There is no higher calling than supporting the well-being of another person, community, or an entire region.

We exist to make a genuine difference in the health and well-being of the people and communities we serve.

Together, we can be everything that is good and right and human in healthcare.

This is when we live up to our name.

This is when we become Renown.
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**Purpose of the Handbook:**

This handbook serves as a comprehensive guide with organizational policies and procedures, employee benefits overview, terms of employment and highlight employee rights and responsibilities. While every effort is made to keep the contents of this guide current, due to the growing nature of our organization, Renown retains the right to revise, delete and add to its contents without notice as the organization sees fit.
Our Mission, Vision, and Values:

Our MISSION
Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.
- We make a genuine difference.
- We are about the people and communities we serve.
- We care about health — and not just illness care.

Our VISION
Renown Health, with our partners, will inspire better health in our communities.
- We inspire being and staying healthy — even as we restore health for those in need.
- We take an active role in community initiatives, with a renewed focus on the underserved.
- We will have many partners because we cannot do it alone.
- We address our community's biggest health needs. Together.

Our VALUES: Words We Live By
Caring, Integrity, Collaboration, Excellence
- We are caring and compassionate.
- We demonstrate respect and integrity.
- We collaborate with our patients, families, employees, physicians and communities.
- We strive for excellence in all we do.

Renown Leadership

Organizational Charts

Renown Medical Group Locations and Contacts

Renown Provider Directory
Helpful Resources & Contact Information:

- **InsideRenown.org** is a great one-stop shop for all employees. A search bar enables employees to search for documents, online forms, policies, department sites, and more within the Renown Intranet. To the right of the search bar is an envelope icon; clicking on this provides access to the employee **Renown email account** and the icon to the right of that is the **Renown phone directory**, where contact information for all Renown employees can be located. Also included is information reviewed during New Employee Orientation (NEO), such as onboarding documents, timecards and more.

- **Renown email account (Outlook):**

  ![InsideRenown.org Screenshot]

Microsoft (R) Outlook (TM) Web App (OWA) is a Microsoft Exchange Active Server Application that gives you private access to your Microsoft Outlook or Microsoft Exchange personal e-mail account so that you can view your Inbox from your Web Browser (Browserversion minimum version for premium OWA option: Internet Internet Explorer 7, Chrome 3.1, Safari 3.1, Firefox 3.0). Access to Renown Health and any of its subsidiaries (the “Company”) computer systems is limited to authorized persons affiliated with the Company. By accessing and/or signing on to any of the Company’s systems, the user expressly agrees to abide by all of the terms and conditions of any and all of the Company’s policies governing the Company’s computer systems. Any unauthorized access of this computer system or the information it contains will be considered trespassing and may subject the violator to civil and criminal penalties, as well as termination of employment.

Our web-based e-mail now looks like Outlook 2010. **Click Here to learn more.**
✓ **Renown email account (Outlook):** (continued)

✓ **Document Library:** A database of Renown documents, such as policies and procedures, employee forms, job descriptions, etc.

- It is the employee’s responsibility to become familiar with Renown policies and procedures. A great place to start is with Human Resources and Medical Group policies.
✓ **Employee Services**: This tab is home to employee resources such as benefits, parking, training and development, discounts and new employee information.

✓ **Department Sites**: Provides a direct link to specific departmental web pages. This page provides access to MyChart Station from Department Sites, and a quick resource for all things MyChart, including system updates, tip sheets, standard work guidelines and answers to frequently asked questions. See below for tips on how to navigate the page.
**Department Sites:** (continued)

- **MyChart Station:**
  The MyChart Station is a web application that gives patients easy access to their medical records. Providing patients with access can help strengthen the relationships they have with care teams within our organization and give patients tools they can use to become engaged in their own health. Activating a large number of patients with a MyChart account has been proven to reduce number of calls, letters, and appointments scheduled, all while increasing staff satisfaction across numerous Epic organizations across the country.

  The following are just some of the things patients can do using MyChart:
  - Schedule an appointment anytime, day or night
  - Receive test results faster
  - Request prescription refills
  - Send messages to their healthcare team privately and securely
  - Keep track of their family's health
  - Review immunization records
  - View or download a Summary of Care Document

  **MyChart Customer Service:** 775-982-2781
Kronos: Renown’s time and attendance system - employees approve their timecard, submit leave requests and access important compensation, benefits, and personal information (human resources documents). New employees will receive a letter at New Employee Orientation (NEO) with their employee ID. This is the your unique identification as an employee. Contact your practice manager if you have any questions regarding your employee ID and password.
✓ **Online Learning Academy (OLA):** Employees are required to complete annual compliance and training through our Online Learning Academy (OLA). These e-learning courses include training on patient safety, corporate compliance, Health Insurance Portability and Accountability Act (HIPPA), Occupational Safety and Health Administration (OSHA), etc. Use your Renown ID to log in to the system and complete these courses. The initial password is *hello*. Employees may also elect to self-enroll in any of these e-learning courses.

✓ **Enrich-U:** Renown Health is proud to provide Enrich-U – professional development programs and career services, designed to help employees learn, grow and thrive in your career at Renown. All employees are encouraged to expand their knowledge, enrich skills and plan their career path at Renown.
Life Balance: Renown provides a life balance program including an employee assistance program. This program can help employees find solutions for everyday challenges of work and home, as well as for more serious issues involving emotional and physical well being. Utilize these free resources 24 hours a day, 7 days a week, 365 days a year.

- Online at www.lifebalance.net.
  - User ID and password: lifebalance

- Toll free, 24 hour phone access:
  - English: 1-800-854-1446
  - Spanish: 1-877-858-2147
  - TTY/TDD: 1-800-999-3004

Important Contact Phone Numbers:

- Human Resources: 775-982-6288

- Employee Benefits:
  - General Questions: 775-982-4444
  - Benefits Analyst: 775-982-6477

- Epic Questions/Training: 775-982-3332

- Renown MSO (Billing): 775-982-4590 (non-self-pay questions)

- IT Support/Help Desk: 775-982-4042
Employment Expectations & Code of Conduct:

- **Code of Conduct: Harassment (RENEW.HRM.145):** Outlines the Renown's expectations concerning a workplace environment, free from all forms of prohibited conduct including, without limitation, harassment.

- **Compliance Program and Code of Conduct:** Review online by accessing through InsideRenown.org.

- **Smoking and Tobacco Use (RENEW.HRM.150):** Smoking of any substances, including tobacco products, vapor products, and e-cigarettes on Renown property and surrounding areas is prohibited.

