

## HFS Healthcare Turnaround Strategies: A Success Story

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This core group acts as interim Chief Executive Officers and Chief Financial Officers to conduct and implement agreed upon methods for improving operational efficiencies and financial considerations...

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#### Executive Recruiting and Interim Placement

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# HFS Healthcare Turnaround Strategies: A Success Story

The HFS Reimbursement Division contains a group of elite professionals who specialize in assisting hospitals with strategies for successful financial turnarounds.

This core group acts as interim Chief Executive Officers and Chief Financial Officers to conduct and implement agreed upon methods for improving operational efficiencies and financial considerations. HFS is recognized for its work with both rural and urban hospitals and is recommended by **OSHPD's Cal Mortgage** division for specific situations.

One example of our work involves **Sierra Kings District Hospital (SKDH)** in Reedley, CA. This 44-bed district hospital provides emergency and acute care services and multiple primary care and specialty care services in its six rural health clinics for patients throughout the communities of Reedley, Parlier, Sanger, Orange Cove, Selma, Dinuba and Orosi.

The hospital has struggled financially for a number of years and eventually filed for bankruptcy protection in October 2009. Since then, through the efforts of community leaders, a willing hospital partner and personnel from HFS, the hospital and its clinics are poised to not only survive, but thrive in the years ahead.

SKDH became part of the Adventist Health Central Valley Network on November 1, 2011, the last step in



a process spanning over two years. HFS played an important role in this outcome. It assisted the hospital in maintaining sufficient cash flow over a two-year period to allow time to execute a "partnering" strategy that culminated with the affiliation with Adventist Health. The transaction will preserve the hospital's presence in the community of 25,000, maintain over 300 jobs and permit Sierra Kings to pay its creditors in full through the bankruptcy process.

HFS brought in an inter-disciplinary team, including interim management (CEO, CFO), patient accounts specialists, registered nurses, and experts in coding, staffing and rural health clinic operations.

HFS Interim CFO Teresa Jacques guided an effort that had a significant impact on reducing operating losses. The hospital went from a \$4.2 million loss in fiscal year 2009 to nearly breakeven results in fiscal 2010 before bankruptcy and turnaround costs. HFS Interim CEO Sandy Haskins worked closely with civic leaders and hospital supporters to gain their support of the strategy to find a "partner" for the facility. This involved numerous meetings, formal and informal, over an 18-month period to build consensus for a way to preserve the hospital. As a major employer in the community with 34% unemployment in 2010, SKDH has a large impact on the local economy.

Other efforts included a complete review of the billing procedures of each of the rural health clinics and submission of a request for increased Medi-Cal rates in accordance with regulations and to meet the current, higher operating expenses associated with the sites. By training the business office staff on receivables and facilities management, HFS reduced the A/R aging from an average of 105 days to 53 days.

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Beginning in the spring of 2010, informal discussions were held with several healthcare organizations that might be suitable for a formal relationship. After formal presentations by two organizations, the governing Board of SKDH signed a Memorandum of Understanding followed by a Letter of Intent (LOI) with Adventist Health Central Valley Network. The agreements call for a 15-year lease of the hospital facility, sale of equipment and the purchase of the rural health clinics.

On June 7, 2011, District voters approved Measure G, authorizing the Board to move forward with the Adventist Health transaction with an astounding **96%** approval rating. With this transaction, future operations of the hospital were assured and over 300 jobs were maintained.

HFS has been named Plan Administrator for the bankruptcy proceedings due to the nature of the relationship that Mr. Haskins and Ms. Jacques have built with the bankruptcy counsel and the community leaders since the Chapter 9 filing.

**The Sierra Kings District Hospital** experience demonstrates how the HFS approach brought strategic and technical skills to a challenging situation. For more information on services associated with turnaround strategies, please contact **Rich Gianello at 510-768-0066 x223.** ☒

## Want an eNewsletter?

HFS offers you the option of receiving our newsletter in either hardcopy or electronic format. You can also view previous editions of our newsletters online. Just go to our website at [www.hfsconsultants.com](http://www.hfsconsultants.com), click the "Newsletter Sign Up" in the upper right-hand corner, and provide the requested information.



