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SDAHO Vision

The South Dakota Association of Healthcare Organizations envisions a continuum of health care services allowing residents and communities of South Dakota to reach their highest potential for health.

SDAHO Mission

To support our members and provide a unified voice in sustaining and enhancing community-focused health services in South Dakota.

Philosophy

SDAHO's members are its primary customers.
SDAHO represents the unified voice of its members.
Advocacy, information, education, and networking are SDAHO's premier member services.
Advocacy is SDAHO's primary service to its members.

Value Statement

Effectively sustains and enhances the community-focused models of health care delivery in South Dakota through advocacy, education, membership networking, communication, and health care information.

Provides unified voice for the continuum of the health care providers in South Dakota before the public, state, and federal government.

Is a membership organization representing a continuum of organizations providing health care in South Dakota that provides excellent advocacy services, is a state leader in administering health care information, and offers networking and educational opportunities for its membership.

Supports its members in promoting access to health care for all South Dakotans to achieve their highest potential for health.

Affirms that South Dakota's overall health status, economy, employee opportunities, and social well-being are enhanced with a high-quality, community-focused health care delivery system.

Chairperson's Report: Together We Are Better

That was the phrase that I talked about when I addressed the SDAHO membership last September. This was certainly a year of change and movement with the association...and that change happened successfully because we stood together.

We face change in health care all the time, driven by both internal and external influences. Words like growth, innovation, diversification, economies of scale, regulation and competition all signal change. And so it has been in 2014 with the SDAHO membership embracing this

new world of health care with the full implementation of the Affordable Care Act (ACA) and all of the changes that have resulted.

During this last year, your SDAHO has taken a leadership position on several related issues and projects to ensure that the transition to value-based delivery system affording coverage to as many South Dakotans as possible continues to move forward.

In that vein, the Association has:

- Been a leader in supporting expanded Medicaid eligibility for 48,000 low income South Dakotans, many of whom *still* lack health care coverage;
- Administered the Hospital Engagement Network (HEN) project that has caused some 34 of the state's critical access hospitals to report and significantly improve several patient safety measures;
- Provided members with employer and provider related analysis of the many coverage aspects of the ACA;
- Worked with the South Dakota congressional delegation to maintain support to sustain funding levels of the Frontier States Amendment, defending Critical Access Hospital payment policies and status, as well as fighting for adequate funding for Medicare and long term care.

I would like to offer a sincere thank you to Joe Sluka who preceded me as chairperson. His steady guidance and vision has helped to move SDAHO forward throughout his tenure on the board, and he will be missed. I would also like to offer my best wishes to Kent Olson who succeeds me as your SDAHO chairperson. I know that the Association will continue to advance and thrive in this sea of change and opportunity.

As I conclude my year as your chairperson, allow me to take a moment to say thank you. All of this change and movement would not have been possible without a terrific SDAHO membership and its board, council and governance structure. These moving parts of SDAHO work diligently to find solutions to the challenges we face. Navigating this change successfully is also not possible without an incredible SDAHO staff. They are committed to the membership and work hard to create the necessary programming, communications, health information and advocacy strategies necessary to create an environment in which community based health care can survive and thrive. There is teamwork at *every level* at SDAHO demonstrating every day that *together, we are better!*

Angelia Svihovec
SDAHO Board of Trustees Chairperson, 2013-2014

SDAHO Board of Trustees 2013 - 2014

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Interim President's Report: The New World in Health Care is Here!

Met with fanfare, trepidation and countless hours of preparation by SDAHO members, the primary implementation date of the Affordable Care Act (ACA) has come and gone. This “new world of health care” is our reality and that has been a central theme guiding much of SDAHO’s programming and policy decisions in 2014.

The new world includes that paradoxical shift of keeping people well versus just treating them when they are sick and creating incentives that match. The many facets of the ACA - transitioning reimbursement systems, ongoing funding challenges and enhanced transparency - have become integrated in our daily work. Through all of this, your South Dakota Association of Healthcare Organizations has dedicated itself to shaping health care policy for the future and ensuring that the membership is prepared for continuous discoveries that lie ahead. Our focus this year:

Advocacy: In the 2014 Legislative session, SDAHO continued to push Medicaid expansion with over 5,000 grassroots messages. While Governor Daugaard was not successful with his partial expansion request to CMS, the conversation continues. Reimbursement increases for Medicaid demonstrated a collective belief that it was time to make up some of the ground lost in 2011 when reimbursement rates were cut.

On a federal level, sustaining adequate Medicare reimbursement continues to be an ongoing challenge for the entire membership. A multitude of long term care, PPS and CAH hospital-related Medicare reimbursement policies were addressed with South Dakota’s Congressional Delegation.