- **Dress and Appearance (RENEW.HRM.110):** Employees are expected to present or create a professional or identifiable appearance for patients, visitors, customers, and the public, and to promote Renown's values of Caring, Integrity, Collaboration, and Excellence through appearance.

- **Hand Hygiene (RENEW.IC.201):** Effective hand hygiene is the single most important strategy to reduce the spread of infection and prevent healthcare acquired infections.

- **Renown Provider White Lab Coats:** All Renown providers are offered a personalized white lab coat (at no cost). During the first few weeks of orientation, the practice manager will assist with the completion of the necessary form (providing the appropriate cost center, etc.). The provider may then take the completed form to the Renown Uniform Shop, select their white coat, and the Uniform Shop will facilitate the embroidery to Renown specifications. Providers are not required to wear a white lab coat, but one is made available, should they so choose.

- **Attendance and Punctuality (RENEW.HRM.705):** It is the policy of the Renown to maintain an efficient and productive provision of services to the customers while recognizing employees’ needs for time away from work. It is expected that: (1) employees will plan ahead to ensure their ability to report to work when unforeseen circumstances arise; and (2) that all employees maintain a safe and healthy lifestyle to meet organizational reliability expectations.

- **Termination and Transfer Process (RENEW.HRM.910):** Employees who are voluntarily terminating from the organization shall provide written notice to their leader at least ninety (90) days prior to departure. A standard employee resignation letter template is available on InsideRenown.org.
## Patient Satisfaction / The Four Habits Model:

<table>
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<tr>
<th>HABIT</th>
<th>SKILLS</th>
<th>TECHNIQUES AND EXAMPLES</th>
<th>BENEFITS</th>
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| **INVEST IN THE BEGINNING** | Create rapport quickly | - Introduce self to everyone in the room.  
- Refer to the patient by last name and title (e.g. Mr. or Mrs.) until a relationship has been established.  
- Acknowledge wait.  
- Make a social comment or ask a non-medical question to put the patient at ease.  
- Convey familiarity by commenting on prior visit or problem.  
- Start with open ended questions: “What would you like help with today?” “I understand that you’re here for… could you tell me more about that?”  
- Speak directly with the patient when using an interpreter.  
- Repeat concerns back to check understanding.  
- Let the patient know what to expect: “How about if we start talking more about ____, then I’ll do an exam, and then we’ll go over possible ways to treat this? Sound okay?”  
- Prioritize when necessary: “Let’s make sure we talk about ____ and ____. It sounds like you also want to make sure we cover ____. If we can’t get to the other concerns, let’s…” | - Establishes a welcoming atmosphere  
- Allows faster access to real reason for visit  
- Increases diagnostic accuracy  
- Requires less work  
- Minimizes “Oh, by the way…” at the end of the visit  
- Facilitates negotiating an agenda  
- Decreases potential for conflict |
| | Elicit the patient’s concerns | - Assess the patient’s point of view: “What do you think might be causing your symptoms?”  
- “What concerns you most about this problem?”  
- “What have you done to treat your illness so far?”  
- Ask about ideas from loved ones or from community.  
- Express respect towards alternative healing practices.  
- Determine the patient’s goal in seeking care: “How were you hoping I could help?”  
- Check context: “How have your symptoms affected your daily activities/work/family?” | - Respects diversity  
- Allows the patient to provide important diagnostic clues  
- Uncovers hidden concerns  
- Reveals use of alternative treatments  
- Improves diagnosis of depression and anxiety |
| **ELICIT THE PATIENT’S PERSPECTIVE** | Ask for the patient’s ideas | - Respond in a culturally appropriate manner to changes in body language and voice tone.  
- Look for opportunities to use brief empathic comments: “You seem really worried.”  
- Use a pause, touch, or facial expression. | - Adds depth and meaning to the visit  
- Builds trust, leading to better diagnostic information, adherence, and outcomes  
- Makes limit-setting or saying ‘No’ easier |
| | Elicit specific questions | - Frame the diagnosis in terms of the patient’s original concerns.  
- Explain rationale for tests and treatments in plain language.  
- Review possible side effects and expected course of recovery.  
- Discuss options that are consistent with the patient’s lifestyle, cultural values, and beliefs.  
- Provide written materials in the patient’s preferred language, when possible.  
- Discuss treatment goals to ensure mutual understanding and agreement.  
- Assess the patient’s ability and motivation to carry out plan.  
- Explore barriers: “What do you think would help overcome any problems you might have with the treatment plan?”  
- Summarize visit and review next steps.  
- Verify comprehension by asking the patient to repeat instructions.  
- Ask: “What questions do you have about what we discussed today?”  
- Give the patient a written summary of the visit, including relevant websites.  
- Close the visit in a positive way: “It’s been nice seeing you. Thanks for coming in.” | - Increases potential for collaboration  
- Influences health outcomes  
- Improves adherence  
- Reduces return calls and visits  
- Encourages self-care  
- Encourages confidence and trust |
| | Explore the impact on the patient’s life | - Reduces return calls and improves adherence  
- Improves diagnostic accuracy  
- Increases potential for collaboration  
| **DEMONSTRATE EMPATHY** | Be open to the patient’s emotions | - Introduce self to everyone in the room.  
- Refer to the patient by last name and title (e.g. Mr. or Mrs.) until a relationship has been established.  
- Acknowledge wait.  
- Make a social comment or ask a non-medical question to put the patient at ease.  
- Convey familiarity by commenting on prior visit or problem.  
- Start with open ended questions: “What would you like help with today?” “I understand that you’re here for… could you tell me more about that?”  
- Speak directly with the patient when using an interpreter.  
- Repeat concerns back to check understanding.  
- Let the patient know what to expect: “How about if we start talking more about ____, then I’ll do an exam, and then we’ll go over possible ways to treat this? Sound okay?”  
- Prioritize when necessary: “Let’s make sure we talk about ____ and ____. It sounds like you also want to make sure we cover ____. If we can’t get to the other concerns, let’s…” | - Establishes a welcoming atmosphere  
- Allows faster access to real reason for visit  
- Increases diagnostic accuracy  
- Requires less work  
- Minimizes “Oh, by the way…” at the end of the visit  
- Facilitates negotiating an agenda  
- Decreases potential for conflict |
| | Make an empathic statement | | |
| | Convey empathy nonverbally | | |
| **INVEST IN THE END** | Deliver diagnostic information | - Introduce self to everyone in the room.  
- Refer to the patient by last name and title (e.g. Mr. or Mrs.) until a relationship has been established.  
- Acknowledge wait.  
- Make a social comment or ask a non-medical question to put the patient at ease.  
- Convey familiarity by commenting on prior visit or problem.  
- Start with open ended questions: “What would you like help with today?” “I understand that you’re here for… could you tell me more about that?”  
- Speak directly with the patient when using an interpreter.  
- Repeat concerns back to check understanding.  
- Let the patient know what to expect: “How about if we start talking more about ____, then I’ll do an exam, and then we’ll go over possible ways to treat this? Sound okay?”  
- Prioritize when necessary: “Let’s make sure we talk about ____ and ____. It sounds like you also want to make sure we cover ____. If we can’t get to the other concerns, let’s…” | - Establishes a welcoming atmosphere  
- Allows faster access to real reason for visit  
- Increases diagnostic accuracy  
- Requires less work  
- Minimizes “Oh, by the way…” at the end of the visit  
- Facilitates negotiating an agenda  
- Decreases potential for conflict |
| | Provide education | | |
| | Involve the patient in decision making | | |
| | Complete the visit | | |
Employee Benefits:

