



SoHum Health

Southern Humboldt Community Healthcare District

GOVERNING BOARD MEETING

April 25, 2024
1:30 p.m.

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

**Sprowel Creek Campus, Rm 105
286 Sprowel Creek Road
Garberville, CA 95542**

MEETING NOTICE

Governing Board

A regular meeting of the Board of Directors of the Southern Humboldt Community Healthcare District will be held on April 25, 2024, at 1:30 p.m., by teleconference and in-person. Members of the public may participate virtually via Webex or telephone, or appear in person at the Sprowel Creek Campus at 286 Sprowel Creek Road, Garberville, California 95542.

Call-In Information:

Tap to join from a mobile device (attendees only) [+1-415-655-0001](tel:+1-415-655-0001), [25961264606##](tel:+1-415-655-0001) US Toll
Join by phone +1-415-655-0001 US Toll

Webex Link: <https://shchd.webex.com/shchd/j.php?MTID=m65c1024281b4ef67076bbe032ec5f0d9>

Written comments may also be sent to boardcomments@shchd.org. Comments received no later than two hours prior to the start of the meeting will be provided to the Board or may be read aloud or summarized during the meeting. Members of the public may also comment in real time during the meeting by attending in person or via Webex or phone.

Agenda

Page	Item
	A. Call to Order
	B. Approval of the Teleconferencing of a Board Member
	C. Approval of the Agenda
	D. Public Comment on Non-Agendized Items See below for Public Comment Guidelines
	E. 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.
	F. Announcements
	G. Approval of Consent Agenda –
	1. Approval of Previous Minutes
1-17	a. Governing Board Meeting Minutes, March 28, 2024

18-32

2. SHCHD New and Updated Policies
 - a. Internal Data Requests
 - b. Charity Care
 - c. Hazard Communication Program and MSDS
 - d. High Winds
 - e. Hot Weather Precautions
 - f. Infant and Child Security
 - g. Key and Code Distributions
 - h. Lockdown of the Facility
 - i. Panic and Code Buttons
 - j. Patient Safety Committee
 - k. Patient Safety Plans
3. Quarterly Quality Assurance Performance Improvement Committee Report – (Feb, May, Aug, Nov) - None
4. Quarterly Reports - (Feb, May, Aug, Nov)
 - a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager – None
 - b. Human Resources – Rachel Wells, HR Director - None
 - c. Foundation – Chelsea Brown, Outreach Manager – None

H. Correspondence, Suggestions, or Written Comments to the Board

I. Last Action Items for Discussion

1. Hiring Doctors/Practitioners Update – Matt Rees
2. Advocacy/Legislation Conferences

J. Administrator’s Report – Matt Rees, CEO

1. Department Updates
 - a. Milestones
 - b. Monthly Department Highlight
 - c. Financial Reports – Paul Eves, CFO -See Report
 - d. Nursing – Adela Yanez, CNO – See Report
 - e. Quality and Risk Management – Kristen Rees, CQO
 - f. Family Resource Center – Amy Terrones – Mar and Oct
 - g. Mobile Optometry Unit
2. Strategic Plan

33-45
46-49

K. Old Business

1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - b. Services

L. New Business

1. Strategic Items for Discussion

- a. Future Facilities Planning
- b. Services

- M. Parking Lot
 - 1. Sprowel Creek Campus parking

- N. Meeting Evaluation

- O. New Action Items

- P. Next Meetings
 - 1. Medical Staff Committee – Policy Development – Thursday, May 2, 2024, at 3:30.
 - 2. QAPI Meeting – Wednesday, May 8, 2024, at 10:00 a.m.
 - 3. Finance Committee – Friday, May 24, 2024, at 10:00 a.m.
 - 4. Governing Board Meeting – TBD

- Q. Adjourn to Closed Session
 - 1. Closed Session
 - 2. Reports of Quality Assurance Committees **[H&S Code § 32155]**
 - 3. Compliance and Risk - Kristen Rees, CQO
 - 4. Quarterly Reports - Adela Yanez, CNO
 - a. Clinic – Jan., Apr., July, Oct. - None
 - b. Patient Safety – Mar., June, Sept., Dec. – None
 - c. Medication Error – Feb., May, Aug., Dec. – None
 - 5. Approval of Medical Staff Appointments/Reappointments **[H&S Code § 32155]**
 - a. Linda Candiotti, Active Status Allied Health Professional, Clinic/Ambulatory Privileges, May 1, 2024, to April 30, 2026.
 - 6. Personnel matter –Evaluation § 54957
 - a. CEO Matt Rees

- R. Adjourn Closed Session; Report on Any Action Taken, If Needed

- S. Resume Open Session

- T. 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
<i>CNO</i>	Chief Nursing Officer	<i>COO</i>	Chief Operating Officer
<i>CPHO</i>	Certified Professional in Healthcare Quality	<i>COO</i>	Chief Quality and Compliance 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. Comments are limited to three minutes per person per agenda item, at the discretion of the Chair of the Board.

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. 1276 at least 48 hours prior to the meeting.”

**Times are estimated*

COPIES OF OPEN SESSION AGENDA ITEMS: Members of the public are welcome to see and obtain copies of the open session regular meeting documents by contacting SHCHD Administration at (707) 923-3921 ext. 1276 or stopping by 291 Sprowel Creek Rd, Garberville, CA 95542 during regular business hours. Copies may also be obtained on the District’s website, sohumhealth.org.

Posted Monday, April 22, 2024

Governing Board

Date: Thursday, March 28, 2024
Time: 1:30 p.m.
Location: Sprowel Creek Campus and Via Webex Conferencing
Facilitator: Board President, Corinne Stromstad

Minutes

The following people attended at Sprowel Creek Campus and via Webex

Governing Board: Corinne Stromstad, Barbara Truitt, Galen Latsko, Kevin Church, and Jay Sooter, all in-person

Not Present: None

Also in person: CEO Matt Rees, CFO Paul Eves, HIM Manager Remy Quinn, PFS manager Marie Brown, Outreach Coordinator Chelsea Brown, CQO Kristen Rees, FRC Manager Amy Terrones, IT Representative Steve McShane, MSN, AGACNP-BC Jessie Bugbee, MA Hannah Gregory, and Administrative Assistant Darrin Guerra

Also via Webex: COO Kent Scown, Medical Staff Coordinator Karen Johnson, Medical Director Carl Hsu, Modern Capital Representatives Mike Miele and Carly Wilhem, and CNO Adela Yanez

A. Call to Order – Board president Corinne Stromstad called the meeting to order.

B. Approval of the Teleconferencing of a Board Member – None

C. Approval of the Agenda

Motion: Barbara Truitt motioned to approve the agenda.
Second: Kevin Church
Ayes: Corinne Stromstad, Kevin Church, Jay Sooter, Galen Latsko, and Barbara Truitt
Noes: None
Not Present: None
Motion Carried

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – None

F. Announcements

1. Staff Introductions – Matt Rees

- a. Matt Rees Introduced three employees who exemplify the District’s core values to the Governing Board: Steve McShane, Hannah Gregory, and Jessie Bugbee.

G. Consent Agenda

1. Approval of Previous Minutes

- a. Governing Board Meeting Minutes, February 29, 2024
- b. Special Governing Board Meeting Minutes, February 29, 2024

2. Approval of Quarterly Quality Assurance Performance Improvement Committee Report (Feb, May, Aug, Nov) - None

3. Quarterly Reports – (Feb., May., Aug., Nov) - None

- a. Quality and Risk Management – Kristen Rees, Chief Quality and Compliance Officer and Risk Manager
- b. Human Resources – Rachel Wells, Interim HR Manager - None
- c. Foundation – Chelsea Brown - None

Motion: Kevin Church motioned to approve the Consent Agenda

Second: Barbara Truitt

Ayes: Corinne Stromstad, Jay Sooter, Kevin Church, Galen Latsko, and Barbara Truitt

Noes: None

Not Present: None

Motion Carried

H. Correspondence Suggestions or Written Comments to the Board – None

I. Action Items for Discussion

1. Hiring doctors/Practitioners update

- a. The two providers who were expected to arrive in May have withdrawn their offers.
- b. We are pleased to announce that we have hired Sierra Early from the outpatient PT department we contract with to start inpatient PT under SoHum Health.

2. Advocacy/Legislation Conferences

- a. Matt shared Senate Bill 1423, which the District is currently advocating for. He also spoke about his recent experience speaking at the HCAI meeting, where he gave a testimonial to the Healthcare Affordability Board. He addressed the problems we face due to changes in legislation that disproportionately affect rural communities.

J. Administrator’s Report – Matt Rees, CEO

Matt Rees introduced Items 1-2 and presented his staff report.

1. Department Updates
 - a. Modern Capital Presentation
 - i. Carley Wilhelm and Mike Miele gave their company presentation to the Board.
 - ii. Board and Administrative discussion ensued.
 - b. Milestones – None
 - c. Monthly Department Highlight - None
 - d. Financial Reports – Paul Eves, CFO
 - i. Paul Eves, Marie Brown, and Remy Quin shared the February Financials with the public and the Governing Board.
 - ii. Board Discussion ensued with the Finance Committee regarding the USDA loan pre-application and the current financial trends of the District.
 - d. Nursing – Adela Yanez, CNO
 - i. Adela Yanez presented her staff report.
 - e. Quality and Risk Management – Kristen Rees, CQO
 - i. Kristen Rees presented her staff report.
 - f. Family Resource Center – Amy Terrones – (Mar and Oct)
 - i. Amy Terrones presented her biannual FRC report to the Board.
 - ii. Amy and the Board discussed both the challenges and accomplishments of the FRC over the six months, as well as the local events that they will host in the coming months.
2. Strategic Plan
 - a. Advocacy

K. Old Business

1. Strategic Items for Discussion
 - a. Future Facilities Planning
 - i. Kent Scown shared an in-depth look into the timeline and status of the current facility projects with the public and the Governing Board.
 - b. Services

L. New Business

1. Strategic Items for Discussion – None
 - a. Future Facilities Planning
 - b. Services
2. Approval of Resolution 24:05, Debt Issuance and Management Policy

Motion: Galen Latsko made a motion to approve Resolution 24:05, Debt Issuance and Management Policy

Second: Barbara Truitt

Ayes: Corinne Stromstad, Jay Sooter, Kevin Church, Galen Latsko, and Barbara Truitt

Noes: None
Not Present: None
Motion Carried

3. Approval of Resolution 24:06, Reimbursement

Motion: Barbara Truitt made a motion to approve Resolution 24:06, Reimbursement
Second: Galen Latsko
Ayes: Corinne Stromstad, Jay Sooter, Galen Latsko, Kevin Church, and Barbara Truitt
Noes: None
Not Present: None
Motion Carried

4. Approval of Resolution 24:07, Policy and Procedure

Motion: Kevin Church made a motion to approve Resolution 24:07, Policies and Procedures.
Second: Barbara Truitt
Ayes: Corinne Stromstad, Jay Sooter, Galen Latsko, Kevin Church, and Barbara Truitt
Noes: None
Not Present: None
Motion Carried

5. Policy Approval Process

- a. Kristen Rees, Karen Johnson, and Darrin Guerra spoke briefly on the new policy system MCN and requested the Board's preference for how they would like to proceed with the approval process of policies.
- b. Policies will be moved to the Consent Agenda.

6. Committee Assignments

- a. Finance Committee: Corinne Stromstad and Kevin Church.
- b. Steering Committee: Barbara Truitt and Jay Sooter.
- c. MedStaff Joint Conference Committee: Kevin Church

M. Parking Lot

N. Meeting Evaluation - Good

O. New Action Items - None

P. Next Meetings

- 1. Medical Staff Committee – PDC – Thursday, May 2, 2024, at 3:00 pm
- 2. QAPI Meeting – Wednesday, May 8, at 10:00 am

3. Finance Committee – Friday, May 24, 2024, at 10:00 a.m.
4. Governing Board Meeting – Friday, May 30, 2024, at 1:30 p.m.

Q. Corinne Stromstad Adjourn to Closed Session

1. Closed Session Opened
2. Reports of Quality Assurance Committees [**H&S Code § 32155**]
3. Compliance and Risk - Kristen Rees, CQO
4. Quarterly Reports - Adela Yanez, CNO
 - a. Clinic – Jan., Apr., July, Oct.
 - b. Patient Safety – Mar., June, Sept., Dec.
 - c. Medication Error – Feb., May, Aug., Nov
5. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]
 - a. Dr. Gregory Orth, MD, Associate Status, Diagnostic Radiology privileges, April 1, 2024, to March 31, 2026
 - b. Dr. Atul Patel, MD, Associate Status, Diagnostic Radiology privileges, April 1, 2024, to March 31, 2026
 - c. Dr. Huma Qureshi, MD, Associate Status, Diagnostic Radiology privileges, April 1, 2024, to March 31, 2026
 - d. Dr. Samuel Salen, MD, Associate Status, Diagnostic Radiology privileges, April 1, 2024, to March 31, 2026
 - e. Dr. Alix Vincent, MD, Associate Status, Diagnostic Radiology privileges, April 1, 2024, to March 31, 2026
6. Personnel matter –Evaluation § 54957
 - a. CQO Kristen Rees
7. Conference with Labor Negotiators §54957.6

R. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

1. The following actions were taken in closed session.
 - a. Approval of Medical Staff Appointments/Reappointments [**H&S Code § 32155**]

Motion: Barbara Truitt made a motion to approve the Medical Staff Appointments/Reappointments of Dr. Gregory Oath, MD, Dr. Atul Patel, MD, Dr. Huma Qureshi, MD, Dr. Samuel Salen, MD, and Dr. Alix Vincent, MD to Associate Status, with Diagnostic Radiology Privileges, From April 1, 2024, to March 31, 2024.

Second: Galen Latsko

Ayes: Corinne Stromstad, Jay Sooter, Galen Latsko, Kevin Church, and Barbara Truitt

Noes: None

Not Present: None

b. Conference with Labor Negotiators (§ 54957.6) Oral Reading and Motion

- i. “Based on our CEO’s performance and the introduction of more programs, as well as maintaining and improving the District’s financial stability, leading us in long-range planning that includes the new Hospital, workforce housing, and improving employee retention and morale, I move we raise his salary to \$370,202.40 per year, effective March 1st 2024” – Barbara Truitt

Motion: Barbara Truitt made a motion to approve raising the Salary of the CEO to \$370,202.40 a year, effective March 1.

Second: Kevin Church

Ayes: Corinne Stromstad, Jay Sooter, Galen Latsko, Kevin Church, and Barbara Truitt

Noes: None

Not Present: None

Motion Carried

T. Corinne Stromstad Adjourned Open Session

Submitted by Darrin Guerra

Abbreviations

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<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
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<i>JPCH</i>	Jerold Phelps Community Hospital	<i>LCSW</i>	Licensed Clinical Social Worker
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<i>PFS</i>	Patient Financial Services	<i>QAPI</i>	Quality Assurance Performance Improvement
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SoHum Health

733 Cedar Street
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(707) 923-3921
shchd.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 24:05

APPROVAL OF DEBT ISSUANCE AND MANAGEMENT POLICY

A RESOLUTION OF SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AUTHORIZING THE DEBT ISSUANCE AND MANAGEMENT POLICY

1. Introduction

On March 28, 2024, the Board of Directors of the Southern Humboldt Community Healthcare District (the “Board”) reviewed and considered this Debt Issuance and Management Policy (“Debt Policy”) of the Southern Humboldt Community Healthcare District and this Debt Policy was approved by action of the Board on March 28, 2024. This Debt Policy provides guidelines for debt issuance, management and post-issuance related policies and procedures for the Southern Humboldt Community Healthcare District. This Debt Policy may be amended by the Board as it deems appropriate from time-to-time in the prudent management of the debt and financing needs of the Southern Humboldt Community Healthcare District.

