating policies and procedures, including billing and collections.

Low Income: Annual income = less than or equal to 200% of the current Federal Poverty Level.

Nominal Fee / Nominal Charge: The amount charged for services to patients at or below 100% of the Federal Poverty Level (FPL). It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." The nominal fee must not impede the patient in accessing services due to their ability to pay.

Deposit: Initial payment applied toward the total fees due.

Valleywise Health Clinic Manager: The Valleywise Health clinic manager is responsible for the supervision, direction, and coordination of the day to day operations of the assigned Valleywise Health clinic.

Income / Annual Household Income: Gross annual income before deductions include the following: Earnings, unemployment compensation, worker's compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Presumptive Eligibility Screening System: An automated software tool that predicts the likelihood of a patient to qualify for the Sliding Fee Program based on publicly available data sources. The tool provides estimates of the patient's household income and size.

Policy: A Sliding Fee Discount Schedule (SFDS) is used to determine the nominal fee and /or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross annual household income and family size in the household. Under this policy, the patient is responsible for one hundred percent (100%) of the fees charged for the services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

Valleywise Health recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Valleywise Health utilizes an automated, predictive scoring tool provided by our third-party vendor to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

Procedure:

I. Eligibility

- A. Valleywise Health will inform patients about the availability of the Sliding Fee Discount Program through signage, personal reminders and other methods of communication. As part of the preregistration or registration process, the Valleywise Health eligibility specialist or other front office staff will inform patients that are not informed of the SFDS.
- B. Patients whose income exceeds 200% of the FPL Guidelines are not eligible for discounts on the Sliding Fee Discount Program. (Appendix A)
- C. Valleywise Health uses two types of screening to determine eligibility for the Sliding Fee Discount Program; Presumptive and Traditional.
 - + Presumptive screening is the initial process used to determine a patient's eligibility for the Sliding Fee Discount Program.
 - + Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the Presumptive Eligibility Screening System.
- D. Patients applying via the Traditional screening for the Sliding Fee Discount Program must provide written verification of monthly income (see Appendix A).

Examples include:

 - + Previous year federal tax returns.
 - + Paycheck stubs for each adult working in the household.
 - + A signed statement from the patient's employer stating rate of pay, average number of hours worked weekly and hire date.
 - + Quarterly tax statement for those self-employed.
 - + Unemployment benefit letter.

- + Benefit letter from Social Security showing monthly payment received for each person in the household.
 - + Documentation of child support and/or alimony (divorce paperwork, etc.)
 - + Copy of pension / retirement benefits.
 - + Copy of Veterans benefits.
 - + Full time unemployed students: Provide proof of student status.
 - + Federal or State support: Example: Food stamps, the packet received with approval is required, this includes start and stop dates and Food Stamp Summary page.
- E. Valleywise Health will verify patient eligibility, at minimum, on an annual basis.
- F. Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed statement of income, and why he / she are unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income of the items in Appendix A, within 30 days following the one time visit in order to remain eligible to participate in the Sliding Fee Discount Program. The assigned category will be retroactive for 30 days. (Appendix B)
- G. Patients applying for the Sliding Fee Discount Program will be informed that they will need to contact Valleywise Health if their income or household status changes.

II. Sliding Fee Discount Schedule

- A. The Sliding Fee Discount Schedule and corresponding rates and policies for administration of the Sliding Fee Discount Program will be reviewed and updated annually.
- B. The updated FPL income guidelines will be obtained from the Federal Register annually. The Poverty Guidelines document and corresponding systems will be updated promptly following the federal update.
- C. Services covered by Sliding Fee Discount Program must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost procedures, elective procedures and lab tests with less expensive options are exempted from sliding fee discounts.

III. Billing and Collection Schedules

- A. The patient will be advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event the patient is unable to pay at the time of service, the patient will be informed that they will be billed. Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a Valleywise Health financial counselor.

- B. An inability to pay will not impede access to care. Payment arrangements may be made through Patient Financial Services in accordance with policy #09003 S Revenue Cycle/Business Office: Payment Plans. This will be determined on an individual basis. Factors that may be considered in making this determination include large outstanding medical bills which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services.
- C. Insured patients qualifying for Sliding Fee after insurance will be billed for the lessor of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

IV. Governing Body Oversight

- A. Updates to the Sliding Fee Discount Program and proposed policy changes will be presented every 3 years to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.
- B. The Sliding Fee Discount Schedule will be presented annually to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.
- C. Sliding Fee Level Utilization information will be reviewed and discussed annually to ensure no barriers to care exist.

References: HRSA Health Center Program Compliance Manual, released August 2018 CHC & FHC Internal and External Referrals Policy # 20006S

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Chief Executive Officer, Valleywise Health Centers, Governing Council, and Valleywise Health's Senior Vice President of Revenue Cycle

DEVELOPMENT TEAM(S):

Policy #: 23624 D

Policy Title: FQHC Sliding Fee Discount Program

e-Signers: Barbara Harding, Senior Vice President Ambulatory Services and CEO Federally Qualified Health Center Clinics

Nancy Kaminski, Senior VP Revenue Cycle

Richard Mutarelli, Valleywise Health Chief Financial Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes -

Revised with Major Changes - X

Please list revisions made below: (Other than grammatical changes or name and date changes)

Revisions throughout policy in accordance with HRSA guidelines and recommendations

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: Valleywise Community Health Centers Governing Council's Compliance and Quality Committee **03/09/20**

Committee: Valleywise Community Health Centers Governing Council's Finance Committee **03/04/20**

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Committee: Valleywise Community Health Centers Governing Council Governing Council
04/01/20

Other: Board of Directors
04/22/20

Other: Compliance & Quality Committee

Appendix A

VALLEYWISE HEALTH FINANCIAL/DISCOUNTED POLICIES

Sliding Fee- Free Pregnancy Test- Prenatal Care-Maternity Agreements, Healthy (E) AHCCCS Applications- Family Planning Program for Women

Thank you for your interest in Valleywise Health's medical programs. To assist you better please provide the following information at the time of your interview. Please provide documents from each of the following categories.

Proof of income for the past 30 days from interview date for EVERYONE in the household

- ✓ Current award letter from DES if receiving cash assistance or food stamps
- ✓ Paycheck stubs (4) if paid weekly, (2) if paid bi-weekly
- ✓ Employer statements on letterhead / business card or notarized.
- ✓ Unemployment income
- ✓ Social Security award letter or copy of check for all household members
- ✓ Veteran's Benefits
- ✓ Pensions
- ✓ Workman's Compensation
- ✓ Child support/Alimony
- ✓ Record of earnings from self-employment or odd jobs (Income calendar if paid in cash)
- ✓ Grants, scholarships or educational benefit letters
- ✓ Current bank statements, **checking and savings** for all household members
- ✓ Statement of support from person **providing** support

Self Employed Clients 30 days from interview date

- ✓ Bank statements
- ✓ Check stubs
- ✓ Income vouchers or receipts
- ✓ Income statement from person/company paying for the services rendered
- ✓ Income calendar or any other documentation
- ✓ Statements/calendars must display dates and total amount of payment and current tax returns
- ✓ All business expenses

Proof of Address/Monthly Household Monthly Expenses within 30 days from the interview date

(All that applies)

- ✓ Rent or lease agreement/mortgage payment
- ✓ Utility receipt electric, gas, water, phone, cable, internet, car insurance, bank statement
- ✓ Letter from Landlord or a neighbor if utility bills under someone else's name
- ✓ Current registration for school aged children

Proof of dependents/relationship

- ✓ Children's birth or baptismal certificates (**Even if child is already insured**)
- ✓ Marriage License
- ✓ Proof of Pregnancy (if applicable)
- ✓ Receipt from social security administration

Proof of Identity (Not required and inability to provide will not disqualify for Sliding Fee)

- ✓ Birth or Baptismal Certificate
- ✓ Naturalization/Citizenship Certificate
- ✓ Driver's license/Photo ID for everyone over 18 years of age
- ✓ Lawful Permanent Resident Card

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- ✓ Employment Authorization Card
- ✓ Passport Visa
- ✓ Passport-INS-194

Appendix A

PÓLIZAS FINANCIERAS/DE DESCUENTOS DE VALLEYWISE HEALTH

Programa de Descuento - Pruebas de embarazo sin costo - Cuidado prenatal - Acuerdos de maternidad - Solicitudes para Healthy (E) AHCCCS - Programa de planificación familiar para mujeres

Gracias por su interés en los programas médicos de Valleywise Health. Para asistirle mejor, por favor traiga la siguiente información el día de su entrevista. Por favor proporcione documentos para cada una de las siguientes categorías.

Comprobante de ingresos de los últimos 30 días antes de la fecha de su entrevista de TODOS los que viven en la casa.

- ✓ Carta más reciente del Departamento de Servicios Económicos (DES) si recibe asistencia económica en efectivo, o estampillas de comida
- ✓ Talones de cheque (4) si el pago es semanal, (2) si el pago es cada dos semanas
- ✓ Una declaración por escrito del empleador en papel con el membrete/tarjeta del negocio o notariada
- ✓ Información sobre ingresos de desempleo
- ✓ Carta de aceptación o copia de cheques del Seguro Social para todos los que viven en su casa
- ✓ Beneficios de veterano
- ✓ Pensiones
- ✓ Información de ingresos del seguro de compensación laboral
- ✓ Manutención de hijos/pensión alimenticia
- ✓ Registro de ingresos de trabajo por cuenta propia/o trabajos ocasionales
- ✓ Cartas de subsidios, becas u otros beneficios educacionales
- ✓ Estados actuales de cuenta bancaria, de ahorros y cheques para todos los que viven en su casa
- ✓ Carta de apoyo de la persona que lo mantiene

Clientes con Trabajo por Cuenta Propia Comprobante de los 30 días antes de la Entrevista

- ✓ Estados de cuenta bancaria
- ✓ Talones de cheque
- ✓ Vales o recibos de ingresos
- ✓ Declaración de ingresos de la persona/compañía que paga por los servicios proporcionados
- ✓ Calendario de ingresos o cualquier otro documento
- ✓ Las/los declaraciones/calendarios deben mostrar fechas y cantidad total del pago y devoluciones de impuestos actuales
- ✓ Todos los gastos del negocio

Comprobante de domicilio/gastos mensuales del hogar: Debe incluir los gastos dentro de los 30 días antes de la fecha de la entrevista (todo lo que corresponda).

- ✓ Recibo de pago o contrato de renta/hipoteca
- ✓ Recibos de luz, gas, agua, teléfono, cable, Internet, seguro del carro, cuenta de banco.
- ✓ Carta del arrendador o de un vecino si los recibos de servicios públicos están a nombre de alguien más
- ✓ Comprobante de la inscripción escolar actual de los niños

Comprobante de dependientes/parentesco

- ✓ Acta de nacimiento o certificado de bautismo de los niños (incluso si el menor ya tiene Seguro médico)
- ✓ Acta de matrimonio

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- ✓ Prueba de embarazo (si corresponde)

Prueba de identidad (No es obligatorio y si no puede proporcionarlo, no será descalificado de los programas de descuento)

- ✓ Acta de nacimiento o certificado de bautismo
- ✓ Certificado de naturalización/ciudadanía
- ✓ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ✓ Tarjeta de residencia permanente legal
- ✓ Tarjeta de permiso para trabajar
- ✓ Pasaporte visado
- ✓ Pasaporte-INS-194

Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550

Appendix B

MRN:

SELF-DECLARATION/DECLARACION:

DATE/FECHA: _____

SIGNATURE/FIMA: _____

Revised 02/2012

Appendix C

Valleywise Health					
Federally Qualified Health Center Sliding Fee Discount Schedule					
Effective 04/22/2020					
Medical					
Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-133%	134-160%	161-200%	>201%FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$20 Minimum)	50%-75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	50%-75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount
Dental					
Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-133%	134-160%	161-200%	>201%FPL
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services * See Grid Below	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount
Restorative Grid (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$90.00	\$99.00	\$105.00	\$112.00	No Discount
Crowns	\$290.00	\$545.00	\$693.00	\$820.00	No Discount
Dentures - complete	\$390.00	\$795.00	\$942.00	\$965.00	No Discount
Dentures - partial	\$290.00	\$740.00	\$794.00	\$827.00	No Discount
Bridges	\$290.00	\$550.00	\$590.00	\$620.00	No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount
Extractions - complex	\$100.00	\$169.00	\$190.00	\$191.00	No Discount



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.i.

**Governance
Federal Poverty Level Guidelines**

2020 Poverty Guidelines

HHS POVERTY GUIDELINES FOR 2020

The 2020 poverty guidelines are in effect as of January 15, 2020

The [Federal Register notice for the 2020 Poverty Guidelines](#) was published January 17, 2020.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household

Poverty guideline

For families/households with more than 8 persons, add \$4,480 for each additional person.

1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.i.

Governance

**Valleywise Health FQHC Sliding Fee
Discount Schedule Utilization**

FQHC Utili:

Category % of Total	Plan Name	Count of Encounters	Total Charges
58%	SLIDING FEE CAT 1	28860	26,900,566.65
13%	SLIDING FEE CAT 2	6575	6,235,059.78
3%	SLIDING FEE CAT 3	1297	1,220,666.29
6%	SLIDING FEE CAT 4	2931	2,839,848.78
20%	SLIDING FEE CAT 5	10130	9,627,065.15
0%	SLIDING FEE ELECTIVE SURGERY	35	24,427.30
Grand Total		49828	46,847,633.95

zation CY 2019

Adjustments	Expected Reimbursement	Payments	Balance
(26,253,868.54)	646,698.11	(589,029.62)	57,668.49
(6,044,261.51)	190,798.27	(184,253.21)	6,545.06
(1,168,550.28)	52,116.01	(48,994.04)	3,121.97
(2,697,715.16)	142,133.62	(137,650.64)	4,482.98
(8,358,036.49)	1,269,028.66	(900,377.05)	368,651.61
(20,506.74)	3,920.56	(1,861.73)	2,058.83
(44,542,938.72)	2,304,695.23	(1,862,166.29)	442,528.94



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.ii.

No Handout

Governance

**Travelers Insurance Company Property
Insurance Policy and Payment**



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.iii.

**Governance
VCHCGC Application for
Reappointment – P. Cons**



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Pedro Cons

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Mr. Pedro Cons requesting continuation to serve as a member on the Valleywise Community Health Centers Governing Council. Mr. Cons has served since May 2018.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Pedro Antonio Cons

Home Address: [REDACTED]

City: Laveen State: Arizona Zip: [REDACTED]

Home Telephone: [REDACTED] Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

City: Laveen State: Arizona Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Kris Gaw



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES _____ NO _____

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

<div style="background-color: black; width: 100%; height: 1.2em;"></div>	Unknown
Name of Clinic	Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I have been a member the past couple of years, as a council member, and a member of the finance committee. Recently appointed to the executive committee.

It has truly been a pleasure to serve representing my community and being a part of a great organization like Valleywise and all the great work it does for the community.

I would definitely consider it to be an honor to continue to serve.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Definitely continuing to close the gap to access to care in addressing chronic illnesses. And in recent times our ability to manage through the Covid19 pandemic.



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

I believe that I bring a valuable set of experiences and skills that could benefit the Council.

I am an executive with one of the largest Community Development Corporations in the country, with experience in finance, human resources, acquisitions, dispositions, community development, program development, management and leadership.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

Dress for Success - workforce development

Arizona Housing Coalition - Board Member

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare	<input checked="" type="checkbox"/>	Finance	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>
Community Affairs	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>	Government	<input type="checkbox"/>
Social Services	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>	Business	<input checked="" type="checkbox"/>
Labor Relations	<input type="checkbox"/>				



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race

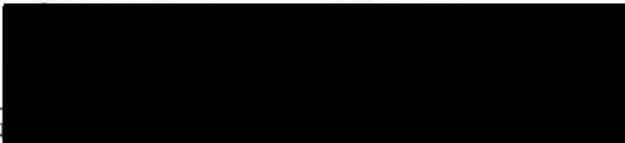
Gender: Male Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I am an AZTEC dancer.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES NO

Signature 

Date 4-17-2020

Please Note: This application is considered a public record



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.iv.

**Governance
VCHCGC Application for
Reappointment – S. Jacobson**



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Scott Jacobson

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Mr. Scott Jacobson requesting continuation to serve as a member on the Valleywise Community Health Centers Governing Council. Mr. Cons has served since August 2017.

Valleywise Community Health Centers Governing Council Application

Full Legal Name: Scott Allan Jacobson

Home Address: [REDACTED]

City: Phoenix State: AZ Zip: [REDACTED]

Home Telephone: [REDACTED] Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: self

Work Address: _____

City: _____ State: _____ Zip: _____

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?
YES _____ NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES _____ NO

Were you referred by someone? YES NO _____

If yes, please list his/her name: Susan Gerard



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES NO

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

[REDACTED] _____
Name of Clinic Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I firmly believe in the work of Valleywise in serving the underserved populations. I have built great relationships with many of Valleywise staff and am totally supportive of them. In these tough times, one must be circumspect about decisions that may be too narrowly focused.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Serving the Latino community. Integrating Behavioral Health and providing great care. Supporting efforts of McDowell Clinic. Communicating with the public.

Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

*I have worked in the community as an advocate on issues.
 I can speak Spanish and have spent time working with the Latino community.
 I am Valley Leadership for 6 years giving me a perspective on
 the issues & faces of leadership in Phoenix.*

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?
 YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

Chair, Heal International

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

- | | | | | | |
|-------------------|-------------------------------------|--------------|--------------------------|------------|--------------------------|
| Healthcare | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Community Affairs | <input checked="" type="checkbox"/> | Trade Unions | <input type="checkbox"/> | Government | <input type="checkbox"/> |
| Social Services | <input checked="" type="checkbox"/> | Education | <input type="checkbox"/> | Business | <input type="checkbox"/> |
| Labor Relations | <input type="checkbox"/> | | | | |



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino _____

Race:

Asian _____ Native Hawaiian _____ Other Pacific Islander _____

Black/African American _____ American Indian/Alaska Native _____

White More than one race _____

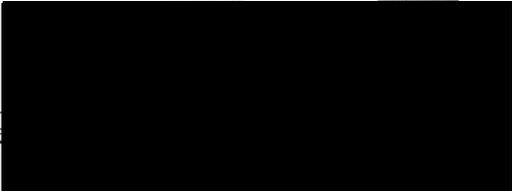
Gender: Male Female _____

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I am a gay man with HIV who has worked in the HIV/AIDS movement. I have also worked with the homeless and brought many to the hospital for medical care. I have also consulted in the Behavioral Health world and been active seeking reform.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES NO

Signature 

Date 04/15/2020

Please Note: This application is considered a public record



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.v.

**Governance
VCHCGC Application for
Reappointment – L. McCarty**



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Liz McCarty

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Ms. Liz McCarty requesting continuation to serve as a member on the Valleywise Community Health Centers Governing Council. Ms. McCarty has served since July 2014.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Elizabeth Ann McCarty

Home Address: [REDACTED]

City: Scottsdale State: AZ Zip: [REDACTED]

Home Telephone: [REDACTED] Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: Retired

Work Address: _____

City: _____ State: _____ Zip: _____

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?
YES _____ NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES _____ NO

Were you referred by someone? YES _____ NO

If yes, please list his/her name: _____



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES NO

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

[REDACTED] _____ 10/18 _____
 Name of Clinic Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I have been a member for almost six years. I have enjoyed serving and believe I still have something to offer.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

The undocumented have difficulty accessing healthcare. Also, diabetes is an issue. This leads to so many more health conditions. Access to healthy food choices in addition to food education is also a huge issue in the population we serve.

Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

I believe it's a benefit that I have been on the Governing Council for six years. I have experience and a good working knowledge of how the Council functions.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?
 YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

Frontier State Bank - Vice Chair 12/97 - 11/02
 White Mountain Regional Economic Corp. 1998 - 2000
 White Mountain Association of Realtors - Chair
 Arizona Association of Realtors - Director - 2001
 Northland Pioneer College Foundation - Director 2003 - 2005

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare	<input type="checkbox"/>	Finance	<input checked="" type="checkbox"/>	Legal	<input type="checkbox"/>
Community Affairs	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>	Government	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	Education	<input type="checkbox"/>	Business	<input checked="" type="checkbox"/>
Labor Relations	<input type="checkbox"/>				



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino

Race:

Asian _____ Native Hawaiian _____ Other Pacific Islander _____

Black/African American _____ American Indian/Alaska Native _____

White More than one race _____

Gender: Male _____ Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES NO _____

Signature 

Date 7-15-20

Please Note: This application is considered a public record



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.vi.

Governance

**VCHCGC Application for Appointment –
L. Porter**



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Lisa Porter

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Ms. Lisa Porter requesting to serve as a member on the Valleywise Community Health Centers Governing Council. Ms. Porter resides in District 1. Ms. Porter has background as a Family Nurse Practitioner working in the local emergency department. She is currently an entrepreneur creating a health care application for management of credentialing documentation for providers.

Valleywise Community Health Centers Governing Council Application

Full Legal Name: Elizabeth Louise Porter (Lisa)

Home Address: [REDACTED]

City: Chandler State: AZ Zip: [REDACTED]

Home Telephone: [REDACTED] Cell: [REDACTED]

E-mail Address: [REDACTED]

Employer: [REDACTED]

Work Address: [REDACTED]

City: State: Chandler, AZ Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401? YES ___ NO X___

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES _____ NO X___

Were you referred by someone? YES X___ NO _____

If yes, please list his/her name: Ryan Winkle

Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix? YES _____ NO X

(A list of Valleywise Health Community Health Centers and Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix is located on the last page of this application)

If yes, please list the Clinic utilized, and approximate month/year of last visit

_____ Name of Clinic Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I look forward to an opportunity to utilize my healthcare knowledge, RN and nurse practitioner education, and business skills for a council that understands and takes steps to improve the healthcare challenges facing our community. Valleywise continues to build on their well-established programs, seeks out new opportunities to improve overall community health, and is making great strides with programs and improving access to health that benefits the entire community. I would hope to be a valuable part of a council and help accelerate momentum even more.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Obesity, chronic disease- prevention and management, and mental health

When I started work as a medical assistant in a pediatric clinic in the 1992, having a patient encounter with child with obesity was a rarity. They would be referred to nutritionist, possibly an endocrinologist, and provided an exercise program. It was very common for parents to consult the doctor but not follow through with changes in lifestyle behaviors. It didn't take long for this rarity to progress to an epidemic and these obese children have grown into obese adults, now raising obese children. Obese adults are at increased risks of chronic health conditions, many preventable if obesity is addressed. This is a challenge I face myself and even though I'm an educated healthcare provider, and it's still a challenge. But it must be addressed. In addition to the health concerns, the economic impact of obesity-related diseases, such as diabetes, heart disease, cancer, hypertension, and stroke can burden a family with the need for caregivers, burden the resources of a healthcare

system, and burden a community attempting to provide medical care and transportation as a result of an obesity-related disease. If we can effectively address obesity, the challenge and burden of chronic disease, in both prevention and management, will be reduced.

As a community, we've made improvements in access to and resources for mental health, especially reducing the associated stigma. The effect that mental health has on employment, poverty, lack of a social network, isolation, and homelessness has a direct effect of the health and economic status of a community.

Valleywise has the programs in place to educate and address obesity, chronic disease, and mental health and has made great strides in improving the overall health of our community. We need to keep that momentum going by continuing the efforts through education, improving access to services, and tip that chart even more in the positive direction.

Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

I have a diverse background, from working in primary pediatric care where ~50% of our population was on public assistance, to a front line emergency and trauma nurse who too often saw patient encounters because they had nowhere else to go than an ER, couldn't find transportation so they abused EMS services, or had visits pertaining to health conditions that could have been avoided or alleviated with healthy lifestyle behaviors and proper disease management. I recognized the need for prevention and became a family nurse practitioner, with a key focus of healthy lifestyles to reduce the risk of chronic disease.

I have referred patients and friends to Valleywise CHC for primary and medical care and am knowledgeable about community resources. As part of my academics, I participated in rotations in the STI clinic, did home visits for TB compliance, and syphilis surveillance. I also did rotations in Refugee Health and have a close colleague that continues to work in the STI/Immunization/Refugee health division.

Now transitioned into a role of an entrepreneur and small business owner, I'm recognized as a nurse entrepreneur and innovation leader. I have increased understanding of the process of innovation, the joys and challenges of bringing ideas to life, as well as knowledge of health and business on the economic development of communities and the "business" of healthcare. I am also active in the Phoenix startup community where people are seeking new opportunities for problems to solve in the community.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council? YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

Shared Governance Committee- Dignity Health/ Chandler Regional Medical Center, Member 2010-2015, Executive Chair 2012-2014

Chamberlain University Community Advisory Committee Member- 1/20- Present

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare Finance Legal

Community Affairs Trade Unions Government

Social Services Education Business

Labor Relations

Revised: 010320 4

Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino

Race:

Asian _____ Native Hawaiian _____ Other Pacific Islander _____

Black/African American _____ American Indian/Alaska Native _____

White More than one race _____

Gender: Male _____ Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

I am an advocate and supporter for issues and causes I believe in. I'm a volunteer with the Special Olympics and work the photo booth capturing the athletes and their families in their celebratory moments. I am keenly aware of the challenges and opportunities for those with disabilities, debilitating mental illness, and was raised by a mother that sought help from food banks. I am an excellent team player, public speaker, and an effective communicator with an ability to meet people where they are from the homeless woman on the corner to Governor Ducey. I am drawn to problem solving and enjoy analyzing processes that could be improved.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Valleywise Health to procure criminal background checks if appointed to the Council? YES NO _____

Signed: _____ 3/12/20 _____

Please Note: This application is considered a public record



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.c.vii.

Governance

**Letter of Support to Accreditation
Council of Graduate Medical Education**



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: Creighton Arizona Health Education Alliance –
Family Medicine New Practice Site

On April 21, 2020, the Board of the Creighton University Arizona Health Education Alliance (Creighton University, Dignity Health St. Joseph's Hospital and Medical Center, Valleywise Health, and District Medical Group, Inc.) approved plans to implement a new Family Medicine Practice site with the addition of 8 Family Medicine Residents starting by October 1, 2020.

The attached letter of support is required by the Accreditation Council for Graduate Medical Education to demonstrate a collaborative partnership between Maricopa County Special Health Care District with respect to the operations and management of the Family Resident Program.

May 27, 2020

Accreditation Council for Graduate Medical Education – Family Medicine
Suite 2000
401 North Michigan Avenue
Chicago, Illinois 60611

To Whom It May Concern,

The Maricopa County Special Health Care District Board of Directors is pleased to support Creighton University School of Medicine-Phoenix/St. Joseph's Hospital and Medical Center Family Medicine proposal and plans to implement a new Family Medicine Practice site with the addition of 8 Family Medicine Residents at Valleywise Community Health Center – South Central starting by October 1, 2020.

Valleywise Health has a remarkable 140+ year history as an academic medical center. Valleywise Health has built a reputation of quality health care by placing compassion at the forefront of care. Our mission is "To provide exceptional care, without exception, every patient, every time". Valleywise Health is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations.

The Arizona Primary Care Physician Workforce Report completed and published their findings in 2019. In the report, it was noted that Arizona ranks 42nd of 50 states for total active PCPs at 77.9 per 100,000 population and 31st for total physicians with active licenses at 235.8 per 100,000.

Access to care is a critical element to sustain the health of a population. Through the support of Maricopa County Special Health Care District, the Family Medicine Residency will serve as a vital resource to the health of all Arizonians. The opportunity to work with the Creighton University School of Medicine provides a collaborative effort to work together to address access to care and the needs of low-income, underserved communities in our county. We strongly support this application.

Sincerely,

Mark G. Dewane, Chairman, District 2
Maricopa County Special Health Care District



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.c.viii.

Governance
Addition of Family Medicine Resident



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: May 27, 2020

TO: Mark G. Dewane, Chairman, District 2
Mary A. Harden, R.N., Vice Chairman, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4
Mary Rose Wilcox, Director, District 5

FROM: Valleywise Community Health Centers Governing Council –
Finance Committee
Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: Creighton Arizona Health Education Alliance –
Family Medicine Residency New Practice Site

On April 1, 2020, the Valleywise Community Health Centers Governing Council and Finance Committee were presented with information about the Creighton Arizona Health Education Alliance Family Medicine Residency.

On April 21, 2020 the Board of the Creighton University Arizona Health Education Alliance (Creighton University, Dignity Health St. Joseph's Hospital and Medical Center, Valleywise Health, and District Medical Group, Inc.) approved plans to implement a new Family Medicine Practice site with the addition of 8 Family Medicine Residents starting by October 1, 2020.

An evaluation of space, proximity to the hospital and operational requirements were completed. It has been determined that Valleywise Community Health Center – South Central would meet the requirements.

At the May 6, 2020 Valleywise Community Health Centers Governing Council – Finance Committee meeting, a review of the proforma for the Family Medicine Residency new practice site was completed. In turn, the Committee recommended to the Valleywise

Community Health Centers Governing Council to approve the creation of the new site at the Valleywise Community Health Center – South Central. This was approved at the May 6, 2020 meeting of the Valleywise Community Health Centers Governing Council.

Per the Co-applicant Operational Agreement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council (formerly the Maricopa Health Center Governing Council), Section 1.2.4, an approval is requested for the addition of eight (8) Family Medicine Residents at the Valleywise Community Health Center – South Central.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.c.ix.

No Handout

Governance
Joint Defense Agreement



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.c.x.

Governance

No Objection Letter – Mark Anthony
Brewing, Inc.



DRAFT

Board of Directors

May 27, 2020

Chairman
Mark G. Dewane
District 2

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Ms. Diane McCarthy, Chairperson
GMFTZ Inc. c/o WESTMARC
6751 N. Sunset Blvd., Suite 210
Glendale, AZ 85305

Vice Chairman
Mary Rose Wilcox
District 5

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Re: Property Tax Re-Classification Tax Concurrence "No Objection"

Dear Ms. McCarthy:

The Maricopa County Special Health Care District submits this letter to inform you of the District's support of the proposed property tax reclassification of real and personal property of Mark Anthony Brewing Inc., to be located within Foreign Trade Zone 277.

Director
Mary A. Harden, R.N.
District 1

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

In particular, we understand the resulting tax implications in reclassifying for property tax purposes Mark Anthony Brewing's real and personal property located at the site referenced above reclassified as Class 6 property for assessment purposes. Thus, Maricopa County Special Health Care District expresses "no-objection" to the proposed property tax reclassification.

Director
Susan Gerard
District 3

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Sincerely,

Mark G. Dewane
Chairman, Board of Directors
Maricopa County Special Health Care District

Director
J. Woodfin Thomas
District 4

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

cc: Steve Purves, President & CEO

Chief Governance Officer
and Clerk of the Board
Melanie Talbot
Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-5177
Fax: 602-344-0892

www.valleywisehealth.org



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.c.xi.

Governance

No Objection Letter – Project Lagerhaus



DRAFT

Board of Directors

May 27, 2020

Chairman
Mark G. Dewane
District 2

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Ms. Diane McCarthy, Chairperson
GMFTZ Inc. c/o WESTMARC
6751 N. Sunset Blvd., Suite 210
Glendale, AZ 85305

Vice Chairman
Mary Rose Wilcox
District 5

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Re: Property Tax Re-Classification Tax Concurrence "No Objection"

Dear Ms. McCarthy:

The Maricopa County Special Health Care District submits this letter to inform you of the District's support of the proposed property tax reclassification of real and personal property of Project Lagerhaus, to be located within Foreign Trade Zone 277.

Director
Mary A. Harden, R.N.
District 1

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

In particular, we understand the resulting tax implications in reclassifying for property tax purposes Project Lagerhaus' real and personal property located at the site referenced above from Class 1 with a tax assessment ratio of 18% to Class 6. Thus, Maricopa County Special Health Care District expresses "no-objection" to the proposed property tax reclassification.

Director
Susan Gerard
District 3

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

Sincerely,

Mark G. Dewane
Chairman, Board of Directors
Maricopa County Special Health Care District

Director
J. Woodfin Thomas
District 4

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-344-0892

cc: Steve Purves, President & CEO

Chief Governance Officer
and Clerk of the Board
Melanie Talbot
Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-5177
Fax: 602-344-0892

www.valleywisehealth.org



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.d.i.

**Medical Staff
Medical Staff Appointments for
May 2020**

Recommended by Credentials Committee: May 5, 2020
 Recommended by Medical Executive Committee: May 12, 2020
 Submitted to MSHCDB: May 27, 2020

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Clint Wayne Anthony, M.D.	Active	Psychiatry	06/01/2020 to 05/31/2022	
Basel Channis, M.D.	Courtesy	Internal Medicine (Nephrology)	06/01/2020 to 05/31/2022	
Abboud Hanna, M.D.	Courtesy	Internal Medicine (Nephrology)	06/01/2020 to 05/31/2022	
Srinagesh Mannekote Thippaiah, M.D.	Active	Psychiatry	06/01/2020 to 05/31/2022	
Zia Mansoor, M.D.	Courtesy	Anesthesiology	06/01/2020 to 05/31/2022	
Emily Vanessa Catherine Roth, M.D.	Active	Pediatrics	06/01/2020 to 05/31/2022	
Asha Nandini Sasimangalam, M.D.	Courtesy	Internal Medicine (Nephrology)	06/01/2020 to 05/31/2022	
Atiq Syed, M.D.	Courtesy	Internal Medicine (Nephrology)	06/01/2020 to 05/31/2022	
Jason Warren Wright, M.D.	Courtesy	Emergency Medicine	06/01/2020 to 05/31/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Cortney Michelle Eakin, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory and Referral OB/GYN Core; Obstetrics Core; and Gynecology Core Privileges.
Gregg Giannina, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core Privileges.
Daren Gregg Kest, D.O.	Surgery (Otolaryngology)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Otolaryngology Core; Otolaryngology Surgical Procedural; Nasal-Sinus Surgical Procedural; Endoscopy; Laser; and Facial Plastic Surgery Privileges.
John Joohan Lee, D.O.	Psychiatry	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry Privileges.

Recommended by Credentials Committee: May 5, 2020
 Recommended by Medical Executive Committee: May 12, 2020
 Submitted to MSHCDB: May 27, 2020

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
Elyssa Marie Metas, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory and Referral OB/GYN Core; Obstetrics Core; and Gynecology Core Privileges.
Jeffrey James Miller, M.D.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.
Travis Powell, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Robotic Surgery Privileges.
Nedall Samad, M.D.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.
Dale Michael Stern, M.D.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Shaghayegh Hakemi Abdollahi, M.D.	Active	Internal Medicine / Pediatrics	06/01/2020 to 05/31/2022	
Vasudha L. Bhavaraju, M.D.	Courtesy	Pediatrics	06/01/2020 to 05/31/2022	
Sheetal K. Chhaya, D.O.	Active	Internal Medicine (Rheumatology)	06/01/2020 to 05/31/2022	
Evan F. Duffy, M.D.	Courtesy	Psychiatry	06/01/2020 to 05/31/2022	
Ross Frederick Goldberg, M.D.	Active	Surgery	06/01/2020 to 05/31/2022	
Adalberto C. Gonzalez, M.D.	Courtesy	Surgery (Thoracic Surgery)	06/01/2020 to 05/31/2022	
Daniel G. Gridley, M.D.	Active	Radiology	06/01/2020 to 05/31/2022	
Poya Hedayati, M.D.	Active	Radiology	06/01/2020 to 05/31/2022	
Amie Eleanor Kafer, D.O.	Courtesy	Psychiatry	06/01/2020 to 05/31/2022	
Henry M. Kwong, Jr., M.D.	Courtesy	Surgery (Ophthalmology)	06/01/2020 to 05/31/2022	
Troy J. Nelson, M.D.	Courtesy	Pediatrics	06/01/2020 to 05/31/2022	
Michael D. Peck, M.D., F.A.C.S.	Active	Surgery (Burn)	06/01/2020 to 05/31/2022	
Ashwin T. Ramachandrapappa, M.D.	Courtesy	Pediatrics (Neonatology)	06/01/2020 to 05/31/2022	
Melissa Anne Ramirez, M.D.	Courtesy	Psychiatry	06/01/2020 to 05/31/2022	
Zachary James Robbins, M.D.	Active	Pediatrics	06/01/2020 to 05/31/2022	
Jonathan Earl Sarsiat, D.O.	Active	Psychiatry	06/01/2020 to 05/31/2022	

Recommended by Credentials Committee: May 5, 2020
 Recommended by Medical Executive Committee: May 12, 2020
 Submitted to MSHCDB: May 27, 2020

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Scott David Swanson, M.D.	Active	Surgery (Hand Surgery)	06/01/2020 to 05/31/2022	
Bassam Syed Shakil, M.D.	Courtesy	Internal Medicine (Nephrology)	06/01/2020 to 05/31/2022	
Felipe L.G. Videla, M.D.	Courtesy	Obstetrics & Gynecology	06/01/2020 to 05/31/2022	
Roselyne Thuy-Huong Vutien, M.D.	Active	Internal Medicine	06/01/2020 to 05/31/2022	

CHANGE IN PRIVILEGES			
NAME	SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
R. Michael Brady, M.D.	Obstetrics & Gynecology	Withdrawal: Advanced Laparoscopy	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Nathan Lechae's Delafield, M.D.	Internal Medicine	Addition: Basic Critical Care Privileges	Unsupervised
Poya Hedayati, M.D.	Radiology	Withdrawal: Cardiac CT Angiography	Not meeting the reappointment criteria/Privilege withdrawn by physician
Carol K. Olson, M.D.	Psychiatry	Withdrawal: Transcranial Magnetic Stimulation (TMS)	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Dale Michael Stern, M.D.	Internal Medicine	Addition: Basic Critical Care Privileges	Unsupervised

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Christopher Michael O'Barr, M.D.	Anesthesiology	Active to Courtesy	Reduction in hours

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Anna Josephine Gary, M.D.	Pediatrics	Courtesy to Inactive	Resigned (Effective 5/01/2020)
Regan Victoria O'Brien, M.D.	Psychiatry	Active to Inactive	Resigned (Effective 4/30/2020)
Gholamabbas Amin Ostovar, M.D.	Pediatrics (Infectious Disease)	Active to Inactive	Resigned (Effective 3/15/2020)
Nigel Alastair Stippa, M.D.	Surgery (Ophthalmology)	Courtesy to Inactive	Resigned (Effective 11/13/2019)
Sami Victor, M.D.	Psychiatry	Courtesy to Inactive	Resigned (Effective 5/04/2020)

Recommended by Credentials Committee: May 5, 2020
 Recommended by Medical Executive Committee: May 12, 2020
 Submitted to MSHCDB: May 27, 2020

CORRECTION TO THE APRIL 22, 2020 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD MEETING			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Gbadebo J. Adebayo, M.D.	Anesthesiology	Active to Courtesy	Provider inadvertently listed as Active Staff.
Ahmad Aldeiri, M.D.	Internal Medicine (Infectious Disease)	Active to Courtesy	Provider inadvertently listed as Active Staff.