The relationship with employees is the foundation for success as we proceed with our new strategic direction. We strive to build upon this solid partnership by offering a comprehensive and competitive benefits package that meets the diverse needs of employees and their family members.

Renown Health provides a wide array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, advance your career, balance your personal and professional life, and meet every day needs.

View the 2017 Employee Benefits Book for details on all benefits offered to employees. For additional information, visit Employee Benefits on InsideRenown.org.

- **Leave**: Renown providers receive leave time, which includes all Renown Observed Holidays (collectively “Leave Time”). Providers can find their available leave time in their Renown provider agreement. Leave Time must be approved and scheduled thirty (30) days in advance of the requested leave period. Providers are not eligible to use leave until the first day of the month following the first ninety (90) days of employment. Part-time providers will receive this benefit on a prorated basis. Leave Time is calculated based on a full calendar year. If employment begins after January 1, then Leave Time will be prorated for the remainder of the calendar year. Leave Time may not be carried over beyond the then-current calendar year.

- **Leave Balances**: Providers can review leave balances in Kronos. For instructions on how to view leave balance, paychecks, see the Salary/Wages section of this handbook.
✓ Requesting Leave (does not apply to Urgent Care providers):

- Step #1: Submit a Kronos request
  - From InsideRenown.org, select Kronos
  - Enter username (employee number) and password
  - Select My Information
  - Select My Requests
  - Select Global Time Off Request Full Days
  - Choose the Start and End Dates of the time off request
  - Always select pay code CLV (Contracted Leave) - NOTE: Providers do not receive illness pay, only CLV or CME hours.
  - Select Submit. To save the request without submitting it, click Draft. If you save the request as a draft, it will not be seen by your manager until you select Submit.

- Step #2: Complete a Provider Absence Request Form

- Step #3: As a courtesy to your fellow colleagues, please be sure to discuss these leave dates with your team, as well as your expectations for those covering your work/in-basket prior to leaving. Providers should also create an 'out of office alert' in both Epic and Microsoft Outlook (email).
**Observed Holidays:**

- New Year's Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Nevada Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

**Taking call during a holiday:** Renown providers, who are on call during a week which includes a paid holiday, will have those hours returned to their leave bank.

**Continued Medical Education (CME) Leave:** Full-time, salaried providers shall receive five (5) days per calendar year for CME purposes. Part-time providers shall receive this benefit on a prorated basis. All CME expenses, including related travel expenses, for which the provider seeks reimbursement, must comply with the applicable Renown Health policy(ies) in effect at the time. Providers may not carry forward unused educational leave days and expense limits to the next year. CME requests approved within ninety (90) days prior to employee submitting a ninety (90) day termination notice will not be honored. These benefits are subject to change at the sole discretion of Renown Health at any time, without prior notice.

Full-time providers must schedule and receive approval for leave to obtain CME credits at least sixty (60) days prior to the date of the educational opportunity to arrange for coverage, and secure appropriate course approval and/or authorization of the leave and expenses. All educational leave requests must be reviewed and approved by the Chief Medical Officer and the Renown Health Vice President with responsibility for Employed Provider Services, or their designees. After these approvals are received the provider must complete an Education/Travel Request form and include all of the available information on the CME conference/training for approval. This completed form and all applicable back-up information is submitted to the practice manager for processing.

The provider is responsible for making all arrangements for travel and accommodations. These arrangements must be made at least thirty (30) days prior to the date of the educational opportunity or registration deadline, whichever is greater. **NOTE: The provider is responsible for requesting leave time in Kronos** in addition to submitting the Education/Travel Request form, prior to the CME, with information on the conference/training, etc.
✓ **Continued Medical Education (CME) Leave**: (continued) After CME completion, the provider must complete an Education/Travel Expense Report form and include all receipts from the CME conference/training and travel related expenses for approval. This completed form and all of the applicable receipts is submitted to the practice manager for processing.

**Education Travel Request** (Step #1) and **Education/Travel Expense Report** (Step #2) can be found in the Document Library. See Appendix B and C for a copy of these forms.

✓ **Temporary leave of absence/leave without pay**: Requests must be submitted in writing to the Medical Director who will then provide written approval. Approval will be determined on a case-by-case basis.

✓ **Absence From Work: Family and Medical Leave of Absence FMLA** (RENOWN.HRM.715): This policy outlines the procedure for requesting and receiving Family and Medical Leave.

✓ **Short Term Disability (STD)**: Individual Short Term Disability (STD) insurance is recommended and can pay a percentage of an employee’s monthly salary if they become injured or ill due to a covered off-the-job disability or covered pregnancy. This monthly benefit amount may be used at the employee’s discretion. Specifics regarding eligibility and coverage may be found under the Employee Benefits section of InsideRenown.org.

✓ **Civic Responsibilities**, such as jury duty or military leave must be submitted in writing to the Medical Director of Section Chief.
Retirement Saving Plan – 401(K): A retirement savings plan is one of the most important long-range benefits an employer can offer its employees. Renown's 401(k) is administered by The Vanguard Group, one of the nation’s most respected 401(k) investment companies. The Renown Health Retirement Savings Plan is designed to help employees on the journey to a comfortable financial future. For enrollment instructions, see below.
**Health Insurance Benefits:** Renown Health offers employees three medical plans. For plan details, click each plan name to view the Summary of Benefits.

