



AGENDA
Bloomfield Commission
Monday, September 9, 2019 1:30 p.m.
Bloomfield Healthcare and Rehabilitation Center-Lower Level
3151 County Rd CH
Dodgeville, Wisconsin

**Iowa
County
Wisconsin**

For information regarding access for the disabled please call 935-3321.

Any subject on this agenda may become an action item.

There may be a quorum of the Iowa County Board at this meeting. No County Board action will be taken.

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|----|---|
| 1 | Call to order. |
| 2 | Roll Call. |
| 3 | Approve the agenda for this September 9, 2019 meeting. |
| 4 | Approve the minutes of the August 5, 2019 meeting. |
| 5 | Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken. |
| 6 | Dietary Department Update-Mary Crook |
| 7 | Nursing Department Update- Jamie Duve/Angie McLean |
| 8 | Administrator Report – Rochelle Kruchten |
| 9 | Approval of Campbell Funds for Bloomfield Fireworks |
| 10 | Chairman’s Report – Bruce Paull |
| 11 | Business at next Bloomfield Commission meeting. |
| 12 | Next meeting date |
| 13 | Adjournment |

Posting Verified by: Rochelle Kruchten Date: 9/5/19 Initials : rmk



**UNAPPROVED MINUTES
Bloomfield Committee
August 5, 2019 1:30pm
Bloomfield Healthcare and Rehabilitation Center
3151 County Rd CH
Dodgeville, Wisconsin**

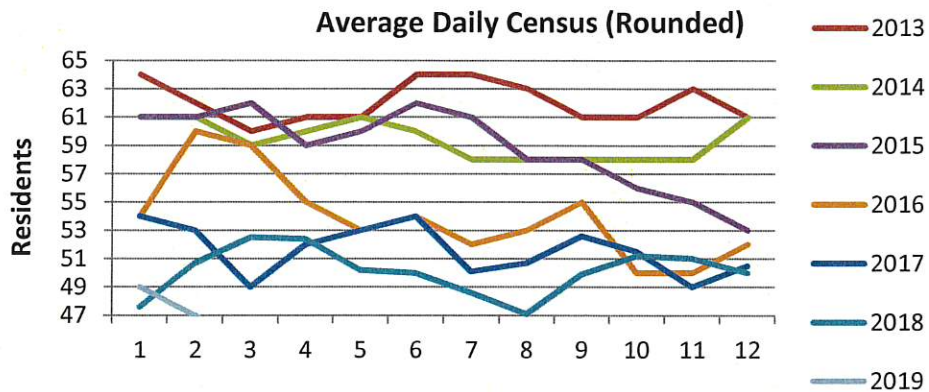
**Iowa
County
Wisconsin**

1	Meeting was called to order by Chair Paull at 1:30 p.m.
2	Roll Call was taken. Paull, Griffiths, and Ladewig Others Present: Rochelle Kruchten, Jessica Munson, Jacob Tarrell
3	Approve the agenda for this August 5th, 2019 meeting. Griffiths motioned, Ladewig Seconded. Carries
4	Approve the minutes from the June 14 th , 2019 meeting. It was noted that Deal was also present at the June 14th, 2019 meeting. Ladewig Motioned, Deal Seconded. Carries
5	Report from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.
6	Jessica Munson presented the Bloomfield Operational Report.
7	Rochelle Kruchten discussed the upcoming Fireworks event. Financial approval from the Campbell fund will be placed on the September agenda.
8	Rochelle Kruchten Administrators report. Falls are still down compared to previous quarters. Referrals were discussed. Census, pay source mix, and current data was discussed.
9	Chairman's Report.
10	Other Business-
11	Next meeting date is Monday, September 9, 2019 at 1:30pm
12	Adjournment. Motion by Ladewig to adjourn. Motion second by Griffiths. Motion carried. Meeting was adjourned at 2:23 p.m.

