

BENEWAH COMMUNITY HOSPITAL
Thursday, October 23, 2025, 7:00 a.m.
Francie Walters Board Room, Benewah Community Hospital, St. Maries, Idaho

MINUTES

Attendees: Kris Brock Tom Ebert Suzy Epler
Dan Hammes Mike LaPlante Doug McKelvey

Staff: Burt Keltner, *CEO* Lori Minier, *CFO* Becca Plante, *Board Secretary*
Amy Edwards, *DNS* Dr. Stephanie Arar Julia Kaminski, *Admin. Assistant*

Other: Mariah Dunham, *County Attorney*
Kevin Smith and Martin Yanushev, *Eide Bailly Auditors*
Kirt Fredericks, *RBC Wealth Management*
Community Members: Wendy Stansbury, Machel Peterson, Jasmine Rooke,
Tanna Wicks

1. **Call to Order** – Chairman Epler opened the meeting 7:00 a.m.
2. **Regular Session**
3. **Positive Update/Celebrate Wins** – Discussed later in the meeting.
4. **Approve Minutes** – A **motion** made by Hammes, seconded by McKelvey, to approve the meeting minutes from September 25, 2025, and October 2, 2025. The motion passed.
5. **2024 Virtual Audit Presentation, Kevin Smith and Martin Yanushev, Eide Bailly** – Kevin Smith and Martin Yanushev, Auditors with Eide Bailly, presented the 2024 financial audit virtually. Smith stated that the audit does include a “going concern” in the opinion letter due to recurring operating losses and negative net position. He expressed gratitude for excellent cooperation with management during the audit, specifically noting Minier’s efforts and quick responses. There were no incorrect journal entries in 2024. Salaries and benefits are up slightly, but we are still lower than other Idaho hospitals. Smith stated that days in AR are very impressive at 44 days, adding that other, like hospitals are higher (*they are happy seeing this number in the 50s, so we are doing well*). Hammes asked about getting the audit timelier next year. Smith stated that the goal for the 2025 audit presentation will be June 2026.

Smith explained that the term “Significant Risk” refers to items identified that the auditors will pay more attention to. The 2024 audit shows that management has complied with all standards, both accounting and auditing, but there are some areas noted that need some extra attention. Smith added that the term “Material Weakness” does not mean that our financials are out of compliance, but there are some areas that can be improved upon. Smith and Yanushev reviewed these items that were addressed during the audit. Accounting for all compensated absences (*new rule, GASB 101*), to include both PTO and EIB; this is now included on the balance sheet. Revenue recognition of ERC revenue to include interest from the government. There was a big adjustment made to the financial statements due to the Medicaid receivable. Smith added that most of the identified items have been resolved or are very close to being resolved (*reconciling items resolved going forward*). *Wicks exited at 7:28 a.m.*

The Board inquired about management estimating the large receivables. Smith stated that some entries were not mistakes by management but were unknown (*Medicare and Medicaid estimates and ERC dollars*), adding that this was considered a material weakness even though there was an unknown factor of whether the monies would be received or not. *Arar entered at 7:33 a.m.*

The significant risk identified was to improve upon processes/procedures to account for all funds. Smith stated that in the end, the auditor's opinion is that the financial statements are materially correct. The Board inquired about the internal controls of management and what is lacking. Minier has already developed a plan to correct, and the auditors don't expect as many adjustments next year. The biggest issues of the audit were the Medicare and Medicaid estimates. The Board inquired about the auditor findings, asking if they saw anything that would open us up to fraud of any kind or that suggested that there may be fraud of any kind. The auditors said fraud is always a concern of theirs. They explained that they previously talked with us about processes, procedures, and internal controls, which are all related to the detection of fraud. They did not come across fraud during their testing procedures; however, they do not audit for fraud. If they did happen to notice fraud, a different team specializing in fraud would come onsite and perform a thorough audit. The Board inquired about the state of other like hospitals. Smith stated that most other hospitals that are doing better financially, do not have large debt such as a bond, and also receive tax support from the community, helping them really focus on operations/improve operations. Smith added that with current financials, it is very surprising the hospital has not had a tax levy. *Smith and Yanushev exited at 7:47a.m. Dunham exited at 7:50 a.m.*

Plante introduced Julia Kaminski, Administrative Assistant.