- **Standard Plan**
- **Enhanced Plan**
- **Limited Plan**

**Malpractice Insurance:** Renown offers professional liability insurance for all providers. Refer to your employment agreement, which outlines the details of your policy.

**Cell Phone:** On-call providers may receive a monthly cell phone stipend. (Refer to your provider employment agreement for more information.) This stipend is issued with your regular pay and is denoted separately. The employee is responsible for obtaining and maintaining such service.

**Other:** All necessary practice expenses including licensing fees, one (1) annual membership in a medical society and one (1) annual subscription to a medical journal are covered as part of the employment agreement. The employee must submit an Education/Travel Expense Report form, along with original receipts, for reimbursement.

**Physician On Call Calendar** can be accessed from Inside.Renown.org. Select the four box icon on the far right corner of the webpage. See below for instructions.

**NOTE:** As a courtesy to your colleagues, if labs are ordered and you anticipate they will be reported as a ‘critical lab’, please inform the on-call provider in advance, as they will be the one who receives the call.
**Salary/Wages:**

Upon hire, the new full-time employee will receive an annual salary until the employee transitions to the Productivity/Quality compensation model, as outlined in the employment agreement. The employee will receive a monthly productivity report by the 20th day of the following month to monitor performance relative to expected performance standards. The employee should review the report and must report any wRVU discrepancies, in writing, to the practice manager prior to the end of the following month in which the employee receives their wRVU report. If the employee does not report any discrepancies in writing, the employee shall be deemed to accept the productivity report and calculation of his/her Productivity/P4P as provided. Once the employee has transitioned to the productivity model he/she will remain so unless otherwise provided, in writing, by the Section Chief. For specific details, refer to your employment agreement.

Review of pay, direct deposit and approval of timecards is done using [Kronos](#). Once the employee has been directed to the Kronos webpage they must sign in with their employee ID and temporary password, which can be found in the welcome letter distributed on Day 1 of New Employee Orientation. Once logged in, the employee will be asked to create a new password.

**NOTE:** Employees are required to approve their timecard in Kronos every two (2) weeks. All employees are expected to electronically approve their timecard on the last day worked in a pay period, but not later than 8:30 a.m. the Monday after the pay period closes. The electronic approval of the timecard certifies the employee has reviewed his/her timecard. If an employee does not approve the timecard, the employee’s acceptance of the resulting pay shall constitute certification that the employee was paid correctly. Employees who identify an error on their paycheck must contact their practice manager.

✔ **Timecard Approval:** See below for step-by-step instructions for accessing employee Kronos account and for updating/approving timecard information (bi-weekly).

- From [Inside.Renown.org](#), select [Kronos](#)
- Enter username (employee number) and password
- Select *My Information*
- Select *My Timecard*
- Hours worked time automatically populates in this field. If there are issues with the automatically populated data, contact your leader (who can make these changes for you).
✔ To request leave or “CLV” (contracted leave) in Kronos: See Requesting Leave, on page 17.

✔ Direct Deposit Enrollment: Once logged into Kronos, select My Information and Employee Home Page. The Employee Home Page allows employees to enroll and update direct deposit and personal information, view pay history and W2 forms, review and enroll in Renown Health benefits, update or register vehicles for parking and enroll in Badge Pay.
Productivity Sample (Advanced Practice Provider):

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Quarter 4

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YTD Total

|       | 3,910.45 | 51.8 | 3,962.25 | 99,056.25 | 85,250.00 | 13,806.25 |

Job Title: Nurse Practitioner, Primary Care
On Productivity: Quality
Productivity Change Date:
CF:
FTE: 1

Please submit data requests to Physician Services Administration for the following purposes only:
1. To perform a trend analysis
2. To track days out of office for vacations, sick, educational leave, etc.

Any discrepancy requesting provider production report should be reported to sourcing (by fax or e-mail) immediately to Physician Services Administration.

Monday, December 12, 2016
### Productivity Sample (Physician):

#### Example: Physician

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<th>Work RVUs</th>
<th>WRVUs Adjust</th>
<th>Total WRVUs</th>
<th>Conversion Factor</th>
<th>Earnings</th>
<th>Est Draw Paid</th>
<th>Excess (Deficit)</th>
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<td><strong>82,209.60</strong></td>
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---

**Notes:**
1. RVUs not adjusted from Total RVUs.
2. Incentive paid out at 80% for exceeding $28,71.62, 169.30% of WRVUs produced.
3. Any changes regarding your productivity report should be reported in writing to Medical Services Administration.

Monday, December 12, 2016
New Employee Process – From Hire to Practice:

✓ Collaborative Agreements: Renown requires APRNs and PAs to maintain an updated copy of their collaborative agreement in the office at all times. Additional copies should be sent to the collaborating physician and practice manager.

✓ Prescription Monitoring Program (PMP): All providers are required to enroll in the PMP in order to prescribe Schedule II, III, and IV controlled substances. This information will allow providers to better evaluate the treatment of patients with controlled substances and determine whether there may be abuse or non-medical use. The PMP Registry provides providers with direct, secure, twenty-four (24) hour access to view dispensed controlled substance prescription histories for their patients.

Providers must create an account at https://nevada.pmpaware.net/login. License, DEA, and NPI numbers are required to create an account.
**NARxCHECK**: Effective March 23, 2015, Nevada State Legislature passed a bill (SB459) which established an opioid overdose prevention policy for Nevada. In order to meet the requirements of this bill, Renown implemented an interim solution. All providers have access to a button on their Epic toolbar called *NARxCHECK*. This links the provider directly to the Prescription Monitoring Program (PMP) website, where they are required to login and look up their patient to review their controlled substance history.

- Navigate to the *NARxCHECK* button on the main tool bar. It may be necessary to click on the double arrows >> for more options.

- Select *NARxCHECK*:

- The *NARxCHECK* option may be moved on your toolbar for easier access:
  - Select the wrench icon on the right.
  - Select *NARxCHECK* in the *My Toolbar* list to the right and drag it up towards the top of the list.

- Additional Information:
  - If the provider does not currently have an account set-up to access the PMP, follow the prompts on the PMP webpage by selecting the Create an Account link.
  - Each provider has the ability to set-up two delegates, if they choose, to assist in this review process. **NOTE**: *If the provider opts to use a delegate to pull the controlled substance history for their patients, the provider must document in the patient’s chart that they reviewed the patient’s report prior to writing the prescription(s).*
**Prescriber’s Letter**: All providers are asked to enroll in Prescriber’s Letter, a go-to source for actionable information on the latest developments in drug therapy; helping prescribers avoid medication errors, improve care and outcomes and meet quality measures.

