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# Nimiipuu Health

## Fall 2020 General Council Report

### INTER-OFFICE MEMORANDUM

**TO:** Fall 2020 General Council

**FROM:** Roberta Josè-Bisbee, Executive Director

**DATE:** November 12, 2020

**RE:** Nimiipuu Health Semi-Annual Report

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Having the opportunity to serve as Executive Director here at Nimiipuu Health (NMPH) is a great honor. The past year has been a journey for sure, especially facing a pandemic five months into the appointment. I was formally appointed November 12, 2019; we made it one year, and I am excited to work with such an awesome team at Nimiipuu Health.

Although some of you already know me, as a way of introducing myself, I want to share a little of my background. I am an enrolled member of the Nez Perce Tribe. I am married to Michael Bisbee Jr., and together we have four children (Micah Bisbee – 21, Michael Bisbee III – passed away at age of 8 but would have been 16 this year and a sophomore at Lapwai High school, Madden Bisbee – 12, and Memphis Bisbee – 6). We live in Lapwai. I enjoy spending time with my family and attending my children's sporting events, community events, and activities in the surrounding areas - my favorite is yard sales, thrifting, and marketplace. Our daughter, Micah recently graduated from the University of Montana-Western, Class of 2020 with her Bachelor of Arts – Interdisciplinary Social Science with Magna Cum Laude honors.

After serving in two previous capacities as the Interim Executive Director of NMPH and being here one full year has been an honor to serve the Nez Perce Tribal membership and patients. We are still standing here today and functioning, with many heartaches and trials that failed and succeeded. Providing quality care for patients during a worldwide pandemic has been challenging to say the least.

The criticism from Nez Perce Tribal membership, patients, and community partners has been frustrating but there isn't a possible way to satisfy everyone. We would never want to cause harm or hurt our people. When working in a place of service, dealing daily with life and death, we don't take our jobs for granted.

We are held to a higher standard and, as professionals, I am requiring more engagement with the population we serve, more evaluation of patients and giving needed attention to details. It's difficult to make change when we are accustomed to calling our provider to demand and bully them for what you want. Setting the tone and requiring our providers to be more thorough and educated about each of their patients will prove to be valuable with the improve health outcomes in our community. For example: calling and requesting a referral because you want one will no longer fly, because there may be other underlying concerns; allow the certified providers to do their job by thoroughly assessing you and treat the underlying problem.

I will continue to strive to be an advocate for consistent administration of clinic policies and to be an asset to the NMPH team. I will also strive to be supportive of all department initiatives and strategic planning efforts as recommended by NMPH staff. Nimiipuu Health is a service program for our children, adults, and elders and I expect for all of us at NMPH to strive for excellence in this place of privilege.

As I communicated to all NMPH Staff, please consider me an advocate of all NMPH services. When necessary and after appropriate consultation, I will offer my opinions and make decisions on controversial issues in accordance with my responsibilities as NMPH Executive Director. I look forward to building professional relationships and working cohesively, with minimal interruptions with all NMPH staff. Considering the worldwide pandemic, we did have interruption and interference with how we conduct business and had to limit our services. However, we never completely shut down. We continue to humbly ask for your support with the operations of Nimiipuu Health.

Warm regards,

Roberta José-Bisbee

**Please find below by department our summary updates and informational items from the Nimiipuu Health for the Nez Perce Tribe membership.**

Actions approved by NPTEC – June 9, 2020 through November 10, 2020

- HR Sub-Committee
- MOU – NMPH and NPAIHB Contract Tracing - AUG
- After Normal Hours of Operation Dental Policy – AUG
- Power Outage/Generator Failure Dental Policy – AUG
- Kimberly Merrill, Pharmacist Appointment to Med/Dental Staff – SEPT
- Jeffrey Lathen, Dental Hygienist Appointment to Allied Health Staff – SEPT
- Dr. Vu – Additional privileges to perform Colposcopy Procedures – SEPT
- Kristy Kuehfuss Contract for BH Telehealth Services – SEPT
- Dr. Edward Smith – Additional privileges for Ultrasound Services – OCT
- Natasha Stamper, Pharmacist Reappointment for 3-Years – OCT
- Dr. David Munro, Dentist Reappointment for 3-Years – OCT
- Seker Medavarapu, Physical Therapist – 1 Year Contract – NOV
- NMPH – HRM Revisions – NOV
- B& F Sub-Committee
- NMPH Financials ending June, July, August 2020 – OCT
- Diabetes Program Funding \$5,575 – OCT
- WIC Sub-Grant \$75,402 – OCT
- BOSS Heating – Proposal for Air Scrubber Tech \$37,236 – OCT
- One Vision Solutions Proposal – Upgrade Conference Rooms - \$38,802 - OCT
- 2019 BEMAR Funding Agreement \$447,000 – OCT
- NMPH Budget 2021 – OCT
- ALSC Architecture Proposal – Project Remodel \$32,375 - OCT

The Executive Director (ED) also sent emails and memorandums with direction to the NMPH Management team for reminders of professionalism, confidentiality, expectations, and a new quarterly reporting process. The ED also requested all management staff to understand that changes occur daily with the COVID-19 Pandemic guidelines. Guidance to our leadership team to improve communication and outline expectations for their oversight of our staff was given in many circumstances.

Experiencing this new territory of COVID-19 (on-going), we issued an email to inform staff that we understand that emotions are running high, and reminded them that our duty as first responder's places us in direct contact with patients who are sick; that is our job. We need to trust the people we have put in leadership roles as it is their responsibility to collaborate and decide how to best assist patients, staff, and all departments during this pandemic. We advised staff that if they are feeling overwhelmed, to seek out someone to help as we are not immune to fear. We have an amazing staff and we reminded them that we can get through this if we take care

of each other and put our differences aside. Daily discussions are occurring with medical professionals, public health districts, state of Idaho EOC teams, Epidemiologists with the State of Idaho and Northwest Portland Area Indian Health Board.

**Memorandum Correspondence from NMPH Executive Director:**

- September 14, 2020 – Memo to All-Staff RE: Amended COVID-19 Updated Emergency Pandemic Leave & Travel Protocols
- September 16, 2020 – Memo to All-Staff RE: HRM Addition of Nez Perce Tribe Hazard Pay Policy
- September 21, 2020 – Memo to All-Staff RE: NMPH Staff Temperature Checks
- October 12, 2020 – Memo to All-Staff RE: HRM Addition of Appendix F to NMPH HRM
- October 14, 2020 – Memo to All-Staff RE: Mandatory Security Training
- November 9, 2020 – Memo to All-Staff RE: HIPAA Privacy of Patient Information

**Please find below by department our summary updates by department and informational items from the Nimiipuu Health for the Nez Perce Tribe membership.**

Patient Advocate:

Attached is a section of the Patient Comment/Incident Log for period June 2020 to November 12, 2020 for your information. The log reflects the following totals:

COMMUNITY HEALTH	13
BEHAVIORAL HEALTH	2
PHARMACY	4
MEDICAL	28
DENTAL	9
PRC	2
LAB/XRAY	1
OPTICAL	3
BO	1
SAFETY	4

For a Total of 62 Comments and 7 Incidents

Grand Total = 69

**Behavioral Health (BH) – Karen Hendren, Manager:** The mission of the Behavioral Health Department is to promote mental wellness in Nimiipuu Health patients by providing evidenced based, confidential, and culturally sensitive treatment within a well-designed, comprehensive behavioral health system.