Definitions:

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
 Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
 Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
 FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.d.ii.

**Medical Staff
Allied Health Professional Staff
Appointments for May 2020**

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS - INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Michelle Marie Brown, F.N.P.	Psychiatry	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Claudia Caroline Cardenas, P.A.-C.	Surgery	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Nicole Helen Marie Hamilton, P.A.-C.	Internal Medicine	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Sean Lee, L.C.S.W.	Psychiatry	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Kelly David Lomax, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	06/01/2020 to 05/31/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Diana Apolinar, L.C.S.W.	Psychiatry (Social Work)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Privileges and Practice Prerogatives.
Brian Douglas Betthausser, P.A.-C.	Surgery (Burn/Trauma)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges.
Brandie Nicole Burckhard, F.N.P.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Family and Community Medicine Nurse Practitioner Procedural Core/Cognitive Privileges.
Nicole Marcella Davis, F.N.P.	Psychiatry (Nurse Practitioner)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Procedure Privileges.
Jennifer Renee Fowler, Psy.D.	Psychiatry (Psychology)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Psychology Core Privileges.
Andrea Lee Harris, P.A.-C.	Surgery (Burn/Trauma)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges.
Helen Grace Jorski, P.A.-C	Surgery (Burn/Trauma)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Privileges.

Recommended by Credentials Committee: May 5, 2020
 Recommended by Medical Executive Committee: May 12, 2020
 Submitted to MSHCDB: May 27, 2020

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION

Lynn Rene Meadows, P.A.-C.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Family and Community Medicine Physician Assistant Procedural Core/Cognitive Privileges.
Lynn Sorenson, L.C.S.W.	Psychiatry (Social Work)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Privileges and Practice Prerogatives.
Wendy Michelle Spencer, Psy.D.	Psychiatry (Psychology)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Psychology Core Privileges.
Brittney Kathleen Whitney, W.H.N.P.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Women's Health Privileges (Uncomplicated Prenatal Care):
Tijana Zelenovic, F.N.P.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Family and Community Medicine Nurse Practitioner Procedural Core/Cognitive Privileges.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Kimberly Anne Allard, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Jeanne D. Fulcher, N.N.P.	Pediatrics	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Kimberly Ann Dent, P.N.P.	Pediatrics	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Katherine M. Handley, P.A.-C	Internal Medicine	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Melissa Jean Ostaszewski, C.C.P.	Surgery	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Noelle Rosenkrans, P.A.-C	Surgery	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Nancy Van Der Veer, Psy.D.	Psychiatry	Practice Prerogatives on file	06/01/2020 to 05/31/2022	
Jennifer Weller, Ph.D.	Psychiatry	Practice Prerogatives on file	06/01/2020 to 05/31/2022	

CHANGE IN PRIVILEGES

NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Katherine M. Handley, P.A.-C	Internal Medicine	Addition: Loop recorder insertion & removal	Under Direct Supervision

RESIGNATIONS (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Jarrold Keane Cifra, C.R.N.A.	Anesthesiology	Allied Health Professional to Inactive	No longer contracted with contracting agency (Effective 4/24/2020)
Diana Elvia Lugo, C.R.N.A.	Anesthesiology	Allied Health Professional to Inactive	Reappointment lapsed (Effective 5/31/2020)
Nancy E. McNeill, N.P.	Internal Medicine	Allied Health Professional to Inactive	No longer contracted with contracting agency (Effective 4/27/2020)
Traci Ryan Spriggs Moreno, Psy.D.	Psychiatry	Allied Health Professional to Inactive	No longer contracted with contracting agency (Effective 5/04/2020)

General Definitions:

Allied Health Professional Staff
 Practice Prerogatives

An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.

Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

- (1) General Supervision
The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
- (2) Direct Supervision
The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- (3) Personal Supervision
A physician must be in the room during the performance of the procedure.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.d.iii.

**Medical Staff
Department of Psychiatry – Psychologist
Delineation of Privileges**



VALLEYWISE HEALTH
ALLIED HEALTH PROFESSIONALS
CLINICAL PSYCHOLOGIST PRACTICE PRIVILEGES

NAME: _____

DATE: _____

To be eligible to apply for privileges as a Clinical Psychologist in the Department of Psychiatry the applicant must meet Valleywise Health Allied Health Professional (AHP) Staff membership requirements as outlined in the AHP Policy and the following privileging criteria:

RESPONSIBLE PARTY:	Department of Psychiatry Chair, or designee
	<u>Clinical</u> Psychologists focus on the use of psychological methods to diagnose and treat: mental, nervous, psychological, marital, or emotional illness; disability, alcoholism, and substance abuse; disorders of habit or conduct; and psychological aspects of physical illness, accident, injury, or disability, including neuropsychological evaluation, diagnosis, etiology, and treatment.
QUALIFICATIONS:	Current and valid license to practice Psychology in Arizona under A.R.S §32.19.1; Documentation of clinical experience and academic training consistent with specialty and successful completion of credentialing process.
PRACTICE PREROGATIVES:	<ul style="list-style-type: none"> • Shall not have privileges to admit patients into the Hospital but shall see patients upon the request and recommendation of physician members of the Medical Staff. • Shall participate in departmental quality improvement and peer review activities. • Shall regularly participate in inpatient, outpatient or emergency care. • Shall accept on-call duties when assigned. • May provide supervision and training to medical students, post-doctorate fellows, and pre-doctoral psychology students.

INITIAL APPLICANTS

To be eligible to apply for privileges as a Psychologist in the Department of Psychiatry the applicant must meet the following criteria:

- Successful completion of an approved doctoral degree from an American Psychological Association-regionally accredited training program with a degree earned as either a Ph.D. or Psy.D.; AND
- Current and valid license to practice Psychology in Arizona under A.R.S §32.19.1; AND
- ~~Applicants must demonstrate successful completion of (graduation from) an approved doctoral training program (via a Ph.D. or a Psy.D. degree) that is deemed regionally accredited within the past twelve (12) months; OR Demonstrate provision of clinical psychology services for at least twenty (20) patients in a manner that reflects the scope and complexity of Valleywise Health patients by way of a clinical activity log or a signed letter from a supervising psychologist familiar with the applicant's clinical practice during the past twelve (12) months; Documentation of clinical experience and academic training consistent with specialty and successful completion of credentialing process;~~
AND
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Valleywise Health Allied Health Professionals Policy/Medical Staff Bylaws; **AND**

FOCUSED PROFESSIONAL PRACTICE EVALUATION: Minimum of five (5) cases shall be reviewed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; psychiatric and medical history; use of ancillary services; appropriateness of diagnosis; and treatment plan.

REAPPOINTMENT (Psychology Core Privileges): At least 30 hours of continuing education and evidence of current clinical competence (i.e., Clinical activity log or letter from a psychologist or supervising psychologist familiar with the applicant's clinical practice during the past twenty-four (24) months.

To the applicant: If you wish to exclude any procedures, please strike through those procedures you do not wish to request, then initial and date.



**VALLEYWISE HEALTH
ALLIED HEALTH PROFESSIONALS
CLINICAL PSYCHOLOGIST PRACTICE PRIVILEGES**

PSYCHOLOGY CORE PRIVILEGES	Requested	Approved	Not Approved	Comment
<p>Evaluate, diagnose, consult on and provide treatment to patients age 3 and above who suffer from mental, behavioral or emotional disorders; includes psychological testing, and includes working with parents and families of patients of all ages. <u>Assess, stabilize, and determine the disposition of patients with emergent conditions.</u></p> <p><u>Core Procedure List:</u></p> <ul style="list-style-type: none"> • <u>Psychological assessment</u> • <u>Psychotherapy (Individual therapy, family assessment/therapy, group therapy, marital/couple's therapy)</u> <p><u>Reappointment:</u> At least 30 hours of continuing education and evidence of current clinical competence</p>				

SPECIAL (NON-CORE) PSYCHOLOGIST PRIVILEGES

BIOFEEDBACK PRIVILEGES	Requested	Approved	Not Approved	Comment
<p>Initial Criteria:</p> <ul style="list-style-type: none"> • A minimum of 20 hours of postdoctoral Continuing Education in biofeedback; OR • Certification in sub-specialty area by nationally accrediting body (i.e., American Board of Professional Psychology, or Biofeedback Certification Institute of America.); AND • <u>Supervision of the first three (3) procedures by a qualified sub-specialist</u> <p><u>FOCUSED PROFESSIONAL PRACTICE EVALUATION:</u> <u>Minimum of five (5) cases shall be reviewed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; psychiatric and medical history; appropriateness of diagnosis; and treatment plan.</u></p> <p>Reappointment Criteria: At least 4 of the 30 CE hours directly related to biofeedback, and evidence of current clinical competence.</p>				
<p>CHILD PSYCHOLOGY: Providing evaluation, diagnosis, consultation and treatment for patients under age 3.</p> <p>Initial Criteria:</p> <ul style="list-style-type: none"> • At least 40 hours of postdoctoral Continuing Education in psychological evaluation and treatment of infants and toddlers; OR • Postdoctoral fellowship in specialty area; OR • Certification in sub-specialty area by nationally accrediting body (i.e., American Board of Professional Psychology.); AND • <u>Supervision of the first three (3) procedures by a qualified sub-specialist</u> <p><u>FOCUSED PROFESSIONAL PRACTICE EVALUATION:</u> <u>Minimum of five (5) cases shall be reviewed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; psychiatric and medical history; use of ancillary services; appropriateness of diagnosis; and treatment plan.</u></p> <p>Reappointment Criteria: At least 4 of the 30 CE hours directly related to Infant/Toddler psychological treatment and evidence of current clinical competence.</p>				



**VALLEYWISE HEALTH
ALLIED HEALTH PROFESSIONALS
PSYCHOLOGIST PRACTICE PRIVILEGES**

SPECIAL (NON-CORE) PSYCHOLOGIST PRIVILEGES

NEUROPSYCHOLOGY PRIVILEGES	Requested	Approved	Not Approved	Comment
<p>Initial Criteria:</p> <ul style="list-style-type: none"> • 2 years of supervised postdoctoral training in clinical neuropsychology OR 2 years of full-time experience in the practice of <u>n</u>neuropsychology; OR • Postdoctoral fellowship in <u>n</u>neuropsychology; OR • Certification in Neuropsychology by a national accrediting body (e.g. American Academy of Neuropsychology); AND • <u> </u>Supervision of the first 3 cases by a qualified neuropsychologist <p>FOCUSED PROFESSIONAL PRACTICE EVALUATION: Minimum of five (5) cases shall be reviewed in accordance with the <u>Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; psychiatric and medical history; use of ancillary services; appropriateness of diagnosis; and treatment plan.</u></p> <p>Reappointment Criteria: At least <u>ten (10)</u> of the 30 CE hours directly related to <u>n</u>Neuropsychology, and evidence of current clinical competence.</p>				
<p>HYPNOSIS PRIVILEGES</p> <p>Initial Criteria: Evidence of at least 20 hours of postdoctoral Continuing Education AND supervision of the first 3 procedures by a qualified specialist in hypnosis.</p> <p>FOCUSED PROFESSIONAL PRACTICE EVALUATION: Minimum of five (5) cases shall be reviewed in accordance with the <u>Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; psychiatric and medical history; use of ancillary services; appropriateness of diagnosis; and treatment plan.</u></p> <p>Reappointment Criteria: At least 4 of the 30 CE hours directly related to hypnosis.</p>				

I have requested authorization to perform only those services which my education, training, current experience and competency qualifies me to perform and for which I wish to exercise at ~~Maricopa Medical Center~~Valleywise Health.

Practitioner's Signature

Date

At this time, the Department of Psychiatry is of the opinion that the applicant's competency, professional performance, judgment, technical skill and health status are satisfactory and falls within the limits of the clinical privileges requested, and there are sufficient resources to perform the approved privilege(s).

Department of Psychiatry Chair/Designee

Date



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.d.iv.

**Medical Staff
Policy 39026 T: Operational
Credentialing**



May 27, 2020

SUMMARY OF PROPOSED AMENDMENTS

VALLEYWISE HEALTH MEDICAL STAFF POLICY 39026 T: OPERATIONAL CREDENTIALING

Definitions:	Definitions reorganized alphabetically and expanded to also include definitions specific to Health Resources and Services Administration (“HRSA”) regulatory requirements in preparation for upcoming HRSA Survey in July 2020.
Policy:	The Operational Credentialing Policy’s proposed revisions are to broaden the scope of the policy that includes language as provided by the HRSA Health Center Program Compliance Manual, Chapter 5, part C to achieve compliance in a credentialing and recredentialing process.
Procedure: Section 1: Initial Credentialing/Appointment Procedures	
1.1. (Verification of Information)	
<ul style="list-style-type: none">• Sections 1.1.1 - 1.1.3 • Section 1.1.6 • Section 1.1.11 • Section 1.1.14 • Section 1.1.15	<p>Proposed revisions to better define the primary verification sources used in the credentialing process.</p> <p>Included language, as noted in the HRSA Health Center Program Compliance Manual, Chapter 5, regarding Fitness of Duty, Immunization and Communicable Disease Status.</p> <p>Added language regarding Preclusion List as provided by the health plan to be reviewed monthly and at time of initial credentialing. Note: A Preclusion List generated by CMS that contains the names of prescribers, individuals, and/or entities that are unable to receive payment for Medicare Advantage (MA) items and service and/or Part D drugs prescribed or provided to Medicare beneficiaries.</p> <p>Added language pertaining to LIPs providing documentation of basic life support training for initial credentialing to meet the HRSA Health Center Program Compliance Manual, Chapter 5 requirement. Note, basic life support training examples include but not limited to BLS, ACLS, PALS, and NRP.</p> <p>Added language pertaining to LIPs providing documentation of fingerprinting clearance card for initial appointment/credentialing in accordance with Arizona Revised Statute (“ARS”) §36-425.03 (Children’s Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi).</p>
Procedure: Section 2: Reappointment/Re-Credentialing Procedures	
<ul style="list-style-type: none">• Sections 2.2.4 – 2.2.5 • Section 2.2.7 • Section 2.2.8	<p>Proposed revisions to better define the primary verification sources used in the recredentialing process.</p> <p>Included language, as noted in the HRSA Health Center Program Compliance Manual, Chapter 5, regarding Fitness of Duty, Immunization and Communicable Disease Status.</p> <p>Added language pertaining to LIPs being reviewed at time of reappointment/re-credentialing to determine compliance with Medicare/Medicaid Sanctions regulatory requirements.</p>



May 27, 2020

SUMMARY OF PROPOSED AMENDMENTS

VALLEYWISE HEALTH MEDICAL STAFF POLICY 39026 T: OPERATIONAL CREDENTIALING

Procedure: Section 2: Reappointment/Re-Credentialing Procedures

- **Section 2.2.9** Added language regarding Preclusion List as provided by the health plan to be reviewed monthly and at time of re-credentialing. Note: A Preclusion List generated by CMS that contains the names of prescribers, individuals, and/or entities that are unable to receive payment for Medicare Advantage (MA) items and service and/or Part D drugs prescribed or provided to Medicare beneficiaries.

- **Section 2.2.10** Added language pertaining to LIPs providing documentation of basic life support training for reappointment/re-credentialing to meet the HRSA Health Center Program Compliance Manual, Chapter 5 requirement. Note, basic life support training examples include but not limited to BLS, ACLS, PALS, and NRP.

- **Section 2.2.11** Added language pertaining to LIPs reverification of fingerprinting clearance card documentation in accordance with Arizona Revised Statute (“ARS”) §36-425.03 (Children’s Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi).

- **Section 4.6** Included language pertaining to verification of fingerprinting clearance cards with the Arizona Department of Public Safety.

All Sections

Update references made to “Maricopa Integrated Health System” (“MIHS”) to Valleywise Health.

~~Maricopa Integrated Health System~~ Valleywise Health Administrative Policy & Procedure

Effective Date: 04/10

Reviewed Dates: 02/15, 03/16, 02/2017, 5/2017, 03/2018, 06/2018, 06/2019, 04/2020

Revision Dates: 09/11, 04/12, 04/13, 04/14, 02/15, 03/16, 02/17, 5/2017, 03/2018, 06/2018, 06/2019, 05/2020

Policy #: 39026 T

Policy Title: Clinical Services/Medical Affairs: Operational Credentialing Policy and Procedure

- Scope:** [] **District Governance (G)**
[] **System-Wide (S)**
[] **Division (D)**
[] **Multi-Division (MD)**
[x] **Department (T) Medical Staff Services**
[] **Multi-Department (MT)**

Purpose: In accordance with Medical Staff Bylaws and Medical Staff and Allied Health Professional Credentials Policies, to further define the process for credentialing and re-credentialing members of the Medical Staff and Allied Health Professional staff in compliance with NCQA and HRSA (as used by the FQHC) standards, DNV, CMS, and health plan delegation agreements.

Definitions:

Allied Health Professional (AHP): A ~~health care practitioner~~LIP other than a Medical Staff member who is authorized to provide patient care services in the Hospital who has been granted clinical privileges.

AMA: American Medical Association

AOA: American Osteopathic Association

Certifacts: An official Display Agent for the American Board of Medical Specialties (ABMS) to serve as one of the ~~providers~~LIPs of primary source equivalent ABMS

CMS: Centers for Medicare and Medicaid Services

Clinical Privileges: The authorization granted by the Maricopa County Special Health Care District Board ("Board") to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards with the results of the Board's decisions communicated to the LIPs.

CVO: Credentialing Verification Organization. Valleywise Health CVO is comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence. CVO includes the verification from a primary source.

Delegation Agreement – An agreement between MIHS-Valleywise Health and a health plan that allows the health plan to accept the credentialing process of MIHSValleywise Health, provided MIHS-Valleywise Health meets the health plan's credentialing standards and successfully demonstrates compliance upon audit by the respective health plan.

DNV: Det Norske Veritas – A hospital accreditation program approved by the US Centers for Medicare and Medicaid Services (CMS). DNV performs annual deemed status surveys.

ECFMG: The Educational Commission for Foreign Medical Graduates for verification of a physician's graduation from a foreign medical school.

FQHC: Federally Qualified Health Center

HRSA: Health Resources and Services Administration

LIPs: Licensed Independent Practitioners who are licensed, certified, or registered by the state to practice independently (without direction or supervision). Examples of LIPs include but not limited to the following: Physicians, Dentists, Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, License Professional Counselors, and Licensed Clinical Social Workers.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board.

MSS: Medical Staff Services

NCQA: National Committee for Quality Assurance

Participating Practitioners: Medical Staff and Allied Health Professional Staff as defined in the Medical Staff Credentialing Policy and Allied Health Professional Policy.

Preclusion List: A list generated by CMS that contains the names of prescribers, individuals, and/or entities that are unable to receive payment for Medicare Advantage (MA) items and service and/or Part D drugs prescribed or provided to Medicare beneficiaries.

Primary Source Verification: Verification by the original source of a specific credential of the accuracy of a qualification reported by an individual health care practitioner. Primary source verification could include direct correspondence, telephone, fax, e-mail, or paper or online reports received from original sources (i.e., telephone confirmation from an educational institution that the individual graduated with the degree[s] listed on his or her application, confirmation through a state's database that a LIP's license is current, reports from credentials verification organizations). Designated examples of primary sources accepted but not limited to the following: AMA, ABMS/Certifacts, ECFMG, AOA, AAPA.

Secondary Source Verification: Documented verifications of credentials obtained through a verification report from a recognized entity considered as an acceptable source of information.

Virtual Meeting: A meeting conducted by way of either video or web-based conferencing with audio.

~~**Clinical Privileges or Privileges:** The authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.~~

Policy:

Valleywise Health which includes the Valleywise Health Medical Center and all of its affiliated inpatient, ancillary, outpatient, and licensed health services, facilities, departments and programs, including the Valleywise Behavioral Health Centers (Maryvale, Mesa, Phoenix), Valleywise Comprehensive Health Centers (Phoenix and Peoria), Arizona Burn Center, Valleywise Emergency (Maryvale), and Valleywise Community Health Centers (Federally Qualified Health Care (FQHC) Clinics) that provide services within its scope of project/services ensures that such LIPs are licensed, certified, or registered as verified through a credentialing and re-credentialing process in accordance with the Valleywise Health Medical Staff Credentials Policy and Allied Health Professional Policy; and applicable Federal, state, and local laws; and competent and fit to perform the contracted or referred services, as assessed through a privileging process; The credentialing process is performed in accordance with the Medical Staff and Allied Health Professional Staff Credentials Policy and is operationalized as set forth in this policy.

Valleywise Health will determine in its decision-making the following considerations in relation to credentialing:

- Staffing composition (for example, use of nurse practitioners, physician assistants, certified nurse midwives) and its staffing levels (for example, full – and/or part-time staff);
- Approval authority for credentialing and privileging of its clinical staff;
- Credentialing protocols will be implemented (for example, a health center may contract with a credentials verification organization (CVO) to perform credentialing activities or it may have its own staff conduct credentialing), including whether to have separate credentialing processes for LIPS versus other provider types;
- Assessment of clinical competence and fitness for duty of its staff (for example, regarding clinical competence, a health center may utilize peer review conducted by its own LIPs or may contract with another organization to conduct peer review);
- Consistent with established privileging criteria whether to deny, modify, or remove privileges of its staff; whether to use an appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges;
- Consistent with its contracts/cooperative arrangements whether to disallow individual LIPs or organizations from providing health services on the health center's behalf.

A health care plan may delegate its credentialing function for practitioners-LIPs who provide services at Maricopa Integrated Health System (MIHS) Valleywise Health. Health care plans, through a contractual agreement, may delegate the credentialing, re-credentialing and monitoring for adverse actions of all participating practitionersLIPs. The Delegation Agreement shall detail the delegated activities, responsibilities of the health plan and of MIHSValleywise Health, and the process by which evaluation of the process shall occur.

MIHS-Valleywise Health may sub-delegate primary source verification and, if applicable, shall conduct regular audits of all such delegated activities. The applications for initial appointment and reappointment existing now and as may be revised are incorporated by reference and made a part of the Medical Staff and Allied Health Professional Credentials Policies.

Procedure:

SECTION 1 – INITIAL CREDENTIALING/APPOINTMENT PROCEDURES

1.1 Verification of Information

The information that shall be collected and verified by representatives of the ~~Medical Staff Services (MSS)~~ Department working with the Credentials Committee shall include, but not be limited to:

- 1.1.1 Education and training will be verified using primary sources. Examples of primary sources include but not limited to are verified through the AMA/AOA profile or directly with the training program by written letter, ~~or~~ The Educational Commission for Foreign Medical Graduates (ECFMG) to verify may be used for verification of a physician's LIP's graduation from a foreign medical school.
- 1.1.2 All currently unrestricted professional licensures or certifications verified using primary source verification achieved directly with the appropriate state agencies, by a letter, telephone verification, licensing board website, or secure electronic communication obtained from the appropriate state licensing board. Telephone and electronic communication shall be appropriately documented with the date, time, and initials of the individual performing the verification. A current copy of the Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each will be primary source verified with the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division, shall also be obtained.
- 1.1.3 Specialty or sub-specialty board certification, recertification, or active candidate status verified by Certifacts, AMA/AOA profile, or directly with the ABMS/AOA Specialty Board.
- 1.1.4 Continuous professional liability insurance coverage as required in the Credentialing Policy. The applicant must include names of present and past insurance carriers and complete information on malpractice claims history and experience including past and pending claims, final judgments, or settlements. The National Practitioners Data Bank (NPDB) is queried for verification of any professional liability claims.
- 1.1.5 Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment (by expiration or resignation while under investigation or to avoid investigation) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic or health care institution; professional liability insurance coverage. The entities that shall verify this information shall include, but not be limited ~~to~~ to the applicable state agency; health care affiliations; NPDB; and professional peer references.

- 1.1.6 Health ~~s~~Status, Fitness for Duty, Immunization, and Communicable Disease Status information provided in response to pertinent questions about a practitioner's—LIP's physical and mental health status or chemical/substance dependency/abuse that may impair his/her ability to provide professional services.
- 1.1.7 Charge, indictment, conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence against another shall be elicited on the application.
- 1.1.8 All hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice to include start and end dates of each affiliation. All time gaps in practice greater than three (3) months since graduation must be accounted for and shall be verified by an individual who can attest to the validity of the activity as specified by the applicant, or re-applicant.
- 1.1.9 Medicare sanctions are verified directly with the OIG and SAM (Office of the Inspector General and the System for Awards Management) websites or the NPDB.
 - 1.1.10 The Medicare Opt-Out Report will be reviewed ~~on~~ at initial appointment. If a ~~practitioner—LIP~~ is identified they shall be deemed to not meet the qualifications for appointment as outlined in the credentialing policies.
 - ~~4.1.40~~1.1.11 The Preclusion List will be provided by each health plan to be reviewed monthly and at time of initial appointment.
 - ~~4.1.41~~1.1.12 Clinical staff member's (LIPs) identify is verified through government issued picture identification.
 - 1.1.13 All Medical Staff and Allied Health Professional Staff are enrolled in the NPDB Continuous Query Program with NPDB queries reviewed at time initial appointment/reappointment, new privilege requests, and on an ongoing/real-time basis as Continuous Query enrollment reports are made available.
 - 1.1.14 Record of current documentation of basic life support training will be obtained and filed in the LIP's credential file (i.e., BLS, ACLS, PALS, NRP).
 - 1.1.15 Record of a current Level 1 Fingerprint Clearance card issued by the Arizona Department of Public Safety individual LIP's current compliance with the fingerprint requirements at time of initial appointment/credentialing OR Record of fingerprinting application in process with the Arizona Department of Public Safety and a copy of completed/signed Arizona Department of Health Services Bureau of Child Care Licensing Criminal History Affidavit, in accordance with Arizona Revised Statute ("ARS") §36-425.03 (Children's Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi), will be obtained and filed in the LIP's credential file.
- ~~4.1.12~~

SECTION TWO -- REAPPOINTMENT /RE-CREDENTIALING PROCEDURES

- 2.1 All terms, conditions, requirements, and procedures relating to initial credentialing/appointment shall apply to continued appointment and re-

- credentialing/reappointment. Each staff member shall be sent an application for recredentialing/reappointment and notice of the date on which the appointment will expire (not to exceed two years from the last appointment/reappointment) in accordance with Medical Staff and Allied Health Professional Staff Credentialing Policies.
- 2.2 The MSS Department shall verify information since the time of the member's last appointment regarding professional and collegial activities, performance, clinical or technical skills and conduct. Such information will include but not be limited to:
- 2.2.1 At least two peer references
 - 2.2.2 Within the last two years, any pending or completed professional action as specified in Section 1.1.5 of this policy.
 - 2.2.3 Medical malpractice history over the past two years is required on the application and verified through NPDB.
 - 2.2.4 All currently unrestricted professional licensures or certifications verified using primary source verification directly with the appropriate state agencies, and a current copy of the Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each will be primary source verified with the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division.-
 - 2.2.5 Primary source verification of Specialty or sub-specialty board certification, or recertification
 - 2.2.6 All hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice with the dates of each affiliation.
 - ~~2.2.6~~ 2.2.7 Health Status, Fitness for Duty, Immunization, and Communicable Disease Status information provided in response to pertinent questions about a LIP's physical and mental health status or chemical/substance dependency/abuse that may impair his/her ability to provide professional services reviewed at time of reappointment.
 - 2.2.8 Medicare/Medicaid Sanctions (i.e., OIG and SAM) and Medicare Opt_ Out Report will be reviewed at reappointment. If a LIP is identified they shall be deemed to not meet the qualifications for reappointment as outlined in the credentialing policies.
 - 2.2.9 The Preclusion List will be provided by each health plan to be reviewed monthly and at time of re-credentialing/reappointment.
 - 2.2.10 Record of current documentation of basic life support training will be re-verified and filed in the LIP's credential file (i.e., BLS, ACLS, PALS, NRP) at time of recredentialing/reappointment.
 - 2.2.11 Record of a current Level 1 Fingerprint Clearance card issued by the Arizona Department of Public Safety at time of reappointment/re-credentialing OR Record of fingerprinting clearance renewal application for an expiring fingerprint clearance card in process with the Arizona Department of Public Safety and copy of an updated Arizona Department of Health Services Bureau of Child Care Licensing Criminal History Affidavit current individual LIP's current compliance with the fingerprint requirements, in accordance with Arizona Revised Statute ("ARS") §36-425.03 (Children's Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi) in R910-1006 (11.)(c.)(vi), will be obtained and filed in LIP's credential file.

- 2.3** The sources used for verification will be the same as in the initial credentialing process.

SECTION THREE - NOTIFICATION AND STATUS OF APPLICATION

- 3.1 During the initial credentialing or re-credentialing process, the practitioner-LIP will be given notice by the MIHS-Valleywise Health credentialing staff of any conflicting information and be given an opportunity to reconcile such information in accordance with the Medical Staff and Allied Health Professional Credentials Policies.
- 3.2 Practitioners-LIPs receive a copy of the Medical Staff Bylaws, Medical Staff Credentialing Policy, or Allied Health Professional Credentialing Policy (if applicable) outlining their rights.
- 3.3 Practitioners-LIPs have the right to review information submitted to support their credentialing application in accordance with the **Practitioner Access to Credentialing Files Policy**.

SECTION FOUR - ONGOING VERIFICATION OF INFORMATION

- 4.1 Medicare/Medicaid Exclusions shall be verified on a monthly basis. Verification shall be accomplished through a sweep of the credentialing database matched against the OIG (Office of Inspector General) and SAM (System for Awards Management) websites.
- 4.2 Medicare/Medicaid Opt-Out Report - The Medicare Opt-Out Report will be reviewed on a quarterly basis; if a practitioner-LIP is identified the health plan will be notified immediately.
- 4.3 Licensure - The applicant's current professional licensure shall also be verified at the time of license renewal and revision of privileges. During the interim period between reappointment cycles, the Credentials Committee shall review disciplinary actions identified, or other issues deemed to be significant. The Credentials Committee shall make recommendations on these matters, when deemed necessary. Any licensure revocation, suspension, restriction, or probation shall result in a like limitation of clinical privileges, as of the date such action becomes effective and throughout its term. Contracted health plans shall be notified immediately of any such actions.
- 4.4 Patient Complaints, Adverse Events, and Medical Record Review- The collection of and review of information obtained from complaints, adverse events, and medical record review is performed on a concurrent basis. Appropriate interventions are identified from adverse events through the confidential peer review mechanism.
- 4.5 Immunizations and communicable disease status *isare* verified by the MIHS Valleywise Health Employee Health and Wellness Department at time of initial appointment and on an ongoing basis in accordance with MIHSValleywise Health policies and procedures.
- 4.54.6 Level 1 Fingerprinting Clearance cards will be verified with the Arizona Department of Public Safety.

SECTION FIVE - REPORTING TO THE NATIONAL PRACTITIONER DATA BANK (NPDB), STATE LICENSING BOARD, AHCCCS CLINICAL QUALITY MANAGEMENT UNIT, OFFICE OF THE ATTORNEY GENERAL, AND LAW ENFORCEMENT AGENCY

- 5.1 It is the policy of MIHS-Valleywise Health to comply with the required reporting of adverse actions taken against a Participating Practitioner to all regulatory

agencies, including the **National Practitioner Data Bank** (NPDB) and the appropriate State of Arizona Licensing Board.

- 5.2** Following a formal peer review process, and at the time that **MIHS-Valleywise Health** denies, reduces, revokes, terminates, or suspends the privileges of a **practitioner-LIP** for a period of longer than thirty (30) calendar days, or accepts the Participating **Practitioner's-LIP's** surrender of privileges while under investigation by **MIHSValleywise Health**, **MIHSValleywise Health** will notify the NPDB and the appropriate State of Arizona Licensing Board.
- 5.3** NPDB Reporting:
- 5.3.1** **MIHS-Valleywise Health** will submit a report to the NPDB of the adverse action consistent with the NPDB timeliness requirements.
- 5.3.2** The NPDB report will be submitted electronically, in accordance with NPDB requirements via the NPDB website at www.npdb-hipdb.com
- 5.4** State of Arizona Licensing Board Reporting: The Report Verification Document that **MIHS-Valleywise Health** received from the NPDB will be submitted to the appropriate State licensing board.
- 5.5** AHCCCS Clinical Quality Management Unit/Office of the Attorney General: A report shall be submitted within one business day of quality deficiencies that result in a **practitioner-LIP's** suspension or termination from the **MIHS-Valleywise Health** Medical Staff or Allied Health Professional Staff.
- 5.6** Law Enforcement Agency: Reports will be filed in accordance with **MIHS Valleywise Health** Policies and Procedures.

SECTION SIX – PROTECTION AGAINST DISCRIMINATION

- 6.1** In accordance with the Medical Staff and Allied Health Professional Credentials Policies, No individual shall be denied appointment or reappointment at the Hospital on the basis of gender, race, ethnic/national identity, ancestry, age, health status, sexual orientation, religion, veteran's status, marital status, handicap, or types of patients (e.g. Medicaid) in which the **practitioner-LIP** specializes. Means used to prevent discrimination in the decision-making process includes:
- 6.1.1** The Credentials Committee will be comprised of a multi-disciplinary, heterogeneous group of practitioners to the degree feasible.
- 6.1.2** All members of the medical staff and allied health professional staff are required to attest to their willingness to abide by the Medical Staff Bylaws and associated documents. Discrimination is prohibited in the Medical Staff Credentialing Policy (section 2.A.5) and Allied Health Professional Credentialing Policy (Section 3.A.5).
- 6.1.3** Adverse recommendations must be supported by qualitative and quantitative data that is presented to the Credentials Committee blindly (i.e., using a numeric identifier in lieu of name, discipline, specialty, etc.).
- 6.1.4** All denial decisions will be handled in accordance with the Medical Staff Credentials Policy (Article 3.A.6-3.A.7) and Allied Health Professional Policy (Article 4.A.5-4.A.6) and potentials for discrimination shall be assessed through the respective (medical staff or allied health professional staff) Hearing and Appeal Process.

- 6.2** The Credentials Committee will conduct an annual review of credentialing decisions to ensure that practitioners are not discriminated against.

SECTION SEVEN – GENERAL PROVISIONS

- 7.1** MIHS-Valleywise Health shall seek to verify all the data elements as set forth in this policy and the Medical Staff and Allied Health Professional Staff Credentialing Policies.
- 7.2** MIHS-Valleywise Health will conduct timely verification of information, as evidenced by approval (or denial) of a provider-LIP for initial credentialing/appointment within ninety (90) days of receipt of a complete application. Each applicant is required to sign and attest to the accuracy of the information provided in the application. If the signature attestation exceeds ninety (90) calendar days before the credentialing decision, MSS shall update it with an attestation that the information on the application remains correct and complete.
- 7.3** MIHS-Valleywise Health will conduct timely verification of information, as evidenced by approval (or denial) of a provider-LIP for re-credentialing/reappointment within one hundred eighty (180) days of receipt of a complete application. Each applicant is required to sign and attest to the accuracy of the information provided in the re-credentialing/reappointment application. If the signature attestation exceeds one hundred eighty (180) days before the credentialing decision, MSS shall update it with an attestation that the information on the application remains correct and complete.
- 7.4** All members of the Medical Staff and Allied Health Professional Staff acknowledge that they agree to respect and maintain the confidentiality of all discussions, deliberations, proceedings, and activities of Medical Staff Committees and Departments which have the responsibility of evaluating and improving the quality of care in the Hospital. Members of the Credentials Committee and other Peer Review Committees may be required to sign a confidentiality statement.
- 7.5** Provisionally credentialed (clean file review) and approval is permitted in accordance with the criteria and process set forth in the Medical Staff Credentialing Policy (Section 4.B) and Allied Health Professional Staff Credentialing Policy (Section 4.C).
- 7.6** The health care plan and MIHS-Valleywise Health will identify the providers-LIPs who will participate in this agreement in a written list updated monthly. Any published directories are based on the information provided from the Credentials Office.
- 7.7** MIHS-Valleywise Health will conform to the current requirements established by the NCQA.
- 7.8** For purpose of the “Federal Quality Health Care (FQHC)-~~Look-Alike~~” delegated credentialing arrangements, a completed application is defined as the fully verified application that has been acted on favorably by the MIHS-Valleywise Health Credentials Committee.
- 7.9** Any meeting of the Credentials Committee by way of a virtual meeting may only be conducted by either video or web-based conferencing with audio.
- 7.10** MIHS-Valleywise Health will review and monitor provider-LIP adverse events and complaints on a continuous ongoing basis in accordance with our MIHS Valleywise Health Medical Staff Peer Review Policy.