Education: SDAHO provides cutting edge opportunities with the tools needed to provide high quality, low cost health care through a wide variety of webinars and SDAHO’s Annual Convention and Continuing Care Conference. In addition, there have been outstanding quality and patient safety improvements, as documented with South Dakota’s highly successful Hospital Engagement Network (HEN) and participation in the new Agency for Healthcare Research and Quality (AHRQ) long term care safety project.

Health Information: ACA requirements and the data functions of SDAHO are a daily part of our member’s world. SDAHO provides data on cost, utilization and quality, offering the most up-to-date statewide and facility specific health information in the state. SDAHO’s health information services also includes impact analysis to support members’ critical decision-making.

Communication: How we communicate and when we communicate are just as important as *what* we communicate. SDAHO members are lifted up with state-wide media efforts with back up and support provided when needed. From grassroots communication to the talking points on tough issues, SDAHO gets you the information you need.

SDAHO has the unique privilege to address health care across the continuum – representing acute, long term care, home health and assisted living. Thanks to the forward thinking of your Board of Trustees and SDAHO councils, as well as the committed SDAHO staff – the course for discovery and success have been set.

The world of health care today, will be a different world tomorrow, and different again the day after that. That is the fluid environment in which we exist. What doesn’t change is that SDAHO members provide excellent care to the hundreds of thousands of patients and residents that we serve round the clock, every day in South Dakota.

Gretchen M. Dahlen
Interim President/CEO

SDAHO Staff

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Council on Acute Care

Key Issues and Goals Achieved:

- Council continued to monitor Medicaid expansion and Medicaid reform.
- Council continued discussions regarding workplace violence and the formulation of a task force to address the issue.
- Council continued to monitor the Prescription Drug Monitoring Program and support its continuation.
- Council discussed and reviewed the requirements for the statewide trauma survey process.
- Council continues to monitor ACA requirements that affect Critical Access Hospitals.

Goals Achieved:

- Council formed a Workplace Violence Stakeholders Task Force.
- Council met with Marty Link, Trauma Program Manager for South Dakota Office of Rural Health and Chris Qualm, Administrator, South Dakota Office of Health Care Facility Licensure and Certification, to discuss the trauma survey process and how it relates to overall licensure requirements.

Recommendations and/or Goals for the Future:

- Council will continue to monitor and support appropriate measures taken to address and assist facilities in the response to workplace violence including violence towards health care professionals.
- Council will continue to monitor and support the work of the Prescription Drug Monitoring Program.
- Council will continue to monitor and respond to any issues that arise as a result of implementation of the ACA including any issues pertinent to Medicaid reform in the state and CAH status.
- Council will continue to monitor and respond to any issues relative to ACA requirements that hospitals with more than 50 beds establish a "patient safety evaluation system" and report to a Patient Safety Organization.
- Council will engage in the review process with the state on SD 44:04 changes.
- Council will monitor and review the CAH study being done by the AHA RPB-6.

Nick Brandner
Council on Acute Care Chairperson

Council Membership 2013-14:

Nick Brandner, *Chairperson*
Bryan Breitling
Heath Brouwer
Tom Clark
Lindsay Flannery
Jay Jahnig
Suzanne Koehler
Scott Larson
Tammy Miller
Denise Muntefering
Pamela Rezac
Sandy Schlechter
Veronica Schmidt
Fred Slunicka
Tricia Uhler

Council on Clinic and Medical Providers

Key Issues:

- Remain engaged and informed with regards to the National Pediatric Readiness Project. This is a collaborative effort with a number of stakeholders involved in evaluating services available in our state with regard to ill and injured pediatric patients. The input of SDAHOC members will be very important in the future development of this project much as it was with the statewide trauma system and Mission Lifeline STEMI.
- Workplace violence has been the topic of an stakeholders task force involving SDAHOC council members and SDSMA staff as an effort to look at various facility policies and procedures regarding how violent situations involving patients and staff are approached and de-escalated.
- Began discussions with the South Dakota Board of Medical and Osteopathic Examiners regarding a compact with surrounding states allowing for an expedited process for physician licensure. This would potentially allow physicians to become involved in outreach clinics and telemedicine in a shorter time frame.

Goals Achieved:

- Received an update on the South Dakota Prescription Drug Monitoring Program (PDMP) which is the repository for controlled medication prescriptions in South Dakota. This allows providers to better track and prevent illicit use and abuse of these drugs.
- Continued involvement in changing the CMS regulations involving Critical Access Hospital direct supervision requirements for certain procedures putting an unreasonable and unnecessary burden on smaller facilities with limited staffing.
- The SDAHOC convention agenda will include sessions focusing on workplace violence.