Our department continues to provide culturally competent and best practice interventions. Each person is working within their scope of practice depending on their licensure. We continue to expand the Behavioral Health Department by offering Telehealth, more groups and adding a Recovery Coach position to our treatment modality.

We continue to supervise Sabrina Wakefield's hours along with support Dora Axtell completing her Master's Program so she can too take her state exam. We also have hired a Recovery Coach who will complete his hours to obtain credentialing. Support of current BH staff to continue education and become certified is also a goal. Lack of providers for BH issues throughout American Indian/Alaska Native communities, thus we are thankful for the tremendous staff we have.

We continue to work on our Community Outreach, Financial Health, Health Services (implement an integrated health care system with spiritual/intellectual, physical, and emotional elements), quality (to become a model health care provider and overall impact to people in a cultural appropriate setting).

We recently placed a clinician in the school to deliver services in a confidential setting. This has helped to

increase compliance with continuity of care that is necessary in mental health treatment for our students.

**Additional Activities and Collaborations:** Daily Meeting - BH Staffing & COVID Briefings. Weekly Meetings - Controlled Substance, Healing to Wellness Court, Supervision with Sabrina for clinical hours, Supervision with Dora Axtell for Master's Program. Monthly/Quarterly Meetings - Child Protective Services, Tribal Probation (Cancelled due to COVID) Engage officers directly via phone, Vocational Rehabilitation Services, Interagency Governing Team (IGT), Tele-Medicine Meeting with NMPH Staff/February, Suicide Prevention Meeting with School District (Cancelled due to COVID), Tele-Mental Health Training in Moscow/March (4 clinicians), LCC, Nez Perce County Probation, IDOC Probation (Cancelled due to COVID) Engage officers directly via phone, Region II BH Meeting in Lewiston, Manager's Meeting, QI, Safety Meeting, AAAHC, Peer Review (cancelled last quarter), CPT Meeting.

FEDERAL – COVID Briefings, Grants

STATE – Probation, Medicaid/Optum Collaboration, Child Protection Services, IDOC Funding. Various Grants

COUNTY - Probation

CITY – Various Information on Mental Self-Care, Participated in Walk “Take our City Back” Drug prevention

NON-PROFIT – Work with Department of Health and Welfare on various trainings/projects.

- 1) Patient Care and Work Plan during COVID: As requested, I am providing the update for patient care in the Behavioral Health Department. Please see below.

**Hours:** Regular department hours are 8am to 4:30pm. There are clinicians who see patient after hours along with evening groups. At this time it is recommended that all visits are done through telehealth for safety.

**Check-in:** At this time the doors are locked. The door has a sign explaining to the patient that they need to ring the bell. The person working at the front desk will help the patient with whatever their needs are.

**Groups:** Groups are now being conducted via Telehealth only and have purchased DOXYME platform which allows for 10 patients at a time to be in a session.

**Appointments:** We are currently making appointments via telehealth. If a patient does not want to meet this way, we offer to refer them out.

**We are utilizing Telehealth as much as possible for the safety of our patients and team members. I am still allowing my staff to choose if they want to work from home if appropriate for their job descriptions. At this time we have 4 clinicians working from home along with coming into the office as needed.**

**Business Office/Medical Records/Benefits Coordinators – Tina Bullock, Manager:**

Our mission for the Business Office is to Enhance Patient Care by Generating Revenue through Communication, Cooperation, and Coordination to everyone we provide services to. In order to accomplish the Business Office runs progress reports on Coding, Billing, Benefits Coordination and Scanning for Medical Records.

Our aging report is consistently reviewed. Pharmacy activity accounts for 84% of the overall aging total. Pharmacy billing payments are determined daily and the NMPH Pharmacist Manager can give an accurate accounting of payments received. Business Office enters these payments but must pay one prescription at a time which is very time consuming and is duplicates reports that can be found in the pharmacy package that are more accurate and timelier.

Aging ending June 30, 2020 is: \$3,334,219.00  
 Pharmacy Aging \$2,771,498.00  
 Outstanding Aging \$562,721.00

COVID-19 has caused significant disruption in the Business Office, Benefits Coordination and Medical Records Departments. The BO was exposed and had to go into quarantine with three employees testing positive and requiring longer periods of absence. Closing the current fiscal year successfully was difficult this year but accomplished.

Evidence / Data to achieve goal:

Please find Billing Statistical Reports for April, May, and June 2020 attached. These reports reflect the amount of billing accomplished each month by the NMPH Business Office.

APRIL 2020	#BILLS 7867	BILLED: \$1,039,494.78	COLLECTED: \$412,972.01
MAY 2020	#BILLS: 4326	BILLED: \$833,982.24	COLLECTED: \$255,881.07
JUNE 2020	#BILLS: 4103	BILLED: \$791,772.97	COLLECTED: \$215,824.50
TOTALS	16296 BILLS	\$2,665,249.99 BILLED	\$ 884,677.58 COLLECTED

Payments reflected during reporting period are applied to previous reporting period's bills and current period bills.

Total of payment batches during April – June 2020 quarter: \$1,404,760.54

Total Payment Batches for Fiscal Years 2018, 2019 and FY 2020 To Date Below:

1								TOTAL	TOTAL W/O RX
2	FY 18	MEDICARE	MEDICAID	PHARM MCD	PHARM PI	PRIVATE INS	VETERANS		
3	TOTAL BATCHES	\$ 146,747.00	\$ 1,657,109.00	\$ 141,882.00	\$ 1,779,154.00	\$ 1,657,399.00	\$ 66,898.05	\$ 5,449,189.05	\$ 3,528,153.05
4									
5	FY 19	MEDICARE	MEDICAID	PHARM MCD	PHARM PI	PRIVATE INS	VETERANS		
6	TOTAL BATCHES	\$ 74,558.21	\$ 1,632,113.00	\$ 128,724.90	\$ 1,288,350.00	\$ 1,424,380.00	\$ 30,275.30	\$ 4,578,401.41	\$ 3,161,326.51
7									
8	FY 20 AT 8.27.20	MEDICARE	MEDICAID	PHARM MCD	PHARM PI	PRIVATE INS	VETERANS		
9	TOTAL BATCHES	\$ 225,053.30	\$ 1,434,204.00	\$ 283,998.90	\$ 1,255,007.00	\$ 1,415,883.00	\$ 44,168.73	\$ 4,658,314.93	\$ 3,119,309.03
10									

The last column in the Batch Statistical Reports by Fiscal Year above show what totals would be without Pharmacy Revenue in the last column. BO is ceasing to enter Pharmacy Payments due to the money already being deposited into the NMPH Bank Account prior to BO entering any postings for this source. Forgoing posting of these claims has been brought to the attention of the NMPH Executive Director and Finance Manager and both agree this posting is time consuming and redundant.