References: [MHS—Valleywise Health](#) Medical Staff Bylaws, Medical Staff Credentialing Policy, Allied Health Professional Staff Manual, Practitioner Access to Credential Files, NCQA Standards CR 1- 12, Health Care Quality Improvement Act of 1986, [HRSA-Health Center Program Compliance Manual \(Chapter 5\)](#).

MHS-Valleywise Health Policy & Procedure - Approval Sheet

(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Kristine Trulock

DEVELOPMENT TEAM(S): Credentialing Committee

Policy #:39026 T

Policy Title: Operational Credentialing Policy and Procedure

e-Signers: ~~Kevin G. Lopez, M.D.~~ Michael D. White, M.D., EVP and
~~Interim~~ Chief Medical Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes -

Revised with Major Changes -X

Please list revisions made below: (Other than grammatical changes or name and date changes) Updated with the name change, included HRSA specific language to be in compliance with requirements of Chapter 5 of the Health Center Program Compliance Manual for the Valleywise Community Health Centers (Federally Qualified Health Care (FQHC) Clinics) and Fingerprinting compliance in accordance with Arizona Revised Statute ("ARS") §36-425.03 (Children’s Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):
Revisions made to Section One to meet regulatory requirements.

Committee: Credentials Committee 6/201904/2020

Committee: Medical Executive Committee 6/201905/2020

Reviewed for EPIC: 00/00

Other: Maricopa County Special Health Care District Board
06/201905/2020

Other: 00/00



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.d.v.

Medical Staff

**Policy 39017 T: Medical Staff Fund and
Association Fees and Assessments**



May 27, 2020

SUMMARY OF PROPOSED AMENDMENTS

VALLEYWISE HEALTH MEDICAL STAFF FUNDS AND ASSOCIATED DUES AND ASSESSMENT

(POLICY #39017 T)

Policy:

- 4. Language added to clearly define medical staff initially appointed in the months of October, November, or December will not be assessed medical staff dues.

All Sections:

Update references made to "Maricopa Integrated Health System" ("MIHS") to Valleywise Health.

~~Maricopa Integrated Health System~~ Valleywise Health Administrative Policy & Procedure

Effective Date: 05/13

Reviewed Dates: 03/18, 05/2020

Revision Dates: 11/03, 12/04; 06/05, 06/08, 07/10, 11/2012, 10/13, 01/16, 05/2020

Policy #: 39017 T

**Policy Title: Medical Staff/Clinical Services/Medical Staff Services:
Medical Staff Funds and Associated Dues and Assessment**

- Scope:** [] **District Governance (G)**
[] **System-Wide (S) Medical Staff**
[] **Division (D)**
[] **Multi-Division (MD)**
 Department (T): Medical Staff
[] **Multi-Department (MT)**

Purpose: In accordance with the Medical Staff Bylaws, the purpose of the Medical Staff Fund shall be to further the interests of the Medical Staff through education, research, and other non-profit activities.

Definitions:

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board. Medical Staff are also referred to as Attendings.

Allied Health Professional: A health care practitioner other than a Medical Staff member who is authorized to provide patient care services in the Hospital who have been granted clinical privileges. The current categories of Allied Health Professional Staff approved by the Maricopa Special Health Care District Board of Directors include, but are not limited to: Cardiovascular Perfusionist, Certified Registered Nurse Anesthetists, Certified Registered Nurse Midwife, Naturopathic Physician, Optometrists, Physician Assistant, Psychologists (Clinical Doctorate Degree Level), and Registered Nurse Practitioners.

Policy:

1. All monies collected from dues, assessments or other monies accrued by the Medical Staff shall be deposited into the ~~Maricopa Integrated Health System (MIHS)~~ Medical and Dental Staff of Valleywise Health Fund and shall be managed in accordance with the Valleywise Health Medical Staff Bylaws.

2. The Medical Executive Committee shall determine the amount of the Medical Staff dues and assessments.

3. Medical Staff dues shall be assessed and payable in accordance with the Medical Staff Bylaws, Credentialing Policy, and Rules and Regulations in the amount indicated on Appendix A.

3.4. Members of the medical staff initially appointed in the months of October, November, or December will not be assessed medical staff dues.

Procedure:

1. Upon initial appointment to MHS-Valleywise Health medical staff (Active, or Courtesy Categories), medical staff membership dues in the amount indicated on the attached schedule will become payable immediately.
2. Annual medical staff dues in the amount indicated on the attached schedule are payable within 30 days of written notice in January of each calendar year.
3. Initial applications fees shall be assessed for members of the Medical Staff and Allied Health Professional Staff as delineated on Appendix A.
4. Expedite fees shall be assessed for members of the Medical Staff and Allied Health Professional Staff and shall be imposed on initial and reappointment applications as delineated on Appendix A.
5. Failure to return a completed reappointment application to the Medical Staff and Allied Health Professional Staff within 60 days of mailing and notification by Medical Staff Services shall result in the assessment of a reappointment processing fee as delineated on Appendix A.
6. Expedite fees shall be assessed for reappointments that are received within 30 days of expiration as delineated on the Appendix A. Expedite fees assessed for reappointment applications must demonstrate that the delay was caused by the practitioner's failure to submit the appropriate documentation, after timely notification by the Medical Staff Services Department as outlined in the Credentialing Policy and the policy on Allied Health Professional Staff.

References: Medical Staff Bylaws, Article I, Section 1.D.

Appendix A

SCHEDULE OF MEDICAL STAFF DUES AND ASSESSMENT

ASSESSMENT	MEDICAL STAFF	LOCUM TENENS	AHP
Annual Medical Staff Dues	\$200	N/A	N/A
Medical Staff Dues Late Fee	\$100	N/A	N/A
Initial Application Fee	\$150	\$150	\$150
Additional Expedite Fee for 10 Business days or less processing	\$1,000	\$1,000	\$1,000
Additional Expedite Fee 11 to 15 Business days processing	\$500	\$500	\$500
Additional Expedite Fee 16 to 30 Business days processing	\$250	\$250	\$250
Reappointment Late Fee (60 days after initial mailing)	\$100	N/A	\$100

MHS-Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: ~~Stephanie Davee~~Kristine Trulock

DEVELOPMENT TEAM(S): Medical Staff Chief of Staff, Vice Chief of Staff, Immediate Past Chief of Staff, and Chief Medical ~~o~~Officer

Policy #: 39017 T

Policy Title: Medical Staff/Clinical Services/Medical Staff Services: Medical Staff Funds and Associated Dues and Assessment

e-Signers: ~~Michael D. White, M.D., John Hitt, M.D., EVP and~~ Chief Medical Officer

e-Signers: ~~William D. Dachman, M.D. Kevin G. Lopez, M.D.,~~ Chief of Staff

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -X

Revised with Minor Changes - X

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes) Updated to Valleywise Health; included language regarding initially appointed physicians appointed during the months of October, November, and December to not be assessed medical staff dues.

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: Medical Staff Leadership **03/1804/2020**

Committee: Medical Executive Committee **03/1805/2020**

Committee: **00/00**

Reviewed for EPIC: **00/00**

Other: Maricopa Special Health Care District Board **03/1805/2020**

Other: **00/00**

Other: **00/00**



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 1.e.i.

Care Reimagined Capital

480-90-20-007-1

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, May 6, 2020 11:42 AM
To: Melanie Talbot
Subject: Contract Approval Request: New Furniture, Products and Services

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: New Furniture, Products and Services
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
Cooperative Purchasing Agreement Transact - Executed		File	 Cooperative Purchasing Agreement Transact.pdf

Contract Information

Division Prop 480
Folder Prop 480
Status Pending Approval
Title New Furniture, Products and Services
Contract Identifier Article 2 - New Contract
MIHS Contract Number 480-90-20-007-1
Primary Responsible Party Latimore, Diane
Departments Integrated Program Management Office
Product/Service Description Approve a new contract between Transact Commercial Interiors. and Maricopa County Special Health Care District dba Valleywise Health to purchase New Furniture & Services.
Action/Background The purpose of this Co Operative Purchasing Agreement is to provide New Furniture, Products, and Services, this is being initiated by the IPMO in regards to Prop 480 projects. This contract is being accessed by Co-Op by way of the Arizona State Procurement Office. The term of this agreement runs concurrent with ADSPO19-211761, initial term was 9/1/2018 though 8/31/2019. This agreement has been extended twice through 8/31/2021.

Evaluation Process The IPMO evaluated agreements awarded by the State of Arizona Procurement Office and Transact was one the vendors found to be fair and reasonable.

Notes

Category Co-op

Effective Date 9/1/2018

Expiration Date 8/31/2021

Annual Value \$0.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 480-90-20-007-1

Primary Vendor

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Nelson, Mark E.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Mutarelli, Richard D.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.e.ii.

Care Reimagined Capital
480-90-19-018-01

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 12:16 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment 1 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics OKLAND CONSTRUCTION COMPANY INC

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment 1 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics OKLAND CONSTRUCTION COMPANY INC
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Prop 480
Folder Prop 480
Status Pending Approval
Title Amendment 1 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics
Contract Identifier Article 2 - Amendment
MIHS Contract Number 480-90-19-018-01
Primary Responsible Party Latimore, Diane
Departments Integrated Program Management Office
Product/Service Description Amendment 1 approval request for GMP1, construction of the roughly 25,687 square foot Maryvale Community Health Center. The Health Center will be built to meet the Valleywise Health Community Health Center templates and building standards.
CER 19-945
This GMP Value \$9,775,533.00
Revised Contract Value \$9,906,916.00
The total project cost of all ambulatory care center projects is estimated to be \$69 million.

Action/Background Historical Background/Discussion:

These clinics are the remaining four (4) clinic facilities of a total of six (6) planned new Ambulatory Care Centers. Included in these four (4) clinics.

The estimated size for these four (4) facilities is 20,000 SF to 25,000 SF with the Mesa facility being 35,000 to 40,000 SF These projects are located at - Maryvale Ambulatory Clinic – 4550 N. 51 St., Phoenix, West Maryvale Ambulatory Clinic – 7808 W. Thomas Rd, Phoenix, Mesa Primary & Specialty Care Center – 950 E. Main St, Mesa, and Chandler Ambulatory Clinic 838 N. Alma School Rd., Chandler.

The total project cost of these ambulatory care center projects is estimated to be \$69 million.

This GMP Value \$9,775,533.00

Revised Contract Value \$9,906,916.00

Evaluation Process This GMP scope and cost was evaluated by Vanir Construction Management, and the IPMO and was found to be fair and reasonable.

Notes

Category

Effective Date

Expiration Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number 480-90-19-018-01

Primary Vendor OKLAND CONSTRUCTION COMPANY INC

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Talbot, Melanie L.	Current	
Melton, Christopher C.	Current	
Purves, Steve A.	Approved	
Agnew, Claire F.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.e.iii.

Care Reimagined Capital
480-90-19-018-02

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, May 14, 2020 12:16 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment 2 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics OKLAND CONSTRUCTION COMPANY INC

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment 2 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics OKLAND CONSTRUCTION COMPANY INC
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Prop 480
Folder Prop 480
Status Pending Approval
Title Amendment 2 to Construction Manager at Risk (CMAR) Services with the Okland Construction for the Maryvale, West Maryvale, Mesa, and Chandler Ambulatory Clinics
Contract Identifier Article 2 - Amendment
MIHS Contract Number 480-90-19-018-02
Primary Responsible Party Latimore, Diane
Departments Integrated Program Management Office
Product/Service Description Amendment 2 approval request for GMP1, construction of the roughly 25,687 square foot Maryvale Community Health Center. The Health Center will be built to meet the Valleywise Health Community Health Center templates and building standards.
CER 19-946
This GMP Value \$9,323,642.00
Revised Contract Value \$9,455,025.00
The total project cost of all ambulatory care center projects is estimated to be \$69 million.

Action/Background Historical Background/Discussion:

These clinics are the remaining four (4) clinic facilities of a total of six (6) planned new Ambulatory Care Centers. Included in these four (4) clinics.

The estimated size for these four (4) facilities is 20,000 SF to 25,000 SF with the Mesa facility being 35,000 to 40,000 SF These projects are located at - Maryvale Ambulatory Clinic – 4550 N. 51 St., Phoenix, West Maryvale Ambulatory Clinic – 7808 W. Thomas Rd, Phoenix, Mesa Primary & Specialty Care Center – 950 E. Main St, Mesa, and Chandler Ambulatory Clinic 838 N. Alma School Rd., Chandler.

The total project cost of these ambulatory care center projects is estimated to be \$69 million.

This GMP Value \$9,323,642.00

Revised Contract Value \$9,455,025.00

Evaluation Process This GMP scope and cost was evaluated by Vanir Construction Management, and the IPMO and was found to be fair and reasonable.

Notes

Category

Effective Date

Expiration Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number 480-90-19-018-02

Primary Vendor OKLAND CONSTRUCTION COMPANY INC

Responses

Member Name	Status	Comments
Melton, Christopher C.	Current	
Nelson, Mark E.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 1.f.i.

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**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 2.
No Handout

COVID-19



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 3.

November 2020
General Election
Board Resolution

Board Resolution No. 2020-5-27-001

RESOLUTION APPROVING BALLOT LANGUAGE SUBMITTING TO THE QUALIFIED ELECTORS OF THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT ON NOVEMBER 3, 2020, THE QUESTION OF AUTHORIZING THE CONTINUED LEVY OF A SECONDARY PROPERTY TAX FOR THE BENEFIT OF THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT FOR TWENTY YEARS

WHEREAS, on January 29, 2020 the Board of Directors of the District called an election, to be held on November 3, 2020, submitting to the qualified electors of the District the question of the continued imposition of the tax.

WHEREAS, on January 31, 2020 , the District notified the Maricopa County Board of Supervisors and the Maricopa County Recorder that the purpose of the election is to submit to the qualified electors of the District the question of authorizing the continued imposition of the Tax.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the District approves the ballot language approving the continuation of the secondary property tax levy for the benefit of the Maricopa County Special Health Care District for twenty years, as authorized by law (Chapter 31, Title 48, Arizona Revised Statutes) set forth below:

Full Text Ballot Language [to appear in voter information pamphlet and be accessible in voting locations]

2020 Ballot Language

OFFICIAL TITLE

A measure referred to the voters of Maricopa County to authorize the continuation of a secondary property tax levy for the benefit of the Maricopa County Special Health Care District for twenty years, as authorized by law (Chapter 31, Title 48, Arizona Revised Statutes).

DESCRIPTIVE TITLE

Authorizes the continuation of a secondary property tax levy for the benefit of the Maricopa County Special Health Care District – which includes the public teaching hospital, the Arizona Burn Center, three behavioral health hospitals and 12 family health centers -- for twenty years. The tax will expire in August, 2025 without voter approval prior to that date.

A “YES” vote will have the effect of continuation of the levy of a secondary property tax for the benefit of the Maricopa County Special Health Care District – which includes the public teaching hospital, the Arizona Burn Center, three behavioral health hospitals and 12 family health centers -- for a period not to exceed twenty years, which tax is estimated at \$38 per year on a home assessed at \$200,000.

A “NO” vote will have the effect of not approving the continuation of the levy of a secondary property tax for the benefit of the Maricopa County Special Health Care District, which tax will expire without voter approval before August 2025.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 4.

Quarterly Quality Dashboard



Date: 5/27/2020

To: Mark Dewane, Chairman, District 2
Mary Rose Wilcox, Vice Chairman, District 5
Mary A Harden, RN, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4

From: Sherry Stotler, CNO
Crystal Garcia, VP of Specialty Services, Quality and Safety

cc: Steve Purves, President & CEO
Dr. Michael White, Executive VP & CMO

Subject: Quality Indicators FY20 Quarter 3

Hand Hygiene –

- Hand hygiene compliance continues to be in the mid 90% compliance rate. Currently at 96% compliance during FY20 Q3.
- The number of observations has continued to be high; with a total number of observations during FY20 Q3 was 6365.

CLABSI – FY20 Q3 Standardized Infection Ratio (SIR) was better than benchmark at 0.00. FY20 YTD benchmark is set at <0.687.

- 0 cases of CLABSI during FY20 Q3.

CAUTI – FY20 Q3 SIR was better than benchmark at 0.499. FY20 YTD benchmark is set at <0.774.

- 2 cases of CAUTI during FY20 Q3: 1 case in Med/Onc and 1 case in Surg/Trauma. Case investigations were performed on all cases with no trends noted.

MRSA – FY20 Q3 SIR was better than benchmark at 0.725. FY20 YTD benchmark is set at <0.763.

- 0 cases of MRSA during FY20 Q3.

C. diff – FY20 Q3 SIR was better than benchmark at 0.742. FY20 YTD benchmark is set at <0.748.

7 cases of healthcare-onset C. difficile infection occurred during FY20 Q3: 2 in SICU, 1 in MICU South, 1 APCU, 2 Med/Onc and 1 in Burn Adult.

Severe Sepsis and Septic Shock – FY20 Q3 was better than benchmark at 75%, FY 20 YTD is set at >63%.

Service Excellence: Service Excellence has been revamped to include 1 Program Manager; 2 Service Excellence Coordinators (RN; Bilingual).

- New committee structure developed and meeting monthly

- Has developed a process and structure for proactive assessment and response to patient/visitor concerns to decrease escalation to complaint/grievance

Patient Safety Update

Patient Safety Improvements

- Culture of Safety –The FY20 survey will be occurring in June 2020.
- Medication Events –
 - Revised processes re. Communication and Pharmacy workflows for STAT IV medications – monitoring continues
 - Revised process for documentation of patient weights to reduce weight-based errors affecting medications that require renal dosage adjustment
- Current medication safety improvements are focusing on processes regarding
 - Post-Hemodialysis Vancomycin workflow
 - Medication administration in Behavioral Health areas –To assist with timeliness of medication administration adding WOWs to provide the nurses with quick access to needed resource for retrieval and documentation of patient medications.
 - Medications on hold, such as anticoagulants prior to surgery
- Falls – A falls workgroup is in place with monthly meetings. A continuous drill down analysis is conducted on each fall with injury that occurs within the facilities with process improvements implemented as needed. Behavioral Health has developed specific workgroup to develop action plan for patient population including Maryvale facility. Post fall and huddle documentation is recorded within the Cheq-IT system for tracking, analysis, and ultimate development of process improvement actions.

Nurse Staffing – Patient Safety Indicators

- There has been no correlation between nurse staffing and the nurse sensitive indicators.



May 27, 2020

Quarterly Quality/Patient Safety/Patient Experience Dashboard

Crystal Garcia, MBA/HCM, RN
VP of Specialty Services, Quality and Safety

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Quality Metrics

Quality Dashboard

Reporting Program		Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2018	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
Nursing Workforce																	
Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	14.03	NA	12.61	13.43	13.11	13.04	13.49	14.00	13.59	13.69	13.29	13.47	15.00	13.86	13.52
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	2.92	NA	2.39	2.90	3.03	2.95	3.17	3.01	2.80	2.99	2.63	2.80	3.38	2.90	2.94
Pre-op/PACU worked hours per total cases**	LF	5.65	5.52	NA	5.23	5.11	5.54	5.28	5.27	6.09	5.79	5.69	5.69	5.24	6.59	5.52	5.33
Process of Care Measures; *included in Leapfrog																	
Severe Sepsis & Septic Shock (Composite Measure) - Early management bundle (Percent Compliance)	CMS-HIQR	>63%	61%	↑	83%	60%	57%	69%	50%	50%	57%	53%	80%	71%	67%	75%	64%
Numerator					10	6	4	20	6	5	8	19	8	5	2	15	54
Denominator					12	10	7	29	12	10	14	36	10	7	3	20	85
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	<110	64	↓	132	76	103	101	80	84	83	83	75	74	84	79	83
HIIN-Inpatient Falls with injury minor or greater per 1,000 patient days (excl. ED, Peds, OB, Psych)	HIIN	<0.99 [†]	0.51	↓	0.38	0.89	0.69	0.64	0.00	0.50	0.21	0.21	0.19	0.22	0.20	0.20	0.35

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	⬇
Greater than 10% negative variance	✗

Quality Metrics

Quality Dashboard		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2018	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
Mortality - Rolling Twelve Months (monthly)																		
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤0.88	0.77	↓	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CMS Readmission Project																		
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HIQR	<15.3	8.6	↓	10.5	9.2	5.8	8.5	9.6	6.6	7.0	7.7	6.5	6.2	6.7	6.5	7.6	
Behavioral Health																		
HBIPS-SA - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	>92.2%	96.9%	↑	100.0%	95.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%					99.3%
Ambulatory																		
Diabetes: Hemoglobin A1c Poor Control	HRSA	<16%	32%	↓	37.17%	35.90%	32.54%	Φ	31.76%	31.60%	31.29%	Φ	59.23%	55.54%	50.55%	Φ	50.19%	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖

Quality Metrics

Quality Dashboard		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2018	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Patient Experience																
HCAHPS - Would recommend hospital to family?	NRC	>75.7%	71.3%	↑	Reported Quarterly				65.4%	Reported Quarterly			72.5%	Reported Quarterly			70.5%	70.0%
HCAHPS - How would you rate facility?	NRC	>73.8%	69.4%	↑					70.8%	Reported Quarterly			72.3%	Reported Quarterly			75.3%	72.9%
SCI Solutions: How would you rate the overall care given at this hospital? (Behavioral Health)	Internal	>87.9%	86.4%	↑	88.1%	88.8%	89.3%	88.7%	87.3%	86.3%	88.8%	87.5%	89.6%	89.7%	87.7%	89.0%	88.4%	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✗

Quality Metrics

Inpatient Care & Safety				Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
Patient Safety																				
PSI																				
PSI-03: Pressure ulcer rate (stage 3, 4 & unstageable)	CMS	≤ 0.52	0.61	↓	0.00	2.19	0.00	✖ 0.72	0.00	2.62	0.00	✖ 0.76	2.02	0.00	0.00	✖ 0.73	✖ 0.74			
Numerator					0	1	0	1	0	1	0	1	1	0	0	1	3			
Denominator					486	457	438	1381	445	382	494	1321	495	433	435	1363	4065			
PSI-06: Iatrogenic pneumothorax rate	CMS	≤ 0.27	0.27	↓	1.33	0.00	1.50	✖ 0.94	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	✖ 0.32			
Numerator					1	0	1	2	0	0	0	0	0	0	0	0	2			
Denominator					751	708	665	2124	651	621	716	1988	721	675	701	2097	6209			
PSI-08: In-hospital fall rate with hip fracture	CMS	≤ 0.11	0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	✔ 0.00			
Numerator					0	0	0	0	0	0	0	0	0	0	0	0	0			
Denominator					559	531	525	1615	525	481	564	1570	616	544	587	1747	4932			

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✔
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖

Quality Metrics

Operative & Procedural Services		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
PSI																		
PSI-04: Death Among Surgical Patients with serious treatable complications, per 1,000 Admissions	CMS	≤ 161.73	New Measure	↓	250.00	153.85	0.00	142.86	142.86	250.00	142.86	181.82	333.33	0.00	76.92	181.82	168.67	
Numerator					2	2	0	4	1	2	1	4	5	0	1	6	14	
Denominator					8	13	7	28	7	8	7	22	15	5	13	33	83	
PSI-09: Perioperative hemorrhage or hematoma rate, per 1,000 Admissions	CMS	≤ 2.53	2.80	↓	0.00	0.00	0.00	0.00	17.96	0.00	0.00	5.78	5.26	0.00	6.29	3.87	3.07	
Numerator			6		0	0	0	0	3	0	0	3	1	0	1	2	5	
Denominator			2142		217	204	172	593	167	161	191	519	190	168	159	517	1629	
PSI-10: Postoperative acute kidney injury requiring dialysis rate, per 1,000 Admissions	CMS	≤ 1.35	0.00	↓	0.00	0.00	0.00	0.00	34.48	0.00	0.00	11.36	0.00	0.00	0.00	0.00	4.42	
Numerator			0		0	0	0	0	1	0	0	1	0	0	0	0	1	
Denominator			350		25	36	17	78	29	26	33	88	23	19	18	60	226	
PSI-11: Postoperative respiratory failure rate, per 1,000 Admissions	CMS	≤ 7.35	3.21	↓	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Numerator			1		0	0	0	0	0	0	0	0	0	0	0	0	0	
Denominator			312		24	35	16	75	22	26	31	79	20	17	15	52	206	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	+
Greater than 10% negative variance	×

Quality Metrics

Operative & Procedural Services		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
PSI																		
PSI-12: Postoperative PE or DVT rate per 1,000 Admissions	CMS	< 3.85	✖ 6.33	↓	8.89	4.78	0.00	✖ 4.87	5.85	0.00	5.32	⚠ 3.85	15.00	5.68	5.85	✖ 9.14	✖ 5.95	
Numerator			14		2	1	0	3	1	0	1	2	3	1	1	5	10	
Denominator			2211		225	209	182	616	171	160	188	519	200	176	171	547	1682	
PSI-13: Postoperative sepsis rate, per 1,000 Admissions	CMS	≤ 5.09	✔ 0.00	↓	0.00	0.00	0.00	✔ 0.00	40.00	0.00	0.00	✖ 12.20	0.00	0.00	0.00	✔ 0.00	✔ 4.61	
Numerator			0		0	0	0	0	1	0	0	1	0	0	0	0	1	
Denominator			349		26	35	16	77	25	25	32	82	22	19	17	58	217	
PSI-14: Postoperative wound dehiscence rate, per 1,000 Admissions	CMS	≤ 0.95	✔ 0.00	↓	13.33	0.00	0.00	✖ 5.21	20.00	0.00	0.00	✖ 6.85	0.00	0.00	0.00	✔ 0.00	✖ 3.98	
Numerator			0		1	0	0	1	1	0	0	1	0	0	0	0	2	
Denominator			646		75	64	53	192	50	42	54	146	55	59	51	165	503	
PSI-15: Unrecognized abdominopelvic accidental puncture or laceration rate per 1,000 Admissions	CMS	≤ 1.29	✔ 0.65	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	✔ 0.00	
Numerator			1		0	0	0	0	0	0	0	0	0	0	0	0	0	
Denominator			1537		157	146	129	432	119	145	138	402	134	132	129	395	1229	

Data Not Available	~
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nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
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Equal or greater than benchmark	✔
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖

Service Excellence: HCAHPS

HCAHPS Stoplight Report

	Benchmarks	HCAHPS		
	NRC Average*	Qtr 1 FY2020	Qtr 2 FY2020	Qtr 3 FY2020‡
Overall Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	74.0% (n=380,760)	71.0% (n=169)	72.3% (n=130)	75.3% (n=158)
Would Recommend Hospital	75.2% (n=378,249)	67.5% (n=169)	72.5% (n=131)	70.5% (n=156)

Blue - score is significantly greater than the NRC Average

Green - score is equal to or greater than the NRC Average, but may not be significantly

Yellow - score is less than the NRC Average, but may not be significantly

Red - score is significantly less than the NRC Average

μ - Warning: n-size is low!

‡ - Data is not final and subject to change.

* - Benchmark that is used to determine the color on each line.

PR=Percentile Rank

Service Excellence: HCAHPS

HCAHPS - Dimensions

Selected Timeframe: Q1 2020

Time Period Quarter	Start Date 1/1/2020	CCN All	Benchmark NRC Average	Benchmark Date Q3 2019
Dimensions	Previous Quarter	Current Score & Benchmark		Difference
SUBMITTABLE 472 NEEDED 300 % SUBMITTABLE <div style="background-color: #f4a460; border-radius: 15px; padding: 5px; display: inline-block;">157.3%</div>	Care Transitions	50.0%	59.3%  53.9%	9.3% 
	Cleanliness / Quietness	58.0%	63.5%  65.3%	5.5% 
	Communication About Meds	65.7%	68.0%  64.7%	2.3% 
	Communication with Doctors	80.1%	84.9%  81.4%	4.8% 
	Communication with Nurses	75.4%	79.8%  79.8%	4.4% 
	Discharge Information	77.8%	88.7%  88.1%	10.9% 
	Overall Rating of Hospital	72.3%	75.2%  73.8%	2.9% 
	Responsiveness of Hospital Staff	61.6%	57.8%  66.2%	-3.8% 
	Would Recommend Hospital	72.5%	70.3%  75.3%	-2.2% 

* Reporting has been produced by NRC Health for quality improvement purposes and does not represent official CMS Results.

Showing Discharges: 1/1/2020 - 3/31/2020

Action Items:

Ambulatory Hgb A1C:

- Continue the bulk ordering by care coordinators
- Medical Assistants to receive training on point of care testing
- Morning huddle to determine what patients have appointments and need to have HgbA1c completed.
- Care Coordinators are establishing telehealth visits for Diabetic patients to ensure compliance and continuity with their plan.
- Diabetes Education is also working to establish telehealth visits to provide education to support compliance.

Patient Safety Indicators (PSI):

- Each case is reviewed by Clinical Documentation team, Physician Advisor and Quality Staff to determine if any exclusions may apply. PSIs are reviewed at Clinical Council meeting which is an interdisciplinary team of physicians and clinical staff to determine process improvements.

Service Excellence Team

- Continues to establish culture of service excellence across Valleywise Health.
- Has implemented patient centric service recovery process and tools.
- Has developed a process and structure for proactive assessment and response to patient/visitor concerns to decrease escalation to complaint/grievance



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 5.

Quarterly Infection Control
Quality Metric Report



May 27, 2020

Quarterly Infection Control Dashboard

Crystal Garcia, MBA/HCM, RN
VP of Specialty Services, Quality and Safety

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Infection Control

Infection Prevention & Control		Reporting Program	Bench mark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
Hand Hygiene Compliance (Percent)	LeapFrog / DNV	≥ 97 %	97%	↑	95%	96%	97%	96%	94%	94%	94%	94%	94%	95%	98%	96%	95%	
Numerator					1492	1206	1026	3724	1233	1497	1450	4180	2271	1802	2018	6091	13995	
Denominator					1566	1257	1063	3886	1305	1593	1537	4435	2422	1893	2050	6365	14686	
Central Line Associated Blood Stream Infection (CLABSI) Standardize Infection Ratio (SIR)	CMS-VBP	≤ 0.687	1.019	↓	1.691	2.574	0.928	1.816	0.858	0.000	0.000	0.272	0.000	0.000	0.000	0.000	0.693	
CLABSI Observed Number					3	4	1	8	1	0	0	1	0	0	0	0	8	
CLABSI Expected Number					1.774	1.554	1.078	4.406	1.165	1.061	1.328	3.680	1.330	1.150	1.109	3.589	11.549	
Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP	≤ 0.774	0.747	↓	1.435	0.632	0.000	0.828	0.000	0.693	0.000	0.231	1.309	0.000	0.000	0.499	0.531	
CAUTI Observed Number					3	1	0	4	0	1	0	1	2	0	0	2	7	
CAUTI Expected Number					2.090	1.582	1.160	4.833	1.457	1.443	1.434	4.334	1.528	1.320	1.159	4.007	13.173	

Data Not Available ~

Equal or greater than benchmark 

Less than 10% negative variance 

Greater than 10% negative variance 

Infection Control

Infection Prevention & Control		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.763	2.401	↓	Reported Semi-annually						✖ 0.978	Reported Semi-annually						✔ 0.725
MRSA Bacteremia Observed Number					2	0	0	2	0	0	0	0	0	0	0	0	0	2
MRSA Bacteremia Expected Number					*	*	*	1.064	*	*	*	0.981	*	*	*	0.714	2.759	
Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.748	0.785	↓	Reported Quarterly			✔ 0.317	Reported Quarterly			✖ 0.879	Reported Quarterly			✔ 0.742	✔ 0.643	
C. difficile Observed Number					2	1	0	3	4	3	1	8	3	4	0	7	18	
C. difficile Expected Number					*	*	*	9.470	*	*	*	9.106	*	*	*	9.434	28.010	

Data Not Available	~
Equal or greater than benchmark	✔
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖

* Unable to calculate; expected number of infection is less than 1.000

Infection Control

Infection Prevention & Control		Reporting Program	Bench mark	FY19Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP	≤ 0.754	2.218	↓	Reported Semi-annually							✓ 0.000	Reported Semi-annually				✓ 0.000	
SSI Colon Observed Number					0	0	0	0	0	0	0	0	0	0	0	0	0	0
SSI Colon Expected Number					0.000	0.000	0.000		0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP	0.726	0.000	↓	Reported Semi-annually							*	Reported Semi-annually				*	
SSI HYST Observed Number					0	0	0		0	1	0	1	0	0			1	
SSI HYST Expected Number					0	0	0		0	0	0	0	0	0			0	
Ventilator Associated Condition (rate per 1,000 vent days)	HIIN	≤ 5.86	4.39	↓	5.72	1.91	12.02	⚠ 6.39	7.14	0.00	3.69	✓ 3.67	0.00	2.23	9.83	✓ 2.92	✓ 4.65	
Numerator					4	1	6	11	4	0	2	6	0	1	4	5	22	
Denominator					699	524	499	1722	560	535	542	1637	515	448	407	1370	4729	
Infection Related Ventilator Associated Condition Plus (rate per 1,000 vent days)	HIIN	≤ 2.35	1.62	↓	1.43	0.00	6.01	✓ 2.32	7.14	0.00	1.85	✗ 3.05	0.00	0.00	2.46	✓ 0.73	✓ 2.11	
Numerator					1	0	3	4	4	0	1	5	0	0	1	1	10	
Denominator					699	524	499	1722	560	535	542	1637	515	448	407	1370	4729	

Data Not Available	~
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✗

Infection Control and Disease Prevention Activities:

- Central Line Associated Blood Stream Infections (CLABSI)
- Activities implemented:
 - Continue utilizing Epic Infection Control Module – Buggy
 - Weekly rounding with leadership (CMO, CNO, and Surgery Chairman) to review all lines (began 1/2020)
 - Clostridium Difficile (C. Diff)
 - Workgroup reviewing cases for past quarter to determine opportunities for improvement. Next meeting June 2020.

Infection Control and Disease Prevention Activities:

- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Activities implemented:
 - Continue to screen all adult patients (except Labor and Delivery and Post-Partum) upon admission
 - Continue to practice decolonization for all inpatients including Intensive Care Units.
 - Nasal betadine swabs and CHG wipes prior to surgery for all patients who will have an incision if not contraindicated.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 6.

