

# GOVERNING BOARD MEETING

## June 23, 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, June 23, 2022
Time:	1:30 p.m.
Location:	Sprowel Creek Campus and Via Webex Conferencing
Facilitator:	Board President, Corinne Stromstad

Link:

### Agenda

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
1:45 p.m.	1-7	E. Consent Agenda
		<ol> <li>Approval of Agenda</li> <li>Approval of Previous Meeting Minutes         <ul> <li>Governing Board Meeting May 26, 2022</li> </ul> </li> </ol>
		<ol> <li>Approval of Resolution 22:14 – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day extension until July 23, 2022.</li> </ol>
1:50 p.m.		F. Correspondence, Suggestions or Written Comments to the Board

2:00 p.m.	8-25	G. Finance Report – Corinne Stromstad, Barbara Truitt, Paul Eves and Matt Rees
		<ol> <li>Approval of May, 2022 Finances - Paul Eves</li> <li>Financials- Operating Budget- Paul</li> <li>PFS report/Provider Printout – May, 2022 – Marie Brown/Remy Quinn         <ul> <li>HRG report – Remy Quinn</li> </ul> </li> </ol>
	26-27	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.	28-39	J. Administrator's Report –Matt Rees
		<ol> <li>Human Resources Quarterly Report – Jennifer Baskin (Jan., April, July, Oct.)</li> <li>Foundation Report – Chelsea Brown – (May, Aug., Nov., Feb.)</li> <li>Strategic Plan Committee reports</li> <li>Committee reports – Barbara Truitt</li> </ol>
		K. Old Business - None
3:45 p.m.		L. New Business
		1. Policies and Procedures None
		M. Meeting Evaluation
		N. Parking Lot
		1. Governing Board retreat
		<ul> <li>O. Next Meetings <ol> <li>Medical Staff Committee - Policy Development, Wednesday, July 13, 2022, 11:00 a.m.</li> <li>QAPI Meeting – TBD</li> <li>Medical Staff Committee, Wednesday, July 20, 2022, 12:00 p.m.</li> <li>Governing Board Meeting July 28, 2022 at 1:30 p.m.</li> </ol> </li> </ul>
		P. Adjourn to Closed Session

#### Q. Closed Session

- 1. Approval of Previous Closed Session Minutes
  - a. Closed Session Governing Board Meeting May 26, 2022
  - b. Closed Session Special Governing Board Meeting June 8, 2022
- 2. Compliance and Risk Report [H&S Code § 32155] Kristen Rees, MPH, CPHQ, LSSGB, Chief Quality and Compliance Officer and Risk Manager
- 3. Personnel matter Chief Quality Officer Evaluation pursuant to Government Code § 54957
- 4. Clinic Service Review [H&S Code § 32155] Adela Yanez, Interim CNO- see attached
- 5. MERP Report [H&S Code § 32155] Adela Yanez, Interim CNO - see attached
- Medical Staff Appointments/Reappointments [Gov. Code § 54957]
  - a. Dr. Joseph Rogers appointment/reappointment dates clarification for the record
  - b. Dr. Daniel Merges, Reappointment to Active status, Emergency Room and Inpatient privileges, July 1, 2022 to June 30, 2024
- 7. Next regular Meeting Thursday, July 28, 2022
- R. Adjourn Closed Session
- S. Resume Open Session
- T. Adjourn

#### Abbreviations

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

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#### **Governing Board Meeting Agenda**

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QIP	Quality Improvement Project/Program	RN	Registered Nurse
SHCC	Southern Humboldt Community Clinic	SHCHD	Southern Humboldt Community Healthcare District
SNF	Skilled Nursing Facility	SWG	Swing beds
DO	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, June 21, 2022



### **Governing Board**

Date:	Thursday, May 26, 2022
Time:	1:30 p.m.
Location:	Sprowel Creek Campus and Via Webex Conferencing
<b>Facilitator:</b>	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 and Barbara Truitt. Galen Latsko (Webex)

Not Present: Jessica Willis and Kevin Church

**Also in person:** Darrin Guerra, Governing Board Clerk; CEO Matt Rees, Marie Brown, PFS Manager; Remy Quinn, HIM Manager; CNO Adela Yanez, CFO Paul Eves, Chelsea brown Outreach Manager, CQO Kristen Rees and Karen Johnson, Medical Staff Coordinator.

Also via Webex: Dr. Mike Newdow, COO Kent Scown, and Director of HR Jennifer Baskin

- A. Call to Order Board president Corinne Stromstad called the meeting to order at 1:30 p.m.
- B. Public Comment None
- C. Board Member Comments Galen is attending via Webex.
- D. Announcements -None
- E. Consent Agenda
  - 1. Approval of Agenda

Second:Galen LatskoAyes:Corinne Stromstad, Barbara Truitt, and Galen LatskoNoes:NoneNot Present:Jessica Willis and Kevin ChurchMotion carried.

3. **Approval of Resolution 22:13** – Brown Act Amendment AB 361 Subsequent to Resolution 21:17 to provide a 30-day Extension until June 25, 2022.

Motion:Barbara Truitt made a motion to adopt Resolution 22:13, as described<br/>above.Second:Galen LatskoAyes:Corinne Stromstad, Galen Latsko, and Barbara Truitt.Noes:NoneNot Present:Jessica Willis and Kevin ChurchMotion carried.

- F. Correspondence, Suggestions or Written Comments to the Board None
- G. Finance Report Paul Eves
  - 1. Approval of April, 2022 Finances Paul Eves see report
    - The pharmacy's revenue was \$190,000 and they filled 2,983 prescriptions in April.
    - Balance Sheet Humboldt County Property Tax account is still an estimate.
    - The Pharmacy is still continuing to do well, and we recently received the contract to start accepting Humana. The pharmacy is still working on acquiring Medicare part B.
    - We continue to pay down the Medicare accelerated payment and expect to pay it off within the next 3 years, In the month of April we paid down another \$220,000 putting our current balance at \$2.66 M.
    - With the help of our auditors we'll be changing the Medicare Contingency soon.

Motion:Barbara Truitt moved to approve the Financials, submitted for April, 2022.Second:Galen LatskoAyes:Corinne Stromstad, Galen Latsko, and Barbara TruittNoes:NoneNot Present:Jessica Willis and Kevin ChurchMotion carried.

- 2. Approval of The Capital Budget See report
  - Many items on the Capital Budget were approved in the previous year and are being presented again.

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- We would like to get some updated equipment such as computers, laptops, backups, and servers. Many items have about a 4 to 5 year shelf life and it has been many years since have upgraded all the computers. Our intention is to keep our technology up to date and replace them at the end of their shelf life.
- In addition to new items Pharmacy is looking to add another Pyxis to reduce error.
- The Lab is also looking to get a few new pieces of equipment; Blood culture incubator, Pathogen ID system, Remote slide review system, and a new mechanized phlebotomy chair.
- Pharmacy would like to do a minor workspace upgrade.

Motion:Barbara Truitt moved to approve the Capital Budget as submitted.Second:Galen LatskoAyes:Corinne Stromstad, Galen Latsko, and Barbara TruittNoes:NoneNot Present:Jessica Willis and Kevin ChurchMotion carried.

- 3. PFS report April, 2022 Marie Brown See report
  - a. HRG report April, 2022 Remy Quinn See report
    - PFS has 2 interviews for the registration position in the following weeks.
    - HRG had a technical hang up that caused self-pay bills to "boomerang" in there system, this caused accounts to repopulate in their work list and not get forwarded to bad debt. We are working with HRG to resolve this problem and avoid it from happening in the future.
    - Our unbilled AR has also gone up by 2.1 days due to the previous problem of partnership being down.
- H. Chief Nursing Officer's Reports Adela Yanez, Interim CNO No written report. Her report will be submitted to the board in a Special Board meeting next week.
  - COVID cases in our area continue to go down
  - Our remediation plan that was sent out in March has been accepted and we are certified to continue seeing pediatric patients for the next 3 years.
  - Adela is working on the Behavioral Health license. She just received clearance to access the site to fill out the application.
- 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.) See report
  - Katy and Kristen filed for a program to receive \$120,000 towards Senior Life

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Solutions. Confirmation of receiving the application was received on 5/26/2022.

- Complications with our health plan has made reporting for QIP very intensive and difficult. Information from the Health Plans that is crucial to finish the reports should have been received in January but were only recently released to us. The program has a hard stop date of June 15. To meet this strict deadline and to stay in compliance with the program, Quality will be focusing the majority of their time towards completing this task.
- J. Administrator's Report Matt Rees, CEO
  - 1. Human Resources Quarterly Report Jennifer Baskin (Jan., April, July, Oct.) No report. Her report will be submitted to the board in a Special Board meeting next week.
  - 2. Foundation Report Chelsea Brown (May, Aug., Nov., Feb.)
    - The event on Thursday was well attended. This was to celebrate the reaching the initial goal for fundraising for the new hospital.
    - Will be opening a second fund in a long-term pool. Currently it's all in a short-term pool.
    - New Outreach Coordinator starting next week.
    - Will be having a table at the Summer Arts Festival this summer.
  - 3. Strategic Plan
    - Housing projects coming up. An idea is to lease the building to the Foundation and have them build to housing. Matt would like to have a joint meeting with the Foundation to discuss it.
  - 4. Committee Reports None
  - 5. Matt Rees
    - Matt handed out a calendar to the Board members to show them his schedule for the next month.
    - Information for the Western Regional Flex Conference was handed out to the Board members. They are invited to join him later in June at the conference if the Board thinks it would be productive for them.
    - Hospital week was the week of May 9<sup>th</sup>. We held events for the staff with food and snacks as well as having some fun dress up days throughout the week.
    - We also received an award on the Opioid Honor roll. It's a state program that over 100 hospitals applied for, and we placed as one of the top performers.
    - We expect EPIC to be implemented in the facility and functional by July of 2023.
    - •

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- K. Old Business
  - 1. Board Education GovernWell Matt handed out a packet from the company Governwell regarding Board training. They will review it and there will be a presentation for the training in the near future. Cost is \$7000 annually. Resources available were discussed. Matt recommended having another meeting to discuss it in more detail before a decisions is made.
- L. New Business
  - 1. Policies and Procedures (See packet)
    - Travel and Travel Reimbursement 2022.
      - i. This policy was created to combine and replace "Expense Reimbursement 2019" and "Travel Policy Nonexempt pay 2019"
      - ii. The new policy removed repetition and inconsistent pieces of policy as well as clarifying in greater detail the uses of the policy and what is and isn't covered by said policy.

Motion: Galen Latsko made a motion to approve the Policy and Procedure – Travel Reimbursement. Second: Barbara Truitt Ayes: Barbara Truitt, Galen Latsko, and Corinne Stromstad. Noes: None Not Present: Jessica Willis and Kevin Church Motion Carried

- M. Meeting Evaluation Good meeting
- N. Parking Lot None
- O. Next Meetings:
  - 1. Medical Staff Committee Policy Development, Wednesday, June 15, 2022, 10:00 a.m. Barbara Truitt will be attending.
  - 2. QAPI Meeting will be held in July for the months of June and July. Date and time to be announced Barbara Truitt will be attending.
  - 3. Finance Committee will be held June 21, 2022 at 10:00 a.m.
  - 4. Governing Board Meeting June 23, 2022 at 1:30 p.m.
  - P. Adjourn to Closed Session 2:58 p.m.