Council Membership 2013-14:

Stephan Schroeder, MD, *Chairperson*
Terry Altstiel, MD
John Fritz, MD
Dan Heinemann, MD
Travis Henderson, MD
Tad Jacobs, DO
Bryan Nermoe
John Pierce
Stephanie Reasy
Bryan Slaba
Chon Sommervold
Kyle Tacke
Grace Tidball

Recommendations and/or Goals for the Future:

- Continue involvement in the subgroups of the Pediatric Readiness Program as it progresses.
- Maintain communications with facilities about their involvement in the Healthcare Provider Assistance Program (HPAP) especially concerning mental health issues with providers.
- Continue to monitor the progress of the National Pediatric Readiness Project.

Stephan Schroeder, MD
Council on Clinic and Medical Providers Chairperson

Council on Governance

Key Issues:

- Continued to remain informed and in support of the Association’s advocacy work including Medicaid reimbursement and expansion; SDAHO’s involvement in the “Any Willing Provider” issue; and the passage of the texting ban.
- On the federal level, stayed informed relative to the Sustainable Growth Rate formula and the proposed fixes to it.

Goals Achieved:

- The Association continued to educate Legislators on the benefits of expansion of Medicaid eligibility in South Dakota.

Recommendations and/or Goals for the Future:

- Explore the availability of educational scholarships for aspiring health care professionals.
- Support addressing quality of life issues as it relates to recruitment.
- Review the status of tort reform.
- Schedule Council on Governance meetings twice yearly.

Additional Comments:

The entire Council was engaged and had good conversation about applicable issues affecting South Dakota.

Gordon Larson
Council on Governance Chairperson

Council Membership 2013-14:

Gordon Larson, *Chairperson*
 Mary Carlson
 Larry Dolezal
 Verne Hansen
 Mary Hendricks
 Jay Jahnig
 Richard Molseed
 Sr. Mary Kay Panowicz
 Melanie Parsons
 Sue Rooks
 Howard Swenson
 Susan Weber



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Council on Home Care

Key Issues:

- Continued work with the South Dakota Department of Social Services on case management and scope of services.
- Monitored the activities associated with development of a Community Paramedic Program.
- Monitored regulatory changes impacting home health and hospice.
- Continued to identify partnerships/working relationships with providers/payors for opportunities to promote population health through community-based programs.
- Continued to monitor and communicate with South Dakota's congressional delegation regarding reimbursement issues for Medicare home care programs.

Goals Achieved:

- Developed three prong strategy for monitoring the development of a community paramedic program.
- Met with South Dakota Department of Social Services to review current reimbursement for mileage for homemaker and maintenance nursing program and additional reimbursement for medically complex patients.
- Continued to monitor quality data requirements for home care through member participation and feedback on national committees.
- Provided feedback to national trade organizations on the regulatory/reimbursement changes impacting home care.

Recommendations and/or Goals for the Future:

- Continue to work with South Dakota Department of Social Services on program reimbursement and coverage.
- Continue to monitor community paramedic program activities.
- Monitor federal level developments related to Face-to-Face, Medicare Part D and CMS Five Star Rating System for HHA.
- Continue to monitor federal fraud/abuse activities in state.
- Continue to monitor federal/state regulations regarding home care.
- Continue to engage providers for partnerships in delivering community-based services.

Council Membership 2013-14:

Jean Hunhoff, *Chairperson*
Jo Burdick
Candy Cahoy
Sandy Dieleman
Shawn Groft
Kay Hansen
Kelly Heesch
Lynne Kaufmann
Lynn Landeen
Marcy Ramsey
Lois Schuller
Marcia Taylor
Carla Van Dyke
Rhonda Wiering

Additional Comments:

Home care agencies continue to identify improved outcomes and cost savings in a health care system moving toward a community-based/health promotion. The focus continues to be partnerships for sustaining viability in rural areas where population continues to age and decline. The Council continues advocacy efforts at the state and local level for support of rural community-based services. We continue to encourage member participation and thank SDAHO staff, in particular Ken Senger, Wendy Mead and Marnee Aschoff for the support they provide.

Jean Hunhoff
Council on Home Care Chairperson

Council on Long Term Care

Key Issues:

- Supported HB1025 which revised the statutes and administrative rules for licensure of long term care administrators and associated increase in fees.
- Supported SB44 which would create a provider revolving loan fund for long term care providers.
- Continued to remain updated by Chris Qualm, Administrator, Office of Health Care Facility Licensure and Certification.
- Discussed implications of HB1248 which would allow for assisted living facilities to accept and retain residents with dementia and higher acuity residents. This bill was not moved forward by South Dakota Legislature with understanding that work groups of various entities will work out ways within current regulations to expand services.