## Long Term Care Corner

### Decrease in SNF Reimbursement Rates

The SNF Updated pricer was released in August, showing a decrease in the rehabilitation RUG rates and a slight increase in the medical RUG rates commencing October 1, 2011. This comes in the second year of the new RUG IV reimbursement methodology, where rates initially saw as much as a 30% increase in the nursing component of the RUG. This has now been reduced in this second year within the rehab RUG rates by as much as 15%. Santa Cruz CBSA also took the honors of having the highest multiplier in the state with 1.7111. Northern California, specifically the Bay Area, remains as one of the highest areas for wage costs and CBSA multipliers well in excess of the 1.0.

**To get an electronic file of the different rates per CBSA in California, please call or email:**

Becky Carroll: 510-768-0066 ext 285, [bcarroll@hfsconsultants.com](mailto:bcarroll@hfsconsultants.com); or  
Tracy Addleman: 510-768-0066 ext 248, [taddleman@hfsconsultants.com](mailto:taddleman@hfsconsultants.com)

# Adopting Electronic Health Records: The Answers to Participate in the Incentive Program

The Health Information for Economic and Clinical Health Act (HITECH) portion of the ARRA provides incentives and regulations for the use of electronic health records (EHR) by all Medicare enrolled practitioners, whether a single physician or a multiple site clinic group. These incentives will assist groups in updating their current systems to meet all electronic patient data reporting requirements of “meaningful use,” which are being implemented over the next four years.

## The HITECH act has three objectives:

- use of certified EHR in a “meaningful manner,”
- use of certified EHR technology for electronic exchange of health information to improve quality of healthcare, and
- use of certified EHR technology to submit clinical quality measures (CQM) and other such measures selected by the Secretary of Health and Human Services.

## Is your Practice Management System (PMS) eligible for incentive funding?

Look it up: <http://www.cms.gov/EHRincentiveprograms/> If your PMS is listed, that’s a good start. Obtain your certification number from the site for enrollment.

## How much money is available?

Medicare and State Medicaid programs offer different amounts – between \$44,000 to \$63,000 per eligible practitioner (EP)! The money is paid as specific milestones are reached over a five-year period. Each EP at your site may enroll for incentive funding.

## What if my system needs to be upgraded?

You should have a serious conversation with your software vendor. CMS requires each vendor to

be certified as meeting all reporting requirements and maintains a Certified Health Information Technology Product List for nationally approved vendors. Upgrades will cost varying amounts, depending on the vendor.

## How do I get the money?

Register your practitioners: <https://ehrincentives.cms.gov/hitech/login.action> You must start with Medicare registration, then go to your State Medicaid registration. Information entered into the Medicare program will flow over to the Medi-Cal website registration.

## Where’s the Medi-Cal registration page?

Enter your clinic data at: <http://medi-cal.ehr.ca.gov/> The CA state website began accepting enrollments on Oct. 3.

## My doctors only work at my clinic and use our PMS. How does the clinic obtain its incentive funds?

Registration on the Medicare and Medi-Cal websites allows for the reassignment of payments to specified clinics, if approved by the registering practitioner. They will need the clinic NPI identifier and organization Federal Tax ID number.



## How do I get trained?

Your software vendor can provide training. In order to prepare for training, ask yourself: What changes have you made in your workflow to accommodate this upgrade? Did you really look at the support contract? Do you know what reports you’ll need?

## Will I need to change my clinic patient procedures?

Probably. You will need to collect more patient data than before. As an example, how many of your patients smoke? Have you discussed a cessation program with them? Be prepared to record this information, and more!



## Where do I get help?

**Talk to HFS Consultants. As an approved Service Partner with the California Regional and Local Extension Centers, we can assist with clinic specific issues:**

- Enrollment with your Local Extension Center for enhanced assistance
- Workflow analysis and redesign – let's follow the patient data
- System reconfiguration – where are the workstations and who is accessing them?
- Reports review – what reports are you using and what else is available on your system?
- Meaningful Use reporting – what reports need to be submitted to the State to keep you Stage 1 compliant?

**For more information regarding clinic development, workflow design and how HFS can assist you, please contact:**

**Bill Deane at 510-768-0066  
bdeane@hfsconsultants.com**

## DHCS Tries to Recoup Medi-Cal Payments

The Centers for Medicare & Medicaid Services (CMS) approved the State Plan Amendment (SPA) for California on May 23, 2011. In the process, CMS approved the elimination of Medi-Cal payments to FQHCs and RHCs for certain "optional benefits" including adult dental, podiatry, and chiropractic services.