- To access Prescriber’s Letter and the desktop links:
  - Right click anywhere on the computer desktop and go to *New* and under *New*, left click on *Shortcut*.
  - In the empty box, copy and paste the following URL link: [www.prescribersletter.com/?referer=?renownhealth/desktop.urls](http://www.prescribersletter.com/?referer=?renownhealth/desktop.urls)
  - Select *Next*.
  - Rename the shortcut to *Prescriber’s Letter* and select *Finish*.

- To access Prescriber’s Letter from remote locations or mobile devices with CE ID#:
  - Users are able to create their own CE ID#s by clicking on the desktop shortcut link.
  - Select *I don’t have a CE ID#* (in the yellow box on the right)
  - Once the form is completed, the provider’s CE ID# is generated instantly.

See **Appendix F** for more information on Prescriber’s Letter.
Electronic Birth/Death Registry System (EBRS/EDRS): The State of Nevada, Division of Public and Behavioral Health requests that all physicians enroll in the EBRS/EDRS system, allowing the statement of cause of death to be signed electronically. See Appendix D for a copy of these documents.

Basic Life Support (BLS) Certification: It is the employee’s responsibility to maintain an active and current BLS certification. Renown Health offers BLS certification through our Online Learning Academy. A copy of the employee’s BLS card should go to the practice manager. For enrollment instructions, see the following options:

- Renown Health’s Online Learning Academy (OLA):
  - Sign in with OLA login and password
  - Select Classes & Events
  - Select Self Enrollment and Search for the course.
  - Enter BLS and select the desired class date/time.
  - An email confirmation will be sent after successful online enrollment.
Basic Life Support (BLS) Certification: (continued)

- The organizations below also provide BLS certification:
  - Regional Emergency Medical Services Authority (REMSA), 775-858-5700
  - Truckee Meadows Community College (TMCC) 775-673-7115
    BLS Only
    First Saturday of each month
  - Certified CPR, Sheri Blackwell @ Ralphe & Jason Ralphe 775-691-9952
    certified@sbcglobal.net
    http://www.certified-cpr.com/
  - Carson Tahoe Hospital (ACLS & PALS) 775-445-7300
    Classes offered every other month
  - Carson Tahoe Hospital (BLS) 775-445-7302
    Classes offered weekly

- Important Information:
  - Renown provides recertification classes at no cost to employees, as long as the employee’s certificate is not expired.
  - If the certificate is expired, the employee is responsible for recertification at any of the above locations (at the employee’s expense).
  - Renown does not reimburse for the cost of the initial certification classes.
Provider Responsibilities & Work Flow:

- **Epic Documentation:** After completing Epic training, new providers will be paired with an experienced provider whom they will shadow to further refine documentation skills. For questions, tips, and troubleshooting, contact the Epic Training Team at 775-982-3332. See Appendix E for documenting expectations and guidelines.

- **Dragon Software:** Every provider has access to Dragon Voice Recognition software. See below for instructions on how to log in to Dragon and create your account.
  - To open Dragon, double click on the icon shown.
  - Once the program open, you will be asked to log in. Log in ID and password are the same as those used to log in to Renown network desktops.
  - Once logged in, you will be prompted to create a new user profile.
  - Follow the instructions on the screen to complete your user profile.
    - See Appendix E for additional “Tips & Tricks”. Contact IT at 775-982-4042 with questions.
InBasket Messaging – Between APRN/PA and Physician: After completing EPIC training, new providers will be paired with an experienced provider whom they will shadow to further refine documentation skills. For questions, tips, and troubleshooting, contact the EPIC Training Team at 775-982-3332. See Appendix E for documenting expectations and guidelines.

- **APRN or PA**: (Create InBasket message, attach the patient’s chart in questions, and send to overseeing physician.)
  - Click *New Msg*
  - Enter the recipient’s name(s), subject, patient (if applicable), and note
  - *Accept* to send

- **Physician**: (Receive InBasket message from advanced practice provider, open Supervising Physician Review encounter, document progress, route encounter back to advanced practice provider.)
  - Receive InBasket message from advanced practice provider
  - Click on message to read details
  - Click on *eyeglass* next to the *Type* field
  - Select *Supervising Physician*
  - Select *Accept* (twice)
  - Complete the encounter navigator, as needed (supervising data, progress notes, Dx and orders)
  - To send back to your advanced practice provider to review documentation, select *Route* the encounter

- **Back to APRN or PA**: (Review message, enter *Done* to remove message from InBasket as completed.)
  - Supervising Physician Review encounters, when routed to an advanced practice provider, turn into a patient call message
  - Do a quick note to make separate progress note (these notes store in the *Note* tab in *Chart Review*)
  - Right click and select *Reply to Sender* if further details are needed
  - Select *Done* to remove it from the InBasket as completed
✓ **Accessing Renown Email:** Email may be accessed by logging into a Renown network computer and opening the Microsoft Outlook application from the start button.

Alternately, email may be accessed from InsideRenown.org. For instructions on how to access your email from the intranet, see the *Helpful Resources & Contact Information* section of this handbook.

✓ **Remote Access:** To access access email on personal devices or to access applications, such as Epic, remotely you will first need to submit a request for access. This will be approved by your supervisor and you will then be contacted with instructions on how to complete this process. To request access, follow the instructions below.

From InsideRenown.org scroll down to find “Applications”.

![Image of Accessing Renown Email](image-url)
Remote Access: (continued)

Select “IP Request”

Select “Create Report” and fill out the appropriate information and click “Save & Submit”.
Remote Access: (continued)

Email may also be accessed remotely by using the Citrix application from Inside.Renown.org. See below for instructions.

Getting connected to the Renown Citrix Infrastructure

By Connecting through Citrix you can access Epic anywhere with a computer. You will have full access to patient charts and everything else in Epic. For example you will be able to update charts, place orders, and write notes.