2. Purpose

The purpose of this Debt Policy is to establish guidelines and parameters for the effective governance, management and administration of debt and other financing obligations issued by the Southern Humboldt Community Healthcare District and its related entities (such as, but not exclusive to, any special districts and any entities for which the Board serves as the governing board or legislative body). This Debt Policy is intended to improve and direct decision making, assist with the structure of debt issuance, identify policy goals, and demonstrate a commitment to long-term financial planning, including the Southern Humboldt Community Healthcare District’s Capital Improvement Program (the “Capital Improvement Program”). Adherence to a debt policy helps to ensure the Southern Humboldt Community Healthcare District’s debt is issued and managed prudently in order to maintain a sound financial position and credit worthiness. When used in this Debt Policy, “debt” refers to all indebtedness and financing obligations of the Southern Humboldt Community Healthcare District and its related entities (together referred to as “District”).

3. Debt Policy Objective

This Debt Policy is intended to comply with the requirements of Senate Bill 1029 (SB 1029), codified as part of California Government Code Section 8855(i), effective on January 1, 2017 and shall govern all debt undertaken by the District. The primary objectives of the District’s debt and financing related activities are to:

- A. Maintain the District's sound financial position;
- B. Ensure the District has the flexibility to respond to possible changes in future service obligations, revenues, and operating expenses;
- C. Ensure that all debt is structured in order to protect both current and future taxpayers, ratepayers and residents/visitors within the boundaries of the District and its service areas;
- D. Minimize debt service commitments through efficient planning and cash management;
- E. Protect the District's credit worthiness and achieve the highest practical credit ratings, when applicable; and
- F. Ensure the District is in compliance with all relevant State and Federal securities laws and other applicable laws and regulations.

4. Acceptable Uses of Debt Proceeds

The District will consider the use of debt financing primarily for assets and capital projects only if the term of debt shall not exceed the asset(s) or project's useful life or will otherwise comply with Federal tax law requirements. An exception to this long-term driven focus is the issuance of short-term instruments, such as tax and revenue anticipation notes, which are to be used for reasonable cash management purposes, as described below. Bonded debt should not be issued to finance normal operating expenses. Debt will not normally be issued to support ongoing operational costs unless such debt issuance achieves net operating cost savings and such savings are verified by independent analysis.

- A. *Long-Term Debt.*
 - i. Long-term debt may be issued to finance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment, and land to be owned and/or operated by the District. Long-term debt financings are appropriate when any of the following conditions exist:
 - (1) When the project to be financed is necessary to provide basic municipal services;
 - (2) When the project to be financed will provide benefit to the District's constituents over a duration of more than one year;
 - (3) When the total debt financing would not impose an unreasonable burden on the District and its taxpayers and/or ratepayers, as applicable; or
 - (4) When the debt is used to refinance outstanding debt in order to produce debt service savings or to benefit from debt restructuring.
 - ii. The District may use long-term debt financings subject to each of the following conditions:

- (1) The project to be financed has been or will be considered and approved by the Board;
- (2) The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%;
- (3) The District estimates that sufficient revenues will be available to service the debt through its maturity; and
- (4) The District determines that the issuance of the debt will comply with the applicable requirements of State and Federal law.

B. *Short-term Debt.* Short-term debt may be issued to provide financing for the District's operational cash flows in order to maintain a steady and even cash flow balance. Short-term debt may also be used to finance the District's short-lived capital projects, such as undertaking lease-purchase financing for equipment.

C. *Financings on Behalf of Other Entities.* The District may also issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed, the financial solvency of any borrower, and that the issuance of such debt is consistent with the policies set forth herein.

5. Standards for Use of Debt Financing

The District recognizes that there are numerous types of financing structures and funding sources available, each with specific benefits, costs, and risks. The District will consider debt issuance only in those cases where public policy, equity and economic efficiency favor debt financing over cash funding. Prior to the issuance of debt or other financing obligations, the District will carefully consider the overall long-term affordability of the proposed debt issuance by conducting an objective analysis of the District's ability to support additional debt service payments. The District will consider its long-term revenue and expenditure trends, the impact on operational flexibility and the overall debt burden on the taxpayers/ratepayers. The evaluation process shall include a review of generally accepted measures of affordability and will strive to achieve and/or maintain debt levels consistent with its current operating and capital needs.

6. Types of Debt

In order to maximize the financial options available to benefit the public, it is the District's policy to allow the consideration of issuing all generally accepted types of debt, on a public or private placement basis, including, but not exclusive to the following:

A. *Joint Powers Authority (JPA) Lease Revenue Bonds/Certificates of Participation.* The District may obtain financing through the issuance of debt by a joint exercise of powers agency or through the execution and delivery of certificates of participation with such debt payable from amounts paid by the District under a lease, installment sale agreement, or contract of indebtedness.

B. *General Obligation (GO) Bonds.* GO Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. All GO bonds shall be authorized by the requisite number of voters in order to pass.

C. *Loans/Equipment Leases.* The District is authorized to enter into loans, leases, equipment leases, installment payment obligations, or other similar funding structures secured by a prudent source or sources of repayment.

D. *Other Local Health Care District Debt.* The District may issue any and all other types of debt and enter into any and all other types of financings permitted under The Local Health Care District Law (being Division 23 of the California Health and Safety Code).

E. *Short-Term Debt.* Short-term borrowing, such as commercial paper, Tax and Revenue Anticipation Notes (TRANS), and lines of credit, may be considered as an interim source of funding in anticipation of long-term borrowing and may be issued to generate funding for cash flow needs. The final maturity of the debt issued to finance the project shall be consistent with the useful life of the project. Short-term debt may also be used to finance short-lived capital projects such as lease-purchase financing for equipment.

F. *Refunding Bonds.* The District shall refinance debt pursuant to the authorization that is provided under California law, including but not limited to Articles 9, 10 and 11 of Chapter 3 of Part 1 of Division 2 of Title 5 of the California Government Code, as market opportunities arise. Refundings may be undertaken in order:

- (1) To take advantage of lower interest rates and achieve debt service costs savings;
- (2) To eliminate restrictive or burdensome bond covenants; or
- (3) To restructure debt to lengthen the duration of repayment, relieve debt service spikes, reduce volatility in interest rates or free up reserve funds.

Generally, the District shall strive to achieve a minimum of 3% net present value savings. The net present value assessment shall factor in all costs, including issuance, escrow, and foregone interest earnings of any contributed funds on hand. Refundings which produce a net present value savings of less than 3% will be considered on a case-by-case basis. Upon the advice of the Chief Financial Officer and with the assistance of a financial advisor and bond counsel, the District will consider undertaking refundings for other than economic purposes based upon a finding that such a restructuring is in the District's overall best financial interest.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

Debt shall be issued as fixed rate debt unless the District makes a specific determination as to why a variable rate issue would be beneficial to the District in that circumstance.

7. Relationship to Capital Improvement Program and Operating Budget

The District intends to issue debt for the purposes stated in this Debt Policy and the decision to incur new indebtedness should be integrated with the Board-adopted annual Operating Budget and Capital Improvement Program Budget, if any. Prior to issuance of debt, a reliable revenue source shall be identified to secure repayment of the debt and the annual debt service payments shall be included in the Operating Budget.

The District shall integrate its debt issuances with the goals of its Capital Improvement Program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

8. Policy Goals Related to Planning Goals and Objectives

This Debt Policy has been adopted to assist with the District's goal of financial sustainability and financial prudence. In following this Debt Policy, the District shall pursue the following policy goals:

- i. The District is committed to financial planning, maintaining appropriate reserves levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's annual Operating Budget;
- ii. It is a policy goal of the District to protect taxpayers, ratepayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings, if applicable, and the lowest practical borrowing costs;
- iii. It is a policy goal of the District to reduce the unfunded liabilities for employee pension and other post-employment benefits (OPEB);
- iv. The District will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges; and
- v. When refinancing debt, it shall be the policy goal of the District to achieve, whenever possible and subject to any overriding non-financial policy, minimum aggregate net present value debt service savings of at least 3% of the refunded principal amount.

9. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- i. Federal securities law, including any continuing disclosure undertakings under SEC Rule 15c2-12, as amended;

SECRETARY'S CERTIFICATE

I, **Barbara Truitt**, Secretary of **Southern Humboldt Community Healthcare District**, hereby certify that the foregoing is a complete, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **Southern Humboldt Community Healthcare District** duly and regularly held at the regular meeting place thereof on the 29th day of February, 2024 of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes: Kevin Church Barbara Truitt Gulen Latsko Jay Soater Corinne Stromstad
Noes: _____
Absent: _____

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Barbara Truitt
Secretary
3-28-24
Date



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
shchd.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION

24:06

APPROVAL OF REIMBURSEMENT INTENTION

A RESOLUTION OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT REGARDING ITS INTENTION TO REIMBURSE CERTAIN COSTS FROM PROCEEDS OF TAX-EXEMPT OBLIGATIONS

WHEREAS, the Board of Directors of the Southern Humboldt Community Healthcare District (the “Issuer”) desires to finance the costs of acquiring and constructing certain public facilities and improvements, all as more fully described in Exhibit A attached hereto and incorporated herein (the “Project”).

WHEREAS, the Issuer intends to finance the Project or portions of the Project with the proceeds of the sale of obligations the interest upon which is excluded from gross income for federal income tax purposes in one or more phases (the “Obligations”).

WHEREAS, prior to the issuance of the Obligations the Issuer desires to incur certain expenditures with respect to the Project from available monies of the Issuer, which expenditures are desired to be reimbursed by the Issuer from a portion of the proceeds of the sale of the Obligations.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AS FOLLOWS:

SECTION 1. The Issuer hereby states its intention and reasonably expects to reimburse Project costs incurred by the Issuer prior to the issuance of the Obligations with proceeds of the Obligations. Exhibit A describes either the general character, type, purpose, and function of the Project, or the fund or account from which Project costs are to be paid and the general functional purpose of the fund or account.

SECTION 2. The reasonably expected maximum principal amount of the Obligations is \$3,600,000

SECTION 3. This resolution is being adopted not later than 60 days after the date (the “Expenditures Date or Dates”) that the Issuer will expend monies for the portion of the Project costs to be reimbursed from proceeds of the Obligations.

SECTION 4. Except as described below, the expected date of issue of the Obligations will be within eighteen months of the later of the Expenditure Date or Dates and the date the Project is placed in service; provided, the reimbursement may not be made more than three years after the original expenditure is paid.

For Obligations subject to the small issuer exception of Section 148(f)(4)(D) of the Internal Revenue Code, the “eighteen-month limit” of the previous sentence is changed to “three years” and the limitation of the previous sentence beginning with “; provided, ... ” is not applicable.

SECTION 5. Proceeds of the Obligations to be used to reimburse for Project costs are not expected to be used, within one year of reimbursement, directly or indirectly to pay debt service with respect to any obligation (other than to pay current debt service coming due within the next succeeding one year period on any tax-exempt obligation of the Issuer (other than the Obligations)) or to be held as a reasonably required reserve or replacement fund with respect to an obligation of the Issuer or any entity related in any manner to the Issuer, or to reimburse any expenditure that was originally paid with the proceeds of any obligation, or to replace funds that are or will be used in such manner.

SECTION 6. This resolution is consistent with the budgetary and financial circumstances of the Issuer as of the date hereof. No monies from sources other than the Obligation issue are, or are reasonably expected to be reserved, allocated on a long-term basis, or otherwise set aside by the Issuer (or any related party) pursuant to their budget or financial policies with respect to the Project costs. To the best of our knowledge, this Board of Directors is not aware of the previous adoption of official intents by the Issuer that have been made as a matter of course for the purpose of reimbursing expenditures and for which tax-exempt obligations have not been issued.

SECTION 7. The limitations described in Section 3 and Section 4 do not apply to (a) costs of issuance of the Obligations, (b) an amount not in excess of the lesser of \$100,000 or five percent (5%) of the proceeds of the Obligations, or (c) any preliminary expenditures, such as architectural, engineering, surveying, soil testing, and similar costs other than land acquisition, site preparation, and similar costs incident to commencement of construction, not in excess of twenty percent (20%) of the aggregate issue price of the Obligations that finances the Project for which the preliminary expenditures were incurred.

SECTION 8. This resolution is adopted as official action of the Issuer in order to comply with Treasury Regulation § 1.150-2 and any other regulations of the Internal Revenue Service relating to the qualification for reimbursement of Issuer expenditures incurred prior to the date of issue of the Obligations, is part of the Issuer's official proceedings, and will be available for inspection by the general public at the main administrative office of the Issuer.

SECTION 9. All the recitals in this Resolution are true and correct and this Board of Directors so finds, determines and represents.

SECTION 10. This Resolution shall take effect immediately.


PASSED AND ADOPTED by the Board of Directors of SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, this 28th day of March, 2024, by the following vote:

Ayes: Corinne Stromstad Barbara Truitt Kevin Church Galen Iatsko Jay Sooder

Noes: _____

Abstain: _____

Absent: _____


Witnessed by: Corinne Stromstad, President


Witnessed by: Barbara Truitt, Vice-President/Secretary

SECRETARY'S CERTIFICATE

I, **Barbara Truitt**, Secretary of **Southern Humboldt Community Healthcare District**, hereby certify that the foregoing is a complete, true and correct copy of a resolution duly adopted at a regular meeting of the Board of Directors of **Southern Humboldt Community Healthcare District** duly and regularly held at the regular meeting place thereof on the 29th day of February, 2024 of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes: Kevin Church Jay Sooter Galen Latska Corinne Stromstad Barbara Truitt
Noes: _____
Absent: _____

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Barbara Truitt
Secretary

3-28-24
Date



SoHum Health

733 Cedar Street
Garberville, CA 95542
(707) 923-3921
shchd.org

Southern Humboldt Community Healthcare District

GOVERNING BOARD RESOLUTION 24:07 APPROVAL OF POLICIES & PROCEDURES

WHEREAS the CAH Policy Development Committee has examined and recommends approval of the following policies and procedures and Department Manuals to the Medical Staff Committee; and

WHEREAS the Medical Staff Committee has examined and recommends approval of the policies and procedures and department manuals as specified by the CAH Policy Development Committee; and

WHEREAS the Governing Board has examined the documents in support thereof;

NOW THEREFORE BE IT RESOLVED that the Southern Humboldt Community Healthcare District Governing Board HEREBY APPROVES the following District Policies & Procedures and Review of Department Manuals:

Nursing – New

Hand-Off P&P

Facility – Revised

Smoke Free

ADOPTED by the Southern Humboldt Community Healthcare District Governing Board at the regular board meeting held on the 28th day of March 2024, by the following roll call vote:

Ayes: Corinne Stromstad Barbara Truitt Galen Latska Kevin Church Jay Sauter

Noes: None

Abstain: None

Absent: _____

Witnessed by: Corinne Stromstad, President

Witnessed by: Barbara Truitt, Vice-President/Secretary



**SoHum
Health**

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

DEPARTMENT: QUALITY	NO:	Page 1 of 1
SUBJECT: Internal Data Requests	EFFECTIVE DATE: mm/dd/yyyy	REVISED: New

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to require a Data Request form for any reports of data not readily accessible to an employee through the District's Electronic Health Record system, or any other reporting tool available, with their approved security. This policy establishes procedures and guidelines to ensure that requests and transfers of data, in particular patient data, are conducted in a secure and controlled manner to facilitate the tracking of data distribution for quality assurance and compliance purposes. This process facilitates an understanding of the needed information, time constraints required of report-writing employees, and appropriate training and access.

