



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

April 28, 2022
1:30 p.m.

***(In person and Via Webex
Conferencing)***

**Sprowel Creek Campus, Rm 106
286 Sprowel Creek Road
Garberville, CA 95542**

Governing Board

Date: Thursday, April 28, 2022

Time: 1:30 p.m.

Location: Sprowel Creek Campus and Via Webex Conferencing

Facilitator: Board President, Corinne Stromstad

Link: <https://shchd.webex.com/shchd/j.php?MTID=m0340fdfa1b4b167ff50c0d2d371259ef>

Agenda - Revised

Time*	Page	Item
1:30 p.m.		A. Call to Order
		B. Public Comment See below for Public Comment Guidelines
1:35 p.m.		C. Board Member Comments Board members are invited to address issues not on the agenda and to submit items within the subject jurisdiction of the Board for future consideration. Please limit individual comments to three minutes.
1:40 p.m.		D. Announcements 1. Appointment and swearing in of new Board Member
1:45 p.m.	1 - 10	E. Consent Agenda 1. Approval of Agenda 2. Approval of Previous Meeting Minutes a. Special Governing Board meeting March 23, 2022 b. Governing Board Meeting March 24, 2022 c. Special Governing Board meeting April 22, 2022 3. Approval of Resolution 22:12 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until May 26, 2022.

- 1:50 p.m. F. Correspondence, Suggestions or Written Comments to the Board
- 2:00 p.m. 11 - 27 G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
1. Approval of March, 2022 Finances - Paul Eves
 2. PFS report/Provider Printout – March, 2022 – Marie Brown/Remy Quinn
 - HRG report –Remy Quinn
- 28 - 30 H. Chief Nursing Officer’s Report – Adela Yanez, Interim CNO
- I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]– Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager– (Jan., April, July, Oct.)
- 2:30 p.m. J. Administrator’s Report –Matt Rees
1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.)
 2. Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)
 3. Strategic Plan Committee reports
 4. Committee reports – Barbara Truitt
- K. Adjourn to Closed Session
- L. Closed Session
- 3:00 p.m. 1. Conference with Real Property Negotiations (§ 54956.8)
- M. Resume Open Session
- N. Old Business
- 3:45 p.m. 31 - 37 O. New Business
1. Policies and Procedures
 - a. Patient Financial Services – Remy Quinn
 - i. Charity Care Financial Assistance Payment Plans.
 - ii. 2022 Sliding Fee Scale.
 - b. Outreach- Chelsea Brown
 - i. Community Volunteering.

P. Meeting Evaluation

Q. Parking Lot

1. Governing Board retreat

R. Next Meetings

1. Policy Development Committee, Wednesday, May 11, 2022, 11:00 a.m.
2. QAPI Meeting Wednesday, May 11, 2022 at 10:00 a.m.
3. Governing Board Meeting May 26, 2022 at 1:30 p.m.

S. Adjourn to Closed Session

T. Closed Session

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting March 24, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
3. Clinic Service Review [H&S Code § 32155] – Adela Yanez, Interim CNO
4. MERP Report [H&S Code § 32155] – Adela Yanez, Interim CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957] – None
6. Personnel matter – Chief Executive Officer Evaluation – pursuant to Government Code § 54957
7. Next regular Meeting Thursday, May 26, 2022

U. Adjourn Closed Session

V. Resume Open Session

X. Adjourn

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services

Governing Board Meeting Agenda

April 28, 2022

Page 4 of 4

<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

PUBLIC COMMENT ON MATTERS NOT ON THE MEETING AGENDA: Members of the public are welcome to address the Board on items not listed on the agenda and within the jurisdiction of the Board of Directors. The Board is prohibited by law from taking action on matters not on the agenda, but may ask questions to clarify the speaker's comment and/or briefly answer questions. The Board limits testimony on matters not on the agenda to three minutes per person and not more than ten minutes for a particular subject, at the discretion of the Chair of the Board.

PUBLIC COMMENT ON MATTERS THAT ARE ON THE AGENDA: Individuals wishing to address the Board regarding items on the agenda may do so after the Board has completed their initial discussion of the item and before the matter is voted on, so that the Board may have the benefit of these comments before making their decision. Please remember that it is the Board's responsibility to discuss matters thoroughly amongst themselves and that, because of Brown Act constraints, the Board meeting is their only opportunity to do so.

OTHER OPPORTUNITIES FOR PUBLIC COMMENT: Members of the public are encouraged to submit written comments to the Board at any time by writing to SHCHD Board of Directors, 733 Cedar Street, Garberville, CA 95542. Writers who identify themselves may, at their discretion, ask that their comments be shared publicly. All other comments shall be kept confidential to the Board and appropriate staff.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, if you require special accommodations to participate in a District meeting, please contact the District Clerk at 707-923-3921, ext. 276 at least 48 hours prior to the meeting." **Times are estimated*

Posted Monday, April 25, 2022

Governing Board – Special Meeting

Date: Monday, March 23, 2022
Time: 1:00 p.m.
Location: Sprowel Creek
Facilitator: Corinne Stromstad, Board President

Minutes

Governing Board: Galen Latsko, Corinne Stromstad, Barbara Truitt, and Jessica Willis

Not Present:

Also present: Karen Johnson; Matt Rees, CEO; Kristen Rees CCO, and Darrin Guerra

- A. Call to order – 1:00 p.m.
- B. Public Comment –None
- C. Board Member Comments –None
- D. Announcements –None
- E. New Business –
 - 1. Compliance and QAPI training – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
 - 2. Compliance plan - Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
 - 3. QAPI Plan - Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
 - 4. Motion to approve acquiring EPIC as the new hospital EMR

Motion: Barbara Truitt made a motion approve acquiring EPIC as the new hospital EMR.



Second: Jessica Willis seconded the motion

Ayes: Galen Latsko, Corinne Stromstad, Barbara Truitt, and Jessica Willis

Noes: None

Not Present:

Motion carried.

F. Adjourned at: 3:00 p.m.

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>OIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Submitted by Darrin Guerra

Governing Board

Date: Thursday, March 24, 2022
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

Special Note: Due to COVID-19, this meeting was held via teleconference.

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, and Jessica Willis in person and, Galen Latsko via Webex

Not Present: None

Also in person: CEO Matt Rees; Darrin Guerra, Governing Board Clerk; Marie Brown, PFS Manager; Remy Quinn, HIM Manager; Kevin Church; Interim CNO Adela Yanez

Also via Webex: CQO Kristen Rees; Chelsea Brown, Community Outreach; COO Kent Scown; CLS Adam Summers

- A. Call to Order – Board president Corinne Stromstad called the meeting to order at 1:30p.m.
- B. Public Comment
- C. Board Member Comments
- D. Announcements
- E. Consent Agenda
 - 1. Approval of Agenda
 - 2. Approval of Previous Meeting Minutes
 - a. Governing Board Meeting February 24, 2022
 - b. Special Governing Board meeting March 1, 2022
 - c. Special Governing Board meeting March 23, 2022

Motion: Barbara Truitt moved to approve the previous minutes of February 24, 2022, March 1, 2022 and March 23, 2022 and agenda.

Second: Jessica Willis

Ayes: Corinne Stromstad, Barbara Truitt, Jessica Willis and Galen Latsko

Noes: None

Not Present: None

Motion carried.

3. **Approval of Resolution 22:08** – Hospital Utility Infrastructure

Motion: Barbara Truitt made a motion to adopt Resolution 22:08, Hospital Utility Infrastructure bid, as discussed and motion passed on March 1, 2022.

Second: Jessica Willis seconded the motion

Ayes: Corinne Stromstad, Galen Latsko, Barbara Truitt, and Jessica Willis

Noes: None

Not Present: None

Motion carried.

4. **Approval of Resolution 22:09** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until April 23, 2022.

Motion: Barbara Truitt made a motion to adopt Resolution 22:09, as described above.

Second: Jessica Willis seconded the motion

Ayes: Corinne Stromstad, Galen Latsko, Barbara Truitt, and Jessica Willis

Noes: None

Not Present: None

Motion carried.

F. Correspondence, Suggestions or Written Comments to the Board –

G. Finance Report – Matt Rees

1. **Approval of February, 2022 Finances - Paul Eves – see report**

Motion: Barbara Truitt moved to approve the Financials, as submitted for February, 2022.

Second: Jessica Willis

Ayes: Corinne Stromstad, Galen Latsko, Jessica Willis and Barbara Truitt

Noes: None

Not Present: None

Motion carried.

2. PFS report –February, 2022 –Marie Brown – See report
 - a. HRG report – February, 2022 – Remy Quinn – See report
- H. Chief Nursing Officer’s Reports – Adela Yanez, Interim CNO – see report
 - Chelsea Hebard, our interim Director of Nursing (DON), will be resigning as DON to resume her regular duties in the ER and Acute. A date will be provided when a new DON will be appointed.
 - A student nurse from College of the Redwoods has expressed interest in working here and is planning on turning in her resume.

An employee in Patient Financial Services will be taking her LVN test in a couple weeks, then will begin working in Skilled Nursing.
- I. Quality Assurance Performance Improvement Committee Report [H&S Code § 32155]–Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager – (Jan., April, July, Oct.) – No report
- J. Administrator’s Report –Matt Rees, CEO
 1. Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.) - No report
 2. Foundation Report – Chelsea Brown - (May, Aug., Nov., Feb.) – No report
 3. Strategic Plan
 4. Matt Rees
 - Office changes have been completed and the new offices are functional.
 - The laboratory has received 2 new machines to run PCR covid tests.
 - Matt met with employees in the courtyard over the course of a couple of days. They spoke about recent changes in the hospital, and he answered questions the employees had.
 - We are currently working on the architectural agreement and Paul is finishing the initial application to the USDA
- K. Old Business - none
- L. New Business
 1. Policies and Procedures – **(See separate packet)**

Motion: Barbara Truitt made a motion to approve the Policy and Procedure Packet, as submitted.

Second: Jessica Willis

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: none

Motion Carried

2. Review Governing Board Policies and Procedures and Bylaws for April's meeting (**See separate packet**)

Motion: Barbara Truitt made a motion to approve Governing Board Policies and Procedures and Bylaws Packet, as submitted.

Second: Jessica Willis

Ayes: Barbara Truitt, Galen Latsko, Jessica Willis and Corinne Stromstad.

Noes: None

Not Present: Nonce

Motion Carried

3. CEO Evaluation Process
 - A survey will be going out to the managers to evaluate the CEO in the coming week.

M. Meeting Evaluation

N. Parking Lot

1. Governing Board retreat

O. Next Meetings:

1. QAPI Meeting Wednesday, April 6, 2022 at 10:00 a.m. – Barbara will attend
2. Policy Development Committee, Wednesday, April 13, 2022, 11:00 a.m. – Barbara will attend
3. Governing Board Meeting April 28, 2022 at 1:30 p.m.
 - Barbara will begin reporting to the Board about the QAPI and Policy Development Committee.

P. Adjourn to Closed Session – 2:15 p.m.

Q. Closed Session opened at 2:15 p.m.

1. Approval of Previous Closed Session Minutes
 - a. Closed Session Governing Board Meeting February 24, 2022
 - b. Special Governing Board meeting March 15, 2022

- c. Special Governing Board meeting March 18, 2022
2. Compliance and Risk Report [H&S Code § 32155] – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
3. Clinic Service Review [H&S Code § 32155] – Adela Yanez, Interim CNO
4. Medication Error Reduction Plan Report [H&S Code § 32155] – Adela Yanez, Interim CNO
5. Medical Staff Appointments/Reappointments [Gov. Code § 54957]

Approval of Resolution 22:10

- a. Dr. Gregory Orth, Provisional Associate Appointment, Diagnostic Teleradiology, 04/01/2022 to 9/31/2022; then Associate 10/01/2022 to 03/31/2024.
 - b. Dr. Justin Shafa, Provisional Associate Appointment, Diagnostic Teleradiology, 04/01/2022 to 9/31/2022; then Associate 10/01/2022 to 03/31/2024.
 - c. Dr. Huma Razzak Qureshi, Reappointment, Associate, Diagnostic Teleradiology, 04/01/2022 to 03/31/2024
 - d. Dr. Atul Patel, Reappointment, Associate, Diagnostic Teleradiology, 04/01/2022 to 03/31/2024
 - e. Dr. Joseph Rogers, Reappointment, Active status, Emergency and Inpatient, 04/01/2022 to 03/31/2024
 - f. Dr. Samuel Salen, Reappointment, Associate, Diagnostic Teleradiology, 04/01/2022 to 03/31/2024
 - g. Dr. Peter Piampiano, Reappointment, Associate, Diagnostic Teleradiology, 04/01/2022 to 03/31/2024
 - h. Dr. Alix Vincent, Reappointment, Associate, Diagnostic Teleradiology, 04/01/2022 to 03/31/2024
6. Next Regular Meeting:
 - a. Governing Board Meeting, Thursday, April 28, 2022 at 1:30 p.m.

R. Adjourned Closed Session at 2:15 p.m.

S. Resumed Open Session at 2:15 p.m.

1. The following actions were taken at closed session

Motion: Barbara Truitt moved to approve the Previous closed session minutes of February 24, March 15, and March 18 2022.

Second: Jessica Willis

Ayes: Galen Latsko, Barbara Truitt, Jessica Willis, Katie McGuire and Corinne Stromstad

Noes: None

Not Present: None

Motion carried.

2. Approval of Resolution 22:10 Medical Staff Appointments/Reappointments

Motion: Barbara Truitt moved to approve **Resolution 22:10.**

Second: Jessica Willis

Ayes: Galen Latsko, Barbara Truitt, Jessica Willis, and Corinne Stromstad

Noes: None

Not Present: None

Motion carried.

T. Adjourned Open Session at 2:16 p.m.

Abbreviations

Submitted by Darrin Guerra and Karen Johnson

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>CQO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
<i>OIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

Governing Board – Special Meeting

Date: Friday, April 22, 2022
Time: 10:30 a.m.
Location: Sprowel Creek and Webex
Facilitator: Corinne Stromstad, Board President

Minutes

Governing Board: Corinne Stromstad, Barbara Truitt, and Jessica Willis

Not Present:

Also present: Karen Johnson; Matt Rees, CEO; Paul Eves CFO, and Darrin Guerra

- A. Call to order – 10:39 a.m.
- B. Public Comment –None
- C. Board Member Comments – Jessica Willis had requested to strike closed session from the agenda for today’s meeting. Closed session should not be listed on the agenda unless there is a closed session agenda item.
- D. Announcements –None
- E. New Business –
 - 1. Compliance and QAPI training – Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager

Approval of Resolution 22:11 - Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30 day extension until, May 22 2022.