We have begun the investigation with Portland Area Office IT and BO staff shutting off the pharmacy claims from being created on the Third Party Billing side. I have received minimal information but due to Greenway beginning in April 2021, this item may be set aside due to the short amount of time before leaving RPMS. The Regence Blue Shield of Idaho dental clearinghouse, Securetrack, was denying dental claims stating single tooth numbers were being billed incorrectly. Business Office worked on this item for two months and Portland Area IHS IT office finally came up with a solution in June 2020. Mary Brickell at DIRM stated she was able to determine this repair once she had enough information regarding single tooth numbers and one insurance company denying. Billers were able to send out over \$60,000 in bills once this repair occurred.

A billing/payment issue that has not been resolved is the Firefighter physical contract with Comprehensive

Health Services (CHS). A contract was created between this company and NMPH to pay \$150 for each firefighter physical but there are three of these physicals for March 2020 that are still not paid. Business Office was not included in the creation of this contract. Patients with private insurance that obtain these physicals are paid at a much lower rate than their insurance would pay for these visits if BO can obtain payment.

Benefits Coordinator spreadsheet. There are 1331 patients with no insurance. The Benefits Coordinator staff scrub the patient appointment files daily. These investigations locate patients that are newly accepted into a Private Insurance plan or a Medicare or Medicaid plan. The patients that drop any of these coverages are sent a letter informing them they must apply for expanded Medicaid or the Your Health Idaho Marketplace coverages.

Benefits Coordination patient appointments file scrubbing for alternate resources below. This graph shows how many accounts were located with active coverage or coverages that have terminated. This graph does not show the newly found coverage's open date or termination dates. These are policies that have been located that need entered patient's files.

Because of the fluctuation of patients picking up coverage and dropping coverages, the uninsured number moves only slightly each quarter.

A	B	C	D	E	F	G	H	I
SCRUBBING OF PATIENT FILES BY BENEFITS COORDINATORS								
MONTH	PRIV INS EFF	PRIV INS TERM	ID MCD EFF	ID MCD TERM	WA MCD EFF	WA MCD TERM	MC B EFF	MC D EFF
APRIL 2020	3	4	29	1	5	4	0	2
MAY 2020	1	2	15	2	0	0	0	0
JUNE 2020	0	2	5	2	0	0	0	1

CODING: Coding has attended several coding webinars on COVID-19. NMPH can bill for the provider's time and labs but not the COVID-19 tests. These tests are given to NMPH for free, which makes them unbillable. This is like children's immunizations, which are given to NMPH free from the State of Idaho. These immunizations are not billed but the provider's time is billed. \*Fourth quarterly BO report will show an adjustment to this billing per instruction received from Brenda Gillespie.

Certified Coders attended online training for upcoming ICD-10 Evaluation and Management Guideline changes for 2021 through the American Academy of Professional Coders (AAPC). We have staff taking the Certified Professional Compliance Officer (CPCO) online course to assist Business Office in addressing the ever-growing compliance requirements of government laws, regulations, rules and guidelines.

Business Office Staff is also taking the Certification Documentation Expert Outpatient (CDEO) Certification training online. A credentialed documentation expert provides education to effectively execute documentation improvement programs.

Patients benefit from improved clinical outcomes and continuity of care when the clinical note accurately reflects the care provided and recommended treatment and follow up.

CPCOs will have demonstrated knowledge of:

- Compliance program effectiveness
- Key healthcare fraud and abuse laws including the False Claims Act, Stark Laws, and Anti-kickback Statute, including the associated penalties
- How ACA will affect medical practices

- Other laws and regulations including HIPAA, Emergency Medical Treatment and Labor Act (EMTALA), Occupational Safety and Health Administration (OSHA), and Clinical Laboratory Improvement Amendment (CLIA)
- Handling investigations, including self-disclosure protocols
- Requirements under Corporate Integrity Agreements (CIAs) and Certificate of Compliance Agreements (CCAs)
- Current investigative activities, such as Recovery Audit Contractors (RACs), Zone Program Integrity Contractors (ZPICs), and Medicaid fraud control units (MFCUs)
- Various risk areas including items such as gifts/gratuities, conflicts of interest, use of advance beneficiary notices, teaching physicians' guidelines, and incident-to services

Providers benefit by gaining confidence in knowing their documentation will stand on its own merit when following practice guideline standards and coding requirements. Payers benefit from appropriate reimbursement to organizations that employ a high-quality documentation improvement program. We have one other coder pending Certified Professional Coding testing, coding certifications help improve our standards of Coding, Billing and meeting all regulations required of the Business Office.

**Community Health – Leslie Smith, Manager:**

The purpose of the Community Health Department is to provide disease prevention and health maintenance activities and education to support the Nez Perce Tribal Community.

Community Health consists of several departments performing different activities but working towards our goals of disease prevention and health maintenance.

PHN Department provides patient case management which includes home visits, medication management and education. We also provide employee health and chair the infection control committee for NMPH.

Extra duties have been added to the PHN role this quarter. Leslie Smith RN is now performing Q/I and Risk Management and assisting preparing for AAAHC and managing the durable medical equipment program. Robin Brashear RN has taken on the duties of EOC Safety Officer and providing education to Tribal programs and entities concerning infection control during the COVID-19 pandemic. Jackienna Hopkins RN is taking staff temperatures every morning during the COVID-19 pandemic along with the other 2 RNs.

MCH Department provides prenatal and postpartum visits and education. This quarter Susie Ellenwood the long time MCH nurse retired. We have revised the job description and will be hiring an RN who will also provide nursing for Dr. Vu OB/GYN helping to unite the MCH program with the Medical OB/GYN department. We will also be hiring an MCH aide who will assist in providing outreach services, education and support to the MCH RN.

CHR Department provides in home visits, transportation, medication delivery and health education in the community which includes, car seat education, asthma and air quality, sexual health and healthy relationships and most recently smoking cessation. The CHR Carmen Payne also provides the Link to Life program and is managing the dietary supplement and incontinence supply program with Soundview Health and tracking the durable medical equipment supplies for patients.

WIC and Nutrition program provide the WIC program to eligible pregnant, postpartum and breast-feeding women, infants and children up to the age of 5. They provide medical nutrition therapy, diabetes prevention education and diabetes education.

Transportation Department provides rides to medical appointments.

We hope to complete and implement a media strategy so community members know all the services that NMPH provides. This has been an ongoing issue where community members report they are unsure of what



services we provide. We have submitted a regular update of activities, events and services we offer to the tribal newsletter and paper, NMPH Facebook page, the radio station and semi-annually at GC. Will use a survey to assess community knowledge on services we provide.