REVIEWED BY:

Health Information Manager



**SoHum
Health**

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

DEPARTMENT: QUALITY	NO:	Page 1 of 1
SUBJECT: Internal Data Requests	EFFECTIVE DATE: mm/dd/yyyy	REVISED: New

PROCEDURE:

A data request form must be filled out for all requests of aggregate, statistical, or other data reports not available to the employee making the request. To receive any data that is unavailable to an SHCHD employee through their regular system access, completion of this form is required. The data request form will be available on the district’s compliance and incident reporting website. The form must be approved and submitted by a department manager.

The data request form will assist with assessment of the following:

- The scope of the request
- Fulfillment timeline
- Presence of Protected Health Information
- Data storage requirements
- The intended use of the data
- What type of report is needed (e.g., Slicer Dicer, Reporting Workbench, Custom Report, other)
- Adherence to minimum necessary disclosure standards

Reviewers will have two business days to issue a full request response with an approval status and an estimated time of completion.

The data request will be reviewed by the reporting team and approved by either the Chief Quality and Compliance Officer or Health Information Manager. If approved, a response will be given to the requestor with a timeframe for how long it will take to produce the report. The reports will be created by the Health Information Manager, Quality Analyst, or an appropriate designee with the ability to create and schedule custom reports.

REVIEWED BY:

Health Information Manager



**SoHum
Health**

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

DEPARTMENT: Patient Financial Services	NO:	Page 1 of 1
SUBJECT: Charity Care, Financial Assistance, Payment Plans And Discounted and Extended Payment Plans	EFFECTIVE DATE: 04/25/2024	SUPERSEDES: 04/28/2022

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:

Charity Care Program

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.

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.

Discount Payment and Extended Payment Plans

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.

Discount Payment Plan and Charity Care Program – Location of Policy and Procedure

The Policy and Procedures referenced within this Discharge notice can be requested from our Billing Office, please contact them at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

Discount Payment Plan and Charity Care Program – Eligibility Information

Charity Care Program

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.

Discount Payment 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.

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.

Contact Information

Patients who want further information can contact the billing office at 877-673-0903 or submit a billing inquiry on our website at <https://sohumhealth.org/patients/billing/>

Shoppable Services Website Link

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

Hospital Bill Complaint Program

The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

Help Paying Your Bill

There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

REVIEWED BY:

Revenue Cycle Manager
Health Information Management

REFERENCE ADDENDUM "A" SLIDING FEE SCALE 2023



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: 22 Hazard Communication Program and MSDS	EFFECTIVE DATE:	SUPERCEDES: 03/24/2022

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a program to comply with the requirements and intent of the California Hazard Communications Standard.

PURPOSE:

The purpose of this policy and procedure is to describe the process by which the Hazard Communications Program and Material Safety Data Sheet (MSDS) will be followed.

RELATED POLICIES:

- Dietary Services - *"Storage of Chemicals and Non-Food Items and Use of MSDS"*
- Infection Control - *"Exposure Control Plan"*
- Laboratory - *"Laboratory Chemical Safety Plan"*
- ~~Radiology - *"Silver Recovery and Disposal"*~~

DEFINITIONS:

The purpose of the Hazard Communications Program (HCP) is to ensure employees are aware of the hazardous chemicals in the workplace and are provided information regarding the potential hazards associated with exposure to these chemicals.

An SDS (formerly known as MSDS) includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.

REFERENCES:

- [OSHA Hazard Communication Standard and OSHA Guidelines \(cdc.gov\)](https://www.cdc.gov/niosh/publications/OSHA-Hazard-Communication-Standard-and-OSHA-Guidelines.html)
- [Safety Data Sheets \(nih.gov\)](https://www.nih.gov/oc/ohrt/safety-data-sheets)

REVIEWED BY:

- Safety Committee/Environmental/Engineering Manager
- Emergency Department
- ER/Acute Nurse Manager
- Skilled Nursing Manager
- Clinic Nurse Manager
- Chief Nursing Officer/Director of Patient Care Services
- ER/Hospital Medical Director
- Clinic Medical Director
- CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 23 High Winds	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain the safety of patients, residents, and employees in the event of high winds.

PURPOSE:

The purpose of this policy and procedure is to define the actions taken to protect patients, residents, and employees against the effects of high winds.

DEFINITIONS:

N/A

REFERENCES:

[Severe Weather 101: Damaging Winds Types \(noaa.gov\)](https://www.noaa.gov/severe-weather-101-damaging-winds-types)

[Severe Weather 101: Damaging Winds Basics \(noaa.gov\)](https://www.noaa.gov/severe-weather-101-damaging-winds-basics)

[High Wind Safety Rules \(weather.gov\)](https://www.weather.gov/high-wind-safety-rules)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
Emergency Department
ER/Acute Nurse Manager
Manager Skilled Nursing Facility
Clinic Nurse Manager
Chief Nursing Officer/Patient Care Services
Clinic Medical Director
ER/Hospital Medical Director
CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 24 Hot Weather Precautions	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

POLICY:

It is the policy of Southern Humboldt Community Healthcare District to anticipate possible health issues in the elderly related to hot weather.

PURPOSE:

The purpose of this policy and procedure is to define the actions to take to protect the elderly against the effects of hot weather.

DEFINITIONS:

N/A

REFERENCES:

[Extreme Heat | Natural Disasters and Severe Weather | CDC](#)

[Keep Your Cool in Hot Weather | Environmental Health Features \(cdc.gov\)](#)

[AFL-18-25 Hot Summer Weather Advisory \(ca.gov\)](#)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
 Emergency Department
 ER/Acute Nurse Manager
 Manager Skilled Nursing Facility
 Clinic Nurse Manager
 Chief Nursing Officer/Patient Care Services

Clinic Medical Director
 ER/Hospital Medical Director
 CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 25 Infant and Child Security	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to utilize security procedures to prevent the possibility of infant or child abduction.

PURPOSE:

To describe the infant and child security procedures and to outline the steps to be taken in the event of an infant or child abduction.

DEFINITIONS:

Abduction means the taking of a person against their will, generally by means of persuasion, fraud, or force.

REFERENCES:

[Infant Abductions \(missingkids.org\)](http://missingkids.org)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
 Emergency Department
 ER/Acute Nurse Manager
 Skilled Nursing Facility Manager
 Clinic Nurse Manager
 Chief Nursing Officer/Patient Care Services
 Clinic Medical Director
 ER/Hospital Medical Director
 CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 26 Key and Code Distributions	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a plan for the secure distribution of facility keys and door codes to appropriate staff members.

PURPOSE:

The purpose of this policy and procedure is to delineate the steps to be followed in issuing keys and door codes to staff members and to describe the enforcement of essential security.

DEFINITIONS:

N/A

REFERENCES:

N/A

REVIEWED BY:

- Safety Committee/Environmental/Engineering Manager
- Operations Manager
- Pharmacist
- Emergency Department
- ER/Acute Nurse Manager
- Skilled Nursing Manager
- Clinic Nurse Manager
- Chief Nursing Officer/Director of Patient Care Services
- Clinic Medical Director
- ER/Hospital Medical Director
- Chief Financial Officer
- Human Resources Manager
- CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 27 Lockdown of the Facility	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to maintain guidelines for locking down the facility should an event occur, making it necessary to do so.

PURPOSE:

The purpose of this policy and procedure is to outline guidelines for locking down the facility.

DEFINITIONS:

N/A

REFERENCES:

<http://www.acep.org/WorkArea/DownloadAsset.aspx?id=45256>

[Home Page | ACEP](#)

REVIEWED BY:

Chief Operations Officer
 Chief Nursing Officer/Director of Patient Care Services
 Safety Committee Chair



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 28 Panic and Code Buttons	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a method to contact law enforcement during periods of extreme emergency and other staff during medical emergencies.

PURPOSE:

The purpose of this policy and procedure is to describe the various methods of summoning additional help during periods of emergency.

DEFINITIONS:

N/A

REFERENCES:

[eTool: Evacuation Plans and Procedures - Emergency Standards - Employee Alarm Systems | Occupational Safety and Health Administration \(osha.gov\)](https://www.osha.gov/eTool/Evacuation-Plans-and-Procedures-Emergency-Standards-Employee-Alarm-Systems)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
 Emergency Department
 ER/Acute Nurse Manager
 Skilled Nursing Facility Manager
 Clinic Nurse Manager
 Chief Nursing Officer/Director of Patient Care Services
 Clinic Medical Director
 ER/Hospital Medical Director
 CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 29 Patient Safety Committee	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District ("SHCHD" or "District") to provide a safe patient environment and quality health care.

PURPOSE:

This policy and procedure aim to define the purpose and goals of the Patient Safety Committee.

DEFINITIONS:

The Patient Safety Committee promotes member understanding of the laboratory professional's role in patient safety. The Committee develops and publishes programs, tools, resources, and educational materials to improve patient safety, health outcomes, and diagnostic processes.

REFERENCES:

[California Code, Health and Safety Code - HSC § 1279.6 | FindLaw](#)

REVIEWED BY:

Safety Committee/Engineering/Environmental Manager
 Emergency Department
 ER/Acute Nurse Manager
 Skilled Nursing Facility Manager
 Clinic Nurse Manager
 Chief Nursing Officer/Director of Patient Care Services
 Clinic Medical Director
 ER/Hospital Medical Director
 CEO/Administrator



DEPARTMENT: Safety and Emergency Preparedness	APPROVED:	Page 1 of 1
SUBJECT: No 30 Patient Safety Plans	EFFECTIVE DATE:	SUPERCEDES: 03/24/22

POLICY:

It is the policy of the Southern Humboldt Community Healthcare District (“SHCHD” or “District”) to provide a safe environment for patients, visitors, and staff.

PURPOSE:

The purpose of this policy and procedure is to provide general safety guidelines for the staff to follow.

Safety is a very important part of the acute care unit concerning patients and employees. All nursing staff must be trained in their duties to assure safety in the acute care unit for the patients, the general public, and employees. Be aware and know the risks involved in your job. Explain safety rules to patients and staff and set the example of safety awareness and practices for co-workers, patients, and visitors.

DEFINITIONS:

N/A

REFERENCES:

[Patient Safety | CDC](#)

[Patient Safety Component \(PSC\) | NHSN | CDC](#)

[Monthly Reporting Plan \(cdc.gov\)](#)

REVIEWED BY:

- SNF Nurse Manager
- ER/Acute Nurse Manager
- Clinic Nurse Manager
- CNO/Director of Patient Care Services
- Safety Committee/Environmental Services/Engineering Manager
- ER/Hospital Medical Director
- CEO/Administrator

Southern Humboldt Community Healthcare District

March 2024 – Centriq & Epic Combined



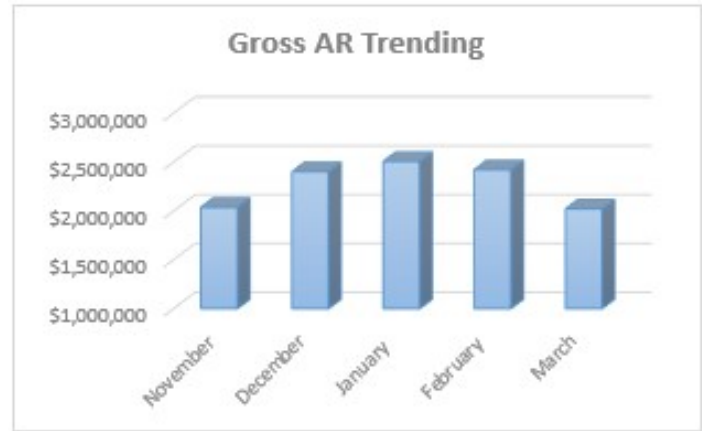
SoHum Health

Key Items

- ➔ Cash totaled \$1.1M, 84% of net revenue
- ➔ AR increased to 90.9 days
- ➔ Third Party aging increased \$137K, to 40.5%
- ➔ Unbilled AR increased 1.10 days, ending at 14.9 days

Detailed Initiatives & Obstacles

- **Overall AR:** SoHum went live in Epic at the beginning of July, 2023. The figures calculated continue to include both the legacy system (Centriq) and Epic figures combined. The month of March closed with \$6.9M in gross AR or 90.9 days. Revenue came in \$402K lower than what was reported in February, ending at \$2.0M. Third Party AR saw a decrease of 0.5 days ending at 46.9 days. Unbilled AR increased 1.1 days ending at 14.9 AR days. Cash collections came in roughly \$295K lower than what was collected in February, still exceeding \$1M. Cash collections came in at \$1.1M or 84% of net revenue. In the Month of March, HRG and SHCHD continued to have a 30 minute HB (hospital billing) claims call with OCHIN/Epic every Thursday to discuss current and potential claims issues that HRG discovers and continue to also have a PB (professional billing) claims related issues call every Thursday as well. These calls allow conversation and corrections to the build to ensure claims are going out clean to ensure quick processing and paid claims. We continue to work through billing related build issues with OCHIN, these issues primarily laying on the PB side of epic.
- **Self Pay:** Self Pay AR increased 2.9 days since February. Self Pay collections came in at \$31K, which is \$2K more than what was collected in February. A bad debt file was sent over in November, however, a file was not sent in the month of December nor January due to an AB1020 requirement that were not met. Per AB1020 requirements, the financial assistance application (FAA) is required to be sent with the final Goodbye Letter—the FAA was not set up to be sent with this final Goodbye Letter. This issue has been corrected, and new Goodbye Letters with the FAA attached have been sent to patients who are eligible for bad debt. A new bad debt file was generated and sent in February. We continue to work with COCC to ensure accounts can be transferred to Bad Debt via Epic timely. In the month of March, we discovered another HRG system issue which prevented us from being able to send a file in March. When the charity care letter was added to the statement it caused issues with patients who had multiple accounts that were eligible for bad debt. This issue was fixed in late March, but did not hit the 10-days they need prior to sending to bad debt. We anticipate a significantly large bad debt file being sent in the month of April as this issue has been resolved and a notable amount of bad debt letters were sent out to patients.
- **Third Party Aging:** March closed with \$1.9M in Third Party balances aged over 90 days, totaling 40.5%. Due to SoHum’s EHR conversion, we are now in the wind down phase of Centriq—cleaning up all outstanding and aged balances. HRG staff are focused on rebilling/working denials timely as well as working follow up based on age and dollar amount of the claim. Medicare is sitting at \$473K aged over 90 days or 33.1%, this is an overall decrease of \$37K from February. Medicaid increased by \$67K to 37.7%. Commercial is increased 106K up to 53.8%, and Work Comp decreased under \$1K to 55%. The third party aging includes balances that are out of billings control due to discharged not billed (DNB) errors which are preventing the claim from being billed. The more common DNB errors are Laboratory Review Needed, Lab Orders Not Resulted, Coding Not Complete, Radiology Review Needed etc. There are also issues that HRG/SHCHD is working with OCHIN on that will help bring down the aging once the issues are resolved—the biggest issues being the PB COVID issues. Another big issue HRG has been working on resolving is the Anthem Calpers issue. They were issuing checks to SoHum’s old PO Box. They have corrected the address and we are working with the payer to get all those claims reprocessed and paid to the correct PO Box. We are seeing payments come in for the accounts as this issue is being.



