



**SoHum** Health

Southern Humboldt Community Healthcare District

# **GOVERNING BOARD MEETING**

June 27, 2024  
1:30 p.m.

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

**Sprovel Creek Campus, Rm 105  
286 Sprovel 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 June 27, 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:+14156550001), [25961264606##](tel:+14156550001) 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](mailto: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 <b>See below for Public Comment Guidelines</b>
	E. Board Member Comments <b>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.</b>
	F. Announcements
	G. Approval of Consent Agenda –
1 - 8	1. Approval of Previous Minutes a. Governing Board Meeting Minutes, June 6, 2024

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2. SHCHD New and Updated Policies
  - a. Engineering – Emergency Generator Monitoring P&P - Shannon
  - b. HIM – Authorization to Treat Minors P&P – Remy
  - c. HIM – Advance Directives – Remy
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, HR Director
  - c. Foundation – Chelsea Brown, Outreach Manager

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

I. Last Action Items for Discussion

1. Approval of Quality Compliance Plan and Associated Forms. – See Supplemental Packet

J. Administrator’s Report – Matt Rees, CEO

1. Ratcliff Update
2. Department Updates
  - a. Milestones
  - b. June Employee Anniversaries – Kiely Boyd 1 year, Chelsea Brown 5 years, and Serena Meadows 10 Years.
  - c. Approval of Financial Reports – Paul Eves, CFO July 2023- March 2024 financials and HRG Report
  - d. Nursing – Adela Yanez, CNO
  - e. Quality and Risk Management – Kristen Rees, CQO
  - f. Family Resource Center – Amy Terrones – Mar and Oct

18 - 32

K. Old Business

1. Hiring Doctors/Practitioners Update – Matt Rees

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 – Tuesday, July 9, 2024, at 4:00 p.m
2. Medical Staff Committee – Thursday, July 11, 2024, 12:30 p.m.
3. QAPI Meeting – Wednesday, July 10, 2024, at 10:00 a.m.
4. Finance Committee – Friday, July 19, 2024, at 10:00 a.m.
5. Governing Board Meeting – Thursday, July 25, 2024, at 1:30 p.m.

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. Dr. Daniel Merges, Reappointment as Active Status, Emergency Department and Inpatient Privileges, July 1, 2024 to June 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>CQO</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>OIP</i>	Quality Improvement Project/Program	<i>RN</i>	Registered Nurse

## Governing Board Meeting Agenda

June 27, 2024

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<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](http://sohumhealth.org).

*Posted Monday, June 24, 2024*

## Governing Board

**Date:** Thursday, June 6, 2024  
**Time:** 10:00 a.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, Kevin Church, and Jay Sooter, all in-person

**Not Present:** Galen Latsko

**Also in person:** CEO Matt Rees, HIM Manager Remy Quinn, CQO Kristen Rees, Administrative Assistant Darrin Guerra, CNO Adela Yanez, CFO Paul Eves, and Vice Chief of Staff Dr. Joseph Rogers

**Also via Webex:** COO Kent Scown, Ryan Stock, Rob Eskridge, HR Manager Season Bradley-Koskinen, and Chief of Staff Dr. Carl Hsu

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:** Kevin Church motioned to approve the agenda and to add the Action Item “Approval of Resolution 24:08 – Lease Agreement” to the agenda under L. New Business, line item 4.  
**Second:** Barbara Truitt  
**Ayes:** Corinne Stromstad, Kevin Church, Jay Sooter, and Barbara Truitt  
**Noes:** None  
**Not Present:** Galen Latsko  
**Motion Carried**

D. Public Comment on Non-Agendized Items - None

E. Board Member Comments – None

F. Announcements

1. Kevin Church announced that he will be absent from the June 27<sup>th</sup> Governing Board Meeting.

G. Consent Agenda

1. Approval of Previous Minutes
  - a. Governing Board Meeting Minutes, April 26, 2024
2. SHCHD New and Updated Policies
  - a. Monthly Drug Regimen and Review
  - b. Clinic-Late Arrival, Cancelled, & No Show Appointment
  - c. Emergency Contact List
  - d. Emergency Preparedness County-Wide Resources
3. Approval of Quarterly Quality Assurance Performance Improvement Committee Report (Feb, May, Aug, Nov) – See Report
4. 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 – See Report

Kevin Church pulled the policies' Monthly Drug Regimen and Clinic-Late Arrival, Cancelled, & No Show Appointment' due to a lack of clarity regarding the effective date and notification from Remy Quinn that the incorrect version of Clinic Late Arrival was submitted to the Board. These Policies will be brought back to the Policy Development Committee for corrections.

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

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

I. Action Items for Discussion

1. Hiring doctors/Practitioners update
  - a. The Admin Team will be interviewing two Family Practice providers and an Optometrist throughout the month of June.
  - b. The District is happy to announce that we have hired a new Occupational Therapist and Substance Abuse Navigator.
2. Advocacy/Legislation Conferences

- a. Matt recently spoke at the Western Regional Flex Conference and provided a verbal report to the Governing Board about the experience.

**J. Administrator's Report – Matt Rees, CEO**

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

- 1. Department Updates
  - a. Milestones – None
  - b. Monthly Department Highlight - None
  - c. Financial Reports – Remy Quinn
    - i. Remy Quinn shared the April HRG report with the public and the Governing Board.
  - 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)
- 2. Strategic Plan
  - a. Community Needs Assessment Update
    - i. Chelsea Brown and Rob Eskridge provided the Governing Board and the public with the summarized results of our Community Health Needs Assessment. The full 47-page report will be presented at a future Governing Board Meeting.