Motion: Barbara Truitt made a motion to adopt Resolution 22:11, as described above.

Second: Jessica Willis seconded the motion

Ayes: Corinne Stromstad, Barbara Truitt, and Jessica Willis

Noes: None



Not Present: Galen Latsko
Motion carried.

2. Approval of additional funding for ultrasound.

Motion: Jessica Willis made a motion to approve the request of \$225,000 towards the cost and operation of Ultrasound

Second: Barbara Truitt seconded the motion

Ayes: Corinne Stromstad, Barbara Truitt, and Jessica Willis

Noes: None

Not Present: Galen Latsko

Motion carried.

F. Adjourned at: 10:54 a.m.

Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
<i>AR</i>	Accounts Receivable	<i>BLS</i>	Basic Life Support Certification
<i>CAIR</i>	California Immunization Registry	<i>CEO</i>	Chief Executive Officer
<i>CFO</i>	Chief Financial Officer	<i>CMS</i>	Centers for Medicare and Medicaid Services
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHQ</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality Officer
<i>EMR</i>	Electronic medical record	<i>ER</i>	Emergency Room
<i>FTE</i>	Full Time Equivalent/Full Time Employee	<i>HIM</i>	Health Information Management
<i>HRG</i>	Healthcare Resource Group	<i>HVAC</i>	Heating, Ventilation and Air Conditioning system
<i>IGT</i>	Intergovernmental transfer	<i>IT</i>	Information Technology
<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
<i>LVN</i>	Licensed Vocational Nurse	<i>MPH</i>	Master of Public Health
<i>OBS</i>	Observation	<i>PALS</i>	Pediatric Advanced Life Support Certification
<i>PFS</i>	Patient Financial Services	<i>OAPI</i>	Quality Assurance Performance Improvement
<i>QIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse
<i>SHCC</i>	Southern Humboldt Community Clinic	<i>SHCHD</i>	Southern Humboldt Community Healthcare District
<i>SNF</i>	Skilled Nursing Facility	<i>SWG</i>	Swing beds
<i>DO</i>	Doctor of Osteopathic Medicine		

*Submitted by Darrin Guerra
and Karen Johnson*

**Southern Humboldt Community
Healthcare District**

	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics														
Total Acute Patient Days	6	4	4	8	1	16	9	5	11	3	18	15	8	86
Total Swing Patient Days	101	75	70	38	25	56	66	30	39	35	65	95	58	449
Total SNF Patient Days	240	248	240	236	229	240	231	191	237	223	190	217	227	1,994
Total Patient Days	347	327	314	282	255	312	306	226	287	261	273	327	293	2,529
Total Acute Discharges	2	2	1	3	1	5	4	2	5	1	7	3	3	31
Total Swing Discharges	30	3	3	3	1	4	5	0	2	2	2	5	5	24
Total SNF Discharges	0	0	1	1	2	0	1	1	2	1	1	0	1	9
	32	5	5	7	4	9	10	3	9	4	10	8	9	64
Acute Length of Stay	3.00	2.00	4.00	2.67	1.00	3.20	2.25	2.50	2.20	3.00	2.57	5.00	3	24
ER Admits	2	2	1	3	1	5	4	2	5	1	7	4	3	32
I/P Lab Visits	11	12	20	12	12	23	14	7	10	23	26	14	15	141
I/P Radiology Visits	2	1	2	6	4	3	2	2	4	2	5	6	3	34
I/P EKG's	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Out Patient Statistics														
ER Visits	219	258	257	335	298	250	220	260	206	233	188	218	245	2,208
Clinic Visits	451	436	463	414	427	459	471	495	453	449	380	509	451	4,057
SLS Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Medical	2967	3068	1611	1134	1143	1570	1871	1302	1644	2278	2597	1042	1,852	14,581
Laboratory Visits	468	617	476	682	1041	740	546	640	839	1009	455	589	675	6,541
Radiology	171	190	219	206	156	209	152	167	179	121	182	170	177	1,542
Mammography	22	24	4	27	25	6	11	19	9	17	9	14	16	137
CT Scans	82	80	71	89	55	76	63	70	66	73	77	88	74	657
EKG's	43	39	46	40	23	42	38	25	44	48	55	37	40	352
Total O/P Visits	4,423	4,712	3,147	2,927	3,168	3,352	3,372	2,978	3,440	4,228	3,943	2,667	1,279	30,075
Retail Pharmacy Rx's Sold				1,040	1,607	2,001	2,358	2,566	2,249	2,573	2,455	2,999	2,205	19,848
Salary Statistics														
Productive FTE's	83.7	77.9	76.6	75.1	75.1	76.8	79.2	80.5	79.2	71.7	79.1	77.4	78	
Paid FTE's	76.3	72.1	71.4	85.0	84.9	85.0	87.1	87.8	87.9	85.4	87.0	88.0	83	
Salaries & Ben as % of Net Rev	61.1%	64.7%	60.4%	63.9%	68.4%	59.2%	77.6%	64.5%	72.2%	50.1%	72.8%	71.08%	65.50%	
BeneGits as % of Salaries	22.9%	42.7%	19.7%	51.0%	46.4%	32.0%	64.4%	32.2%	42.9%	28.1%	43.9%	42.87%	39.08%	
Revenue Statistics														
Gross A/R > 120 Days	1,161,213	1,217,068	1,234,083	1,022,868	1,313,144	1,336,739	1,505,869	1,451,996	1,746,576	2,040,686	2,152,505	2,071,508	1,521,188	
A/R>120 Days as % of Total AR	41%	41%	41%	41%	41%	34%	34%	34%	42%	42%	42%	42%	40%	
Gross Days in A/R	75.2	75.2	75.2	75.6	79.2	85.1	85.9	86.3	94.7	91.6	86.5	86.5	83.1	
Net Days in A/R	69.7	69.7	69.9	69.8	73.4	79.8	81.6	79.8	87.5	84.4	79.9	79.9	77.1	
A/R Cash Collections	948,282	757,474	919,408	667,778	1,022,607	782,980	847,125	845,077	729,186	727,607	859,954	770,454	823,161	
Collections as % of Net Rev	112.4%	59.8%	73.0%	32.7%	81.2%	67.2%	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	68.0%	
Accounts Payable Days	6.4	5.1	15.9	0.7	4.1	9.3	2.1	1.9	0.8	4.6	4.2	4.0	4.9	
Cash Collections per Cal Day	30,590	24,435	29,658	21,541	32,987	25,257	27,327	27,261	23,522	23,471	27,740	24,853	26,554	107,113
Cash Disburs. per Cal Day	45,848	38,553	39,838	50,332	38,603	41,262	458,718	40,600	42,521	41,846	54,626	50,332	78,590	588,915
DATA Entry/Details/Calcs														
Calendar Days	30	31	30	31	31	30	31	30	31	31	28	31		

**Southern Humboldt Community
Healthcare District
Income Statement
March 2022**

Current Month			Year to Date				
\$ Variance	Budget	Actual		Actual	Budget	\$ Variance	% Variance
			GROSS PATIENT REVENUE				
26,367	237,500	263,867	INPATIENT	1,891,286	2,137,500	(246,214)	-12%
44,534	41,670	86,204	INPATIENT ANCILLARY	506,796	375,030	131,766	35%
270,762	1,202,080	1,472,842	OUTPATIENT ANCILLARY	12,153,659	10,818,720	1,334,939	12%
341,663	1,481,250	1,822,913	TOTAL PATIENT REVENUE	14,551,741	13,331,250	1,220,491	9%
			DEDUCTIONS FROM REVENUE				
246,357	515,630	761,987	CONTRACTUAL ALLOWANCES	4,045,571	4,640,670	(595,099)	-13%
(61,513)	71,670	10,157	PROVISION FOR BAD DEBTS	994,308	645,030	349,278	54%
54,994	36,000	90,994	OTHER ALLOWANCES/DEDUCTIONS	564,978	324,000	240,978	74%
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(2,700,000)	(2,700,000)		
239,838	323,300	563,138	TOTAL DEDUCTIONS	2,904,857	2,909,700	(4,843)	0%
101,825	1,157,950	1,259,775	NET PATIENT REVENUE	11,646,884	10,421,550	1,225,334	12%
2,964	12,000	14,964	OTHER OPERATING REVENUE	152,229	108,000	44,229	41%
104,789	1,169,950	1,274,739	TOTAL OPERATING REVENUE	11,799,113	10,529,550	1,269,563	12%
(97,440)	731,670	634,230	SALARIES & WAGES	5,147,485	6,585,030	(1,437,545)	-22%
113,569	158,330	271,899	EMPLOYEE BENEFITS	1,846,923	1,424,970	421,953	30%
187,072	123,330	310,402	PROFESSIONAL FEES	1,478,862	1,109,970	368,892	33%
(18,568)	112,500	93,932	SUPPLIES	1,029,303	1,012,500	16,803	2%
(5,297)	21,670	16,373	REPAIRS & MAINTENANCE	149,667	195,030	(45,363)	-23%
(246)	110,000	109,754	PURCHASED SERVICES	1,039,114	990,000	49,114	5%
(7,756)	14,170	6,414	UTILITIES	153,829	127,530	26,299	21%
(10,218)	23,330	13,112	INSURANCE	123,802	209,970	(86,168)	-41%
0		0	INTEREST	0	0	0	#DIV/0!
10,273	38,330	48,603	DEPRECIATION/ AMORTIZATION	394,336	344,970	49,366	14%
22,235	33,330	55,565	OTHER	768,472	299,970	468,502	156%
193,624	1,366,660	1,560,284	TOTAL OPERATING EXPENSES	12,131,793	12,299,940	(168,147)	-1%
(88,835)	(196,710)	(285,545)	OPERATING PROFIT (LOSS)	(332,680)	(1,770,390)	1,437,710	-81%
(2,500)	95,000	92,500	TAX REVENUE	848,355	855,000	(6,645)	-1%
343,116	40,000	383,116	OTHER NONOPERATING REV (EXP)	3,239,008	360,000	2,879,008	800%
		0	INTEREST INCOME	22,057			
340,616	135,000	475,616	NET NON OPERATING REV (EXP)	4,109,420	1,215,000	2,894,420	238%
251,781	(61,710)	190,071	NET INCOME (LOSS)	3,776,740	(555,390)	4,332,130	-780%

**Southern Humboldt
Community Healthcare District
Income Statement Trend**

	April 21	May 21	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	12 Month AVG: Mar '21-Feb 22	YTD - Current Year
Inpatient Daily Hospital Services	239,276	197,597	231,202	223,673	154,457	244,718	219,424	170,256	217,954	170,724	226,213	263,867	213,280	1,891,286
Ancillary Revenue	49,414	45,356	40,690	44,799	54,355	72,321	45,472	40,036	51,743	54,178	57,688	86,204	53,521	506,796
Outpatient Revenue	1,074,862	1,015,193	1,283,956	1,352,452	1,386,282	1,364,347	1,273,369	1,162,271	1,356,271	1,577,499	1,208,326	1,472,842	1,293,973	12,153,659
Total Hospital Revenue	1,363,552	1,258,146	1,555,848	1,620,924	1,595,094	1,681,386	1,538,265	1,372,563	1,625,968	1,802,401	1,492,227	1,822,913	1,560,774	14,551,741
Contractual Allowances	155,981	252,235	388,721	224,877	457,567	404,071	324,712	415,578	447,106	501,660	508,013	761,987	403,542	4,045,571
Provision for Bad Debts	176,861	115,056	84,411	155,817	210,892	48,684	140,689	54,169	137,821	117,448	118,631	10,157	114,220	994,308
Other Allowances/Deductions	64,858	25,201	34,185	83,017	76,635	4,829	39,931	63,107	100,622	38,322	67,521	90,994	57,435	564,978
Other Operating: IGTs & Supplemental	(300,000)	(444,764)	(996,499)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(370,105)	(2,700,000)
Total Deductions	97,700	(52,272)	(489,182)	163,711	445,094	157,584	205,332	232,854	385,549	357,430	394,165	563,138	205,092	2,904,857
Contractual %													13%	20%
Net Patient Revenue	1,265,852	1,310,418	2,045,030	1,457,213	1,150,000	1,523,802	1,332,933	1,139,709	1,240,419	1,444,971	1,098,062	1,259,775	1,355,682	11,646,884
Net Revenue %	93%	104%	131%	90%	72%	91%	87%	83%	76%	80%	74%	69%	87%	80%
Other Operating Revenue	16,355	15,173	14,595	14,004	14,615	15,318	14,551	15,668	14,753	34,137	14,219	14,964	16,529	152,229
Total Revenue	1,282,207	1,325,591	2,059,625	1,471,217	1,164,615	1,539,120	1,347,484	1,155,377	1,255,172	1,479,108	1,112,281	1,274,739	1,372,211	11,799,113
Salaries & Wages	629,663	571,404	1,030,764	533,278	543,935	536,284	579,710	564,028	627,862	565,381	562,777	634,230	614,943	5,147,485
Employee Benefits	143,898	244,263	203,497	149,686	158,608	171,366	373,211	181,430	134,580	159,058	247,085	271,899	203,215	1,846,923
Professional Fees	150,240	148,383	173,721	142,301	118,353	112,847	112,883	180,917	109,637	112,547	278,975	310,402	162,601	1,478,862
Supplies	129,018	13,552	131,829	157,223	109,110	61,224	106,131	109,659	101,501	182,616	107,907	93,932	108,642	1,029,303
Repairs & Maintenance	14,960	50,554	42,013	16,885	6,638	25,766	20,930	13,640	8,884	12,666	27,885	16,373	21,433	149,667
Purchased Services	146,846	70,047	161,073	139,826	94,063	140,865	125,499	70,442	66,996	132,609	159,060	109,754	118,090	1,039,114
Utilities	17,793	10,182	13,427	17,771	18,077	24,502	30,677	5,875	6,943	4,079	39,491	6,414	16,269	153,829
Insurance	11,755	11,755	11,878	23,430	10,075	11,755	12,982	12,703	13,521	13,112	13,112	13,112	13,266	123,802
Interest														0
Depreciation	45,896	45,896	45,896	45,896	45,896	45,896	37,258	45,975	37,021	38,614	49,177	48,603	44,335	394,336
Other Expense	85,361	29,111	57,639	121,049	44,214	152,351	30,170	33,332	211,206	76,536	44,049	55,565	78,382	768,472
Total Expenses	1,375,430	1,195,147	1,871,737	1,347,345	1,148,969	1,282,856	1,429,451	1,218,001	1,318,151	1,297,218	1,529,518	1,560,284	1,381,176	12,131,793
Expenses %	107%	90%	91%	92%	99%	83%	106%	105%	105%	88%	138%	122%	101%	7%
Profit/Loss from Operations	(93,223)	130,444	187,888	123,872	15,646	256,264	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(8,964)	(332,680)
Tax Revenue	92,500	94,920	92,500	95,000	95,000	95,000	92,500	92,500	92,500	100,855	92,500	92,500	94,023	848,355
Other Non Operating Rev (Exp)	88,340	40,000	19,949	6,039	3,903	1,574,676	311,075	40,160	244,733	327,636	347,670	383,116	282,275	3,239,008
Interest Income			12,005	1,064		14,173	31	1,064		6,789			6,812	22,057
Net Non-operating Rev/(Exp)	180,840	134,920	124,454	101,039	98,903	1,683,849	403,606	133,724	337,233	435,280	440,170	475,616	383,110	4,109,420
NET INCOME/ (LOSS)	87,617	265,364	312,342	224,911	114,549	1,940,113	321,639	71,100	274,254	617,170	22,933	190,071	374,146	3,776,740