There is roughly \$202K that is aged over 90+ days due to this Anthem issue, and roughly \$51K less than 90 days.

If you have any questions, concerns, or points you wish to discuss after reviewing the enclosed information, please feel free to contact me.

Sydni Thomas | Revenue Cycle Supervisor

Healthcare Resource Group

Office 509-703-4920 | sythomas@hrgpros.com



SoHum Health

MONTH END FINANCE REPORT



March 2024

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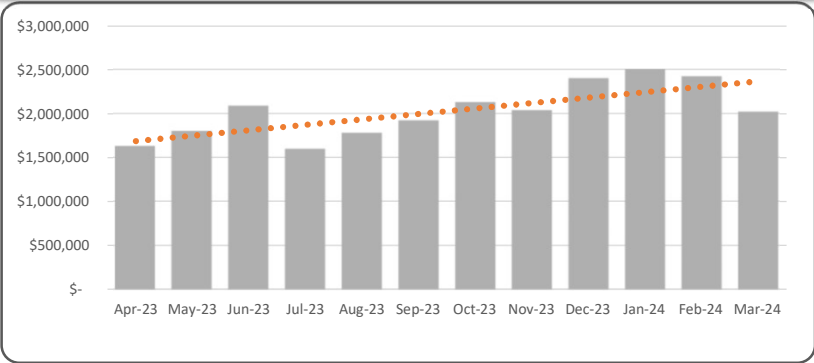
FINANCE DASHBOARD

	Target	October-23	November-23	December-23	January-24	February-24	March-24							
Revenue Cycle Performance	REVENUE													
	Net Revenue		\$1,145,123	\$1,000,216	\$1,254,406	\$1,313,381	\$1,310,811	\$991,365						
	Gross Revenue		\$2,130,187	\$2,037,494	\$2,402,068	\$2,506,331	\$2,422,995	\$2,021,182						
	CASH													
	Cash Collections as a % of Net Revenue	100%	105%	84%	121%	91%	106%	84%						
	Cash Collections		\$1,131,808	\$958,049	\$1,214,685	\$1,139,209	\$1,391,162	\$1,095,888						
	ACCOUNTS RECEIVABLE													
	Net AR		\$3,318,523	\$3,071,787	\$3,409,568	\$3,484,000	\$3,723,159	\$3,427,020						
	Gross AR		\$5,974,477	\$6,060,571	\$6,475,740	\$6,787,249	\$7,052,380	\$6,946,485						
	Unbilled	3	21.7	20.9	25.1	22.8	13.8	14.9						
	Third Party	26	43.5	41.5	36.7	39.5	47.4	46.9						
	Self Pay	16	32.1	30.2	29.0	27.6	26.3	29.2						
	Total Days in AR	45	97.3	92.6	90.7	89.9	87.5	90.9						
	Days in AR - Credit Balances	< 1	1.75	1.78	2.19	3.85	3.83	1.96						
	UNBILLED													
In-house	< 2 Days	0.9	1.7	0.7	1.1	0.7	0.5							
DNFB	< 1 Day	20.7	19.2	24.4	21.7	13.1	14.4							
Total Unbilled	<3 Days	21.7	20.9	25.1	22.8	13.8	14.9							
Third Party	AGING (excluding credits)													
	Medicare Aging > 90 Days	11%	12.6%	\$ 178,527	18.3%	\$ 251,559	23.3%	\$ 341,575	26.5%	\$ 452,974	30.5%	\$ 509,631	33.1%	\$ 473,118
	Medicaid Aging > 90 Days	12%	23.9%	\$ 425,283	26.3%	\$ 494,426	32.1%	\$ 656,471	33.8%	\$ 701,925	32.3%	\$ 744,284	37.7%	\$ 811,695
	Commercial Aging > 90 Days	20%	28.9%	\$ 215,261	32.1%	\$ 241,142	40.4%	\$ 372,247	48.5%	\$ 511,603	46.7%	\$ 528,055	53.8%	\$ 634,113
	Work Comp Aging > 90 Days	35%	52.8%	\$ 72,081	47.7%	\$ 75,722	34.1%	\$ 30,991	64.2%	\$ 66,629	42.9%	\$ 34,505	55.0%	\$ 34,266
	Total Third Party Aging > 90 Days	13%	21.9%	\$ 891,151	25.5%	\$ 1,062,849	31.0%	\$ 1,401,283	35.1%	\$ 1,733,132	35.0%	\$ 1,816,474	40.5%	\$ 1,953,191
	CLAIM SUBMISSION EFFICIENCY													
	Claims Submission		2,100	\$ 2,411,329	1,674	\$ 2,241,921	1,560	\$ 2,184,032	1,993	\$ 2,676,735	1,727	\$ 3,091,516	1,538	\$ 2,803,341
	Clean Claims	85%	96%		98%		98%		97%		96%		97%	
	Denial Percent	5%	18%		8%		3%		7%		9%		9%	
	Total Denial Rate	Count Amt	210 \$ 344,840	215 \$ 185,849	142 \$ 62,881	270 \$ 154,975	308 \$ 249,006	234 \$ 279,308						
	Late Charges	Count Amt	122 \$ 16,253	13 \$ 3,811	43 \$ 14,541	67 \$ 7,612	28 \$ 7,746	52 \$ (8,444)						
	Communication Log Backlog		85 \$ 81,140	84 \$ 81,109	83 \$ 57,862	83 \$ 86,122	21 \$ 40,392	34 \$ 49,032						
	Self Pay	INVENTORY & QUALITY												
		Total Inventory		2,708	\$ 1,973,313	2,527	\$ 1,975,406	2,524	\$ 2,068,907	2,528	\$ 2,087,543	2,500	\$ 2,122,365	2,537
New			8	\$ 1,882	3	\$ 4,428	8	\$ 2,313	7	\$ 4,842	5	\$ 2,109	12	\$ 6,485
Resolved			161	\$ 22,561	139	\$ 15,241	66	\$ 7,528	79	\$ 66,023	117	\$ 108,550	124	\$ 73,203
Aged >180 days from Assignment		< 25%	49.0%	\$ 966,614	54.6%	\$ 1,079,326	58.4%	\$ 1,208,432	52.1%	\$ 1,088,207	48.6%	\$ 1,032,447	45.4%	\$ 1,011,471
Total Payment Plans over 120 days			\$19,957	\$21,990	\$21,317	\$19,292	\$18,662	\$19,950						
Average Speed to Answer		< 60 seconds	25	0	23	7	7	10						
STATEMENTS & LETTERS														
Statements & Letters			374	594	172	102	296	250						
Charity Care Applications In Process			5	\$ 5,842	0	\$ -	0	\$ -	26	\$ 70,997	80	\$ 30,398		
Inbound and Outbound Calls		In Out	145 204	3 230	135 259	129 152	136 209	140 190						
WRITE OFFS														
Bad Debt as a % of Gross Revenue		< 2%	0.0%	\$ -	5.3%	\$ 108,610	0.0%	\$ -	0.0%	\$ -	2.2%	\$ 54,417	0.0%	\$ -
Charity as a % of Gross Revenue		< 2%	0.2%	\$ 5,068	0.0%	\$ -	0.0%	\$ -	2.3%	\$ 56,527	0.4%	\$ 10,025	0.5%	\$ 9,508

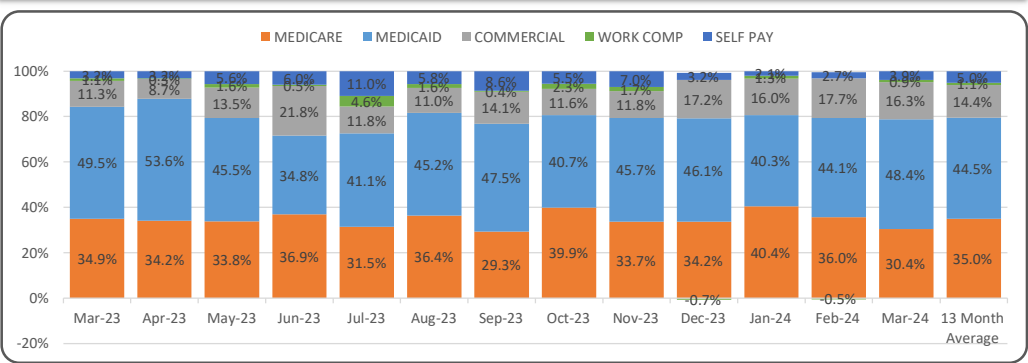
GROSS REVENUE

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	\$ 560,965	\$ 557,768	\$ 608,991	\$ 770,520	\$ 504,094	\$ 648,555	\$ 563,819	\$ 849,853	\$ 686,408	\$ 820,695	\$ 1,011,885	\$ 873,176	\$ 615,389	\$ 697,855
MEDICAID	\$ 794,626	\$ 874,406	\$ 819,312	\$ 726,128	\$ 658,441	\$ 805,092	\$ 913,825	\$ 867,885	\$ 930,946	\$ 1,108,246	\$ 1,008,861	\$ 1,067,416	\$ 978,875	\$ 888,774
COMMERCIAL	\$ 182,374	\$ 142,791	\$ 243,074	\$ 454,637	\$ 189,003	\$ 196,363	\$ 271,079	\$ 247,190	\$ 241,360	\$ 413,697	\$ 402,037	\$ 429,688	\$ 329,806	\$ 287,931
WORK COMP	\$ 18,086	\$ 5,119	\$ 29,663	\$ 10,915	\$ 73,141	\$ 28,402	\$ 8,619	\$ 48,010	\$ 35,245	\$ (17,130)	\$ 32,033	\$ (12,352)	\$ 18,728	\$ 21,421
SELF PAY	\$ 50,784	\$ 52,413	\$ 100,841	\$ 126,294	\$ 175,618	\$ 102,746	\$ 164,957	\$ 117,250	\$ 143,534	\$ 76,560	\$ 51,516	\$ 65,067	\$ 78,384	\$ 100,459
TOTAL	\$ 1,606,835	\$ 1,632,497	\$ 1,801,881	\$ 2,088,494	\$ 1,600,297	\$ 1,781,158	\$ 1,922,299	\$ 2,130,187	\$ 2,037,494	\$ 2,402,068	\$ 2,506,331	\$ 2,422,995	\$ 2,021,182	\$ 1,996,440
AVERAGE DAILY REVENUE	\$ 52,936	\$ 53,670	\$ 54,796	\$ 60,691	\$ 59,681	\$ 58,817	\$ 55,829	\$ 61,407	\$ 65,484	\$ 71,410	\$ 75,499	\$ 80,565	\$ 76,379	\$ 63,628