The CA Department of Health Care Services (DHCS) had sought to remove these and other services from the State Medi-Cal program during the previous fiscal year due to state budget shortages. DHCS has long considered these services (along with acupuncture, optometric, speech therapy, psychology and audiology services) optional, and the state's budget crisis solidified the need to remove them from the program.

On October 18, 2010, the federal court ordered DHCS to continue reimbursing clinics for these services until formal approval from CMS was given to eliminate them through approval of the specified services stated in the SPA. The approval was given in May of this year, and now DHCS is seeking to recoup payments made to FQHCs and RHCs *between October 18, 2010, and May 23, 2011*. The Department claims that they have the authority to recover these funds. However, legal opinion suggests that there is a possibility that because these services are provided by medical doctors, interpretation of federal law requires reimbursement.

**As a reminder, some Medi-Cal dental services were not eliminated:**

- Beneficiaries under 21 years of age and part of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program
- Women 21 years and older who are pregnant and require pregnancy-related services
- Beneficiaries 21 years and older in SNFs, ICFs, DD, DDH and DDN facilities
- Limited dental services for the relief of pain, infection or trauma

It is advised that a financial assessment of reimbursements for adult dental, podiatry and chiropractic services be undertaken by clinics to determine how much money may need to be returned to DHCS; and funds should be maintained in a separate account. DHCS has not yet determined how a recoupment will take place. ☒



## Executive Recruiting and Interim Placement

One of our most active practices at HFS is Interim and Permanent Executive Placement. At any given time, HFS is providing from five to fifteen of our clients with interim CEOs, CFOs, controllers, business office managers, decision support executives, etc. And, of course, we also do executive searches to help clients find permanent executives.

We are proud to announce that Ellen Montague has joined the company as Manager, Recruitment. Ellen brings 20-plus years of experience in the recruiting field to HFS. She will provide recruiting management and executive search services for executive-level professionals for HFS's hospital and healthcare facility clients.



### Recent placements include:

- James Strong, COO/CFO for St. Joseph Health System-Humboldt County
- Douglas Lafferty, CEO at Plumas District Hospital
- Marc Hecksel, CEO at Bear Valley Community Hospital
- Wade Sturgeon, CFO at Biggs Gridley District Hospital
- Michael Ruggiero, Director of Facilities Management at Tahoe Forest Hospital District
- Wayne Mills, CFO at Fremont-Rideout Health Group
- Ann Metzger, Interim Assistant Controller at Alameda County Medical Center
- Benjamin Laborde, PhD., Interim Budget Director at Children's Hospital & Research Center, Oakland

HFS is ALWAYS looking for excellent financial and other executives to serve our clients on short- and long-term interim projects. Please contact Don Whiteside at 510-768-0066 ext. 311 or Ellen Montague at ext. 356 if you are interested. ☐

## HFS Employee Additions:

**Jake Murray** joins the Reimbursement group at HFS, providing cost report preparation services on Medicare & Medicaid for hospitals and long-term care facilities. Jake graduated from St. Mary's College and brings a love of softball to HFS, which bodes well for our team.

**Ben Gerhardt** joins our expanding IT department to assist in HFS functionality in website development and network support in the administration of our five regional offices. He is adept in multiple programming languages and will assist the IT Director on special projects. Ben has a BS degree in Computer Science from California State University at Sonoma.

**Jennelle Fisher** joins the Revenue Cycle Management group in Fresno to assist our many hospital and clinic business office clients with claims billing, collections and follow-up. Jennelle has experience in Medicare & Medi-Cal electronic billing on a variety of practice management systems and network platforms.

**Elena Gonzales** also joins our Revenue Cycle Management group to assist in handling hospital business office functions, including billing for all government and commercial payers and A/R collections.

**Ellen Montague** joins the Executive Recruiting and Interim Placement group bringing a vast amount of experience as a recruiter and sourcing professional over the past 20 years in a variety of industries. Since the demand for qualified healthcare professionals at the executive level is always increasing, Ellen will assist us in finding qualified candidates for CEO, CFO and other senior management positions. ☐

## HFS Fresno Growth Mode

Part of the HFS Consultants "complete solutions for healthcare management" is located at the NEW Fresno office. The Fresno office primarily works in Revenue Cycle Management. Its expertise is in areas of billing and collections in which HFS personnel will utilize the client's system or our own to collect, rebill and manage outstanding claims. The HFS personnel are experienced in the billing regulations and requirements of HIPAA, Medi-Cal, Medicare and commercial insurance companies. The Fresno office is largely utilized for outsource billing, which includes billing, follow-up, collection and backlog reduction. Services aren't isolated to offsite support only. If deemed necessary, onsite assistance will be provided to a client.