Southern Humboldt Community Healthcare District
Balance Sheet
March 2022

ASSETS	LIABILITIES & FUND BALANCE
Current Assets	Current Liabilities
Cash- Checking & Investments	Accounts Payable
LAIF Account	Accrued Payroll & Related costs
Humboldt County Property Tax Acct	
Patient Accounts Receivable	Other Current Liabilities
Less Allowances	Deferd revenue IGT
Accounts Receivable- Net	A/R Credit balances
	Medicare Accelerated Payments
	Medicare Contingency
Other Receivables	Current Portion-Long Term Debt
Inventories	Other Short Term Debt - PPP Loan
Estimated 3rd Party Settlements	Accrued interest
Prepaid expenses and Deposits	
Total current assets	Total current Liabilities
Property and Equipment	Long Term Debt, Less Current Portion
Land	Bonds payable
Land improvements	HELP II Loan
Buildings	Patient Monitor
Equipment	GE Finance - CT Scanner
Construction in progress	Total Long-term debt
Total property and equipment	Less: Current Portion-Long Term Debt
Less : accumulated depreciation	Net Long Term Debt
Net property and equipment	
Other Assets	Equity
Investments	Unrestricted Fund Balance--Prior Years
Total Other Assets	Net Income (Loss)--Current Year
	Restricted Fund Balance
Total Assets	Total fund balance
	Total Liabilities and Fund Balance

Revenue Cycle / Patient Financial Services

March 2022 Finance Committee Report

HRG - Key Items:

- Cash collections reached 103% of net revenue
- Gross Revenue exceeds \$1.6M, reaching record high ADR of \$51.4K
- AR days increased by 7.5 days
- Unbilled AR decreased 2.3 days
- Self Pay AR was reduced by 880 accounts

Partnership HealthPlan – PHC notified constituents on March 21st that its system was down. We were unable to access PHC for eligibility verification, as well as TAR / eRAF requests. We were also unable to check the status of claims, submit new claims, or receive payments from PHC. As one of our larger local payors this has had a heavy effect on the entire Revenue Cycle. The system outage is suspected to have been part of a ransomware attack, with a potential data breach for PHC members.

Aging – There were slight increases in work comp and commercial aging, with commercial this is due in part to a single account authorization issue which we are working to resolve. Medicaid and Medicare aging both saw a decrease, with Medicare decreasing from 17.6% to 11.5% from February to March. We are working with HRG to resolve accounts past timely filing, so they do not sit stagnant in these aging buckets.

AR – Despite our best efforts internally, the AR days have seen an increase. This is a multi-faceted issue, with some factors outside of our control. Not being able to receive PHC payments at the end of the month would attribute to a HRG projected decrease of 7 days, which would have kept us closer to our February #s. We also had an increase in Average Daily Revenue which is a contributing factor, as well as planned staff leave that saw us close March a few days later than average.

Coding – There was a fall-behind with the coding department having staff out and needing to catch up on coding inventory, this has been addressed and is being monitored.

Bad Debt Changes – After working diligently to ensure we are meeting the new California state regulations for turning patients over to Bad Debt, in conjuncture with HRG and Arcadia, we were able to do our first turn over of accounts since the beginning of the calendar year.

Interviews / PFS Staff changes – We have some projected changes to our staff roster, and we are working on ‘front-filling’ these positions so that there will be an easier transition for the staff who will be moving to roles in other departments. We have interviews lined up for late April to fill Hospital and Clinic PFS positions. Once filled we will be able to finalize our plan to staff Hospital registration in the evening. We are still working on developing the process for providing patients with ‘Good Faith Estimates’, which will be a function of that evening position.

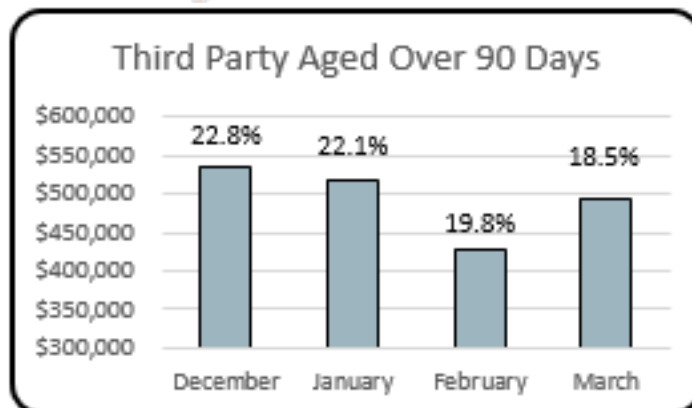
OCHIN / EPIC, i2i, and Phreesia Implementations – Our Revenue Cycle Assistant Manager has been functioning as Interim Project Manager for our OCHIN/EPIC implementation, which has been a significant time allocation outside of our department, we will hopefully be hiring a PM for this project going forward. The Revenue Cycle leadership team is also tasked with two other implementations for i2i and Phreesia, both products that will have a positive impact when utilized, but time commitments for implementation have proven consequential.

Southern Humboldt March 2022



Key Items

- ➔ Cash collections reached 103% of net revenue
- ➔ Gross Revenue exceeds \$1.6M, reaching record high ADR of \$51.4K
- ➔ AR days increased by 7.5 days
- ➔ Unbilled AR decreased 2.3 days
- ➔ Self Pay AR was reduced by 880 accounts



Detailed Initiatives & Obstacles

- **Overall AR:** March closed with \$4.8M in Gross AR or 94 AR days. Gross Revenue increased by \$290K, exceeding \$1.6M, driving the Average Daily Revenue (ADR) up to \$51.4K which establishes a new record high. Cash collections exceeded net revenue by \$23K despite the fact that SHCHD's second largest payer was unable to process claims or issue payments since mid March. If Partnership HealthPlan of CA (PHP) had issued checks, we would have seen over \$130K in collections which equates to a drop in AR nearing 7 days. As of Mid April PHP is back online and payments are expected in late April. Self Pay AR remained stable at 44 days, however the inventory was reduced by 880 accounts. We had our first Bad Debt turn since December and hundreds of COVID vaccines were adjusted off.
- **Third Party Aging:** March closed with \$492K in Third Party balances aged over 90 days, totaling 18.5%. Dispute the increase of \$63K, percentage of aged accounts decreased do the influx of balances in the 0-90 aging categories. The two main reasons for front end increase stems back to the increase in new revenue and the two weeks of PHP payments that have not yet been received. Medicare aging decreased by \$31K and is down to 11.5%. Medi-Cal aging increased by \$35K and is expected to come back down once we begin receiving payments again. Commercial aging increased by \$50K and exceeds \$100K for the first time since October. An unauthorized inpatient Blues claims just rolled over 90 days for \$25K. Overall, Third Party aging is only 3.5% from goal which is set at 15%.
- **Unbilled AR:** Unbilled balances were reduced by 2.3 days, closing the month with 4.8 days in AR. This is the lowest that the unbilled AR has been in more than 13 months. HRG and SHCHD continue to monitor and discuss the unbilled AR to ensure accounts are coded and released timely for billing. Unbilled AR goal has been set at 3 days and we are currently less than 2 days from goal.

Industry Updates **HRSA Announces Uninsured Program Claim Submission Deadline**

The HRSA COVID-19 Uninsured Program (UIP) will stop accepting claims due to a lack of sufficient funds. The program will stop accepting claims for testing and treatment at 11:59 PM on March 22, 2022 and claims for vaccine administration will be accepted until 11:59 PM on April 5, 2022. Any testing and treatment claims submitted in the Portal after March 22, 2022, will not be adjudicated for payment. Any vaccine administration claims submitted in the Portal after April 5, 2022, will not be adjudicated for payment. For additional details and FAQs, please visit [HRSA COVID Uninsured Deadline](#).

Amanda Hornby | Revenue Cycle Director
Healthcare Resource Group
 Office 509.209.2078 | ahornby@hrgpros.com



Southern Humboldt Community Healthcare District



MONTH END FINANCE REPORT

March 2022

Table of Contents

Finance Dashboard.....	Page 2
Revenue Detail.....	Page 3
Cash Detail.....	Page 4
Cash Forecasting.....	Page 5
Accounts Receivable.....	Page 6-7
Denial Management.....	Page 8
Claim Submit Efficiency.....	Page 9
Admits & Unbilled.....	Page 10
Executive Dashboard.....	Page 11

FINANCE DASHBOARD

	Target	October-21	November-21	December-21	January-22	February-22	March-22
REVENUE							
Net Revenue		\$905,763	\$804,636	\$868,700	\$851,804	\$747,125	\$902,438
Gross Revenue		\$1,379,368	\$1,250,010	\$1,508,417	\$1,639,879	\$1,350,122	\$1,639,234
CASH							
Cash Collections as a % of Net Revenue	100%	95%	93%	91%	84%	101%	103%
Cash Collections		\$847,125	\$845,077	\$729,186	\$727,607	\$859,954	\$770,454
ACCOUNTS RECEIVABLE							
Net AR		\$2,298,768	\$2,152,522	\$1,993,772	\$1,835,655	\$2,279,087	\$2,466,209
Gross AR		\$4,103,537	\$3,941,004	\$4,258,570	\$4,379,072	\$4,322,972	\$4,832,867
Unbilled	3	11.4	11.1	14.3	5.5	7.1	4.8
Third Party	34	32.5	34.5	36.2	42.1	34.7	45.1
Self Pay	26	42.0	40.6	44.2	44.0	44.7	44.0
Total Days in AR	63	85.9	86.3	94.7	91.6	86.5	94.0
Days in AR - Credit Balances	< 1	1.99	2.10	2.08	2.04	2.09	2.10
UNBILLED							
In-house	< 2 Days	0.1	0.5	1.4	0.4	0.7	0.2
DNFB	< 1 Day	11.3	10.7	12.8	5.1	6.4	4.6
Total Unbilled	<3 Days	11.4	11.1	14.3	5.5	7.1	4.8

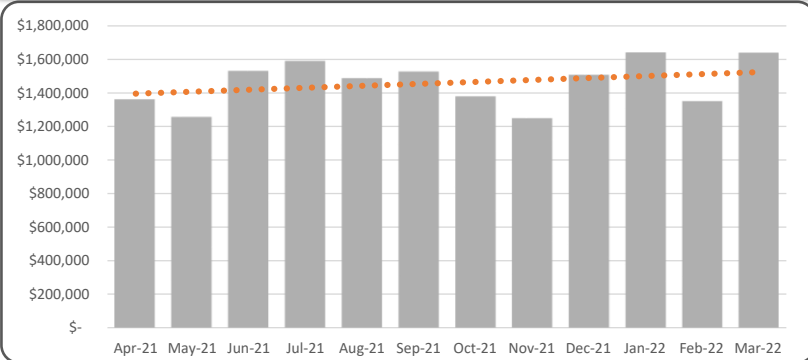
	Target	October-21	November-21	December-21	January-22	February-22	March-22
AGING (excluding credits)							
Medicare Aging > 90 Days	9%	11.8%	15.6%	27.1%	28.4%	17.6%	11.5%
Medicaid Aging > 90 Days	16%	22.1%	26.3%	17.6%	18.3%	20.9%	18.7%
Commercial Aging > 90 Days	18%	35.4%	30.1%	26.5%	20.1%	19.3%	31.0%
Work Comp Aging > 90 Days	36%	55.1%	48.9%	30.9%	29.7%	53.5%	56.4%
Total Third Party Aging > 90 Days	15%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%
CLAIM SUBMISSION EFFICIENCY							
Claims Submission		1,579	1,488	1,365	2,717	1,790	1,501
Clean Claims	85%	82%	81%	80%	87%	85%	83%
Denial Percent	5%	5%	6%	5%	8%	5%	3%
Total Denial Rate	Count Amt	81 \$ 66,251	90 \$ 65,452	61 \$ 64,589	106 \$ 114,475	85 \$ 78,246	79 \$ 50,437
Late Charges	Count Amt	4 \$ 442	50 \$ 27,619	65 \$ 20,619	16 \$ 4,924	0 \$ 15,617	3 \$ 186
Communication Log Backlog		152 \$ 280,519	201 \$ 300,643	77 \$ 138,984	144 \$ 276,915	90 \$ 156,568	26 \$ 146,746

	Target	October-21	November-21	December-21	January-22	February-22	March-22
INVENTORY & QUALITY							
Total Inventory		3,862	3,872	4,058	4,293	4,408	3,527
New		501	423	35	463	271	313
Resolved		198	147	372	128	219	485
Aged >120 days from Assignment	< 25%	33.1%	22.7%	20.0%	20.9%	72.2%	71.7%
Total Payment Plans over 120 days		\$12,744	\$18,274	\$18,185	\$19,934	\$18,425	\$8,967
Average Speed to Answer	< 60 seconds	225	119	221	206	134	150
STATEMENTS & LETTERS							
Statements & Letters		262	312	217	248	270	1,380
Charity Care Applications In Process		0	16	0	0	0	0
Inbound and Outbound Calls	In Out	119 39	125 147	86 85	80 67	99 152	326 154
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%
Charity as a % of Gross Revenue	< 2%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%