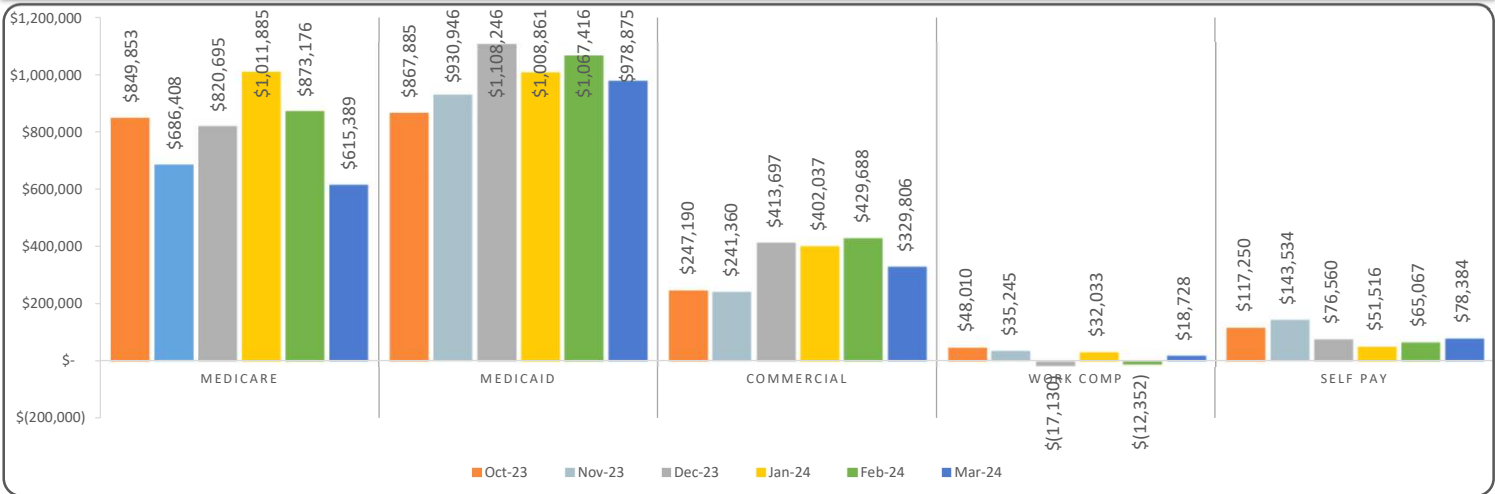
Gross Revenue



Payer Mix



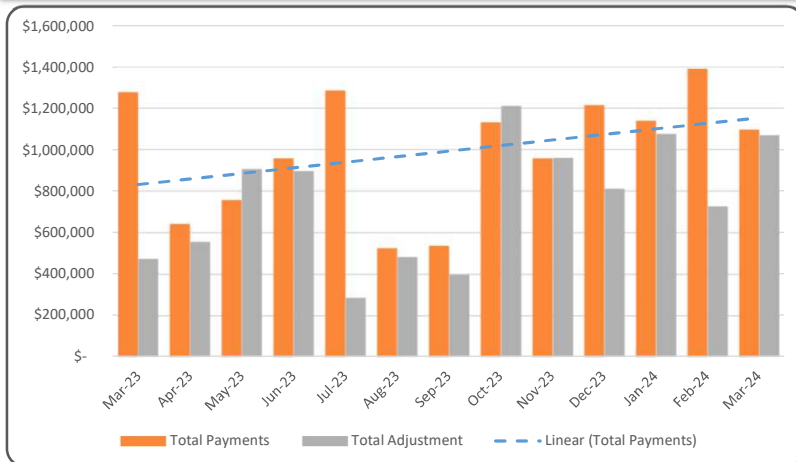
Revenue Trending By Payer



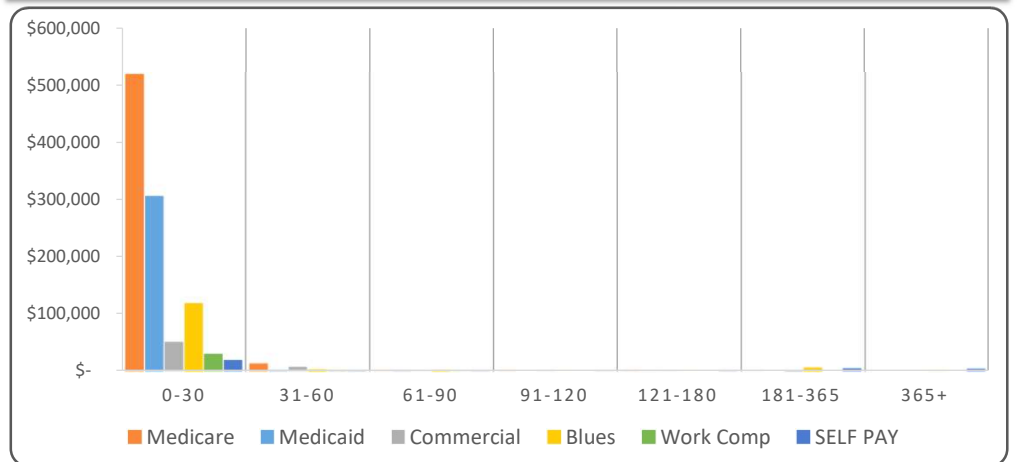
CASH DETAIL

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE														
Payments	\$ 743,922	\$ 310,558	\$ 300,837	\$ 380,113	\$ 851,353	\$ 273,732	\$ 303,327	\$ 572,057	\$ 539,621	\$ 656,043	\$ 661,118	\$ 918,553	\$ 534,506	\$ 541,980
Adjustments	\$ (134,234)	\$ 106,519	\$ 138,215	\$ 166,800	\$ (297,566)	\$ 14,075	\$ 40,065	\$ 133,024	\$ 129,515	\$ 2,826	\$ 137,240	\$ (178,481)	\$ 75,696	\$ 25,669
Collection %	122%	74%	69%	70%	154%	95%	88%	81%	81%	100%	83%	124%	88%	94%
MEDICAID														
Payments	\$ 277,640	\$ 193,806	\$ 300,483	\$ 275,555	\$ 192,283	\$ 90,923	\$ 92,296	\$ 313,889	\$ 229,010	\$ 310,938	\$ 242,089	\$ 202,951	\$ 308,231	\$ 233,084
Adjustments	\$ 461,105	\$ 361,576	\$ 609,604	\$ 571,141	\$ 466,985	\$ 399,800	\$ 295,314	\$ 971,132	\$ 641,672	\$ 700,680	\$ 799,319	\$ 712,729	\$ 868,417	\$ 604,575
Collection %	38%	35%	33%	33%	29%	19%	24%	24%	26%	31%	23%	22%	26%	28%
COMMERCIAL														
Payments	\$ 117,204	\$ 36,603	\$ 42,946	\$ 90,936	\$ 120,614	\$ 46,506	\$ 40,074	\$ 66,438	\$ 65,228	\$ 55,591	\$ 86,125	\$ 102,537	\$ 58,154	\$ 71,458
Adjustments	\$ 30,397	\$ 24,802	\$ 26,556	\$ 66,876	\$ 27,237	\$ 17,350	\$ 20,479	\$ 29,216	\$ 22,136	\$ 14,629	\$ 16,620	\$ 38,483	\$ 19,189	\$ 27,228
Collection %	79%	60%	62%	58%	82%	73%	66%	69%	75%	79%	84%	73%	75%	72%
BLUES														
Payments	\$ 96,727	\$ 54,673	\$ 79,624	\$ 162,086	\$ 89,306	\$ 55,087	\$ 76,601	\$ 120,414	\$ 68,971	\$ 137,865	\$ 98,826	\$ 132,852	\$ 131,552	\$ 100,353
Adjustments	\$ 51,765	\$ 30,285	\$ 68,579	\$ 62,281	\$ 55,589	\$ 28,987	\$ 29,422	\$ 43,963	\$ 37,046	\$ 59,992	\$ 50,618	\$ 74,352	\$ 73,694	\$ 51,275
Collection %	0%	0%	0%	0%	0%	0%	0%	0%	65%	70%	66%	64%	64%	66%
WORK COMP														
Payments	\$ 7,853	\$ 17,944	\$ 4,105	\$ 6,593	\$ 11,971	\$ 34,920	\$ 2,990	\$ 18,118	\$ 7,910	\$ 30,109	\$ 13,561	\$ 4,542	\$ 31,805	\$ 14,802
Adjustments	\$ 8,982	\$ 8,713	\$ 9,697	\$ 2,215	\$ 7,288	\$ 7,277	\$ 2,489	\$ 4,838	\$ 739	\$ 24,588	\$ 5,401	\$ 2,553	\$ 8,362	\$ 7,165
Collection %	47%	67%	30%	75%	62%	83%	55%	79%	91%	55%	72%	64%	79%	66%
SELF PAY														
Payments	\$ 33,213	\$ 27,729	\$ 28,466	\$ 42,832	\$ 19,754	\$ 22,724	\$ 20,294	\$ 40,894	\$ 47,308	\$ 24,138	\$ 37,492	\$ 29,727	\$ 31,640	\$ 31,247
Bad Debt Recoveries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjustments	\$ 30,789	\$ 21,095	\$ 31,837	\$ 17,525	\$ 14,103	\$ 9,683	\$ 5,797	\$ 23,642	\$ 19,912	\$ 7,961	\$ 9,710	\$ 12,066	\$ 14,080	\$ 16,785
Charity Care	\$ 23,556	\$ 973	\$ 21,551	\$ 9,633	\$ 10,549	\$ 4,244	\$ 1,705	\$ 5,068	\$ -	\$ -	\$ 56,527	\$ 10,025	\$ 9,508	\$ 11,795
Bad Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,610	\$ -	\$ 54,417	\$ -	\$ 12,541
Total SP Adjustments	\$ 54,346	\$ 22,067	\$ 53,388	\$ 27,157	\$ 24,653	\$ 13,927	\$ 7,502	\$ 28,710	\$ 128,522	\$ 7,961	\$ 66,236	\$ 76,509	\$ 23,588	\$ 41,121
Collection %	38%	56%	35%	61%	44%	62%	73%	59%	27%	75%	36%	28%	57%	50%
TOTAL														
Total Payments	\$ 1,276,559	\$ 641,314	\$ 756,460	\$ 958,114	\$ 1,285,280	\$ 523,891	\$ 535,583	\$ 1,131,808	\$ 958,049	\$ 1,214,685	\$ 1,139,209	\$ 1,391,162	\$ 1,095,888	\$ 992,923
Total Adjustment	\$ 472,360	\$ 553,962	\$ 906,039	\$ 896,471	\$ 284,186	\$ 481,416	\$ 395,270	\$ 1,210,884	\$ 959,630	\$ 810,676	\$ 1,075,435	\$ 726,145	\$ 1,068,946	\$ 715,912
Total Collection %	73%	54%	46%	52%	82%	52%	58%	48%	50%	60%	51%	66%	51%	57%

Cash & Adjustment Trending

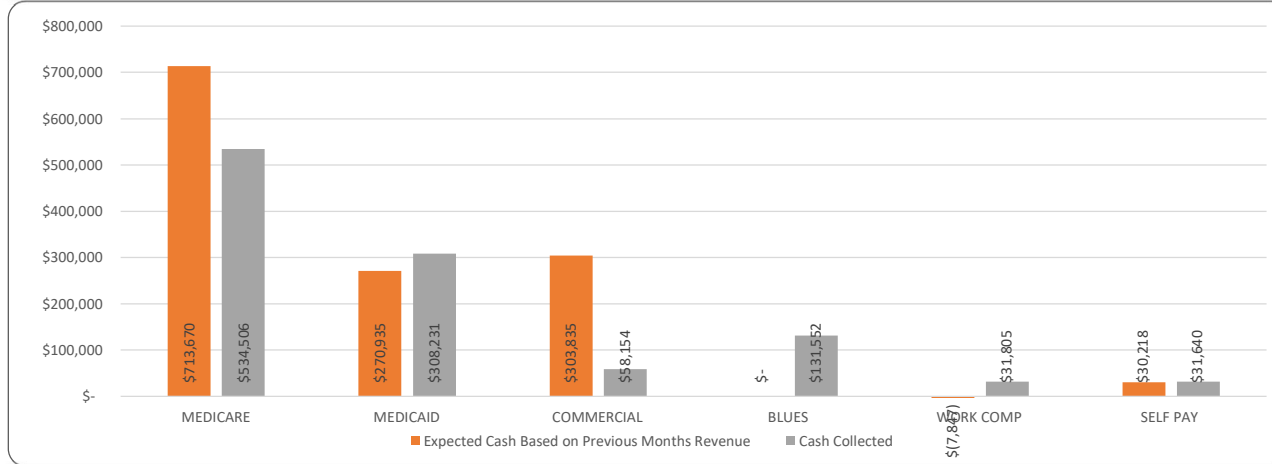


Cash Collections by Discharge Date

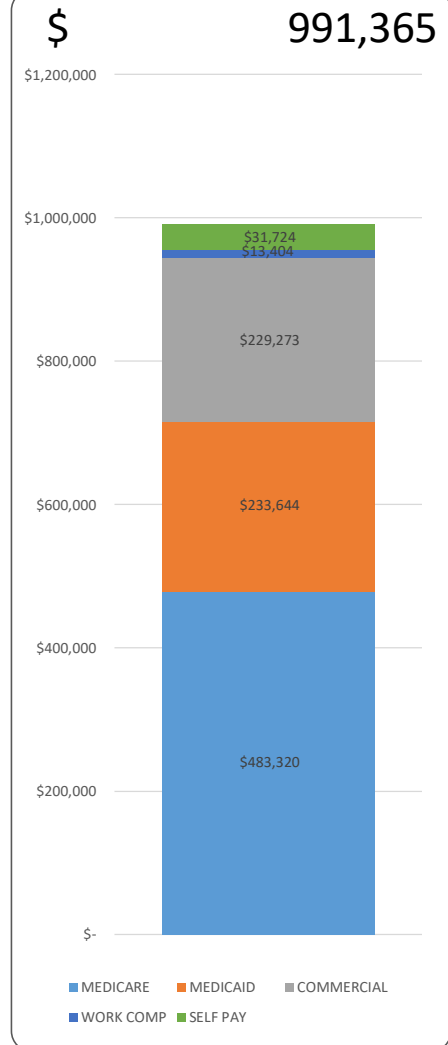


CASH FORECASTING

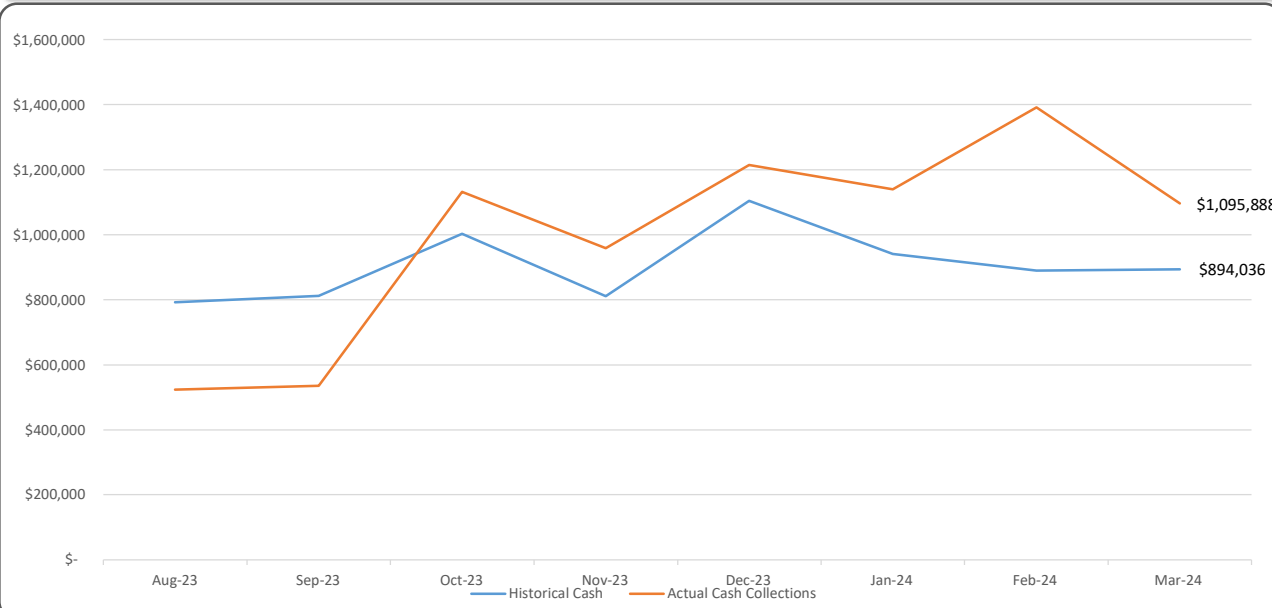
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month (Based on this Months Revenue)



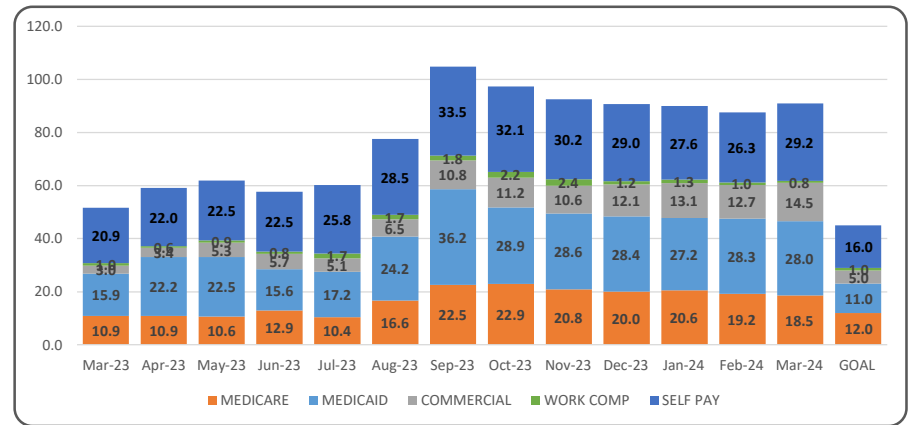
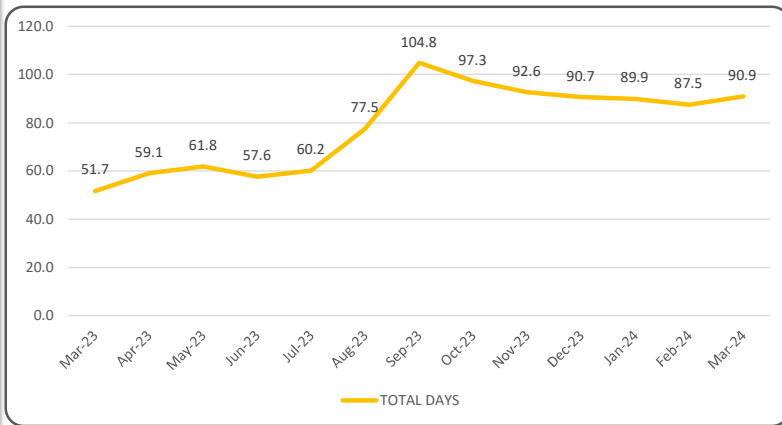
Actual Cash Based on Historical Collections