**K. Old Business**

- 1. Strategic Items for Discussion - None
  - a. Future Facilities Planning
  - b. Services

**L. New Business**

- 1. Approval of Medical Staff Bylaws – clarification of voting rights and addition of Credentialing by Proxy.
  - a. Karen Johnson presented the proposed changes of the Medical Staff bylaws to the Board.

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



2. Strategic Items for Discussion
  - a. Future Facilities Planning
  - b. Services
3. Governing Board Bylaws
  - a. Darrin Guerra spoke briefly about making necessary changes to the Governing Board Bylaws. A proposal of the suggested changes will be brought to a future Board meeting for review.
4. Approval of Resolution 24:08 – Lease Agreement

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

M. Parking Lot

N. Meeting Evaluation - Alright

O. New Action Items

1. Quality Compliance Plan and Associated Forms.
2. Governing Board Bylaws.

P. Next Meetings

1. Medical Staff Committee – PDC – Thursday, June 6, 2024, at 3:00 pm
2. QAPI Meeting – Wednesday, June 12, at 10:00 am
3. Finance Committee – Friday, June 21, 2024, at 10:00 a.m.
4. Governing Board Meeting – Friday, June 27, 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**]
6. Personnel matter –Evaluation § 54957 - None

- a. CEO Kristen Rees
- 7. Conference with Labor Negotiators §54957.6

R. Corinne Stromstad Adjourned Closed Session

S. Corinne Stromstad Resumed Open Session

- 1. No actions were taken in closed session.

T. Corinne Stromstad Adjourned Open Session

*Submitted by Darrin Guerra*

## Abbreviations

<i>ACHD</i>	Association of California Healthcare Districts	<i>ACLS</i>	Advanced Cardiac Life Support Certification
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# SoHum Health

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

Southern Humboldt Community Healthcare District

## **Governing Board Resolution 24:08**

**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT, AUTHORIZING THE EXECUTION AND DELIVERY OF A LEASE AGREEMENT IN AN AGGREGATE PRINCIPAL AMOUNT NOT TO EXCEED \$3,600,000 FOR THE PURPOSE OF FINANCING CERTAIN CAPITAL IMPROVEMENTS, AND AUTHORIZING THE EXECUTION OF NECESSARY DOCUMENTS AND CERTIFICATES AND RELATED ACTIONS**

### Section 1. Governing Board Resolution

**WHEREAS**, the Board of Directors (the “**Board of Directors**”) of the Southern Humboldt Community Healthcare District (the “**District**”) desires to finance a portion of the costs of certain improvements to the District’s Jerold Phelps Community Hospital and other, separate District-owned property located at the corner of Maple Avenue and Redwood Highway (the “**Project**”) by entering into a lease transaction with the CSDA Finance Corporation (the “**Corporation**”); and

**WHEREAS**, the lease transaction will consist of the District and the Corporation entering into a Site Lease (the “**Site Lease**”), pursuant to which the District will lease to the Corporation the real property and improvements that are described therein, consisting generally of the Jerold Phelps Community Hospital (collectively, the “**Leased Property**”), and a Lease Agreement (the “**Lease**”), pursuant to which the Corporation will sublease the Leased Property back to the District in exchange for certain lease payments (the “**Lease Payments**”); and

**WHEREAS**, in consideration for the provision of funds to finance the Project, the Corporation will pledge the Lease Payments to Five Star Bank (the “**Bank**”), pursuant to an Assignment Agreement (the “**Assignment Agreement**”), by and between the Bank and the Corporation; and

**WHEREAS**, the District has determined that the financing contemplated herein in the manner described above will result in a lower cost overall to the District than a public sale of bonds or other similar financing; and

**WHEREAS**, upon the execution of the Site Lease, the Lease and the Assignment Agreement, the District will cause to be recorded in the Official Records of the County of Humboldt copies of such documents or memoranda thereof; and



**WHEREAS**, good faith estimates of certain information relating to the lease transaction are set forth in the staff report submitted to the Board of Directors herewith as required by California Government Code Section 5852.1; such estimates were provided by the Bank; and

**WHEREAS**, all acts, conditions and things that are required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the financing authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the District is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such financing for the purpose, in the manner and upon the terms herein provided.

**NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT DOES HEREBY RESOLVE, DECLARE, DETERMINE AND ORDER AS FOLLOWS:**

Section 2. The Board of Directors of the District hereby specifically finds and declares that each of the statements, findings and determinations of the District in the recitals that are set forth above and in the preambles of the documents that are approved herein are true and correct.

Section 3. The Lease in substantially the form on file with the Secretary of the Board of Directors is hereby approved. Any of the President of the Board of Directors, the Chief Financial Officer, or a designee thereof (the "Authorized Officers"), acting alone, is hereby authorized and directed, for and in the name and on behalf of the District, to execute and deliver to the Corporation the Lease in substantially said form, with such changes, insertions and omissions therein as the Authorized Officer or Officers executing the same may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof by one or more of the Authorized Officers; provided, however, that the amount of the principal component of the Lease Payments shall not exceed \$3,600,000, the initial scheduled interest components shall accrue at an interest rate of not to exceed 6.75% per annum (assuming no event of default) for the first 69 monthly payments, and thereafter shall bear interest as set forth in the Lease (provided, however, such interest rate shall not exceed 12.0% per annum, or such other maximum interest rate permitted by law as set forth in California Government Code Section 53531, as amended), and the final scheduled Lease Payment shall not be later than eleven and one-half (11.5) years from the date of execution and delivery of the Lease (subject to extension as provided in the Lease). In the event that it is determined by an Authorized Officer that there are limitations or restrictions on the ability of the District to lease or sublease any portion of the Leased Property as contemplated by the Lease, the Authorized Officers may designate other or additional real property of the District to be leased or subleased pursuant to the Lease, with such designation to be conclusively evidenced by the execution and delivery of the Lease by one or more of the Authorized Officers.