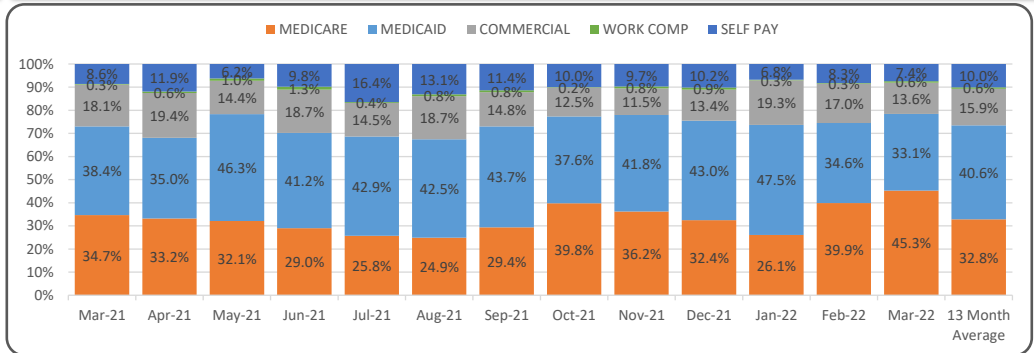
GROSS REVENUE

PAYER	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
MEDICARE	\$ 416,998	\$ 451,623	\$ 403,310	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 472,577
MEDICAID	\$ 461,354	\$ 476,146	\$ 582,132	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 585,292
COMMERCIAL	\$ 217,456	\$ 263,926	\$ 180,952	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 228,468
WORK COMP	\$ 3,431	\$ 7,980	\$ 13,119	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 9,329
SELF PAY	\$ 103,453	\$ 162,349	\$ 78,203	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 144,708
TOTAL	\$ 1,202,691	\$ 1,362,024	\$ 1,257,716	\$ 1,530,917	\$ 1,589,996	\$ 1,487,956	\$ 1,526,536	\$ 1,379,368	\$ 1,250,010	\$ 1,508,417	\$ 1,639,879	\$ 1,350,122	\$ 1,639,234	\$ 1,440,374
AVERAGE DAILY REVENUE	\$ 39,399	\$ 41,569	\$ 41,548	\$ 45,612	\$ 47,594	\$ 50,096	\$ 50,049	\$ 47,759	\$ 45,669	\$ 44,976	\$ 47,808	\$ 49,982	\$ 51,436	\$ 46,423

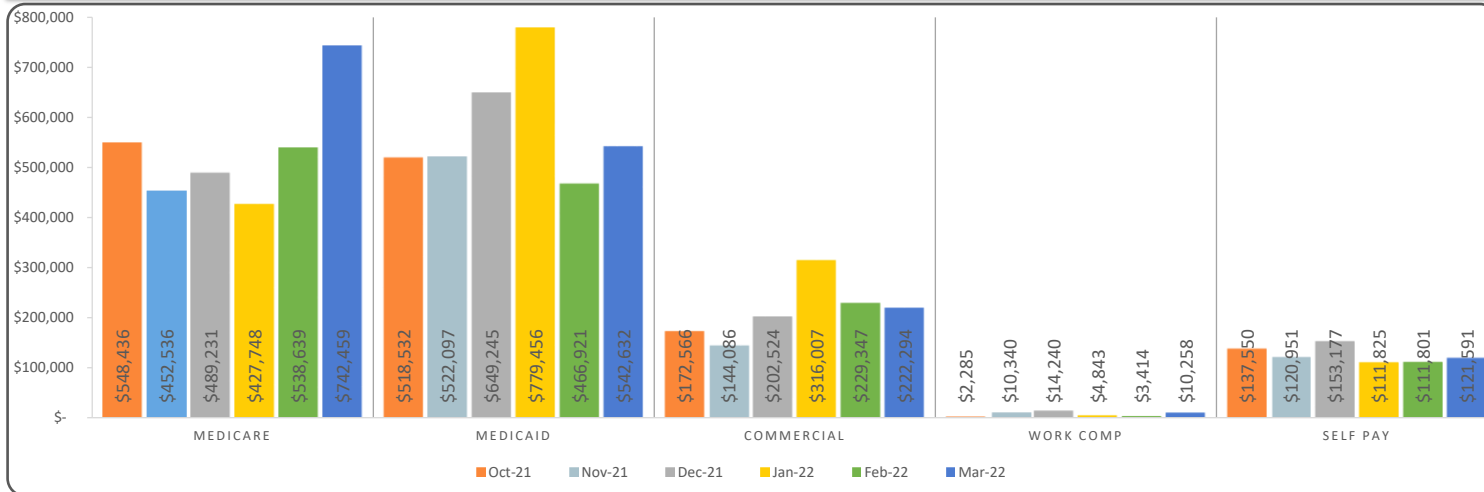
Gross Revenue



Payer Mix



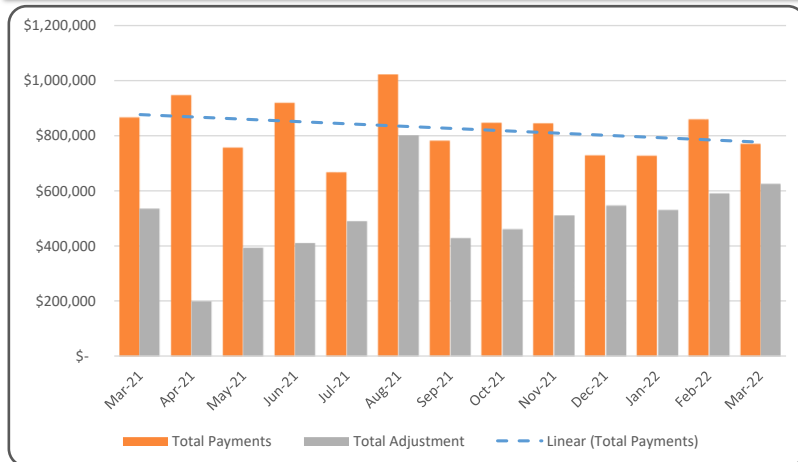
Revenue Trending By Payer



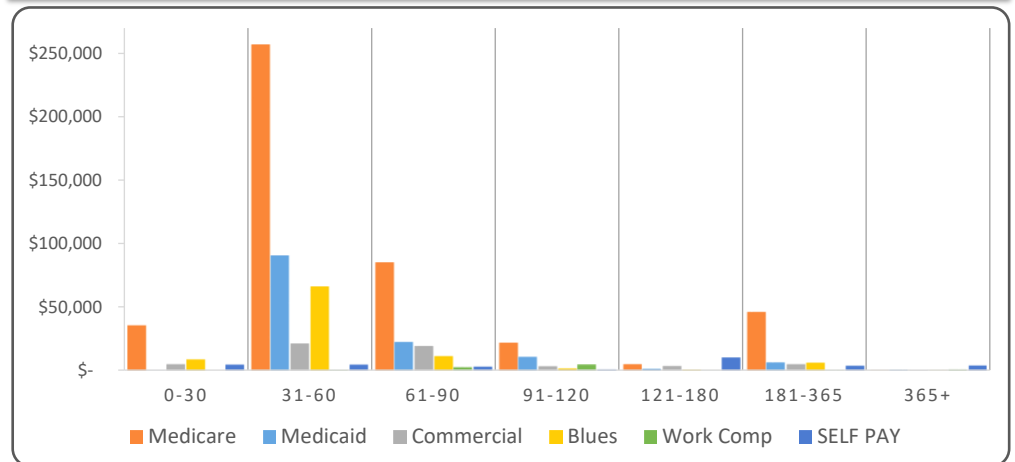
CASH DETAIL

PAYER	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
MEDICARE														
Payments	\$ 463,695	\$ 571,263	\$ 406,006	\$ 453,734	\$ 312,313	\$ 434,639	\$ 302,872	\$ 324,436	\$ 505,109	\$ 382,225	\$ 353,842	\$ 398,314	\$ 450,962	\$ 412,262
Adjustments	\$ (93,462)	\$ (255,470)	\$ (53,574)	\$ (85,608)	\$ 2,174	\$ (43,612)	\$ (9,988)	\$ 6,310	\$ (103,551)	\$ 97,705	\$ 66,441	\$ 65,484	\$ 85,982	\$ (24,705)
Collection %	125%	181%	115%	123%	99%	111%	103%	98%	126%	80%	84%	86%	84%	109%
MEDICAID														
Payments	\$ 235,677	\$ 182,937	\$ 164,512	\$ 217,061	\$ 200,717	\$ 347,502	\$ 253,418	\$ 317,123	\$ 173,863	\$ 200,547	\$ 212,315	\$ 275,251	\$ 131,928	\$ 224,066
Adjustments	\$ 366,205	\$ 274,829	\$ 235,943	\$ 314,982	\$ 303,594	\$ 482,578	\$ 353,823	\$ 360,075	\$ 273,521	\$ 338,117	\$ 396,591	\$ 445,733	\$ 311,968	\$ 342,920
Collection %	39%	40%	41%	41%	40%	42%	42%	47%	39%	37%	35%	38%	30%	39%
COMMERCIAL														
Payments	\$ 49,668	\$ 62,265	\$ 50,004	\$ 79,894	\$ 44,139	\$ 79,233	\$ 73,099	\$ 90,785	\$ 23,057	\$ 32,890	\$ 42,329	\$ 45,115	\$ 55,397	\$ 55,990
Adjustments	\$ 22,668	\$ 34,791	\$ 20,617	\$ 40,773	\$ 11,792	\$ 30,259	\$ 22,192	\$ 38,548	\$ 15,162	\$ 11,202	\$ 12,751	\$ 9,930	\$ 27,215	\$ 22,915
Collection %	69%	64%	71%	66%	79%	72%	77%	70%	60%	75%	77%	82%	67%	71%
BLUES														
Payments	\$ 64,062	\$ 78,665	\$ 86,510	\$ 118,932	\$ 75,666	\$ 115,131	\$ 97,873	\$ 71,400	\$ 109,199	\$ 88,547	\$ 95,349	\$ 107,252	\$ 95,023	\$ 92,585
Adjustments	\$ 31,343	\$ 36,462	\$ 38,598	\$ 26,324	\$ 51,912	\$ 48,423	\$ 37,614	\$ 31,797	\$ 46,032	\$ 35,632	\$ 34,181	\$ 58,967	\$ 39,602	\$ 39,760
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	70%	71%	74%	65%	71%	70%
WORK COMP														
Payments	\$ 1,166	\$ 10,873	\$ 7,073	\$ 5,617	\$ 2,700	\$ 2,674	\$ 12,018	\$ 7,004	\$ 8,873	\$ 5,181	\$ 4,469	\$ 1,631	\$ 7,429	\$ 5,901
Adjustments	\$ 1,093	\$ 6,398	\$ 2,464	\$ 1,441	\$ 1,073	\$ 4,080	\$ 2,958	\$ 3,282	\$ 5,576	\$ 3,131	\$ 1,731	\$ 1,688	\$ 3,695	\$ 2,970
Collection %	52%	63%	74%	80%	72%	40%	80%	68%	61%	62%	72%	49%	67%	65%
SELF PAY														
Payments	\$ 47,003	\$ 37,376	\$ 40,142	\$ 37,654	\$ 25,468	\$ 39,318	\$ 40,860	\$ 32,085	\$ 24,686	\$ 17,085	\$ 18,553	\$ 29,302	\$ 29,539	\$ 32,236
Bad Debt Recoveries	\$ 5,126	\$ 4,903	\$ 3,226	\$ 6,515	\$ 6,775	\$ 4,111	\$ 1,927	\$ 4,291	\$ 291	\$ 2,711	\$ 751	\$ 3,090	\$ 174	\$ 3,376
Adjustments	\$ 2,051	\$ 26,379	\$ 7,216	\$ 25,627	\$ 39,124	\$ 24,880	\$ 10,968	\$ 11,569	\$ 8,579	\$ 23,588	\$ 12,037	\$ 7,658	\$ 29,539	\$ 17,632
Charity Care	\$ 5,744	\$ 580	\$ 1,973	\$ 9,813	\$ 5,845	\$ 210,892	\$ 5,495	\$ 3,409	\$ 107,586	\$ 6,325	\$ 7,646	\$ 2,062	\$ 92,241	\$ 35,355
Bad Debt	\$ 200,583	\$ 76,235	\$ 141,507	\$ 78,584	\$ 75,234	\$ 43,004	\$ 7,470	\$ 6,828	\$ 158,775	\$ 31,967	\$ -	\$ -	\$ 35,941	\$ 65,856
Total SP Adjustments	\$ 208,378	\$ 103,194	\$ 150,696	\$ 114,024	\$ 120,203	\$ 278,776	\$ 23,933	\$ 21,806	\$ 274,940	\$ 61,879	\$ 19,682	\$ 9,721	\$ 157,722	\$ 118,843
Collection %	18%	27%	21%	25%	17%	12%	63%	60%	8%	22%	49%	75%	16%	32%
TOTAL														
Total Payments	\$ 866,398	\$ 948,282	\$ 757,474	\$ 919,408	\$ 667,778	\$ 1,022,607	\$ 782,067	\$ 847,125	\$ 845,077	\$ 729,186	\$ 727,607	\$ 859,954	\$ 770,454	\$ 826,417
Total Adjustment	\$ 536,225	\$ 200,204	\$ 394,744	\$ 411,937	\$ 490,749	\$ 800,505	\$ 430,532	\$ 461,817	\$ 511,680	\$ 547,667	\$ 531,378	\$ 591,522	\$ 626,184	\$ 383,861
Total Collection %	62%	83%	66%	69%	58%	56%	64%	65%	62%	57%	58%	59%	55%	63%