Goals Achieved:

- MDS 3.0 education training via webinar was well received by long term care facilities.
- South Dakota Department of Social Services expanded funding for long term care providers beyond the Governor’s proposed and Legislature approved 3.3% by rebasing long term care cost reports from 2007 to 2012 costs which created additional funding.

Recommendations and/or Goals for the Future:

- Council recommends support of the South Dakota Department of Social Services update of the Abt Study.
- Council recommends continued support of legislation that has been introduced in Congress to improve beneficiary access to Medicare by allowing hospital observation stays to be counted towards the three day hospital qualifying inpatient stay for Medicare coverage of Part A SNF services.
- Council recommends continued monitoring of the South Dakota Department of Health’s re-write of SD 44:04 rules which are presently undergoing internal department review.
- Council recommends SDAHO support Assisted Living expansion of services utilizing existing rules and recommends representatives on the Dementia Care Work Group support required CNA training and certification; designation of RN staffing hours; staff feeding assistance training; and staff cognitive impairment training.

Tony Erickson
Council on Long Term Care Chairperson

	Council Membership 2013-14:	
	Tony Erickson, <i>Chairperson</i>	
	Pat Berry	Sally Damm
	Mike Ewalt	Nick Fosness
	Justin Hinker	Van Hyde
	Jim Iverson	Bruce Johnson
	Dustin Kleinsasser	Erica Peterson
	Tom Richter	Veronica Smith
	Tom Snyder	Steve Statz

	Council Membership 2013-14:	
	Jason Merkley, <i>Chairperson</i>	
	Cathy Dill	Kathy Hansen
	Todd Forkel	Mona Hohman
	Jim Frank	Deanna Larson
	Julie Girard	Tamara Rhames
	Christy Graves	Jill Slieter
	Theresa Guenther	Tricia Uhlir

Council on Patient Safety & Quality

Key Issues:

- Examined and reviewed the Value-Based Purchasing program.
- Encouraged SDAHO members to pledge participation in the Partnership for Patients campaign.
- Evaluated the pros and cons of requiring Critical Access Hospitals to report patient safety and quality data.
- Continued promotion of influenza vaccination policy within SDAHO membership and exploration of data measuring the effectiveness of the policy.

- Reviewed the changing role of the South Dakota Quality Improvement Organization.
- Reviewed the work to date of the Hospital Engagement Network (HEN) and South Dakota Care Transitions Coalition.

Goals Achieved:

- SDAHO approved for a third year of funding and management of the HEN project. Thirty-four (34) South Dakota facilities actively participating and seen as national leader in data submission, quality metrics and process improvement.
- CUSP CAUTI program implementation within the long term care membership.
- Continued HEN participation and submission of all relevant data and metrics.

Recommendations and/or Goals for the Future:

- Continue to review and evaluate the LeadingAge Insights tool for LeadingAge members.
- Consider additional involvement in quality and patient safety-related topics being put forward on the state and federal legislative level.
- Continue evaluation of the HEN program and recommendation for future involvement by CAHs.
- Continue focus on readmission rates and other quality metrics used by third party payers.

Additional Comments:

I would like to take this opportunity to thank my fellow Council members for their participation on the Patient Safety/Quality Council.

Jason Merkley

Council on Patient Safety and Quality Chairperson

Council on Public Policy

The Council on Public Policy coordinates the development of SDAHO’s public policy positions and advocacy strategies for the State Legislature and South Dakota’s congressional delegation. It also recommends policy positions to the SDAHO Board of Trustees related to state and federal regulation.

Key Issues:

The primary focus of the 2014 South Dakota State Legislative Session was the State Budget and expanding Medicaid eligibility consistent with the Affordable Care Act (ACA). The Council oversaw a strong grassroots effort to try and persuade South Dakota to adopt expanded Medicaid bringing \$275 million in additional federal monies to the state in FY2015. Going into the session, we knew Medicaid expansion was a very political issue. We also knew that without the Governor’s support, there was little chance of expansion going forward. But the conversation on the issue was different this year. There is a sense that this issue has yet to be resolved. It will be carried into the 2014 elections, and it’s one issue SDAHO will continue to push.

Goals Achieved:

Going into the session, it was the Association’s goal to at least maintain current reimbursement levels for Medicaid providers. That goal was accomplished with a modest increase for inflation and the allocation of some one-time money for long term care. Those efforts helped to make up some of the ground lost in 2011 when reimbursement rates were cut 10%.