Section 4. The Site Lease in substantially the form on file with the Secretary of the Board of Directors is hereby approved. Each Authorized Officer, acting alone, is hereby authorized and directed, for and in the name and on behalf of the District, to execute and deliver to the Corporation the Site Lease in substantially said form, with such changes, insertions and omissions therein as the Authorized Officer or Officers executing the same may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof by one or more of the Authorized Officers.

Section 5. The Assignment Agreement on file with the Secretary of the Board of Directors is hereby approved for execution and delivery by the Corporation in substantially the form on file.

Section 6. The Secretary of the Board of Directors and such person or persons as may have been designated by the Secretary of the Board of Directors to act on the behalf of the Secretary of the Board of Directors are hereby authorized and directed to attest the signature of the Authorized Officers designated herein to execute any documents described herein, and to affix and attest the seal of the District, if any, as may be required or appropriate in connection with the execution and delivery of the Site Lease and the Lease.

Section 7. The Authorized Officers are each hereby authorized and directed, jointly and severally, to do any and all things and to execute and deliver any and all documents which each may deem necessary or advisable to assist the District with the financing and the payment of costs of issuance approved by the Authorized Officers in order to consummate the financing of the Project and otherwise to carry out, give effect to and comply with the terms and intent of this Resolution, the Site Lease, the Lease and the Assignment Agreement, including but not limited to, purchasing a title insurance policy with respect to the Leased Property, executing a rate lock agreement and/or term sheet with the Bank and causing the recording of the documents, or memoranda thereof, that are described herein. Such actions heretofore taken by such officers or designees are hereby ratified, confirmed and approved.

Section 8. In accordance with the requirements of Government Code Section 5852.1, the Board of Directors acknowledges that the good faith estimates of costs required by Section 5852.1 of the California Government Code are disclosed in Exhibit A attached to this Resolution and are available to the public at the meeting of the Board of Directors at which this Resolution is approved

Section 9. This Resolution shall take effect from and after its date of adoption.

ADOPTED by the Southern Humboldt Community Healthcare District Governing Board at the regular board meeting held on the 6<sup>th</sup> day of June 2024, by the following roll call vote:

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

Noes: None

Abstain: None

Absent: Galen Latsto

Corinne Stromstad  
Witnessed by: Corinne Stromstad, President

Barbara Truitt  
Witnessed by: Barbara Truitt, Vice-President/Secretary



## **EXHIBIT A**

### **GOOD FAITH ESTIMATES**

Set forth below are good faith estimates required under Section 5852.1 of the California Government Code (the "Code") related to the Lease Agreement. The following estimates have no bearing on, and should not be misconstrued as, any not-to-exceed financial parameters authorized by resolution.

- (a) The true interest cost of the Lease Agreement is estimated at 6.60%, calculated as provided in Section 5852.1(a)(1)(A) of the Code.
- (b) The finance charge of the Lease Agreement, including all fees and charges paid to third parties, is estimated at \$81,750.
- (c) Proceeds of the Lease Agreement expected to be received by the District for the execution and delivery of the Lease Agreement, less the finance charge described in (b) above and any capitalized interest or reserves paid from proceeds of the Lease Agreement (if any), is equal to \$3,600,000.
- (d) The total payment amount calculated as provided in Section 5852.1(a)(1)(D) of the Code is estimated at \$6,154,792.39.

The foregoing are estimates and the final costs will depend on market conditions and can be expected to vary from the estimated amounts set forth above. It is the purpose of this Exhibit A to disclose the required information, which has been obtained in accordance with law.



<b>DEPARTMENT:</b> <b>Engineering</b>	<b>APPROVED:</b>	<b>Page 1 of 1</b>
<b>SUBJECT:</b> <b>Emergency Generator Monitoring</b>	<b>EFFECTIVE DATE:</b>	<b>SUPERCEDES:</b> <b>New</b>

**POLICY:**

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD" or "District") to perform Preventative Maintenance, and Monitor Emergency Backup Generator to provide emergency power in the event of a power outage.

**Purpose:**

The purpose of this policy and procedure is to delineate the process in which the generator will be maintained and monitored.

**DEFINITIONS:**

A power outage (also called a power cut, a power out, a power failure, a power blackout, a power loss, or a blackout): is the loss of the electrical power network supply to an end user.

Word-Definition

**REFERENCES:**

<https://www.cdc.gov/disasters/poweroutage/index.html>

[Emergencies and Generators | CDC](#)

**REVIEWED BY:**

Engineering Manager

Administrative Team

Medical Staff

Governing Board



<b>DEPARTMENT:</b> <b>Engineering</b>	<b>APPROVED:</b>	<b>Page 1 of 1</b>
<b>SUBJECT:</b> <b>Emergency Generator Monitoring</b>	<b>EFFECTIVE DATE:</b>	<b>SUPERCEDES:</b> <b>New</b>

## PROCEDURE:

The hospital is equipped with a Diesel fueled generator. The generator will cover all areas of the hospital, Skilled Nursing, Acute, Emergency Department, Radiology, Lab, Clinic, and Business Office. All outlets regardless of color will be powered during an outage. The Engineering Manager /Environmental Services is responsible for maintenance of this generator.