Cash & Adjustment Trending

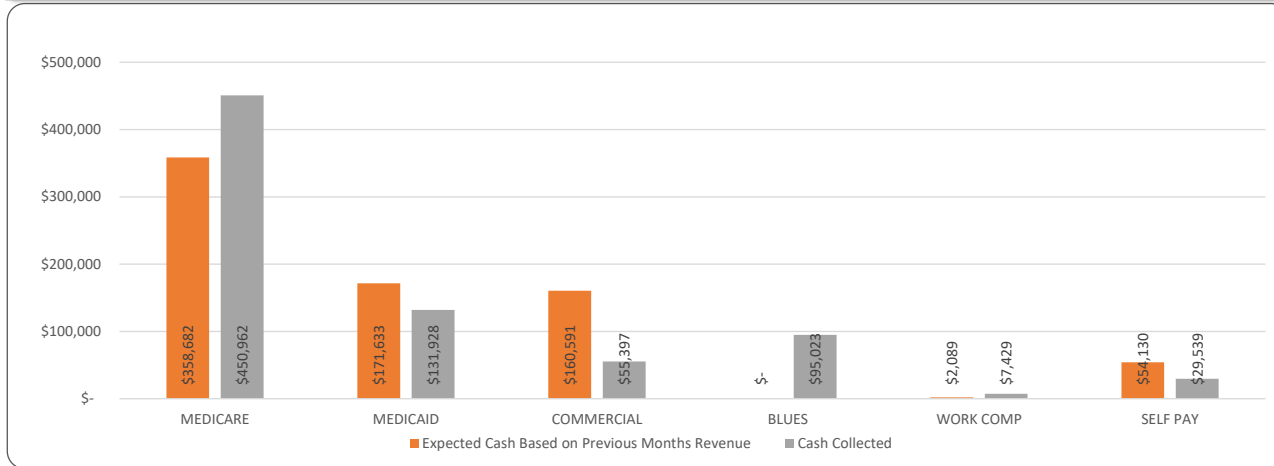


Cash Collections by Discharge Date

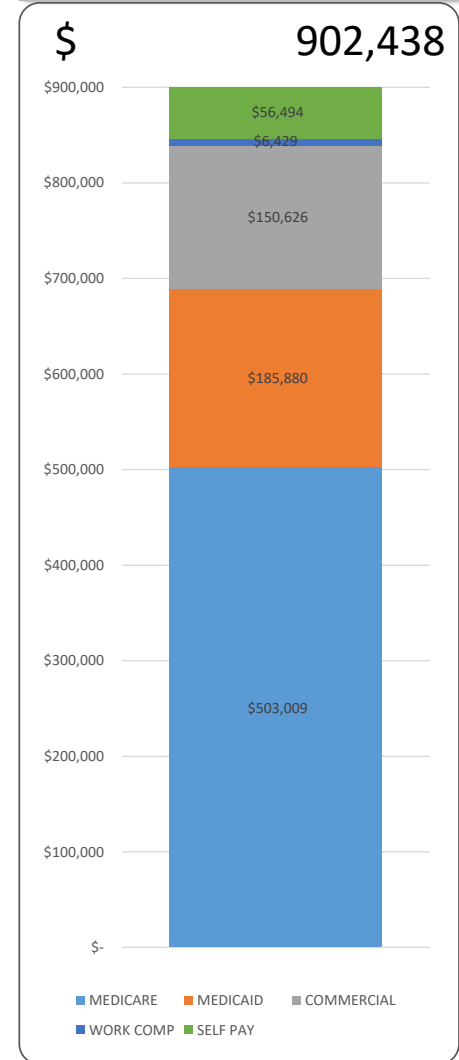


CASH FORECASTING

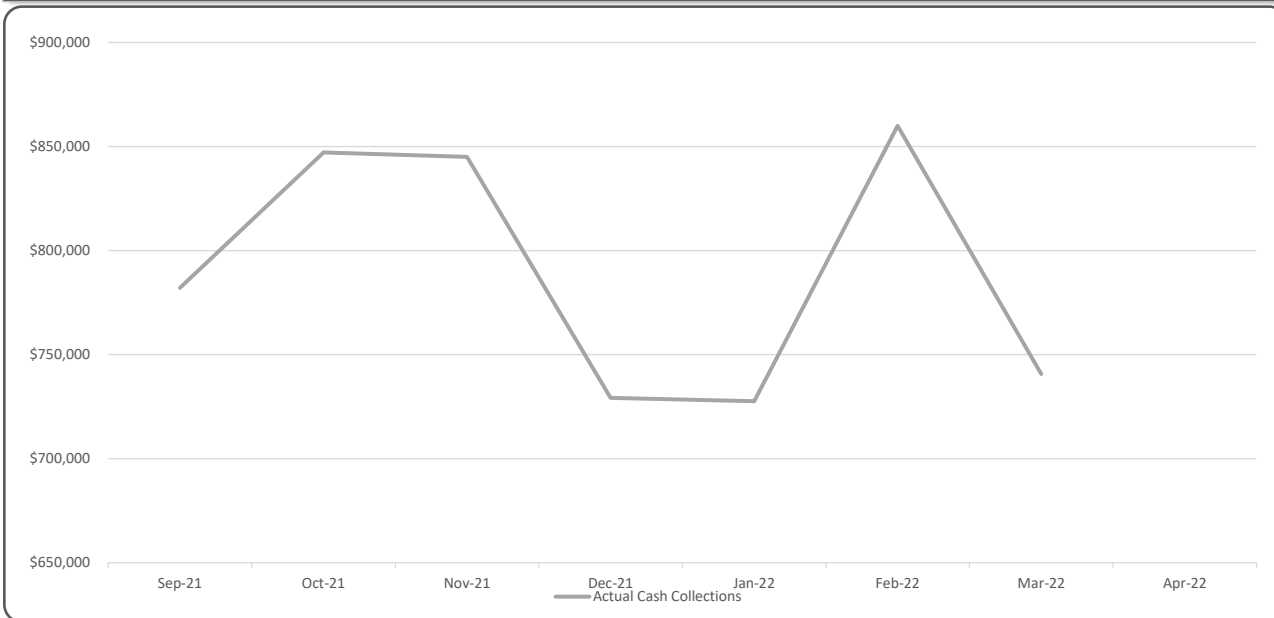
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month (Based on this Months Revenue)



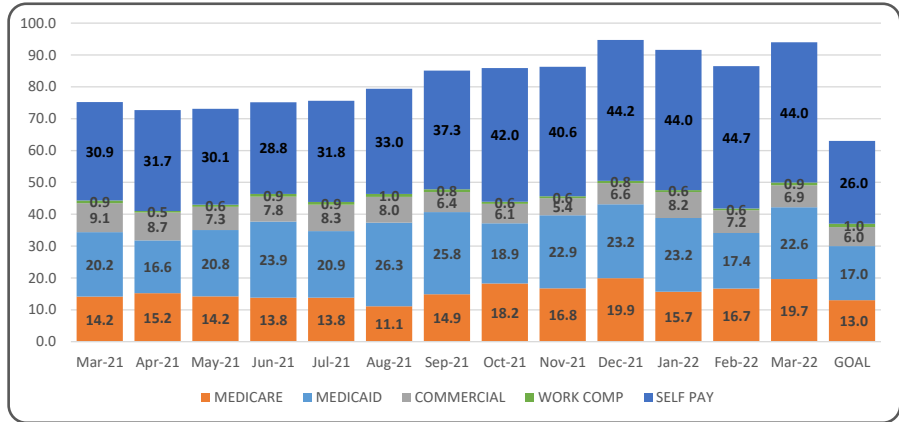
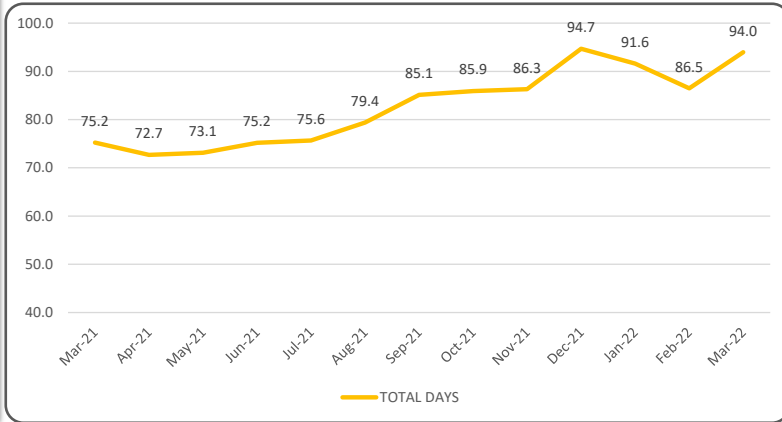
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

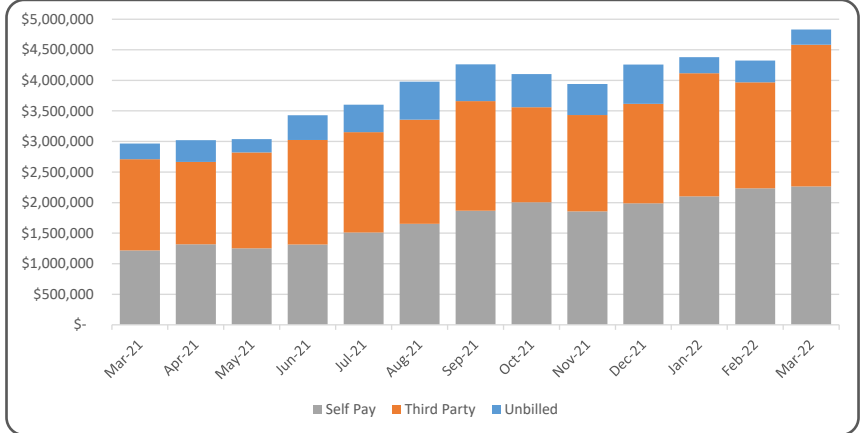
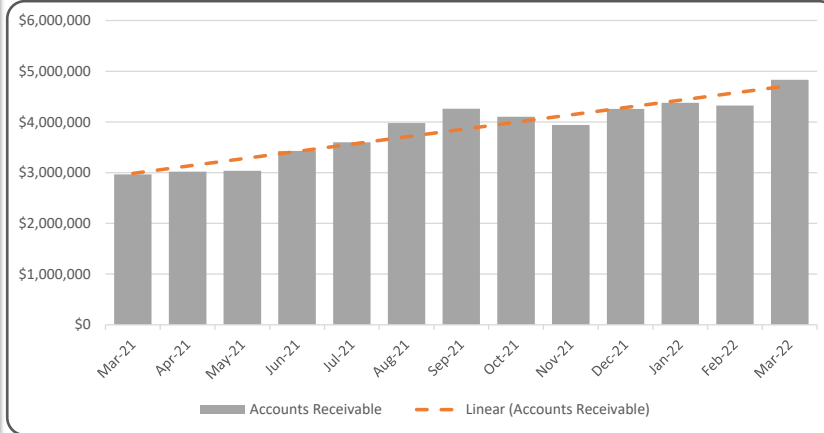
PAYER	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
MEDICARE	14.2	15.2	14.2	13.8	13.8	11.1	14.9	18.2	16.8	19.9	15.7	16.7	19.7	15.7
MEDICAID	20.2	16.6	20.8	23.9	20.9	26.3	25.8	18.9	22.9	23.2	23.2	17.4	22.6	21.7
COMMERCIAL	9.1	8.7	7.3	7.8	8.3	8.0	6.4	6.1	5.4	6.6	8.2	7.2	6.9	7.4
WORK COMP	0.9	0.5	0.6	0.9	0.9	1.0	0.8	0.6	0.6	0.8	0.6	0.6	0.9	0.7
SELF PAY	30.9	31.7	30.1	28.8	31.8	33.0	37.3	42.0	40.6	44.2	44.0	44.7	44.0	37.2
TOTAL DAYS	75.2	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	82.7

AR Days



PAYER	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
MEDICARE	\$ 557,849	\$ 633,863	\$ 591,567	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,436	\$ 834,221	\$ 1,011,373	\$ 730,784
MEDICAID	\$ 795,784	\$ 688,724	\$ 863,638	\$ 1,090,509	\$ 992,726	\$ 1,315,195	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 1,043,932	\$ 1,106,825	\$ 870,378	\$ 1,159,997	\$ 1,013,082
COMMERCIAL	\$ 357,604	\$ 361,943	\$ 304,915	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,942	\$ 357,842	\$ 352,803	\$ 340,925
WORK COMP	\$ 35,071	\$ 19,610	\$ 26,567	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 29,721	\$ 28,217	\$ 44,031	\$ 34,403
SELF PAY	\$ 1,218,382	\$ 1,317,199	\$ 1,250,914	\$ 1,313,186	\$ 1,511,345	\$ 1,653,468	\$ 1,866,174	\$ 2,006,398	\$ 1,855,738	\$ 1,987,106	\$ 2,103,148	\$ 2,232,314	\$ 2,264,662	\$ 1,736,926
TOTAL	\$ 2,964,690	\$ 3,021,339	\$ 3,037,601	\$ 3,429,267	\$ 3,600,312	\$ 3,977,473	\$ 4,260,844	\$ 4,103,537	\$ 3,941,004	\$ 4,258,570	\$ 4,379,072	\$ 4,322,972	\$ 4,832,867	\$ 3,856,119