Minutes by Rochelle Kruchten

Bloomfield Healthcare and Rehabilitation Center
Administrator's Report
9-9-19

1. Census



Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
49	47	45	45	45	43	40	42				

Payer Source Mix Percentage (rounded)

Payer Source	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Medicaid	54	55	58	57	58	62	63	60				
Medicare A	9	7	5	8	8	6	5	8				
Self-Pay	25	25	24	24	23	18	18	19				
Med. Repl.	0	0	0	0	0	0	0	0				
Insurance	2	2	2	2	2	2	2	1				
VA	4	4	4	4	4	5	5	5				
Family Care	6	7	7	5	5	7	7	7				
PAYER SOURCE MIX AVERAGE RESIDENTS												
Payer Source	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Medicaid	26.35	25.71	26.1	25.39	26.87	26.73	25.16	25.35				
Medicare A	4.45	3.46	2.03	3.39	3.73	2.77	1.94	3.42				
Self-Pay	12	11.86	11.03	11	10.7	7.53	7.16	7.94				
Med. Repl.	0	0	0	0	0	0	0	0				
Insurance	1	1	1	1	1	1	1	1				
VA	2	2	2	2	2	2	2	2				
Family Care	3	3	3	3	3	6	7	7				

Payer Source Mix Percentage

2018

Payer Source	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	AVG
Medicaid	49.1	45.7	47.2	45.7	50.5	50.9	52.2	56.6	53.9	52.7	51	50.	50.46
Medicare A	2.5	8.4	12.4	9.9	4.8	8.1	8.8	4.5	8.1	8.7	12	11.	8.27
Self-Pay	31.4	27.6	27.1	28.7	27.6	25.9	24.8	25.4	22.3	24.1	31	27.	25.24
Med. Repl.	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.00	0.0	0.0	0.0	0.0	.09
Insurance	2.3	4.3	1.9	1.9	2.0	2.0	2.0	2.1	2.7	3.9	3.0	4.	2.68
VA	2.1	2.5	1.9	2.9	2.3	1.3	1.07	0.1	5.1	4.7	4.0	2.0	3.48
Family Care	12.6	10.4	9.5	10.9	12.8	11.8	12.2	11.3	7.9	5.9	6.0	6.0	9.78

Payer Source Mix Percentage

2017

Payer Source	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Avg.
Medicaid	44%	46%	50%	46%	49%	50%	49.6%	46.6%	46.0%	46.0%	48.6%	47%	47.3%
Medicare A	17%	12%	11%	6%	5%	6.7%	5.7%	8.2%	16.3%	12.3%	4.6%	7.3%	10.1%
Self-Pay	24%	26%	25%	28.5%	29%	28.2%	27.8%	26.8%	23.4%	27.8%	28.2%	28.9%	26.7%
Med. Repl.	0%	0%	0%	0%	0%	0%	0	0%	0%	.1%	1.6%	0%	0%
Insurance	2%	2%	1.6%	2%	2%	1.8%	2%	3.9%	2.1%	2.0%	2.1%	3.7%	2.2%
VA	4%	5%	2%	2%	2%	1.8%	2%	.7%	.4%	0%	1.2%	2%	2.0%
Family Care	9%	9%	12%	13%	13%	11.1%	12.9%	13.8%	11.8%	11.8%	13.7%	11.1%	11.7%

Payer Source Mix Percentage

2016

Payer Source	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Avg.
Medicaid	58%	53%	55%	57%	51%	54%	51%	48%	47%	53%	51%	49%	52%
Medicare A	11%	20%	15%	10%	11%	9%	8%	13%	9%	7%	9%	16%	12%
Self-Pay	14%	10%	11%	17%	20%	20%	24%	23%	24%	23%	23%	21%	19%
Med. Repl.	2%	2%	2%	0%	2%	3%	1%	0%	0%	0%	0%	0%	1%
Insurance	2%	3%	2%	2%	3%	2%	2%	2%	2%	2%	2%	2%	2%
VA	2%	2%	2%	2%	2%	2%	1%	3%	4%	4%	5%	2%	3%
Family Care	11%	10%	13%	12%	11%	10%	13%	11%	14%	11%	10%	10%	11%