6. Board Committee Reports

6.1. Finance Committee

6.1.1. September Financial Presentation, Lori Minier – Minier went over the financial scorecard, reporting that volumes in most areas are up. September closed with ten (10) days cash on hand. Minier went over the balance sheet. Cash increased due to the Medicare deposit (*Cost report settlement 2024 and interim adjustment*). AR is at 4.9 million. Minier stated that we had several long-term swing bed patients that drive this number up due to their extended stays. Plant, property, and equipment increased due to the purchase of the surgical towers, the DEXA Scanner, and the AquaFit for PT. The new DEXA training was last week and went well. The new body composition service will be a cash pay service only. Minier reported that A/P has dropped every month for the last seven (7) months. Expenses are being paid timely, and we are no longer holding checks. It is unknown when we will receive the Q2 ERC dollars. Revenue is up 24% compared to last year. In 2024, we had the absence of surgeons. Current surgeons are profitable. Deductions year to date are 36%. We had a loss due to increase in expenses but were very close to a breakeven.

The Board asked about the following checks on the check register: #60529 (*Chivaroli*) Premium for Malpractice, Aviation, D&O, Cyber Insurance; #60629 (*IHA*) Quarterly peer review program. Discussion regarding bank signer policy. The Policy Committee will begin working on this. Keltner stated that the large payable to Cerner is the biggest debt we have next to the bond payment. *Arar exited at 8:02 a.m.* Looking into 2026, the Medicaid settlement should come around May with Medicare in September. KPIs have not yet been reported to us from RI. Keltner stated that we had an open Coding position, but we are going to look into a contracted billing position instead as Coding is currently doing a lot of billing fixes with R1. ER visits, inpatient, and swing bed are all increasing. Radiology procedures

and other ancillary services are flat; discussion followed. We have seen a 23% increase in revenue for Radiology. Discussion regarding services necessary for swing bed patients. Discussion regarding Payor Advisors update regarding payor contracts. *Edwards exited at 8:16 a.m.* Keltner has a call with BCI this month. Lengthy discussion regarding potential lost revenue due to contract issues and strategy. *Edwards entered at 8:18 a.m.* Discussion regarding lack of advantage plans in Benewah County.

6.1.2. **September Financials** – A **motion** made by Hammes, seconded by Ebert, to approve the September financials. The motion passed.

6.1.3. **2024 Financial Audit** – A **motion** made by Ebert, seconded by McKelvey, to approve the 2024 Financial Audit. The motion passed.

6.2. Performance Improvement Committee – The PI Committee met October 14, 2025. LaPlante and McKelvey both attended this meeting. LaPlante stated that the meeting was great, adding that every single department in the hospital is trying to improve with a great attitude. McKelvey stated that the level of engagement was impressive.

6.2.1. Q3 Performance Improvement Committee Meeting Minutes included in Board Packets. Brock stated that reports/projects are very impressive.

6.3. Board Nominations and Bylaws/Policy Committee

6.3.1. **Board Appointment Letter to Benewah County Commissioners** – McKelvey stated four (4) community members have expressed interest in the current Board vacancy. McKelvey gave the backgrounds of the following interested candidates being recommended: Wendy Stansbury, Michelle Peterson, Tim Grubham. The Committee is recommending the following board candidates in the following order: 1: Stansbury, 2: Grubham, 3: Peterson. A **motion** made by McKelvey, seconded by Brock, to approve the Board Appointment Letter to the Benewah County Commissioners, including the candidates recommended by the committee. The motion passed. Plante will prepare the letter to be sent to the County Clerk.

6.4. Medical Staff Committee – Brock attended the Medical Staff Committee meeting. Brock reported that the Medical Staff is a very thoughtful group, adding that the level of detail and clinical considerations given to managing different diagnosis as well as updating policies and procedures is impressive. Positive update for the meeting: Surgical services wanted to make sure the Board knows they are very happy with the new equipment. The Medical Staff also updated the reappointment policy to three-year reappointments instead of two (*regulation updated*).

7. Open Forum/Visitors

7.1. Public Comment – Discussion regarding Board recommendations to the County for the open board position. Community member Peterson gave her opinion on community communication and PR, including specific comments being made.

Rooke exited at 8:55 a.m. Fredericks entered at 9:00 a.m.