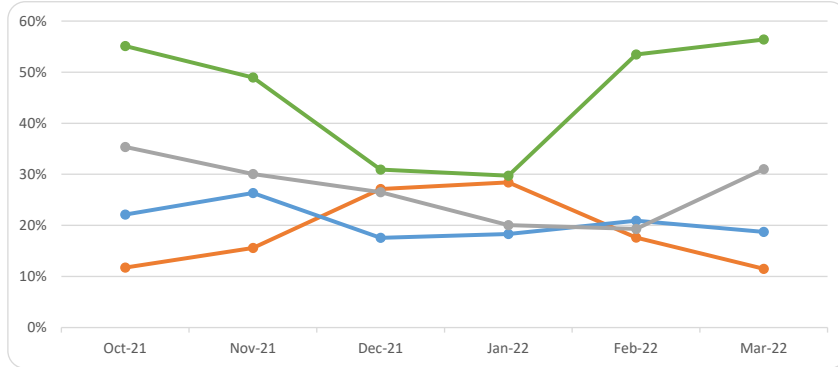
AR Balance



ACCOUNTS RECEIVABLE AGING

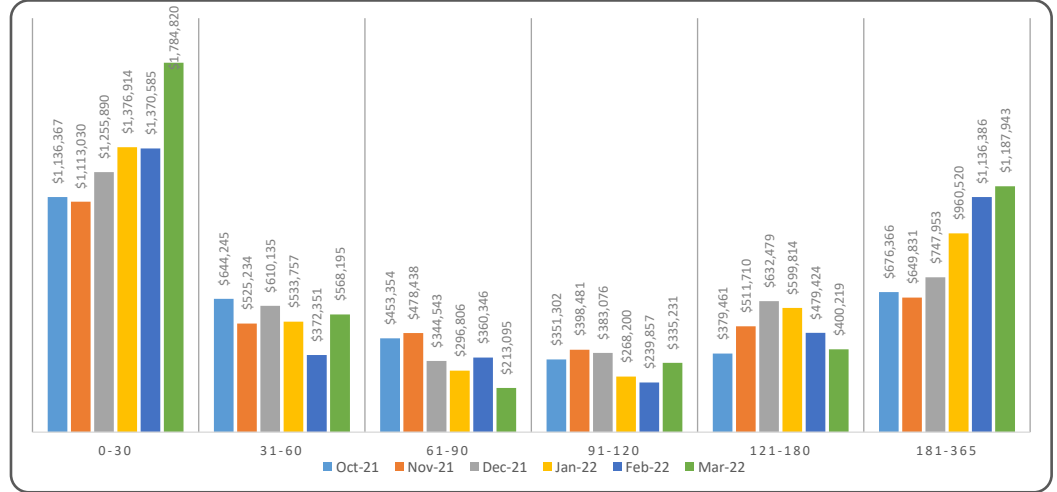
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	434	\$ 744,968	47	\$ 154,308	25	\$ 4,933	18	\$ 57,791	9	\$ 26,973	25	\$ 27,592	12	\$ 5,221	570	\$ 1,021,786
Credit	1	\$ (90)	0	\$ -	0	\$ -	0	\$ -	1	\$ (1)	1	\$ (5,946)	5	\$ (4,376)	8	\$ (10,413)
TOTAL	435	\$ 744,878	47	\$ 154,308	25	\$ 4,933	18	\$ 57,791	10	\$ 26,972	26	\$ 21,646	17	\$ 845	578	\$ 1,011,373
MEDICAID																
Non-Credit	438	\$ 681,813	213	\$ 196,967	113	\$ 65,165	108	\$ 71,522	73	\$ 68,729	31	\$ 43,235	22	\$ 33,966	998	\$ 1,161,398
Credit	1	\$ (183)	0	\$ -	1	\$ (42)	1	\$ (393)	0	\$ -	1	\$ (347)	8	\$ (436)	12	\$ (1,401)
TOTAL	439	\$ 681,630	213	\$ 196,967	114	\$ 65,123	109	\$ 71,129	73	\$ 68,729	32	\$ 42,888	30	\$ 33,530	1010	\$ 1,159,997
COMMERCIAL																
Non-Credit	313	\$ 203,476	96	\$ 59,358	37	\$ 28,763	36	\$ 62,392	37	\$ 15,267	46	\$ 27,867	52	\$ 25,510	617	\$ 422,632
Credit	10	\$ (708)	5	\$ (720)	3	\$ (76)	4	\$ (618)	18	\$ (3,523)	24	\$ (12,447)	365	\$ (51,737)	429	\$ (69,829)
TOTAL	323	\$ 202,768	101	\$ 58,638	40	\$ 28,687	40	\$ 61,774	55	\$ 11,744	70	\$ 15,420	417	\$ (26,227)	1046	\$ 352,803
WORK COMP																
Non-Credit	18	\$ 10,039	11	\$ 6,719	9	\$ 3,090	9	\$ 9,980	13	\$ 7,782	23	\$ 5,661	5	\$ 2,229	88	\$ 45,500
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (92)	3	\$ (191)	3	\$ (1,186)	7	\$ (1,469)
TOTAL	18	\$ 10,039	11	\$ 6,719	9	\$ 3,090	9	\$ 9,980	14	\$ 7,690	26	\$ 5,470	8	\$ 1,043	95	\$ 44,031
SELF PAY																
Non-Credit	189	\$ 146,321	247	\$ 151,639	256	\$ 111,454	217	\$ 134,801	434	\$ 285,614	1297	\$ 1,106,443	584	\$ 353,531	3224	\$ 2,289,804
Credit	7	\$ (816)	2	\$ (76)	3	\$ (192)	5	\$ (244)	8	\$ (531)	34	\$ (3,924)	244	\$ (19,359)	303	\$ (25,142)
TOTAL	196	\$ 145,505	249	\$ 151,563	259	\$ 111,262	222	\$ 134,557	442	\$ 285,083	1331	\$ 1,102,519	828	\$ 334,172	3527	\$ 2,264,662
ACCOUNTS RECEIVABLE																
Non-Credit	1392	\$ 1,786,617	614	\$ 568,991	440	\$ 213,405	388	\$ 336,486	566	\$ 404,366	1422	\$ 1,210,798	675	\$ 420,458	5497	\$ 4,941,121
Credit	19	\$ (1,797)	7	\$ (796)	7	\$ (310)	10	\$ (1,255)	28	\$ (4,147)	63	\$ (22,855)	625	\$ (77,094)	759	\$ (108,254)
GRAND TOTAL	1411	\$ 1,784,820	621	\$ 568,195	447	\$ 213,095	398	\$ 335,231	594	\$ 400,219	1485	\$ 1,187,943	1300	\$ 343,364	6256	\$ 4,832,867

Aged Over 90 Days Trending (excluding Credits)



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Medicare	11.8%	15.6%	27.1%	28.4%	17.6%	11.5%
Medicaid	22.1%	26.3%	17.6%	18.3%	20.9%	18.7%
Commercial	35.4%	30.1%	26.5%	20.1%	19.3%	31.0%
Work Comp	55.1%	48.9%	30.9%	29.7%	53.5%	56.4%

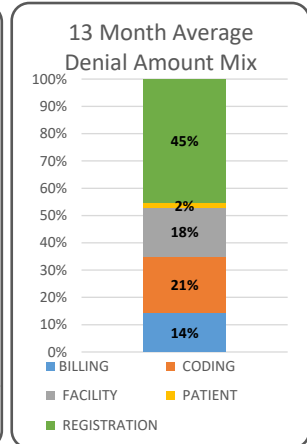
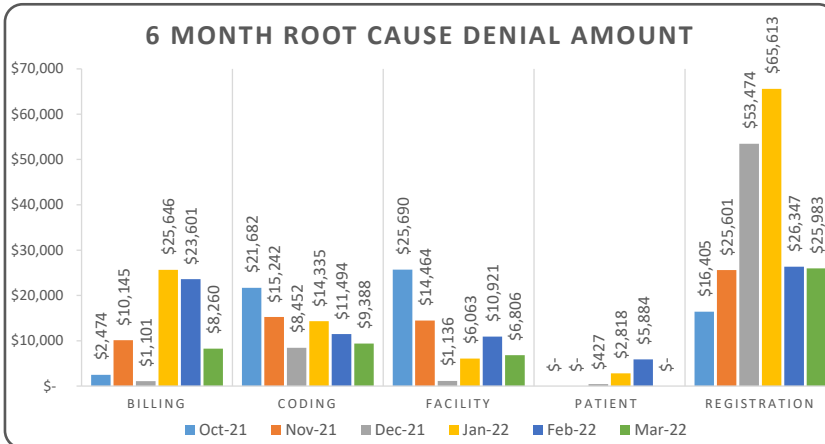
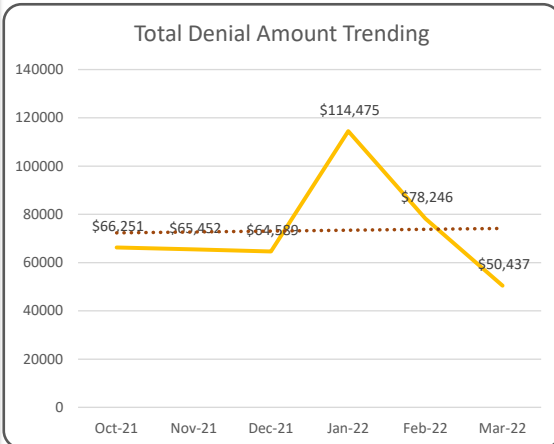
6 Month Aging



DENIAL MANAGEMENT

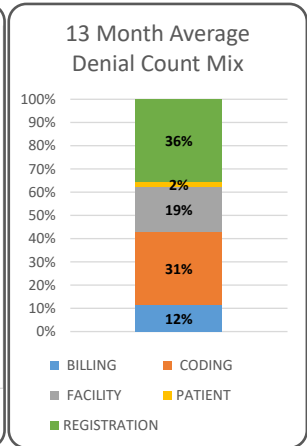
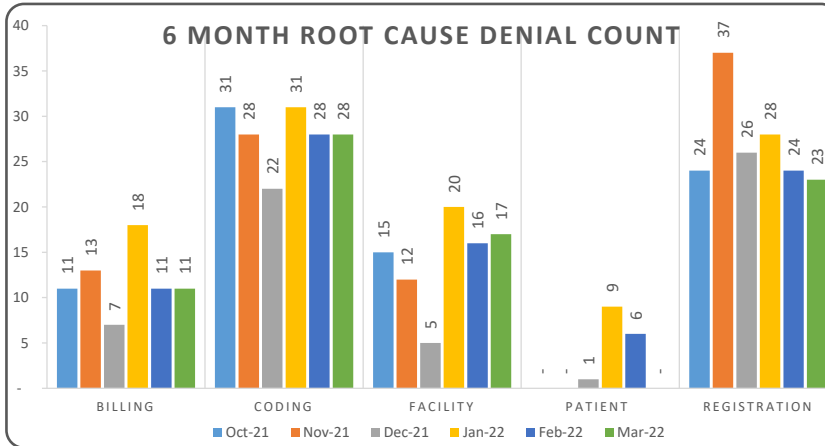
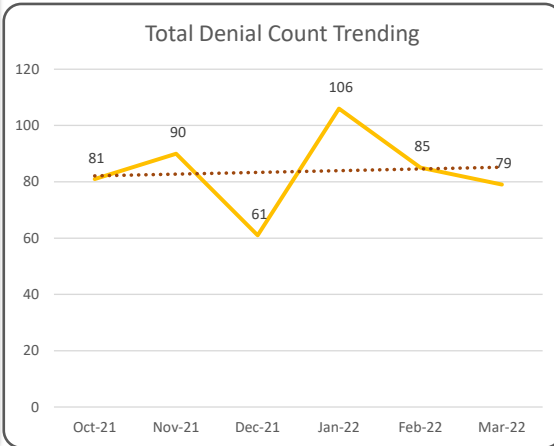
Denial Amount

AMOUNT	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
BILLING	\$ 19,523	\$ 4,792	\$ 2,881	\$ 11,792	\$ 1,998	\$ 3,398	\$ 117	\$ 2,474	\$ 10,145	\$ 1,101	\$ 25,646	\$ 23,601	\$ 8,260	\$ 8,902
CODING	\$ 17,039	\$ 6,192	\$ 4,375	\$ 12,287	\$ 9,608	\$ 14,195	\$ 21,686	\$ 21,682	\$ 15,242	\$ 8,452	\$ 14,335	\$ 11,494	\$ 9,388	\$ 12,767
FACILITY	\$ 7,082	\$ 12,419	\$ 8,265	\$ 16,009	\$ 17,957	\$ 4,483	\$ 14,765	\$ 25,690	\$ 14,464	\$ 1,136	\$ 6,063	\$ 10,921	\$ 6,806	\$ 11,235
PATIENT	\$ -	\$ -	\$ 3,871	\$ 133	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 427	\$ 2,818	\$ 5,884	\$ -	\$ 1,010
REGISTRATION	\$ 23,606	\$ 25,658	\$ 7,953	\$ 11,848	\$ 37,102	\$ 9,177	\$ 37,299	\$ 16,405	\$ 25,601	\$ 53,474	\$ 65,613	\$ 26,347	\$ 25,983	\$ 28,159
TOTAL	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 62,074



Denial Count

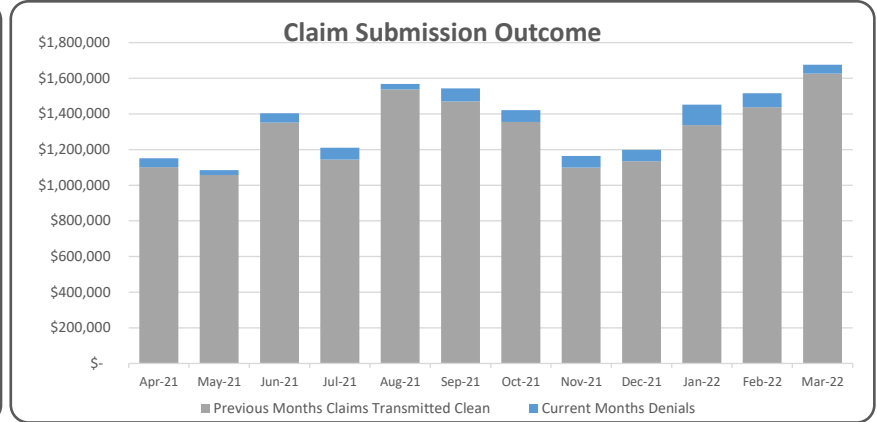
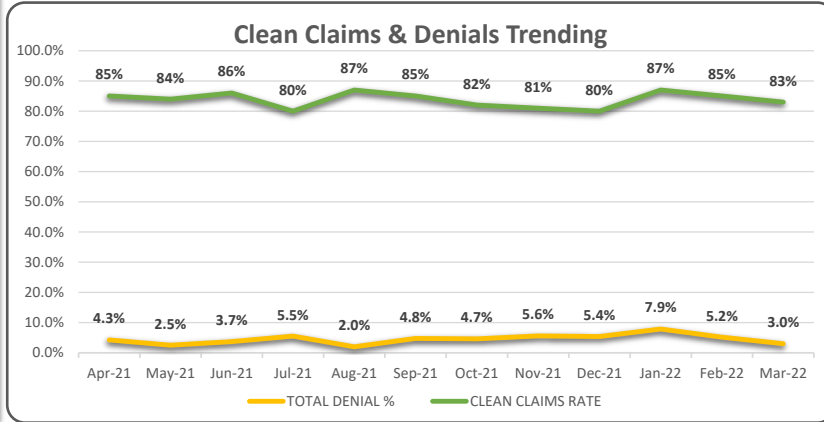
COUNT	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
BILLING	4	16	3	6	7	16	1	11	13	7	18	11	11	10
CODING	20	22	10	31	24	39	22	31	28	22	31	28	28	26
FACILITY	15	21	15	19	18	14	21	15	12	5	20	16	17	16
PATIENT	-	-	6	1	-	-	-	-	-	1	9	6	-	2
REGISTRATION	35	33	16	22	27	37	49	24	37	26	28	24	23	29
TOTAL	74	92	50	79	76	106	93	81	90	61	106	85	79	82