While the Budget was of primary importance, the Council also reviewed over 50 bills, and two of them are substantial wins in making some inroads into advancing health care in the state. First was the expansion of enrollments in the medical school. And the second accomplishment was the passage of a statewide ban on texting while driving. It’s not the strongest law but it certainly is a start on the side of public safety.

At the federal level, the debate on Medicare reimbursement will continue as Congress and the Administration tend to stray from the Medicare funding deal that was struck as part of the ACA. That and the preservation of South Dakota’s Critical Access Hospital status and reimbursement rates, the Frontier States Amendment, protecting the 340B program and opposing cuts to long term care and home health are just a few of the federal issues that occupy the advocacy agenda for SDAHO.

Additional Comments:

SDAHO continuously faces new challenges on the advocacy front. The lingering effects of the economic downturn, partisan politics and the uncertainties surrounding “what’s next?” in health reform continue to make our work tough. Our success in navigating those issues are contingent on two factors – maintaining a unified voice on our issues and the ability to share our story of what we as providers face every day.

Angelia Svihovec

Council on Public Policy Chairperson



HEALTH CARE INDUSTRY DEDICATION

We've earned our stripes serving the leaders in our region - large institutions with ambitions to grow and improve on the delivery of health care, as well as small regional hospitals and clinics that are so essential to the communities they serve.

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Council on Reimbursement

Council Membership 2013-14:

Kent Olson, <i>Chairperson</i>	Marcia Olson
Brian Bertsch (ex officio)	Erica Peterson
James Breckenridge	Dave Rogers
Anne Christiansen	Jamie Schaefer
Kevin Coffey	Mark Thompson
Geoff Durst	Tony Tiefenthaler
Dave Goehring	Tom Wagner
Teresa Mallett	Carmen Weber
Michael Miller	
Julie Norton	

Key Issues:

- Medicaid funding issues.
- Area Wage Index – South Dakota impact – Frontier Amendment.
- Hospital Outpatient APC System.

Goals Achieved:

- Hospital Reimbursement Financial Workgroup formed and communicated with South Dakota Department of Social Services on a number of issues.

- Hospital Medicaid Outpatient APC system was adopted with input from SDAH Council on Reimbursement to reduce the impact on small and CAH hospitals.

Recommendations and/or Goals for the Future:

Continue to monitor the following issues:

- Health care reform developments at the state and federal levels.
- Developments in IHS funding.
- Medicare reimbursement issues, including any changes with the Area Wage Index and Hospital Outpatient Payments (E & M) Services.
- RAC Program
- Form 990/Schedule H for threats to nonprofit providers.
- Implementation of SDMEDX.
- Medicaid rule changes as new reimbursement models/methods continue to evolve.
- Workers Comp Rule changes – implantable devices.

Additional Comments:

Reimbursement issues certainly appear to be on the volatile “cutting edge” of a growing number of regulatory issues as they continue to evolve in a dynamic fashion. The tracking of the potential impacts on reimbursement related to these potential as well as real developments remains a very challenging effort.

Kent Olson

Council on Reimbursement Chairperson

Political Action Committee

Key Issues:

- The SDAH PAC distributes contributions to candidates for the State Legislature and various statewide races during election years. This year all 105 State Legislative seats are up for election along with constitutional officers and the governorship.
- Our combined fundraising efforts in 2013 and 2014 allow the SDAH's membership to be recognized and heard during this campaign season. The generosity of nearly 160 individual contributors will also allow us to once again meet our fundraising goal for the American Hospital Association's Political Action Committee (AHAPAC).

Goals Achieved:

- The SDAH PAC is an important piece of SDAH's overall advocacy network. While the fundraising campaign continues, efforts thus far have generated \$25,240 in contributions from 159 voluntary donors. The list of those joining the Ben Franklin Club (those donating \$1,000 or more), the AHAPAC Chairman's Circle Club (\$500 donation) and the AHAPAC Capitol Club (\$350 donation) also continues to grow.

Committee Membership 2012-13:

Joe Sluka, <i>Chairperson</i>	
Angelia Svihovec, <i>Vice Chairperson</i>	
Deb Fischer-Clemens	Melanie Parsons
Mary Hendricks	Jesse Smith
Curt Hohman	Sherry Bea Smith
Jay Jahnig	Tim Tracy
Shirley Jahraus	Gale Walker
Bruce Johnson	Scott Zieske
Kent Olson	

Additional Comments:

Thanks to all who have contributed to the SDAHO PAC this year. Your continued support is vital to the overall advocacy success of your Association as we strive to improve the health status of South Dakota and the people who live here.