- Q. Closed Session opened at 2:58 p.m.
  - 1. Approval of Previous Closed Session Minutes
    - a. Closed Session Governing Board Meeting April 28, 2022
    - b. Closed Session Special Governing Board Meeting May 9, 2022
    - c. Closed Session Special Governing Board Meeting May 10, 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]
  - 6. Personnel matter Chief Executive Officer Evaluation Pursuant to Gov. Code § 54957
  - 7. Conference with Labor Negotiators (§ 54957.6)
  - 8. Next Regular Meeting:
    - a. Governing Board Meeting, Thursday, June 23, 2022
- R. Adjourned Closed Session at 3:38 p.m.
- S. Resumed Open Session at 3:38 p.m.
  - 1. The following actions were taken at closed session

Motion: Barbara Truitt moved to approve the Previous closed session minutes of April 28, May 9, and May 10, 2022. Second: Galen Latsko Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad Noes: None Not Present: Jessica Willis and Kevin Church Motion carried.

**Motion:** Barbara Truitt made a motion to approve the Core Privileges, as presented.. Second: Galen Latsko Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad Noes: None

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Not Present: Jessica Willis and Kevin Church

Motion: Barbara Truitt moved to approve a 60-day extension to July 22, 2022. Second: Galen Latsko Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad Noes: None Not Present: Jessica Willis and Kevin Church Motion carried.

- T. Conference with Labor Negotiators (§ 54957.6) Oral Reading and motion
  - "Based on our CEO's Performance and introducing more programs, maintaining and improving the district's financial stability, leaving us in long range planning including new Hospital and work force housing and improving employee retention and moral I move we raise his salary to \$299,000 a year effective March 1<sup>st</sup>." -Barbara Truitt

Motion: Barbara Truitt moved to approve raising the Salary of the CEO to \$299,000 a year effective March 1, 2022. Second: Galen Latsko Ayes: Galen Latsko, Barbara Truitt, and Corinne Stromstad Noes: None Not Present: Jessica Willis and Kevin Church Motion carried.

U. Adjourned Open Session at 3:40 p.m.

Submitted by Darrin Guerra and Karen Johnson

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ACHD	Association of California Healthcare Districts	ACLS	Advanced Cardiac Life Support Certification
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CAIR	California Immunization Registry	CEO	Chief Executive Officer
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#### Southern Humboldt Community Healthcare District

	h	h.h. 04	A	0	0-4.04	Nov 21	D 04	Jan 22	Feb 22	Marsh 00	A	Mar. 00	Current 12 Month AVG	Year to Date- Current Year
In Patient Statistics	June 21	July 21	Aug 21	Sept 21	Oct 21	NOV 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	Month AVG	Current Year
Total Acute Patient Days	4	8	1	16	9	5	11	3	18	15	5	3	8	94
3		-		-				-	-	-		-		
Total Swing Patient Days	70	38	25	56	66	30	39	35	65	95	98	54	56	601
Total SNF Patient Days	240	236	229	240	231	191	237	223	190	217	228	221	224	2,443
Total Patient Days	314	282	255	312	306	226	287	261	273	327	331	278	288	3,138
Total Acute Discharges	1	3	1	5	4	2	5	1	7	3	3	1	3	35
Total Swing Discharges	3	3	1	4	5	0	2	2	2	5	5	3	3	32
Total SNF Discharges	1	1	2	0	1	1	2	1	1	0	0	2	1	11
	5	7	4	9	10	3	9	4	10	8	8	6	7	78
Acute Length of Stay	4.00	2.67	1.00	3.20	2.25	2.50	2.20	3.00	2.57	5.00	1.67	3.00	2.75	29.05
ER Admits	1	3	1	5	4	2	5	1	7	4	3	2	3	37
I/P Lab Visits	20	12	12	23	14	7	10	23	26	14	17	22	17	180
I/P Radiology Visits	20	6	4	3	2	2	4	20	5	6	6	10	4	50
I/P EKG's	2	0	4	0	2	0	- 1	2	0	0	0	0	4	1
In Ellers	U	0	0	0	0	0	'	0	0	U	0	0	0	
Out Patient Statistics														
ER Visits	257	335	298	250	220	260	206	233	188	218	219	248	244	2,675
Clinic Visits	463	414	427	459	471	495	453	449	380	509	452	500	456	5,009
SLS Visits	405	414	427	433		435	400	443	0	503	432	0	430	0,009
Outpatient Medical	1611	1134	1143	1570	1871	1302	1644	2278	2597	1042	1049	1453	1,558	17,083
Laboratory Visits	476	682	1041	740	546	640	839	1009	2597 455	589	574	681	689	7,796
	219		-	209	152		179	1009		170	574 161			1,857
Radiology	219	206 27	156 25	209	152	167 19	179	121	182 9	170	101	154	173 15	1,857
Mammography	4 71			6 76		70	-		9 77		-	28	-	809
CT Scans EKG's		89	55 23	42	63		66	73 48		88	72	80	73	
-	46	40	-		38	25	44	-	55	37	34	59	41	445
Total O/P Visits	3,147	2,927	3,168	3,352	3,372	2,978	3,440	4,228	3,943	2,667	2,574	3,203	1,279	35,852
Retail Pharmacy Rxs Sold		1,040	1,607	2,001	2,358	2,566	2,249	2,573	2,455	2,999	2,983	3,237	2,370	26,068
Salary Statistics														
Productive FTE's	76.6	75.1	75.1	76.8	79.2	80.5	79.2	71.7	79.1	77.4	79.7	81.1	78	
Paid FTE's	71.4	85.0	84.9	85.0	87.1	87.8	87.9	85.4	87.0	88.0	87.8	88.2	83	
Salaries & Ben as % of Net Rev	60.4%	65.0%	68.4%	59.2%	77.6%	64.5%	73.7%	50.1%	72.8%	71.65%	70.03%	71.65%	65.69%	
Benefits as % of Salaries	19.7%	55.6%	46.4%	32.0%	64.4%	32.2%	47.1%	28.1%	43.9%	47.12%	43.42%	47.12%	40.17%	
Revenue Statistics														
Gross A/R > 120 Days	1,234,083	1,022,868	1 212 144	1 226 700	1 505 900	1 451 000	1 746 570	2,040,686	2,152,505	0.074.500	2,181,976	1,997,956	1,606,252	
A/R>120 Days A/R>120 Days as % of Total AR	1,234,083 41%	1,022,868 41%	1,313,144 41%	1,336,739 34%	1,505,869 34%	1,451,996	1,746,576 42%	2,040,686	2,152,505 42%	2,071,508 42%	2,181,976 42%	1,997,956 42%	1,606,252	
Gross Days in A/R	41% 75.2	75.6	41% 79.2	34 % 85.1	34 % 85.9	86.3	42% 94.7	42% 91.6	42%	42%	42%	42%	40% 84.2	
Net Days in A/R	75.2 69.9	75.6 69.8	79.2	85.1 79.8	85.9 81.6	86.3 79.8	94.7 87.5	91.6 84.4	86.5 79.9	86.5 79.9	88.5 80.0	84.9 78.6	84.2 78.0	
A/R Cash Collections	919,408	667,778	73.4 1,022,607	79.8 782,980	81.6 847,125	79.8 845,077	87.5 729,186	84.4 727,607	79.9 859,954	79.9 770,454	80.0 1,024,101	78.6 1,137,769	78.0 829,479	
										-				
Collections as % of Net Rev	72.0%	32.7%	80.1%	67.2%	70.8%	68.8%	63.1%	58.0%	59.5%	69.3%	79.3%	91.6%	67.8%	
Accounts Payable Days	15.9	0.7	4.0	9.1	2.1	1.9	0.8	6.4	6.2	6.7	7.3	7.9	5.5	202.002
Cash Collections per Cal Day	29,658	21,541	32,987	25,257	27,327	27,261	23,522	23,471	27,740	24,853	33,036	36,702	27,780	303,698
Cash Disburs. per Cal Day	39,838	53,257	38,603	41,262	458,718	40,600	42,521	41,846	54,626	53,257	46,099	53,257	80,324	924,044

#### Southern Humboldt Community Healthcare District Income Statement May 2022

С	urrent Month		Year to Date								
\$						\$	%				
/ariance	Budget	Actual		Actual	Budget	Variance	Variance				
(15 (00))	007 500	100.011	GROSS PATIENT REVENUE	0.000 550	0.040.500		100/				
(45,489)	237,500	192,011		2,300,558	2,612,500	(311,942)	-12%				
22,540	41,670	64,210		642,063	458,370	183,693	40%				
212,673	1,202,080	1,414,753		14,854,203	13,222,880	1,631,323	12%				
189,724	1,481,250	1,670,974	TOTAL PATIENT REVENUE	17,796,824	16,293,750	1,503,074	9%				
			DEDUCTIONS FROM REVENUE								
100,291	515,630	615,921	CONTRACTUAL ALLOWANCES	5,218,208	5,671,930	(453,722)	-8%				
(54,450)	71,670	17,220	PROVISION FOR BAD DEBTS	1,061,204	788,370	272,834	35%				
25,168	36,000	61,168	OTHER ALLOWANCES/DEDUCTIONS	678,973	396,000	282,973	71%				
	-300,000	(300,000)	OTHER OPERATING IGTs & SUPPLEMENTAL	(3,300,000)	(3,300,000)						
71,009	323,300	394,309	TOTAL DEDUCTIONS	3,658,385	3,556,300	102,085	3%				
118,715	1,157,950	1,276,665	NET PATIENT REVENUE	14,138,439	12,737,450	1,400,989	11%				
2,215	12,000	14,215	OTHER OPERATING REVENUE	193,063	132,000	61,063	46%				
120,930	1,169,950	1,290,880	TOTAL OPERATING REVENUE	14,331,502	12,869,450	1,462,052	11%				
(103,018)	731,670	628,652	SALARIES & WAGES	6,382,353	8,048,370	(1,666,017)	-21%				
137,915	158,330	296,245	EMPLOYEE BENEFITS	2,406,378	1,741,630	664,748	38%				
105,431	123,330	228,761	PROFESSIONAL FEES	1,885,824	1,356,630	529,194	39%				
6,828	112,500	119,328	SUPPLIES	1,216,737	1,237,500	(20,763)	-2%				
(509)	21,670	21,161	REPAIRS & MAINTENANCE	213,936	238,370	(24,434)	-10%				
111,948	110,000	221,948	PURCHASED SERVICES	1,348,794	1,210,000	138,794	11%				
4,728	14,170	18,898	UTILITIES	205,431	155,870	49,561	32%				
(10,218)	23,330	13,112	INSURANCE	150,026	256,630	(106,604)	-42%				
Û Û	,	0	INTEREST	0	0	0	#DIV/0!				
10,273	38,330	48,603	DEPRECIATION/ AMORTIZATION	491,542	421,630	69,912	17%				
20,916	33,330	54,246	OTHER	864,693	333,300	531,393	159%				
284,294	1,366,660	1,650,954	TOTAL OPERATING EXPENSES	15,165,714	14,999,930	165,784	1%				
(163,364)	(196,710)	(360,074)	OPERATING PROFIT (LOSS)	(834,212)	(2,130,480)	1,296,268	-61%				
(2,500)	95,000	92,500	TAX REVENUE	1,033,355	1,045,000	(11,645)	-1%				
325,465	40,000	365,465	OTHER NONOPERATING REV (EXP)	3,906,409	440,000	3,466,409	788%				
		0	INTEREST INCOME	31,088							
322,965	135,000	457,965	NET NON OPERATING REV (EXP)	4,970,852	1,485,000	3,485,852	235%				
159,601	(61,710)	97,891	NET INCOME (LOSS)	4,136,639	(645,480)	4,782,119	-741%				