Quarterly Ambulatory
Operational Dashboard

Community Health Centers														
PATIENT EXPERIENCE - Ambulatory														
	Target	Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	VCHCs FYTD
Net Promoter Score MTD <i>(Would recommend facility)</i>	≥79.2													
	n-size													
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥79.2													
	n-size													

Other FQHC Clinics						
Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total	Other FQHC FYTD

ACCESS - Ambulatory														
	Target	Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	VCHCs FYTD
Appointments Scheduled MTD		3,289	2,607	1,682	2,607	1,156	2,591	2,551	3,018	2,366	2,601	3,513	27,981	
Appointment Fill Rate MTD														
Scheduled Appointment No-Shows MTD		361	309	210	456	107	402	475	535	526	490	843	4,714	
No Show Rate MTD	<18%	11.0%	11.9%	12.5%	17.5%	9.3%	15.5%	18.6%	17.7%	22.2%	18.8%	24.0%	16.8%	
Total Cycle Time (median) minutes MTD	50 or 62 Minutes	49	42	46	66	50	48	65	39	55	59	49	50	50
	Target	50	62	50	50	50	62	62	50	62	50	50	50	50
Appointments Scheduled FYTD		30,170	24,667	17,282	23,033	11,569	25,939	22,859	28,409	21,938	22,073	29,538		257,477
Appointment Fill Rate FYTD														
Scheduled Appointment No-Shows FYTD		3,526	3,440	1,898	3,842	1,582	4,255	3,854	4,901	4,294	3,875	6,549		42,016
No Show Rate FYTD	<18%	11.7%	13.9%	11.0%	16.7%	13.7%	16.4%	16.9%	17.3%	19.6%	17.6%	22.2%		16.3%

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total	Other FQHC FYTD
3,680	1,116	676	2,001	2,546	10,019	
587	126	118	376	367	1,574	
16.0%	11.3%	17.5%	18.8%	14.4%	15.7%	
56	72	62	60	63	60	61
62	50	50	62	62	55.25	55.25
31,845	8,731	5,908	16,941	24,391		87,816
5,402	1,097	1,027	2,982	4,141		14,649
17.0%	12.6%	17.4%	17.6%	17.0%		16.7%

FINANCE - Ambulatory														
		Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	VCHCs FYTD
Actual Visits (includes Nurse Only Visits) MTD		1,813	1,389	858	1,251	577	1,374	1,239	1,702	1,120	1,282	1,335	13,940	
Budgeted Visits MTD		2,194	1,555	992	1,531	752	1,751	1,548	2,091	1,607	1,472	1,372	16,865	
Variance MTD		(381)	(166)	(134)	(280)	(175)	(377)	(309)	(389)	(487)	(190)	(37)	(2,925)	
Variance by % MTD		-17.4%	-10.7%	-13.5%	-18.3%	-23.3%	-21.5%	-20.0%	-18.6%	-30.3%	-12.9%	-2.7%	-17.3%	
Actual Visits (includes Nurse Only Visits) FYTD		18,894	14,155	9,680	13,220	6,296	14,845	12,781	17,768	12,428	11,927	12,913		144,907
Budgeted Visits FYTD		19,103	14,101	8,458	13,984	6,054	15,487	12,361	19,156	15,026	12,698	13,403		149,831
Variance FYTD		(209)	54	1,222	(764)	242	(642)	420	(1,388)	(2,598)	(771)	(490)		(4,924)
Variance by % FYTD		-1.1%	0.4%	14.4%	-5.5%	4.0%	-4.1%	3.4%	-7.2%	-17.3%	-6.1%	-3.7%		-3.3%
Total Number of Patients seen by provider MTD		1,758	1,365	858	1,229	565	1,318	1,212	1,659	1,093	1,267	1,210	13,534	137,501
Overall Expected Productivity <i>(Pt visits by provider per session)</i>		7.84	6.51	5.93	6.65	7.33	7.07	6.57	6.67	7.29	7.75	3.90	6.54	6.64
Average Pt visits by provider per session MTD		6.77	5.95	5.36	5.23	5.58	5.54	5.46	4.83	4.66	5.75	3.68	5.26	
Sessions Budgeted MTD		275	236	164	213	93	238	219	310	204	186	336	2,474	
Sessions Worked MTD		260	230	160	235	101	238	222	343	234	220	329	2,572	
Sessions Variance MTD		(15)	(7)	(4)	22	8	(0)	3	33	30	34	(7)	98	
FTE Variance MTD		(0.40)	(0.17)	(0.10)	0.58	0.22	(0.00)	0.08	0.87	0.80	0.90	(0.19)	2.57	
Average Pt visits by provider per session FYTD		8.07	7.29	6.64	6.66	6.42	6.75	6.73	6.16	6.34	6.78	4.40		6.50
Sessions Budgeted FYTD		2,423	1,939	1,391	1,808	835	2,006	1,823	2,629	1,887	1,621	3,019		21,381
Sessions Worked FYTD		2,200	1,884	1,421	1,903	917	2,017	1,827	2,781	1,875	1,719	2,597		21,142
Sessions Variance FYTD		(223)	(55)	30	95	82	11	4	152	(12)	98	(422)		(239)
FTE Variance FYTD		(0.67)	(0.16)	0.09	0.29	0.25	0.03	0.01	0.46	(0.04)	0.30	(1.27)		(0.72)
Valleywise Health Productivity % MTD	*100%-115%	66.1%	105.3%	92.5%	92.9%	89.9%	115.8%	97.4%	96.3%	86.8%	85.3%	128.1%	94.8%	117.7%

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total	Other FQHC FYTD	Grand Total FQHC	FYTD FQHC
1,651	763	201	939	1,378	4,932		20,632	
1,858	857	0	1,010	1,603	5,328		24,903	
(207)	(94)	201	(71)	(225)	(396)		(4,271)	
-11.1%	-11.0%		-7.0%	-14.0%	-7.4%		-17.2%	
16,277	5,865	1,132	9,870	14,444		47,588		214,420
18,705	6,562	0	10,311	14,164		49,742		221,559
(2,428)	(697)	1,132	(441)	280		(2,154)		(7,139)
-13.0%	-10.6%		-4.3%	2.0%		-4.3%		-3.2%
1,474			948	1,304	3,726	38,557	17,260	
6.90			6.09	7.93	7.01	7.42	6.64	
5.85			6.01	5.69	5.83		5.38	
252			162	193	607		3,081	
252			158	229	639		3,211	
0			(4)	36	32		130	
0.00			(0.11)	0.95	0.84		3.41	
7.30			7.23	7.12		7.22	6.65	
2,300			1,602	1,685		5,587	26,968	
2,081			1,349	1,913		5,343	26,485	
(219)			(253)	228		(244)	(483)	
(0.66)			(0.76)	0.69		(0.74)	(1.46)	
95.4%	101.5%		96.9%	91.1%	92.5%	107.2%		

Community Health Centers

Other FQHC Clinics

Behavioral Health- Ambulatory														
Finance	Target	Avondale					Maryvale	Mesa	7th Ave				BH Total	BH FYTD
Actual Visits MTD		92					94	198	77				461	
Budget Visits MTD		65					98	131	65				359	
Variance MTD		27					(4)	67	12				102	
Variance by % MTD		41.5%					-4.1%	51.1%	18.5%				28.4%	
Actual Visits FYTD		726					702	1,386	732					3,546
Budget Visits FYTD		479					718	958	479					2,634
Variance FYTD		247					(16)	428	253					912
Variance by % FYTD		51.6%					-2.2%	44.7%	52.8%					34.6%

Dental - Ambulatory													
Finance		Avondale	Chandler				Mesa		S. Central Phoenix		McDowell	Dental Total	Dental FYTD
Actual Visits MTD		138	102				73		114		225	1,299	
Budget Visits MTD		265	221				209		220		440	2,351	
Variance MTD		-127	-119				-136		-106		-215	-1052	
% Variance MTD		-47.9%	-53.8%				-65.1%		-48.2%		-48.9%	-44.7%	
Actual Visits FYTD		1,849	1,607				1,733		1,359		3,522		18,379
Budget Visits FYTD		2,123	1,754				1,892		1,712		3,620		19,352
Variance FYTD		-274	-147				-159		-353		-98		-973
% Variance FYTD		-12.9%	-8.4%				-8.4%		-20.6%		-2.7%		-5.0%
Valleywise Health Productivity MTD	*100%-115%	105.0%	96.2%				106.6%		97.9%		99.7%		

PXC
647
996
-349
-35.0%
8,309
8,251
58
0.7%
83.7%

GROWTH - Ambulatory														
Keepage Opportunity		Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	Prior 12 months
Outgoing Referrals-Radiology/Imaging		21	51	34	11	6	2	31	12	6	19	15	208	3,758
Outgoing Radiology/imaging % of Total		3.9%	30.4%	22.8%	5.7%	3.2%	1.2%	9.4%	5.0%	3.2%	10.2%	14.0%	8.5%	10.7%
Outgoing Referrals-Laboratory		1,189	430	244	438	135	191	741	476	270	385	1,910	6,409	13,259
Outgoing Laboratory % of Total		23.4%	18.0%	18.7%	13.9%	14.4%	12.7%	23.1%	14.5%	15.8%	17.3%	20.7%	18.9%	3.0%
Outgoing Referrals-Pharmacy		3,680	2,130	2,236	2,197	990	641	1,580	2,989	1,873	1,774	4,292	24,382	266,602
Outgoing Pharmacy % of Total		63.3%	59.5%	87.0%	47.2%	81.6%	79.8%	47.4%	59.9%	56.6%	54.8%	98.1%	64.4%	65.7%
Outgoing Referrals-Specialty/OP		545	456	361	234	89	101	296	132	196	218	127	2,755	42,210
Outgoing Specialty/OP % of Total		56.9%	69.2%	82.6%	30.2%	44.9%	52.6%	50.6%	20.0%	33.3%	50.5%	34.7%	47.1%	50.5%
Total Outgoing Referrals		5,435	3,067	2,875	2,880	1,220	935	2,648	3,609	2,345	2,396	6,344	33,754	325,829
Percent of Total Outgoing Referrals		43.9%	45.1%	64.5%	32.8%	48.1%	35.2%	35.5%	39.3%	40.5%	39.4%	45.1%	42.1%	33.7%

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total
11	0	0	1	0	12
2.2%	0.0%	0.0%	0.5%	0.0%	1.5%
406	14	0	369	90	879
19.2%	13.7%	0.0%	24.1%	15.6%	20.3%
352	21	0	1,525	378	2,276
47.3%	20.2%	0.0%	43.6%	52.6%	44.9%
13	0	0	72	40	125
6.7%	0.0%	0.0%	13.9%	26.5%	14.4%
782	35	0	1,967	508	3,292
22.0%	12.8%	0.0%	34.3%	34.3%	29.8%

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

- * Productivity: Departments above 115% are considered overproductive
- ** Specialty HIV Community Health Center
- *** Grand Total FQHC for Actual/Budgeted Visits MTD includes Community Health Centers, Other FQHC, Dental, & OP Behavioral Health Clinics
- **** FYTD FQHC includes Community Health Centers, Other FQHC, Dental, & OP Behavioral Health Clinics

Valleywise Health- FQHC UDS Comparison Data 2018-2019

UDS Clinical Quality Measure	Healthy People 2020 Goal	2018 UDS National Average	VH-FQHC Reporting Year (2018)	***VH- FQHC Reporting Year (2019) Unofficial	Status (Compared to 2018 National Average)	% of change (2018 - 2019)
Body Mass Index (BMI) Screening and Follow-Up Plan	63%	70.10%	43.64%	56.46%	Improving	29.38%
Cervical Cancer Screening	93%	56.00%	48.24%	47.42%	Getting worse	-1.70%
Childhood Immunization Status (CIS)	80%	39.40%	29.72%	42.81%	Improving	44.04%
Colorectal Cancer Screening	71%	44.10%	48.39%	49.21%	Improving	1.69%
Controlling High Blood Pressure	61%	63.30%	52.40%	52.78%	Little or no detectable change	0.73%
**Diabetes: Hemoglobin A1c Poor Control	16%	32.90%	35.00%	31.29%	Target met or exceeded	11.86%
*Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	79%	80.90%	80.00%	82.19%	Target met or exceeded	2.74%
*Screening for Clinical Depression and Follow-Up Plan if positive screen	61%	70.60%	72.08%	71.92%	Target met or exceeded	-0.22%
*Tobacco Use: Screening and Cessation Intervention	85%	88.10%	82.85%	86.38%	Improving	4.26%
Use of Appropriate Medications for Asthma	87%	86.60%	66.73%	86.34%	Improving	29.39%
*Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	63%	69.20%	60.04%	69.41%	Target met or exceeded	15.61%

* Met or exceeded Healthy People 2020 goal
 ** Diabetes is an inverted measure (Lower score is better)
 *** Reporting year 2019 data abstracted from the UDS dashboard on 2/3/2020 and is subject to change



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 7.

Quarterly Update on
Behavioral Health Program

Behavioral Health Updates May 2020

Presented by
Gene Cavallo
Senior VP of Behavioral
Health Services

Inpatient Behavioral Health

- Valleywise Behavioral Health Center Mesa
 - 14 Adolescent Beds
 - 112 Adult Beds
- Valleywise Behavioral Health Center Phoenix
 - 93 licensed adult beds
 - 22 beds on Medical Center 3rd Floor (Unit 11) are currently vacant for possible future COVID-19 needs
- Valleywise Behavioral Health Center Maryvale
 - Licensed for 192 beds
 - Currently 144 beds open
 - Plan to open another 48 beds before the end of 2019
 - 24 in August 2020
 - 24 in November 2020
- Some beds have been closed temporarily on one unit at each location to create admission/screening/isolation units to help identify and segregate patients who might be infected with or exposed to COVID-19.
- The lobby and courtroom areas at the Phoenix Annex Location is closed for a/c system and fire protection system upgrades.
- This was re-sequenced to take advantage of the impacts from the pandemic restricting visitors and on-site court hearings.
- This should take through mid to late August and then we hope to move on with renovation of the upstairs units.

Inpatient Behavioral Health

- Indoor Recreation/Dining Room Update (Phx. location)
 - Opening Soon!
 - Licensing is approved
 - Food Services has a few unfinished items
 - New workflows being developed



**OPENING
AFTER COVID!**



Mental Health Courtrooms

- No longer conducting in-person court hearings at any of our locations due to COVID-19
 - Judges are actually in courtroom in the downtown Phoenix Superior Court Complex
 - Patients and witnesses participating telephonically
 - Lawyers meet their patient via video conference software rather than coming onto the units
- Remaining work on Maryvale 2nd floor
 - Resurfacing of 2nd floor parking and driveways completed and in the process of assigning reserved parking
 - Storm draining system for the second floor has been upgraded, including new drain pipes

Assertive Community Treatment

- The Assertive Community Treatment (ACT) program, based at Valleywise Behavioral Health Center Mesa, opened for business on August 1, 2016
 - Currently serving 98 enrolled members (maximum capacity of 100) with 2 transfers scheduled therefore soon be at capacity/
 - Selected to participate in the National Council for Behavioral Health's Medication Adherence Learning Community (only 19 agencies selected).
 - Purchased cell phones and phone cards for members with funding received from Mercy Care during COVID-19 crisis.
- Quickly modified service delivery to ensure safety of members and team during COVID-19 while continuing providing intensive treatment and supports during the pandemic to member's and their families
 - Reduced # of members and staff coming into the clinic to mitigate risk of transmission
 - Virtual telehealth (video and telephonic) services provided by all team members, when possible, yet continuing to provide in-person care for essential appointments (e.g. injections, Clozaril labs, medication observations, hospital discharges and crisis interventions)
 - Starting a virtual substance use relapse-prevention and treatment group

First Episode Center

- This evidence-based program at Avondale FQHC has reached its initial capacity of 70 members however approved to expand the capacity to 100
 - Successfully transitioned majority of services to telehealth (video and audio).
 - Team Nurse providing injections at member's home to reduce patients and their families from having to come to the clinic during COVID-19 pandemic.
 - Team Specialist and Team Nurse assisting with coverage on the inpatient behavioral health units.
- Reallocating conference and training funds in the FEC MHBG funds budget to cover increased non-productive (non-billable) staff time as community outings and groups have been temporarily cancelled due to COVID-19.
- Purchased essential items (e.g. food) for members during crisis with special funds from Mercy Care.
- Positive Outcomes include:
 - 31 members employed
 - 6 members currently enrolled in school
 - 3 members attend meaningful day programs
 - 1 member dually working and enrolled in school

Mesa Behavioral Health Specialty Clinic for Persons with a SMI

- Located at the Mesa FQHC, program opened February of 2019
 - Currently serving 106 members (250-300 targeted enrollment)
 - 22 were ACT graduates
 - 7 are First Episode Center graduates
 - 19 referred from Valleywise Behavioral Health inpatient units
 - Several team members crossed-trained to support inpatient behavioral health programs during COVID-19 crisis.
- Successfully implemented telehealth (audio and video) and developed strategies to improve safety while continuing to provide needed services to individuals and their families (e.g. virtual team meetings, modified clinic flow to reduce potential transition of COVID-19 and RN providing injections in the community when possible).
- Team members continue to expand with enrollment growth including addition of a Peer Support Specialist, Team Specialists and a Medical Assistant.

Integrated Behavioral Health (IBH)

- Initial pilot site at the Maryvale FQHC began in June of 2017 and IBH program has now expanded to 9 Valleywise FQHCs/Community Health Centers (CHC) and will also be at the Valleywise Comprehensive Center-Peoria
 - For the months of February – April IBH staff have assisted in the care of over 2,000 Valleywise Health patients.
 - Dr. Anthony, Psychiatric Consultant, is starting in June and will be supporting the primary care providers and the IBH teams.
- Mesa FQHC/CHC Child Fellows from our Child Psychiatry Residency program have met with 29 children and their families. Year two of the fellowship program will start in July 2020.
- Visits for IBH continue to exceed budgeted expectations and projecting that two additional Behavioral Health Specialist will be hired to assist the IBH program starting in July.
- Targeted Investment Program milestones were met and Valleywise Health will be receiving partial Year 3 incentive payments of approximately \$1.6m

Future Behavioral Health Projects

- Due to COVID-19 and associated reductions in HIV Rebate funds, the Arizona Department of Health Services delayed the implementation of the McDowell Integrated Treatment Team (MITT) that was going to be modeled similar to our current ACT program to provide primary care and integrated behavioral health services for individuals with HIV/AIDS who have mental health and/or substance use issues. Funds were provided for the newly hired Clinical Coordinator so he could continue work on developing the program design and creating associated work flows, policies, training, etc.
- All of the Behavioral Health Specialty Clinics and IBH Programs were among the first service providers to utilize telehealth (video and audio) to ensure access needed to critical behavioral health services during the COVID-19 national emergency.
- A system-wide policy on how to support individuals experiencing a behavioral Health emergency or crisis was recently approved and associated APEX training(s) are in development to improve staff's response and coordination of care at all VH location (e.g. CHCs, Specialty Clinics, ER).
- Currently evaluating the benefits and timing of expanding the adolescent inpatient beds at Valleywise Behavioral Health Center Mesa



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 8.

Legislative Update



May 27, 2020

Legislative & Governmental Relations

Michael Fronske
Director of Legislative and Government Affairs

Current Statistics of Session

Days (As of May 19)	127
Bills posted	1605
Bills passed	58
Bills vetoed	0
Bills signed	58
Resolutions passed	1

State Legislation and Issues

Status of Legislative Process

The House and Senate Passed a \$11.8B Baseline Budget with \$50M in COVID 19 Aid

They Adjourned Until April 13th or “until such time as the President and Speaker may determine whenever, in their opinion, legislative expediency shall warrant it, which shall be at least 24 hours after the President and Speaker have notified their respective members to reassemble and have given public notice of the assembly.”

The Senate Met on May 8th and Informed the House that They have Completed Their Efforts and Await for the House to Adjourn Sine Die”.

April 9th Finance Advisory Committee met and went over forecast estimates of the budget impacts on COVID 19 on the state budget and revenue.

State Legislation and Issues

43 Bills Sent Out for Comment

Action on Legislation May Continue After the Extended Recess

Bills We Are Tracking Closely:

- HB 2668 Hospitals; Unreimbursed Costs; Assessment; Fund (57-3) (Support)
- HB 2581 Dangerous; Incompetent Person; Evaluation; Commitment (55-0)
- HB 2418 S/E Orders of Evaluation; Process Servers (60-0) (Vehicle in Senate)
- HB 2316 S/E Mental Disorder; Considerations; Involuntary Treatment (60-0)
- HB 2823 Ambulance Service; Interfacility Transfers (Not COWed or 3rd Read)
- SB 1170 AHCCCS; Dental Care; Pregnant Women (27-3) (Support)
- SB 1522 Health Care Liens; Insurance (24-6 Amended) (Oppose)
- HB 2538 Health Care Workers; Assault; Prevention (40-19)

Federal Issues

Recent Federal Actions:

A Fourth COVID 19 Package is being Worked on by the House
COVID 19 Supplemental Funding \$484B

Includes:

- \$321B PPP supplemental funding (\$349B already spent)

- \$75B Hospitals

- \$25B Coronavirus Testing

- \$11B States

Immigration Update: TBD



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 9.

Financial and Statistical
Information

April 2020



Valleywise Health
Financial and Statistical Information
April 30, 2020

Financial Highlights – April 2020

Due to the COVID 19 Pandemic, Patient Volume, Operating Revenues and Operating Expenses continues to be negatively impacted during the month of April 2020.

Patient Activity

Total admissions in April were 23.9% below budget, and 8.0% lower than the same period last year. Year to date total admissions are 7.5% below budget and 9.8% higher than YTD April 2019. Inpatient acute admissions for the month were 23.6% below budget and 16.6% lower than last April 2019. Behavioral health admissions were 24.4% below budget for the month and 15.5% higher than last April 2019.

Emergency department visits were 50.3% below budget and 42.6% lower than last April 2019. Year to date visits are 4.2% below budget and 24.6% higher than YTD April 2019.

Ambulatory visits were 23.8% below budget for the month and 26.8% lower than last April 2019. Year to date visits are 2.5% below budget and 2.0% lower than April 2019 year to date.

Operating Revenue

Net patient service revenues were 41.5% below budget for the month and are 4.5% below budget on a year to date basis. Other operating revenue were 4.8% below budget for the month, primarily in DSH Pool 5 payment recoupment by AHCCCS, cafeteria sales and miscellaneous revenues. Year to date total operating revenues are 3.0% below budget primarily due to patient activity resulting from the COVID 19 pandemic.

Operating Expense

Total operating expenses were 5.9% below budget for April. Labor expense were 5.9% below budget and includes salaries, benefits and contract labor. Majority of negative variances in contract labor are in nursing (SICU, MICU, APCU), IT, HIM and Central Sterile department. Net medical service fees were almost right on budget. Supplies were 6.8% below budget primarily in pharmaceuticals, blood & plasma, and radiology supplies. Purchased services were 5.0% below budget primarily in outside lab services, laundry services, and collection fees. Lastly, all other expenses were 35.4% below budget for the month of April. Year to date operating expenses are 3.6% over budget primarily related to labor, supplies, purchased services and medical service fees.

Non – Operating Revenue (Expense) – In total, net non-operating revenues and expenses are 38.2% over budget for the month of April partially due to receipt of CARES Act related payments/subsidies. For the ten-months year to date period, net non-operating revenues and expenses are 4.6% over budget.

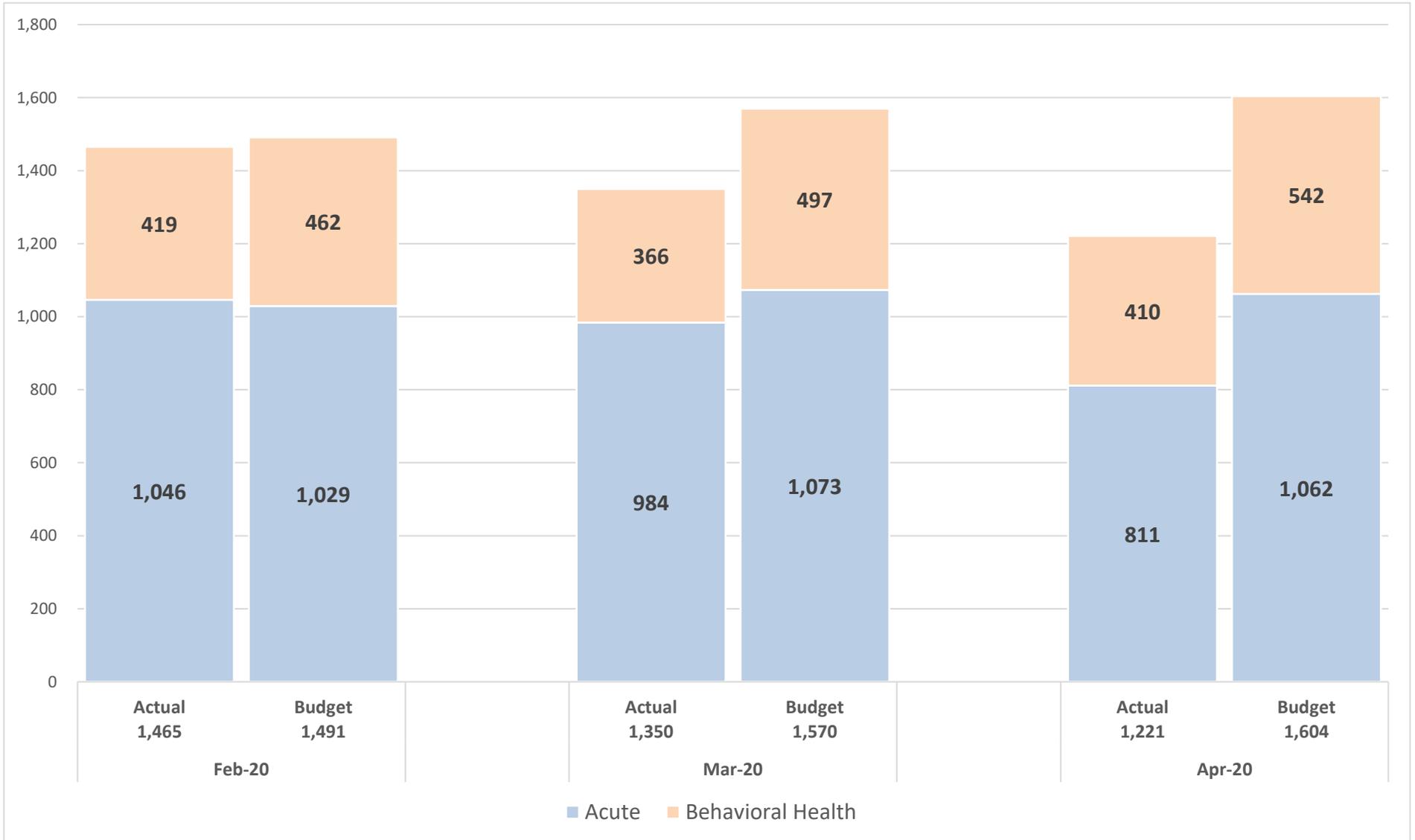
Cash and Cash equivalents (including investments)

	<u>April 2020</u>	<u>June 2019</u>
Operating / General Fund	\$204.7M	\$218.5M
Bond related – Restricted	<u>329.1M</u>	<u>460.8M</u>
Total cash and cash equivalents (including investments)	\$533.8M	\$679.3M

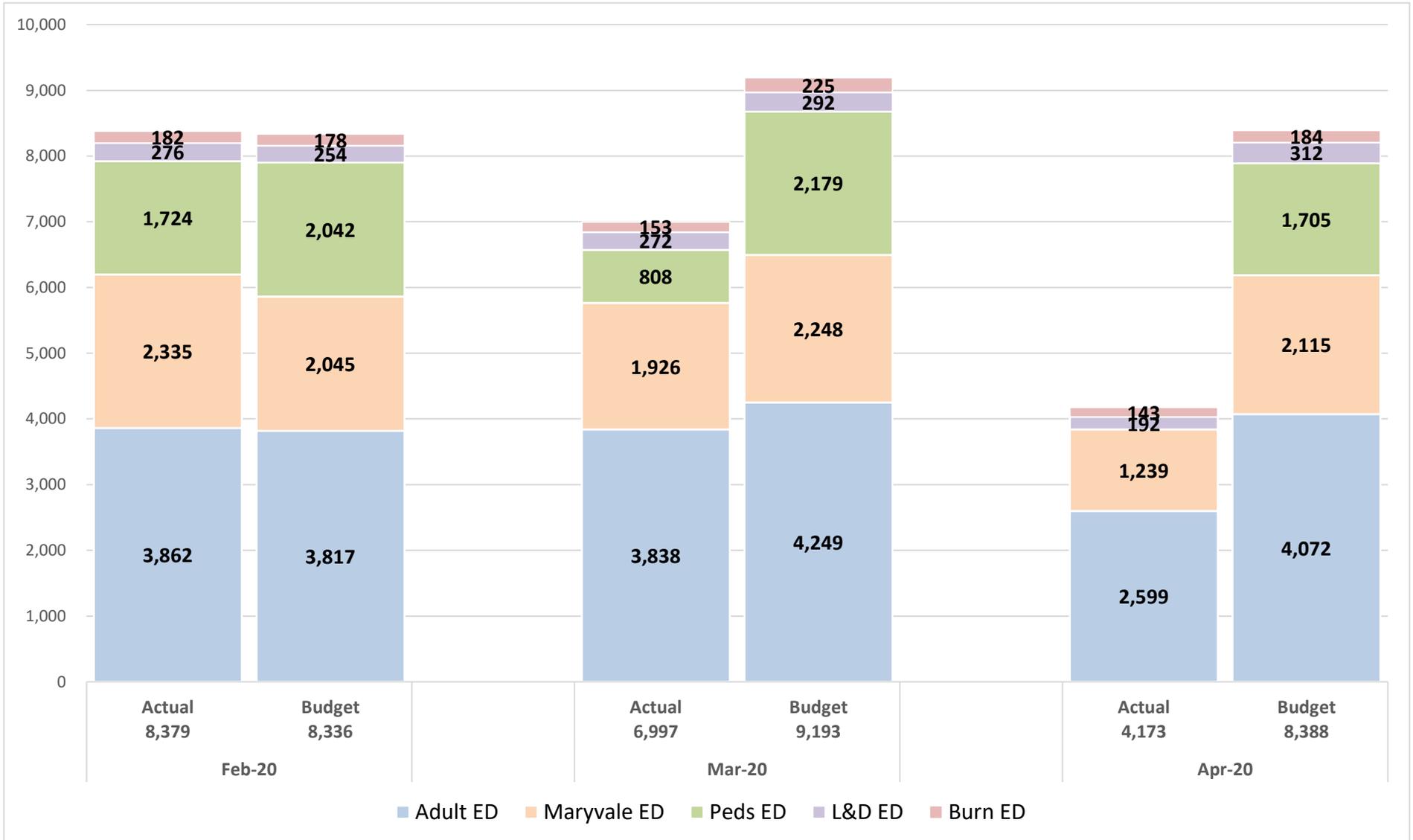
<u>Select Ratios</u>	<u>FY2020 YTD as of April 30</u>	<u>2018 Moody's "A3" Medians</u>
Liquidity		
Days cash on hand (unrestricted)	118.8	183.5
Days in Accounts Receivable	96.0	47.0
Current Ratio (excludes Bond funds)	2.7	1.8
 FY2020		
	YTD Actual	YTD Budget
Profitability		
Operating Margin (%)	(19.7)	(8.8)
Excess Margin - normalize (%)	(5.7)	4.6
Productivity		
FTE/AOB w/o Residents	4.57	4.39

If you have any questions, please do not hesitate to contact Melanie Talbot or Rich Mutarelli (CFO).

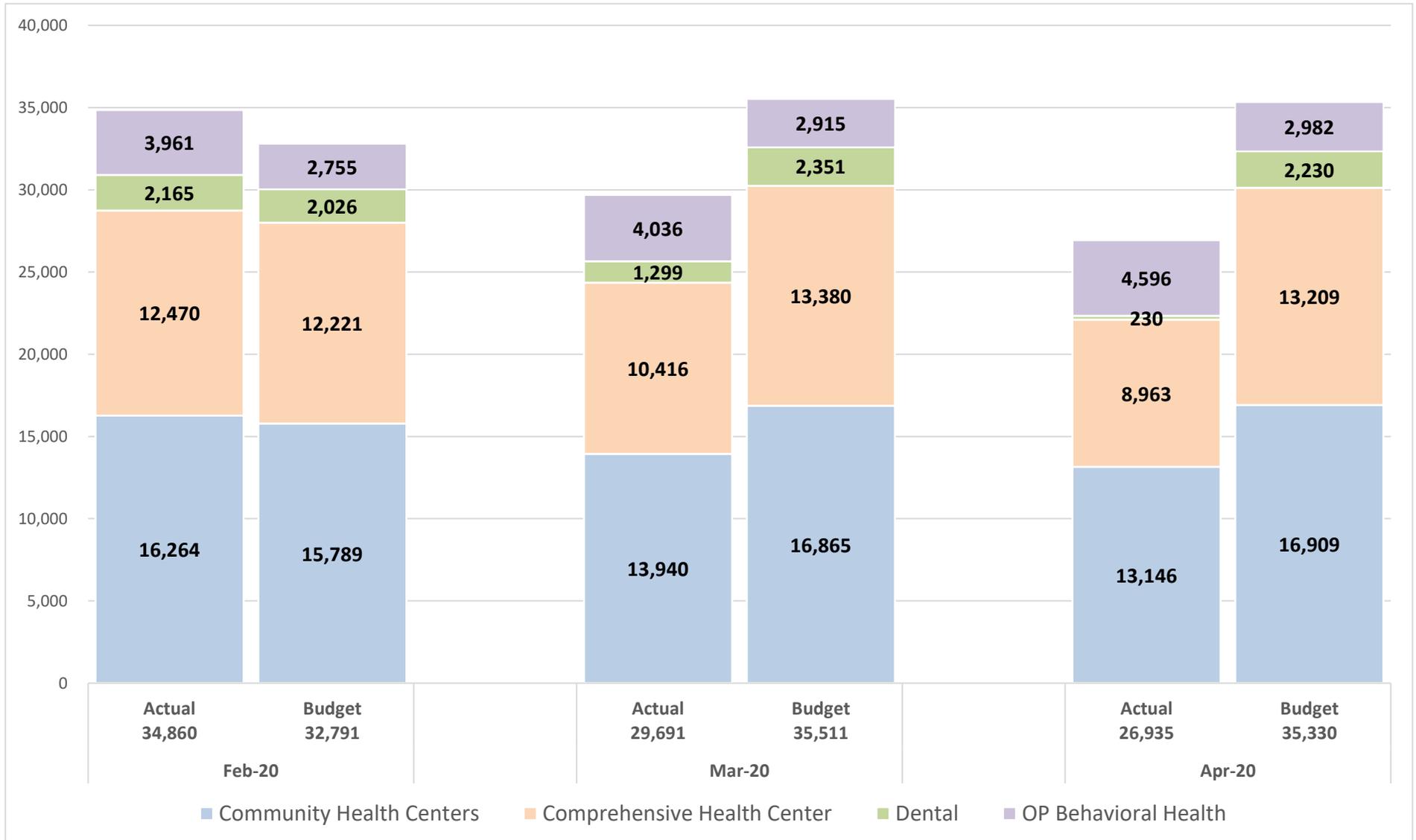
Fiscal Year 2020 Admissions



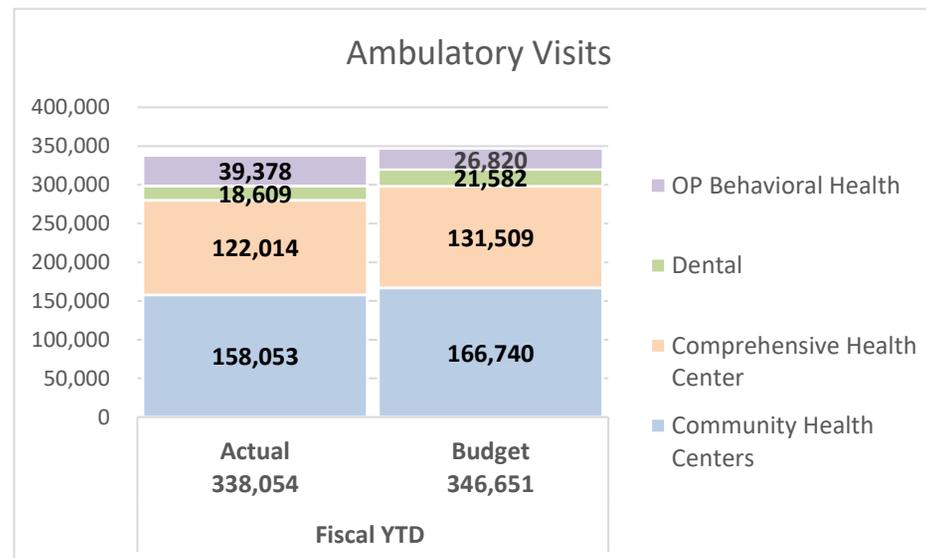
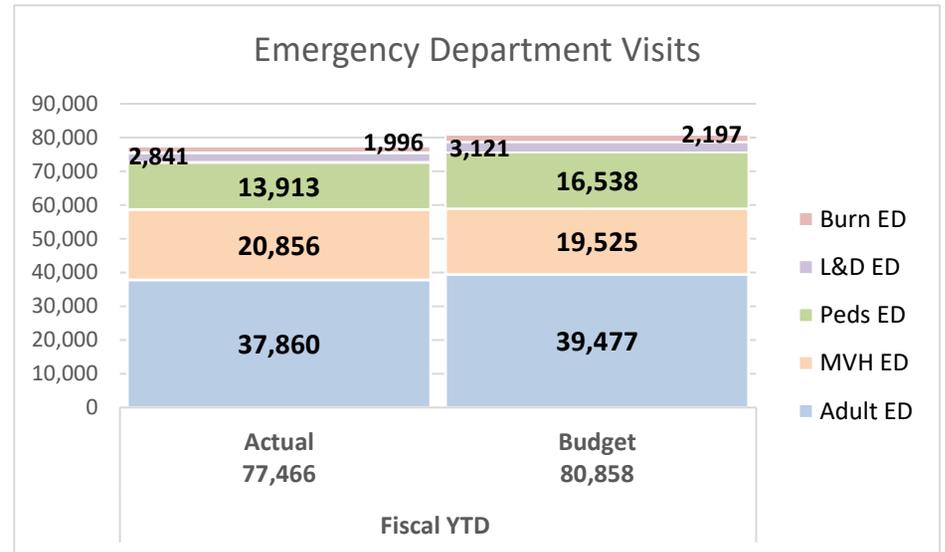
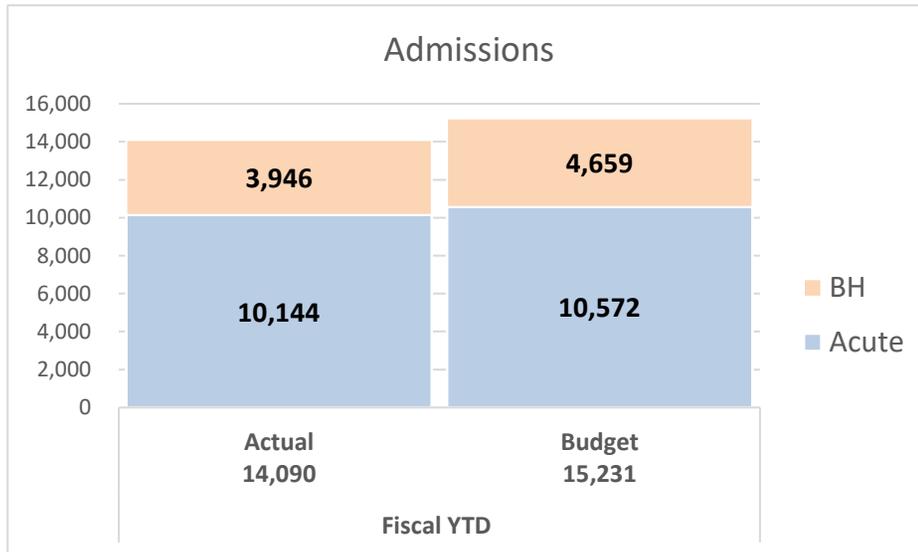
Fiscal Year 2020 Emergency Department Visits