Joe Sluka, Chairperson
Political Action Committee Chairperson

LeadingAge Delegate's Report

The LeadingAge Public Policy Congress met three times this past year to continue the work on updating public policy principles and strategies. The role of the Congress is to deliberate and determine what LeadingAge's position should be on key federal issues, and approximately 120 people throughout the country are represented as members. Sally Damm, Ken Senger and myself represented SDAHO as members of this Public Policy Congress. The members are charged with bringing information important in their state to the Congress which in turn, will report to LeadingAge's Board of Directors. LeadingAge is utilizing the Congress to develop its advocacy goals and strategies. In July 2014, the Public Policy Congress met to update LeadingAge Public Policy Principles in relation to five key policy topics including:

- Medicare/Medicaid Policy and LTSS Finance
- Managed Care, Bundles, ACO's and Integrated Models
- Value Based Purchasing and Regulations
- Housing
- Tax Exempt and Non-Profit Status

The Congress divided into five workgroups to review present strategies in relation to Public Policy Principles and Policies. The Congress made revision recommendations for LeadingAge Board approval and heard congressional updates and ways to create a successful advocacy work plan.

LeadingAge today represents more than 6,000 non-profit providers which provide a wide range of services to the elderly in long term care facilities, senior housing, continuum care retirement communities, home and community-based services. I appreciate the opportunity to serve as the state delegate to LeadingAge and to attend Public Policy Congress meetings. Serving as the LeadingAge delegate has given me new insights into the delivery of elder services across our country and makes me feel fortunate to work in South Dakota.

Tony Erickson
LeadingAge Delegate



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AHA Regional Policy Board (RPB 6) Report

The American Hospital Association (AHA) gathers membership input on major policy issues through its governing councils, committees and Regional Policy Boards. The AHA has nine (9) Regional Policy Boards. South Dakota AHA members are part of Regional Policy Board 6 (RPB 6), along with members from North Dakota, Minnesota, Nebraska, Iowa, Kansas and Missouri. RPB 6 is chaired by Larry Veitz, CEO of Spearfish Regional Hospital, and approximately 45 individuals serve as members on RPB 6. The Chair of each region also serves on the AHA Board of Trustees. It has been many years since South Dakota had a seat on the AHA Board. These next two years will be important for us as an association to provide valuable feedback knowing we have a trusted voice that can carry our rural message. Other SDAHO members currently serving on RPB 6 are Charles Hart, MD (Regional Health) and Joe Sluka (Regional Health).

Key Issues: RPB 6 meets three times per year. Much of the discussion centers around the need for real improvements in health and health care – as opposed to arbitrary cuts to provider payments – and how that will put our country on a more sustainable fiscal path. Reining in health care spending is only one part of the solution to our nation's crisis. Together, we need to create solutions that allow individuals to access the care they need, when and where they need it, and have it delivered in the safest, most cost-effective manner. By focusing our efforts and taking responsibility for that which we can control, together we can ensure a healthier tomorrow. Specific topics of focus over the past year include Population Health, Redefining the “H,” Innovative Models of Care, Medicaid Expansion, Transparency and Regulatory Complexities (2-midnight, 96 hour rule, physician supervision, short stay payment policy).

Recommendations for the Future: RPB 6 has been and will continue to be a strong advocate for rural health care and unwavering voice for the high value (low cost / high quality / high patient satisfaction) of the health services provided by the members in our region. The pressures to reduce health care expenditures will be prominent in the next few years. It is important that we all stay united and work together to accelerate performance improvement, seek fair payment reform and preserve and expand access and coverage. The term *population health* will be further defined and become part of our everyday work. The other certainty is that health care will not be delivered the same as it is today in our more rural settings, so we must seek new innovative models of care. We must be at the forefront and lead change, much like South Dakota did when the EACH-PEACH and Critical Access Hospital programs evolved.

Thank you for the opportunity to serve as your state delegate. Please feel free to contact me or any of South Dakota's RPB 6 members with your questions and/or concerns about federal health policy.

Eric Hilmoe
AHA RPB 6 Delegate

health+

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SDAHO Districts 2013-2014

Districts provide SDAHO members with networking opportunities and a platform to provide input and recommendations to SDAHO councils and the Board of Trustees relative to public policy and Association issues.