Community Healthcare District														
			r		Inc	ome Statemen	t Trend						1	· · · · · · · · ·
													12 Month AVG:	YTD - Current
	June 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22	May 22	Mar '21-Feb 22	Year
		-										•		
Inpatient Daily Hospital Services	231,202	223,673	154,457	244,718	219,424	170,256	217,954	170,724	226,213	263,867	217,261	192,011	210,980	2,300,558
Ancillary Revenue	40,690	44,799	54,355	72,321	45,472	40,036	51,743	54,178	57,688	86,204	71,057	64,210	56,896	642,063
Outpatient Revenue	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	1,285,791	1,414,753	1,344,847	14,854,203
Total Hospital Revenue	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	1,574,109	1,670,974	1,612,723	17,796,824
Contractual Allowances	388,721	224,877	457,567	404,071	324,712	415,578	447,106	501,660	508,013	761,987	556,716	615,921	467,244	5,218,208
Provision for Bad Debts	84,411	155,817	210,892	48,684	140,689	54,169	137,821	117,448	118,631	10,157	49,676	17,220	95,468	1,061,204
Other Allowances/Deductions	34,185	83,017	76,635	4,829	39,931	63,107	100,622	38,322	67,521	90,994	52,827	61,168	59,430	678,973
Other Operating: IGTs & Supplemental	(996,499)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(300,000)	(358,042)	(3,300,000)
Total Deductions	(489,182)	163,711	445,094	157,584	205,332	232,854	385,549	357,430	394,165	563,138	359,219	394,309	264,100	3,658,385
Contractual %													16%	21%
Net Patient Revenue	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	1,214,890	1,276,665	1,351,435	14,138,439
Net Revenue %	131%	90%	72%	91%	87%	83%	76%	80%	74%	69%	77%	76%	84%	79%
Other Operating Revenue	14,595	14,004	14,615	15,318	14,551	15,668	14,753	34,137	14,219	14,964	26,619	14,215	17,305	193,063
Total Revenue	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	1,241,509	1,290,880	1,368,740	14,331,502
Salaries & Wages	1,030,764	533,278	543,935	536,284	579,710	564,028	627,862	565,381	562,777	634,230	606,216	628,652	617,760	6,382,353
Employee Benefits	203,497	149,686	158,608	171,366	373,211	181,430	134,580	159,058	247,085	271,899	263,210	296,245	217,490	2,406,378
Professional Fees	173,721	142,301	118,353	112,847	112,883	180,917	109,637	112,547	278,975	310,402	178,201	228,761	171,629	1,885,824
Supplies	131,829	157,223	109,110	61,224	106,131	109,659	101,501	182,616	107,907	93,932	68,106	119,328	112,381	1,216,737
Repairs & Maintenance	42,013	16,885	6,638	25,766	20,930	13,640	8,884	12,666	27,885	16,373	43,108	21,161	21,329	213,936
Purchased Services	161,073	139,826	94,063	140,865	125,499	70,442	66,996	132,609	159,060	109,754	87,732	221,948	125,822	1,348,794
Utilities	13,427	17,771	18,077	24,502	30,677	5,875	6,943	4,079	39,491	6,414	32,704	18,898	18,238	205,431
Insurance	11,878	23,430	10,075	11,755	12,982	12,703	13,521	13,112	13,112	13,112	13,112	13,112	13,492	150,026
Interest														0
Depreciation	45,896	45,896	45,896	45,896	37,258	45,975	37,021	38,614	49,177	48,603	48,603	48,603	44,787	491,542
Other Expense	57,639	121,049	44,214	152,351	30,170	33,332	211,206	76,536	44,049	55,565	41,975	54,246	76,861	864,693
Total Expenses	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	1,382,967	1,650,954	1,419,788	15,165,714
Expenses %	91%	92%	99%	83%	106%	105%	105%	88%	138%	122%	111%	128%	104%	6%
Profit/Loss from Operations	187,888	123,872	15,646	256,264	(81,967)	(62,624)	(62,979)	181,890	(417,237)	(285,545)	(141,458)	(360,074)	(51,048)	(834,212)
Tax Revenue	92,500	95,000	95,000	95,000	92,500	92,500	92,500	100,855	92,500	92,500	92,500	92,500	93,821	1,033,355
Other Non Operating Rev (Exp)	19,949	6,039	3,903	1,574,676	311,075	40,160	244,733	327,636	347,670	383,116	301,936	365,465	327,197	3,906,409
Interest Income	12,005			14,173	31	1,064		6,789			9,031		7,182	31,088
Net Non-operating Rev/(Exp)	124,454	101,039	98,903	1,683,849	403,606	133,724	337,233	435,280	440,170	475,616	403,467	457,965	428,200	4,970,852
NET INCOME/ (LOSS)	312,342	224,911	114,549	1,940,113	321,639	71,100	274,254	617,170	22,933	190,071	262,009	97,891	377,152	4,136,639

#### Southern Humboldt Community Healthcare District

#### Southern Humboldt Community Healthcare District Balance Sheet May 2022

#### ASSETS

#### LIABILITIES & FUND BALANCE

	Current Liabilities	
1,003,494	Accounts Payable	399,998
10,599,344	Accrued Payroll & Related costs	676,581
1,119,622		
	Other Current Liabilities	
4,140,558	Deferd revenue IGT	
2,366,445	A/R Credit balances	
1,774,113	Medicare Accelerated Payments	2,424,530
	Medicare Contingency	2,000,000
676,171	Current Portion-Long Term Debt	
211,800	Other Short Term Debt - PPP Loan	
	Accrued interest	
1,092,843		
16,477,387	Total current Liabilities	5,501,109
	Long Term Debt, Less Current Portion	
959,877	Bonds payable	
553,251	HELP II Loan	
2,516,797	Patient Monitor	
6,117,944	GE Finance - CT Scanner	
3,901,331	Total Long-term debt	-
14,049,200	Less: Current Portion-Long Term Debt	
(6,085,913)	Net Long Term Debt	-
7,963,287		
	Equity	
	Unrestricted Fund BalancePrior Years	14,808,778
	Net Income (Loss)Current Year	4,136,639
	Restricted Fund Balance	
5,852		
5,852	Total fund balance	18,945,418
24,446,526	Total Liabilities and Fund Balance	24,446,526
	$\begin{array}{r} 10,599,344\\ 1,119,622\\ \hline 4,140,558\\ 2,366,445\\ \hline 1,774,113\\ \hline 676,171\\ 211,800\\ \hline 1,092,843\\ \hline 16,477,387\\ \hline 959,877\\ 553,251\\ 2,516,797\\ 6,117,944\\ 3,901,331\\ \hline 14,049,200\\ (6,085,913)\\ \hline 7,963,287\\ \hline 5,852\\ \hline 5,852\\ \hline 5,852\\ \hline \end{array}$	1,003,494Accounts Payable10,599,344Accrued Payroll & Related costs1,119,622Other Current Liabilities4,140,558Deferd revenue IGT2,366,445A/R Credit balances1,774,113Medicare Accelerated PaymentsMedicare ContingencyG76,171211,800Other Short Term Debt - PPP LoanAccrued interestAccrued interest1,092,843Total current Liabilities16,477,387Total current Liabilities2,516,797Patient Monitor6,117,944GE Finance - CT Scanner3,901,331Total Long-term debt14,049,200Less: Current Portion-Long Term Debt(6,085,913)Net Long Term Debt7,963,287EquityUnrestricted Fund BalancePrior Years Net Income (Loss)Current Year Restricted Fund Balance5,852Total fund balance

### Southern Humboldt Community Healthcare District 2023 Budget Worksheet

2020 Dudget Worksheet		2023
	2023 Budget	Monthly
Inpatient Daily Hospital Services	2,600,000	216,667
Ancillary Revenue	660,000	55,000
Outpatient Revenue	18,000,000	1,500,000
Total Hospital Revenue	21,260,000	1,771,667
Contractual Allowances	6,716,600	559,720
Provision for Bad Debts	1,200,000	100,000
Other Allowances/Deductions	800,000	66,670
Other Non Operating Rev (Exp)	-3,600,000	-300,000
Total Deductions	5,116,600	426,390
Contractual % Net Patient Revenue	16,143,400	1,345,277
Net Revenue %	, ,	, ,
Other Operating Revenue	212,000	17,670
Total Revenue	16,355,400	1,362,947
Salaries & Wages	10,000,000	833,330
Employee Benefits	1,800,000	150,000
Professional Fees	2,000,000	166,670
Supplies	1,518,000	126,500
Repairs & Maintenance	264,000	22,000
Purchased Services	1,400,000	116,670
Utilities	228,000	19,000
Insurance	280,000	23,330
Interest	0	C
Depreciation & Amortization	480,000	40,000
Other Expense	960,000	80,000
Total Expenses	18,930,000	1,577,500
Expenses %		
Profit/Loss from Operations	-2,574,600	-214,553
Tax Revenue	1,119,622	93,300
IGT & Supplemental Revenie	1,000,000	83,333
Net Non-operating Rev/(Exp)	2,119,622	176,640
NET INCOME/ (LOSS)	-454,978	-37,913

### Revenue Cycle / Patient Financial Services May 2022 Finance Committee Report

HRG - Key Items:

- Gross AR reduced by 3.6 days or \$210K
- Cash collections totaled \$1.1M, or 145% of April's net revenue
- May closed at 84.9 AR days or \$4.1M in Gross AR
- Third Party Aging decreased by \$47K, down to 18.9%
- Unbilled AR decreased by 0.8 days

**Coding Review** — We have finalized the contract with a 3rd party vendor to do a coding audit. As stated in previous report, this is recommended annually. They will provide a criteria list of about 50 charts of different types, we have 30 days to retrieve and supply the records, and they have 45 days to complete the audit and prepare the report. We project having the final results available in our August report.

**Registration Update** – We have finalized transition of one PFS FTE to the new evening shift in Hospital Registration. We have conducted multiple interviews in an attempt to fill our two open registration positions but have yet to find a suitable candidate. We have several more applications pending and will continue to schedule interviews.

**OCHIN Epic Update** – The on-site team visit from Epic and OCHIN went very well. They did interviews with staff in all departments, studied workflows, and finalized scoping documents. We are now moving into the next phase of our project with OCHIN. We will begin design team weekly meetings to work on the system build with the other 3 acute pilot sites and the OCHIN and Epic teams. These meetings will continue until September with various department managers and subject matter experts.

**Refunds** – After resolution of a few system issues, and further process refinement, we have now caught up on all 3rd party and self-pay refunds.

**Behavioral Health** – We have coordinated with our new LCSW on items we will need to complete for her to start seeing patients. We are still working on credentialling her with the payors and setting up her schedule in the system. Billing codes, rates, and services have been reviewed and added to the charge master.