Preventative Maintenance, and Monitoring will consist of Daily, Weekly, Monthly, Bi-Annual, and Yearly checks.

**Daily**-walk the area daily to check for debris and or leaks. Engineering will keep the area clean.

**Weekly**-Visual inspection of generator and housing, Check fuel levels, visual electrical panel inspection.

**Monthly**-Document generator testing. Check batteries, connections, levels. Check engine oil and coolant levels. Examine terminals & wiring.

**Bi-Annual**-Battery diagnostic check. Inspect drive belt. Inspect coolant heaters, air cleaner, and exhaust system. Check system hoses & connectors.

**Annual**-Examine transfer switch. Replace oil filter, air filter and fuel filters. Replace plugs. Replace coolant. Flush coolant system. Load bank testing.

## DEFINITIONS:

A power outage (also called a power cut, a power out, a power failure, a power blackout, a power loss, or a blackout): is the loss of the electrical power network supply to an end user.

## REFERENCES:

<https://www.cdc.gov/disasters/poweroutage/index.html>

[Emergencies and Generators | CDC](#)

## REVIEWED BY:

Engineering Manager

Administrative Team

Medical Staff

Governing Board





<b>Subject:</b> <b>Authorization to Treat Minors</b>	<b>Manual:</b> <b>Health Information</b>
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## POLICY

It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health") to treat minor patients in accordance with all applicable state and federal laws and regulations.

The authorizations outlined in this policy apply to all minor patients who are not otherwise excluded due to a specific status or situation. Anyone under 18 years of age is considered a minor in California with the following exceptions:

- Any individual who is legally Mmarried minors.
- Any individual who is Eemancipated, minors at least 15 years of age, living separately from their parents, and financially independent.
- Any individual serving as a member of the U.S. mMilitary Services.
- Any individual with a suspected or confirmed pregnancy. -pregnant minor-
- Any individual minor-of, at least 12 years old-of age, seeking contraceptives.
- Any individual minor-of, at least 12 years of age, with suspected or confirmed reportable infectious disease.
- Any individual minor-of, at least 12 years of age,old who is the victim of suspected or confirmed sexual assault.

Proper eConsent for treatment of a minor patient should always be obtained from the parent or legal guardian when possible if the minor is living with a parent (unless the exceptions apply) prior to the provision of medical care. If a minor patient is brought in for treatment by someone other than the parent or legal guardian, then all necessary steps should be taken to obtain written or verbal consent from the parent or legal guardian prior to the provision of medical care. An Authorization for Third Party to Consent to Treatment of a Minor Lacking Capacity to Consent can be provided. This form can be used to designate an agent as an authorized signer for general medical and informed consent.

If the minor patient is brought in for emergent medical care and the parent or legal guardian is not available to provide consent, and no other adult qualified relative can be established to authorize the provision of medical care, then the emergency physician on duty, using their professional discretion, can provide a Medical Screening Exam, and authorize any other medical care needed to prevent further harm to the minor patient. All such treatment will be documented in the minor patient's medical record.

If the minor is brought in by someone other than the parent or non-parent adult relative with whom the minor is living (ie; neighbor, babysitter, etc.), authorization should be obtained from the parent.

Any emergency treatment of a minor without authorization approved by the Medical Director or the physician on duty.

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When a parent or legal guardian is not available to provide consent, a non-parent qualified adult relative with whom a minor is living may authorize medical care for the minor by signing a Caregiver's Authorization Affidavit. Healthcare workers/District employees should be careful to require that the affidavit is completed in its entirety and that an attempt has been made to reach the minor's parents, prior to care being delivered to the minor. All attempts to contact a parent or legal guardian should be documented in the minor patient's chart.

## PROCEDURE

### ~~PROCEDURE FOR~~

#### AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF A MINOR LACKING CAPACITY TO CONSENT:

1. All the following must apply for the authorization to be valid:
  - a. Must be signed by a parent, guardian, or other person having legal custody of the minor patient.
  - b. Must include the legal name of the minor patient.
  - c. Must include the full legal name of the designated agent
  - d. Designated agent must not be a minor themselves.
  - e. Must include the date and time the authorization was signed and an effective date.

#### **CAREGIVER'S AUTHORIZATION AFFIDAVIT:**

1. All the following must apply for the authorization to be valid:
  - a. The minor must be living with the adult family member.
  - b. The adult must be a "qualified relative" which is defined in the law as a spouse, parent, step-parent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any persons specified in this definition even after the marriage has been terminated by death or dissolution.
  - c. The adult must advise the parents of the proposed medical treatment and have received no objection; or the adult must be unable to notify the parents.
  - d. The adult must complete an affidavit (see attached) in which he/she attests that the elements outlined above are true and correct.
2. The affidavit is valid for only one year from the date of the signature.
3.
  - a. No person who acts in good faith on a *Caregiver's Authorization Affidavit*, to provide medical care without actual knowledge of facts contrary to the statements in the affidavit, is subject to criminal liability if the applicable portions of the affidavit are completed.
  - b. A person who relies on the affidavit has no obligation to make any further inquiry or investigation.