The Fresno office's clientele includes various types of healthcare providers including rural health clinics, acute care hospitals, ambulatory surgery centers, acute psychiatric hospitals, out-patient clinics including lab, radiology, and oncology, skilled nursing facilities and individual physicians. HFS Fresno works with these providers to maximize efficiencies within the revenue cycle, maximize cash flow, minimize loss of collections due to timely filing and maintain appropriate levels of A/R based on payer mix and monthly revenues. For those clients that do not have billing systems of their own, HFS operates as an offsite business office, while others may have their own systems and require HFS to clean up their backlogs (of aging claims). The HFS Fresno personnel have



expertise with many of the Healthcare Information Systems such as *Meditech, Siemens, HBOC, Achieve, Dairyland, HMS, Medical Manager, NextGen, Raintree, Mega West, Centricity, CPSI, Health Pro, and* electronic vendors such as *DSG, SSI Emdeon, NDC, Envoy, Office Ally, and ProxyMed.*

### Assistance to Hospital Business Office

A case study of the services that this office provides is in their recent engagement with Sierra Kings District Hospital (SKDH) of Reedley. HFS's Fresno Office was charged with turning around the hospital's receivables, reorganizing their business office and making a potential acquisition possible. After SKDH filed for Chapter 9 bankruptcy, HFS was consulted to get the hospital back on track and out of its financial woes. HFS Fresno aided in the restructuring by providing billers to SKDH and training SKDH staff to better handle their receivables and facilities management. Through the Fresno office's efforts, SKDH's cash flow was increased considerably, their accounts receivable backlog was decreased and their A/R days dropped by 51%,

from **105 days down to 53 days outstanding**. Additionally, by the time the Fresno office transitioned out, they had increased cash to the hospital by approximately 2.6 million dollars.

With the recent move of the Fresno branch offices in March 2011 to a new location at 680 West Shaw Avenue in the Fig Garden Village area of Fresno, the office has begun "growth mode". This move was done to accommodate staff growth and the expansion of services to more healthcare facilities. This growth is expected to be made possible due to the difficulties many providers are discovering with implementing the new 5010 electronic billing requirements that are scheduled to occur in 2012. The Fresno office also will be upgrading its own IT systems in November 2011 to better serve its clients by providing better reporting, more streamlined electronic billing and the ability to utilize different charge masters.

All in all, we can all expect more great things from the Fresno office and the Revenue Cycle Management side of HFS in the coming months! For more information, please contact Gwyn Smith at ext. 315. ☐

## A Reflection on 20 Years:

*An Interview with Rich Gianello, CEO*



### Q: How did HFS get started in 1991?

**A:** We were working for the healthcare division of an East Coast CPA firm when we were notified that it was closing. Starting with a small amount of existing work, Steve Rousso and I set up meetings with rural hospitals up and down I-99 and made sales calls for three or four days. We talked about financial feasibility and reimbursement opportunities. One of the jobs from those calls was to become the interim CFO at Westside District Hospital in Taft. That's how we started.

### Q: What was going on in healthcare at the time?


**A:** The same issues that exist now existed then, the same pressures. There are constant regulatory changes; federal and state programs keep decreasing reimbursement and all facilities must continue to provide quality patient care at less cost. You are expected to do more with less resources. This is a highly regulated government industry. The methodology constantly changes, for example, changing from ICD-9 coding to ICD-10 coding, a much more sophisticated and complex system. But the pressure still exists to cut costs and operate more efficiently.

### Q: What factors contributed to the growth of HFS over these years?

**A:** The healthcare industry features high turnover in executive and management level positions. We've been able to develop teams that handle all types of interim management duties and then develop turnaround strategies for small rural hospitals. Working from the inside, we were able to identify weaknesses and areas where assistance was needed, then implement successful strategies to improve the financial standing of many facilities. We became specialists in a wide variety of operational and financial areas for our clients.

We also grew by finding small consulting firms with high quality personnel and bringing them into HFS. This allowed us to expand the range of services we could offer to our clients, and continue to offer quality services to them.