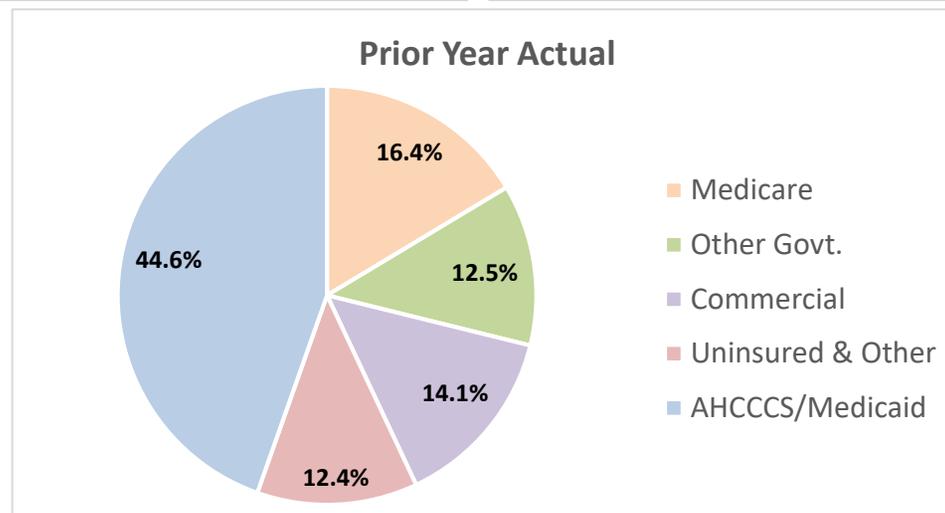
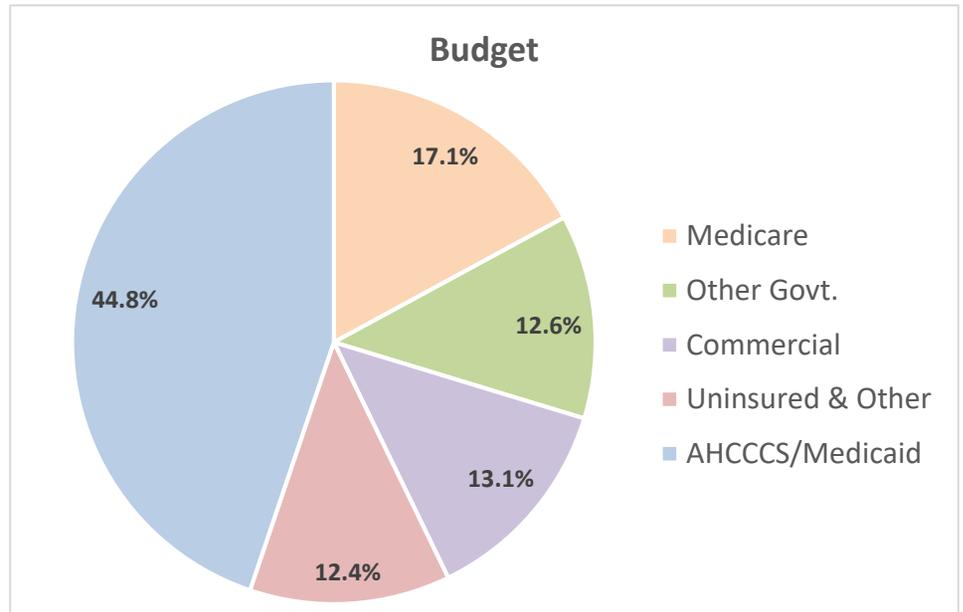
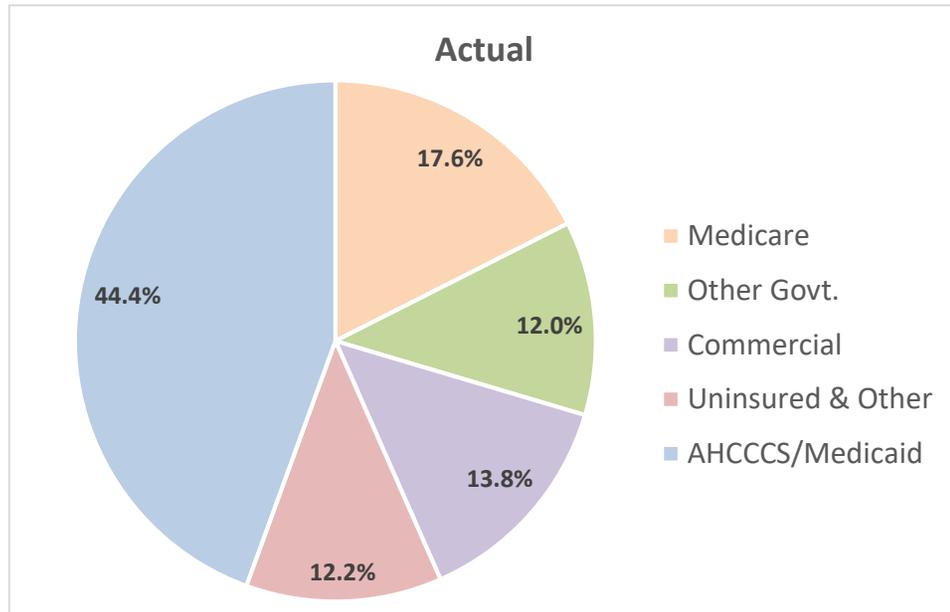
Fiscal Year 2020 Ambulatory Visits



Fiscal Year 2020 Year-to-Date Volume Summary



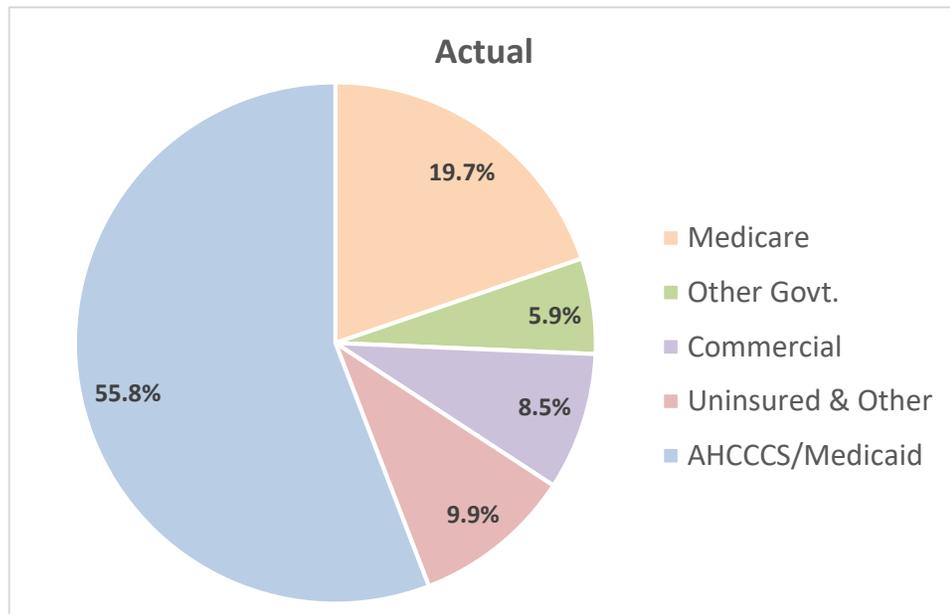
Fiscal Year 2020 Patient Revenue Source by Gross Revenue



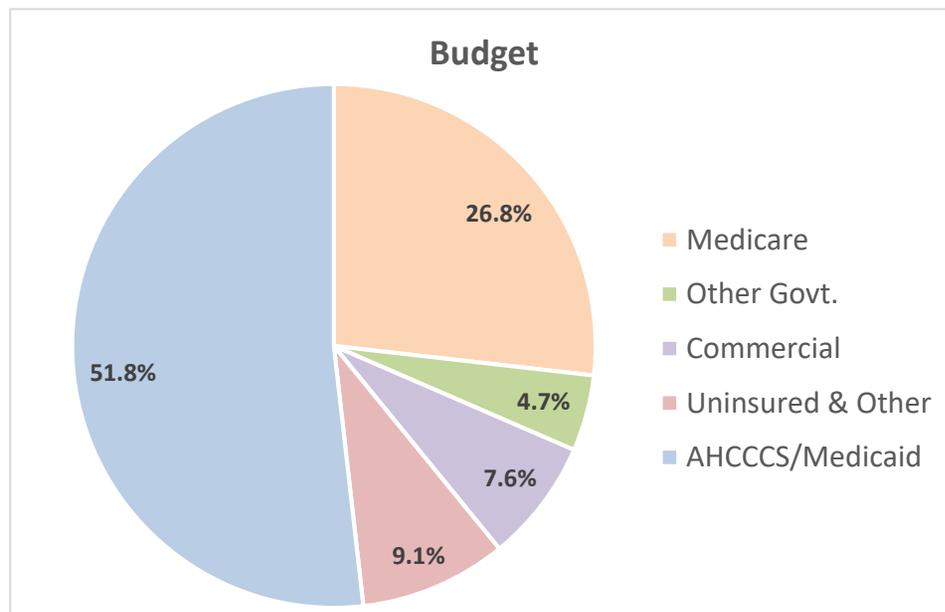
Actual Gross Revenue is
YTD as of April 30, 2020

Prior Year Gross Revenue is
all of fiscal year 2019

Fiscal Year 2020 Patient Revenue Source by Gross Revenue -- Maryvale Campus



Actual Gross Revenue is
YTD as of April 30, 2020





MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

Unusual Item Report

For the month ending April 30, 2020

		MTD Actual
Increase (decrease) in net assets as reported		\$ (12,532,784)
 <i>Unusual items:</i>		
NAP related grant revenue	\$ (46,601)	
CARES Act / HHS stimulus payment (1/3 of \$8.6M)	(2,865,712)	
CARES Act / HRSA-FQHC payment (1/3 of \$1.6M)	(544,850)	
Valleywise Health Foundation relief payment (1/3 of \$500K)	(166,667)	
COVID-19 related additional expenses **	1,967,082	
AHCCCS recoupment - FY16 DSH Pool 5 payment received	481,335	
	<hr/>	<hr/>
		(1,175,412)
Normalized increase (decrease) in net assets		\$ (13,708,196)

** includes labor costs (158 FTE's), supplies & other miscellaneous expenses in the COVID-19 cost center
YTD total expenses - \$2,372,920



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending April 30, 2020

	Apr-20 Actual	Apr-20 Budget	Apr-20 Variance	Apr-20 % Change	Prior Year Same Month Apr-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 21,965,974	\$ 37,536,389	\$ (15,570,415)	(41.5 %)	\$ 41,171,589	\$ (19,205,615)	(46.6 %)
Other Revenue	6,709,284	7,049,135	(339,850)	(4.8 %)	7,194,221	(484,937)	(6.7 %)
Total Operating Revenue	28,675,258	44,585,524	(15,910,266)	(35.7 %)	48,365,810	(19,690,552)	(40.7 %)
OPERATING EXPENSES							
Salaries and Wages	21,005,882	22,627,036	1,621,154	7.2 %	19,569,870	(1,436,012)	(7.3 %)
Contract Labor	1,588,347	1,354,676	(233,671)	(17.2 %)	2,155,981	567,633	26.3 %
Employee Benefits	6,168,296	6,595,271	426,975	6.5 %	6,194,336	26,040	0.4 %
Medical Service Fees	6,554,077	6,528,459	(25,618)	(0.4 %)	6,956,734	402,657	5.8 %
Supplies	6,360,100	6,827,056	466,956	6.8 %	7,997,775	1,637,675	20.5 %
Purchased Services	2,281,572	2,401,426	119,854	5.0 %	1,653,607	(627,965)	(38.0 %)
Repair and Maintenance	1,758,709	1,507,485	(251,225)	(16.7 %)	1,309,406	(449,303)	(34.3 %)
Utilities	582,887	669,938	87,051	13.0 %	551,326	(31,561)	(5.7 %)
Rent	418,755	448,922	30,168	6.7 %	420,103	1,348	0.3 %
Other Expenses	1,489,226	1,503,278	14,052	0.9 %	1,629,765	140,539	8.6 %
Provider Assessment	652,033	652,033	(0)	(0.0 %)	563,461	(88,572)	(15.7 %)
Depreciation	2,236,436	3,200,884	964,448	30.1 %	2,361,559	125,123	5.3 %
Total Operating Expense	51,096,321	54,316,464	3,220,144	5.9 %	51,363,922	267,601	0.5 %
Operating Income (Loss)	(22,421,062)	(9,730,940)	(12,690,122)	(130.4 %)	(2,998,112)	(19,422,951)	(647.8 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	1,154,782	1,078,862	75,920	7.0 %	759,095	395,687	52.1 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	537,831	512,042	25,789	5.0 %	1,099,281	(561,450)	(51.1 %)
Other NonOperating Revenues (Expenses)	1,529,803	(2,010,719)	3,540,522	176.1 %	(1,760,558)	3,290,361	186.9 %
Interest Expense	(1,309,483)	(1,580,291)	270,809	17.1 %	(115,870)	(1,193,613)	(1030.1 %)
Tax Levy	11,941,918	11,941,918	(0)	(0.0 %)	9,922,909	2,019,009	20.3 %
Total NonOperating Revenues (Expenses)	14,150,510	10,237,470	3,913,040	38.2 %	10,200,516	3,949,994	38.7 %
Excess of Revenues over Expenses	\$ (8,270,553)	\$ 506,530	\$ (8,777,082)	(1732.8 %)	\$ 7,202,404	\$ (15,472,956)	(214.8 %)
Bond-Related Revenues and Expenses	(4,262,232)	(3,911,748)	(350,484)	(9.0 %)	(4,284,281)	22,049	0.5 %
Increase in Net Assets (normalized)	\$ (12,532,784)	\$ (3,405,219)	\$ (9,127,566)	(268.0 %)	\$ 2,918,123	\$ (15,450,908)	(529.5 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Ten Periods Ending April 30, 2020

	Apr-20 YTD Actual	Apr-20 YTD Budget	Apr-20 YTD Variance	YTD Apr-20 % Change	YTD Prior Year Apr-19	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 388,034,625	\$ 406,251,425	\$ (18,216,800)	(4.5 %)	\$ 366,986,975	\$ 21,047,650	5.7 %
Other Revenue	75,221,177	71,284,652	3,936,525	5.5 %	68,937,038	6,284,139	9.1 %
Total Operating Revenue	463,255,802	477,536,077	(14,280,275)	(3.0 %)	435,924,013	27,331,789	6.3 %
OPERATING EXPENSES							
Salaries and Wages	223,466,456	222,273,422	(1,193,034)	(0.5 %)	197,639,100	(25,827,356)	(13.1 %)
Contract Labor	20,073,958	13,928,364	(6,145,595)	(44.1 %)	16,500,758	(3,573,201)	(21.7 %)
Employee Benefits	64,618,381	64,787,732	169,351	0.3 %	58,054,260	(6,564,121)	(11.3 %)
Medical Service Fees	66,287,931	63,448,540	(2,839,391)	(4.5 %)	63,714,757	(2,573,174)	(4.0 %)
Supplies	76,755,786	68,426,934	(8,328,852)	(12.2 %)	65,037,583	(11,718,204)	(18.0 %)
Purchased Services	24,495,102	23,442,305	(1,052,797)	(4.5 %)	18,432,191	(6,062,911)	(32.9 %)
Repair and Maintenance	16,047,334	15,141,723	(905,610)	(6.0 %)	13,291,966	(2,755,367)	(20.7 %)
Utilities	6,437,934	7,152,888	714,954	10.0 %	6,081,785	(356,149)	(5.9 %)
Rent	4,877,690	4,502,883	(374,806)	(8.3 %)	4,145,540	(732,150)	(17.7 %)
Other Expenses	15,897,962	15,611,729	(286,233)	(1.8 %)	13,959,156	(1,938,806)	(13.9 %)
Provider Assessment	6,520,334	6,520,334	(0)	(0.0 %)	5,634,610	(885,725)	(15.7 %)
Depreciation	28,996,866	29,717,569	720,702	2.4 %	22,553,204	(6,443,662)	(28.6 %)
Total Operating Expense	554,475,734	534,954,422	(19,521,312)	(3.6 %)	485,044,909	(69,430,825)	(14.3 %)
Operating Income (Loss)	(91,219,932)	(57,418,345)	(33,801,587)	(58.9 %)	(49,120,896)	(42,099,036)	(85.7 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	9,986,801	10,862,399	(875,598)	(8.1 %)	8,504,798	1,482,003	17.4 %
NonCapital Transfers from County/State	2,956,580	2,956,580	0	0.0 %	2,956,580	0	0.0 %
Investment Income	7,335,247	6,678,313	656,934	9.8 %	7,817,241	(481,994)	(6.2 %)
Other NonOperating Revenues (Expenses)	(19,639,279)	(19,926,216)	286,937	1.4 %	(17,475,425)	(2,163,854)	(12.4 %)
Interest Expense	(11,120,246)	(15,802,912)	4,682,666	29.6 %	(1,135,352)	(9,984,894)	(879.5 %)
Tax Levy	119,419,184	119,419,184	(0)	(0.0 %)	99,229,092	20,190,092	20.3 %
Total NonOperating Revenues (Expenses)	108,938,288	104,187,349	4,750,939	4.6 %	99,896,933	9,041,355	9.1 %
Excess of Revenues over Expenses	\$ 17,718,356	\$ 46,769,004	\$ (29,050,648)	(62.1 %)	\$ 50,776,037	\$ (33,057,681)	(65.1 %)
Bond-Related Revenues and Expenses	(43,985,144)	(40,675,377)	(3,309,767)	(8.1 %)	(39,192,604)	(4,792,540)	(12.2 %)
Increase in Net Assets (normalized)	\$ (26,266,788)	\$ 6,093,627	\$ (32,360,415)	(531.1 %)	\$ 11,583,433	\$ (37,850,221)	(326.8 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

April 30, 2020

	<u>4/30/2020</u>	<u>6/30/2019</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 72,609,705	\$ 62,466,303
Short-Term Investment - Care System	82,051,510	106,237,284
Cash and Short-Term Investment	154,661,215	168,703,587
Cash - Bond	145,910,362	171,579,684
Short-Term Investment - Bond	183,182,587	289,276,568
Cash and Short-Term Investment - Bond	329,092,949	460,856,252
Total Cash and Cash Equivalents	483,754,164	629,559,839
Patient A/R, Net of Allowances	97,839,303	93,286,662
Other Receivables and Prepaid Items	41,617,973	32,655,195
Estimated Amounts Due from Third-Party Payors	35,526,659	39,435,152
Due from Related Parties	13,772,139	1,680,183
Total Current Assets	672,510,239	796,617,032
Capital Assets, Net	458,515,984	359,840,756
Other Assets		
Long-Term Investment	50,049,637	49,793,027
Total Other Assets	50,049,637	49,793,027
Total Assets	1,181,075,860	1,206,250,815
Deferred Outflows	65,048,262	65,048,262
Total Assets and Deferred Outflows	\$ 1,246,124,122	\$ 1,271,299,077



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 April 30, 2020

	4/30/2020	6/30/2019
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 37,158,076	\$ 52,935,721
Accounts Payable	31,917,615	43,848,310
Accrued Payroll and Expenses	27,037,355	26,306,854
Medical Claims Payable	16,301,412	17,252,666
Due to Related Parties	823	4,661,701
Other Current Liabilities	49,508,664	23,338,160
Total Current Liabilities	161,923,945	168,343,412
Long-Term Debt		
Bonds Payable	464,067,919	500,541,763
Other Long-Term Debt	622,110	622,110
Total Long-Term Debt	464,690,030	501,163,873
Long-Term Liabilities	300,585,929	300,585,929
Total Liabilities	927,199,903	970,093,214
Deferred Inflows	47,528,446	47,528,446
Net Position		
Invested in Capital Assets, Net of Related Debt	420,735,798	306,282,925
Temporarily Restricted	16,839,519	7,916,625
Unrestricted	(166,179,544)	(60,522,132)
Total Net Position	271,395,773	253,677,417
Total Liabilities, Deferred Inflows, and Net Position	\$ 1,246,124,122	\$ 1,271,299,077

Actual & Projection

	JUL Actual FY 2020	AUG Actual FY 2020	SEP Actual FY 2020	OCT Actual FY 2020	NOV Actual FY 2020	DEC Actual FY 2020	JAN Actual FY 2020	FEB Actual FY 2020	MAR Actual FY 2020	APR Actual FY 2020	MAY Projected FY 2020	JUN Projected FY 2020	ACTUAL & Projected FY 2020
OPERATING REVENUE													
Net Patient Service Revenue	\$ 44,892,408	\$ 42,607,960	\$ 34,856,695	\$ 41,930,989	\$ 44,937,257	\$ 42,715,036	\$ 43,896,496	\$39,833,905	\$ 30,397,904	\$ 21,965,974	\$ 24,592,659	\$ 31,275,822	\$ 443,903,106
Other Revenue	7,154,612	6,659,850	8,989,611	7,582,570	7,292,303	7,033,887	7,171,804	7,850,534	8,776,720	6,709,284	5,863,322	6,512,277	87,596,776
Total Operating Revenue	52,047,021	49,267,810	43,846,306	49,513,559	52,229,560	49,748,923	51,068,300	47,684,440	39,174,624	28,675,258	30,455,981	37,788,100	531,499,882
OPERATING EXPENSES													
Salaries and Wages	22,354,456	22,173,861	21,578,922	22,758,353	21,727,586	22,608,536	24,687,237	21,850,038	22,721,586	21,005,882	22,517,416	21,791,048	267,774,920
Contract Labor	2,201,987	2,188,315	2,346,728	2,291,909	2,108,820	2,075,573	1,775,742	1,895,156	1,601,383	1,588,347	1,601,383	1,601,383	23,276,723
Employee Benefits	6,043,622	6,844,739	6,238,874	4,837,120	7,305,862	5,842,815	7,113,810	6,789,575	7,433,668	6,168,296	2,366,871	2,129,230	69,114,482
Medical Service Fees	6,900,485	7,380,157	7,494,109	7,099,841	7,435,531	7,043,667	5,272,039	4,584,965	6,523,058	6,554,077	6,523,058	6,523,058	79,334,047
Supplies	8,677,451	8,682,594	7,111,435	8,073,850	6,753,252	7,888,339	7,843,656	7,617,788	7,747,322	6,360,100	5,001,084	6,360,151	88,117,022
Purchased Services	1,739,303	2,567,071	1,986,478	2,319,965	2,606,297	2,667,053	2,740,671	2,679,580	2,907,112	2,281,572	2,468,170	2,468,170	29,431,442
Repair and Maintenance	1,778,543	1,276,023	1,364,739	1,351,527	1,275,332	1,741,175	1,596,262	1,429,775	2,475,249	1,758,709	1,587,625	1,587,625	19,222,583
Utilities	668,464	826,732	729,066	718,324	664,160	580,510	446,706	593,836	627,248	582,887	650,561	650,561	7,739,055
Rent	521,022	538,334	425,837	495,779	571,471	499,206	480,057	447,399	479,830	418,755	495,437	495,437	5,868,565
Other Expenses	1,369,692	1,591,892	1,513,878	1,719,909	1,672,617	1,519,959	1,590,227	1,623,100	1,807,461	1,489,226	1,600,971	1,600,971	19,099,903
Provider Assessment	652,033	652,033	652,033	652,033	652,033	652,033	652,033	652,033	652,033	652,033	652,033	652,033	7,824,401
Depreciation	2,714,589	2,724,317	2,755,474	2,835,992	3,188,899	3,118,117	3,144,259	3,134,801	3,143,981	2,236,436	2,973,381	2,973,381	34,943,629
Total Operating Expense	55,621,647	57,446,069	54,197,573	55,154,603	55,961,862	56,236,984	57,342,699	53,298,048	58,119,930	51,096,320	48,437,991	48,833,048	651,746,772
Operating Income (Loss)	(3,574,626)	(8,178,258)	(10,351,266)	(5,641,044)	(3,732,302)	(6,488,060)	(6,274,398)	(5,613,608)	(18,945,306)	(22,421,062)	(17,982,010)	(11,044,948)	(120,246,889)
NONOPERATING REVENUES (EXPENSES)													
NonCapital Grants	861,422	853,186	801,769	795,769	1,040,387	1,058,476	1,013,937	916,250	1,490,822	1,154,782	1,490,822	1,490,822	12,968,444
NonCapital Transfers from County/State	295,658	295,658	295,658	295,658	295,658	295,658	295,658	295,658	295,658	295,658	295,658	295,658	3,547,896
Investment Income	921,671	901,143	647,978	1,099,512	786,124	835,695	480,143	572,103	553,047	537,831	492,967	492,967	8,321,181
Other NonOperating Revenues (Expenses)	(1,842,508)	(1,869,155)	(1,765,578)	(1,130,545)	(5,376,820)	(1,837,066)	(2,236,947)	(2,945,446)	(2,165,017)	1,529,803	1,397,406	1,397,406	(16,844,468)
Interest Expense	(1,572,552)	(1,585,467)	(1,578,567)	(1,578,174)	1,751,521	(1,317,269)	(1,305,651)	(1,314,819)	(1,309,785)	(1,309,483)	(1,309,785)	(1,309,785)	(13,739,816)
Tax Levy	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	11,941,918	143,303,020
Total NonOperating Revenues (Expenses)	10,605,610	10,537,284	10,343,180	11,424,138	10,438,788	10,977,412	10,189,059	9,465,664	10,806,643	14,150,509	14,308,986	14,308,986	137,556,259
Excess of Revenues over Expenses	\$ 7,030,984	\$ 2,359,025	\$ (8,087)	\$ 5,783,094	\$ 6,706,486	\$ 4,489,352	\$ 3,914,661	\$ 3,852,056	\$ (8,138,664)	\$ (8,270,553)	\$ (3,673,024)	\$ 3,264,038	\$ 17,309,369
Bond-Related Revenues and Expenses	(4,271,758)	(4,276,721)	(4,098,031)	(4,291,604)	(5,650,487)	(4,376,962)	(4,147,683)	(4,335,380)	(4,274,286)	(4,262,232)	(4,274,286)	(4,274,286)	(52,533,716)
Increase in Net Assets (normalized)	\$ 2,759,227	\$ (1,917,696)	\$ (4,106,118)	\$ 1,491,491	\$ 1,055,999	\$ 112,390	\$ (233,023)	\$ (483,324)	\$ (12,412,950)	\$ (12,532,785)	\$ (7,947,309)	\$ (1,010,248)	\$ (35,224,347)

MCSHCD Monthly Cash Flow
Valleywise Health Medical Center

(Amounts in thousands)



	Forecast APRIL	ACTUAL APRIL	Forecast MAY	Forecast JUNE	Forecast JULY	Forecast AUGUST	Forecast SEPT
Beginning Balance	\$ 153,067	\$ 153,067	\$ 171,209	\$ 198,884	\$ 181,911	\$ 164,710	\$ 146,333
Cash Inflows							
Patient related cash collection	39,318	41,208	25,413	24,763	27,721	33,414	36,133
Medicare advance 'recoupment' - to continue up to \$23.4M						(1,796)	(2,245)
Misc Cash - Finance	1,847	2,958	1,200	1,200	1,500	1,200	1,500
Misc Cash - Finance / BO (TIP - Year 3)		35	1,600				
Misc Cash - Cafeteria/Gift Shop Sales	57	67	36	36	81	72	90
Misc Cash - Well Partner / CVS (340B)	1,934	1,477	1,100	1,100	1,100	1,400	2,100
Misc Cash - Medicare advance	23,366	23,366					
Misc Cash - HHS/UHC Relief stimulus	3,369	8,597					
Misc Cash - HRSA/FQHC Relief Stimulus	2,523				1,590		
Misc Cash - HRSA/Ryan White - Part C&D relief stimulus	178				59		
Misc Cash - HRSA/FQHC Extended Coronavirus Testing (ECT)					1,409		
Other - Psych Subsidy	2,661		2,957	296	296		
Other - AHCCCS DSH payment				4,202			
Other - AHCCCS FQHC (net)	3,009	3,009			1,428		1,428
Other - AHCCCS Trauma Services							1,000
Other - AHCCCS GME/IME			44,231				
Property Tax Subsidy	25,401	3,787	22,000	1,000	250	250	250
Total Inflows	103,663	84,504	98,537	32,597	35,434	34,540	40,256
Cash Outflows (based on prior 4 weeks ave)							
AP - weekly check run / checks cleared (NET)	20,159	21,145	18,000	18,000	18,000	18,000	18,000
Capital purchases payback from Bond proceeds	(17,244)	(16,707)	(8,000)	(4,000)	(14,000)	(8,000)	(10,000)
Capital - Bond	14,234	14,019	8,000	8,000	10,000	8,000	10,000
Capital - Routine	309	357	400	400	400	400	400
AP - DMG	7,300	7,539	7,500	2,800	7,500	7,500	7,500
Payroll - Direct Deposits	12,857	12,633	12,600	12,600	18,900	12,600	12,600
Payroll - Taxes (Federal/State) - net of emplr SSI portion deferral	7,308	7,076	4,110	4,110	4,110	4,110	6,165
Payroll - ASRS/Def Comp	7,468	7,264	4,900	4,900	4,900	4,900	7,350
Payroll - Employees "live" checks	281	179	260	260	325	260	325
Payroll - Self Insured Employee Benefits (UMR)	2,527	3,376	2,500	2,500	2,500	2,500	2,500
AHCCCS Payment Match (GME) - VHMC			11,912				
AHCCCS Payment Match (GME) - MCCC partners			3,691				
AHCCCS Hospital Assessment			1,956			2,647	
AHCCCS Payment Match (APSI) - VHMC/DMG	872		872				
AHCCCS Payment Match (APSI) - local partners	2,161		2,161				
AHCCCS Target Investment Program	9,000	9,000					
AHCCCS DSH/Other Hospitals - local match	481	481					
Total Outflows	67,713	66,362	70,862	49,570	52,635	52,917	54,840
Subtotal Incr (Decr) for Week	35,950	18,142	27,675	(16,973)	(17,201)	(18,377)	(14,584)
Ending Balance	\$ 189,017	\$ 171,209	\$ 198,884	\$ 181,911	\$ 164,710	\$ 146,333	\$ 131,749
average daily cash requirement (based on April'20 YTD)	1,723	1,723	1,723	1,723	1,723	1,723	1,723
Days Cash	110	99	115	106	96	85	76

NOTE: Actual cash doesn't include \$32M investment (proceeds from sale of healthplan)

SUPPLEMENTAL INFORMATION

Valleywise Health
 Financial and Statistical Information
 30-Apr-20

Legend		
Greater than or equal to 100% of Budget		
Within 95% to 100% of Budget		
Less than 95% of Budget		

	Current Month				Fiscal Year to Date				Prior Fiscal Year to Date			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %	
Acute												
Admissions	811	1,062	(251)	(23.6%)	10,144	10,572	(428)	(4.0%)	9,641	503	5.2%	
Length of Stay (LOS)	4.6	4.3	(0.3)	(5.9%)	5.0	4.6	(0.4)	(7.6%)	4.7	(0.3)	(5.4%)	
Patient Days	3,708	4,587	(879)	(19.2%)	50,399	48,794	1,605	3.3%	45,461	4,938	10.9%	
Acute - Observation Days and Admits												
Observation Days	249	398	(149)	(37.4%)	5,291	3,989	1,302	32.6%	3,982	1,309	32.9%	
Observation Admission - Transfer to Inpatient	102	158	(56)	(35.4%)	1,908	1,606	302	18.8%	1,517	391	25.8%	
Observation Admission Only	196	326	(130)	(39.9%)	3,846	3,320	526	15.8%	3,240	606	18.7%	
Total Admissions - Acute plus Observation Only	1,007	1,388	(381)	(27.4%)	13,990	13,892	98	0.7%	12,881	1,109	8.6%	
Behavioral Health												
Admissions	410	542	(132)	(24.4%)	3,946	4,659	(713)	(15.3%)	3,197	749	23.4%	
Length of Stay (LOS)	21.2	20.1	(1.1)	(5.4%)	22.6	20.3	(2.3)	(11.3%)	21.2	(1.4)	(6.5%)	
Patient Days	8,693	10,905	(2,212)	(20.3%)	89,180	94,645	(5,465)	(5.8%)	67,812	21,368	31.5%	
Valleywise Behavioral Health Center-Phoenix	2,199	2,553	(354)	(13.9%)	26,057	26,129	(72)	(0.3%)	32,765	(6,708)	(20.5%)	
Valleywise Behavioral Health Center-Mesa	2,935	3,452	(517)	(15.0%)	33,847	34,362	(515)	(1.5%)	34,119	(272)	(0.8%)	
Valleywise Behavioral Health Center-Maryvale	3,559	4,900	(1,341)	(27.4%)	29,276	34,154	(4,878)	(14.3%)	928	28,348	3054.7%	
Combined (Acute + Behavioral Health)												
Adjusted Admissions	1,953	3,105	(1,151)	(37.1%)	26,080	28,539	(2,459)	(8.6%)	23,934	2,146	9.0%	
Adjusted Patient Days	19,839	29,987	(10,148)	(33.8%)	258,355	268,764	(10,409)	(3.9%)	211,172	47,183	22.3%	
Case Mix Index												
Total Hospital	1.49	1.44	0.05	3.4%	1.49	1.44	0.05	3.8%	1.47	0.02	1.7%	
Acute (Excluding Newborns)	1.77	1.67	0.10	5.9%	1.71	1.67	0.04	2.6%	1.67	0.04	2.6%	
Behavioral Health	1.19	1.14	0.05	4.6%	1.18	1.14	0.04	3.2%	1.14	0.04	3.2%	
Medicare	2.24	1.96	0.28	14.5%	2.03	1.96	0.07	3.6%	1.96	0.07	3.6%	
AHCCCS	1.79	1.72	0.07	4.3%	1.74	1.72	0.02	0.9%	1.72	0.02	0.9%	
Ambulatory												
Valleywise Community Health Centers Visits - Including WHHs	13,146	16,909	(3,763)	(22.3%)	158,053	166,740	(8,687)	(5.2%)	157,166	887	0.6%	
Valleywise Comprehensive Health Center Visits	8,963	13,209	(4,246)	(32.1%)	122,014	131,509	(9,495)	(7.2%)	130,352	(8,338)	(6.4%)	
Dental Clinics Visits	230	2,230	(2,000)	(89.7%)	18,609	21,582	(2,973)	(13.8%)	21,468	(2,859)	(13.3%)	
7th Ave Walk-In Clinic Visits	0	0	0	0.0%	0	0	0	0.0%	14,957	(14,957)	(100.0%)	
OP Behavioral Health Visits	4,596	2,982	1,614	54.1%	39,378	26,820	12,558	46.8%	20,948	18,430	88.0%	
Total Ambulatory Visits :	26,935	35,330	(8,395)	(23.8%) 	338,054	346,651	(8,597)	(2.5%) 	344,891	(6,837)	(2.0%) 	