We are evaluating and exploring what services are billable nursing visits, transportation, asthma home assessment and education visits. This allows our department to expand what services we can provide maybe another transporter or another program. We worked with NMPH Finance Manager to contact MTM the Medicaid transportation broker and filled out an application but did not hear back. Currently, we schedule our Medicaid patients with MTM which frees up slots in our schedule. Crissy Garcia is researching billing for asthma visits.

Community Health wants to increase our Government Performance and Results Act (GPRA) numbers concerning tobacco use interventions. Our staff has since taken over in January providing smoking cessation education and assisting patients to access the Quit Line and NRTs. Crissy Garcia is documenting in EHR and we will be able to check our GPRA numbers and compare 2019 to 2020. This quarter we submitted a QI project to increase the smoking cessation GPRA numbers.

One item that has not been removed from on strategic plan is the Assisted Living Facility on the Nez Perce Reservation. In 2019 we hired a consulting firm Wit2/Lizard Rock designs to perform an initial feasibility study and development of schematic designs, that final report was completed and submitted. With COVID we had to postpone the planning for this.

#### **Activities have included the following:**

1. COVID-19 specific: made signs for the clinic and distributed information concerning signs and symptoms throughout the community, performing morning temperatures, which were all created by our Public Health Nurse, RN who also serves as the Safety Officer for TERPT and has attended all meetings. Community Health is actively engaged with the Infection Control Committee working on all aspects of the outbreak. This quarter one community health staff has completed 4 certification programs for safe cleaning, sanitization and disinfection of early childhood and education environments during COVID-19. We have been meeting with the Lapwai Schools Superintendent, ECDP and Tribal Education program to discuss plans for opening the schools. We also participate on the Regional Public Health calls daily. Community Health staff participated with the mass testing in May and July. Community Health also manned the pharmacy runner tent for lunches and days off throughout the quarter. We had one CHR complete the certifications from the NW Tribal Epi-Center COVID contact tracking and John Hopkins contact tracing training. We provided food and essential items to 28 families affected by COVID-19 during this quarter.
2. Blood Drive and Mammogram Mobile were held in June.
3. WIC completed the quarterly report and had the WIC state audit virtually at the end of June.
4. We amended the goals of NPAIHB asthma grant and Lewis Clark Valley Foundation grant for Telemedicine. Crissy Garcia performed car seat checks and provided education.
5. One Community health staff is taking a phlebotomy course to help in the Kamiah clinic. The classes were placed on hold in May and started up again in June. A total of 100 blood draws hours will be completed at Valley Medical Center

**Additional Activities and Collaborations:** We work with the Idaho Food Bank and their Mobile Food Pantry and Elder Food Box program. The PHNs participate in the Infection Prevention Coalition and State Emergency Management COVID-19 efforts. We work closely with the Lapwai Care Coalition. We also participate in the



Nez Perce Tribe Adult Protection Multi-Disciplinary Team, transportation program.

**Purchased Referred Care formerly known as Contract Health Eligible – Pam Reisdorph, Manager:**

FY20 Claims Paid FY20 PRC Paid FY20 MLR Savings

1st Quarter FY20	481	\$194,648.54	\$112,397.03
2nd Quarter FY20	4076	\$1,334,964.40	\$1,592,145.35
3rd Quarter FY20	3730	\$958,354.73	\$1,135,566.96
YTD	8287	\$2,487,967.67	\$2,840,109.34

Community Outreach, Financial Health, Health Services (implement an integrated health care system with spiritual/intellectual, physical, and emotional elements), by utilizing local media outlets.

We plan to increase PRC Community outreach to provide important information regarding PRC policies and processes. Improve quality and become a model health care provider and overall impact to people in a cultural appropriate setting Financial Health: Replacement of RPMS with an acceptable PRC program that interfaces with Sage.

We wish to enroll high cost pharmacy users in Medicare Part D plans. Quality improvements to flow and handling of incoming communications and information. The new EHR system will interface with Sage MAS90 and calculate the Medicare Like Rate reimbursements. This will reduce and/or eliminate some PRC processes and improve the flow and handling of incoming medical/dental claims. Another "Quality" objective is to create a PRC Provider Handbook for outside providers. This objective cannot be completed until the new EHR is implemented and new PRC processes are determined.

**Finance, Kylena Guffie, Manager:**

In the spirit of excellence, integrity and dedication, the Finance Department is committed to providing timely, accurate, clear and complete information and support to other clinic departments, patients and the community

We process payroll, accounts payable, accounts receivable and financial statements in a timely manner.

We have applied/received for the following Grants during COVID-19 Pandemic:

**Nimiipuu Health COVID-19 Funding (October 31, 2020)**

COVID-19 Funding	Funding
I.H.S. Paycheck Protection Program	1,467,186
I.H.S. COVID-19 Operated Programs & PRC	1,270,588
I.H.S. COVID-19 M&I and Medical Equipment	383,905
I.H.S. COVID-19 Testing	71,458
<b>Total available funding</b>	<b>3,193,137</b>

**Other COVID-19 Grant Funding**

CARES Act Provider Relief Funding	1,302,186
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CARES Act Tribal Idaho State Funding	1,130,562
SAMHA Behavioral Health Grant	453,467
CDC Grant Supporting Tribal Public Health Response	291,682
NPAIHB COVID-19 Emergency Response	63,000
Drug Overdose Prevention Grant	20,000
Innovia Foundation Grant	5,000
WIC Sub-Award Grant	3,548

<b>Total COVID-19 Funding/Grants</b>	<b>\$6,462,582</b>
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We have maintained financial stability and continue to increase fund balance year after year by monitoring expenditures and improving on third party collections.

We provide monthly financials to the Budget & Finance Subcommittee (BFSC) and we review of all departmental budgets and grants to make sure that they are all within budget.

NPTEC approved to amend the current building lease from \$19,066 to \$0 per month.

NPTEC approved our FY 2021 Budget.

BlueBird CPAs conducted and finished September 30, 2019 audit and there were no audit findings. We just signed the engagement letter for Bluebird CPA to conduct our FY 2020 audit ending September 30, 2020. The Finance Department responded to all the Auditor's requests in a timely manner.

**Additional Activities and Collaborations:** Attended EOC meetings, monthly safety committee meetings, monthly Quality Improvement (QI) meetings, quarterly AAAHC Meetings, prepared all BFSC agenda items, attended all BFSC meetings and presented agenda items for approval.

**Dental, Joanna Hendren, Manager:**

For the past two quarters we are researching and practicing the highest level of infection control available to be able to still provide all Dental services to our patients in a way that is safe and comfortable.

Dental is evaluating inventory levels at keeping levels that allow us practice at the highest level of safety. Inventory is reordered once levels reach a six week level. In the past we reordered at a 1-week level. We have had to increase safety levels of PPE and procedures. Dental is now wearing N95 respirators instead of surgical masks for all aerosol generating procedures. Face shields are now required in addition to safety glasses.