### Q: What value does HFS bring to its clients?

**A:** We've always strived to live up to our mission statement, which is to make a positive impact on the business performance of our clients by creating and applying innovative solutions to demanding healthcare issues. We've been successful much of the time in coming up with solutions for each client's unique problems, and they've rewarded us by continuing to be our clients throughout the years. As the population keeps aging and the industry becomes more complex, we'll strive to keep our clients in a competitive and profitable position. 

## *What was going on in 1991?*

### Popular Music:

The two longest running Number-One singles of 1991 are "(Everything I Do) I Do It for You" by Bryan Adams and "Black or White" by Michael Jackson.

### Movies:



*Terminator 2: Judgment Day*, became one of the landmarks for science fiction action films with its groundbreaking visual effects from Industrial Light & Magic.

Walt Disney Pictures releases *Beauty and the Beast*, which is the first animated film in history to be nominated for an Academy Award for Best Picture.

*The Silence of the Lambs* wins Best Picture, Best Actor (Anthony Hopkins), Best Actress (Jody Foster) and Best Director (Jonathan Demme).

**Healthcare:**

HFS partners looked like this:



(left-right) Rich Gianello, John Pfeiffer, Nick Addleman and Steve Rousso in 1994. All are still with HFS.

**World Events:**

Cease-fire ends Persian Gulf War (April 3); Warsaw Pact dissolved (July 1); Boris Yeltsin becomes first freely elected president of Russian Republic (July 10); Lithuania, Estonia, and Latvia win independence from USSR (Aug. 25).



## Clinic Code 19 Billing for Healthy Families

The California Department of Health Care Services (DHCS) began receiving claims on July 1 for the newly established Code 19 rate. Similar to the Code 18 rate for Medi-Cal Managed Care services, Code 19 will be imbedded into the prospective payment system (PPS) rate for services provided by FQHCs and RHCs to beneficiaries of the Children's Health Insurance Program (CHIP). The Code 19 rate equals the difference between what the clinic receives for Healthy Families services and their Medi-Cal PPS rate.

DHCS is requiring that clinics submit a request form to the Audits & Investigations department to establish an initial Code 19 rate. If you have not yet submitted the request form for payment, your rate will be automatically set at \$1. Any amount due to your clinic above this payment will not be refunded to your clinic until after you submit your year-end PPS reconciliation forms, causing a delay in reimbursement.

Once the clinic rate is set and in the DHCS system, providers can submit electronic or handwritten UB-04 claim forms to HP, using the revenue description "Healthy Families Differential Rate" in box 43.

The Children's Health Insurance Plan Reauthorization Act of 2009 is also requiring California's Healthy Families Program to issue one lump-sum retroactive payment for services provided between October 1, 2009 and June 30, 2011. As of the writing of this article, a retroactive payment process has yet to be arranged. ☐



**To access the Code 19 form and update your rate, go to:**  
<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/AuditsInvestigationsForms.aspx>.

**You may also contact  
 Cecilia Murillo (x288) or  
 Bill Deane (x246) for  
 assistance in filing  
 for your new rate.**

## Mentoring At HFS


HFS Consultants has integrated the concept of “social responsibility” into its company culture and empowered us with PTO hours and the creative latitude to pursue this standard. My name is Michael Davis and I’ve been the IT Director at HFS for the past ten years. Inspired by the HFS social responsibility team, I advertised my desire to mentor on several popular social networking sites.



This summer I was contacted by SPARK, a youth development program whose mission is to inspire middle school youth through workplace-based apprenticeships. The organization was founded in 2001 to help address the astounding 20% nationwide high school drop-out rate.

SPARK coordinators interview prospective children to identify their “dream job,” then search for active professionals to act as apprentice teachers. I was lucky enough to be matched with a wonderful 13 year old boy named Gregory from South San Francisco. He had an intrinsic interest in technology, but had no exposure to the interworking of computers or the Internet.

Our goal was to show Gregory the relevance of his school curriculum. In order to help him connect the dots between his school curriculum and his future career, we chose to take Gregory on a journey from user of technology to a builder of technology. We set up two small projects to illuminate the underlying mechanisms of the technology he uses every day. We let Gregory build his own computer to teach him the function of each internal component. Using the teach-back method, he would recite the function of each component before actually placing it in his new computer. The second project was to design a web page, which was an opportunity to introduce Gregory to software development, databases and user interface design.