 Connecting to Citrix- Follow Steps Below:

1. Type in your browser to navigate to https://gateway.renown.org. You should see this screen.

2. Enter your Windows user name and password to access your applications.

3. If the computer you are using is a member of the Renown domain you can skip this step. On all other computers, you only need to do this the first time you go to the site.
   A.) Check the ~ I agree box

   B.) Click Run

   C.) Click Allow

• PASSWORD INFO: If this is the first time you have used your account, you will need to change your password. You will also need to change your password every 90 days. Passwords can have upper and lower case letters, numbers, and can include special characters like $, %, or ^. You cannot use the same password that you have used the previous five times.
Remote Access: (continued)

4. Enter your new password (1), and then enter new password again (2).

5. If you get the screen in (3) there was something wrong with your new password. It was not long enough, contained improper characters, or was the same as one of your last five passwords.

6. You should see this screen or one like it. Access your application(s) by clicking on it.

Additional Information

1. For any issues please call #4042

Prior to being granted access to use Citrix, the new employee must formally request access by following the instructions below:

- Inside Renown
- Applications
- IP Request
- Create Request
- Remote Access – Employee
- “I need access to”
- Applications
- Type “Citrix VDI”
Provider Handbook - Acknowledgement of Receipt

(Provider Copy – Detach and retain for records)

I acknowledge I have received a copy of the Renown Provider Handbook. I understand I am responsible for reading the information contained in the Handbook.

I understand the Handbook is intended to provide me with a general overview of the company’s policies and procedures. I acknowledge nothing in this Handbook is to be interpreted as a contract, expressed or implied, or an inducement for employment, nor does it guarantee my employment for any period of time.

I acknowledge Renown may revise, suspend, revoke, terminate, change or remove, prospectively or retroactively, any of the policies or procedures of the company, whether outlined in this Handbook or elsewhere, in whole or in part, with or without notice at any time, at the company’s sole discretion.

________________________________________  ________________________________
Employee Name (printed)                                Date

________________________________________
Employee Signature

________________________________________  ________________________________
Renown Health Representative                                Date
Appendix A

Provider Application for Approved Absence

(Does not apply to Urgent Care providers)

Provider Application for Approved Absence

Provider Name: ____________________________

Date: ____________________________

Facility: ____________________________

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<th>Number of Days/Hours</th>
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<th>Last Day</th>
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<td>☐</td>
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<tr>
<td>Sick Leave</td>
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Provider Signature: ____________________________

Site Manager/Supervisor Signature: ____________________________

Provider:

Who is covering?

Have you assigned designation in EPIC [granted access]? □ YES □ NO
Has out of office been placed in EPIC? □ YES □ NO
Have you set Outlook out of office notification? □ YES □ NO
Has leave been entered into Kronos? □ YES □ NO
Have all changes been made? □ YES □ NO □ Not Applicable

Manager:

Is there sufficient coverage at the site? □ YES □ NO
Has the provider entered leave into Kronos? □ YES □ NO
Is the schedule blocked? □ YES □ NO
Provider given copy of request? □ YES □ NO
Chris Wells notified? □ YES □ NO

Instructions:

Please be sure form is completely filled out and submit a minimum of 30 days in advance of absence. Forward this completed form to your site manager/director for signature. Absence is approved only upon confirmation from Site Manager/Supervisor.

• Please submit one form for each separate month for which time off is being requested, and separate multiple dates into the appropriate categories.
• Site manager to provide provider with copy of this form as well as keep copy for the site records.
• For CME Requests Only:
  o Applications for CME Absence must include an attached course description with the application form.
  o Once CME time off is approved, provider must complete an Education/Travel Request Form (Document Library) a minimum of 30 days prior to travel and submit it to site manager with appropriate attachments for his/her approval and signature, and a Education/Travel Expense Report following travel for reimbursement.
Appendix B

Education/Travel Request Form

To be completed **prior** to CME and/or Travel/Education (attach all available information on the CME/education):

<table>
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<tr>
<th>Renown Health</th>
<th>EDUCATION/TRAVEL REQUEST</th>
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<td>(POLICY# RENOWN FMM.001)</td>
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### I. PERSONAL INFORMATION

- **First Name**
- **MI**
- **Last Name**
- **Home Address**
  - **City**
  - **State**
  - **Zip Code**
- **DEPT NO. TO BE CHARGED**
- **DEPT EXT NO.**

### II. TRAVEL INFORMATION

- **Departure Date/Time**
  - **Month**
  - **Year**
- **Return Date/Time**
  - **Month**
  - **Year**
- **Destination**
  - **City**
  - **State**
- **Purpose of Trip**
- **C.E.U. Credits**

### III. REGISTRATION

- **Check Payable To**
- **Address For Registration**
  - **City**
  - **State**
  - **Zip Code**
- **Phone Number**

### IV. LODGING

- **Name Address Hotel/Motel**
  - **Phone Number**
- **City**
- **State**
- **Zip Code**

### VI. TRAVELER’S SIGNATURE

- **Employee’s Signature**
  - **Date**
  - **Manager/Director Signature**
  - **Date**

### APPROVAL SIGNATURES

- **Foundation, if applicable**
  - **Date**
- **President/Vice President/Exec. Dir./Designee**
  - **Date**

### ACCOUNTING USE ONLY

- **Compacct/cce**
- **INV#**
- **Approval $**
- **Time & Date**
- **Voucher**

### V. TRIP COST ESTIMATE

- **Airfare**
- **Auto**
  - **Miles @ $0.540 Per Mile**
  - **Auto $0.00**
- **Car Rental**
  - **Days @ $0.00 per day**
- **Lodging**
  - **Days @ $50.00 per day**
  - **Lodging $0.00**
- **Meals**
  - **Days @ $50.00 per day**
  - **Meals $0.00**
- **Parking**
- **Registration**
- **Taxi, Bus, etc.**

**TOTAL COST**: $0.00

**Total Advance Requested**: $0.00

**Date Needed**

**COMMENTS, SPECIAL INSTRUCTIONS**

---

Revised 8/30/2017
Appendix C

Education/Travel Expense Report

To be completed after the CME and/or Travel/Education (attach all receipts for CME/education):

![Renown Health Education/Travel Expense Report](image)

### Personal Information

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<th>Last Name</th>
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### Signatures

I hereby certify that this expense claim is correct, and the listed expenditures were reasonable and necessary to conduct official Renown Health business.

(Employee Name & Signature) (Date)

(Manager/Director Name & Signature) (Date)

(President/Vice President/Exec. Dir./Designee Name & Signature) (Date)

(Foundation Name & Signature - If applicable) (Date)

Less prepaid expenses (air fare, registration fee, etc.)
Less cash advance
Less other reimbursement

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(Attach seminar report if applicable)
*Receipts required

See next page for additional instructions
Appendix D

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242  Fax: (775) 684-4156

August 13, 2015

RE: Electronic Death Registry System (EDRS)

Dear Future EDRS Users,

The State of Nevada, Office of Vital Records is moving forward with its goal to have all persons or entries within the state to sign cause of death electronically. Nevada Administrative Code (NAC) 440.165 requires the statement of the cause of death to be submitted by means of electronic signature.