Hospital

Valleywise Health
 Financial and Statistical Information
 30-Apr-20

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	

	Current Month				Fiscal Year to Date				Prior Fiscal Year to Date		
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %
Surgical Center (SURG) - Total IP & OP Surgeries	351	595	(244)	(41.0%)	6,132	6,562	(430)	(6.6%)	6,105	27	0.4%
Surgical Center (SURG) - Total Surgical Minutes	42,315	67,871	(25,556)	(37.7%)	688,815	751,829	(63,014)	(8.4%)	700,305	(11,490)	(1.6%)
Surgical Center (SURG) - Minutes per Case	121	114	(6.5)	(5.7%)	112	115	2.2	2.0%	115	2.4	2.1%
Operating Room Utilization	na	70%	na	na na	na	70%	na	na na	64%	na	na na
Deliveries	139	131	8	6.1%	1,574	1,671	(97)	(5.8%)	1,673	(99)	(5.9%)
Trauma Visits (subset of ED Visits)	130	145	(15)	(10.3%)	1,656	1,497	159	10.6%	1,533	123	8.0%
Emergency Department (ED)	4,173	8,388	(4,215)	(50.3%) 	77,466	80,858	(3,392)	(4.2%) 	62,148	15,318	24.6%
Adult ED	2,599	4,072	(1,473)	(36.2%)	37,860	39,477	(1,617)	(4.1%)	39,459	(1,599)	(4.1%)
Maryvale ED	1,239	2,115	(876)	(41.4%)	20,856	19,525	1,331	6.8%	764	20,092	2629.8%
Peds ED	0	1,705	(1,705)	(100.0%)	13,913	16,538	(2,625)	(15.9%)	16,670	(2,757)	(16.5%)
L&D ED	192	312	(120)	(38.5%)	2,841	3,121	(280)	(9.0%)	3,048	(207)	(6.8%)
Burn ED	143	184	(41)	(22.3%)	1,996	2,197	(201)	(9.1%)	2,207	(211)	(9.6%)
% of Total ED Visits Resulting in Admission Adult	17.6%	14.5%	3.1%	21.4%	15.1%	14.5%	0.6%	4.0%	14.6%	0.5%	3.5%
% of Total ED Visits Resulting in Admission Peds	0.0%	4.0%	(4.0%)	(100.0%)	3.7%	4.0%	(0.3%)	(6.3%)	4.0%	(0.2%)	(5.3%)
% of Total ED Visits Resulting in Admission Maryvale	11.7%	5.0%	6.7%	135.7%	5.6%	5.0%	0.6%	12.6%	5.2%	0.4%	6.9%
% of Acute Patients Admitted Through the ED	89.4%	86.6%	2.8%	3.2%	87.8%	85.1%	2.8%	3.3%	83.9%	4.0%	4.8%
Left Without Treatment (LWOT) ADULT	0.5%	<3%	2.5%	82.1%	1.3%	<3%	1.7%	58.0%	1.3%	0.1%	5.3%
Left Without Treatment (LWOT) PEDIATRICS	0.0%	<3%	3.0%	100.0%	0.3%	<3%	2.7%	90.3%	0.2%	(0.1%)	(38.1%)
Left Without Treatment (LWOT) MARYVALE	0.5%	<3%	2.5%	83.9%	1.3%	<3%	1.7%	55.3%	0.1%	(1.2%)	930.8%
Overall ED Median Length of Stay (minutes) ADULT	175	<240	65	27.1%	217	<240	23	9.6%	221	4	1.8%
Overall ED Median Length of Stay (minutes) PEDS	-	<220	220	100.0%	134	<220	86	39.1%	126	(8)	(6.3%)
Overall ED Median Length of Stay (minutes) MARYVALE	163	<220	57	25.9%	174	<220	46	20.9%	185	11	(5.9%)
PSYCH ED Median LOS (minutes) ADULT	456	<0	(456)	(100.0%)	484	<0	(484)	(100.0%)	495	11	2.1%
PSYCH ED Median LOS (minutes) PEDS	0	<0	0	0.0%	1,511	<0	(1,511)	(100.0%)	873	(638)	(73.1%)
PSYCH ED Median LOS (minutes) MARYVALE	476	<0	(476)	(100.0%)	615	<0	(615)	(100.0%)	490	(126)	(25.6%)
Median Time to Treatment (MTT) (minutes) ADULT	14	<30	16	53.3%	19	<30	11	36.7%	20	1	5.0%
Median Time to Treatment (MTT) (minutes) PEDS	-	<30	30	100.0%	23	<30	7	23.3%	21	(2)	(9.5%)
Median Time to Treatment (MTT) (minutes) MARYVALE	12	<30	18	60.0%	20	<30	10	33.3%	11	(9)	81.8%
Cath Lab Utilization - Room 1	12%	45%	(33.2%)	(73.9%)	18%	45%	(26.6%)	(59.0%)	26%	(7.6%)	(29.1%)
Cath Lab Utilization - Room 2	19%	45%	(25.7%)	(57.0%)	33%	45%	(11.6%)	(25.8%)	33%	0.7%	2.1%
Cath Lab Utilization - IR	37%	65%	(27.6%)	(42.4%)	70%	65%	5.1%	7.9%	64%	5.9%	9.2%
CCTA/Calcium Score	3	15	(12)	(80.0%)	80	150	(70)	(46.7%)	67	13	19.4%
Pediatric ED Visits at Maryvale (under age 18)	131				4,392						
Adult ED Visits at Maryvale (age 18 and over)	1,108				16,464						
Maryvale ED to Inpatient OR	29				212						

Valleywise Health
 Financial and Statistical Information
 30-Apr-20

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	

Current Month				Fiscal Year to Date				Prior Fiscal Year to Date		
Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %

Operating Income / (Loss) in 000s

Valleywise Health	\$	(22,421)	\$	(9,731)	\$	(12,690)	(130.4%)		\$	(91,220)	\$	(57,418)	\$	(33,802)	(58.9%)		\$	(49,121)	\$	(42,099)	(85.7%)	
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Net Income / (Loss) in 000s

Valleywise Health	\$	(8,271)	\$	507	\$	(8,777)	(1732.8%)		\$	17,718	\$	46,769	\$	(29,051)	(62.1%)		\$	50,776	\$	(33,058)	(65.1%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(12,533)	\$	(3,405)	\$	(9,128)	(268.0%)		\$	(26,267)	\$	6,094	\$	(32,360)	(531.1%)		\$	11,583	\$	(37,850)	(326.8%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)	\$	204.7	\$	218.5	\$	(13.8)	(6.3%)	
Total Days Cash on Hand		118.8		140.6		(21.8)	(15.5%)	
Current Ratio		4.2		5.2		(1.0)	(19.9%)	
Current Ratio without Bond-related & Liabilities	Assets	2.7		3.0		(0.3)	(8.7%)	
Days in Accounts Receivable (Hospital only)		96.0		77.0		(19.0)	(24.7%)	

Capital Structure

EBIDA Debt Service Coverage		13.3		16.6		(3.2)	(19.5%)	
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Profitability

Operating Margin		(19.69%)		(12.02%)		(7.67%)	(63.8%)			(11.77%)		(7.92%)	(67.3%)	
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Labor

FTE/AOB WO Residents		5.53		4.01		(1.52)	(37.9%)			4.57		4.35		(0.22)	(5.0%)			4.91		0.33	6.8%	
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	Current Month				Rolling Last Twelve Months			
	Actual	Prior Year	Variance	Var %	Actual	Prior Year	Variance	Var %
Turnover Rate - Voluntary	0.95%	1.18%	0.23%	19.49%	17.34%	15.56%	(1.78%)	(11.44%)
Turnover Rate - Involuntary	0.30%	0.36%	0.06%	16.67%	4.62%	4.52%	(0.10%)	(2.21%)
Turnover Rate - Uncontrollable	0.24%	0.15%	(0.09%)	(60.00%)	3.03%	2.40%	(0.63%)	(26.25%)
Turnover Rate - Total	1.48%	1.69%	0.21%	12.43%	24.99%	22.48%	(2.51%)	(11.17%)

Appendix A Definition of Financial Indicators

Indicator	Definition	Desired Position	
		Trend	Relative to Median
Total Days Cash on Hand	$= \frac{\text{Cash + Short-Term Investments}}{(\text{Operating Expenses Less - Depreciation}) / \text{YTD Days}}$	Up	Above
Days in Accounts Receivable	$= \frac{\text{Net Patient Accounts Receivable (including Due/From)}}{\text{Net Patient Service Revenue / YTD Days}}$	Down	Below
Cushion Ratio	$= \frac{\text{Cash + Short-Term Investments}}{\text{Principal + Interest Expenses}}$	Up	Above
Cash to Debt	$= \frac{\text{Cash + Short-Term Investments}}{\text{Long Term Debt}} \times 100$	Up	Above
EBITDA Debt Service Coverage	$= \frac{\text{EBITDA}}{\text{Principal + Interest Expenses}}$	Up	Above
Debt to Net Assets	$= \frac{\text{Long Term Debt}}{\text{Long Term Debt + Unrestricted Assets}} \times 100$	Down	Below
Operating Margin	$= \frac{\text{Operating Income (Loss)}}{\text{Operating Revenues}} \times 100$	Up	Above
EBITDA Margin	$= \frac{\text{EBITDA}}{\text{Operating Revenues + Non Operating Revenues}} \times 100$	Up	Above
Excess Margin	$= \frac{\text{Net Income}}{\text{Operating Revenues + Non Operating Revenues}} \times 100$	Up	Above
Case Mix Index - Total Hospital	<p>All discharged accounts.</p> <p>= Includes normal newborns (DRG 795).</p> <p>Includes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - Acute (Excluding Newborns)	<p>Discharged accounts.</p> <p>= Excludes normal newborns (DRG 795).</p> <p>Excludes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - Behavioral Health	= Discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - Medicare	<p>Discharged accounts with a financial class of Medicare or Medicare Managed Care. Excludes normal newborns (DRG 795).</p> <p>Excludes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - AHCCCS	<p>Discharged accounts with a financial class of AHCCCS or Maricopa Health Plan. Excludes normal newborns (DRG 795).</p> <p>Excludes discharges with a Behavioral Health patient type.</p>	Up	Above

For ALL Case Mix values -- only Patient Types of Inpatient, Behavioral Health and Newborn are counted (as appropriate). Patient Types of Observation, Outpatient and Emergency are excluded from all CMI calculations at all times.

New individual MS-DRG weights are issued by CMS each year, with an effective date of October 1st.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Ten Periods Ending April 30, 2020

	Apr-20 Actual	Apr-20 Budget	Apr-20 Variance	Apr-20 % Change	Prior Year Same Month Apr-19	Prior Year Same Month % Change	Apr-20 YTD Actual	Apr-20 YTD Budget	Apr-20 YTD Variance	YTD Apr-20 % Change	YTD Prior Year Apr-19	YTD Prior Year % Change
ADMISSIONS												
Acute	811	1,062	(251)	(23.6 %)	972	(16.6 %)	10,144	10,572	(428)	(4.0 %)	9,641	5.2 %
Behavioral Health	410	542	(132)	(24.4 %)	355	15.5 %	3,946	4,659	(713)	(15.3 %)	3,197	23.4 %
Valleywise Behavioral Health Center-Phoenix	89	107	(18)	(16.8 %)	140	(36.4 %)	948	1,217	(269)	(22.1 %)	1,387	(31.7 %)
Valleywise Behavioral Health Center-Mesa	167	180	(13)	(7.2 %)	215	(22.3 %)	1,718	2,061	(343)	(16.6 %)	1,810	(5.1 %)
Valleywise Behavioral Health Center-Maryvale	154	255	(101)	(39.6 %)	0	100.0 %	1,280	1,381	(101)	(7.3 %)	0	100.0 %
Total	1,221	1,604	(383)	(23.9 %)	1,327	(8.0 %)	14,090	15,231	(1,141)	(7.5 %)	12,838	9.8 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	102	158	(56)	(35.4 %)	145	(29.7 %)	1,908	1,606	302	18.8 %	1,517	25.8 %
Observation Admission Only	196	326	(130)	(39.9 %)	379	(48.3 %)	3,846	3,320	526	15.8 %	3,240	18.7 %
Total Observation Admissions	298	484	(186)	(38.4 %)	524	(43.1 %)	5,754	4,926	828	16.8 %	4,757	21.0 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,417	1,930	(513)	(26.6 %)	1,706	(16.9 %)	17,936	18,551	(615)	(3.3 %)	16,078	11.6 %
ADJUSTED ADMISSIONS												
Total	1,953	3,105	(1,151)	(37.1 %)	2,470	(20.9 %)	26,080	28,539	(2,459)	(8.6 %)	23,934	9.0 %
PATIENT DAYS												
Acute	3,708	4,587	(879)	(19.2 %)	4,424	(16.2 %)	50,399	48,794	1,605	3.3 %	45,461	10.9 %
Behavioral Health	8,693	10,905	(2,212)	(20.3 %)	7,557	15.0 %	89,180	94,645	(5,465)	(5.8 %)	67,812	31.5 %
Valleywise Behavioral Health Center-Phoenix	2,199	2,553	(354)	(13.9 %)	3,225	(31.8 %)	26,057	26,129	(72)	(0.3 %)	32,765	(20.5 %)
Valleywise Behavioral Health Center-Mesa	2,935	3,452	(517)	(15.0 %)	3,404	(13.8 %)	33,847	34,362	(515)	(1.5 %)	34,119	(0.8 %)
Valleywise Behavioral Health Center-Maryvale	3,559	4,900	(1,341)	(27.4 %)	928	283.5 %	29,276	34,154	(4,878)	(14.3 %)	928	3054.7 %
Total	12,401	15,492	(3,091)	(20.0 %)	11,981	3.5 %	139,579	143,439	(3,860)	(2.7 %)	113,273	23.2 %
AVERAGE DAILY CENSUS												
Acute	124	153	(29)	(19.2 %)	147	(16.2 %)	165	160	5	3.3 %	150	10.5 %
Behavioral Health	290	364	(74)	(20.3 %)	252	15.0 %	292	310	(18)	(5.8 %)	223	31.1 %
Valleywise Behavioral Health Center-Phoenix	73	85	(12)	(13.9 %)	108	(31.8 %)	85	86	(1)	(0.3 %)	108	(20.7 %)
Valleywise Behavioral Health Center-Mesa	98	115	(17)	(15.0 %)	113	(13.8 %)	111	113	(2)	(1.5 %)	112	(1.1 %)
Valleywise Behavioral Health Center-Maryvale	119	163	(45)	(27.4 %)	31	283.5 %	96	112	(16)	(14.3 %)	3	3044.4 %
Total	413	516	(103)	(20.0 %)	399	3.5 %	458	470	(13)	(2.7 %)	373	22.8 %
ADJUSTED PATIENT DAYS												
Total	19,839	29,987	(10,148)	(33.8 %)	22,297	(11.0 %)	258,355	268,764	(10,409)	(3.9 %)	211,172	22.3 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Ten Periods Ending April 30, 2020

	Apr-20 Actual	Apr-20 Budget	Apr-20 Variance	Apr-20 % Change	Prior Year Same Month Apr-19	Prior Year Same Month % Change	Apr-20 YTD Actual	Apr-20 YTD Budget	Apr-20 YTD Variance	YTD Apr-20 % Change	YTD Prior Year Apr-19	YTD Prior Year % Change
OPERATING ROOM SURGERIES												
Inpatient	255	325	(70)	(21.5 %)	357	(28.6 %)	3,348	3,677	(329)	(8.9 %)	3,496	(4.2 %)
Outpatient	96	270	(174)	(64.4 %)	294	(67.3 %)	2,784	2,885	(101)	(3.5 %)	2,609	6.7 %
Total	351	595	(244)	(41.0 %)	651	(46.1 %)	6,132	6,562	(430)	(6.6 %)	6,105	0.4 %
Inpatient Minutes	31,695	42,335	(10,640)	(25.1 %)	46,605	(32.0 %)	430,335	478,971	(48,636)	(10.2 %)	455,475	(5.5 %)
Outpatient Minutes	10,620	25,536	(14,916)	(58.4 %)	26,295	(59.6 %)	258,480	272,858	(14,378)	(5.3 %)	244,830	5.6 %
Total	42,315	67,871	(25,556)	(37.7 %)	72,900	(42.0 %)	688,815	751,829	(63,014)	(8.4 %)	700,305	(1.6 %)
DELIVERIES												
Total	139	131	8	6.1 %	137	1.5 %	1,574	1,671	(97)	(5.8 %)	1,673	(5.9 %)
ED VISITS												
Adult	2,599	4,072	(1,473)	(36.2 %)	4,133	(37.1 %)	37,860	39,477	(1,617)	(4.1 %)	39,459	(4.1 %)
Maryvale	1,239	2,115	(876)	(41.4 %)	764	62.2 %	20,856	19,525	1,331	6.8 %	764	2629.8 %
Pediatrics *	0	1,705	(1,705)	(100.0 %)	1,894	(100.0 %)	13,913	16,538	(2,625)	(15.9 %)	16,670	(16.5 %)
Labor & Delivery	192	312	(120)	(38.5 %)	259	(25.9 %)	2,841	3,121	(280)	(9.0 %)	3,048	(6.8 %)
Burn	143	184	(41)	(22.3 %)	215	(33.5 %)	1,996	2,197	(201)	(9.1 %)	2,207	(9.6 %)
Total	4,173	8,388	(4,215)	(50.3 %)	7,265	(42.6 %)	77,466	80,858	(3,392)	(4.2 %)	62,148	24.6 %
AMBULATORY VISITS												
Valleywise Community Health Centers **	13,146	16,909	(3,763)	(22.3 %)	16,819	(21.8 %)	158,053	166,740	(8,687)	(5.2 %)	157,166	0.6 %
Valleywise Comprehensive Health Center	8,963	13,209	(4,246)	(32.1 %)	13,789	(35.0 %)	122,014	131,509	(9,495)	(7.2 %)	130,352	(6.4 %)
Outpatient Behavioral Health	4,596	2,982	1,614	54.1 %	2,493	84.4 %	39,378	26,820	12,558	46.8 %	20,948	88.0 %
Dental	230	2,230	(2,000)	(89.7 %)	2,151	(89.3 %)	18,609	21,582	(2,973)	(13.8 %)	21,468	(13.3 %)
7th Avenue Walk-In Clinic	0	0	0	0.0 %	1,523	(100.0 %)	0	0	0	0.0 %	14,957	(100.0 %)
Total	26,935	35,330	(8,395)	(23.8 %)	36,775	(26.8 %)	338,054	346,651	(8,597)	(2.5 %)	344,891	(2.0 %)

* These are visits to the Pediatric Emergency Department, not ED visits under a certain age.

** Includes WHH Clinic visits when applicable



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending April 30, 2020

	Apr-20 Actual	Apr-20 Budget	Apr-20 Variance	Apr-20 % Change	Prior Year Same Month Apr-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,107	\$ 1,252	(\$ 145)	(11.5 %)	\$ 1,847	(\$ 739)	(40.0 %)
Salaries	\$ 21,005,882	\$ 22,627,036	\$ 1,621,154	7.2 %	\$ 19,569,870	(\$ 1,436,012)	(7.3 %)
Benefits	6,168,296	6,595,271	426,975	6.5 %	6,194,336	26,040	0.4 %
Contract Labor	1,588,347	1,354,676	(233,671)	(17.2 %)	2,155,981	567,633	26.3 %
Total Labor Costs	\$ 28,762,525	\$ 30,576,983	\$ 1,814,458	5.9 %	\$ 27,920,187	(\$ 842,339)	(3.0 %)
Supplies	\$ 6,360,100	\$ 6,827,056	\$ 466,956	6.8 %	\$ 7,997,775	\$ 1,637,675	20.5 %
Medical Service Fees	6,554,077	6,528,459	(25,618)	(0.4 %)	6,956,734	402,657	5.8 %
All Other *	6,962,862	10,774,093	3,811,231	35.4 %	8,004,096	1,041,234	13.0 %
Total	\$ 19,877,039	\$ 24,129,608	\$ 4,252,569	17.6 %	\$ 22,958,605	\$ 3,081,566	13.4 %
Total Operating and Non-Operating Expenses *	\$ 48,639,564	\$ 54,706,591	\$ 6,067,027	11.1 %	\$ 50,878,791	\$ 2,239,227	4.4 %
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 6,704,949	\$ 6,704,949	(\$ 0)	(0.0 %)	\$ 6,410,085	\$ 294,864	4.6 %
Bonds	5,236,969	5,236,969	(0)	(0.0 %)	3,512,824	1,724,145	49.1 %
Total Tax Levy	\$ 11,941,918	\$ 11,941,918	(\$ 0)	(0.0 %)	\$ 9,922,909	\$ 2,019,009	20.3 %
Patient Days - Acute	3,708	4,587	(879)	(19.2 %)	4,424	(716)	(16.2 %)
Patient Days - Behavioral Health	8,693	10,905	(2,212)	(20.3 %)	7,557	1,136	15.0 %
Patient Days - Total	12,401	15,492	(3,091)	(20.0 %)	11,981	420	3.5 %
Adjusted Patient Days	19,839	29,987	(10,148)	(33.8 %)	22,297	(2,458)	(11.0 %)
APD Ratio	1.60	1.94	(0.34)	(17.3 %)	1.86	(0.26)	(14.0 %)
Admissions - Acute	811	1,062	(251)	(23.6 %)	972	(161)	(16.6 %)
Admissions - Behavioral Health	410	542	(132)	(24.4 %)	355	55	15.5 %
Admissions - Total	1,221	1,604	(383)	(23.9 %)	1,327	(106)	(8.0 %)
Adjusted Admissions	1,953	3,105	(1,151)	(37.1 %)	2,470	(516)	(20.9 %)
Average Daily Census - Acute	124	153	(29)	(19.2 %)	147	(24)	(16.2 %)
Average Daily Census - Behavioral Health	290	364	(74)	(20.3 %)	252	38	15.0 %
Average Daily Census - Total	413	516	(103)	(20.0 %)	399	14	3.5 %
Adjusted Occupied Beds - Acute	198	296	(98)	(33.2 %)	274	(77)	(27.9 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending April 30, 2020

	Apr-20 Actual	Apr-20 Budget	Apr-20 Variance	Apr-20 % Change	Prior Year Same Month Apr-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Adjusted Occupied Beds - Behavioral Health	464	704	(240)	(34.1 %)	469	(5)	(1.1 %)
Adjusted Occupied Beds - Total	661	1,000	(338)	(33.8 %)	743	(82)	(11.0 %)
Paid FTEs - Payroll	3,532	3,894	363	9.3 %	3,351	(181)	(5.4 %)
Paid FTEs - Contract Labor	321	312	(8)	(2.7 %)	416	95	22.8 %
Paid FTEs - Total	3,853	4,207	354	8.4 %	3,767	(86)	(2.3 %)
FTEs per AOB	5.83	4.21	(1.62)	(38.4 %)	5.07	(0.76)	(15.0 %)
FTEs per AOB (w/o Residents)	5.53	4.01	(1.52)	(37.9 %)	4.81	(0.72)	(15.0 %)
Benefits as a % of Salaries	29.4 %	29.1 %	(0.2 %)	(0.7 %)	31.7 %	2.3 %	7.2 %
Labor Costs as a % of Net Patient Revenue	130.9 %	81.5 %	(49.5 %)	(60.7 %)	67.8 %	(63.1 %)	(93.1 %)
Salaries and Contract Labor per APD	\$ 1,139	\$ 800	(\$ 339)	(42.4 %)	\$ 974	(\$ 164)	(16.9 %)
Benefits per APD	311	220	(91)	(41.4 %)	278	(33)	(11.9 %)
Supplies per APD	321	228	(93)	(40.8 %)	359	38	10.6 %
Medical Service Fees per APD	330	218	(113)	(51.7 %)	312	(18)	(5.9 %)
All Other Expenses per APD *	351	359	8	2.3 %	359	8	2.2 %
Total Expenses per APD *	\$ 2,452	\$ 1,824	(\$ 627)	(34.4 %)	\$ 2,282	(\$ 170)	(7.4 %)
Salaries and Contract Labor per Adj. Admission	\$ 11,567	\$ 7,724	(\$ 3,843)	(49.7 %)	\$ 8,797	(\$ 2,769)	(31.5 %)
Benefits per Adj. Admission	3,158	2,124	(1,034)	(48.7 %)	2,508	(650)	(25.9 %)
Supplies per Adj. Admission	3,256	2,199	(1,057)	(48.1 %)	3,239	(17)	(0.5 %)
Medical Service Fees per Adj. Admission	3,355	2,103	(1,253)	(59.6 %)	2,817	(538)	(19.1 %)
All Other Expenses per Adj. Admission *	3,565	3,470	(94)	(2.7 %)	3,241	(323)	(10.0 %)
Total Expenses per Adj. Admission *	\$ 24,900	\$ 17,620	(\$ 7,280)	(41.3 %)	\$ 20,602	(\$ 4,298)	(20.9 %)

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Ten Periods Ending April 30, 2020

	Apr-20 YTD Actual	Apr-20 YTD Budget	Apr-20 YTD Variance	YTD Apr-20 % Change	YTD Prior Year Apr-19	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,502	\$ 1,512	(\$ 10)	(0.6 %)	\$ 1,738	(\$ 236)	(13.6 %)
Salaries	\$ 223,466,456	\$ 222,273,422	(\$ 1,193,034)	(0.5 %)	\$ 197,639,100	(\$ 25,827,356)	(13.1 %)
Benefits	64,618,381	64,787,732	169,351	0.3 %	58,054,260	(6,564,121)	(11.3 %)
Contract Labor	20,073,958	13,928,364	(6,145,595)	(44.1 %)	16,500,758	(3,573,201)	(21.7 %)
Total Labor Costs	\$ 308,158,795	\$ 300,989,518	(\$ 7,169,277)	(2.4 %)	\$ 272,194,117	(\$ 35,964,678)	(13.2 %)
Supplies	\$ 76,755,786	\$ 68,426,934	(\$ 8,328,852)	(12.2 %)	\$ 65,037,583	(\$ 11,718,204)	(18.0 %)
Medical Service Fees	66,287,931	63,448,540	(2,839,391)	(4.5 %)	63,714,757	(2,573,174)	(4.0 %)
All Other *	105,035,880	108,100,990	3,065,110	2.8 %	80,156,026	(24,879,854)	(31.0 %)
Total	\$ 248,079,597	\$ 239,976,463	(\$ 8,103,134)	(3.4 %)	\$ 208,908,365	(\$ 39,171,232)	(18.8 %)
Total Operating and Non-Operating Expenses *	\$ 556,238,392	\$ 540,965,981	(\$ 15,272,411)	(2.8 %)	\$ 481,102,482	(\$ 75,135,910)	(15.6 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 67,049,490	\$ 67,049,490	(\$ 0)	(0.0 %)	\$ 64,100,851	\$ 2,948,639	4.6 %
Bonds	52,369,694	52,369,694	(0)	(0.0 %)	35,128,241	17,241,453	49.1 %
Total Tax Levy	\$ 119,419,184	\$ 119,419,184	(\$ 0)	(0.0 %)	\$ 99,229,092	\$ 20,190,092	20.3 %
Patient Days - Acute	50,399	48,794	1,605	3.3 %	45,461	4,938	10.9 %
Patient Days - Behavioral Health	89,180	94,645	(5,465)	(5.8 %)	67,812	21,368	31.5 %
Patient Days - Total	139,579	143,439	(3,860)	(2.7 %)	113,273	26,306	23.2 %
Adjusted Patient Days	258,355	268,764	(10,409)	(3.9 %)	211,172	47,183	22.3 %
APD Ratio	1.85	1.87	(0.02)	(1.2 %)	1.86	(0.01)	(0.7 %)
Admissions - Acute	10,144	10,572	(428)	(4.0 %)	9,641	503	5.2 %
Admissions - Behavioral Health	3,946	4,659	(713)	(15.3 %)	3,197	749	23.4 %
Admissions - Total	14,090	15,231	(1,141)	(7.5 %)	12,838	1,252	9.8 %
Adjusted Admissions	26,080	28,539	(2,459)	(8.6 %)	23,934	2,146	9.0 %
Average Daily Census - Acute	165	160	5	3.3 %	150	16	10.5 %
Average Daily Census - Behavioral Health	292	310	(18)	(5.8 %)	223	69	31.1 %
Average Daily Census - Total	458	470	(13)	(2.7 %)	373	85	22.8 %
Adjusted Occupied Beds - Acute	306	300	6	2.0 %	279	27	9.7 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Ten Periods Ending April 30, 2020

	Apr-20 YTD Actual	Apr-20 YTD Budget	Apr-20 YTD Variance	YTD Apr-20 % Change	YTD Prior Year Apr-19	YTD Prior Year Variance	YTD Prior Year % Change
Adjusted Occupied Beds - Behavioral Health	541	581	(40)	(6.9 %)	416	125	30.1 %
Adjusted Occupied Beds - Total	847	881	(34)	(3.9 %)	695	152	21.9 %
Paid FTEs - Payroll	3,720	3,725	5	0.1 %	3,315	(405)	(12.2 %)
Paid FTEs - Contract Labor	353	310	(43)	(13.8 %)	290	(63)	(21.9 %)
Paid FTEs - Total	4,073	4,035	(38)	(0.9 %)	3,605	(468)	(13.0 %)
FTEs per AOB	4.81	4.58	(0.23)	(5.0 %)	5.19	0.38	7.3 %
FTEs per AOB (w/o Residents)	4.57	4.35	(0.22)	(5.0 %)	4.91	0.33	6.8 %
Benefits as a % of Salaries	28.9 %	29.1 %	0.2 %	0.8 %	29.4 %	0.5 %	1.6 %
Labor Costs as a % of Net Patient Revenue	79.4 %	74.1 %	(5.3 %)	(7.2 %)	74.2 %	(5.2 %)	(7.1 %)
Salaries and Contract Labor per APD	\$ 943	\$ 879	(\$ 64)	(7.3 %)	\$ 1,014	\$ 71	7.0 %
Benefits per APD	250	241	(9)	(3.8 %)	275	25	9.0 %
Supplies per APD	297	255	(42)	(16.7 %)	308	11	3.5 %
Medical Service Fees per APD	257	236	(21)	(8.7 %)	302	45	15.0 %
All Other Expenses per APD *	407	402	(4)	(1.1 %)	380	(27)	(7.1 %)
Total Expenses per APD *	\$ 2,153	\$ 2,013	(\$ 140)	(7.0 %)	\$ 2,278	\$ 125	5.5 %
Salaries and Contract Labor per Adj. Admission	\$ 9,338	\$ 8,277	(\$ 1,062)	(12.8 %)	\$ 8,947	(\$ 391)	(4.4 %)
Benefits per Adj. Admission	2,478	2,270	(208)	(9.1 %)	2,426	(52)	(2.1 %)
Supplies per Adj. Admission	2,943	2,398	(545)	(22.7 %)	2,717	(226)	(8.3 %)
Medical Service Fees per Adj. Admission	2,542	2,223	(318)	(14.3 %)	2,662	120	4.5 %
All Other Expenses per Adj. Admission *	4,027	3,788	(240)	(6.3 %)	3,349	(678)	(20.3 %)
Total Expenses per Adj. Admission *	\$ 21,328	\$ 18,956	(\$ 2,373)	(12.5 %)	\$ 20,102	(\$ 1,227)	(6.1 %)

* Excludes Depreciation

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

	Actual	Budget	Variance	%Variance
Acute Care				
MTD - Patient Days	3,708	4,587	(879)	-19.2%
YTD - Patient Days	50,399	48,794	1,605	3.3%

MTD - Admissions	811	1,062	(251)	-23.6%
YTD - Admissions	10,144	10,572	(428)	-4.0%

MTD - Average Length of Stay (ALOS)	4.6	4.3	(0.3)	-5.9%
YTD - Average Length of Stay (ALOS)	5.0	4.6	(0.4)	-7.6%

MTD - Average Daily Census (ADC)	124	153	(29)	-19.2%
YTD - Average Daily Census (ADC)	165	160	5	3.3%

	Actual	Budget	Variance	%Variance
Behavioral Health				
MTD - Patient Days	8,693	10,905	(2,212)	-20.3%
YTD - Patient Days	89,180	94,645	(5,465)	-5.8%

MTD - Admissions	410	542	(132)	-24.4%
YTD - Admissions	3,946	4,659	(713)	-15.3%

MTD - Average Length of Stay (ALOS)	21.2	20.1	(1.1)	-5.4%
YTD - Average Length of Stay (ALOS)	22.6	20.3	(2.3)	-11.3%

MTD - Average Daily Census (ADC)	290	364	(74)	-20.3%
YTD - Average Daily Census (ADC)	292	310	(18)	-5.8%

	Actual	Budget	Variance	%Variance
Adjusted Patient Days (APD)				
Month-to-Date	19,839	29,987	(10,148)	-33.8%
Year-to-Date	258,355	268,764	(10,409)	-3.9%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 21,965,974	\$ 37,536,389	\$ (15,570,415)	-41.5%
Year-to-Date	\$ 388,034,625	\$ 406,251,425	\$ (18,216,800)	-4.5%
Month-to-Date Per APD	\$ 1,107	\$ 1,252	\$ (145)	-11.5%
Year-to-Date Per APD	\$ 1,502	\$ 1,512	\$ (10)	-0.6%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,709,284	\$ 7,049,135	\$ (339,850)	-4.8%
Year-to-Date	\$ 75,221,177	\$ 71,284,652	\$ 3,936,525	5.5%

The 340(B) revenue continues to be above budget MTD and YTD. Negative variances are in DSH revenue, cafeteria sales, gift shop sales and other miscellaneous operating revenue. There was a recoupment by AHCCCS related to a prior fiscal year.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 28,675,258	\$ 44,585,524	\$ (15,910,266)	-35.7%
Year-to-Date	\$ 463,255,802	\$ 477,536,077	\$ (14,280,275)	-3.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 21,005,882	\$ 22,627,036	\$ 1,621,154	7.2%
Year-to-Date	\$ 223,466,456	\$ 222,273,422	\$ (1,193,034)	-0.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,532	3,894	362	9.3%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,336	3,702	366	9.9%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 5,947	\$ 5,811	\$ (137)	-2.4%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,588,347	\$ 1,354,676	\$ (233,671)	-17.2%
Year-to-Date	\$ 20,073,958	\$ 13,928,364	\$ (6,145,595)	-44.1%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	321	312	(8)	-2.6%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	6	7	1	13.6%
Revenue Cycle	8	6	(2)	-33.3%
Behavioral Health	1	-	(1)	0.0%
Information Technology	6	3	(3)	-99.9%

	Actual	Budget	Variance	%Variance
<i>FTE's - Outsource Departments</i>				
Food & Nutrition Services	134	134	-	0.0%
Environmental Services	146	146	-	0.0%
Laundry & Linen	8	8	-	0.0%
Gift Shop	2	2	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	3,853	4,206	354	8.4%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	661	1,000	(338)	-33.8%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	5.53	4.01	(1.52)	-38.0%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,168,296	\$ 6,595,271	\$ 426,975	6.5%
Year-to-Date	\$ 64,618,381	\$ 64,787,732	\$ 169,351	0.3%

Expenses are below budget MTD and YTD due primarily to the 'net' self-insured related expenses.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	29.4%	29.1%	-0.2%	-0.7%
Year-to-Date	28.9%	29.1%	0.2%	0.8%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,554,077	\$ 6,528,459	\$ (25,618)	-0.4%
Year-to-Date	\$ 66,287,931	\$ 63,448,540	\$ (2,839,391)	-4.5%

Net expenses are above budget MTD and YTD due to collections being lower than expected.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,360,100	\$ 6,827,056	\$ 466,956	6.8%
Year-to-Date	\$ 76,755,786	\$ 68,426,934	\$ (8,328,852)	-12.2%

Positive variances for the month are in pharmaceuticals, blood & plasma, food & dining supplies, OR related supplies (i.e. implants, human skin, burn supplies, etc.), and radiology supplies. Majority of the negative variances for the month are in laboratory supplies, furniture & equipment, and R&M supplies.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,281,572	\$ 2,401,426	\$ 119,854	5.0%
Year-to-Date	\$ 24,495,102	\$ 23,442,305	\$ (1,052,797)	-4.5%

The major positive variances for the month are in collection fees, laboratory services, and laundry & dry cleaning services. The major negative variance for the month is in other services related to the 340(b) program - dispensing fees

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,249,577	\$ 4,129,623	\$ (119,954)	-2.9%
Year-to-Date	\$ 43,260,919	\$ 42,409,223	\$ (851,696)	-2.0%

The major negative variances for the month are in repairs & maintenance expenses due to water damages, books/pamphlets subscriptions, and other miscellaneous expenses. The major positive variances for the month are in risk management, utilities, and freight.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 652,033	\$ 652,033	\$ (0)	0.0%
Year-to-Date	\$ 6,520,334	\$ 6,520,334	\$ (0)	0.0%

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,236,436	\$ 3,200,884	\$ 964,448	30.1%
Year-to-Date	\$ 28,996,866	\$ 29,717,569	\$ 720,702	2.4%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 51,096,321	\$ 54,316,464	\$ 3,220,144	5.9%
Year-to-Date	\$ 554,475,734	\$ 534,954,422	\$ (19,521,312)	-3.6%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (22,421,062)	\$ (9,730,940)	\$ (12,690,122)	-130.4%
Year-to-Date	\$ (91,219,932)	\$ (57,418,345)	\$ (33,801,587)	-58.9%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 14,150,510	\$ 10,237,470	\$ 3,913,040	38.2%
Year-to-Date	\$ 108,938,288	\$ 104,187,349	\$ 4,750,939	4.6%

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (8,270,553)	\$ 506,530	\$ (8,777,082)	-1732.8%
Year-to-Date	\$ 17,718,356	\$ 46,769,004	\$ (29,050,648)	-62.1%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

ASSETS

Cash and cash equivalents - Delivery system

Apr-20	Jun-19	Change	% change
\$ 154,661,215	\$ 168,703,587	\$ (14,042,372)	-8.3%

Cash and cash equivalents - Bond (restricted)

Apr-20	Jun-19	Change	% change
\$ 329,092,949	\$ 460,856,252	\$ (131,763,303)	-28.6%

Paid \$52.3M in principal and interest in July 2019 related to the 2nd and 3rd bond offerings.

Paid \$10.5M in principal and interest in January 2020 related to the 2nd and 3rd bond offerings.