**OSHPD / SIERA ED Quarterly Report** – Was submitted and approved for 1/1/22 – 3/31/22.



## Monthly Report Executive Summary

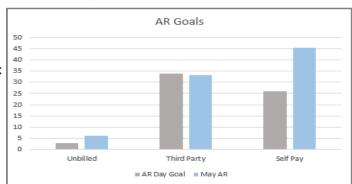
### Southern Humboldt May 2022



#### Key Items

- Gross AR reduced by 3.6 days or \$210K
- Cash collections totaled \$1.1M, or 145% of April's net revenue
- May closed at 84.9 AR days or \$4.1M in Gross AR
- ➡ Third Party Aging decreased by \$47K, down to 18.9%
- Unbilled AR decreased by 0.8 days

#### **Detailed Initiatives & Obstacles**



- **Overall AR:** May closed with \$4.1M in Gross AR or 84.9 AR days, decreasing the total AR by 3.6 days. Gross Revenue increased by \$81K coming in at just under \$1.5M in new services. Cash collections well exceeded net revenue by \$354K. With cash collections in May being so high, this helped reduce the overall third party AR by 2.6 days, closing with 33.4 third party AR days. With this reduction, this puts the third party AR within the goal of 34 AR days.
- Self Pay (SP) AR: In January 2022, a new bill (AB1020) went into effect for CA facilities and SHCHD has had to comply to these changes. This bill requires that uninsured patients with high medical costs who are at or below 400% of the federal poverty level be eligible for charity care or discount payments. Prior to AB1020 going into place, there would be a 120 day hold on the patient account before it became eligible for bad debt if no payments were received from the patient. After the AB1020 went into effect, this figure changed and now patients can't be sent to collections before 180 days and must receive an additional statement and formal Goodbye letter before they can become eligible to be sent to collections. These new requirements have made it more difficult to refer accounts to collections while also adding administrative work to ensure compliance. We were able to successfully turn \$27.7K to collections in May and \$46K was adjusted to charity. Self Pay AR has been a main focus area for HRG in order to bring the AR closer to goal.
- Third Party Aging: May closed with \$375K in Third Party balances aged over 90 days, totaling 18.9%. There was a decrease of \$47K from May, decreasing the total percentage of aged accounts by 0.4%. Medicare aging increased by \$4K and is up slightly to 12.6%. Medi-Cal aging decreased by \$67K, and is the lowest we have seen in well over 6 months. We are 1.9% away from the Medi-Cal goal of 16%. Commercial aging increase by \$28K. There is still an outstanding inpatient Blues claims just rolled over 90 days for \$25K is still outstanding in May, however, this claim paid in June which will help more with the commercial aging in June. Workers Compensation decreased by \$11K. Overall, Third Party aging is only 3.9% from goal which is set at 15%.
- **Unbilled AR:** Unbilled balances decreased by 0.8 days, closing the month with 6.1 days in AR. 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 3 days from goal.

#### Industry Updates No Surprises Act: Additional Remittance Codes Released

Under the federal No Surprises Act (NSA), out of network payers are required to process claims using state or federal NSA reimbursement methodology. Using specific Remittance Advise Remark Codes (RARC), payers will indicate when claims process under these provisions. Last November, three codes were available and an additional 17 codes added in April 2022. These new codes, approved by the RARC Committee are effective March 1, 2022 and include initial and final payment, cost share, denial and consent, and miscellaneous categories.

To view the full list, please visit <u>https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA-NSA-RARC-Codes.pdf</u>

Amanda Hornby | Revenue Cycle Director

#### Healthcare Resource Group

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## Southern Humboldt Community Healthcare District



### MONTH END FINANCE REPORT

## May 2022

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## **FINANCE DASHBOARD**

	Target	December-21	January-22	February-22	March-22	April-22	May-22
REVENUE							
Net Revenue		\$868,700	\$874,317	\$789,633	\$902,438	\$784,060	\$836,078
Gross Revenue		\$1,508,417	\$1,639,879	\$1,350,122	\$1,639,234	\$1,384,159	\$1,464,711
CASH							
Cash Collections as a % of Net Revenue	100%	91%	84%	98%	98%	113%	145%
Cash Collections		\$729,186	\$727,607	\$859,954	\$770,454	\$1,024,101	\$1,137,769
ACCOUNTS RECEIVABLE							
Net AR		\$1,993,772	\$1,835,655	\$2,279,087	\$2,466,209	\$2,143,062	\$1,774,113
Gross AR		\$4,258,570	\$4,379,072	\$4,322,972	\$4,832,867	\$4,350,642	\$4,140,558
Unbilled	3	14.3	5.5	7.1	4.8	6.9	6.1
Third Party	34	36.2	42.1	34.7	45.1	36.0	33.4
Self Pay	26	44.2	44.0	44.7	44.0	45.6	45.4
Total Days in AR	63	94.7	91.6	86.5	94.0	88.5	84.9
Days in AR - Credit Balances	<1	2.08	2.04	2.09	2.10	2.25	1.87
UNBILLED							
In-house	< 2 Days	1.4	0.4	0.7	0.2	0.0	0.0
DNFB	< 1 Day	12.8	5.1	6.4	4.6	6.9	6.1
Total Unbilled	<3 Days	14.3	5.5	7.1	4.8	6.9	6.1

		Target	Decem	ber-21	Janua	ary-22	Febru	lary-	22	Mar	ch-22	2	Apr	il-22		Ma	y-22	
	AGING (excluding credits)																	
	Medicare Aging > 90 Days	9%	27.1%	\$ 246,065	28.4%	\$ 215,914	17.6%	\$	148,883	11.5%	\$	117,577	11.6%	\$ 100,	944	12.6%	\$	104,764
>	Medicaid Aging > 90 Days	16%	17.6%	\$ 183,535	18.3%	\$ 202,918	20.9%	\$	182,375	18.7%	\$	217,453	21.0%	\$ 198,	832	17.9%	\$	131,848
ヒー	Commercial Aging > 90 Days	18%	26.5%	\$ 92,817	20.1%	\$ 89,062	19.3%	\$	81,095	31.0%	\$	131,036	30.0%	\$ 95,	549	33.5%	\$	123,298
Party	Work Comp Aging > 90 Days	36%	30.9%	\$ 11,187	29.7%	\$ 9,351	53.5%	\$	16,105	56.4%	\$	25,652	49.9%	\$ 26,	297	33.5%	\$	14,992
	Total Third Party Aging > 90 Days	15%	22.8%	\$ 533,604	22.1%	\$ 517,245	19.8%	\$	428,458	18.5%	\$	491,718	19.3%	\$ 421,	622	18.9%	\$	374,902
hird	CLAIM SUBMISSION EFFECIENCY																	
<b>ا</b> <u>ع</u>	Claims Submission		1,365	\$ 1,451,836	2,717	\$ 1,516,636	1,790	\$ :	1,676,470	1,501	\$	1,481,392	2,003	\$ 2,189,	220	1,263	\$ 1	1,451,713
FΙ	Clean Claims	85%	80	)%	8	7%	8	35%		8	3%		8	3%		8	1%	
	Denial Percent	5%	5	%	8	3%		5%		3	8%		7	%		5	%	
	Total Denial Rate	Count   Amt	61	\$ 64,589	106	\$ 114,475	85	\$	78,246	79	\$	50,437	136	\$ 98,	978	120	\$	112,468
	Late Charges	Count   Amt	65	\$ 20,619	16	\$ 4,924	0	\$	15,617	3	\$	186	150	\$ 35,	391	76	\$	8,701
	Communication Log Backlog		77	\$ 138,984	144	\$ 276,915	90	\$	156,568	26	\$	146,746	21	\$ 58,	931	77	\$	154,303

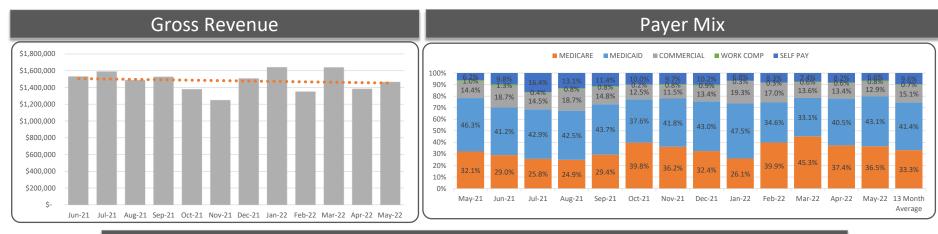
		Target	Decen	nber-21	Janu	ary-22	Febr	uary-22	Ma	rch-22	Арг	'il-22	M	ay-22
	INVENTORY & QUALITY													
	Total Inventory		4,058	\$ 1,987,106	4,293	\$ 2,103,148	4,408	\$ 2,232,314	3,527	\$ 2,264,662	3,505	\$ 2,240,554	3,344	\$ 2,216,895
	New		35	\$ 100,641	463	\$ 98,347	271	\$ 110,187	313	\$ 110,984	384	\$ 129,050	364	\$ 123,986
	Resolved		372	\$ 308,580	128	\$ 13,825	219	\$ 27,153	485	\$ 152,376	1,103	\$ 66,875	459	\$ 114,812
Se ∣	Aged >120 days from Assignment	< 25%	20.0%	\$ 397,548	20.9%	\$ 439,319	72.2%	\$ 1,611,788	71.7%	\$ 1,623,121	71.6%	\$ 1,605,165	63.4%	\$ 1,405,722
Pa	Total Payment Plans over 120 days		\$18	,185	\$19	,934	\$1	8,425	\$8	,967	\$9,	637	\$2	3,479
<u>ا</u> ــــا	Average Speed to Answer	< 60 seconds	2	21	2	06	1	134	1	.50	1	37	1	112
Self	STATEMENTS & LETTERS													
<i>U</i> ,	Statements & Letters		2	17	2	48	2	270	1,	380	8	97	3	394
	Charity Care Applications In Process		0	\$ -	0	\$ -	0	\$ -	0	\$ -	33	\$ 19,674	14	\$ 16,699
	Inbound and Outbound Calls	In   Out	86	85	80	67	99	152	326	154	305	455	260	800
	WRITE OFFS													
	Bad Debt as a % of Gross Revenue	< 2%	2.1%	\$ 31,967	0.0%	\$ -	0.0%	\$ -	2.2%	\$ 35,941	0.0%	\$ -	1.9%	\$ 27,754
	Charity as a % of Gross Revenue	< 2%	0.4%	\$ 6,325	0.5%	\$ 7,646	0.2%	\$ 2,062	5.6%	\$ 92,241	6.3%	\$ 87,222	3.1%	\$ 45,909

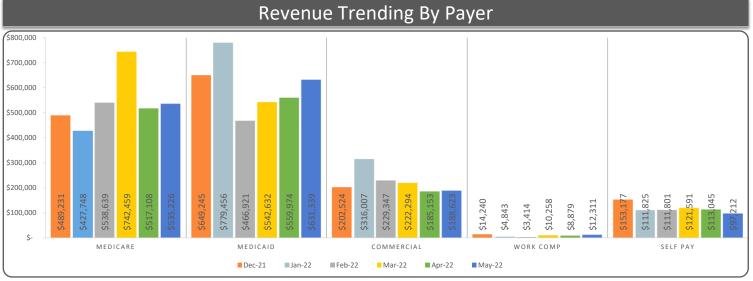
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## **GROSS REVENUE**