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

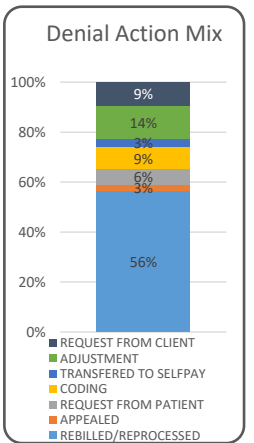
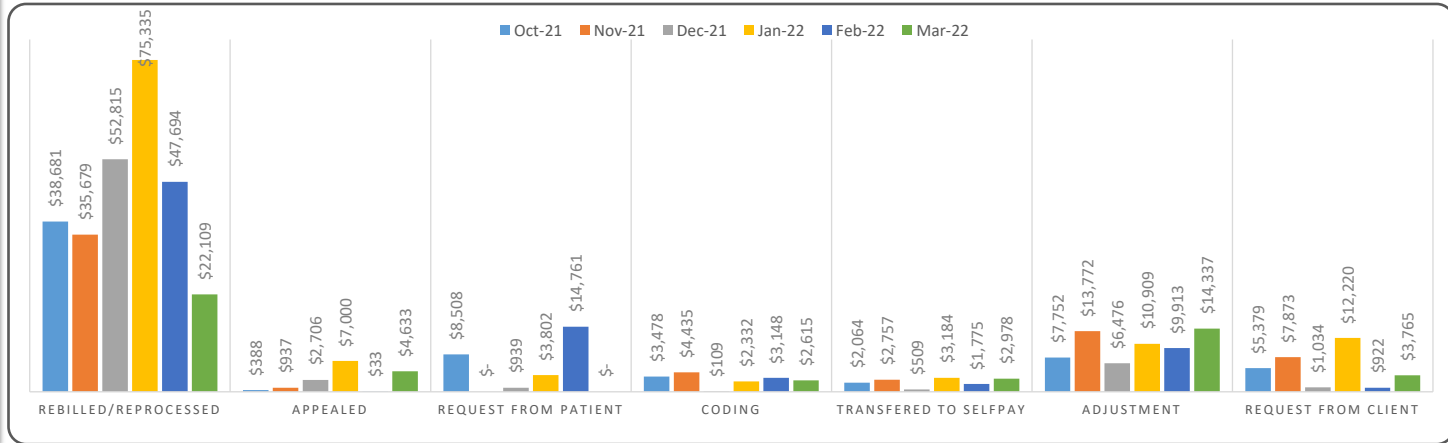
Denial & Clean Claim Trending

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
DENIAL AMOUNT	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,475	\$ 78,246	\$ 50,437	\$ 62,074
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 1,157,620	\$ 1,150,807	\$ 1,084,803	\$ 1,403,286	\$ 1,210,063	\$ 1,568,158	\$ 1,543,681	\$ 1,421,703	\$ 1,164,069	\$ 1,198,525	\$ 1,451,836	\$ 1,516,636	\$ 1,676,470	\$ 1,349,820
TOTAL DENIAL %	5.8%	4.3%	2.5%	3.7%	5.5%	2.0%	4.8%	4.7%	5.6%	5.4%	7.9%	5.2%	3.0%	4.6%
CLEAN CLAIMS RATE	83%	85%	84%	86%	80%	87%	85%	82%	81%	80%	87%	85%	83%	84%



Action Taken on Denials

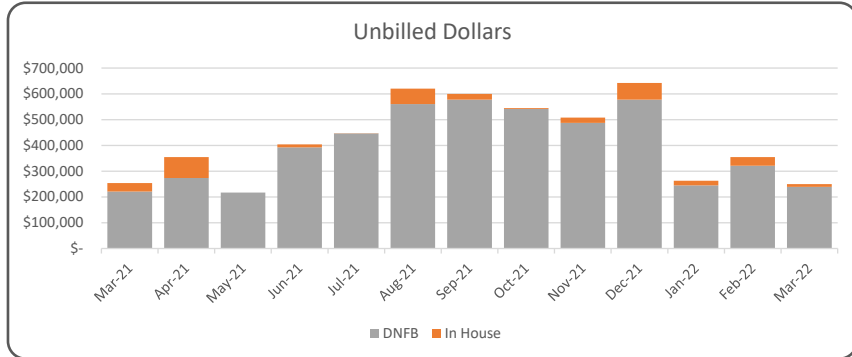
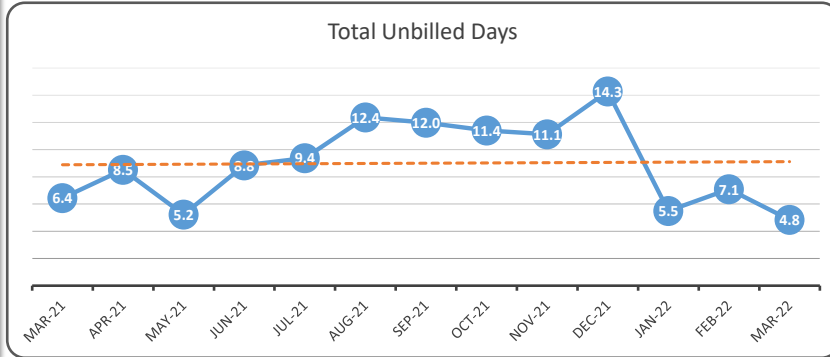
DENIAL ACTION	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
REBILLED/REPROCESSED	\$ 29,439	\$ 32,078	\$ 14,118	\$ 10,611	\$ 30,251	\$ 14,702	\$ 51,694	\$ 38,681	\$ 35,679	\$ 52,815	\$ 75,335	\$ 47,694	\$ 22,109	\$ 35,016
APPEALED	\$ -	\$ 2,391	\$ -	\$ 207	\$ 366	\$ 2,365	\$ 330	\$ 388	\$ 937	\$ 2,706	\$ 7,000	\$ 33	\$ 4,633	\$ 1,643
REQUEST FROM PATIENT	\$ 15,192	\$ 1,853	\$ 3,871	\$ 133	\$ -	\$ -	\$ 267	\$ 8,508	\$ -	\$ 939	\$ 3,802	\$ 14,761	\$ -	\$ 3,794
CODING	\$ 2,790	\$ 2,954	\$ 1,679	\$ 18,699	\$ 16,350	\$ 844	\$ 13,297	\$ 3,478	\$ 4,435	\$ 109	\$ 2,332	\$ 3,148	\$ 2,615	\$ 5,595
TRANSFERRED TO SELFPAY	\$ 931	\$ 2,072	\$ 500	\$ 220	\$ 1,586	\$ 3,224	\$ 2,706	\$ 2,064	\$ 2,757	\$ 509	\$ 3,184	\$ 1,775	\$ 2,978	\$ 1,885
ADJUSTMENT	\$ 4,018	\$ 2,783	\$ 5,009	\$ 17,602	\$ 9,083	\$ 4,031	\$ 3,538	\$ 7,752	\$ 13,772	\$ 6,476	\$ 10,909	\$ 9,913	\$ 14,337	\$ 8,402
REQUEST FROM CLIENT	\$ 14,880	\$ 4,929	\$ 2,168	\$ 4,598	\$ 9,030	\$ 6,086	\$ 2,034	\$ 5,379	\$ 7,873	\$ 1,034	\$ 12,220	\$ 922	\$ 3,765	\$ 5,763
TOTAL	\$ 67,250	\$ 49,060	\$ 27,346	\$ 52,070	\$ 66,666	\$ 31,251	\$ 73,865	\$ 66,251	\$ 65,452	\$ 64,589	\$ 114,782	\$ 78,246	\$ 50,437	\$ 62,097



UNBILLED & INVENTORY

Unbilled

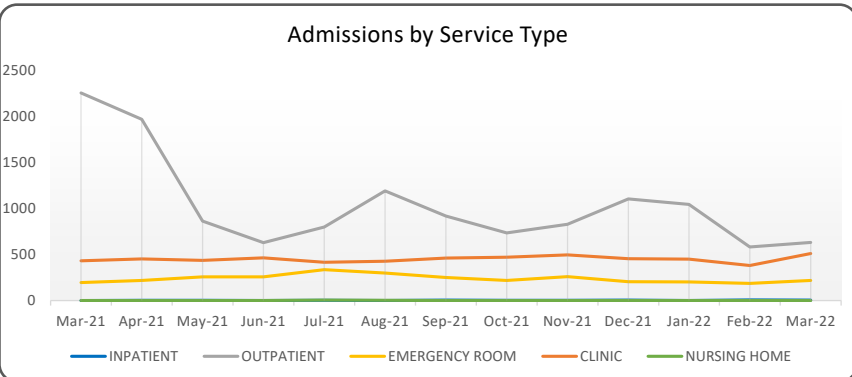
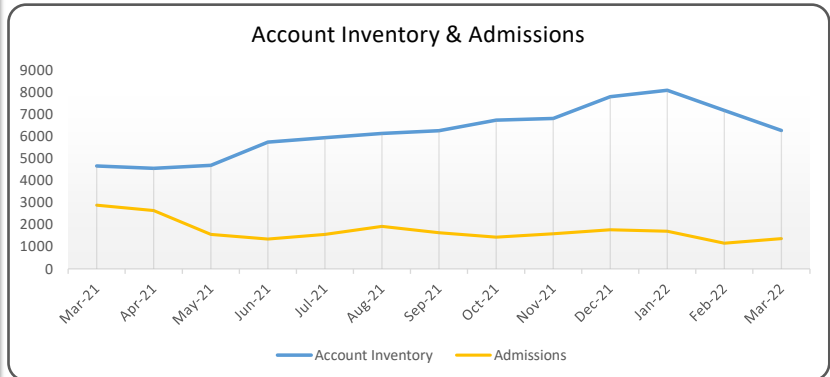
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
In House	\$ 32,930	\$ 80,746	\$ -	\$ 11,541	\$ 267	\$ 59,277	\$ 22,170	\$ 3,706	\$ 20,857	\$ 64,355	\$ 17,753	\$ 34,167	\$ 10,466	\$ 27,557
DNFB	\$ 220,951	\$ 273,604	\$ 217,275	\$ 392,046	\$ 446,371	\$ 560,649	\$ 577,639	\$ 541,096	\$ 487,338	\$ 577,901	\$ 245,224	\$ 320,765	\$ 238,954	\$ 392,293
Total Unbilled	\$ 253,881	\$ 354,350	\$ 217,275	\$ 403,587	\$ 446,637	\$ 619,925	\$ 599,809	\$ 544,802	\$ 508,195	\$ 642,256	\$ 262,978	\$ 354,932	\$ 249,420	\$ 419,850
Unbilled Days	6.4	8.5	5.2	8.8	9.4	12.4	12.0	11.4	11.1	14.3	5.5	7.1	4.8	9.0



Admissions & Account Inventory

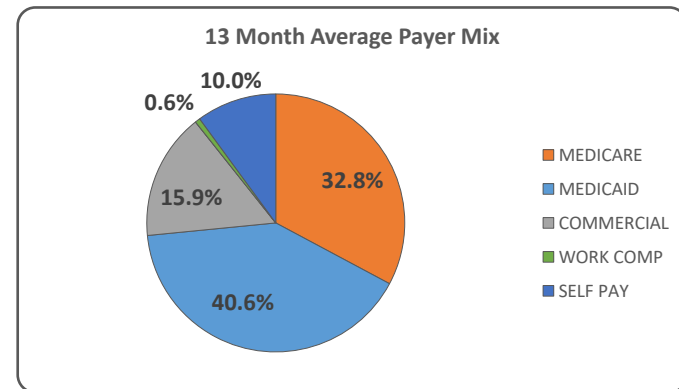
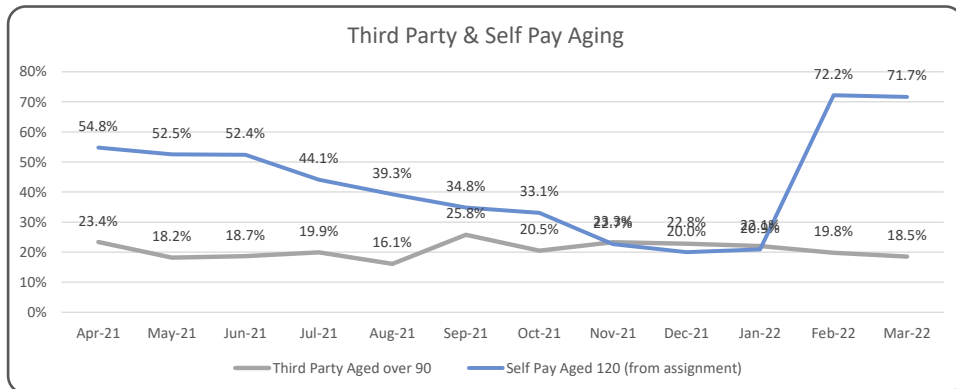
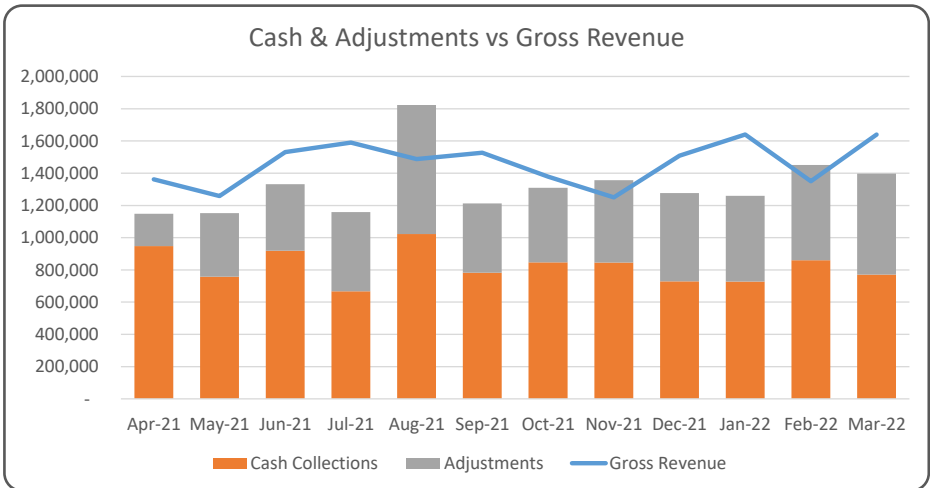
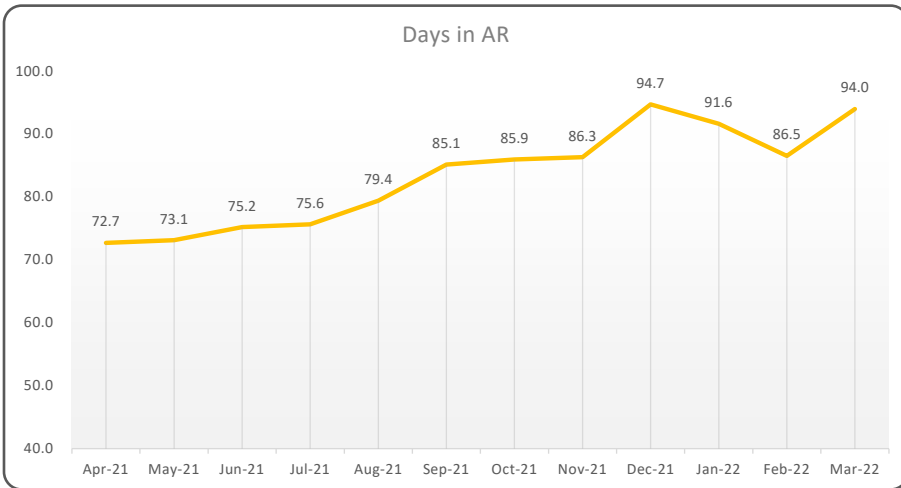
ADMISSIONS	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
INPATIENT	0	2	2	1	3	1	6	3	2	5	1	7	4	3
SWINGBED	2	2	3	2	2	2	3	5	2	3	1	4	5	3
OUTPATIENT	2,251	1,965	861	629	798	1,190	916	733	826	1,102	1,043	581	630	1040
EMERGENCY ROOM	194	219	258	256	335	297	250	218	260	205	202	186	217	238
CLINIC	432	451	436	463	414	427	461	471	495	454	449	380	510	449
NURSING HOME	1	0	0	1	5	3	0	0	0	1	1	1	0	1
TOTAL	2,880	2,639	1,560	1,352	1,557	1,920	1,636	1,430	1,585	1,770	1,697	1,159	1,366	1735