Key Responsibilities:

- Elect one member from each district to serve on the SDAHO Political Action Committee and the Nominating Committee
- Nominate individuals to serve on the SDAHO Board and councils
- Meet at least three times per year
- Elect District officers including a district chairperson, vice chairperson, and secretary with duties as prescribed in the SDAHO bylaws
- Make policy recommendations to SDAHO councils and Board
- Identify agenda items for district meetings
- Be apprised of SDAHO Board actions by district members who serve on the SDAHO Board



District I:

Tricia Uhlir, *Chairperson*
Fall River Hospital
Hot Springs

Veronica Schmidt, *Vice Chairperson*
Custer Regional Hospital/Senior Care
Custer

Dustin Kleinsasser, *Secretary*
Fall River Hospital
Hot Springs

Veronica Schmidt, *Nominating Committee Representative*
Custer Regional Hospital/Senior Care
Custer

Sherry Bea Smith, *PAC Representative*
Lead Deadwood Regional Hospital
Deadwood

District III:

VACANT, *Chairperson*

Jason Merkley, *Vice Chairperson*
Brookings Hospital
Brookings

Scott Larson, *Secretary*
Sanford Canton-Inwood Medical Center
Canton

Tom Richter, *Nominating Committee Representative*
Pioneer Memorial Hospital & Health Services
Viborg

Curt Hohman, *PAC Representative*
Avera McKennan Hospital & University Health Center
Sioux Falls

District II:

Sandy Schlechter, *Chairperson*
Bowdle Hospital/Nursing Home
Bowdle

Nick Fosness, *Vice Chairperson*
Marshall County Healthcare Center Avera
Britton

David Rogers, *Secretary*
Sanford Hospital Webster
Webster

Carmen Weber, *Nominating Committee Representative*
Avera Eureka Hlth Care Ctr/Eureka Community Hlth Svcs Avera
Eureka

Jay Jahnig, *PAC Representative*
Faulkton Area Medical Center
Faulkton

District IV:

Veronica Smith, *Chairperson*
Avera Brady Health and Rehab
Mitchell

Jim Frank, *Vice Chairperson*
Community Memorial Hospital, Inc.
Burke

Jonathan Moe, *Secretary*
Landmann-Jungman Memorial Hospital Avera
Scotland

Erica Peterson, *Nominating Committee Representative*
Sanford Chamberlain
Chamberlain

Gale Walker, *PAC Representative*
Avera St. Benedict Hospital/Bormann Manor
Parkston

SDAHO Financial Report - Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Current Assets		
Cash and cash equivalents	\$1,728,316	\$1,717,861
Accounts receivable	4330	7,045
Prepaid expenses	<u>54,339</u>	<u>54,895</u>
Total current assets	<u>1,786,985</u>	<u>1,779,801</u>
Assets Limited as to Use		
By Board of Trustees	1,764,757	1,754,470
Political Action Committee	<u>34,238</u>	<u>6,014</u>
Total assets limited as to use	<u>1,798,995</u>	<u>1,760,484</u>
Investments	<u>1,647,102</u>	750,623
Property and Equipment	<u>336,778</u>	<u>258,493</u>
Total assets	<u><u>\$5,569,860</u></u>	<u><u>\$4,549,401</u></u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$9,289	\$25,623
Accrued expenses		
Accrued salaries and vacation	129,168	130,761
Payroll taxes	12,475	-
Property taxes	10,766	10,336
Deferred revenue	<u>1,451,140</u>	<u>1,109,501</u>
Total current liabilities	1,612,838	1,276,221
Other Liabilities - Political Action Committee	<u>34,238</u>	<u>6,014</u>
Total liabilities	1,647,076	1,282,235
Net Assets		
Unrestricted	<u>3,922,784</u>	<u>3,267,166</u>
Total liabilities and net assets	<u><u>\$5,569,860</u></u>	<u><u>\$4,549,401</u></u>

SDAHO Financial Report - Years Ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Revenues		
Membership dues	\$2,202,272	\$2,109,283
Convention	161,215	175,454
Institutes and workshops	20,501	44,045
Dimensions	23,475	25,138
Grants	437,937	252,019
Marketing/HANY's	11,000	489,795
Miscellaneous	<u>3,853</u>	<u>5,025</u>
Total revenues	<u>2,860,253</u>	<u>3,100,759</u>
Expenses		
Salaries and fringe benefits	1,409,024	1,364,458
Payroll taxes	68,434	65,894
Outside services	217,449	231,975
Travel	138,783	133,974
Convention	155,137	144,743
Hospital engagement Network Supply and other expenses	313,478	123,621
Institutes and workshops	20,204	28,734
General office expense	98,516	81,858
Occupancy	47,727	44,814
Equipment depreciation	24,452	37,895
Insurance	11,359	9,887
Auto	11,141	14,308
Auxiliary	3,000	3,000
Political Action Committee	4,147	5,457
Affiliate subsidies	<u>3,900</u>	<u>4,200</u>
Total expenses	<u>2,526,751</u>	<u>2,294,818</u>
Operating Income	<u>333,502</u>	<u>805,941</u>
Other Income		
Investment income	33,768	24,915
Loss on disposal of equipment	<u>(20,520)</u>	<u>-</u>
Other income, net	<u>13,248</u>	<u>24,915</u>
Revenues in Excess of Expenses	346,750	830,856
Unrealized Gain on Investments	<u>308,868</u>	<u>141,905</u>
Increase in Unrestricted Net Assets	655,618	972,761
Net Assets, Beginning of Year	<u>3,267,166</u>	<u>2,294,405</u>
Net Assets, End of Year	<u><u>\$3,922,784</u></u>	<u><u>\$3,267,166</u></u>