We were able to inspire an already bright young man by providing him with a new sense of relevance for his high school career. He is now reaching and thriving rather than simply surviving. Each of us on the IT team was forced to deconstruct our roles, which has given us a fresh perspective and reinvigorated our desire to learn. For more information on SPARK, please contact **Michael at 510-768-0066 x234**. 

## Valuation Doesn't Need a Building

When most people think of valuations or appraisals, they think of buildings. But in an era of Stark legislation and other regulatory agencies questioning non-profits' finances, valuation issues occur in surprising places.



Hospitals considering partnering with outside groups to provide ancillary services or expand their coverage areas may find themselves being reviewed by a variety of agencies, all determined to assure that the deals don't make somebody unnecessarily rich. And it doesn't matter that there's no real estate involved. The question regulators ask is “Are you making somebody inappropriately rich under the terms of your agreement?” Since the definition of “rich” is not firm, it's important to have an unbiased opinion as to what any agreement provides for each party. HFS has been providing valuation services for healthcare providers of all types throughout its history, but the demand for these services has exploded over the past five years.

**Some examples include:**

- Valuing a physician practice for acquisition by a Federally Qualified Health Clinic
- Determining proper allocation of stock in a joint venture between a hospital and an outside provider
- Defining an appropriate division of assets in a dissolution of home health agency partnership
- Determining a fair rent for space to be leased to an outside provider
- Reviewing lease terms for appropriateness

Since regulations often specify more than one approach to determine value, it is important to assure that your valuation analyst has multiple sources of data to use as a basis for the value conclusion.

**Depending on the issue in question, sources of data may include:**

- Published rents, and/or data on recently negotiated rental agreements (much of this data is not published but may be available in the analyst's databases)
- Sales data on publicly traded organizations providing similar services (non-publicly-traded organizations often have different standards, but the public data is useful in setting appropriate ranges of value)
- Trade association data
- Data on revenue and/or net income, along with sales prices for the organizations

Other sources are also available in specific cases.

The process of valuation varies with the value estimate needed. Contact **Gordon Johnson** at 213-216-5856 if you have questions. ☒

## Social Responsibility at HFS:

One of the local organizations that HFS supports is OBUGS. The mission of this small Oakland non-profit is to build healthy communities through programs offered to children and youth in a network of school and neighborhood gardens, green spaces and farmers' markets. These school-based gardens are used to teach children about nutrition, health and sciences and assign them the responsibility of caring for and growing produce.



HFS staff recently volunteered to build a garden sink at one site so that workers could wash produce and clean up at the end of the day.

If you would like more information on OBUGS or would like to make a donation, visit their website at: [www.obugs.org](http://www.obugs.org).

## About HFS Consultants

**HFS Consultants** focuses on the needs of hospitals and other healthcare organizations for financial, strategic management, operations, organizational and competitive change and growth.



## New Engagements

- Operations and Turnaround assessment of all product lines at **St. Rose Hospital** in Hayward
- Assistance with the Change in Ownership and purchase of a free-standing skilled nursing facility by a district hospital for the expansion of available skilled nursing beds
- Development of a clinic for geriatric patients at **Institute of Aging** in San Francisco
- Assistance with revenue cycle management and business office operations for FQHC sites in San Francisco and Santa Cruz
- Productivity management and benchmarking programs for **Kettering Health System** in Dayton, Ohio
- Clinical laboratory improvement and automation program for **Fremont-Rideout Health Group** in Marysville
- Unit of service audit program and assistance with enrollment and rate setting for two school-based clinics at **Children's Hospital of Oakland**
- Operational Improvement program at **Marin General Hospital** in Greenbrae
- Medi-Cal clinic rate adjustments for **Lifelong Medical Center** in Berkeley, **Catalina Island Medical Center** in Avalon and **Alliance Medical Center** in Healdsburg
- Analysis for **Palo Verde Hospital** in Blythe to determine impact of becoming a Critical Access Hospital (CAH)
- ICD-10 training at **Northbay Medical Center** in Fairfield and Trinity Hospital in Weaverville
- Assistance with 10-year capital plan for **Loma Linda University Medical Center**
- Interim CFO placement at **St. Rose** and **Alameda Hospitals**.
- Interim Budget Director at **Children's Hospital Oakland**
- Revenue Cycle assessment and CDM review for **Alameda Hospital**