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~~Healthcare workers should be careful to require that the affidavit is completed in its entirety and that an attempt has been made to reach the minor's parents, prior to care being delivered to the minor.~~

#### DEFINITIONS

~~Word:~~ Definition ~~?~~ Or None? None

#### REFERENCES

California Hospital Association – Consent Manual [49<sup>th</sup> edition 2023] Chapter 4: Who May Consent for Minor Patients [page 4.1 – 4.19]

California Health and Safety Code - HSC § 1283

California Family Code § 6910

#### REVIEWED BY

HIM Manager

Chief Nursing Officer



<b>Subject:</b> Advance <u>Health Care Directives (Five Wishes)</u>	<b>Manual:</b> Health Information
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## POLICY

~~As an institutional provider participating in the Medicare and Medicaid programs, it~~ It is the policy of Southern Humboldt Community Healthcare District ("SHCHD", "District", "SoHum Health"), ~~as an institutional provider participating in the Medicare and Medicaid programs,~~ to comply with the provisions of the Patient Self-Determination Act. ~~The purpose of this policy and procedure is to ensure that all a~~ Acute Inpatient, Swing-bed, and s ~~Nursing facility~~ patients are provided with the required information regarding a ~~Advance d~~ Directives and to describe the a ~~Advance d~~ Directives format (Five Wishes) used at this facility.

## PURPOSE:

~~The purpose of this policy and procedure is to assure that all acute and skilled nursing facility patients are provided with required information regarding advance directives and to describe the advance directives format (Five Wishes) used at this facility.~~

## PROCEDURE

1. This hospital shall provide to each adult individual (and emancipated minor), at the time of his or her admission as an ~~acute~~ Acute inpatient ~~Inpatient, swing~~ Swing-bed ~~Bed or skilled~~ Skilled nursing ~~Nursing facility resident patient,~~ written information ~~in its most current form in California describing on the California Advance Health Care Directive.~~ This information will include a copy of the California Advance Health Care Directive form, which details the following:
  - a. An individual's rights under California statutes and court decisions to accept or refuse medical or surgical treatment and to formulate advance directives; and
  - b. An individual's right to name someone else to make health care decisions on their behalf; and
  - b.c. The hospital's policies regarding these rights to make healthcare decisions and to formulate advance directives, ~~and regarding the way such decisions and directive~~ and regarding how such decisions and directives will be implemented in the hospital.
2. If the patient is incapacitated at the time of admission, the hospital ~~may~~ will give the required ~~a~~ Advanced Health Care d ~~Directive~~ information to a legally appropriate designated family member or other surrogate decision maker. ~~This information will but will also be given~~ information to the patient ~~when ever he/she they are determined by their medical provider to have regained their capacity and becomes are~~ able to understand and respond to the provided information.
3. The Health Information department and medical staff hospital shall document in the ~~individual's~~ admitted patient's medical record ~~whether or not if~~ the individual has executed an Advance Health Care d ~~Directive~~ and, where possible, retain a scanned copy of the document. For purposes of this policy, an Advance Health Care D ~~irective~~ means ~~a~~ written instruction that relates to the provision of health care when the individual is incapacitated or would otherwise like to designate an alternative decision maker. Examples of ,such forms include, but are not limited to,as a ~~the California Advanced Health Care Directive, a~~ Durable Power of Attorney for Health Care, a declaration pursuant to the Natural Death Act, a living will, or Five Wishes ~~any other legally recognized and notarized form, letter, or document, detailing the patient's wishes for their health care.~~

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4. ~~This hospital~~The District shall comply with California statutes and court decisions regarding advance Advance Health Care dDirectives.
5. ~~This hospital~~The District shall not condition the provisions of care or otherwise discriminate against an individual based on ~~whether or not~~whether the individual has executed an aAdvance Health Care dDirective.
6. ~~This hospital~~The District shall provide education to staff and the community on issues that concern ~~advance~~Advance Health Care dDirectives.
7. Individuals will be informed that complaints concerning the aAdvance Health Care dDirectives requirements may be made to the State Department of Health Services, Licensing and Certification Division District Office.
8. The aAdvance Health Care dDirective must be acknowledged before a notary public or by at least two adult witnesses. Neither of the two witness may be the patient's health care provider or employee of the District. Where possible, if an admitted patient is executing a new Advanced Health Care Directive after admission, during the course of their stay, the District will contact the Ombudsman's office to request a patient advocate to serve as witness to the signing of the new or updated Advanced Health Care Directive.
9. ~~Residents in a skilled nursing facility must have their advance directive witnessed by a patient advocate or ombudsman.~~
- 10-9. A patient having capacity may revoke all or part of an Aadvance Health Care dDirective including the appointment of their agent, at any time in any manner that communicates an intention to revoke. Patients should make a list of the people and institutions they give a copy of the form to so these individuals can be contacted upon revocation of an Aadvance Health Care dDirective. The most common way of revocation is to write "Revoked" on the advance directive and sign and date the form. To protect our patients, should a patient wish to revoke, during their admission, a pre-existing Advanced Health Care Directive that was already established and signed, their capacity may be assessed by their health care provider and the revocation may be reviewed by the Health Information Manager, Chief Nursing Officer, Chief Medical Officer, and the Chief Compliance Officer. No staff member of, or medical provider contracted with, the District shall make any suggestions, inferences, or statements that in any way could be deemed as inappropriate recommendations to a patient regarding their Advanced Health Care Directive.
11. ~~Most advance directives, including Five Wishes, have wallet cards that can be completed and carried with the individual. This will assist any paramedics and other medical professionals in carrying out the individual's healthcare wishes.~~
- 12-10. If, after executing an Aadvance Health Care dDirective, the principal's patient's marriage to the designated health care agent is dissolved or annulled, the principal's patient's designation of the former spouse as health care agent to make health care decisions for the principal patient is may be revoked. If the patient would like the former spouse to remain their health care agent, it is recommended to execute a new Advanced Health Care Directive. However, the agent's authority is revived if the principal remarries the agent.
- 13-11. The signed, notarized or dually witnessed Aadvance Health Care dDirective is of unlimited duration unless the document states otherwise or is revoked in written form and signed by the patient.
14. ~~The EHR will note there is an advance directive on file. The advance directive will be maintained in~~

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the patient's hospital chart. If one exists otherwise, it will be in the patient's clinic medical record. Medical Records will be responsible for filing of the advance directive.