SDAHO Affiliated Societies 2013 - 2014

SDAHO has 16 affiliated societies who share a common interest in issues and activities relating to the delivery of health care services in the state of South Dakota. These societies work throughout the year to create opportunities for member networking, idea sharing, professional development and act as advocates for their profession. Annual reports for the SDAHO Affiliated Societies can be found on the Affiliate Page on the SDAHO website at www.sdaho.org.

Northern Plains Association of Healthcare Materials Management (NPAHMM)

Ryan Hulme, *President*
Ryan Schaefer, *President-Elect*
Tom Harvieux, *Past President*
Janna Rose, *Secretary*
Roxanne Summerville, *Treasurer*

Siouxland Clinical Laboratory Managers Association (CLMA)

DeeAnn Lovett, *President*
Kathy Winter, *President-Elect*
Mary Beth Sik, *Secretary*
Mike Dott, *Treasurer*

Social Services in Long Term Care (SSLTC)

Tonya Weg, *President*
Lisa Moody, *Secretary/Treasurer*

South Dakota Academy of Nutrition and Dietetics (SD AND)

Janice Brandenburger, *President*
Lisa Stark, *President-Elect*
Tanja Cutting, *Past President*
Lacey Burrell, *Secretary*
April Sorenson, *Treasurer*

South Dakota Association of Activity Coordinators (SDAAC)

Penny Wenzel, *President*
Carmen Worth, *Vice President*
Lisa Nesheim, *Secretary/Treasurer*

South Dakota Association of Healthcare Auxiliaries (SDAHA)

Rebecca Porter-Watson, *President*
Linda Smith, *President-Elect*
Rachel Pfaffendorf, *Vice President*
Darlyne Kopren, *Secretary/Treasurer*

South Dakota Association of Healthcare Marketing and Public Relations (SDAHMPR)

Gloria Priebe, *President*
Lindsay Meyers, *President-Elect*
Jay Gravholt, *Secretary/Treasurer*

South Dakota Association of Healthcare Quality (SDAHQ)

Jacque Cole, *President*
Jill Slieter, *Past President*
Julie Girard, *President-Elect*
Nancy McDonald, *Secretary/Treasurer*

South Dakota Central Service Society (SDCSS)

Stephanie Bormann, *Board Member*
Gail Doyle, *Board Member*
Bryce Hagenbusch, *Board Member*
Jeff Mersch, *Board Member*
Heather Parsons, *Board Member*
Kim Wenzel, *Board Member*

South Dakota Health Information Management Association (SDHIMA)

Sheila Hargens, *President*
Kathy Andersen, *President-Elect*
Roger Hettinger, *Secretary*
Christi Walz, *Treasurer*

South Dakota Health Information Management and Systems Society (SDHIMSS)

Bobbi Jean Jarvinen, *President*
BJ Dvorak, *Past President*
Denise Stover, *President-Elect*
Bridgette Fode, *Secretary*
Kathleen Keats, *Treasurer*

South Dakota Healthcare Engineer's Society (SDHES)

Jim Kent, *President*
Bill Werner, *President-Elect*
Joel Stelzer, *Secretary*
Bruce Fossen, *Treasurer*

South Dakota Healthcare Executives Group (SDHEG)

Vern Carda, *President*
Dan Gran, *President-Elect*
Tim Tracy, *Past President*
Lindsay Flannery, *Secretary/Treasurer*

South Dakota Healthcare Human Resource Association (SDHHRA)

Dotty Hieb, *President*
Bonny Culhane, *Past President*
Aleen Fisher, *Secretary*
Cindy Benzel, *Treasurer*

South Dakota Healthcare Social Work Association (SDHSWA)

Stacy Reitmeier, *President*
Amanda Mettler, *Vice President*
Blair Sedlacek, *Secretary/Treasurer*

South Dakota Organization of Nurse Executives (SDONE)

Rochelle Reider, *President*
Phillip Boettcher, *President-Elect*
Tracy Harrington, *Secretary*
Teri Kinghorn, *Treasurer*

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