Form 641 – Parts A, B & C
ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form

For All 2010 Denali Commission Approved Projects –
Projects No. 1265 – A through 1265 – L

Project Name: Petersburg Medical Center CR Reader

Name of Hospital / Grant Sub-Recipient: Petersburg Medical Center

Reporting Period: January 1 – March 31, 2011

Sub-Recipient Grant No.: 1265 – A

Part 641 – A. Project Budget Summary (provide the following information requested; use additional pages as necessary):

1. *Original Project Budget Information:*

a. The *original* total approved project budget:

i. Amount of Denali Commission Grant Award: $36,733.00

ii. Amount of Facility Cost Share Match (CSM): $36,733.00

iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: $73,466.00

2. *Actual Project Costs Recorded During the Current Reporting Period:*

a. Amount of the Facility's own Project CSM Expended (non-reimbursed expenditures) during the current reporting period:

0

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

0

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

0

3. ***Total Denali Commission Grant Funds Received to Date:***

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

$30,827.50

4. ***Total Facility Cost Share Match Funds Expended to Date:***

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project *for which reimbursement was not and cannot be sought* from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

$27,387.50

5. ***Project Schedule:***

Please state the anticipated start and end dates of this funded 2010 Denali Commission Primary Care Improvements in Hospitals project, and provide a list of appropriate milestone dates for the major phases or activities of your project.

Start date: June 1, 2010

End date: July 1, 2011

Description of Milestone Or Activity	Anticipated Completion Date
1. Purchase and install ADT interface – part of the PCA/Transcription interface:	June 2010.
2. Purchase and install CR reader, cassettes, monitors, computers:	Sept/Oct 2010.
3. Purchase and install PAC/Transcription interface: through July 1, 2011 (timeline dependent on manufacturer development of software)	

Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

2010 Project Budget Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
PMC CR Reader	$73,466.00	$58,275.00		Quotes for Centricity/PAPC interface obtained.
Totals:	$73,466.00	$58,275.00		

Part 641 – C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

Signature

6 APR 2011
Date

John F Bringhurst, CEO
Printed Name and Official Title

Project Fund Disbursement Request
Form 642 – Parts A & B
ASHNHA's Quarterly Project Reporting Form

Covering All 2010 Denali Commission Approved Projects
Projects No. 1265 – A through 1265 – L

Please Use this Form to Make a Fund Disbursement Request

Project Name: Petersburg Medical Center CR Reader

Name of Hospital / Grant Sub-Recipient: Petersburg Medical Center

Reporting Period: January 1, 2011 – March 31, 2011

Sub-Recipient Grant No.: 1265 - A

Part 642 – A. Project Narrative *(use additional pages as necessary)* :

1. **What is the status of your D/C 2010 "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)**
   Continued research and quotes were requested concerning the interface between Centricity (Clinic EMR) with RAPC (radiologist) to determine if and at what cost the interface will be.

2. **Is your 2010 project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with? Will the delay potentially extend the project beyond 9/30/2012?**
   The project is on schedule at this date. Purchase and implementation of the interface has not be determined at this time but is not expected to cause a delay beyond September 30, 2012.

3. **Is the 2010 project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?**
   The project may be under budget due to the change of interface required and its associated cost.

4. **Other comments, problems and solutions:**
   Final cost and schedule should be determined within the next quarter.

Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)

We are requesting ASHNHA to release $ 0 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1. ____ a request for an *Advance* against our Project Grant Award Funds; **or**

2. ____ a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance.

Carol Doser

From: Carol Doser
Sent: Monday, April 04, 2011 2:43 PM
To: 'Jeannie Monk'
Subject: RE: Petersburg Grant 1265-A

Jeannie,

We actually got $40 more than what was requested. The Jan-Mar 2011 report will have no expenses, therefore we will not be making a request for payment and the report will reflect the $40 overpayment.

I will attach this email with the report as a reminder of the discrepancy.

Carol

From: Jeannie Monk [mailto:jeannie@ashnha.com]
Sent: Monday, April 04, 2011 1:13 PM
To: Carol Doser
Subject: Re: Petersburg Grant 1265-A

Hi Carol
Good catch. You are correct about the discrepancy. I believe it was my math error. \

The challenge with your project is it is paid from two different grant awards - we have to spend the older award first. I believe I must have miscalculated something as I was dividing the requested reimbursement between the 2 awards.