#### **FIVE WISHES PROGRAM**

Southern Humboldt Community Healthcare District uses Aging with Dignity's "Five Wishes" as its program for offering advance directives to patients and others. The district will assist inpatients with the completion of Five Wishes. In addition, the district will offer educational services to the community about the Five Wishes program, using a video presentation with assistance to questions regarding completion of the Five Wishes booklet.

#### **DEFINITIONS**

**Capacity:** a functional determination that an individual is or is not capable of making a medical decision within a given situation.

**Medical Provider:** licensed physicians (MD, DO), physician assistants, and advanced degree nurse practitioners. This term is herein limited because these are the medical professionals who are legally permitted to assess and document mental capacity for medical decision-making.

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#### **REFERENCES**

California Hospital Association Consent Manual, 49<sup>th</sup> edition, 2023, Chapter 1.II, Chapter 3.IV. 2017.

California Probate Code - PROB DIVISION 4.7. HEALTH CARE DECISIONS [4600 - 4806] ( Division 4.7 added by Stats. 1999, Ch. 658, Sec. 39. ) PART 2. UNIFORM HEALTH CARE DECISIONS ACT [4670 - 4743] ( Part 2 added by Stats. 1999, Ch. 658, Sec. 39. )

Darby RR, Dickerson BC. Dementia, Decision Making, and Capacity. Harv Rev Psychiatry. 2017 Nov/Dec;25(6):270-278.

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#### **REVIEWED BY**

Health Information Management

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**Southern Humboldt Community Healthcare District**  
**SoHum Income Statement**  
**From Jul 2023 to Mar 2024**

<b>Financial Row</b>	<b>Amount</b>
<b>Revenue</b>	
<b>Gross Patient Revenue</b>	
Inpatient	\$1,633,919
Inpatient Ancillary	\$253,980
Outpatient	\$13,403,010
Outpatient Ancillary	\$5,158,351
<b>Total Patient Revenue</b>	<b>\$20,449,260</b>
<b>Deductions from Revenue</b>	
Supplemental Revenue	(\$4,167,675)
Contractual Allowances	\$2,193,075
Provision for Bad Debts	\$1,095,727
Cost Of Sales	(\$10,992)
<b>Total Deductions</b>	<b>(\$889,865)</b>
<b>Net Patient Revenue</b>	<b>\$21,339,125</b>
<b>Other Operating Revenue</b>	<b>\$22,839</b>
<b>Total Operating Revenue</b>	<b>\$21,361,964</b>
<b>Expenses</b>	
Salaries & Wages	\$6,866,852
Employee Benefits	\$2,581,686
Professional Fees	\$2,622,780
Supplies	\$3,666,270
Repairs & Maintenance	\$267,364
Purchased Services	\$1,781,582
Utilities	\$224,594
Insurance	\$134,840
Depreciation/ Amortization	\$485,185
Other	\$944,732
<b>Total Operating Expenses</b>	<b>\$19,575,888</b>
<b>Operating Profit (Loss)</b>	<b>\$1,786,076</b>
Tax Revenue	\$841,918
Other Non Operating Revenue (Expense)	\$488,289
Interest Income	\$143,447
<b>Net Non Operating Revenue (Expense)</b>	<b>\$1,473,654</b>
<b>Net Income (Loss)</b>	<b>\$3,259,730</b>

**Southern Humboldt Community Healthcare District**  
**SoHum Balance Sheet**  
**From Jul 2023 to Mar 2024**

<b>Financial Row</b>	<b>Amount</b>
<b>Assets</b>	
<b>Current Assets</b>	
Cash - Checking & Investments	\$4,218,997.94
Patients Accounts Receivable	\$11,179,253.72
Less Allowances	(\$3,967,816.80)
Other Receivables	\$1,596,693.14
Inventories	\$623,700.57
Prepaid Expenses and Deposits	\$3,803,519.64
<b>Total Current Assets</b>	<b>\$17,454,348.21</b>
<b>Property and Equipment</b>	
Land	\$1,040,177.11
Land Improvements	\$553,251.44
Buildings	\$4,667,064.20
Equipment	\$7,168,235.26
Software	\$86,332.64
Construction in progress	\$9,743,003.73
Less: Accumulated Depreciation	(\$8,320,430.21)
<b>Net Property and Equipment</b>	<b>\$14,937,634.17</b>
<b>Total Assets</b>	<b>\$32,391,982.38</b>
<b>Liabilities &amp; Fund Balance</b>	
<b>Current Liabilities</b>	
Accounts Payable	\$300,696.89
Accrued Payroll & Related costs	\$610,640.42
<b>Other Current Liabilities</b>	
Deferred Revenue IGT	\$2,000,000.00
Loans & Current Portion of Lease Obligations	\$1,595,528.00
<b>Total Other Current Liabilities</b>	<b>\$3,595,528.00</b>
<b>Total Current Liabilities</b>	<b>\$4,506,865.31</b>
<b>Long Term Debt, Less Current Portion</b>	
Maple Lane Loan	\$239,595.44
CHFFA Help II Loan	\$1,928,936.53
Lease Obligations	\$223,499.00
<b>Net Long Term Debt</b>	<b>\$2,392,030.97</b>
<b>Equity</b>	
Unrestricted Fund Balance - Prior Years	\$2,830,961.19
Retained Earnings	\$19,402,394.56
Net Income	\$3,259,730.35
<b>Total Fund Balance</b>	<b>\$25,493,086.10</b>
<b>Total Liabilities &amp; Fund Balance</b>	<b>\$32,391,982.38</b>