NAC 440.165 Statement of the cause of death. (NRS 440.120, 440.380, 440.410)
1. The statement of the cause of death in a medical certificate of death must be:
   (a) Written legibly; and
   (b) Expressed clearly and concisely.
2. The State Registrar or local registrar shall return a medical certificate of death to the certifier to be corrected or made more definite if the statement:
   (a) Consists of only the term “natural causes”;
   (b) Contains any other indefinite or obsolete term which denotes only the symptom of a disease or the conditions resulting from a disease;
   (c) Is illogically or confusingly written; or
   (d) Contains personal abbreviations or is written in shorthand.
3. Part I of the statement of the cause of death in the standard certificate of death approved by the United States Public Health Service may contain only the sequence of disease or the injury or other trauma directly resulting in death, as follows:
   (a) Line “A” must show the immediate (primary) cause of death;
   (b) Line “B” must show the contributory or intermediate cause of death, and
   (c) Line “C” must show the underlying cause of death.
   The underlying cause of death must be the last cause listed. If there is no intermediate cause, the underlying cause must be entered on line “B”. If the immediate cause and the underlying cause are synonymous, only one entry is necessary.
4. Part II of the statement of the cause of death must show the diseases, injuries or other factors which are medically or statistically significant but not directly related to the cause of death.

Public Health: Working for a Safer and Healthier Nevada
Appendix D (continued)

5. The statement of the cause of death must be submitted electronically by the certifier to an electronic death registry system approved by the Division of Public and Behavioral Health of the Department of Health and Human Services and attested to by the certifier by means of an electronic signature.

6. As used in this section, “electronic signature” means an electronic sound, symbol or process attached to or logically associated with a document and executed or adopted by a person with the intent to sign the document.

The Office of Vital Records is encouraged by the progress made to add new users in the past few months. Online training presentations and manuals have been developed to assist current and future users in using the Vital Records System (VRS). They are available at http://dpbh.nv.gov/Programs/BirthDeath/dta/Training/Birth/Death_Vital_Records - _Training_Educations then chose the physician and coroner presentation or manual.

The Office of Vital Records would like to stress the importance of all persons or entities signing cause of death to do so electronically. County and state registrars spend significant hours each week entering paper records into the system. Several entities drive many hours each week to have paper records signed and resigned due to errors. All those hours will be eliminated by the cause of death being signed electronically. Additionally, states are being encouraged to have 80% of death records submitted to the National Center for Health Statistics (NCHS) within 10 days from the date of death. We can only accomplish this goal by being completely electronic with signing the statement of cause of death.

Physicians will also benefit from signing electronically. Physicians will be able to sign from any computer at their leisure while still staying in compliance with NRS and NAC.

To achieve our goal, the Office of Vital Records will no longer be accepting paper records effective January 1, 2016. We encourage all future users to become electronic as soon as possible to allow us time to address any questions or issues you may encounter.

We understand that there may be concerns and/or questions about signing electronically. We would like to address all concerns and questions through a stakeholder meeting being held on Tuesday October 6, 2015. Please see the attached agenda.

Please complete the attached application and confidentiality agreement and send it back to ovhelp@health.nv.gov. The Office of Vital Records will create a username and password then email the user back with that information along with system download instructions.

Sincerely,

Jason Lewis  
Program Officer III, Office of Vital Records  
775-684-4162

cc: Marta Jensen, Acting Administrator, DPBH  
Laura Freed, Deputy Administrator, DPBH  
Chad W. Westom, Bureau Chief, PAIS, DPBH

Public Health: Working for a Safer and Healthier Nevada
Appendix D (continued)

State of Nevada

Division of Public and Behavioral Health
Bureau of Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104 Carson
City, Nevada 89706
Telephone (775) 684-4242
http://dpbh.nv.gov

ELECTRONIC BIRTH/DEATH REGISTRY SYSTEM (EBRS/EDRS)
USER APPLICATION FORM

Due to the sensitivity of the registry system, a photo ID of the person applying for access will be required. Please attach a copy of your ID with your application and submit to the Office of Vital Records.

Email: ovyrhelp@health.nv.gov Fax: 775-684-4156 Mail: Address Listed Above

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<tr>
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<tr>
<td>*Primary Facility Mailing Address (Street Address or PO Box, City, State, Zip Code)</td>
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<tr>
<td>List Additional Facilities Needed (Optional - Include Name AND Addresses)</td>
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<tr>
<td>*County</td>
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<tr>
<td>Area Code &amp; Phone</td>
<td>Area Code &amp; Fax</td>
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<tr>
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<tr>
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<tr>
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State/County Office: (Check One)

| State/County Registrar | Admin (Specify) |

For Official Use Only  Date Received: _______________ Date Verified: _______________

Date Completed: _______________ Completed By: ____________________________

EGRS - EBRS Application PI  8/30/2017
Appendix D (continued)

Nevada Department of Health and Human Services
OFFICE OF VITAL RECORDS AND STATISTICS
CONFIDENTIALITY PROTOCOL

I agree to comply with this confidentiality protocol for the purpose of using the Electronic Birth/Death Registry System (EBRS/EDRS) and related software provided by the Nevada Department of Health and Human Services (NDHHS). I understand the EBRS/EDRS and related software is to be used only for completing birth/death certificates for NSIID and compatible valid official business purposes.

I understand that certain conditions are required for using the EBRS/EDRS and related software and I agree to abide by the following:

1. The use of the EBRS/EDRS and related software to file birth/death records is required by Nevada Revised Statutes NRS 440.100.

2. The use of my EBRS/EDRS user name and password assigned to me by NDHHS, is exclusive to my use. Any other person’s use of my EBRS/EDRS user name and password is prohibited. Misusing my user name/password could result in penalties per NRS 440.720 through NRS 440.740 inclusive and NRS 440.780.

3. To treat and maintain all the EBRS/EDRS information as strictly confidential.

4. To secure the EBRS/EDRS and related software by taking all appropriate measures to protect and physically secure software against unauthorized access.

5. To notify the NDHHS, Office of Vital Records in a timely manner if I should decide to no longer use the EBRS/EDRS and related software.