ACCOUNTS RECEIVABLE

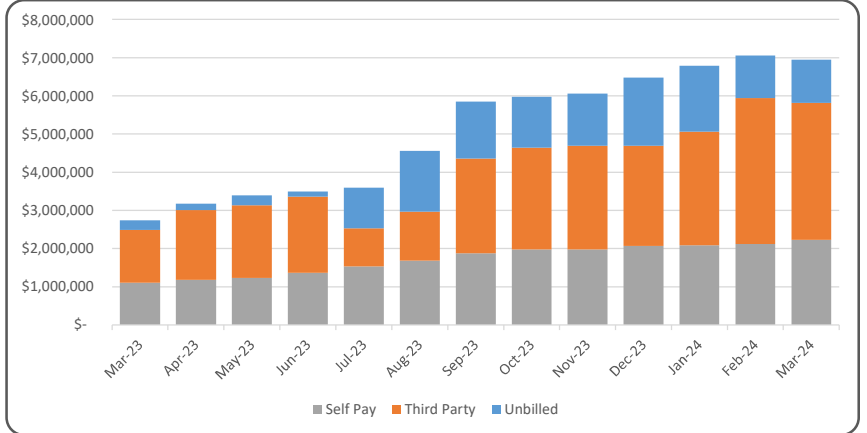
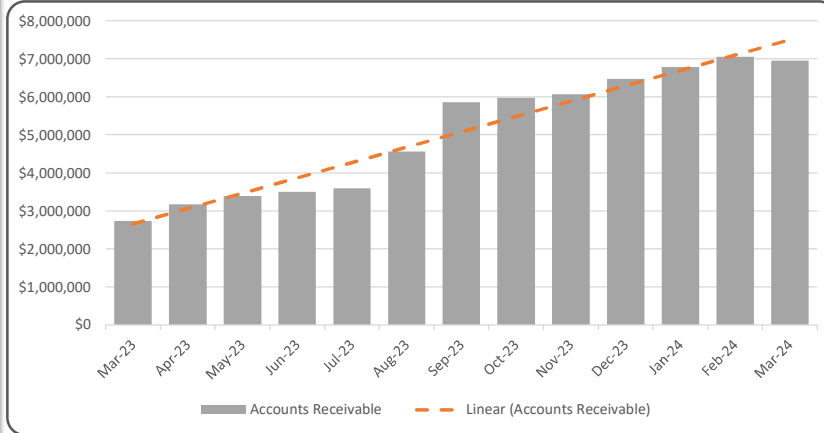
AR Days

PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	10.9	10.9	10.6	12.9	10.4	16.6	22.5	22.9	20.8	20.0	20.6	19.2	18.5	16.7
MEDICAID	15.9	22.2	22.5	15.6	17.2	24.2	36.2	28.9	28.6	28.4	27.2	28.3	28.0	24.9
COMMERCIAL	3.0	3.4	5.3	5.7	5.1	6.5	10.8	11.2	10.6	12.1	13.1	12.7	14.5	8.8
WORK COMP	1.0	0.6	0.9	0.8	1.7	1.7	1.8	2.2	2.4	1.2	1.3	1.0	0.8	1.3
SELF PAY	20.9	22.0	22.5	22.5	25.8	28.5	33.5	32.1	30.2	29.0	27.6	26.3	29.2	26.9
TOTAL DAYS	51.7	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9	78.6



AR Balance

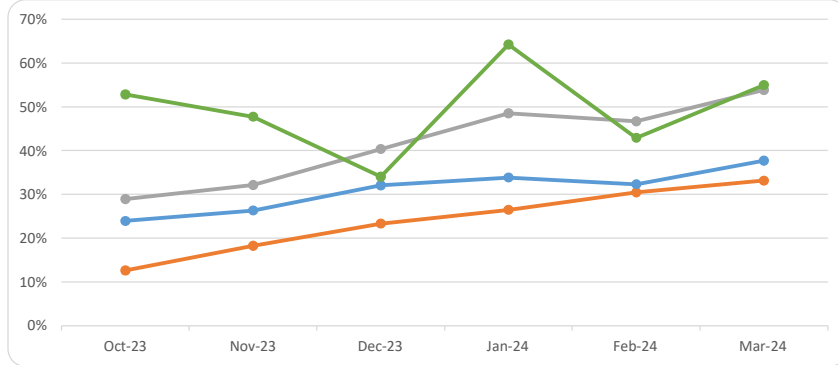
PAYER	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	\$ 577,661	\$ 586,779	\$ 583,176	\$ 783,065	\$ 619,122	\$ 977,025	\$ 1,257,444	\$ 1,408,379	\$ 1,364,196	\$ 1,430,057	\$ 1,552,239	\$ 1,546,696	\$ 1,414,285	\$ 1,084,625
MEDICAID	\$ 841,757	\$ 1,191,120	\$ 1,231,780	\$ 946,990	\$ 1,024,807	\$ 1,425,127	\$ 2,019,041	\$ 1,774,925	\$ 1,873,656	\$ 2,027,427	\$ 2,056,249	\$ 2,281,795	\$ 2,139,446	\$ 1,602,625
COMMERCIAL	\$ 157,304	\$ 184,884	\$ 292,678	\$ 348,563	\$ 306,012	\$ 380,817	\$ 600,808	\$ 684,736	\$ 692,018	\$ 861,736	\$ 990,874	\$ 1,024,848	\$ 1,105,847	\$ 587,010
WORK COMP	\$ 55,187	\$ 31,871	\$ 48,923	\$ 50,878	\$ 102,360	\$ 97,414	\$ 101,908	\$ 133,125	\$ 155,295	\$ 87,612	\$ 100,345	\$ 76,676	\$ 58,713	\$ 84,639
SELF PAY	\$ 1,104,091	\$ 1,178,370	\$ 1,232,411	\$ 1,367,447	\$ 1,539,006	\$ 1,678,055	\$ 1,871,417	\$ 1,973,313	\$ 1,975,406	\$ 2,068,907	\$ 2,087,543	\$ 2,122,365	\$ 2,228,193	\$ 1,725,117
TOTAL	\$ 2,736,001	\$ 3,173,025	\$ 3,388,967	\$ 3,496,943	\$ 3,591,307	\$ 4,558,438	\$ 5,850,618	\$ 5,974,477	\$ 6,060,571	\$ 6,475,740	\$ 6,787,249	\$ 7,052,380	\$ 6,946,485	\$ 5,084,015



ACCOUNTS RECEIVABLE AGING

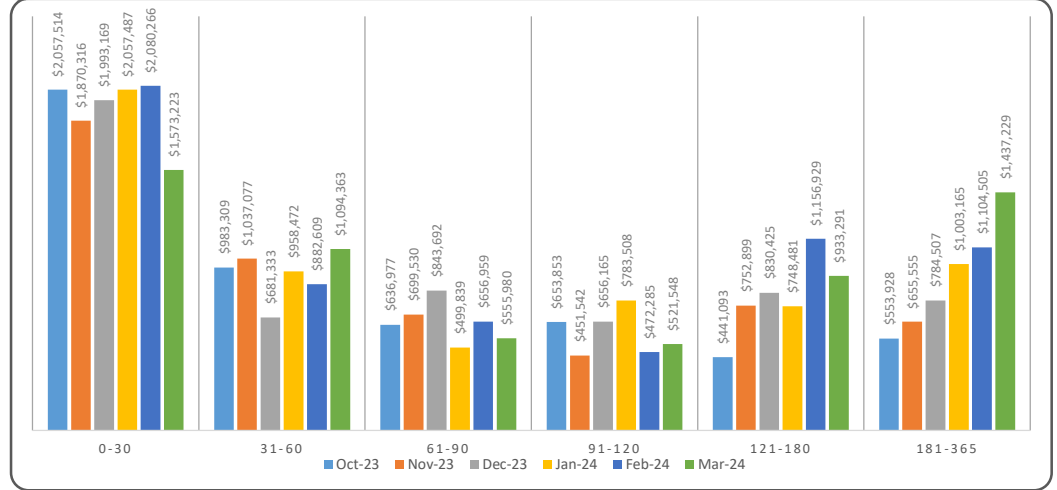
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	219	\$ 498,852	44	\$ 262,513	33	\$ 193,581	25	\$ 113,354	41	\$ 201,731	52	\$ 123,291	25	\$ 34,741	439	\$ 1,428,064
Credit	0	\$ -	0	\$ -	1	\$ (157)	1	\$ (8,581)	0	\$ -	4	\$ (260)	8	\$ (4,781)	14	\$ (13,779)
TOTAL	219	\$ 498,852	44	\$ 262,513	34	\$ 193,424	26	\$ 104,773	41	\$ 201,731	56	\$ 123,031	33	\$ 29,961	453	\$ 1,414,285
MEDICAID																
Non-Credit	231	\$ 728,232	164	\$ 487,752	114	\$ 124,302	80	\$ 156,641	100	\$ 270,982	169	\$ 310,888	104	\$ 73,184	962	\$ 2,151,981
Credit	0	\$ -	0	\$ -	5	\$ (1,627)	2	\$ (242)	6	\$ (5,799)	15	\$ (4,868)	0	\$ -	28	\$ (12,535)
TOTAL	231	\$ 728,232	164	\$ 487,752	119	\$ 122,675	82	\$ 156,399	106	\$ 265,183	184	\$ 306,020	104	\$ 73,184	990	\$ 2,139,446
COMMERCIAL																
Non-Credit	126	\$ 229,015	114	\$ 183,505	75	\$ 131,282	57	\$ 108,054	100	\$ 224,482	243	\$ 267,677	75	\$ 33,900	790	\$ 1,177,915
Credit	0	\$ -	0	\$ -	2	\$ (1,964)	3	\$ (1,021)	6	\$ (3,438)	14	\$ (7,789)	358	\$ (57,856)	383	\$ (72,068)
TOTAL	126	\$ 229,015	114	\$ 183,505	77	\$ 129,318	60	\$ 107,033	106	\$ 221,043	257	\$ 259,888	433	\$ (23,956)	1173	\$ 1,105,847
WORK COMP																
Non-Credit	5	\$ 15,298	2	\$ 6,953	2	\$ 5,817	2	\$ 10,013	3	\$ 5,645	9	\$ 12,270	18	\$ 6,337	41	\$ 62,334
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (245)	16	\$ (3,376)	17	\$ (3,620)
TOTAL	5	\$ 15,298	2	\$ 6,953	2	\$ 5,817	2	\$ 10,013	3	\$ 5,645	10	\$ 12,026	34	\$ 2,961	58	\$ 58,713
SELF PAY																
Non-Credit	55	\$ 103,204	105	\$ 156,222	95	\$ 105,322	61	\$ 144,109	133	\$ 242,755	597	\$ 740,375	1166	\$ 783,974	2212	\$ 2,275,961
Credit	7	\$ (1,378)	3	\$ (2,583)	1	\$ (577)	2	\$ (780)	2	\$ (3,067)	25	\$ (4,111)	285	\$ (35,273)	325	\$ (47,768)
TOTAL	62	\$ 101,826	108	\$ 153,639	96	\$ 104,746	63	\$ 143,329	135	\$ 239,689	622	\$ 736,263	1451	\$ 748,701	2537	\$ 2,228,193
ACCOUNTS RECEIVABLE																
Non-Credit	636	\$ 1,574,601	429	\$ 1,096,946	319	\$ 560,304	225	\$ 532,171	377	\$ 945,595	1070	\$ 1,454,502	1388	\$ 932,137	4444	\$ 7,096,255
Credit	7	\$ (1,378)	3	\$ (2,583)	9	\$ (4,324)	8	\$ (10,623)	14	\$ (12,304)	59	\$ (17,273)	667	\$ (101,285)	767	\$ (149,770)
GRAND TOTAL	643	\$ 1,573,223	432	\$ 1,094,363	328	\$ 555,980	233	\$ 521,548	391	\$ 933,291	1129	\$ 1,437,229	2055	\$ 830,852	5211	\$ 6,946,485

Aged Over 90 Days Trending (excluding Credits)



	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Medicare	12.6%	18.3%	23.3%	26.5%	30.5%	33.1%
Medicaid	23.9%	26.3%	32.1%	33.8%	32.3%	37.7%
Commercial	28.9%	32.1%	40.4%	48.5%	46.7%	53.8%
Work Comp	52.8%	47.7%	34.1%	64.2%	42.9%	55.0%

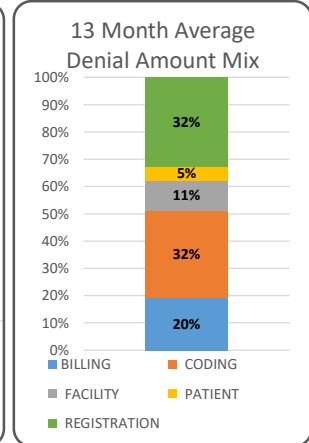
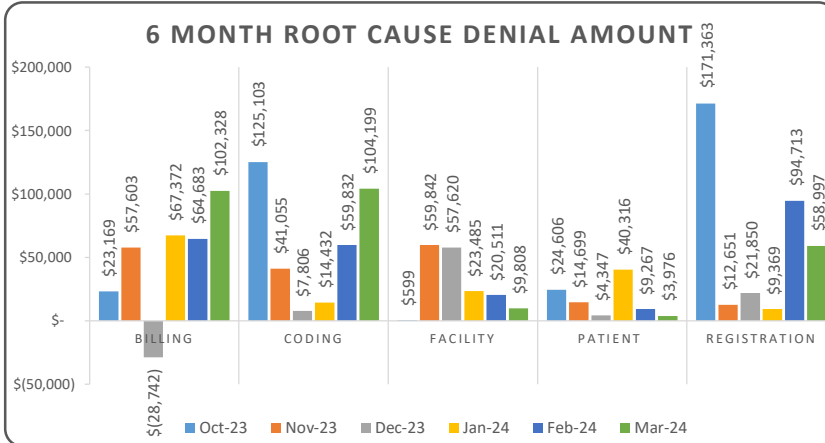
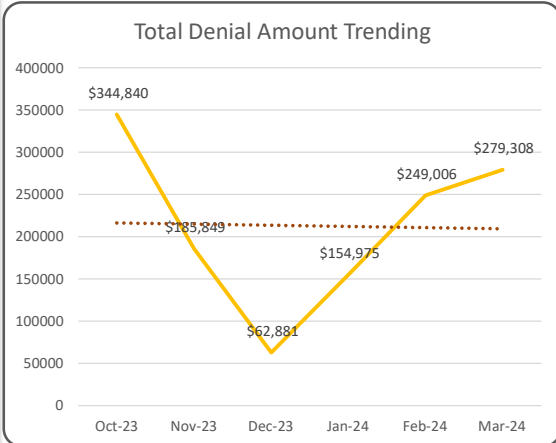
6 Month Aging