## Southern Humboldt Community Healthcare District

May 2024 – Centriq & Epic Combined



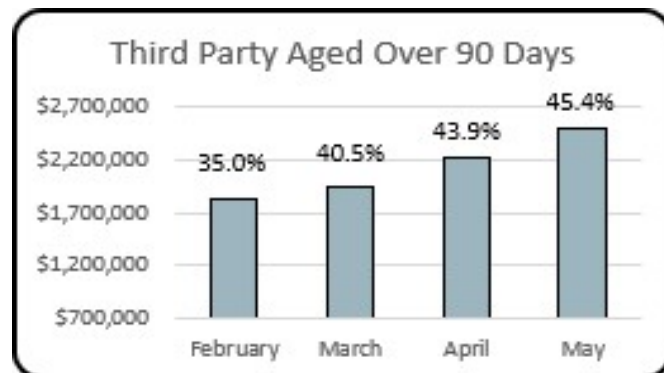
## SoHum Health

### Key Items

- ➔ Cash totaled \$1.0M, 93% of net revenue
- ➔ AR increased to 100.2 days
- ➔ Third Party aging increased \$280K, to 45.4%
- ➔ Unbilled AR increased 3.8 days, ending at 17.1 days

### Detailed Initiatives & Obstacles

- **Overall AR:** The figures calculated continue to include both the legacy system (Centriq) and Epic figures combined. The month of May closed with \$7.2M in gross AR or 100.2 days. Revenue came in \$140K higher than what was reported in April, ending at \$2.4M. Third Party AR saw an increase of 6.1 days ending at 56.6 days. Unbilled AR increased by 3.8 days ending at 17.1 AR days. Cash collections came in roughly \$190K lower than what was collected in April, however, this still exceeded \$1M. Cash collections came in just over \$1.0M or 93% of net revenue. HRG and SHCHD are no longer having our separate weekly 30-minute HB (hospital billing) and PB (professional billing) calls. Any newly found issues are to be logged as a JIRA—also known as opening a ticket with the current problem. This JIRA will then be assigned to the appropriate Ochín analyst and is reviewed. SHCHD, HRG, and Ochín discuss the current status of the outstanding JIRA's every Thursday at our Revenue Cycle Core meeting. We continue to work through billing-related build issues with OCHIN as they come up.
- **Self Pay:** Self Pay AR increased by 1.2 days since April. Self Pay collections came in at \$27K, which is \$7K less than what was collected in April. While the system issue discovered in March that prevented us from being able to send a Bad Debt file in March was resolved and a batch of bad debt was sent in April, we had another issue arise in May that caused another Bad Debt write off delay. There was an issue with the goodbye letter, and statements had to be rolled back to ensure the correct goodbye letter was sent. The patients that had to be rolled back in May will be eligible for write off in June. The HRG/Trubridge Self-pay Manager has started attending the SoHum Revenue cycle calls for full visibility on the Epic and Centriq Self Pay AR. We have also assigned a resource to work specifically in the self pay work queues in Epic to ensure those accounts are processing through the system appropriately.
- **Third-Party Aging:** May closed with \$2.5M in third-party balances aged over 90 days, totaling 45.4%. Due to SoHum's EHR conversion, we are now in the wind-down phase of Centriq—cleaning up all outstanding and aged balances. At the end of May, \$260K or 255 accounts are in Centriq accounts. (this is excluding self pay and credits) 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 \$484K aged over 90 days or 36.2%, this is an overall decrease of \$74K from April, or 9.8% decrease. Medicaid increased by \$253K to 43.2%. Commercial increased 101K up to 58.2%, and Work Comp decreased \$3K to 37.4%, which is an overall decrease of 13.6%. The third-party aging includes balances that are out of billing 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, and Radiology Review Needed. 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 where they sent the payments to the incorrect PO Box. This issue is impacting \$407K of the aged over 90 or 5.6 days in AR. Aging continues to be a focus for HRG. The HRG management team got together and reviewed/redistributed the workload in AR follow-up to expedite the resolution of the aged services.