Patients are always kept 6 feet away from each other within the waiting area. Everyone is required to wear a mask while in the Dental clinic. Scrubs are laundered professionally. Temperature and oxygen levels are recorded, screenings are done prior to initiating treatment.

Dental is taking steps toward billing dental procedures from Dentrrix. Dentrrix will be contacted to get pricing on Dentrrix 11 w/ billing. We have one staff member being trained to become a certified coder and then we will train with the Dentrrix billing.

Dental schedules extra meetings with staff to increase dialog and communication among the staff and patient care.

Throughout the COVID Pandemic we had to make some adjustments to the schedules and appointments,

patients should have received a call to reschedule or refer out as necessary.

**Human Resources, Carm Bohnee, Manager:**

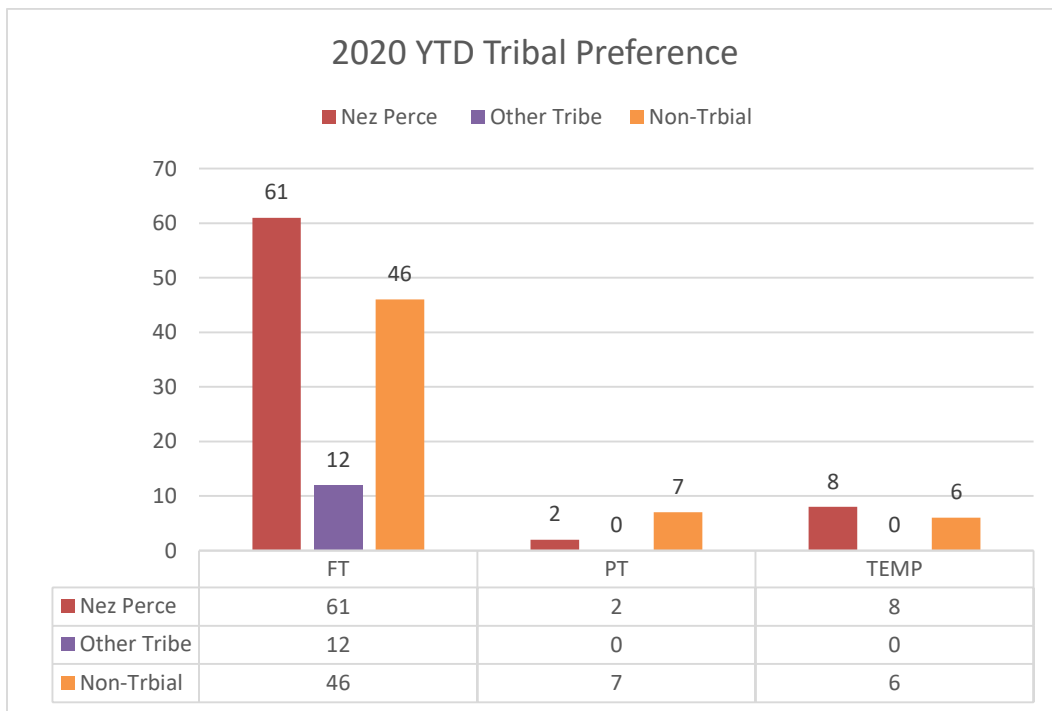
The Human Resource department has been impacted by covid-19 but has continued to work through these challenges. The HR department is diligently working to recruit additional staff to meet the needs of the departments impacted by and in response to COVID-19. The Human Resource department is striving to be fully staffed November 2020. HR would like to congratulate Susie Ellenwood on her retirement in August 2020. HR would like to thank all the staff for supporting and working with us throughout this process. Some future goals is to implement the second phase of the Sage HRMS system which includes online employee benefits and onboarding; updating the Human Resource Manual, and online employee training.

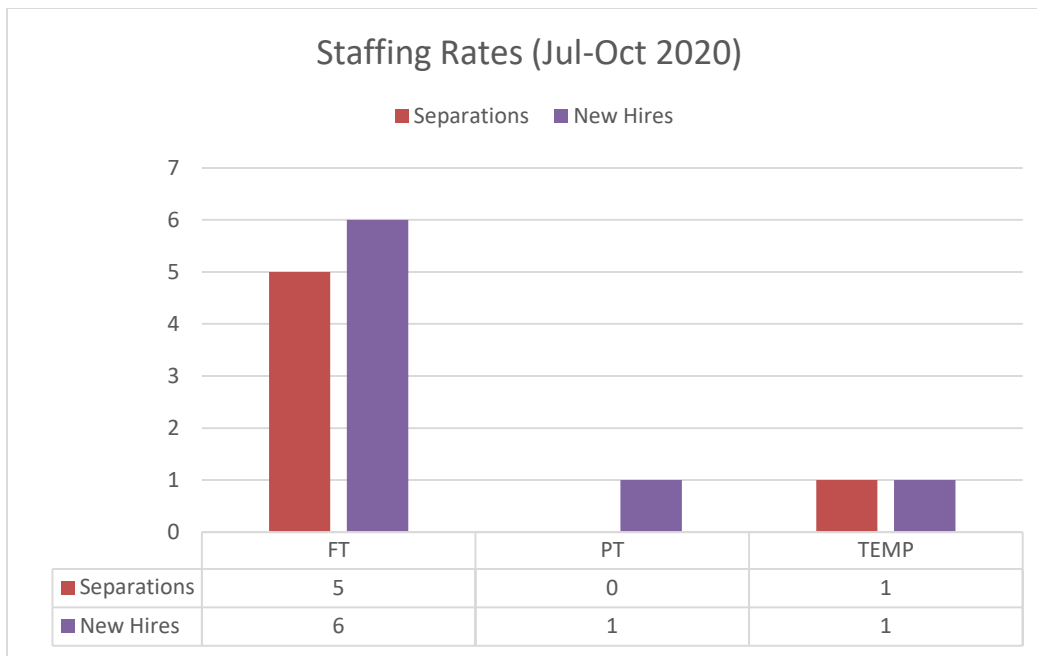
We have provided assistance with job description development and for most recently our surge staffing positions related to COVID: i.e. contact tracers, patient advocate, pharmacy runners, etc. In addition to the job description development, we provide a pay scale report for new positions and the re-evaluation of current positions.

We have provided assistance with the recent Human Resources Manual Amendments.

We provide orientation to new employees and assisted with the renewal of the health insurance, life insurance, and benefits package effective October 1, 2020.

Human Resources provides assistance to Managers and Employees for employee relations issues.





**Information Technology, James Penney, Manager:**

Within Information Technology (IT) we prioritize any issues regarding patient care come first. We continue to upgrade and stay current with technology and honor the life cycles that we have placed on equipment.

We have obtained Century Link service as an alternate Internet Service Provider (ISP). We keep Nez Perce Systems service as another Internet Service Provider. For security purposes and having a backup if necessary. With the pandemic we have had to rely on the additional service provided by Century Link, we've faced a variety of emergency situations this year alone.