DENIAL MANAGEMENT

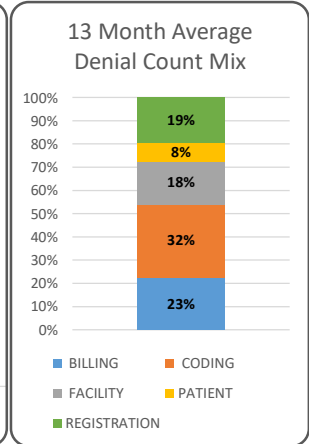
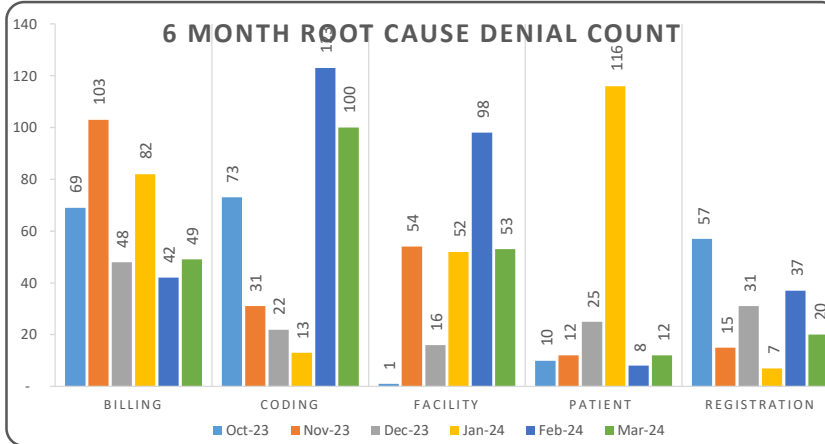
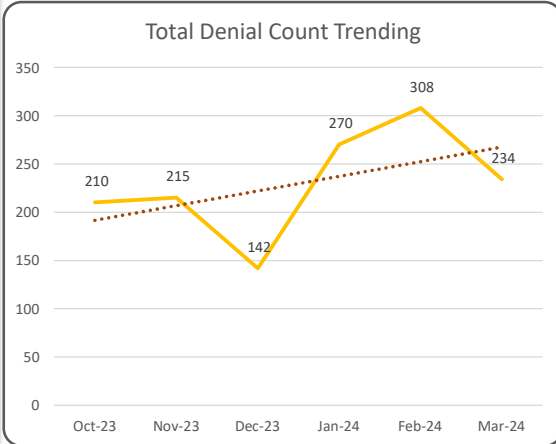
Denial Amount

AMOUNT	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
BILLING	\$ 11,555	\$ 16,802	\$ 33,824	\$ 20,119	\$ 16,441	\$ 4,186	\$ 14,532	\$ 23,169	\$ 57,603	\$ (28,742)	\$ 67,372	\$ 64,683	\$ 102,328	\$ 31,067
CODING	\$ 44,001	\$ 24,264	\$ 39,181	\$ 20,027	\$ 28,731	\$ 69,786	\$ 82,600	\$ 125,103	\$ 41,055	\$ 7,806	\$ 14,432	\$ 59,832	\$ 104,199	\$ 50,847
FACILITY	\$ 8,818	\$ 7,016	\$ 18,338	\$ 5,061	\$ 8,170	\$ 2,617	\$ 3,773	\$ 599	\$ 59,842	\$ 57,620	\$ 23,485	\$ 20,511	\$ 9,808	\$ 17,358
PATIENT	\$ -	\$ -	\$ -	\$ -	\$ 4,418	\$ 4,468	\$ 407	\$ 24,606	\$ 14,699	\$ 4,347	\$ 40,316	\$ 9,267	\$ 3,976	\$ 8,193
REGISTRATION	\$ 29,947	\$ 44,238	\$ 48,458	\$ 59,497	\$ 32,719	\$ 24,061	\$ 58,303	\$ 171,363	\$ 12,651	\$ 21,850	\$ 9,369	\$ 94,713	\$ 58,997	\$ 51,244
TOTAL	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 158,709



Denial Count

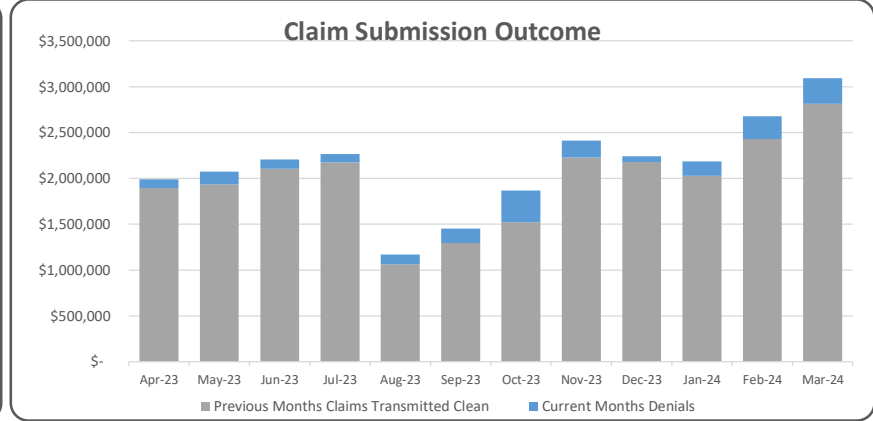
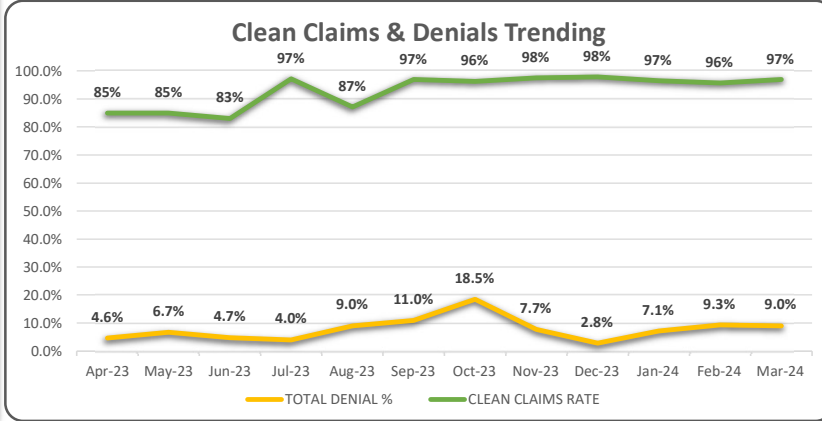
COUNT	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
BILLING	17	22	14	25	17	23	21	69	103	48	82	42	49	41
CODING	63	64	40	61	58	39	53	73	31	22	13	123	100	57
FACILITY	30	27	29	14	28	15	6	1	54	16	52	98	53	33
PATIENT	-	-	-	-	2	4	1	10	12	25	116	8	12	15
REGISTRATION	40	44	54	43	34	30	27	57	15	31	7	37	20	34
TOTAL	150	157	137	143	139	111	108	210	215	142	270	308	234	179



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

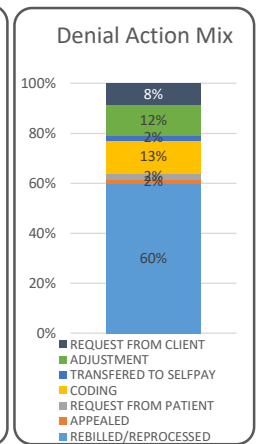
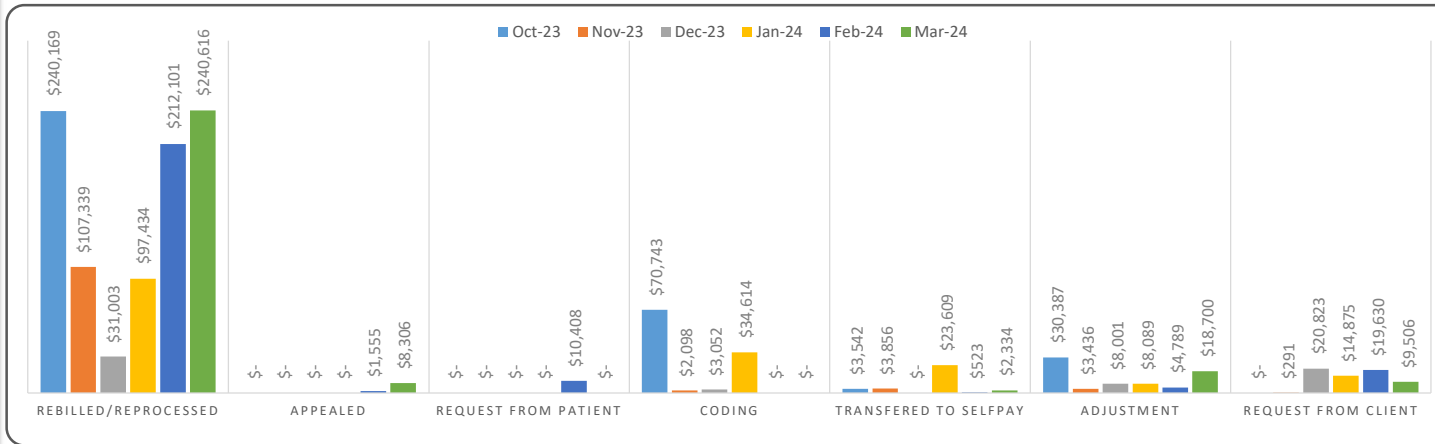
Denial & Clean Claim Trending

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
DENIAL AMOUNT	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 158,709
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 1,941,893	\$ 1,988,632	\$ 2,074,118	\$ 2,207,031	\$ 2,264,169	\$ 1,167,844	\$ 1,454,165	\$ 1,867,928	\$ 2,411,329	\$ 2,241,921	\$ 2,184,032	\$ 2,676,735	\$ 3,091,516	\$ 2,120,870
TOTAL DENIAL %	4.9%	4.6%	6.7%	4.7%	4.0%	9.0%	11.0%	18.5%	7.7%	2.8%	7.1%	9.3%	9.0%	7.6%
CLEAN CLAIMS RATE	82%	85%	85%	83%	97%	87%	97%	96%	98%	98%	97%	96%	97%	92%



Action Taken on Denials

DENIAL ACTION	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
REBILLED/REPROCESSED	\$ 55,495	\$ 49,608	\$ 73,330	\$ 48,104	\$ 35,311	\$ 8,771	\$ 21,181	\$ 240,169	\$ 107,339	\$ 31,003	\$ 97,434	\$ 212,101	\$ 240,616	\$ 93,882
APPEALED	\$ 2,164	\$ 11,305	\$ 3,102	\$ 133	\$ 4,051	\$ 21	\$ 1,355	\$ -	\$ -	\$ -	\$ -	\$ 1,555	\$ 8,306	\$ 2,461
REQUEST FROM PATIENT	\$ 1,293	\$ 1,180	\$ 3,499	\$ 10,114	\$ 13,047	\$ 5,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,408	\$ -	\$ 3,444
CODING	\$ 2,209	\$ 2,394	\$ 438	\$ 4,991	\$ 7,358	\$ 67,848	\$ 75,684	\$ 70,743	\$ 2,098	\$ 3,052	\$ 34,614	\$ -	\$ -	\$ 20,879
TRANSFERRED TO SELFPAY	\$ 2,222	\$ 682	\$ 1,244	\$ 2,329	\$ 555	\$ 561	\$ -	\$ 3,542	\$ 3,856	\$ -	\$ 23,609	\$ 523	\$ 2,334	\$ 3,189
ADJUSTMENT	\$ 28,772	\$ 21,417	\$ 40,951	\$ 36,597	\$ 25,659	\$ 6,499	\$ 7,028	\$ 30,387	\$ 3,436	\$ 8,001	\$ 8,089	\$ 4,789	\$ 18,700	\$ 18,487
REQUEST FROM CLIENT	\$ 2,166	\$ 5,734	\$ 17,237	\$ 2,435	\$ 4,499	\$ 16,182	\$ 54,368	\$ -	\$ 291	\$ 20,823	\$ 14,875	\$ 19,630	\$ 9,506	\$ 12,904
TOTAL	\$ 94,322	\$ 92,321	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,116	\$ 159,615	\$ 344,842	\$ 117,020	\$ 62,880	\$ 178,621	\$ 249,006	\$ 279,461	\$ 155,245

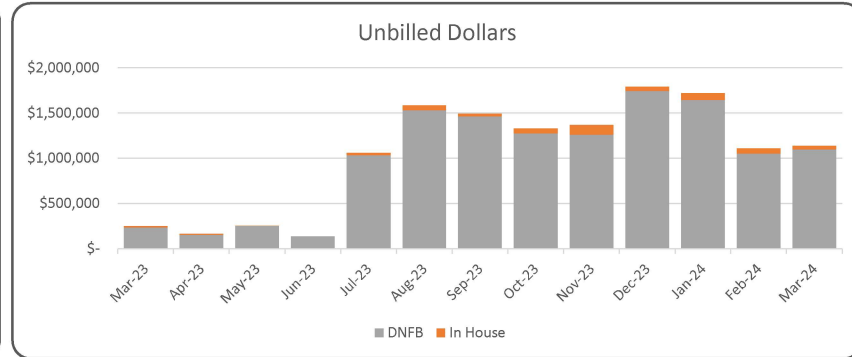
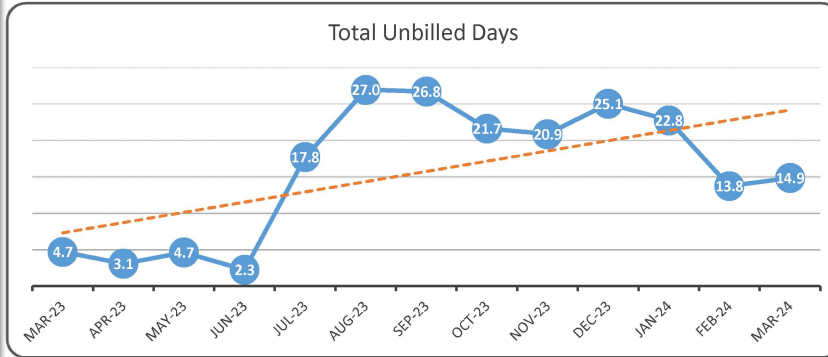


*NOTE: We are unable to get denial figures in February due to a reporting issue. We are working to get this issue resolved

UNBILLED & INVENTORY

Unbilled

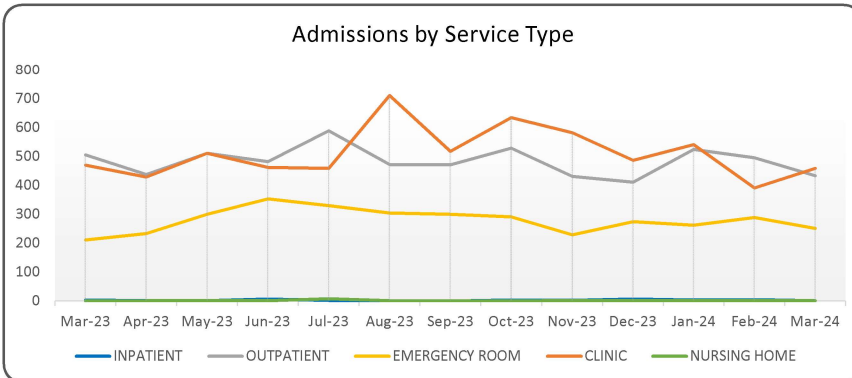
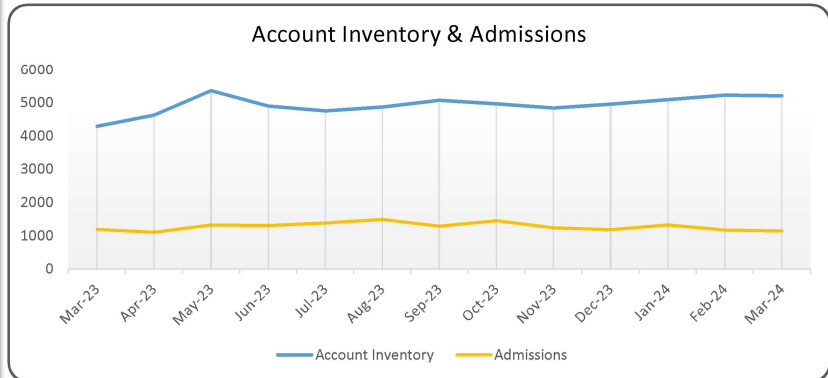
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
In House	\$ 15,908	\$ 13,120	\$ 2,240	\$ -	\$ 27,926	\$ 59,290	\$ 34,128	\$ 58,121	\$ 108,806	\$ 49,158	\$ 81,326	\$ 57,589	\$ 40,091	\$ 42,131
DNFB	\$ 234,498	\$ 153,558	\$ 252,579	\$ 137,865	\$ 1,032,055	\$ 1,528,438	\$ 1,460,193	\$ 1,272,278	\$ 1,259,714	\$ 1,740,429	\$ 1,639,771	\$ 1,052,041	\$ 1,097,004	\$ 989,263
Total Unbilled	\$ 250,407	\$ 166,678	\$ 254,819	\$ 137,865	\$ 1,059,981	\$ 1,587,728	\$ 1,494,321	\$ 1,330,399	\$ 1,368,520	\$ 1,789,587	\$ 1,721,097	\$ 1,109,630	\$ 1,137,095	\$ 1,031,394
Unbilled Days	4.7	3.1	4.7	2.3	17.8	27.0	26.8	21.7	20.9	25.1	22.8	13.8	14.9	15.8