PAYER	May-21	lun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	3 Month Average
MEDICARE	\$ 403,310	\$ 443,866	\$ 409,439	\$ 370,915	\$ 448,301	\$ 548,436	\$ 452,536	\$ 489,231	\$ 427,748	\$ 538,639	\$ 742,459	\$ 517,108	\$ 535,226	\$ 486,709
MEDICAID	\$ 582,132	\$ 630,039	\$ 681,573	\$ 632,322	\$ 666,353	\$ 518,532	\$ 522,097	\$ 649,245	\$ 779,456	\$ 466,921	\$ 542,632	\$ 559,974	\$ 631,339	\$ 604,816
COMMERCIAL	\$ 180,952	\$ 286,590	\$ 230,932	\$ 277,534	\$ 225,873	\$ 172,566	\$ 144,086	\$ 202,524	\$ 316,007	\$ 229,347	\$ 222,294	\$ 185,153	\$ 188,623	\$ 220,191
WORK COMP	\$ 13,119	\$ 19,930	\$ 6,551	\$ 12,495	\$ 12,387	\$ 2,285	\$ 10,340	\$ 14,240	\$ 4,843	\$ 3,414	\$ 10,258	\$ 8,879	\$ 12,311	\$ 10,081
SELF PAY	\$ 78,203	\$ 150,492	\$ 261,501	\$ 194,690	\$ 173,622	\$ 137,550	\$ 120,951	\$ 153,177	\$ 111,825	\$ 111,801	\$ 121,591	\$ 113,045	\$ 97,212	\$ 140,435
TOTAL	\$ 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	\$ 1,384,159	\$ 1,464,711	\$ 1,462,232
AVERAGE DAILY REVENUE	\$ 41,548	\$ 45,612	\$ 47,594	\$ 50,096	\$ 50,049	\$ 47,759	\$ 45,669	\$ 44,976	\$ 47,808	\$ 49,982	\$ 51,436	\$ 49,141	\$ 48,784	\$ 47,727





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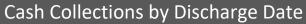


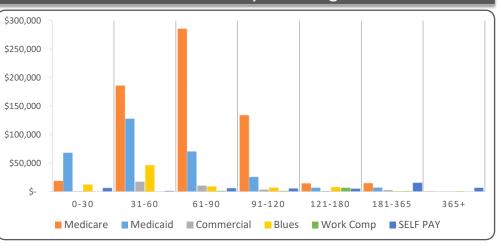
## **CASH DETAIL**

PAYER	I	May-21		Jun-21		Jul-21		Aug-21		Sep-21		Oct-21	I	Nov-21		Dec-21		Jan-22		Feb-22		Mar-22		Apr-22		May-22		.3 Month Average
MEDICARE																												
Payments	\$	406,006	\$	453,734	\$	312,313	\$	434,639	\$	302,872	\$	324,436	\$	505,109	\$	382,225	\$	353,842	\$	398,314	\$	450,962	\$	491,736	\$	653,772	\$	420,766
Adjustments	\$	(53,574)	\$	(85,608)	\$	2,174	\$	(43,612)	\$	(9,988)	\$	6,310	\$	(103,551)	\$	97,705	\$	66,441	\$	65,484	\$	85,982	\$	(48,508)	\$	(48,202)	\$	(5,304
Collection %		115%		123%		99%		111%		103%		98%		126%		80%		84%		86%		84%		111%		108%		102%
MEDICAID																												
Payments	\$	164,512	\$	217,061	\$	200,717	\$	347,502	\$	253,418	\$	317,123	\$	173,863	\$	200,547	\$	212,315	\$	275,251	\$	131,928	\$	327,277	\$	306,596	\$	240,62
Adjustments	\$	235,943	\$	314,982	\$	303,594	\$	482,578	\$	353,823	\$	360,075	\$	273,521	\$	338,117	\$	396,591	\$	445,733	\$	311,968	\$	296,009	\$	471,305	\$	352,63
Collection %		41%		41%		40%		42%		42%		47%		39%		37%		35%		38%		30%		53%		39%		40%
COMMERCIAL																												
Payments	\$	50,004	\$	79,894	\$	44,139	\$	79,233	\$	73,099	\$	90,785	\$	23,057	\$	32,890	\$	42,329	\$	45,115	\$	55,397	\$	94,255	\$	35,661	\$	57,37
Adjustments	\$	20,617	\$	40,773	\$	11,792	\$	30,259	\$	22,192	\$	38,548	\$	15,162	\$	11,202		12,751	\$	9,930	\$	27,215		34,954	\$	19,183	\$	22,66
Collection %		71%		66%		79%		72%		77%		70%		60%		75%		77%		82%		67%		73%		65%		72%
BLUES																											-	
Payments	\$	86,510	Ś	118,932	Ś	75,666	Ś	115,131	Ś	97,873	Ś	71,400	\$	109,199	Ś	88,547	Ś	95,349	Ś	107,252	Ś	95,023	Ś	66,073	Ś	86,067	\$	93,30
Adjustments	\$		\$		\$	51,912	\$	48,423	-	37,614	\$		\$	46,032	\$		\$	34,181	\$	58,967	\$	39,602		35,755	\$	42,946	\$	40,59
Collection %		0%		0%		0%		0%		0%		0%		0%		0%		74%		65%		71%		65%		67%		68%
WORK COMP																												
Payments	\$	7,073	\$	5,617	\$	2,700	\$	2,674	\$	12,018	\$	7,004	\$	8,873	\$	5,181	\$	4,469	\$	1,631	\$	7,429	\$	1,482	\$	9,756	\$	5,83
Adjustments	\$	2,464	\$	1,441	\$	1,073	\$	4,080	\$	2,958	\$	3,282	\$	5,576	\$	3,131	\$	1,731	\$	1,688	\$	3,695	\$	1,463	\$	4,651	\$	2,86
Collection %		74%		80%		72%		40%		80%		68%		61%		62%		72%		49%		67%		50%		68%		65%
SELF PAY																												
Payments	\$	40,142	\$	37,654	\$	25,468	\$	39,318	\$	40,860	\$	32,085	\$	24,686	\$	17,085	\$	18,553	\$	29,302	\$	29,539	\$	42,539	\$	45,773	\$	32,53
Bad Debt Recoveries	\$	3,226	\$	6,515	\$	6,775	\$	4,111	\$	1,927	\$	4,291	\$	291	\$	2,711	\$	751	\$	3,090	\$	174	\$	739	\$	144	\$	2,67
Adjustments	\$	7,216	\$	25,627	\$	39,124	\$	24,880	\$	10,968	\$	11,569	\$	8,579	\$	23,588	\$	12,037	\$	7,658	\$	29,539	\$	36,623	\$	18,153	\$	19,65
Charity Care	\$	1,973	\$	9,813	\$	5,845	\$	210,892	\$	5,495	\$	3,409	\$	107,586	\$	6,325	\$	7,646	\$	2,062	\$	92,241	\$	87,222	\$	45,909	\$	45,10
Bad Debt	\$	141,507	\$	78,584	\$	75,234	\$	43,004		7,470	\$	6,828	\$	158,775	\$	- /	\$	-	\$	-	\$	/-	\$	-	\$	27,754	\$	46,69
Total SP Adjustments	\$	150,696	\$	114,024	\$	120,203	\$	,	\$	23,933	\$	21,806	\$	274,940	\$	61,879	\$	19,682	\$	9,721	\$	157,722	\$	123,845	\$	91,816	\$	111,46
Collection %		21%		25%		17%		12%		63%		60%		8%		22%		49%		75%		16%		26%		33%		33%
TOTAL																												
Total Payments	\$	757,474	\$	919,408	\$	667,778		1,022,607	-	-	\$	847,125		845,077	\$	729,186		727,607		859,954		770,454		1,024,101		1,137,769		853,12
Total Adjustment	\$	394,744	\$	411,937	\$	490,749	\$	800,505	\$	430,532	\$	461,817	\$	511,680	\$	547,667	\$	531,378	\$	591,522	\$	626,184	\$	443,517	\$	581,700	\$	413,45
Total Collection %		66%		69%		58%		56%		64%		65%		62%		57%		58%		59%		55%		70%		66%		62%

### Cash & Adjustment Trending



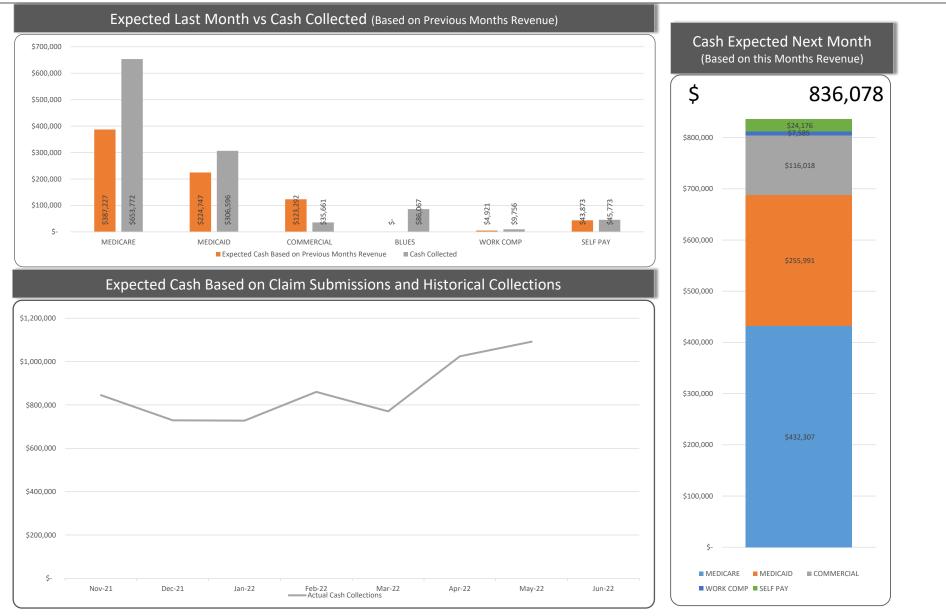




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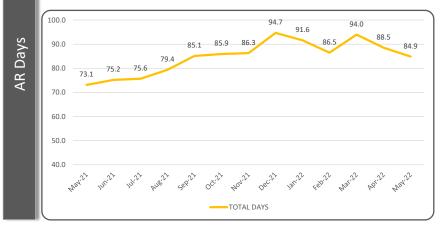
## **CASH FORECASTING**

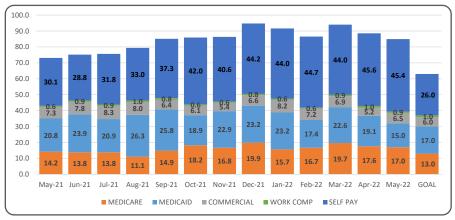




## **ACCOUNTS RECEIVABLE**

PAYER	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	13 Month Average
MEDICARE	14.2	13.8	13.8	11.1	14.9	18.2	16.8	19.9	15.7	16.7	19.7	17.6	17.0	16.1
MEDICAID	20.8	23.9	20.9	26.3	25.8	18.9	22.9	23.2	23.2	17.4	22.6	19.1	15.0	21.5
COMMERCIAL	7.3	7.8	8.3	8.0	6.4	6.1	5.4	6.6	8.2	7.2	6.9	5.2	6.5	6.9
WORK COMP	0.6	0.9	0.9	1.0	0.8	0.6	0.6	0.8	0.6	0.6	0.9	1.0	0.9	0.8
SELF PAY	30.1	28.8	31.8	33.0	37.3	42.0	40.6	44.2	44.0	44.7	44.0	45.6	45.4	39.3
TOTAL DAYS	73.1	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9	84.7