Before the pandemic we were on target for the implementation Greenway Health as our new Electronic Medical Record (EMR) replacing the Resource Patient Management System (RPMS). We are still participating in weekly calls and we have one employee staying up to date with us and what requirements need to be met to fully transfer over April 5, 2021. We have been working on this for over a 2 year timespan. We have had several interactions and demos with Greenway Health. We signed a contract with Greenway before the 1st quarter.

Since then we have made several strides in completing objectives set by the Greenway implementation team.

- Completed bandwidth testing
- Staged server, D1 install is in process
- Working with Cimmaron on file exports
- Adding users to begin virtual training
- The process with Change has begun for the interface with Path Lab

We had had to evaluate and generate a plan in response to COVID-19. Since the declaration of the COVID-19 pandemic and our response with the resources. We knew that work from home was going to be an issue with the stay at home orders. We wanted to obtain software that would enable staff to work from home and help continue the care of our patient population. During the COVID-19 response, we jumped on obtaining a work from home software for users that were considered high risk. This has worked very well, and it has enabled us to provide continuous care for several departments. The software works great and it was easy for users to setup on the home computers or laptops.

Along with work from home access, we also wanted to put our Cisco tele-med equipment to use. There were several misconceptions as to what this equipment can be used for. We explained it more than a few times and Nick did several training sessions. We installed Cisco Meeting on several machines and deployed webcams and webcam covers to users. We are now using this to see patients from the parking lot using iPad's. We are also having virtual meetings on site to practice social distancing.

Quarterly Summary: Year to Date (Fiscal Year 20) as of April 30, 2020.

Information Technology - Tickets Created by request of NMPH staff: 115 Tickets Created: 180 Tickets Closed: 100 Tickets Closed: 178 Open Tickets: 23

**Kamiah Nimiipuu Health, Korena Popp, Site Manager:**

Provides quality services for patient's dental and medical health, phlebotomy, lab, nurse visits, triage, immunizations, patient education, and behavioral health.

Satellite pharmacy for convenience of picking up chronic and acute medications.

Provides transportations to appointments, home visits by community health nurse and CHS, patient education, community outreach and setting up medication medisets.

Transports include local and Lapwai transports, Lewiston/Clarkston area as well as Spokane.

Patient registration schedules appointments to best address patient needs and maintain efficient flow of the clinic day, assists patients with filling out registration and benefit forms and routes calls to appropriate departments.

Maintenance staff performs daily duties ensuring safe and clean environment for employees and patients of NMPH.

Reopen Kamiah Clinic, reduce backlog of treatment and return to a post pandemic "normal".

Kamiah Clinic successfully transitioned to Pandemic Protocol with the advent of COVID-19.

We conducted on July 4, 2020 a mass testing at the Kamiah clinic.

\*Kamiah reports are provided in each individual department reports as well.

**Laboratory/X-ray, Brenda Gillispie, Manager:**

To perform diagnostic testing of highest quality in caring and compassionate setting and mindful of using available resources for the benefit of our Native American people.

Our staff is in preparation to be fully trained with new EMR by the go live date in April 5, 2021 and be proficient by the beginning of usage throughout the New Year.

We have identified a super user to receive additional training with the new EMR, currently awaiting an outline of training dates for all staff.

We need to keep and maintain CLIA and COLA accreditations. COLA inspection is later this year, laboratory's goal is to pass with less than 10 citations. No date has been set due to COVID-19.

We are currently reviewing the COLA checklist of documents and procedures that should be implemented that

COLA will be reviewing and checking.

We have hired an additional Medical Technologist to assist extra COVID testing and help assure we have all procedures and policies updated.

We requested our x-ray equipment to be upgraded starting fiscal year 2021.

This will allow us to have better diagnostic quality and takes less time for exams to be completed. A proposal has been obtained from Turn Key Medical.

We have three (3) ABBOTT ID COVID analyzers and provide our weekly requests of Abbott supplies to Indian Health Services (IHS). As of November 9, 2020, we had 1071 test available, we sampled 2066 total tests from May 1, 2020 through November 9, 2020. We utilize both in house testing and Quest - Idaho State Laboratory for our send out tests.

Our Patient count for lab/x-ray through June 30, 2020:

X-Ray 2019 Q2: 219 patients seen and 233 exams.

X-Ray 2020 Q2: 152 patients seen and 172 exams.

Lab 2019 Q2: 1494 patients seen.

Lab 2020 Q2: 1415 patients seen.

**Maintenance, William Allen, Interim Manager:**

Our Facilities Management Program's maintains the buildings, grounds, and equipment to the highest level possible to ensure that essential health care services can be performed in a clean and a safe environment. They provide a cooperative working relationship, they assist with any activity effort we may be planning and provide oversight of the current safety policies while providing a sanitary, innovative, and respectful environment to current employees of Nimiipuu Health and Patients

We provide a thorough, highly trained environmental cleaning crew. Very competent staffing to meet the sanitary and maintenance needs of the NMPH.

We completed all the safety related concerns from Arrowhead General Insurance Agency report. All safety items listed have been addressed by items being completed and/or scheduled to be completed (doorway to roof and pharmacy expansion project). The facilities department maintains a sterilized and clean facility to help protect patients and staff.

We recently updated the Housekeepers job descriptions to Environmental Services Personnel to meet the cleaning, sterilization and sanitation requirements for healthcare facilities for COVID-19.

According to the NMPH's Action Strategy Strategic Planning Model. All has been completed below:

- Installed vacuum air compressor in Dental
- Installed UV Cabinets in Dental
- Purchased a shed for more storage
- Fixed Ambulance to where it can start
- Installed new gutters at the Kamiah Clinic
- Pest control for the Medical Records department

We did hire and solicited contractors to complete additional projects within NMPH.

We conducted the Monthly Safety Committee Meetings.

**Medical, Dr. R. Kim Hartwig, Medical Director, Manager:**

Assure that quality and dignified care is provided at each and every encounter.

Review current A/R status and identify methods that may improve efficiency of payment and correct documentation, billing or submission errors that may be recurrent.

The aging A/R numbers for both Lapwai and Kamiah Nimiipuu Health clinics. A “healthy” A/R report contains very little outstanding balance greater than 90 days. These totals may not reflect entirely true numbers as our write off and contractual amounts may contribute to a variance in values.

Lapwai A/R total from 1/1/20 – 3/31/20 total: \$3,171,464.70 with \$1,607,935.42 being 120+ days.

The greatest payer balances greater than 120 days for Lapwai are Medicare, Argus, Medicare – Part D, Express Script, Humana, Tricare, and Regence Medicare – Part D.

Kamiah A/R total from 1/1/20-3/31/20 total: \$192,452.59 with \$106,290.72 being 120+ days.

The greatest payer balances greater than 120 days for Kamiah is Medicare at \$96,602.04.

Medical has been improving the Quality of Care by implemented Telemedicine facility wide (BH, Optometry, and Medical). We have provided collaborative Tobacco Cessation Program with Students for Success, collaborative efforts for the Asthma Program with NPAIHB. We have participated in an abundance of Corona Virus Webinars, meetings, etc.