Admissions & Account Inventory

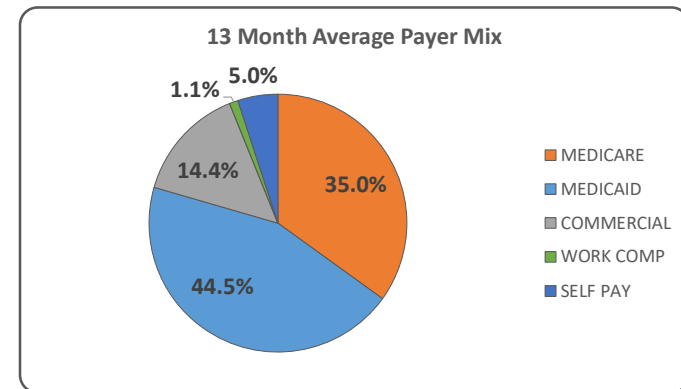
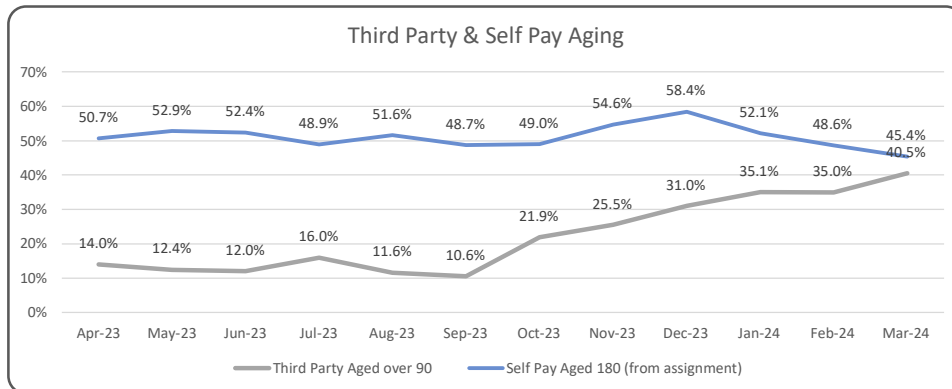
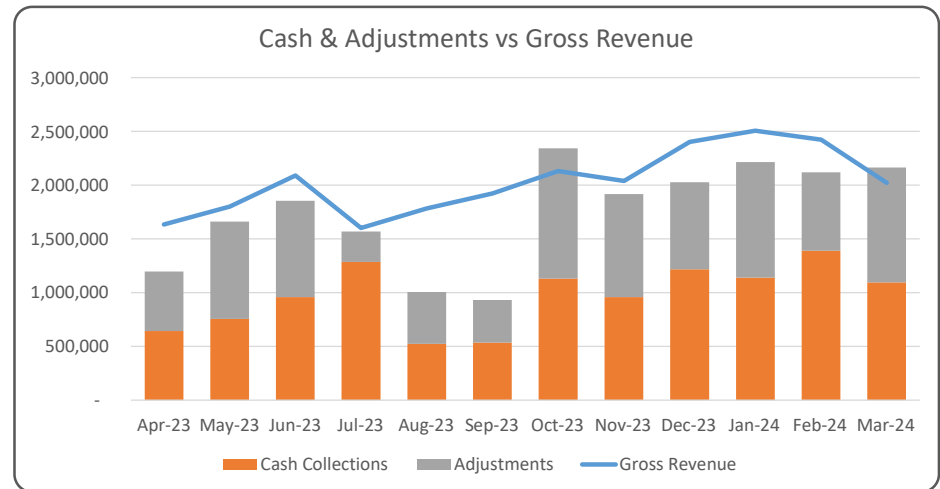
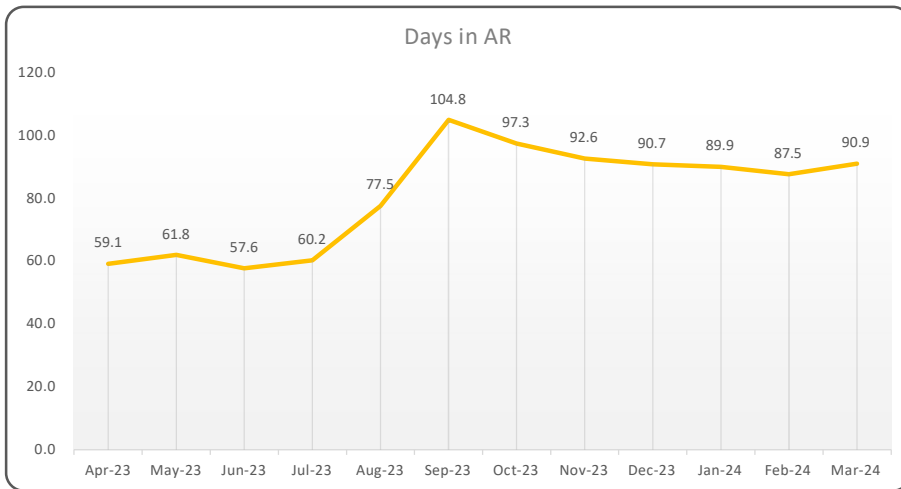
ADMISSIONS	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
INPATIENT	3	1	1	6	2	1	0	3	2	6	3	4	1	3
SWINGBED	4	4	0	4	2	7	1	4	1	5	2	2	1	3
OUTPATIENT	505	437	510	482	588	472	471	528	430	411	524	495	433	484
EMERGENCY ROOM	211	233	300	353	330	304	299	291	229	274	262	289	251	279
CLINIC	470	428	511	462	458	710	517	634	582	486	540	391	458	511
NURSING HOME	0	1	1	1	8	1	0	0	2	1	1	1	1	1
TOTAL	1,193	1,104	1,323	1,308	1,388	1,495	1,288	1,460	1,246	1,183	1,332	1,182	1,145	1,281

ACCOUNT INVENTORY	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	13 Month Average
MEDICARE	438	494	547	485	387	519	598	579	556	633	583	601	453	529
MEDICAID	645	855	794	748	682	688	762	732	759	756	874	940	990	787
COMMERCIAL	857	903	914	997	862	838	887	897	942	997	1,052	1,131	1,173	958
WORK COMP	91	77	87	89	75	59	57	55	61	56	58	54	58	67
SELF PAY	2,260	2,303	2,461	2,584	2,752	2,767	2,772	2,708	2,527	2,524	2,528	2,500	2,537	2,556
TOTAL	4,291	4,632	5,363	4,903	4,758	4,871	5,076	4,971	4,845	4,966	5,095	5,226	5,211	4,939



SoHum Health Executive Dashboard

	TARGET	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Days in AR	45.0	59.1	61.8	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9
Gross AR		3,173,025	3,388,967	3,496,943	3,591,307	4,558,438	5,850,618	5,974,477	6,060,571	6,475,740	6,787,249	7,052,380	6,946,485
Gross Revenue		1,632,497	1,801,881	2,088,494	1,600,297	1,781,158	1,922,299	2,130,187	2,037,494	2,402,068	2,506,331	2,422,995	2,021,182
Cash Collections		641,314	756,460	958,114	1,285,280	523,891	535,583	1,131,808	958,049	1,214,685	1,139,209	1,391,162	1,095,888
Adjustments		553,962	906,039	896,471	284,186	481,416	395,270	1,210,884	959,630	810,676	1,075,435	726,145	1,068,946
Collection %		53.7%	45.5%	51.7%	81.9%	52.1%	57.5%	48.3%	50.0%	60.0%	51.4%	65.7%	50.6%
Late Charges	1%	0.0%	0.0%	0.2%	2.2%	0.3%	0.7%	0.8%	0.2%	0.6%	0.3%	0.3%	-0.4%
Bad Debt	3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	2.2%	0.0%
Charity Care	3%	0.1%	1.2%	0.5%	0.7%	0.2%	0.1%	0.2%	0.0%	0.0%	2.3%	0.4%	0.5%
Third Party Aged over 90	13%	14.0%	12.4%	12.0%	16.0%	11.6%	10.6%	21.9%	25.5%	31.0%	35.1%	35.0%	40.5%
Self Pay Aged 180 (from assignment)	25%	50.7%	52.9%	52.4%	48.9%	51.6%	48.7%	49.0%	54.6%	58.4%	52.1%	48.6%	45.4%



CNO Report April 2024

April 2024

Update

We continue working and moving forward with the ongoing projects. These include the new laboratory analyzer and the Senior Life Solutions (SLS) program, which is set to launch soon. We are also excited to welcome two new LCSWs to our team in the next few months.

Infection Prevention:

Dane La Fleur, RN, the new infection prevention nurse, continues doing a great job. The department is always survey-ready, conducting regular hand hygiene surveillance, auditing individuals on transmission-based isolation precautions to ensure proper placement and documentation, and holding infection prevention committee (IPC) and antibiotic stewardship meetings.

ED/Acute:

Katherine continues doing a great job working with the nursing team to ensure patients receive the highest and safest quality of care. Katherine shares some of the Highlights in the ED/Acute: She was invited to participate in the SoHum Health table at College of the Redwoods Career Exploration Day. She states “We had a great turnout, and we were one of the more active tables at the event. We were able to promote not only the district but also highlight our local area. Participants were Academy of the Redwood students along with College of the Redwoods students. Had interested LVN and RN students getting ready to graduate, as well as those interested in lab, radiology, and admin type positions.”

For the month of March, the ED census was 262 patients, 10 OBS, 1 swing bed admit, one inpatient admit. During Q1 our census for the ED was 831 patients. Total admits for Q1 were 6 swing patient, 4 inpatients, and 28 observation patients.

We continue with monthly nursing meetings and daily Utilization Review meetings to ensure that we are providing high quality care, addressing any changes in patient condition, and reviewing potential swing bed and/or SNF admissions. Our goal continues to be providing high quality care to our patients while serving our community by making every attempt to bring our local community members who need outside medical care, back here to recover in their local hospital.

Laboratory

The laboratory manager, Adam Summers, has reported that the lab is currently functioning at maximum capacity, the entire team is healthy and dedicated to the success of ongoing projects. The lab team is grateful for the many opportunities and successes that have come their way, as well as the overall health of the team members.

Epic, particularly its lab module Beaker, has been an asset to the lab. However, the lab has experienced some persistent issues and system breaks, which have resulted in approximately one full-time employee's worth of work. The lab team is grateful to Todd Gregory for his exceptional expertise and persistence.

The end of Providence testing has been successfully managed, and the transportation department will now make a weekly run to Quest's Petaluma specimen pickup location. The lab team is thankful to Ron Horn and his team for their assistance in this matter. Additionally, the lab team is currently collaborating with Mad River to establish a mutual reference lab agreement, which would provide testing services on weekends as necessary.

The lab team has also been working to bring testing for sexually transmitted infections (STIs) in-house. This would enable the lab to test all emergency department patients for STIs with appropriate opt-out procedures in place. Results would be available immediately while the patient remains in the ED, and positive results would be addressed with immediate counseling from the ED physician, followed by a treatment regimen. Follow-up care would be arranged as necessary, and primary care would be provided in the ED if required. This initiative is expected to increase testing rates, improve treatment outcomes, and decrease transmission rates.

In order to facilitate this testing, new test systems will be required, as well as the implementation of a system for culturing blood in-house. The lab team is currently negotiating with Beckman Coulter to secure the appropriate testing equipment. The team is grateful to Shyanna Francis for her leadership on the clinical science side of this effort and to Kent Scown, Jennifer Gutierrez, and Nechia McConnell for their support with contracting and purchasing.

The lab team is pleased to announce the successful training of four new state-certified phlebotomy technicians in the past year. It looks forward to further training opportunities in the coming year. Additionally, the team is grateful to have received raises that help address the impact of inflation. The team recognizes the hard work of the HR and administrative teams, as well as the district board, in securing this fair and complete package of raises.

In conclusion, the lab team wishes to express their gratitude for the many successes and opportunities that have come their way and for the ongoing health of the entire team.



Skilled Nursing

Following a comprehensive survey, the California Department of Public Health (CDPH) has submitted a report outlining its recommendations. We have diligently reviewed their findings and have taken appropriate measures to address the issues identified in the report. A plan of correction has been prepared and submitted to CDPH for their review and consideration.

At Skilled Nursing, we take pride in ensuring that our residents receive the best possible care. Therefore, we have implemented a new "Non-Smoking and No Tobacco Policy" to promote healthier living, and we are confident that this will enhance the quality of life of our residents.

We currently have eight residents who enjoy daily gatherings for lunch and participate in various activities such as movie nights and outings. Our commitment to providing a safe and comfortable environment is unwavering. We strive to create a space where our residents can thrive and enjoy life to the fullest, knowing that their wellbeing is our top priority.

Clinic

Over the first quarter, the Clinic has seen a significant increase in patient numbers, providing care to 595 patients in January, 436 in February, and 487 in March, totaling 1,518 patients. This growth underscores our commitment to serving the community.

We are pleased to announce the addition of a new RN to our Clinic. This new member, under the guidance of our clinic manager, will play a crucial role in our operations. Furthermore, we are in the process of hiring a new clinic manager who will work closely with the clinic consultant and the Clinic RN, further strengthening our team.

Despite these challenges, the team is working hard to continue serving the community and is looking forward to growing and improving by adding new team members.

As we continue to grow, we are eagerly awaiting the approval of certifications for two Licensed Clinical Social Workers (LCSWs) in California. Unfortunately, the two providers who planned to join our team at the Clinic will not be able to do so. However, we do have another provider who will be visiting us soon and may join the team after assessing the situation.



Radiology- February

Radiology performed 146 X-ray exams, 70 CTs, 33 ultrasounds, and 15 mammograms in February. The numbers are lower this month due to limited scheduling.

Work on the X-ray room continues; we will limit hours when necessary but return to regular hours.

Images and information for the accreditation of MQSA, FDA, and State mammography have been submitted.

Adela Yanez, RN, BSN, CNO