PAYER	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	13 Month Average
MEDICARE	\$ 591,567	\$ 630,044	\$ 658,291	\$ 557,543	\$ 744,813	\$ 871,052	\$ 765,280	\$ 895,860	\$ 748,43	5 \$ 834,221	\$ 1,011,373	\$ 864,590	\$ 828,105	\$ 769,321
MEDICAID	\$ 863,638	\$ 1,090,509	\$ 992,726	\$ 1,315,195	\$ 1,289,536	\$ 904,985	\$ 1,047,831	\$ 1,043,932	\$ 1,106,82	5 \$ 870,378	\$ 1,159,997	\$ 939,475	\$ 733,511	\$ 1,027,580
COMMERCIAL	\$ 304,915	\$ 355,123	\$ 396,231	\$ 403,116	\$ 318,247	\$ 290,697	\$ 245,343	\$ 297,214	\$ 390,94	2 \$ 357,842	\$ 352,803	\$ 255,074	\$ 319,138	\$ 329,745
WORK COMP	\$ 26,567	\$ 40,405	\$ 41,719	\$ 48,151	\$ 42,074	\$ 30,405	\$ 26,812	\$ 34,458	\$ 29,72	1 \$ 28,217	\$ 44,031	\$ 50,949	\$ 42,910	\$ 37,417
SELF PAY	\$ 1,250,914	\$ 1,313,186	\$ 1,511,345	\$ 1,653,468	\$ 1,866,174	\$ 2,006,398	\$ 1,855,738	\$ 1,987,106	\$ 2,103,14	8 \$ 2,232,314	\$ 2,264,662	\$ 2,240,554	\$ 2,216,895	\$ 1,884,762
TOTAL	\$ 3,037,601	\$ 3,429,267	\$ 3,600,312	\$ 3,977,473	\$ 4,260,844	\$ 4,103,537	\$ 3,941,004	\$ 4,258,570	\$ 4,379,07	2 \$ 4,322,972	\$ 4,832,867	\$ 4,350,642	\$ 4,140,558	\$ 4,048,825

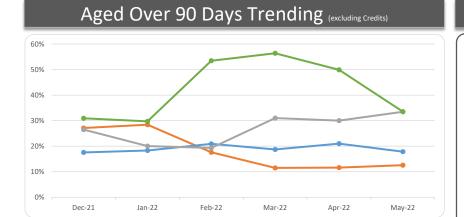


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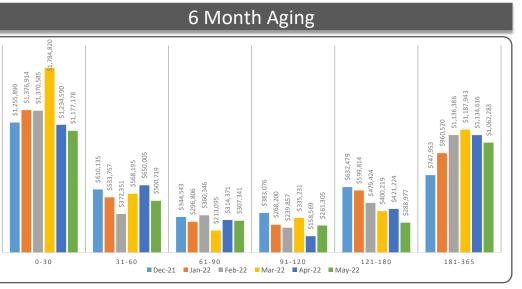


## ACCOUNTS RECEIVABLE AGING

	0-3	0 Days	31-	60 Days	61	-90 Days	6	91-1	20 Da	ys	121-	180 D	ays	181-	-365 D	ays	36	6+ Day	rs	Gr	and Tot	als
	# Acts	\$	# Acts	\$	# Acts		\$	# Acts		\$	# Acts		\$	# Acts		\$	# Acts		\$	# Acts		\$
MEDICARE																						
Non-Credit	349	\$ 449,056	145	\$ 183,58	4 27	Ś	95,015	11	\$	37,867	3	\$	31,226	10	\$	30,999	9	\$	4,672	554	\$	832,419
Credit	1	\$ (208)	0	\$ -	1	\$	(10)	2	\$	(360)	1	\$	(84)	0	\$	-	2	\$	(3,652)	7	\$	(4,315)
TOTAL	350	\$ 448,849	145	\$ 183,58	4 28	\$	95,005	13	\$	37,506	4	\$	31,141	10	\$	30,999	11	\$	1,020	561	\$	828,105
MEDICAID																						
Non-Credit	306	\$ 474,779	129	\$ 102,07	8 104	Ś	29,869	73	\$	20,278	45	\$	46,666	31	\$	37,624	21	\$	27,280	709	\$	738,574
Credit	0	\$ -	1	\$ (16	i8) 2	\$	(2,431)	1	\$	(650)	0	\$	-	3	\$	(1,180)	10	\$	(633)	17	\$	(5,063)
TOTAL	306	\$ 474,779	130	\$ 101,91	0 106	\$	27,437	74	\$	19,628	45	\$	46,666	34	\$	36,443	31	\$	26,647	726	\$	733,511
COMMERCIAL										-												
Non-Credit	270	\$ 149.761	129	\$ 55,85	5 49	Ś	39,411	24	Ś	46,625	23	Ś	17,453	52	Ś	37,303	36	Ś	21,918	583	\$	368,327
Credit	16	\$ (388)	3	\$ (81		\$	(164)	7	\$	(1,075)	11	\$	(1,133)	26	\$	(12,835)	288	\$	(32,774)	355	\$	(49,188)
TOTAL	286	\$ 149,373	132	\$ 55,03	6 53	\$	39,248	31	\$	45,550	34	\$	16,320	78	\$	24,468	324	\$	(10,857)	938	\$	319,138
WORK COMP													-		•							
Non-Credit	14	\$ 10,207	15	\$ 8,73	4 11	\$	10,778	1	\$	400	5	\$	2,177	10	\$	5,799	20	\$	6,616	76	\$	44,710
Credit	0	\$ -	0	\$ -	0	\$	-	0	\$	-	1	\$	(295)	4	\$	(282)	4	\$	(1,224)	9	\$	(1,801)
TOTAL	14	\$ 10,207	15	\$ 8,73	4 11	\$	10,778	1	\$	400	6	\$	1,882	14	\$	5,516	24	\$	5,392	85	\$	42,910
SELF PAY																						
Non-Credit	109	\$ 95,494	234	\$ 152,12	6 288	\$	135,000	196	\$	158,360	345	\$	194,154	1156	\$	972,752	749	\$	539,836	3077	\$	2,247,723
Credit	8	\$ (1,523)	4	\$ (67	2) 1	\$	(127)	2	\$	(140)	13	\$	(1,188)	27	\$	(7,896)	212	\$	(19,283)	267	\$	(30,829)
TOTAL	117	\$ 93,971	238	\$ 151,45	5 289	\$	134,873	198	\$	158,220	358	\$	192,967	1183	\$	964,855	961	\$	520,553	3344	\$	2,216,895
ACCOUNTS RECEIVABLE																						
Non-Credit	1048	\$ 1,179,298	652	\$ 502,37	8 479	\$	310,073	305	\$	263,530	421	\$	291,676	1259	\$	1,084,476	835	\$	600,322	4999	\$	4,231,753
Credit	25	\$ (2,119)	8	\$ (1,65	8) 8	\$	(2,732)	12	\$	(2,226)	26	\$	(2,700)	60	\$	(22,194)	516	\$	(57,566)	655	\$	(91,195)
GRAND TOTAL	1073	\$ 1,177,178	660	\$ 500,71	.9 487	\$	307,341	317	\$	261,305	447	\$	288,977	1319	\$	1,062,283	1351	\$	542,755	5654	\$	4,140,558



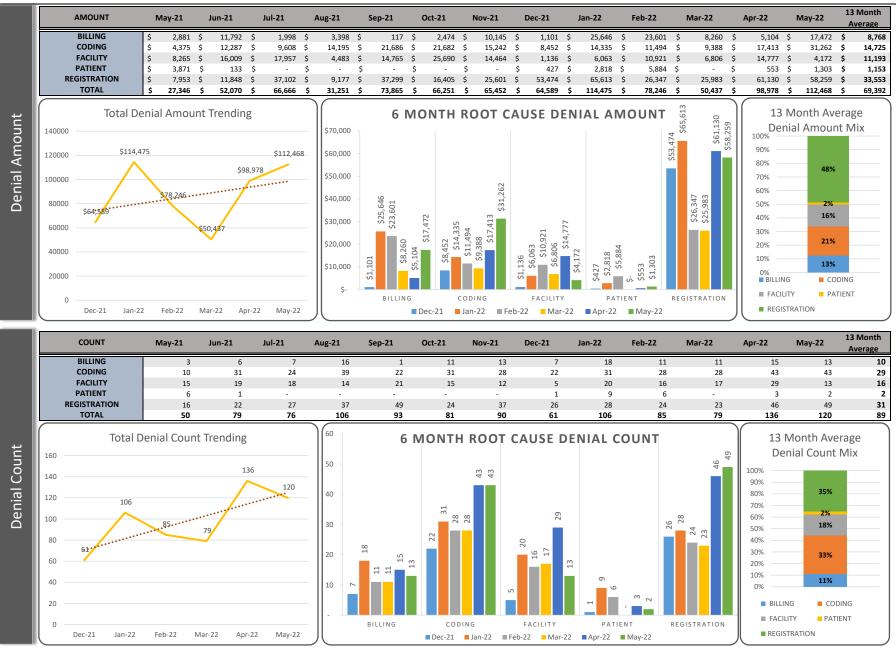
	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Medicare	27.1%	28.4%	17.6%	11.5%	11.6%	12.6%
Medicaid	17.6%	18.3%	20.9%	18.7%	21.0%	17.9%
Commercial	26.5%	20.1%	19.3%	31.0%	30.0%	33.5%
Work Comp	30.9%	29.7%	53.5%	56.4%	49.9%	33.5%





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## **DENIAL MANAGEMENT**



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OutPartnering<sup>™</sup> | Management | Consulting | Staffing Patient Access | Health Information Management | Patient Financial Services | Information Technology