Weekly planning meeting initiated to help with our Technological upgrade within Nimiipuu Health; postponed during COVID-19 Response Planning.

Develop and coordinate Disaster Emergency Plan for COVID-19 preparedness and expanded our intertribal discussion and planning with both other federally recognized tribes and state representatives.

We built relationships and collaboration with State Health Agencies and Local Hospitals, and participated in the National discussion for COVID-19 preparation.

We are focused on improving the financial health of Nimiipuu Health by securing contracts with third party payers: Blue Cross, Regence, Idaho and Washington Medicaid, CMS (Medicare), Molina. Our new EHR – Greenway will assist with more accurate billing and collections for improvement in our Fiscal Health. We Participate in MAMs (Medicaid Administrative Match) Overview.

We do want to develop a Quality Community Environment, we attended the Innovia Foundation Leadership Council Meeting in Spokane, WA. Three strategic focuses for Innovia Foundation:

- 1) Igniting generosity
- 2) Building vibrant and sustainable communities
- 3) Ensuring every person thrives

This leadership council plays a vital role by providing representation from Innovia’s 20 county service area. Region 6 is comprised of Asotin and Nez Perce Counties.

Collaboration to ignite generosity that transforms lives and communities in our region.

**Activities and Collaborations:** Medical is intimately involved in COVID-19 Emergency Operations Command Team with the Nez Perce Tribe. Our medical team developed a telehealth protocol, FNP-C to continue to provide quality care to our patients at Nimiipuu Health.

Collaboration with area hospitals during COVID-19 pandemic to assist in caring for patients that we can to not overwhelm the ERs.



Considering the following outline from the Action Strategy Strategic Planning Model.

Community Outreach - Build trust in our community through outreach and communication; develop a crisis team. Continue to participate on the Multidisciplinary Team (MDT) for child physical and sexual abuse cases. Continue to build and collaborate with Nez Perce Tribal Police Department to implement a community Narcan program.

Financial Health: Improve provider documentation for improved collections

Seek to succeed and become a model health care provider and overall impact to people in a cultural appropriate setting: aggressively manage our diabetics and pre-diabetics for optimal care and prevention; identify our asthma patients to optimally prevent and manage this chronic lung condition. Provider documentation standards have been set and are improved, per Peer Review activities.

Nimiipuu Health's involvement in the COVID-19 response has significantly improved our presence in our community. In addition, the quality care that is provided by our current and new staff members has also contributed to improved trust. Anecdotally, patients are returning who have not been seen at our facility for years because of community trust in our care delivery.

Nimiipuu Health has been at the forefront of the crisis team development for COVID-19. The Nez Perce Tribe, in general, has come together beautifully to respond to our community needs during this pandemic.

Collaboration with the Lapwai School District with their decision making for school openings/closures with this COVID-19 pandemic. Assisting in editing documents for distribution to students and parents has also build trust.

Medicaid billing for transportation is in process by Community Health and will hopefully be completed soon.

Patient encounter numbers have been maintained with fewer providers, which illustrates improved production. The patient encounters from October 2018 through February 2019 totaled: 19,429. The patient encounters from October 2019 through February 2020 totaled: 20,048 with 4 providers departing during this time. This is an increase of 619 patient visits despite our hiring of new staff. Our current providers have performed exceptionally well. Mr. Hoff, PA-C began assisting with clinical services on 1/27/20; Dr. Edward Smith joined our staff on 1/31/20; Krystal Rogers began providing services on 3/16/20 to allow our medical staff to perform optimally.

We have received a pre-diabetes patient panel and are employing case management principles to this category of patients to help reduce the incidence of diabetes.

As noted above, patient volume has been increased to surpass the prior year's patient encounter numbers. However, the COVID-19 pandemic will undoubtedly impact these numbers for the next quarter.

The Diabetes Case Manager has been relocated to the medical floor. The workflow for our diabetic patients is in progress but this will eventually allow for our diabetics to receive comprehensive care for long-term complication reduction. The above noted high risk patients, our pre-diabetics, have been identified. Diabetes management standard are being explored to incorporate into EVERY diabetes visit.

Continue to participate in regular Pharmaceuticals and Therapeutics meetings to maintain consistency among our providers for cohesive management. Participated in the selection of a Pharmacy interface for Greenway. Regularly attended NPAIHB COVID-19 Webinars. Attended COVID-19 Meetings with Dr. Souvinir, ID Specialist, St. Joseph's Regional Medical Center for COVID-19 collaboration, management strategies

Participated in FEMA/CDC Funding discussion with the Nez Perce Tribe. Reviewed Rainbow Gathering

activities/potential harms for Nez Perce Tribal lands. Communicated/attended joint meetings with Idaho Department of Health District 2 representatives and developed working relationship for COVID-19 collaboration. Participated in UWSOM (University of Wash School of Medicine) Tribal discussion with Dr. Ramsey, UWSOM, and Dean with Public Health District 2. Attended Public Health District (PHD) WebEx meetings for regional/state information for COVID-19. Collaborated with PHD 2 to contact trace our positive COVID-19 cases. Collaborated with PHD 2 for our re-opening plan for the Clearwater River Casino. Provided guidance for re-opening protocols and safety measures for the City of Lapwai.

**Optometry, Dr. Ileen Huh, Manager:**

Our goal is to enhance and preserve the gift of vision of Nimiipuu by providing accessible, safe and high-quality eye care service, optical service and patient education.

During 2nd quarter, we purchased variety of paper education materials focused on vision and ocular conditions for the patient waiting area. However, large amount of them were disposed abruptly one day in mid-March for COVID-19 preparedness. These same items were reordered during 3rd quarter and being stored for later use.

We conducted our first vision screening for kindergarten and first graders at Lapwai elementary school was scheduled to be in April 2020 but canceled due to COVID-19 related school shut down. We are currently aiming for the new date to be sometime this fall.

Dr. Huh wrote an article titled "Digital Eye Strain is REAL" It was featured on Nimiipuu Tribal Tribune, Volume 2 Issue 7.

Our Nimiipuu Optometry department continued to provide urgent/emergent eye care, glasses repair/urgent order/curbside pick-up since mid-March until end of May. Starting June 1st, routine care resumed with expanded appoint time slots to accommodate disinfection and social distancing.

Peer Review for fall 2019 was done for Dr. Huh on 05/21/20.

We had to replace our current exam lane equipment/chair; the upholstery was in disrepair. We would like to be wheel chair accessible when considering purchasing a new chair.

Our next AAAHC survey is in 2022, the past reviews the Joint Commission has scrutinized surveys of IHS ophthalmology/optometry departments starting 2019 regarding infection control of instrument coming in direct contact with mucous membrane of patients. There are less than 10 total instruments in Optometry which belongs in that category. Of those, 2 are frequently used and one of those 2 are used multiple times a day. Some changes have been made to reduce multiple use of the same equipment, more research needs to be done to find efficient methods (i.e. in time, simplicity, monetary resources and space).