Please fill out the Jan - March report based on what you actually received last quarter rather than what was requested (ie: the $40 discrepancy).

On your current report you can request an additional $40 to make up for what you didn't get last quarter. Just make a little note on the report of your current request and then the $40 not received to remind me. I'll make a note in the file that it was my error.

I apologize, I'll double check my numbers this time to avoid future errors.
Jeannie

On Wed, Mar 23, 2011 at 11:22 AM, Carol Doser <ctdoser@pmc-health.org> wrote:

Hi Jeannie,

I am doing a little advance work on the quarterly report and was referring back to last quarter's report. I noticed for the quarter Oct.1 – Dec. 31, 2010, Form 642, we requested reimbursement for $27,387.50. I have a check from ASHNHA for $17,995.00 and $9,432.50 = $27,427.50. There is a difference of $40 between the request and actual payment.

The issue I have is there may be a question when I report on Form 641 for Jan-Mar 2011, question #3 – there may be a discrepancy of the $40 from what was requested and what was received.

I hope this make sense? If this is a non-issue for the upcoming report that is due (Jan-Mar), please let me know.

Thank you,

Carol T Doser

Administrative Assistant

Petersburg Medical Center

907-772-4291 x197

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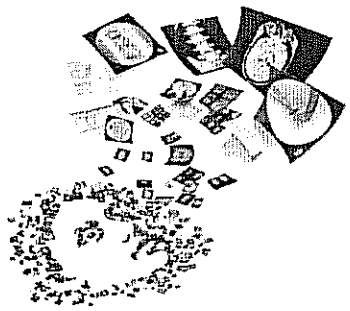
Jeannie Monk, MPH
Small and Rural Hospital Program Officer
Alaska State Hospital & Nursing Home Association
907-586-1790 office
907-723-9826 cell



HEALTHCO INFORMATION SYSTEMS INC

Schedule A - Investment Estimate

Centricity Practice Solution

GE Medical Systems
Information Technologies

ADD ON SALES AGREEMENT

Petersburg Medical Center
103 Fram Street
Petersburg, AK 99833
Contact: Stacey Thorsen
Email: sthorsen@pmc-health.org

Prepared By: Linda Honse
Quote Date: March 22, 2011
Quote Expiration: 30 days
Phone: 907-772-4291 Ext. 162

HealthCo Information System, Inc. is pleased to submit this quotation for the products and services described herein at prices and terms stated, subject to the Terms and Conditions of the current HealthCo End User Sales and Support Agreement.

Interface	Qty.	Unit Price	One Time Costs	Monthly Support & Updates
Inbound lab results (ORU) HL7 from RAPC to Centricity	1	$ 2,500	$ 2,500	
			$ 2,500	**$ -**

NOTES:
The products quoted on this agreement will be ordered at the time payment is received by our office. Once the items are ordered, it can take 5 – 10 business days to receive the product(s) – including CPS software licenses. Hardware purchases may have a longer time frame depending on the actual products ordered. If the product is needed more urgently, please let your sales representative know at the time of contract signing, and they will discuss your options.

All prices quoted are estimates only and are subject to change without notice. Prices do not include wiring, cabling, communication equipment, hardware support, network support, internet connectivity, Microsoft Operating Systems and database upgrades or support, shipping costs, telephone, sales tax or other additional costs.

CUSTOMER AGREES TO THE TERMS AND CONDITIONS OF THIS QUOTATION, INCLUDING THE END USER SALES AND SUPPORT AGREEMENT (WITH RESPECT TO PURCHASES OF LICENSED SOFTWARE, SERVICES AND HARDWARE) INCORPORATED HEREIN BY REFERENCE. UNLESS SPECIFICALLY SET FORTH IN THIS QUOTATION, ITEMS AND SERVICES MUST BE PURCHASED SEPARATELY.

Customer Approval:

fax to 503-597-3755

Print Name: _____ Date: _____

Customer Signature: _____ Title: _____

HealthCo Approval: (Corporate Officer or Director)

Print Name: _____ Date: _____

Signature: _____ Title: _____

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