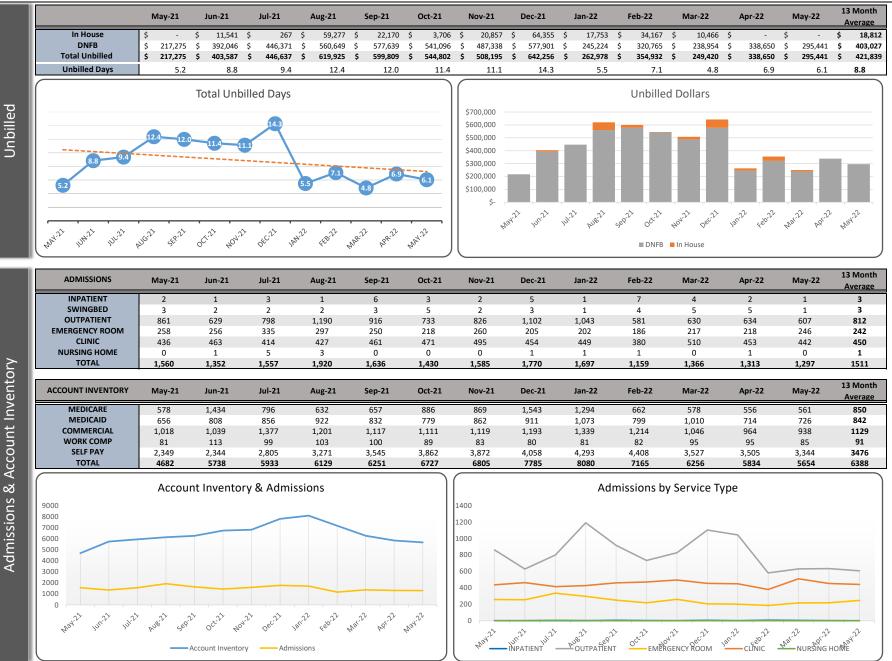


## **CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION**

												13 Month
		May-21 Ju	ın-21 Jul-21	Aug-21 Sep-21	Oct-21	Nov-21	Dec-21	Jan-22 F	eb-22 I	Mar-22 Apr	r-22 May-22	Average
	DENIAL AMOUNT PREVIOUS MONTH'S	\$ 27,346 \$	52,070 \$ 66,666 \$	31,251 \$ 73,865	\$ 66,251	\$ 65,452 \$	64,589 \$	114,475 \$	78,246 \$	50,437 \$	98,978 \$ 112,468	\$ 69,392
ല്പ	TRANSMITTED CLAIMS	\$ 1,084,803 \$ 1,-	,403,286 \$ 1,210,063 \$	1,568,158 \$ 1,543,681	\$ 1,421,703	\$ 1,164,069 \$	5 1,198,525 \$	1,451,836 \$ 3	1,516,636 \$	1,676,470 \$ 1,4	481,392 \$ 2,189,220	\$ 1,454,603
dir	TOTAL DENIAL %		3.7% 5.5%	2.0% 4.8%	4.7%	5.6%	5.4%		5.2%	3.0% 6.3		4.8%
- Č	CLEAN CLAIMS RATE	84% 8	86% 80%	87% 85%	82%	81%	80%	87%	85%	83% 83	3% 81%	83%
Claim Trending		Clean Clain	ns & Denials Trer	nding		\$2,500,000		Claim S	ubmissio	n Outcome		]
ε	100.0% 90.0% 86%	87% 85%	87%	85% 83% 83%		+_,,						
lai	90.0% 80%	8378 829	% 81% 80%	83% 83%	81%	\$2,000,000						
	70.0%											
Clean	60.0%					\$1,500,000		-				
	50.0%											
Denial &	40.0%					\$1,000,000						
lia	30.0%											
)er	20.0%		% 5.6% 5.4% 7.9%	5.2% 6.7%		\$500,000						
		2.0% 4.8% 4.75	% 5.0% 5.4%	5.2% 3.0%	5.1%							
	0.0% Jun-21 Jul-21	Aug-21 Sep-21 Oct-2	-21 Nov-21 Dec-21 Jan-2	2 Feb-22 Mar-22 Apr-2	2 May-22	\$-	Jun-21 Jul-21	Aug-21 Sep-21	Oct-21 Nov-2	21 Dec-21 Jan-22	Feb-22 Mar-22 Apr-	-22 May-22
		TOTAL DEN	IIAL % CLEAN CLAIN	IS RATE	J	l		vious Months Claims			Ionths Denials	-22 IVIdy-22
_												
	DENIAL ACTION	May-21 Ju	ın-21 Jul-21	Aug-21 Sep-21	Oct-21	Nov-21	Dec-21	Jan-22 F	eb-22 I	Mar-22 Apr	r-22 May-22	13 Month Average
	REBILLED/REPROCESSED	\$ 14,118 \$	10,611 \$ 30,251 \$	14,702 \$ 51,694	\$ 38,681	\$ 35,679 \$	52,815 \$	75,335 \$	47,694 \$	22,109 \$	39,285 \$ 32,702	
	APPEALED REQUEST FROM PATIENT	\$ - \$ \$ 3,871 \$	207 \$ 366 \$ 133 \$ - \$	2,365 \$ 330 - \$ 267		\$ 937 \$ \$ - \$	, .	, ,	33 \$ 14,761 \$	4,633 \$ - \$	2,540 \$ 8,584 5,482 \$ 4,956	. ,
	CODING	\$ 1,679 \$	18,699 \$ 16,350 \$	844 \$ 13,297	\$ 3,478	\$ 4,435 \$	\$ 109 \$	2,332 \$	3,148 \$	2,615 \$	4,052 \$ 16,472	\$ 6,732
	TRANSFERED TO SELFPAY ADJUSTMENT	\$ 500 \$ \$ 5,009 \$	220 \$ 1,586 \$ 17,602 \$ 9,083 \$	3,224 \$ 2,706 4,031 \$ 3,538					1,775 \$ 9,913 \$	2,978 \$ 14,337 \$	6,985 \$ 17,507 6,842 \$ 16,510	
als	REQUEST FROM CLIENT	\$ 2,168 \$	4,598 \$ 9,030 \$	6,086 \$ 2,034	\$ 5,379	\$ 7,873 \$	1,034 \$	12,220 \$	922 \$	3,765 \$	33,792 \$ 15,736	\$ 8,049
Denials	TOTAL	\$ 27,346 \$	52,070 \$ 66,666 \$	31,251 \$ 73,865	\$ 66,251	\$ 65,452 \$	\$ 64,589 \$	114,782 \$	78,246 \$	50,437 \$	98,978 \$ 112,468	\$ 69,416
De	75,335		Dec-2	1 ■Jan-22 ■Feb-22	Mar-22 A	Apr-22 📕 May-2	2				Denial Act	tion Mix
Taken on											100%	
c.	\$52,815 7,694											2%
ake	\$52,8 \$47,694 285										00/0	1%
Ĕ										92	L 10	)%
Action	9 \$39, 702									\$33,792	3	%
, ct	\$22,109				2		2		0	_	40%	
<ul><li></li></ul>	\$22		584 \$14,761		\$16,472		5 \$17,507	10,909 ,913 \$14,337 \$42	\$16,510 12,220	\$15,736	20% 52	2%
		,706 \$7,000 4,633	540 \$8,584 9 ,802 \$14	82		4 m	985 \$: 176	\$10,909 \$9,913 \$14,33 \$6,842		5 \$1		
		\$2,706 \$7,000 33 \$4,633	\$2,540 \$8,5 \$939 \$3,802 \$3,802	\$5,482 \$4,956 109 \$2,332 \$3,148	\$2,615 \$4,052	\$509 \$3,184 \$1,775 \$2,978	\$6,985 \$6,476	\$; \$6,8	\$1,034	\$922 \$3,765	0% REQUEST FROM	M CLIENT
			\$ \$ \$ \$	\$10 \$	~ ~ ~	\$509 \$3,5 \$1,7 \$2,9			\$1	6\$ <sup>\$</sup>	ADJUSTMENT TRANSFERED T CODING	TO SELFPAY
	REBILLED/REPROCESSE	D APPEALED	D REQUEST FROM	PATIENT COD	N G T	RANSFERED TO	SELFPAY	ADJUSTMENT	REQUES	T FROM CLIENT	REQUEST FROM	M PATIENT
											REBILLED/REPI	ROCESSED



## **UNBILLED & INVENTORY**



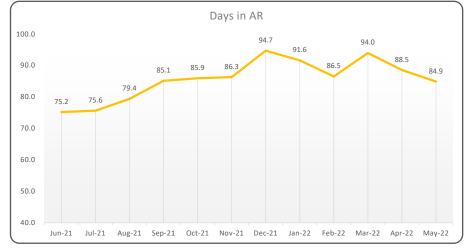
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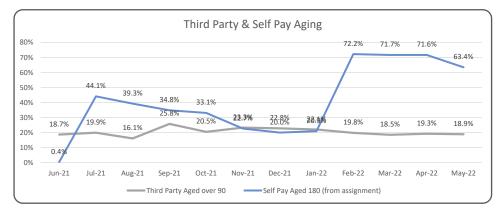
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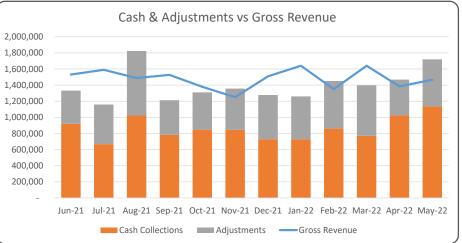


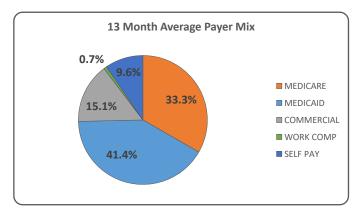
### Southern Humboldt Community Healthcare District Executive Dashboard

	TARGET	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
Days in AR	63.0	75.2	75.6	79.4	85.1	85.9	86.3	94.7	91.6	86.5	94.0	88.5	84.9
Gross AR		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	4,350,642	4,140,558
Gross Revenue		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	1,384,159	1,464,711
Cash Collections		919,408	667,778	1,022,607	782,067	847,125	845,077	729,186	727,607	859,954	770,454	1,024,101	1,137,769
Adjustments		411,937	490,749	800,505	430,532	461,817	511,680	547,667	531,378	591,522	626,184	443,517	581,700
Collection %		69.1%	57.6%	56.1%	64.5%	64.7%	62.3%	57.1%	57.8%	59.2%	55.2%	69.8%	66.2%
Late Charges	1%	-1.1%	0.1%	-0.1%	0.0%	0.0%	2.2%	1.4%	0.3%	1.2%	0.0%	2.6%	0.6%
Bad Debt	3%	5.1%	4.7%	2.9%	0.5%	0.5%	12.7%	2.1%	0.0%	0.0%	2.2%	0.0%	1.9%
Charity Care	3%	0.6%	0.4%	14.2%	0.4%	0.2%	8.6%	0.4%	0.5%	0.2%	5.6%	6.3%	3.1%
Third Party Aged over 90	15%	18.7%	19.9%	16.1%	25.8%	20.5%	23.3%	22.8%	22.1%	19.8%	18.5%	19.3%	18.9%
Self Pay Aged 180 (from assignment)	25%	0.4%	44.1%	39.3%	34.8%	33.1%	22.7%	20.0%	20.9%	72.2%	71.7%	71.6%	63.4%









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**CNO BOARD REPORT May 2022** Thursday, June 2022

### **COVID** update:

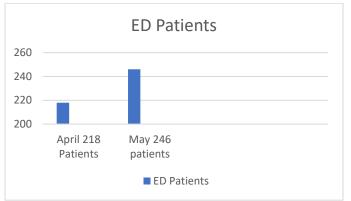
Covid 19 What's new?:

We continue to follow the CDC guidelines to protect patients and health care providers by using appropriate PPE and requiring proof of vaccines or negative Covid test for all the unvaccinated staff or visitors. There continue to be positive cases in the community and among staff members, but we have managed to keep the SNF Residents and Acute/Swing patients COVID-free.

#### **ED**/Acute

There has been an increase in Covid positive patients and staff members within the last month and to present. Eight staff members tested positive for COVID, and four of those eight were nurses. We have struggled to cover all the open shifts, but we continue to provide care for the community by working as a team.

The ED continues to serve the community by providing emergency care and outpatient services 24/7. There were 246 ED patients seen in the ED in May, and there was a 12.8 % increase in the patient census from April to May.