Patient A/R, net of allowances

Apr-20	Jun-19	Change	% change
\$ 97,839,303	\$ 93,286,662	\$ 4,552,641	4.9%

Other receivables and prepaid items

Apr-20	Jun-19	Change	% change
\$ 41,617,973	\$ 32,655,195	\$ 8,962,778	27.4%

FY20 other receivables / prepaids includes:

\$1.0M due from Home Assist Health

\$762K in retail pharmacy receivable

\$4.3M due from other receivables

\$550K due from other hospital - resident rotation

\$19.3M in prepaids/deposits

\$8.4M in inventories

\$2.7M due from DMG for pro-fees collections

\$1.2M due from Wellpartner/340B program

\$3.2M receivables from grants & research sponsors

\$60K due from Health Foundation

Estimated amounts due from third party payors

Apr-20	Jun-19	Change	% change
\$ 35,526,659	\$ 39,435,152	\$ (3,908,493)	-9.9%

FY20 due from third party payors includes:

\$31.2M due from AHCCCS for GME - FY20

\$3.5M due from AHCCCS for DSH - FY20

\$423K due from First Things First

\$219K due from Ryan White Part C program

\$226K due from Ryan White Part D program

Due from related parties

Apr-20	Jun-19	Change	% change
\$ 13,772,139	\$ 1,680,183	\$ 12,091,957	719.7%

FY20 due from related parties includes:

\$800K due from Public Health Ryan White Part A programs

\$13.0M due from Maricopa County for tax levy collection

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2020**

Due to related parties

Apr-20	Jun-19	Change	% change
\$ 823	\$ 4,661,701	\$ (4,660,879)	-100.0%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

Apr-20	Jun-19	Change	% change
\$ 49,508,664	\$ 23,338,160	\$ 26,170,504	112.1%

FY20 other current liabilities includes:

\$3.7M in settlement reserved for Medicare	\$429K in deferred income (Health Foundation)
\$2.2M in deferred income for grants, research, & study residuals	\$361K in unclaimed/stale dated checks
\$2.6M in patient credit balances	\$2.6M in settlement reserved for SNCP and FQHC
\$14.3M in other deferred income (TIP, Optum, APSI)	\$23.4M in advanced payments from Medicare

Bonds payable

Apr-20	Jun-19	Change	% change
\$ 464,067,919	\$ 500,541,763	\$ (36,473,843)	-7.3%

Other long-term debt

Apr-20	Jun-19	Change	% change
\$ 622,110	\$ 622,110	\$ -	0.0%

FY20 long term debt includes:

\$622K capital leases - long term portion RICOH

Long-term liabilities

Apr-20	Jun-19	Change	% change
\$ 300,585,929	\$ 300,585,929	\$ -	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

Apr-20	Jun-19	Change	% change
\$ 47,528,446	\$ 47,528,446	\$ -	0.0%

Net position

Apr-20	Jun-19	Change	% change
\$ 271,395,773	\$ 253,677,417	\$ 17,718,356	7.0%

Maricopa Integrated Health System
Health Plan sale proceeds

Beginning balance - February 01, 2017			\$	-
ADD: Payment received from UHC for member transfer	\$	33,361,499.99		
Investment income		1,503,875.35		
Bank interest income received - YTD		<u>59,908.68</u>		34,925,284.02
LESS: Consulting services expense		(547,601.00)		
Maricopa Health Foundation Funding		(2,000,000.00)		
Bank charges - transfer fees		(50.00)		
Short - term investments		(32,121,220.98)		
Long - term investments		<u>-</u>		(34,668,871.98)
Ending balance as of April 30, 2020			\$	<u><u>256,412.04</u></u>



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 10.

**Preliminary Patient Volumes
and Capital Targets
Fiscal Year 2021**



Operating & Capital Budget FY 2021

Purpose:

- Provide planning assumptions and information related to the development of the FY 2021 budget.
- Provide a budget preparation status report to the Maricopa County Special Health Care District Board of Directors.

Agenda:

- Executive Summary
- Review/discuss FY 2021 major budget assumptions
 - Patient volumes
 - Revenue/Reimbursement
 - Other operating revenue
- Preliminary capital budget plan
- Q & A

The information presented is preliminary and may be updated as needed.

Executive Summary

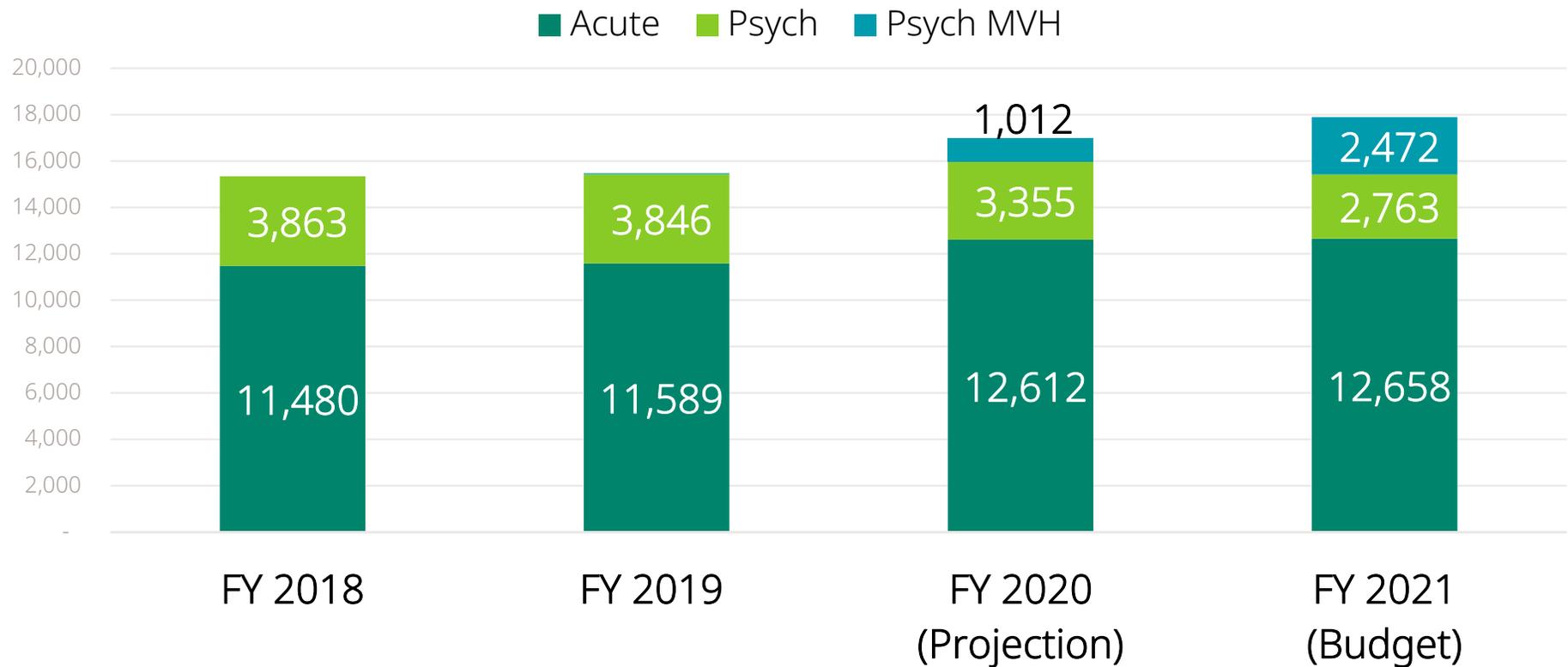
- Major operational focus areas
 - COVID-19
 - Continued focus on Expenses
 - Supply Costs
 - Labor cost efficiency

- Strategic Initiatives
 - Maryvale - Expansion of Behavioral Health capacity
 - Valleywise Comprehensive Health Center – Peoria – Opening January 25, 2021
 - North Phoenix – Opening November 2, 2020
 - South Phoenix – Opening August 17, 2020
 - 7th Avenue – Relocation to South Central location on September 28, 2020



FY 2021 PRELIMINARY STATISTICS

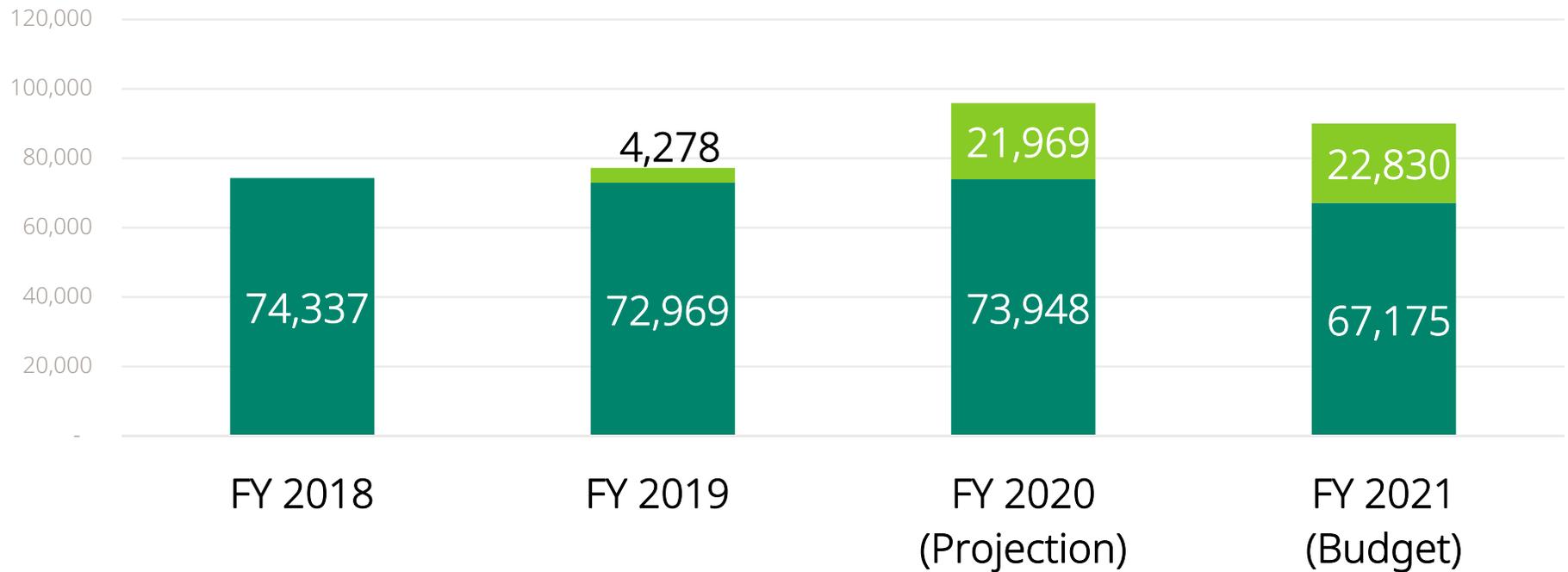
Valleywise Health Admissions by Year



FY 2020 is based on July 2019 through February 2020 Annualized

Valleywise Health ED Visits by Year

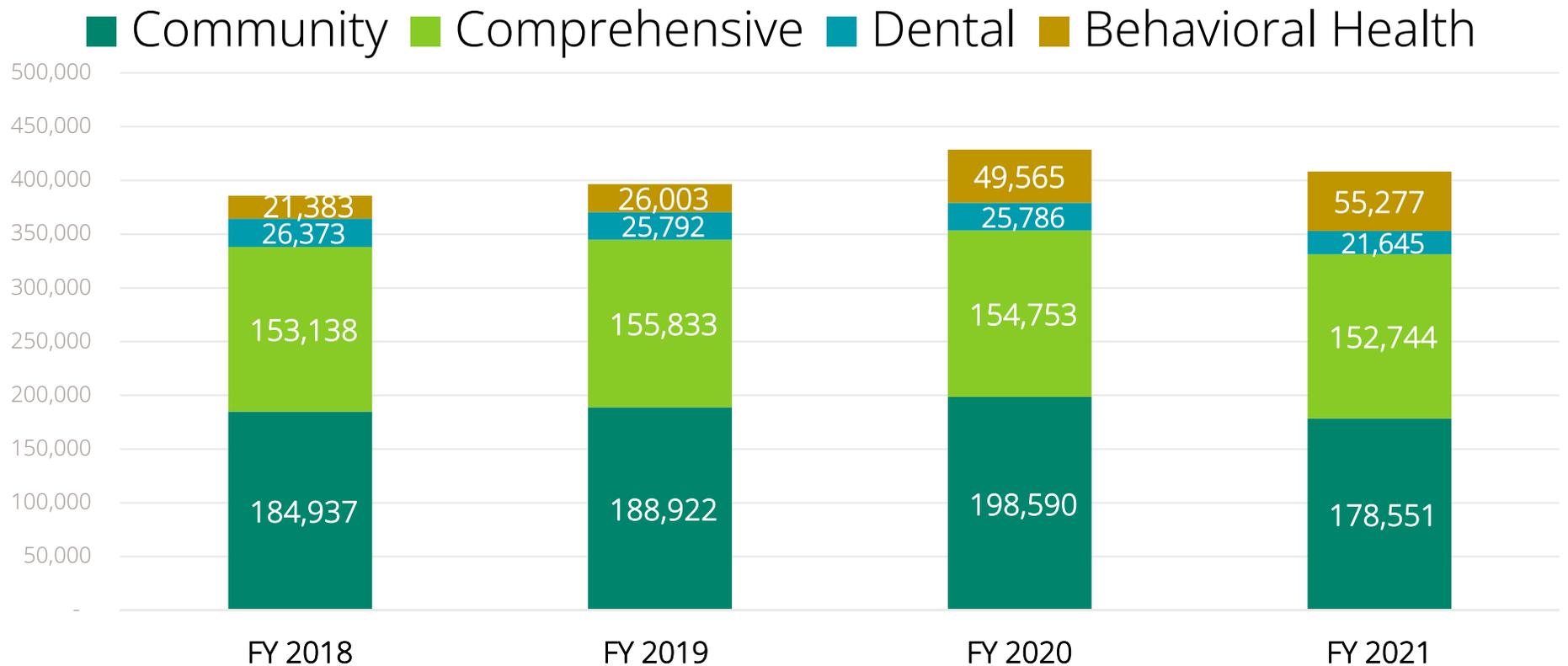
■ MMC ■ Maryvale



FY 2020 is based on July 2019 through February 2020 Annualized

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Valleywise Health Outpatient Visits by Year



FY 2020 is based on July 2019 through February 2020 Annualized

Valleywise Health Preliminary FY 2021 Budget Volumes

		FY 2018	FY 2019	FY 2020	FY 2021	Variance	% Variance
		Total	Total	YTD FEB	Total	Fav / (Unfav)	Fav / (Unfav)
		Actual	Actual	Projection	Budget	Bud 21 - Proj 20	Bud 21 - Proj 20
Admissions	Acute	11,480	11,589	12,612	12,658	46	0.4%
	Psych	3,863	3,846	3,355	2,763	(592)	(17.6%)
	Psych MVH	-	37	1,012	2,472	1,460	144.3%
	Total	15,343	15,472	16,979	17,893	914	5.4%
Observation Admissions	Transfer to Inpatient	1,355	1,830	2,494	2,228	(266)	(10.7%)
	Observation Only	4,137	4,038	5,368	4,821	(547)	(10.2%)
	Total	5,492	5,868	7,862	7,049	(813)	(10.3%)
Total Admissions and Observation Only	Total	19,480	19,510	22,347	22,714	367	1.6%
Length of Stay	Acute	4.6	4.8	5.1	5.2	0.1	1.8%
	Psych	20.4	20.9	21.9	21.7	(0.2)	(1.0%)
	Psych MVH	-	102.8	25.7	23.0	(2.7)	(10.6%)
	Total	8.6	9.0	9.7	10.2	(2.9)	(29.5%)
Patient Days	Acute	52,766	55,528	64,551	65,938	1,387	2.1%
	Psych	78,686	80,208	73,580	60,015	(13,565)	(18.4%)
	Psych MVH	-	3,802	26,052	56,869	30,817	118.3%
	Total	131,452	139,538	164,183	182,822	18,639	11.4%
Average Daily Census	Acute	144.6	152.1	175.9	180.7	4.8	2.7%
	Psych	215.6	219.7	200.5	164.4	(36.1)	(18.0%)
	Psych MVH	-	10.4	71.0	155.8	84.8	119.5%
	Total	360.1	382.3	447.4	500.9	53.5	12.0%

Valleywise Health Preliminary FY 2021 Budget Volumes

		FY 2018	FY 2019	FY 2020	FY 2021	Variance	% Variance
		Total	Total	YTD FEB	Total	Fav / (Unfav)	Fav / (Unfav)
		Actual	Actual	Projection	Budget	Bud 21 - Proj 20	Bud 21 - Proj 20
Surgeries	Inpatient	4,647	4,904	4,887	4,657	(230)	(4.7%)
	Outpatient	3,312	3,213	3,910	3,696	(214)	(5.5%)
	Peoria Outpatient	-	-	-	54	54	0%
	Total	7,959	8,117	8,797	8,407	(390)	(4.4%)
Deliveries	Total	2,038	1,969	1,827	1,835	8	0.4%
ED Visits	Adult	46,718	47,145	47,644	61,194	13,550	28.4%
	Peds	21,193	19,539	20,330	-	(20,330)	(100.0%)
	L&D	3,886	3,626	3,437	3,444	7	0.2%
	Burn	2,540	2,659	2,537	2,537	0	0.0%
	MVH	-	4,278	21,969	22,830	861	3.9%
	Total	74,337	77,247	95,917	90,005	(5,912)	(6.2%)
7th Ave Walk-In Clinic	Total	19,854	14,962	-	-	0	0.0%
OP Visits	Community	184,937	188,922	198,590	167,201	(31,389)	(15.8%)
	Comprehensive	153,138	155,833	154,753	164,094	9,341	6.0%
	Dental	26,373	25,792	25,786	21,645	(4,141)	(16.1%)
	Behavioral Health	21,383	26,003	49,565	55,277	5,712	11.5%
	Total	385,831	396,550	428,694	408,217	(20,477)	(4.8%)

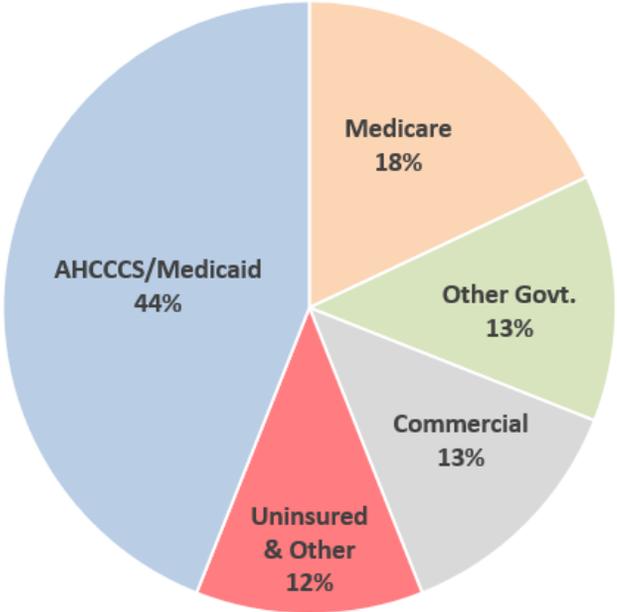
Reimbursement Assumptions

- AHCCCS Differential Adjustment Payment decrease up to 0.5%.
- Medicare rate increase of 1.5%.
- Commercial rate increases for United Healthcare in October and Blue Cross Blue Shield in January.
- CDM Rate adjustments – strategic; rate neutral, but add to Net.
- Changes in Payor mix – Increase in AHCCCs and Uninsured offset by a decrease in Commercial.

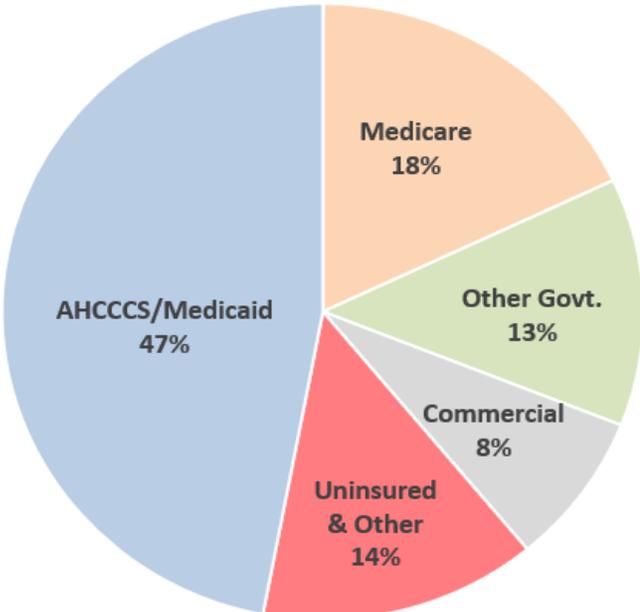
Payor Mix Assumption

(February 2020 YTD)

Actual February YTD



Budget FY 21



Other Operating Revenue

	FY 2021 Budget	
Graduate Medical Education	\$ 38,607,817	48%
340 (b) Pharmacy Revenue	28,774,229	36%
Disproportionate Share (DSH)	3,196,013	4%
Cafeteria and Gift Shop Sales	2,914,816	4%
Trauma Services	2,302,959	3%
Interns, Residents, and Medical Students	1,066,938	1%
Grants and Research	3,101,245	4%
Total	\$ 79,964,017	100%

FY 2021 CAPITAL

Valleywise Health Capital Budget FY 2021 Preliminary Summary

	FY 2021	
IT	\$	1,262,000
Clinical		4,280,000
Infrastructure		1,070,000
FQHC		100,000
Other		288,000
Total	\$	7,000,000

Valleywise Health Preliminary Capital ≥ \$100K

	Project Description	Capital Cost	
IT	Supply Interface System	\$ 377,000	
	Point of Care Data Management - Telcor	313,000	
	End User Workstation Replacement	164,142	
	CIR Storage Expansion	145,421	
Clinical	PXC-CT Scanner	1,281,073	
	Avondale-DR X-ray room	384,500	
	PXC- DR X-ray room	384,500	
	Medtronic S8 Stealth Station	336,000	
	Defibrillators	333,000	
	Cusa Ultrasonic Tissue Ablation Unit	300,000	
	L&D Fetal Monitors	254,582	
	Mac Lab Upgrade	170,000	
	Sterrad 100NX	111,936	
	Rapid Infusers	111,936	
	Infrastructure	MV Elevators	750,000
		RV, Replace Medical Air Compressors	150,000
		RV, Medical Vacuum	150,000
	FQHC	Contingency	100,000
Other	Allscript Fixed Asset	167,250	

FY 2021 Budget Calendar

March

MARCH						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

- 25 Maricopa County Special Healthcare District Board of Directors (District Board) Meeting – Review calendar.

April

APRIL						
Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

- 22 District Board Meeting – Review preliminary patient volumes and capital target.

May

- 27 District Board Meeting – Review capital, volumes, revenue, expenses and other assumptions.

June

- 18 District Board Budget Hearing - Consideration of the FY2021 Operating and Capital Budget for approval.
- 24 District Board Budget Meeting – If needed final Consideration of the FY2021 Operating and Capital Budget for approval.

MAY						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

JUNE						
Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

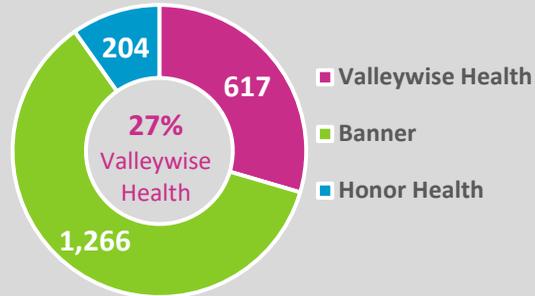
Item 11.a.

**Reports to the Board
Monthly Marketing and Communications
Report**

News Coverage Impressions: 289 Million

Online News: 284M | Blogs: 55K | Television: 5M

Share of Voice Mentions



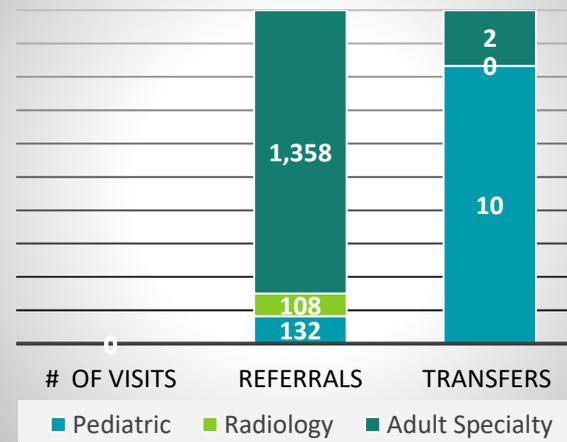
Share of Voice Mentions show how many times various media outlets mentioned an organization by name.

Ad Equivalency

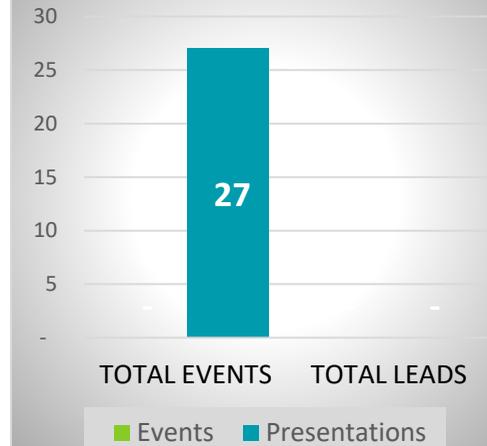
Online News	\$534,096
Blogs	\$105
Television	\$86,814
Total	\$621,015

Ad Equivalency shows how much it would potentially cost to buy the total press coverage. It is calculated by multiplying the readership, potential viewership and average ad cost.

Physician Outreach



Community Outreach



Language Services Manager **Martha Martinez** was featured this week on the cover of **Prensa Arizona**, the state's largest Spanish-language newspaper, discussing the importance of interpreters during the COVID-19 pandemic.

Major Storylines

Some moms (and dads) at Valleywise Health and District Medical Group not only spent Mother's Day away from their children but have been isolated from them for weeks as a precaution to prevent any potential spread of infection. **AZ Central** writer Karina Bland spoke with **Dr. Kara Geren** about why she's chosen to live in a hotel room away from her family for the last several weeks, and the major sacrifices health care workers are making for all of us during this time.

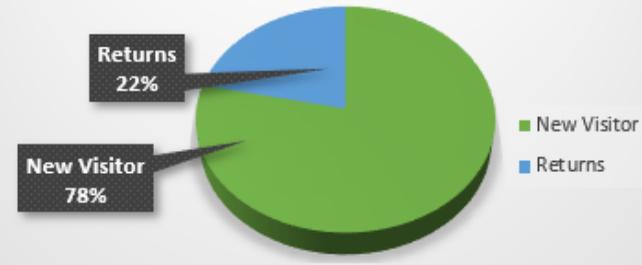


Advertising: Digital Displays and Paid Search

- **Digital Display** = CTR = 0.35% vs. industry standard of 0.15%
- **Display Video** = CTR = 0.21% vs. industry standard of 0.18%
- **Paid Social:** CTR = 0.25% vs. industry standard of 0.83%
 *The weekly metrics for this have increased in every metric (CTR, reach, shares, etc.) since we updated to the new creative on 4/2. We paused video on 4/12 which contributed greatly to the overall CTR.
- **Paid Search:** CTR = 6.59% vs. industry standard of 3.27%
 Since October our highest performing channels still remain search and display. Our mixed media campaign has received a total of 162 "Book Appointments" and 4,024 "Find a Location" click throughs for a total of 4,186 conversions. Search has generated 2,758, more than half of the total number conversions and is leading all platforms for these conversions. Display is our second-best channel and has generated 22 Book Appointment click-throughs and 351 Find a Location click-through.

Web Users

Page Views: 71,812



Page Views Last Measuring Period: 89,240

Users: 25,019 Average Session Duration: 1:38
 Sessions: 32,115 Bounce Rate: 53.44%

Web Users

Book Appointment



To schedule an appointment, please call:

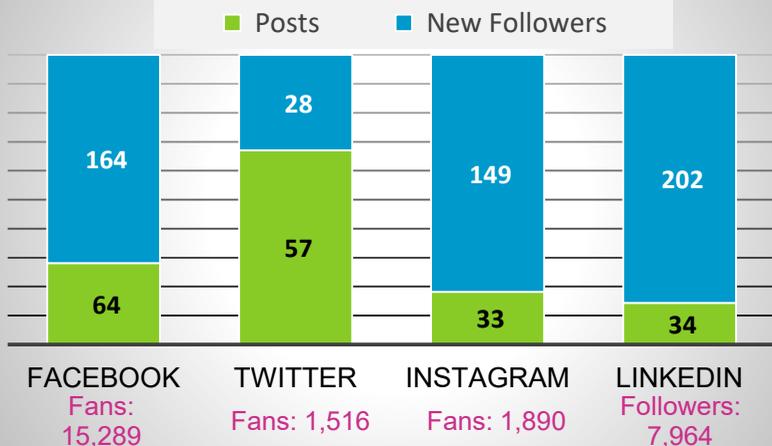
1 (833) VLLYWSE

For all hospital general inquiries and main hospital switchboard, please call:

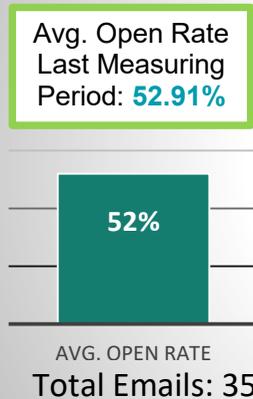
(602) 344-5011

Call to book an appointment now or fill out the form to receive a call from us. We'll give you a call back in the next few days to schedule your appointment.

Social Media

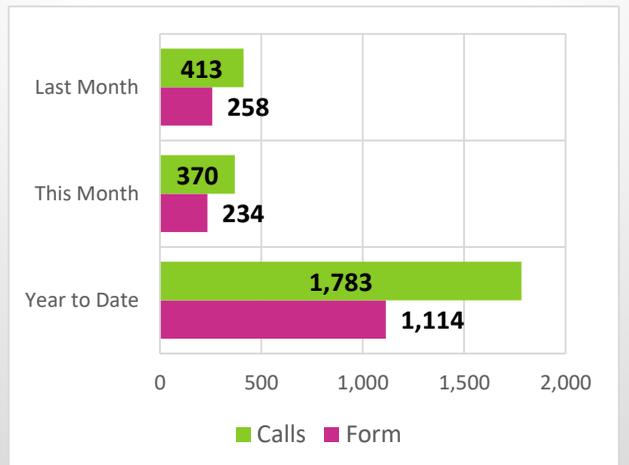


Internal Communications



Featured Topics

- COVID-19 Response Efforts
- Glendale & El Mirage Clinics staying open
- Benefits Open Enrollment
- Nurse week





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 11.b.

**Reports to the Board
Monthly Care Reimagined Capital
Purchases**

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
Functional Area - Outpatient Health Facilities						
ARC Products LLC	19-930					\$ 3,510
Advanced Testing	19-930		\$ 830			\$ 830
ALTURA	19-930				\$ 13,270	\$ 13,270
Arizona Department of Health	19-930					\$ 300
ARIZONA PUBLIC SERVICE	19-930					\$ 5,749
Airpark Signs	19-930		\$ 11,665	\$ 3,070	\$ 137,915	\$ 158,850
BAYER HEALTHCARE	19-930			\$ 86,500		\$ 86,500
BPG Technologies	19-921					\$ 175,583
CDW Government	19-930		\$ 10,016	\$ 41,740	\$ 138,453	\$ 190,209
CHEMDAQ	19-930			\$ 21,874		\$ 21,874
City of Peoria					\$ 874	\$ 75,057
CME	19-930				\$ 4,481	\$ 4,481
COVIDIEN	19-930				\$ 21,940	\$ 21,940
Cushman and Wakefield of Arizona		\$ 16,500				\$ 16,500
DAAVLIN DISTRUBITING	19-930				\$ 7,000	\$ 7,000
DATA INNOVATIONS LLC					\$ 14,285	\$ 14,285
DATEX OHMEDA					\$ 379,160	\$ 379,160
DIBBLE ENGINEERING						\$ 12,570
EXTENDATA	19-930			\$ 27,977	\$ 28,792	\$ 56,769
FOLLETT	19-930					\$ 23,262
GE	19-930				\$ 316,165	\$ 316,165
Goodmans	19-930					\$ 5,783
GRAINGER					\$ 9,800	\$ 9,800
GRAYBAR ELECTRIC					\$ 630	\$ 630
HELMER					\$ 137,145	\$ 137,145
Henry Schein	19-930			\$ 263,620		\$ 295,580
HILL ROM	19-930		\$ 13,451		\$ 7,247	\$ 30,814
Hobbs and Black Associates Inc		\$ 1,080,140	\$ 31,648	\$ 29,811		\$ 3,147,679
Hologic	19-907	\$ 659,797	\$ 454,729			\$ 505,842
HP INC	19-930			\$ 93,960		\$ 93,960
Hye Tech Network						\$ 819,153
INTERMETRO INDUSTRIES					\$ 897	\$ 897
JRC Design	19-930					\$ 148,090
KRONOS	19-930			\$ 23,505		\$ 23,505
LPIT SOLUTIONS					\$ 10,500	\$ 10,500
Maricopa County Environmental Services	19-930	\$ 2,200				\$ 2,200
Maricopa County Planning and Development	19-930	\$ 3,000				\$ 568,893
Mar Cor Purification	19-930			\$ 124,190	\$ 21,629	\$ 205,641
MEDIVATORS					\$ 4,500	\$ 4,500
NCI INC					\$ 9,262	\$ 9,262
Ninyo and Moore Geotechnical and Environment		\$ 38,350	\$ 3,048			\$ 131,725
Okland Construction Company	19-930	\$ 465,089	\$ 2,003,685	\$ 1,896,590	\$ 2,869,189	\$ 43,840,554
Olympus	19-930		\$ 87	\$ 454,918	\$ 50,946	\$ 505,951

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
PATRIOT PURVEYORS					\$ 29,499	\$ 29,499
Radiation Physics and Engineering				\$ 4,200		\$ 6,250
SCRIPTPRO					\$ 99,627	\$ 99,627
SOFT COMPUTER	19-930			\$ 16,419		\$ 16,419
Speedie and Associates						\$ 2,637
SPHERE COMMERCE					\$ 1,577	\$ 1,577
START-UP CIST PEORIA	19-930			\$ 131,855		\$ 131,855
Steris	19-930		\$ 356,216		\$ 10,179	\$ 366,396
Stryker Communications	19-921	\$ 515,073		\$ 253,594	\$ 47,501	\$ 751,784
TBCX			\$ 2,935	\$ 13,272		\$ 101,315
THE CBORD GROUP	19-930			\$ 2,780	\$ 4,011	\$ 6,791
Thomas Printworks	19-930					\$ 4,080
TRANSONIC SYSTEMS					\$ 24,389	\$ 24,389
UTECH PRODUCTS					\$ 47,600	\$ 47,600
Vizient Inc		\$ 132,024				\$ 364,463
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)		\$ 5,595,598				\$ 5,595,598
West Valley Fidelity National Title (escrow)		\$ 75,000				\$ 75,000
TOTAL West Valley Specialty Center (WVSC)		\$ 8,582,771	\$ 2,888,310	\$ 3,489,874.82	\$ 4,448,464	\$ 59,707,246
Alliance Land Surveying LLC						\$ 1,825
Allstare Rent A Fence						\$ 1,703
DAVES CONSTRUCTION						\$ -
Great American Title (escrow) - Chandler		\$ 15,000				\$ 1,199,345
SPEEDIE AND ASSOC	19-942					\$ 3,600
Ninyo and Moore Geotechnical and Environment						\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ 15,000	\$ -	\$ -	\$ -	\$ 1,277,072
Fidelity National Title (escrow) - Miller&Main		\$ 25,000				\$ 1,977,097
Allstare Rent A Fence	19-944					\$ 1,271
SPEEDIE AND ASSOC	19-944					\$ 3,600
DAVES CONSTRUCTION	19-944		\$ 31,725			\$ 104,706
DIBBLE ENGINEERING						\$ 8,256
DWL ARCHITECTS + PLANNERS INC	19-944				\$ 167,789	\$ 212,248
Maricopa County Planning					\$ 50,000	\$ 50,000
SPRAY SYSTEMS	19-944					\$ 29,640
Ninyo and Moore Geotechnical and Environment		\$ 15,400				\$ 45,355
TOTAL Mesa FHC (MESA)		\$ 40,400	\$ 31,725	\$ -	\$ 217,789	\$ 2,432,173
Clear Title Agency (escrow) - Phoenix Metro		\$ 50,000				\$ 50,000
SPEEDIE AND ASSOC						\$ 3,600
Spray Systems						\$ 119,430
DAVES CONSTRUCTION	19-945					\$ 171,554
Ninyo and Moore Geotechnical and Environment						\$ 36,938
Clear Title Agency (escrow) - Central Phoenix Clinic						\$ 2,704,752
Cushman and Wakefield of Arizona Inc						\$ 4,750
TOTAL Central Phoenix FHC (PHXM)		\$ 50,000	\$ -	\$ -	\$ -	\$ 3,091,024

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
DIBBLE ENGINEERING	19-929					\$ 6,904
DWL ARCHITECTS + PLANNERS INC	19-929		\$ 43,540		\$ 218,055	\$ 1,374,368
Fidelity National Title (escrow) - North Metro	19-929	\$ 20,000				\$ 2,271,759
Jensen Hughes	19-929				\$ 1,590	\$ 3,686
LOVITT & TOUCHE	19-929				\$ 3,144	\$ 3,144
SPEEDIE AND ASSOC	19-929		\$ 995		\$ 2,710	\$ 9,650
GOODMANS	19-929					\$ 24,225
SALT RIVER PROJECT	19-929			\$ 23,973		\$ 23,973
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-929				\$ 50,000	\$ 106,500
Sundt Construction Inv	19-929			\$ 824,434	\$ 1,056,994	\$ 3,253,405
TOTAL North Phoenix FHC (19AV)		\$ 20,000	\$ 44,535	\$ 848,407	\$ 1,332,494	\$ 7,077,613
Cox Communications	19-928					\$ 4,489
Centurylink	19-928					\$ 24,539
CITY OF PHOENIX	19-928					\$ 216,080
DIBBLE ENGINEERING	19-928					\$ 7,168
DWL ARCHITECTS + PLANNERS INC	19-928		\$ 27,050	\$ 69,665	\$ 13,487	\$ 1,031,385
Fidelity National Title (escrow) - South Mountain	19-928					\$ 743,456
JENSEN HUGHES	19-928				\$ 2,113	\$ 2,113
LOVITT & TOUCHE	19-928				\$ 3,248	\$ 3,248
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928					\$ 57,550
SOUTH MOUNTAIN RETAIL	19-928					\$ 8,387
Speedie and Associates	19-928		\$ 1,583		\$ 190	\$ 10,410
SRP	19-928					\$ 8,907
Sundt Construction Inc	19-928			\$ 500,008		\$ 1,750,211
THOMAS PRINTWORKS	19-928					\$ 351
TOTAL South Phoenix FHC (SPHX)		\$ -	\$ 28,634	\$ 569,673	\$ 19,038	\$ 3,868,293
Fidelity National Title (escrow) - 79thAve&Thomas		\$ 50,000				\$ 1,873,138
DWL ARCHITECTS + PLANNERS INC					\$ 205,174	\$ 205,174
DIBBLE ENGINEERING						\$ 6,534
SPEEDIE AND ASSOC	19-946					\$ 3,400
SRP	19-946					\$ 24,358
SIUNDT CONSTRUCTION	19-946					\$ 2,522,290
MARICOPA COUNTY PLANNING AND DEVELOPMENT					\$ 50,000	\$ 50,000
Ninyo and Moore Geotechnical and Environment		\$ 6,600				\$ 17,200
TOTAL West Maryvale FHC (WM79)		\$ 56,600	\$ -	\$ -	\$ 255,174	\$ 4,702,094
			\$ 8,764,771	\$ 2,993,204	\$ 4,907,955	\$ 6,272,959
						\$ 82,155,516