6. To not misrepresent myself or any employee or agent of mine as an officer or employee of the State of Nevada. To not make any claim, demand, or application to, or any right or privilege applicable to an officer or employee of the NDHHS; including, but not limited to: worker’s compensation, health, life or malpractice insurance, retirement membership or credit. I agree to assume responsibility for such liabilities.

7. To hold harmless and indemnify the State of Nevada, its officers, agents and employees from and against any and all actions, suits, damages, liability or other proceedings which may arise as a result of performing services hereunder. This section does not require me to be responsible for or defend against claims or damages arising solely from the acts or omissions of the State, its officers, agents or employees.

8. To notify the Office of Vital Statistics of any violations of this protocol within 72 hours.

I further understand that failure to adequately protect the EBRS/EDRS information can subject me to both criminal and civic sanctions; including, but not limited to: a federal civil action pursuant to the Privacy Act, 5 U.S.C. §552a(g), and a federal criminal action pursuant to the Privacy Act, 5 U.S.C.§ 552a(i).

Print Name: __________________________
Signature: __________________________ Date: __________________________
Appendix E

Dragon Tips and Tricks

You can customize your Dragon Microphone for efficiency and accuracy when documenting in Epic.

Creating a new command for Smart Phrases

1. Choose the Tools Icon from your Dragon toolbar
2. Select “Add New Command”
3. Name your Command in text box. Choose Train button, click go and read the name of your command. Click Done.

4. Change the Command type to Step by Step.
5. Add the following steps:
   a. In New step box choose Type Text, then select Insert button
   b. Name of smartphrase (ex: .ROS) in text box, select ok to close
   c. Change New step to Keystrokes and select Insert button
   d. Choose the Enter button from your keyboard, select ok to close
   e. Optional – If you have wildcards *** in your smartphrase you can add the F2 keystroke to automatically advance to the first wildcard in your phrase. Insert a new keystroke command and select the F2 key and ok when done.
6. Choose Save button to Save and close.

Customizing the Microphone buttons

1. From your Dragon toolbar choose Tools>Options>PowerMic tab.
2. Select drop down for the button you want to customize.
3. Example – Program button to press F2.
   a. Follow steps above to create a new command to Press F2
   b. Choose the button you want to customize following steps in #1.
   c. Select User commands>Specify and enter command name you created.
Appendix E (continued)

Adding words to your Dragon Vocabulary (example: Provider name, facility name, etc.)

1. From your Dragon toolbar choose Vocabulary>Add new word or phrase.
2. Enter the word as you want it displayed. Enter the spoken form if different from display.
3. Choose the Word category (Person name, drug name or department name)
4. Choose Add to train the pronunciation.

Correcting words

1. If Dragon misspells a word use the following prompts:
   a. Command dragon to correct the word
   b. A list of options will display
   c. If the correct word is in the list of optional words, say choose #1 (2, 3, etc.)
   d. If it is not listed you will see other options to spell that, play back, etc.
   e. Example: “Peter Piper picked a pair of typical peppers.” To fix say “Correct typical” in microphone and follow prompts.
Appendix F

Prescriber’s Letter:
Your Trusted Source for Actionable Drug Therapies You Can Use Today

Practicing medicine is more challenging than ever before. With daily FDA approvals, clinical studies, guidelines from scores of professional organizations, and quality improvement and legal issues—keeping up with evolving drug therapeutics is a challenge for every prescriber, but vitally important to good patient care and your career.

For more than 20 years, Prescriber’s Letter has been the go-to source for actionable information on the latest developments in drug therapy—helping prescribers avoid medication errors, improve care and outcomes, and meet quality measures. The Letter is published by Therapeutic Research Center, the leading advisory service on drug therapy and medication management.

A Fast Read on What Matters Most
Every month Prescriber’s Letter provides unbiased, peer-reviewed content, selected from among the field’s most relevant topics by our highly respected editors, professional Clinical Recommendations Panel…and from readers themselves.

The Letter distills this vital information into a few concise paragraphs that quickly get to the heart of the matter. It presents varied, multi-disciplinary perspectives and provides clear recommendations, while challenging readers to draw their own conclusions. The Letter contains no advertising or big pharma-generated content. It’s everything the prescriber needs to act on new drug-related developments immediately…all in one place.

Peer-Reviewed Content, Actionable Recommendations
Prescriber’s Letter keeps professionals objective, informed, and at the center of their field. Content helps prescribers:
• Compare the efficacy of various drug therapies
• Recommend treatment protocols for patients with

• PL Patient Education Handouts designed to share our recommendations and patient friendly tips and advice on the safe and effective use of medications, supplements, devices, and more.
• PL Rumor vs Truth, providing the facts behind hot media topics so you have the answers before patients ask.
• PL Toolboxes, designed to help improve patient care by combining all available resources into one downloadable resource to help prescribers manage the most prevalent disease states.
Appendix F (continued)

Earn CE/CME Credits
Prescriber's Letter subscribers are also entitled to participate in dozens of additional Therapeutic Research Center CE/CME credit opportunities. They can earn credit my passing a quiz after reading the recommendations, by searching on a topic on our website, or by completing online homestudy courses.

Our ongoing commitment to meeting the needs of prescribers continues to grow and evolve with the times. We address all the most important issues in contemporary medication management and take advantage of new communication channels and technologies to provide broad-based access to our vital information.

They can also earn credits by attending one of our Live PL VOICES webinars. Held twice-monthly, PL VOICES allows subscribers the opportunity to hear the reasoning behind our recommendations directly from the experts. You can listen to our editorial board and Clinical Recommendations Panel discuss clinical recommendations prior to release in our Letter. You can even hear practicing clinicians discuss how to apply these recommendations in day-to-day practice.

Prescribers across the country view the Letter as their trusted advisor on drug therapy and medication management. Find out why!

Therapeutic Research Center

Therapeutic Research Center is the only large independent organization of its kind specializing in actionable recommendations on drug therapy and medication management. In addition to its highly regarded Letters, Therapeutic Research Center provides advisory services, databases, interactive resources, live webinars, drug comparisons, patient education, continuing education programs, learning management systems, and online competency and compliance training programs. Every month over 400,000 prescribers, pharmacists, and pharmacy technicians rely on our advisory services to help them improve medication use, prevent medication errors, and improve patient care and outcomes.

Therapeutic Research Center • 3120 W. March Lane • Stockton, CA 95219 • www.therapeuticresearch.com