ACCOUNT INVENTORY	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	13 Month Average
MEDICARE	475	523	578	1,434	796	632	657	886	869	1,543	1,294	662	578	841
MEDICAID	864	686	656	808	856	922	832	779	862	911	1,073	799	1,010	851
COMMERCIAL	1,107	1,029	1,018	1,039	1,377	1,201	1,117	1,111	1,119	1,193	1,339	1,214	1,046	1147
WORK COMP	72	55	81	113	99	103	100	89	83	80	81	82	95	87
SELF PAY	2,135	2,255	2,349	2,344	2,805	3,271	3,545	3,862	3,872	4,058	4,293	4,408	3,527	3286
TOTAL	4653	4548	4682	5738	5933	6129	6251	6727	6805	7785	8080	7165	6256	6212



Southern Humboldt Community Healthcare District Executive Dashboard

	TARGET	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Days in AR	63.0	72.7	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0
Gross AR		3,021,339	3,037,601	3,429,267	3,600,312	3,977,473	4,260,844	4,103,537	3,941,004	4,258,570	4,379,072	4,322,972	4,832,867
Gross Revenue		1,362,024	1,257,716	1,530,917	1,589,996	1,487,956	1,526,536	1,379,368	1,250,010	1,508,417	1,639,879	1,350,122	1,639,234
Cash Collections		948,282	757,474	919,408	667,778	1,022,607	782,067	847,125	845,077	729,186	727,607	859,954	770,454
Adjustments		200,204	394,744	411,937	490,749	800,505	430,532	461,817	511,680	547,667	531,378	591,522	626,184
Collection %		82.6%	65.7%	69.1%	57.6%	56.1%	64.5%	64.7%	62.3%	57.1%	57.8%	59.2%	55.2%
Late Charges	1%	0.0%	0.0%	-1.1%	0.1%	-0.1%	0.0%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%
Bad Debt	3%	5.6%	11.3%	5.1%	4.7%	2.9%	0.5%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%
Charity Care	3%	0.0%	0.2%	0.6%	0.4%	14.2%	0.4%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%
Third Party Aged over 90	15%	23.4%	18.2%	18.7%	19.9%	16.1%	25.8%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%
Self Pay Aged 120 (from assignment)	25%	54.8%	52.5%	52.4%	44.1%	39.3%	34.8%	33.1%	20.9%	19.8%	72.2%	71.7%	





**SoHum
Health**

Southern Humboldt
Community Healthcare District
733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Patient Financial Services	NO:	Page 1 of 4
SUBJECT: Charity Care, Financial Assistance, Payment Plans And Discounted and Extended Payment Plans	EFFECTIVE DATE: 04/28/2022	SUPERSEDES: 06/27/2019

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to offer Charity Care, Financial Assistance, Payment Plans and Documented and Extended Payment Plans for those who meet the "Eligibility Requirements."

PURPOSE:

The purpose of this policy and procedure is to assure that patients receive medically necessary care and have payment options, financial assistance and discounted care in compliance with state and federal requirements.

PROCEDURE:

To be considered for charity care, the patient's family income must be at or below 400% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 400% of the poverty level is required to maintain Southern Humboldt Community Healthcare District's (SHCHD) financial and operational integrity.

The patient must have received medically necessary care in the emergency room or been admitted to the hospital on an emergency basis for medically necessary care.

The additional eligibility requirements are outlined in the Eligibility Requirements section. In order to qualify, patients must also meet these Eligibility Requirements.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for charity care.

Eligibility Requirements

If the patient is uninsured, the patient's family income must be at or below 400% of the current FPL.

If the patient is insured with high medical costs, the patient's family income must be at or below 400% of the current FPL.

High medical costs will include only costs incurred by the patient for which the patient is responsible to pay, from SHCHD in the 12 months prior to the date of service, if those patient responsible costs exceed 10% of the family's income in that same 12-month period. The patient must provide documentation of these expenses which were incurred in the 12 months prior to the date of service. This does not include copays or cost of share for patients with Medicaid and Medicaid copays cannot be waived.

The patient may be **a resident of the U.S. or another country.**

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. Failure to provide this documentation means the application is not valid.

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Assets which can be considered are bank accounts, publicly traded stocks and any other liquid assets, over the first \$10,000 and no more than 50% of the patient's family liquid assets over that first \$10,000. Assets cannot include property or retirement plans. Proof of assets may be required, such as bank or financial institution documents.

Income and asset information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future. All documentation must be provided within 90 days of the application.

The hospital may elect to extend charity care eligibility to patients who are indigent or homeless and either unable or unavailable to complete a charity application. The hospital may also elect to extend charity care eligibility to patients from other states who have qualified for those state Medicaid plans and for whom SHCHD has not contracted with the state Medicaid plan.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

PAYMENT POLICIES

Prompt Pay Discount:

SHCHD and Southern Humboldt Clinic (the Clinic) offers a 20% discount on all services for patients who are uninsured, who pay for their bill at the time of service or within 30 days of the first statement date.

Payment Arrangement Plans:

If patients are unable to pay their portion of the hospital bill in full at the time they receive their statement, the hospital has a structured payment plan without interest: The hospital's payment plan is as follows:

Balances between:	Max payment period	Minimum per month
\$50 to \$450	6 months	\$50
\$451 to \$900	9 months	\$75
\$901 to \$1500	12 months	\$100
\$1501 to 2700	18 months	\$125
\$2701 to All Larger	24 months	\$150

Any outstanding balance greater than 90 days old may be subject to third-party collection action unless an approved Payment Plan Arrangement is in place.

Discounted and Extended Payment plans:

To be considered for Discounted and Extended Payment Plans, the patient's family income must be at or below 250% of the current Federal Poverty Level (FPL). As a rural, critical access hospital, 250% of the poverty level is required to maintain SHCHD's financial and operational integrity.

The patient must have received primary care services at Southern Humboldt Community Healthcare Clinic (SHCHC), diagnostic services performed at our facility or medically necessary care in the emergency room or been admitted to the hospital on an emergency basis for medically necessary care.

This applies to all patient balances, including high deductibles and copays for patients with insurance, unless the insurance contract specifically prohibits discounts.

The eligibility requirements are outlined in the "Eligibility Requirements" section. In order to qualify, patients must also meet these Eligibility Requirements.

Patients/guarantors who fail to complete the applications or the required documentation will not be considered eligible for discounted payment or extended payment plans.

If a person wants to apply for a discounted or extended payment plan, is eligible under the eligibility requirement and states they cannot meet the hospital payment arrangement plan, the following will apply:

They must complete the Discounted or Extended Payment Plan Application and provide documented proof of their essential living expenses (rent/house payment, maintenance, food, household supplies. Utilities, telephone, clothing, other medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses including insurance/gas/repairs, installment payments, laundry, cleaning and any other extraordinary expenses).

If the documentation is verified and the patient qualifies, there will be:

- No interest charged
- Monthly payments will be no more than 10% of the family income for one month, excluding the verified essential living expenses, with a minimum of \$10 per month if the 10% is lower than \$10 per month.
- Any discounts based on the sliding fee scale will be applied to the applicable visits.

If a patient defaults on their monthly payments, they may negotiate for a new payment plan within 30 days which meets the criteria outlined in this policy. The patient must make all consecutive payments due and past due during a 90 day period. If they default, the payment plan is no longer in effect and regular collection efforts may ensue.

Nominal Charge:

For all SHCHD primary care services, there will be a nominal fee of \$10 for each service. A service is a clinic visit **with** the primary care provider. For example, if a patient sees their primary care provider in the clinic and qualifies for 100% discounted services, there would be a nominal fee of \$10 for the clinic visit.

Eligibility Requirements for Discounted and Extended Payment Plans

If the patient is uninsured, the patient's family income must be at or below 400% of the current FPL.

If the patient is insured with high medical costs, the patient's family income must be at or below 400% of the current FPL.

High medical costs will include only costs incurred by the patient for which the patient is responsible to pay, from SHCHD in the 12 months prior to the date of service, if those patient responsible costs exceed 10% of the family's income in that same 12 month period. The patient must provide documentation of these expenses which were incurred in the 12 months prior to the date of service. This does not include copays or cost of share for patients with Medicaid and Medicaid copays cannot be waived.

The patient may reside foreign or domestic.

The patient must make every reasonable effort to provide SHCHD with documentation of income and health insurance coverage. **Failure to provide this documentation invalidates the application.**

Proof of income is limited to pay stubs or income tax returns. We will require pay stubs if the patient was working in the 12 months prior to the date of service in question, and tax returns if the patient was not working at all in the 12 months prior to the date of service in question.

Income information will be used solely for the purposes of the charity/discount payment policy and will not be used or dispersed to a collection agency if the collection process is employed for this account in the future.

All documentation must be provided within 90 days of the application.

The hospital may elect to extend charity care eligibility to patients who are indigent or homeless and either unable or unavailable to complete a charity application. The hospital may also elect to extend charity care eligibility to patients from other states who have qualified for those state Medicaid plans and for whom SHCHD has not contracted with the state Medicaid plan.

Once all applications and documentation has been received, SHCHD will notify the patient in writing at their last known address of the decision.

FEDERAL POVERTY LEVEL (FPL)

For purposes of this policy, a sliding scale will be based on the current FPL guidelines, which are in appendix A and will be updated each year.

REVIEW PROCESS

If the patient is denied either charity or discount payment programs, they may ask for a review. In reviewing the application, the hospital may make its final determination based on whether the patient completed the application, provided all required documentation within the timelines, met the eligibility requirements and any mitigating factors the hospital determines to take into consideration. The results of the review are final.

The patient will be notified in writing to the last known address of the final determination within 30 days.

NOTICES

Notices regarding the availability of charity care and discounted payment plans will be posted in the hospital, available to patients in registration areas in the hospital and clinic, given to uninsured patients and available on the hospital website.

CONTACT INFORMATION:

Patients who want further information can contact the billing office at 877-673-0903

HEALTH INFORMATION ALLIANCE:

There are organizations that can help patients understand the billing and payment process. Their website is <https://healthconsumer.org>

COVERED CALIFORNIA AND MEDI-CAL PRESUMPTIVE ELIGIBILITY:

The hospital participates in these programs. If you have any questions, contact the billing office at 877-673-0903

HOSPITAL SHOPPABLE SERVICES:

The hospital provides a Patient Liability Estimator on their website at <https://sohumhealth.org/standard-charges-listing/>

REVIEWED BY:

Health Information Management

REFERENCE ADDENDUM "A" SLIDING FEE SCALE 2022

family size	100% nominal fee \$10	125% Pay 10%	150% Pay 19%	175% Pay 28%	200% Pay 38%	225% Pay 42%	250% Pay 47%	275% Pay 52%
1	13590	16987.50	20385	23782.5	27180	30577.5	33975	37372.5
2	18310	22887.5	27465	32042.5	36620	41197.5	45775	50352.5
3	23030	28787.5	34545	40302.5	46060	51817.5	57575	63332.5
4	27750	34687.5	41625	48562.5	55500	62437.5	69375	76312.5
5	32470	40587.5	48705	56822.5	64940	73057.5	81175	89292.5
6	37190	46487.5	55785	65082.5	74380	83677.5	92975	102272.5
7	41910	52387.5	62865	73342.5	83820	94297.5	104775	115252.5
8	46630	58287.5	69945	81602.5	93260	104917.5	116575	128232.5

300%	325%	350%	375%	400%
Pay	Pay	Pay	Pay	Pay
56%	61%	66%	71%	75%
40770	44167.5	47565	50962.5	54360
54930	59507.5	64085	68662.5	73240
69090	74847.5	80605	86362.5	92120
83250	90187.5	97125	104062.5	111000
97410	105527.5	113645	121762.5	129880
111570	120867.5	130165	139462.5	148760
125730	136207.5	146685	157162.5	167640
139890	139890	163205	174862.5	186520



SoHum Health

733 CEDAR STREET
GARBERVILLE, CA 95542
(707) 923-3921

DEPARTMENT: Outreach	NO:	Page 1 of 1
SUBJECT: Community Volunteering	EFFECTIVE DATE: 04/28/2022	SUPERCEDES: New

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD” or “district”) to support staff engagement in community events and local charity. As such, staff members can be eligible to receive their regular hourly pay for up to 16 hours per calendar year, to volunteer at approved charitable events.

PURPOSE:

The purpose of this policy and procedure is to outline the criteria for staff to receive their regular hourly pay, while volunteering in the community.

GUIDELINES FOR ELIGIBLE VOLUNTEER WORK:

1. Must be conducted within the boundaries to the Healthcare District.
2. Must be for a 501(c)(3) organization or reputable service group.
3. Cannot be religious or political in nature.

PROCEDURE:

1. Staff who are interested in volunteering must provide the following information to their supervisor at least two weeks prior to event – event date, time, affiliated organization, and nature of volunteer work.
2. The supervisor will determine if the event meets the criteria for eligible volunteer work and whether their shifts are able to be covered while the employee is gone. If these requirements are met, the supervisor can approve the time.
3. Overtime cannot be used to make up for work that is missed while volunteering.
4. On the employee’s time sheet, they will use the designated payroll code to enter the number of hours spent volunteering, not to exceed 16 hours per calendar year.
5. The employee must wear a SoHum Health t-shirt and name badge while volunteering.
6. Staff members are not allowed to accept incentives for volunteering when they are being paid. This includes gift cards, stipends, and other gifts.
7. Pictures from the volunteer work should be sent to the Outreach Manager, for promotional use.

REVIEWED BY:

Jennifer Baskin, Human Resources Director
Kent Scown, Chief Operations Officer