8. Kirt Fredericks, 457 Retirement Update – Fredericks reported that the retirement plan is doing well. Discussion regarding the 457 plan and the stock market. *Kaminski exited at 9:05 a.m. Rooke entered at 9:07 a.m. Fredericks exited at 9:07 a.m. Kaminski entered at 9:07 a.m.*

9. Board Communications/PR – McKelvey stated that he would like to brainstorm a way to get in front of talk within the community versus being reactive to negative. Discussion regarding a potential marketing/communication organization to help appropriately communicate. McKelvey added that we have a lot of positives happening, but the negatives seem to be overriding the good. Discussion regarding communicating accurate financial information to the community. Peterson stated that she organized a survey that was taken by community members at public events and has also talked with a lot of people, stating that there is a large PR issue because of things that happened in the past. Discussion regarding community involvement and communication.

10. Medical Staff

10.1. Initial Appointment - Plante stated that the Medical Staff approved and is recommending the following provider for initial appointment:

10.1.1. K. Giselle Schultz, CRNA – K. Giselle Schultz is a PRN CRNA available to cover some surgical shifts when our full-time CRNA is out on vacation. A **motion** made by Hammes, seconded by LaPlante, to approve the initial appointment of CRNA K. Giselle Schultz. The motion passed.

10.2. Reappointment – Plante stated that the Medical Staff approved and is recommending the following providers for reappointment:

10.2.1. Tim Ochoa, DO – A **motion** made by LaPlante, seconded by Hammes, to approve the reappointment for ER Physician Tim Ochoa, DO. The motion passed.

10.2.2. Kara Seigley, FNP – A **motion** made by Hammes, seconded by McKelvey, to approve the reappointment for Family Medicine Provider Kara Seigley, FNP. The motion passed.

11. Contracts

11.1. ADEX Medical Staffing (AMS), LLC – International healthcare provider staffing agreement for long-term placement where the AMS remains the employer and places the staff. Less expensive than current travelers; discussion followed regarding cost. A **motion** made by LaPlante, seconded by Hammes, to approve the AMS, LLC agreement. The motion passed.

11.2. Flint Healthcare, Inc. – International recruitment service who will manage the Visa process, legal services, and all related expenses with three-year guarantees. Less expensive than current travelers. Minier stated that we prefer Flint over AMS; discussion followed regarding cost. A **motion** made by Hammes, seconded by Ebert, to approve the Flint Healthcare agreement. The motion passed. The Flint Healthcare agreement will be used primarily over AMS.

11.3. KH Virtual Speech Therapy – or – Virtual Speech Therapy, LLC – Keltner stated that he was hoping to have numbers to compare side by side, but KH has not been able to get us numbers yet. Item tabled until we get quotes from KH.

12. Administrative Reports/Questions – The Board and Administration had discussions regarding the following items: Surgery volumes; CIN (*first meeting being scheduled*); Rural Hospital Stabilization meetings and trying to get accepted for their program; IV protocol; Female Physician candidate; Medical Assistant staffing; Pharmacy hood update; Infusion volumes are up.

13. Follow-Up Items

13.1. Public Records Request – Keltner, Epler, Brock, Minier, and H. Ryan were all on the phone call with our attorney regarding recent public records request. All appropriate information will be provided.

14. Communications

14.1. **BetterCARE Update** – Epler stated that the BetterCARE Gala will be December 5th. Epler will be challenging the medical staff again to donate.

15. Executive Session

At 10:10 a.m., a **motion** made by Brock, second by Hammes, to adjourn into executive session per Idaho Code 74-206(1)(b) Personnel and Idaho Code 74-206(1)(j) Provider Contract & Other Contract Matters. Roll Call Vote: All ayes. The motion passed.

Present at this time: Brock, Ebert, Epler, Hammes, LaPlante, McKelvey, Keltner, Edwards, Minier, Plante, Kaminski, Stansbury, Peterson, and Rooke.

Edwards, Minier, Plante, Kaminski, Stansbury, Peterson, and Rooke exited at 10:10 a.m.

Keltner exited at 10:34 a.m.

The Board came out of Executive Session at 10:57 a.m.

16. Adjourn – A **motion** made by Ebert, seconded by Brock, to adjourn the October General Board Meeting. The motion passed.

Meeting adjourned at 10:58 a.m.

Approved by:

Respectfully submitted,

Rebecca Plante, Secretary

Suzy Epler, Board Chairman