We need running water access in Optometry which is in our strategic goals of NMPH and we are currently working on it with the pharmacy expansion. Once we have the water accessibility and adjustments to the Optometry location, we can have triple function with a patient pretesting room, glasses repair and order check in room, special testing room. Due to the triple function of one room and double function of the other, it is often required to shuffle staff/patients around which slows down patient flow and patient capacity.

We do need to acquire new equipment, such as a fundus camera, which allows photo documentation to monitor small changes over time (years). The digital images from outside clinic are received and printed/scanned, image quality dramatically deteriorates. We have yet to figure out how to receive/store/link the file to a patient's account in RPMS. We would be able to provide better patient education with a service such as this.

We hope to provide safer patient care after returning to routine care at NMPH Optometry with the new exam

chair, etc. We continue to want to meet patient care needs with limited/reduced capacity during the pandemic.

Dr. Huh created and implemented an Optometry re-open plan as a part of NMPH's S.O.P. When routine care resumed on June 1<sup>st</sup>, here are some highlights: department door is locked for safety when we return to routine care, appointments required for order/dispense/repair. Exam time has been doubled to allow proper social distancing and disinfection. We also have implemented a display frame disinfection protocol using the UV sanitizer in Dental along with soap and water.

COVID has caused eye exam services to be reduced and routine eye exams for Priority 2 patients will not be available for 2-6 months. We have an option to mail or pickup orders at curbside, also for safety.

We did conduct telemedicine visits with less than 10 patients in April and May. However, there are limitations: connection problems, images not being clear enough for medical evaluation, set up prep with staff with telemedicine such as taking more than 30 minutes total for 1 appointment.

Our Optometry workflow has and is being modified to accommodate patient needs. Staffing has been challenging.

Optometry begin scrubbing charts in March while patient care was reduced to better prepare for Greenway transition in the fall. With returning to routine care in June and losing an employee at the end of May, currently this project is not moving forward.

**Activities and Collaborations:** Dr. Huh maintains contact with Portland Area IHS Optometry consultant, Dr. Donald Asay and IHS Chief Clinical Consultant, Optometry Program, Dr. Dawn Clary.

Encore is our lens/frame vendor – they have been with us 6+ years. Great turnaround time and quality, easy to work with and carries popular Native Design. However, limited in large frame sizes. They provide yearly free optician training which has been tremendous help for our employees in the past but it was cancelled this year due to COVID-19. NMPH Optometry is looking into other options for large frame sizes for our patients. Also, since COVID-19, Dr. Huh is contemplating a “virtual optical” option as Billings Area IHS has been utilizing this with success.

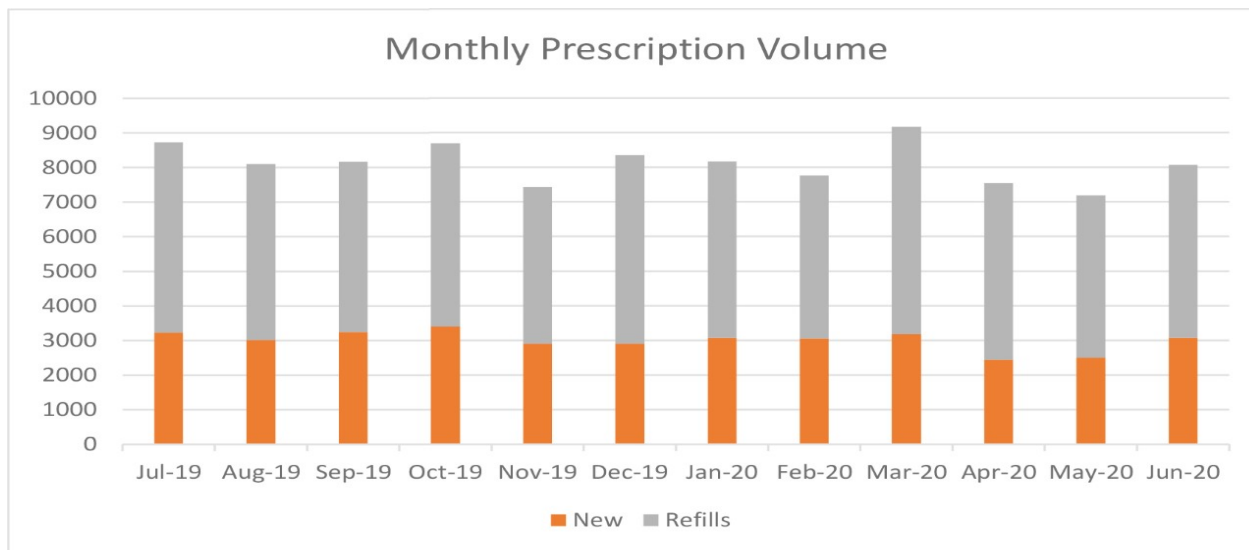
**Pharmacy, Heather Weddle, Manager:**

We have major projects with the Pharmacy Expansion, a two-level expansion to allow a drive thru window and office space for all administration on the second level. Which will allow for more room for medical on the main floor for patient services.

Our Chief Pharmacist issued great RFP for the pharmacy software.

## Pharmacy Prescription Management:

<b>Date</b>	<b>Totals</b>	<b>New</b>	<b>Refills</b>
Jul-19	8723	3231	5492
Aug-19	8101	3011	5090
Sep-19	8172	3245	4927
Oct-19	8691	3399	5292
Nov-19	7424	2905	4519
Dec-19	8356	2910	5446
Jan-20	8173	3077	5096
Feb-20	7758	3053	4705
Mar-20	9164	3183	5981
Apr-20	7541	2439	5102
May-20	7190	2501	4689
Jun-20	8069	3075	4994
<b>Avg</b>	<b>394</b>	<b>146</b>	<b>248</b>



In closing, as the Executive Director, I would like to thank again all the Nimiipuu Health staff that have continued to work during the COVID-19 Pandemic. Your services were not unseen and I continue to thank each and every one of you for your patience and understanding when direction changed daily for COVID. Being a trooper through the Pandemic while reporting to work and continuing to provide service to Nimiipuu Health patients.

Thinking out of the box, making things happen, and educating me along the ride as well; I appreciate all that you do from the time the patient walks in our door to the time they walk out. We have made it through one of the longest worldwide pandemics in history and you managed to keep providing a quality service with a smile. At times it felt overwhelming, but we are making it and can only get better from here on out.

Again, I would also like to say thank you to our patients for being lenient with us during the transition of this COVID-19 Pandemic. The changes were happening so quickly, almost faster than we could communicate the changes. We got better each day. Thank you for your patience and understanding during these trying times. Your safety and your family's safety is a priority for us, and we thank you for having trust in us or allowing us to build trust. Your gratitude and understanding are greatly appreciated. We are terribly sorry during these difficult times if you had an unwelcomed experience with us. If you did, please report it to the Patient Advocate as we strive to make improvements and your feedback helps direct us in a positive direction of excellence.

Qeci'yew'yew