The chart reflects the increase in ED patients from April to May and the rise in ED visits, which is the usual norm for the Summer in SoHum. We continue to look for ED nurses and an ED manager. Meanwhile, continue to rely on traveler nurses to help in the ED/Acute. We continue to do our monthly nursing and patient safety meetings to ensure communication and teamwork and work on finding new ways to improve patient care and patient satisfaction. The team is trying to start a new culture of excellence and wants to continue working on improving what we do every day better than before. Our goal is that our patients and the community get the highest quality of care, and when they come to our hospital, they can see that the care reflects excellence, compassion, and love.

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#### Laboratory:

The lab continues to provide the PCR-base Covid testing seven days a week. The lab went through a COLA survey and is working on a "Plan of improvement" on items addressed in the survey report. The lab is busy working with all their daily workload and improving new processes to ensure a high quality of care for all the patients and the community.

The new traveler Clinical Laboratory Scientist(CLS), is here, and it is a great help and addition to the lab team.

#### **Skills Nursing Facility:**

The SNF is doing well, and we are happy to have the new Interim DON(Kim), who loves the residents and has been a great addition to our team. The SNF remains seven residents, and we are considering a few candidates on the waiting list for the SNF. The plan is to have that bed filled within a few weeks. The month of May was slow in the SWING bed program, with only one SWING admission compared to April, when we had five admissions. Kim has been working hard since she got here, implementing some positive changes to improve the residents' quality of life. For example, the residents used to have lunch together two times a week, and now the residents are having lunch together five days a week. The residents are happy and look forward to getting together every day and visit with each other. Also, several outings are scheduled to take the residents to various community events, so they still enjoy being part of the community. In addition, Kim is working on making the activity room a more inviting area for the residents to do activities together and relax.

#### Clinic

The clinic continues to provide excellent service to the community. Last month the clinic had 382 visits and delivered COVID vaccines weekly. Laura, our Pediatric NP, has seen more patients as the community is gaining knowledge about the availability of a pediatric provider in the clinic. The clinic continues developing the "Behavioral Health Program," and Katy, our LCSW, is now credentialed to see Mcare patients for individualized therapy and has started to see patients in the clinic. In addition, Scott, our Behavior Health, and Katy are working on developing a substance abuse navigation program, which will include a Suboxone program. A licensing application for Sprowel Creek Campus has been summited to be able to use the Sprowl Creek Campus for the Behavioral Health and social work programs.

#### Radiology

In May, radiology performed 156 x-ray exams, 82 CTs, and 30 mammograms. The new mammography equipment has been delayed due to a computer shortage, but the distributor assured us that we were the first on the list when the parts arrived. We are excited to announce that ultrasound equipment and a new machine have arrived, and we are getting closer to offering ultrasound services to the community. We are still waiting for the ultrasound table, and we are in the process of applying for the new service to CDPH. The expectation is to have the program running by August.

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## **Board Updates**

The month of June.

- Over the past month we have had multiple meetings with Ochin and Epic and we are pleased to see that things are moving along well. Various members of the district have been in contact with Ochin team members in meetings and trainings to help build up our system and discuss implementation. We still anticipate a July 2023 "Go Live" date.
- We are continuing to make progress on the Sprowel Creek licensing to be able to host our Behavioral Health and LCSW patients. Notification was recently received that the application for the Sprowel Creek Campus has been "forwarded to the district office for a survey request." This means that we will be expecting a survey anywhere within the next 100 days.
- The new 3D mammography machine we ordered has been delayed. Originally the anticipated delivery date was June 6th. Lora has been in contact with Hologic. They notified us that due to the worldwide chip shortage they have not been able to start assembling our machine yet and have no ETA of when it will be available. We are however first on their list for the new machine on the basis that we are a critical access hospital and that patients must drive long distances for their mammo appointments. In the mean time, Lora will continue to see patients with the machine we still have. Ultrasound is still expected to start in September.
- About 8 months ago Paul was researching the CARES Act and discovered that we could apply for an Employee Payroll Tax Credit for the calendar year of 2020 and in 2021 we could receive a refundable tax credit of around \$5,000 per employee. We just received a few letters in the mail notifying us that we will be receiving a little over \$1 million. In the next 8 months through this same program we are expecting another \$1 million.
- At the beginning of the Month I went to the Annual DHLF Board meetings held here in California. The DHLF is an organization that

helps us secure Federal and State IGT and quality funding which is responsible for bringing in millions to our facility every year. For example, do to the hard work of our Facility and Quality team we met our Quality measure this year through QIP and we will be receiving over \$1.3Million. We qualify for another program that is based on statistics but don't expect much back from it.



Strategic Plan Summary	Active Program	Champion(s)
Completed		
In process / On-	Hold	
Next program o	n Deck	
Updated on June 20t	h, 2022 by GMC	Team (Lead)

#### #1 Patient-Centered Services

SoHum Healthy Living Club - Seniors Circle / Medicare Wellness visit	Jessica + Dr. Emily
A consistent patient-centered clinic experience. Patient Service Standards	<b>April</b> + Matt + Diane Gordon + Remy + Dr. Seth
Mobile Clinic Van for rural outreach	Kent (Chelsea + Jennifer)
Guide to Community Resources for seniors	Jessica + Chelsea
Convert to Epic	<b>Matt</b> + Kent + Paul + Jennifer
High School sports physicals (priority before fall)	Chelsea + April

Research FQHC best practices for Medicare wellness visits	Dr. Emily
Research how to reset clinic cost base	Matt
Patient EMR Portal	Jessica

### #2. Add Relevant, High-Quality Healthcare Services

Implement tracking of QIP Standards. Restart other quality measures.	Kristen + April + CNO
Hire first Community Healthcare Worker to facilitate Mobile Van scheduling.	Jennifer + Matt + April + Rob (GMC)
Wound Care	Adelle + Cathryn Acevedo
Medical Transportation	Adelle
New 3D Mammography Machine	Lora
Vasectomy Service	Dr. Emily + April
New Service alliance w/stroke center	Adelle + Dr. Newdow + Lora
Bone Density Scanner	Lora
Dialysis feasibility	Matt +

Restart Senior Life Solutions + Transportation	Matt + Rachel + Karen + Kent + Adelle + April + Katie + Matt
Specialists scheduled onsite (Cardiologist,	
Respiratory Therapist, colonoscopy, general	
Mobile MRI	Lora + Serena + Kent +
	Matt
Ultrasound	Lora
Behavioral Health @ ER and Clinic Bridge Grant	Scott + Adelle + Dr.
	Newdow + Rachel + Clinic
	Manager + Jennifer + Judy
Retail Pharmacy / Rx	Matt + PJ + Karen J.

### #3. Improve Community Health and Care Coordination

Large wellness messaging upon entry to the retail pharmacy and the clinic	Seth + Chelsea + EMRL + KENT + GMC
First Community Health Worker	Jennifer + Kent
Marketing weekend lab and radiology outside our district	Chelsea
Add specific clinic services to website	Chelsea + EMRL + GMC
Community Communication on Medical Quality	Chelsea +Kristen + Kent + EMRL
Board Outreach Committee	Katie McGuire + Amy + Chelsea

Quality program pay for reporting lobbying	Kristen + GMC
Retail pharmacy marketing, inside the pharmacy and to the community	Chelsea + Kent + EMRL + GMC

### #4. Facilities Master Plan for New hospital and Clinic

CalTrans Right of way	Kent
Sprowel Creek OSHPD 3 Certification	Kent + Board Committee + Adelle
CHFFA Loan	Paul
New Hospital Site Buildiing Plan & Licensing	Kent
Current Facility Utility Upgrades	Kent
Employee Housing	Kent
Applying for a USDA loan	Paul
Acquire Church property	
Community Communication about new hospital	

### #5. Employee Retention & Recruiting

HSU and College of Redwoods nursing relationship	Jennifer + Matt + Adelle
Local Schools/Healthcare Job Awareness	Jennifer
UC Davis PA Program	Jennifer + Dr. Seth
Updated wage scale	Jennifer + Matt + Board

Positive Communication during staff huddles	Margo
#6. Support Foundation Activities	
Fall wine tasting event- in-person	
Fundraising for Long Term Care Rennovation	Matt + Carolyn + Chelsea
Apply for Foundation Grants	Carolyn H., Chelsea
Follow Up on Major Gifts	Carolyn H., Chelsea
Transition HAF relationship to new Southern Humboldt liaison	Matt + Carolyn + Chelsea
Fitness course at the community park	Chelsea

Chelsea

Community Appreciation -- Event

Next Steps
et Springtime Newsletter out
inic volumes monthly graph of key indicators. Chart
rubbing for every appointment. Develop and link medical
ssistant standard procedures to computer screen sequence
ecide on Medicare scheduling time.
cense complete. Schedule and get it out on the road,
ossibly in conjunction with initial community health worke helter Cove?)
nk resources guide to wellness diagram. Contact each
gency or provider before publication. Online or printed?
lly 5, 2023 Go Live
ports start up in July. Work with the school district and our
rovideers to select a date.

Onsite visit w/someone using Epic to learn about their	scope
of assessments and patient-centered services	

Cost reports will now include new behavioral health and pediatric services.

Placing signage in-clinic, ED and outpatient areas. Track signups and usage.

Implment i2i population health software

Without question, Shelter Cove will be the first mobile van location.

Ask Diane about clinic or outpatient basis.

Joint venture on new ambulance.

Waiting for the chips.

Coordinate with lab > Dr. Emily needs training (1

week?)before Dr. Seth leaves.

We need a partner. Contact Dr. Youseff at Fairchild Medical Center Yreka

Figure out where to put it

Nephrologist to collaborate with. Study feasibility with telemedicine.

Recruiting, training, Go-Live. Start w/ 2-4 patients to maintain social distancing. Next: Staffing. Community transportation solution needed.

Stress tests, etc. on-site. Research cost/volume. Collaborate with a specialist.

River updated May 20th. Moving the Trailer and Covid tent comes next, while we apply for state license w/ Board approval. Policies & Procedures. Figure out to enforce zone 3 restrictions

After 3d and Mammo

Finalize program procedures for ED and clinic. Contact Brittany (LCSW) to develop procedures before January.

Complete contracting

Review and rotate (?) wellness content on pharmacy and clinic TV monitors.

Explore Partnership's training program for CHW's. Shelter Cove first to book schedule for mobile van.

See 2018 strategic plan version for services outline

Decide on appropriate metrics and timing for community messaging on quality. Messaging about personal

On-hold until more of the COVID issues have been resolved.

Collaborating with the District leadership Forum

Complete wellness signage and TV content inside Pharmacy

Continuing	communication
------------	---------------

County inspection completed state licensing is next

Application 90% completed

Decide on principal architect. Waiting for USDA review.

Construction is work-in-progress.

General design has been agreed. Working with county on parking.

Pre-application completed. Remarks in progress.

Offer letter submittted.

Highway signage in place. Updating banners.

Recruiting recent nursing grads. Most currently go to St. Joe's. Matt call Keith @ CR.Nice dinner...pitch our facility. How to get all names of each classes in all nursing programs (sponsor catered dinner). Priority this fall

S. Fork - Fortuna

Benbow Outside event in the fall	
Develop a case statement. On Hold	
Complete	
\$4Mil. Goal reached will send out year end	gift appeal
New contact is Development Director Laurel	Dalsted and she
has been in touch w/Carolyn. She will be attn	eding a
Foundation Board meeting soon.	
Sponsors for each station? Formalize the four	ndations role for
pass-through donations	
Consider lights a this to proching the fundation	

Consider linking this to reaching the fundraising goal.