Note: Prior months amount paid are hidden

Functional Area - Behavioral Health Services	CER Number	CER Amount	Amount Paid	Amount Paid	Amount Paid	Amount Paid
Adams and WENDT						\$ 103,416
ADVANCED INN VATIVE SOLUTIONS						\$ 11,735
Airclean Systems	19-912					\$ 5,064

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
Alliance Land Surveying LLC						\$ 2,400
Allscripts Healthcare	18-913					\$ 240,450
Allscripts Healthcare	19-909					\$ 52,560
Altura Communications	19-909				\$ 16,155	\$ 489,352
Altura Communications	19-939				\$ 1,288	\$ 91,807
Amazon	19-909					\$ 1,080
AMT Datasouth	19-912					\$ 4,040
ARC Products LLC	19-912					\$ 22,560
ARIZONA DEPT OF HEALTH	19-939					\$ 150
Arizona Lock and Safe						\$ 1,025
Armstrong Medical	19-912					\$ 35,602
Arrington Watkins Architects		\$ 52,167				\$ 301,274
Arrow International	19-912					\$ 598
Baxter Healthcare Corp	19-912					\$ 5,368
Bayer Healthcare	18-920			\$ 33,476		\$ 74,376
BEL-Aire Mechanical						\$ 40,215
Burlington Medical	19-912					\$ 2,906
CAPSA SOLUTIONS	19-909					\$ 5,936
Capsule Tech	19-912				\$ 3,705	\$ 143,422
Cardinal Health	19-912				\$ 10,857	\$ 102,300
CDW Government	19-909					\$ 268,039
CDW Government	19-938					\$ 48,448
CDW Government	19-939					\$ 149,365
CME	19-912					\$ 178,774
Comprehensive Risk Services						\$ 474,403
Coviden	19-912					\$ 11,736
Crosspoint Communications						\$ 25,724
Datcard Systems	19-909					\$ 18,500
DEC MEDICAL	18-918				\$ 80,529	\$ 80,529
Delynn Consultant	19-940					\$ 114,203
DLR Group Inc						\$ 4,222,015
EMD Millpore	19-912					\$ 7,175
ENDOSCOPE SERVICES	19-912					\$ 26,585
Epstexas Storage	19-912					\$ 423
EQ2 LLC	19-912					\$ 41,000
Ethos Evacuation	19-912					\$ 10,130
ETL REPOSE	19-912					\$ 29,482
EXTENDATA SOLUTIONS						\$ 66,659
Felix Storch Inc						\$ 5,796
FERGUSON ENTERPRISES	19-912					\$ 3,571
First American Title - Maryvale Hospital		\$ 7,438,977				\$ 7,438,977
Follett	19-912					\$ 38,837
GE Healthcare	18-915	\$ 2,029,921		\$ (178,223)	\$ 240,893	\$ 763,100
GE Healthcare	19-901	\$ 14,880				\$ 14,880

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
GE Healthcare	18-917					\$ 766,491
GE Healthcare	18-918	\$ 4,172,080	\$ 1,126,608		\$ 338,949	\$ 2,712,371
GE Healthcare	19-938					\$ 13,999
GE Medical Systems	19-912					\$ 746,560
GE Medical Ultrasound	18-917					\$ 139,527
General Devices	19-912					\$ 47,400
Gentherm	19-912					\$ 16,692
Gilbane Building CO.						\$ 52,326,640
Global Equipment	19-912		\$ 4,635			\$ 6,679
Goodmans	19-916					\$ 96,476
Goodmans	19-917					\$ 104,809
Goodmans	19-923					\$ 518,395
Goodmans	19-926				\$ 1,419	\$ 154,049
Goodmans	19-939		\$ 320		\$ 1,250	\$ 1,570
Goodmans	18-913				\$ 180	\$ 180
Grainger	19-912					\$ 64,690
Graybar Electric						\$ 5,586
GUEST COMMUNICATIONS	19-912					\$ 5,515
Haemonetics	19-912					\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912					\$ 40,838
Helmer Inc	19-912					\$ 148,037
Hill Rom						\$ 20,409
HP INC	19-909					\$ 317,009
HP INC	19-939		\$ 7,080			\$ 168,146
HUMANE RESTRAINT	19-909					\$ 40,160
Hye Tech Network	19-909					\$ 510,244
IMEG Corp			\$ 13,279	\$ 7,700	\$ 4,473	\$ 91,590
Interior Solutions	19-923					\$ 238,194
Interior Solutions	19-926					\$ 100,132
Intermetro Industries	19-912					\$ 42,332
Intersan Manufacturing	19-912					\$ 3,603
Jensen Hughes			\$ 11,538	\$ (11,538)		\$ 1,020
Kronos Inc						\$ 72,000
Lanmor Services Inc						\$ 2,824
LOGIQUIP	19-912					\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT					\$ 12,495	\$ 310,450
MARKETLAB	19-912					\$ 10,839
MCG HEALTH LLC						\$ 37,017
MDM Commercial	19-909					\$ 40,622
Medline	19-912					\$ 3,628
Medtronic	19-912					\$ 7,990
Mindray	19-912					\$ 9,998
Monoprice	19-909					\$ 1,424
Monoprice	19-939					\$ 329

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
MOPEC	19-912					\$ 17,220
NORIX GROUP INC	19-926					\$ 11,918
NANOSONICS INC	19-912					\$ 22,944
Nindray DS USA Inc	19-912					\$ 85,002
Ninyo and Moore Geotechnical and Environment	19-923					\$ 4,570
NORIX GROUP INC						\$ 400,689
Olympus America						\$ 32,231
OEC Medical Systems	19-904					\$ 80,529
OMC INVESTERS LLC						\$ 11,518
Owens and Minor	19-912					\$ 54,193
PAC VAN						\$ 505
Parks Medical	19-912					\$ 2,130
Philips Healthcare	18-921	\$ 38,597				\$ 38,523
Physio Control	19-912					\$ 19,458
Progressive Roofing	19-931					\$ 84,628
PRONK TECHNOLOGIES INC						\$ 3,040
QRS Calibrations	19-912					\$ 7,056
Radiation Physics and Engineering	18-917					\$ 1,250
Radiation Physics and Engineering	18-920					\$ 1,600
RETAIL MANAGEMENT SOLUTIONS						\$ 5,961
RICOH AMERICAS CORPORATION						\$ 30,012
Ruiz Custom Upholstery	19-912					\$ 53,718
SCOTTSDALE RESTAURANT SUPPLY						\$ 5,391
Signodtics	19-912					\$ 22,460
Smiths Medical	19-912					\$ 9,253
SOFT COMPUTER CONSULTANT INC						\$ 43,038
Speedie and Associates		\$ 900				\$ 2,189
SPEEDIE AND ASSOCIATES INC						\$ 15,635
Standard Textile	19-912					\$ 4,380
Stryker Communications	19-910	\$ 170,089				\$ 170,089
Steris Corp						\$ 13,950
Stryker						\$ 384,697
TBJ Inc	19-912					\$ 5,654
TD INDUSTRIES	19-924					\$ 406,296
The Cbord Group	19-909					\$ 26,605
THYSSENKRUPP ELEVATOR CORP	19-912					\$ 587,346
Translogic	19-912					\$ 3,931
Tucson Business Interiors	19-912					\$ 3,000
Tucson Business Interiors	19-923					\$ 34,193
Tucson Business Interiors	19-926					\$ 335,704
UMF Medical	19-912					\$ 11,536
Verathon	19-912					\$ 14,020
VERIZON	19-909					\$ 16,853
WAXIE	19-912					\$ 3,002

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
VNA & Universal PACS Viewer						\$ -
SEIMS	17-912	\$ 235,134				\$ 235,134
SEIMS	18-911	\$ 14,468				\$ 14,468
ESB Framework Enablement	18-914	\$ 1,280,900				\$ 1,111,233
Clinical Image Repository	18-915	\$ 1,262,914				\$ 1,271,214
MyChart Bedside Tablets						\$ -
Integration SOA Architecture						\$ -
Software Quality Assurance						\$ -
Imprivata Identity	18-916	\$ 576,880				\$ 576,880
Chartmaxx Infrastructure Upgrade	19-906	\$ 757,484				\$ 859,682
Imprivata ConfirmID	19-911	\$ 139,872				\$ 137,295
ESB (Tibco) - Infrastructure	19-918	\$ 176,464				\$ 34,861
PWIM Global Monitor Software - additional funding required to support implementation of CER15-075, Cloverleaf Availability	16-924	\$ 35,400				\$ 35,400
Patient monitors - High Acuity	16-908	\$ 6,979,132			\$ 5,750	\$ 6,249,085
Pyxis upgrade 2017						\$ -
Unit 10 Phase II						\$ -
Stretcher replacement	16-912	\$ 398,013				\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922	\$ 132,500				\$ 128,371
Vigileo Monitors (8)	16-928	\$ 111,930				\$ 96,132
Balloon Pumps	16-920	\$ 142,151				\$ 149,197
Convert Unit 2 at DV to an Adolescent Unit						\$ -
Endo Tower						\$ -
Zeiss - Cirrus HD ophthal camera	16-919	\$ 60,655				\$ 60,654
Vivid Q BT12 Ultrasound	16-931	\$ 55,750				\$ 55,019
Colonoscopes						\$ -
Zoll Thermoguard XP (formerly Alsius)	16-906	\$ 33,230				\$ 33,230
Replacement of tray line for room service project						\$ -
Flexible Ureteroscope (2)						\$ -
3:1 Mesher	16-927	\$ 13,300				\$ 12,870
1:1 Mesher	16-927	\$ 26,600				\$ 26,190
2:1 Mesher	16-927	\$ 26,911				\$ 26,190
Urodynamics machine (for surgery clinic)	16-929	\$ 17,935				\$ 17,935
UltraMist System	16-925	\$ 24,670				\$ 20,271
Replace Chair in Eye Room						\$ -
EVS UV floor equipment						\$ -
Fluid Warmers						\$ -
Puffer Tenometer						\$ -
Doppler	16-935	\$ 3,950				\$ 3,950
Autostainer (Histology)						\$ -
Ultrasound (for breast clinic)	16-931	\$ 27,821				\$ 22,685
Biom 5	16-930	\$ 10,513				\$ 8,103
HINNI Laryngoscope						\$ -
Wilson Frame	18-902	\$ 5,322				\$ 4,852

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
Medical Beds for Psych Units	16-932	\$ 207,429				\$ 211,197
King Tong Pelvic fx reducer	16-926	\$ 8,600				\$ 9,500
Stryker Core Power Equipment --Contract	16-904	\$ 369,113				\$ 369,113
Patient Monitoring (Low Acuity) - Formerly named Alarm Management	16-907	\$ 350,010				\$ 347,029
AIMS Upgrade	16-901	\$ 52,482				\$ 51,232
AIMS Upgrade	16-902	\$ 12,000				\$ 12,000
AIMS Upgrade	16-903	\$ 101,500				\$ 112,850
Temperature Monitoring - Non FQHC Depts	17-908	\$ 119,219				\$ 133,615
Blood Culture Instrument Lease						\$ -
2 Pillcams for Endo	17-911	\$ 13,826				\$ 13,826
Replace 11 ultrasounds	16-931	\$ 1,307,000				\$ 1,142,345
POC Ultrasounds (10)	16-931	\$ 455,128				\$ 634,702
Plant upkeep and repair						\$ -
Ice Machine Replacement	16-911	\$ 23,801				\$ 23,881
Steam Condensate Return Piping Replacement	16-914	\$ 62,569				\$ 62,529
Laundry/Finance/Payroll/Facilities Roof Repairs	17-917	\$ 82,955				\$ 82,955
Minor renovations						\$ -
Replace OR Cabinets						\$ -
Batteries						\$ -
Roof Repair/Replacement						\$ -
MMC 7th Floor Roof	16-905	\$ 276,425				\$ 274,582
Facility upkeep	17-910	\$ 3,655				\$ 4,205
Facility upkeep	18-905	\$ 52,790				\$ 69,218
Colposcopes	18-909	\$ 23,421				\$ 24,607
Chandler ADA Doors	18-042	\$ 5,667				\$ 5,867
Glendale Digital X-Ray unit and Sensors (Panoramic Digital AND Nomad digital)	16-917	\$ 68,202				\$ 63,217
Chandler Dental Digital Radiology - Panoramic x-ray	16-915	\$ 63,564				\$ 63,564
CHC - Digital Panoramic x-ray	16-916	\$ 60,419				\$ 60,419
CHC Dental Replace Chairs Lights, Compressor and Deliverey Units	18-905	\$ 127,642				\$ 127,642
CHC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921	\$ 70,276				\$ 83,327
Avondale- Replace all flooring.	17-904	\$ 70,435				\$ 72,635
Temperature Monitoring - FQHC Depts	17-909	\$ 52,936				\$ 82,219
McDowell Dental	16-918	\$ 15,990				\$ 15,990
CHC Internal Medicine Clinic Renovation - Increase the number of exam rooms to accommodate 1st, 2nd & 3rd yr residents as of July 1, 2017 plus the attendings and midlevel providers, improve operations, clinic flow and space allocation.	18-900	\$ 217,539				\$ 221,124
CHC Dental Autoclave Replacement including printer & Cassette rack	18-908	\$ 19,122				\$ 19,122
Chandler Dental Autoclave Replacement including printer & Cassette rack	18-908	\$ 6,374				\$ 6,374
Avondale Dental Autoclave Replacement including printer & Cassette rack	18-908	\$ 6,374				\$ 6,374
FHC Helmer Medical Refrigerators	17-714	\$ 11,110				\$ 11,110
FHC Helmer Medical Refrigerators	17-901	\$ 156,625				\$ 169,399
FQHC Contingency - addtl camera	16-936	\$ 28,500				\$ -
Cabinet and Countertop Replacement South Central FHC	18-904	\$ 8,419				\$ 8,419

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
CHC Dental Refresh	18-905	\$ 89,374				\$ 96,361
POC Molecular (26 units)	19-914	\$ 1,069,947				\$ 1,049,613
Bili Meter - Draegar (10 units)	19-927	\$ 71,875				\$ 71,875
Colposcope - Guadalupe	19-925	\$ 9,686				\$ 9,927
Colposcopes (2 units)	19-434	\$ 19,371				\$ -
EKG machines (3 units)	19-922	\$ 37,278				\$ 37,278
Ultrasound machines (2 units) - Women's	19-417	\$ 208,180				\$ -
South Central FHC Cooling Tower Repairs	19-707	\$ 14,548				\$ -
South Central FHC Security Fencing Due to Vandalism	19-015	\$ 19,488				\$ -
CHC Pediatric Clinic (Primary Care) Pharmacy Refrigerator	19-709	\$ 7,759				\$ -
FQHC Contingency / Emergency - FQHC LAL only						\$ -
Bond related expenses (legal fees, etc.)	N/A	\$ 325,646				\$ 325,646
Audiology - Astera Audiometer	16-913	\$ 11,326				\$ 11,326
3rd Floor Behavioral Health/Medical Unit Remodel	17-903	\$ 2,532,000				\$ 2,569,146
22 Behavioral Health Beds for 3rd Floor MMC	17-907	\$ 181,773				\$ 188,527
Replace MMC Radiology GE Fluoroscopy Imaging Equipment	17-914	\$ 274,145				\$ 262,145
Endura CCTV System Replacement	18-901	\$ 167,422				\$ 168,739
IT - (17-900) eSTF Project	17-900	\$ 92,032				\$ 92,032
Diablo Infrastructure Costs	18-903	\$ 306,662				\$ 379,927
Epic Willow - Ambulatory & Inventory	18-906	\$ 964,038	\$ 775	\$ 1,433	\$ 1,343	\$ 428,269
Navigant - Proposition 480 planning	16-923	\$ 994,000				\$ 994,000
Kaufmann Hall - Prop 480 planning	16-923	\$ 370,019				\$ 370,019
IPv4Xchange (ARIN Based Transfer Escrow Payment)	16-923	\$ 7,040				\$ 7,040
Vanir Construction Management (Planning Phase)	17-915	\$ 749,971				\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916	\$ 6,227,840			\$ 1,951,278	\$ 11,536,675
IPMO Modular Building	17-902	\$ 305,106				\$ 329,631
Dickenson Wright PLLC	16-923	\$ 181,495				\$ 181,495
Sims Murrary LD	16-923	\$ 24,128		\$ 1,568	\$ 1,568	\$ 31,772
Devenney Group LTD	16-923	\$ 242,450				\$ 242,450
MTI Connect Inc	16-923	\$ 181				\$ 181
SHI INTERNATIONAL	19-911					\$ 2,577
Payroll/Supplies/Misc Expenses	16-923	\$ 792,042	\$ 131,260	\$ 238,794	\$ 124,259	\$ 1,590,258
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900	\$ 9,000,000			\$ 41,760	\$ 7,675,491
Reimbursement for Capital Expenditures	N/A	\$ 36,000,000				\$ 36,000,000
TOTAL Tranch 1		\$ 102,000,075	\$ 132,035	\$ 241,795	\$ 2,125,958	\$ 105,171,761
Atlantic Relocation Systems						\$ 34,517
Bond issuance costs		\$ 228,750				\$ 1,163,260
BPG Technologies LLC						\$ 116,183
Cable Solutions LLC						\$ 53,370
DH Pace						\$ 1,468
Dickinson Wright PLLC			\$ 10,718		\$ 34,945	\$ 258,709
Enterprise Security	16-923					\$ 13,715
FC Hospitality	16-923					\$ 8,376
HD Supply Facilities Maintenance Ltd						\$ 3,780

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

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Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
Hye Tech Neywork and Security Solutions						\$ 41,154
Innerface Architectural Signage						\$ 14,761
IPMO Modular Building	17-902	\$ 83,504	\$ 4,905			\$ 165,991
Goodmans						\$ 4,790
GOODMANS	16-923					\$ 19,996
Lovitt & Touche Inc	19-934			\$ 15,000	\$ 63,040	\$ 3,312,365
MIHS IPMO Food - Catering	16-923					\$ 104
Payroll/Supplies/Misc Expenses		\$ 792,900				\$ 3,028,984
PHOENIX FENCE						\$ 2,283
Sims Murrary LD						\$ 24,182
Skyline Builders And Restoration Inc						\$ 122,769
Tempe Diablo LLC						\$ 33,132
Tucson Business Interiors						\$ 447,192
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)		\$ 4,054,473				\$ 13,838,782
World Wide Technology Co Inc						\$ 5,978
Zurich North America	16-923					\$ 47,500
TOTAL Enterprise		\$ 5,159,627	\$ 15,623	\$ 15,000	\$ 97,985	\$ 22,763,342
Adams and Wendt	19-935					\$ 7,815
APS	19-935					\$ 331,266
Affiliated Engineers Inc	19-935				\$ 158,653	\$ 1,755,254
Affiliated Engineers Inc	19-935					\$ 2,058,558
Arnold Machinery						\$ 34,209
DP Electric	19-923					\$ 6,987
ENGINEERING ECONOMICS	19-935				\$ 4,595	\$ 48,673
JENSEN HUGHES					\$ 4,463	\$ 4,463
KITCHELL	19-935			\$ 3,329,198	\$ 4,094,678	\$ 27,589,126
Maricopa County	19-935					\$ 239,965
RICOH					\$ 456	\$ 456
Speedie snd Assoc			\$ 2,766	\$ 60	\$ 3,870	\$ 15,301
SOUTHWEST GAS	19-935					\$ 121,938
THE CBORD GROUP					\$ 5,868	\$ 5,868
Thomas Printworks	19-935					\$ 3,069
Soft Computer Comsultants	19-935					\$ 46,513
TOTAL Central Utility Plant (RSVT)		\$ -	\$ 2,766	\$ 3,329,258	\$ 4,272,583	\$ 32,269,461
AFFILIATED ENGINEERS	19-948				\$ 5,332	\$ 160,474
AFFILIATED ENGINEERS	19-954					\$ 1,050
ARIZONA PUBLIC SERVICE	19-947			\$ 1,391,892		\$ 1,391,892
Cuningham Architect	19-947			\$ 5,213,812		\$ 10,576,930
Devenney Group LTD		\$ 482,057				\$ 530,623
EXCESSIVE CARTS	19-948					\$ 22,782
FC HOSPITALITY	19-948		\$ 32,874	\$ 22,429	\$ 20,854	\$ 89,967
Follett	16-923					\$ 5,249
GOODMANS					\$ 605	\$ 12,103
Innerface Architectural Signage	19-948					\$ 862

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM
Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	CER Amount	Amount Paid FEB 2020	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid Cumulative Total
JENSEN HUGHES					\$ 1,118	\$ 1,118
KITCHELL			\$ 428,662	\$ 1,000,092	\$ 2,526,151	\$ 13,946,019
KITCHELL	19-937					\$ 662,744
KITCHELL	19-948			\$ 59,850		\$ 59,850
MARICOPA COUNTY PLANNING AND DEVELOPMENT						\$ 616,238
OFFSITE EQUIPMENT STORAGE	19-948					\$ 650
RMJ Electrical Contractors						\$ 551
Smithcraft Signs	19-947					\$ 86,425
Valley Systems	19-948					\$ 960
Speedie and Assoc					\$ 1,200	\$ 4,205
Trademark Visual	19-948					\$ 2,576
Thomas Printworks						\$ 7,517
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 482,057	\$ 461,536	\$ 7,688,076	\$ 2,555,259	\$ 28,180,783

\$ 107,641,759	\$ 611,959	\$ 11,274,129	\$ 9,051,785	\$ 188,385,347
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Bond Proceeds received to date:

\$631,287,454

TOTAL MONTHLY SPENT AMOUNT

\$ 130,324,142	\$ 4,778,373	\$ 16,271,662	\$ 16,706,946	\$ 353,473,286
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REMAINING Cash for disbursement

\$ 277,814,168



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

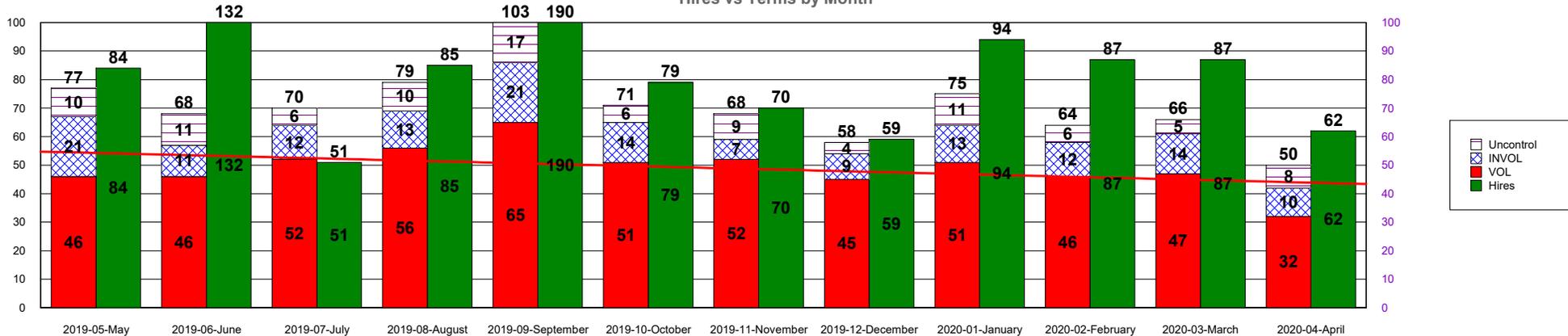
Item 11.c.

**Reports to the Board
Monthly Care Employee Turnover
Report – April 2020**

April - 2020	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%
Administrative	45.08	13.00	5	1	0	0.00 %	1	2	0	0.18 %	0.18 %
Clinical (Non-Licensed)	76.00	30.00	30	9	5	1.39 %	4	6	1	0.99 %	0.44 %
Clinical Licensed	21.17	5.00	3	3	1	1.67 %	1	0	1	1.18 %	0.39 %
Clinical Tech & Specialists	11.42	3.17	2	1	1	2.63 %	1	0	0	0.73 %	0.73 %
Management & Supervision	17.08	2.17	1	1	1	3.85 %	0	0	0	0.49 %	0.00 %
Professional	20.83	5.58	1	3	0	0.00 %	0	0	0	1.20 %	0.00 %
Provider Non-Physician	1.58	0.17	1	0	0	0.00 %	0	0	0	0.00 %	0.00 %
RN	74.42	22.33	12	13	8	2.99 %	1	0	1	1.46 %	0.11 %
Support	13.08	4.58	7	1	1	1.82 %	2	0	0	0.64 %	1.27 %
Total	280.67	86.00	62	32	17	1.65 %	10	8	3	0.95 %	0.30 %

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%
Administrative	533.50	143.83	156	101	46	31.98 %	38	19	14	18.93 %	7.12 %
Clinical (Non-Licensed)	910.33	363.83	436	185	119	32.71 %	54	51	7	20.32 %	5.93 %
Clinical Licensed	250.83	54.83	48	21	10	18.24 %	8	3	3	8.37 %	3.19 %
Clinical Tech & Specialists	145.58	40.83	30	18	10	24.49 %	5	1	2	12.36 %	3.43 %
Management & Supervision	211.75	37.92	31	29	8	21.10 %	16	0	7	13.70 %	7.56 %
Professional	243.92	63.50	67	42	16	25.20 %	1	6	4	17.22 %	0.41 %
Provider Non-Physician	19.58	1.17	2	0	0	0.00 %	0	0	0	0.00 %	0.00 %
RN	917.75	270.17	265	166	92	34.05 %	18	13	13	18.09 %	1.96 %
Support	163.67	58.83	45	27	10	17.00 %	17	10	5	16.50 %	10.39 %
Total	3,396.92	1,034.92	1080	589	311	30.05 %	157	103	55	17.34 %	4.62 %

Hires vs Terms by Month





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 27, 2020

Item 11.d.

**Reports to the Board
Quarterly Compliance Officer's Report**

Q3 FY2020 Compliance Officer's Report

Reporting Group: Compliance and Internal Audit

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

Reporting period: Q3 FY2020

Chief Compliance Officer/Privacy Officer

Q3 FY2020 Compliance Officer's Report

- 1.0 – Finance Audit and Compliance Committee (FACC) Activities
- 2.0 - FY 2020 Q3 Compliance Work Plan
- 3.0 - FY 2020 Q3 Internal Audit Work Plan
- 4.0 – FY 2020 Q3 Ethics Line Report

1.0 – April 2, 2020 – Valleywise Health's Finance, Audit and Compliance Committee (FACC) Meeting Items

1.1 – April 2, 2020 – Valleywise Health’s Finance, Audit and Compliance Committee (FACC) Meeting Items

TOPIC	DISCUSSION
1. E&Y Audit Presentation	Gina Curry, EY Audit Partner, and Jenny Lewis-Whelan, EY Audit Senior Manager, presented the EY 2020 External Financial Audit Plan.
2. Financial Update	Rich Mutarelli, Valleywise Health CFO, presented the February 2020 financial statements
3. 2020 Hospital Compliance Committee update.	L.T. Slaughter, Jr., Valleywise Health CCO, presented the 2020 Healthcare Compliance Committee (HCC) update.

2.0 – Q3 FY2020 Compliance Work Plans

Data Dictionary for the Compliance and Internal Audit Work Plan

CER – Capital Expenditure Request – Process to approve capital expenditures

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

GME– Graduate Medical Education – (The Residency Program).

IMD – Institute of Mental Disease – Medicare and Medicaid guidelines for behavioral health

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

NAP – New Access Point – A process where you receive a HRSA grant to open a new FQHC site.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

2.1 Q3 FY2020 Compliance Work Plan

The FY 2020 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value added recommendations. The FY 2020 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q2						
CQ3.1 Vendor and Contract Management (R21 and R23)	Q3	150 Hours	Reviewed vendor on-boarding and controls.	On-going	5	3.5
CQ3.2 GME New Model (R11 and R6)	Q3	200 Hours	Reviewed the Creighton Affiliation Agreement and documented the structure.	Completed	5	3.5
CQ3.3 IMD Monitoring (R15 and R17)	Q3	100 Hours	Reviewed IMD status.	Completed	5	3
Risk Re-assessment and Selection Q4						
CQ4.1 IT Disaster Recovery and Business Continuity (R8 and R14)	Q4	200 Hours	In-process	In-process	5	
CQ4.2 Quality and Internal and External Scoring (R7)	Q4	200 Hours	Planning	Planning	5	
CQ.4.3 Charge Automation Capture Process (R8, R12 and R24)	Q4	150 Hours	Planning	Planning	5	
RO4 Risk Assessment and 2021 Compliance Plan Development	Quarterly	120	In-process			
Special Projects and Other Compliance Requests	On-going	TBD				
Compliance Planning, Administration and Meetings	Quarterly	TBD				

3.0 – Q3 FY2020 Internal Audit Work Plans

3.1 Q3 FY2020 Internal Audit Work Plan

The FY2020 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value added recommendations. The FY2020 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

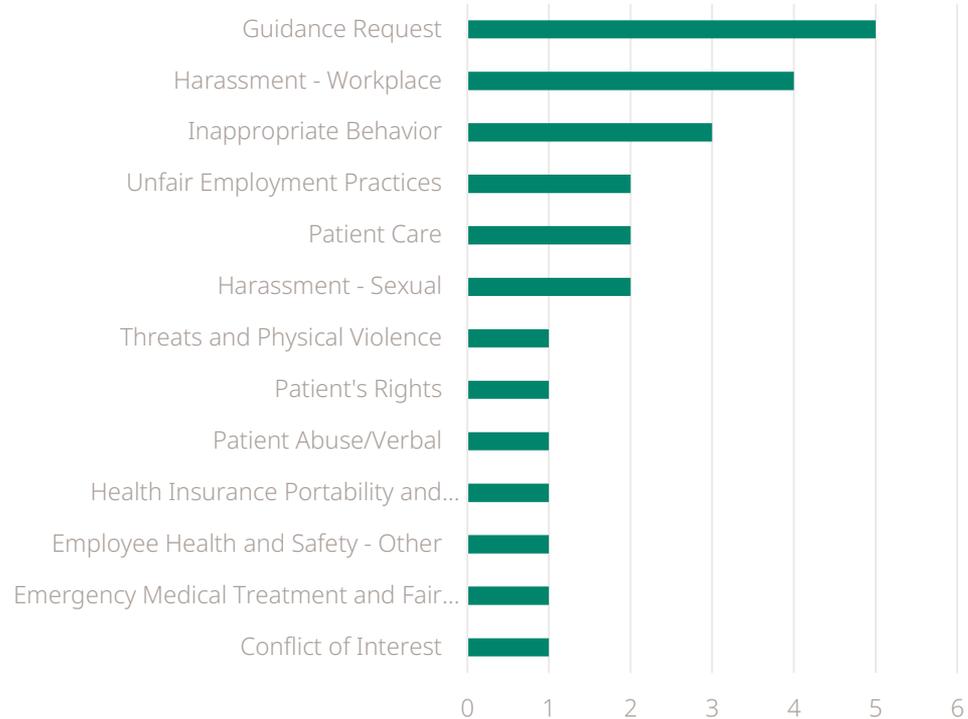
Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q3						
IQ3.1 Procurement and Accounts Payable (R13, R19 and R22)	Q3	200 Hours	Reviewed the CER and procurement process for Prop 480. Accounting is implementing a new job costing application.	On-going	5	3
IQ3.2 Foundation (R22)	Q3	100 Hours	Reviewed affiliation agreement and evaluated high-level internal controls.	100% Complete	5	3
IQ3.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4 and R13)	Q3	200 Hours	On-going monitoring and internal control improvement.	On-going	5	3
Risk Re-assessment and Selection Q4						
IQ4.1 IT Security - Application Reviews (R6)	Q4	150 Hours	In-process	In-process	5	
IQ4.2 Physical Security (R23)	Q4	100 Hours	Planning	Planning	5	
IQ4.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4 and R13)	Q4	200 Hours	Planning	Planning	5	
Risk Assessment and 2021 Internal Audit Plan Development	Quarterly	120	In-process	In-process		
Special Projects and Other Internal Audit Requests	On-going	TBD				
Internal Audit Planning, Administration and Meetings	Quarterly	TBD				

4.0 – Q3 FY2020 Ethics Line Reports (01/01/2020 through 03/31/2020)

4.1 – Q3 FY2020 Ethics Point - Issue Types

Issue:	Count:
Conflict of Interest	1
Emergency Medical Treatment and Fair Labor Act (EMTALA) Matters	1
Employee Health and Safety - Other	1
Health Insurance Portability and Accountability Act (HIPAA)	1
Patient Abuse/Verbal	1
Patient's Rights	1
Threats and Physical Violence	1
Harassment - Sexual	2
Patient Care	2
Unfair Employment Practices	2
Inappropriate Behavior	3
Harassment - Workplace	4
Guidance Request	5
Total	25

Issue Type - Q3 FY2020



4.2 Q3-FY2020 Relevant Issue Definitions

Conflict of Interest- A conflict of interest is defined as a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. (Examples include: inappropriate vendor relations, bribery, misuse of confidential information, inappropriate customer relations)

Compliance with Laws and Standards- Statements or actions discharging, demoting, suspending, threatening, harassing or discriminating against an employee because of any lawful act taken by such employee in connection with reporting a violation of law or policy, filing a complaint, or assisting with an investigation or proceeding.

Discrimination- Statements or actions based on age, race, color, national origin, sexual orientation, gender, disability or religion that are the basis for employment, promotion or compensation decisions.

Environment, Health and Safety- Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.

Employee Health and Safety - Other- All other employee injuries not listed.

Inappropriate Behavior- Statements or actions that are not harassing in nature, but are believed to be unsuitable for the workplace.

Misconduct Behavior- Intentional wrongdoing; specifically: deliberate violation of a law or standard.

Patient Abuse/Verbal- Any language directed at a patient by an employee, which would be offensive (swearing), or language used to berate, belittle, or otherwise cause the patient to feel intimidated or threatened.

Patient Care- Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

Patient's Rights- Failures of those responsible for patient care to allow a patient(s) to follow/complete his/her daily routine, i.e. bathing, watching television, smoking, etc.

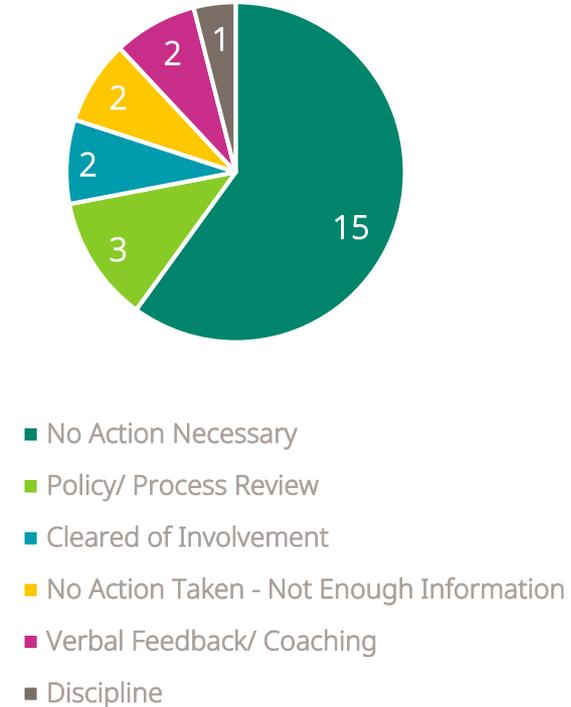
Unauthorized/Fraudulent Use of Company Facilities and Equipment- The improper, unauthorized or unlicensed use of property or resources for non-business related reasons or purposes, including improper use of systems and timekeeping.

Unfair Employment Practices- Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business related decisions.

4.3 – Action Taken – Q3 FY2020

Action Taken:	Count:
No Action Necessary	15
Policy/ Process Review	3
Cleared of Involvement	2
No Action Taken - Not Enough Information	2
Verbal Feedback/ Coaching	2
Discipline	1
Total	25

Action Taken - Q3 FY2020



4.4 – Q3 FY2020 Average Days to Close

Benchmark:

Average Days to Close Benchmark = 30 days or less*

*(Avg Days to Close are cases closed in the quarter)

Performance - Average time to close

Date	Cases	Average Days Open
January 2020	5	16
February 2020	3	32
March 2020	10	24
Monthly Averages	6	24



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 27, 2020

Item 12.

No Handout

Concluding Items