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

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# May 2024



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# FINANCE DASHBOARD

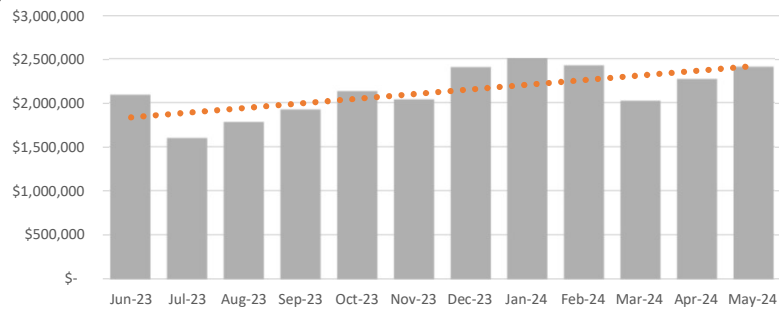
Revenue Cycle Performance	Revenue Cycle Performance															
	Target	December-23				January-24		February-24		March-24		April-24		May-24		
	REVENUE															
	Net Revenue		\$1,241,502				\$1,363,293		\$1,360,721		\$967,957		\$1,100,177		\$1,211,309	
	Gross Revenue		\$2,402,068				\$2,506,331		\$2,422,995		\$2,021,182		\$2,266,954		\$2,406,584	
	CASH															
	Cash Collections as a % of Net Revenue	100%	121%				92%		102%		81%		125%		93%	
	Cash Collections		\$1,214,685				\$1,139,209		\$1,391,162		\$1,095,888		\$1,213,098		\$1,023,598	
	ACCOUNTS RECEIVABLE															
	Net AR		\$3,383,921				\$3,416,047		\$3,653,343		\$3,348,215		\$2,912,953		\$3,470,980	
Gross AR		\$6,475,740				\$6,787,249		\$7,052,380		\$6,946,485		\$6,645,338		\$7,288,529		
Unbilled	3	25.1				22.8		13.8		14.9		13.3		17.1		
Third Party	26	36.7				39.5		47.4		46.9		50.5		56.6		
Self Pay	16	29.0				27.6		26.3		29.2		25.3		26.5		
Total Days in AR	45	90.7				89.9		87.5		90.9		89.1		100.2		
Days in AR - Credit Balances	< 1	2.19				3.85		3.83		1.96		4.26		2.39		
UNBILLED																
In-house	< 2 Days	0.7				1.1		0.7		0.5		0.1		1.7		
DNFB	< 1 Day	24.4				21.7		13.1		14.4		13.2		15.4		
Total Unbilled	<3 Days	25.1				22.8		13.8		14.9		13.3		17.1		
Third Party	Third Party															
	Target	December-23				January-24		February-24		March-24		April-24		May-24		
	AGING (excluding credits)															
	Medicare Aging > 90 Days	11%	23.3%	\$ 341,575	26.5%	\$ 452,974	30.5%	\$ 509,631	33.1%	\$ 473,118	46.0%	\$ 558,181	36.2%	\$ 484,097		
	Medicaid Aging > 90 Days	12%	32.1%	\$ 656,471	33.8%	\$ 701,925	32.3%	\$ 744,284	37.7%	\$ 811,695	36.5%	\$ 870,046	43.2%	\$ 1,123,429		
	Commercial Aging > 90 Days	20%	40.4%	\$ 372,247	48.5%	\$ 511,603	46.7%	\$ 528,055	53.8%	\$ 634,113	54.6%	\$ 746,313	58.2%	\$ 850,621		
	Work Comp Aging > 90 Days	35%	34.1%	\$ 30,991	64.2%	\$ 66,629	42.9%	\$ 34,505	55.0%	\$ 34,266	51.0%	\$ 35,903	37.4%	\$ 32,713		
	Total Third Party Aging > 90 Days	13%	31.0%	\$ 1,401,283	35.1%	\$ 1,733,132	35.0%	\$ 1,816,474	40.5%	\$ 1,953,191	43.9%	\$ 2,210,443	45.4%	\$ 2,490,860		
	CLAIM SUBMISSION EFFICIENCY															
	Claims Submission		1,560	\$ 2,184,032	1,993	\$ 2,676,735	1,727	\$ 3,091,516	1,538	\$ 2,803,341	1,763	\$ 2,760,024	1,533	\$ 2,578,338		
Clean Claims	85%	98%		97%		96%		97%		97%		99%				
Denial Percent	5%	3%				7%		9%		9%		10%		0%		
Total Denial Rate	Count   Amt	142	\$ 62,881	270	\$ 154,975	308	\$ 249,006	234	\$ 279,308	333	\$ 267,412	0	\$ -			
Late Charges	Count   Amt	43	\$ 14,541	67	\$ 7,612	28	\$ 7,746	52	\$ (8,444)	81	\$ (18,541)	43	\$ (46,904)			
Communication Log Backlog		83	\$ 57,862	83	\$ 86,122	21	\$ 40,392	34	\$ 49,032	36	\$ 56,297	8	\$ 7,792			
Self Pay	Self Pay															
	Target	December-23				January-24		February-24		March-24		April-24		May-24		
	INVENTORY & QUALITY															
	Total Inventory		2,524	\$ 2,068,907	2,528	\$ 2,087,543	2,500	\$ 2,122,365	2,537	\$ 2,228,193	2,078	\$ 1,883,672	2,146	\$ 1,926,672		
	New		8	\$ 2,313	7	\$ 4,842	5	\$ 2,109	12	\$ 6,485	7	\$ 3,278	0	\$ -		
	Resolved		66	\$ 7,528	79	\$ 66,023	117	\$ 108,550	124	\$ 73,203	20	\$ 14,167	556	\$ 479,902		
	Aged >180 days from Assignment	< 25%	58.4%	\$ 1,208,432	52.1%	\$ 1,088,207	48.6%	\$ 1,032,447	45.4%	\$ 1,011,471	26.2%	\$ 492,735	25.2%	\$ 486,203		
	Total Payment Plans over 120 days		\$21,317		\$19,292		\$18,662		\$19,950		\$18,943		\$18,173			
	Average Speed to Answer	< 60 seconds	23		7		7		10		30		34			
	STATEMENTS & LETTERS															
Statements & Letters		172				102		296		250		115		101		
Charity Care Applications In Process		0	\$ -	0	\$ -	26	\$ 70,997	80	\$ 30,398	0	\$ -	14	\$ 2,757			
Inbound and Outbound Calls	In   Out	135	259	129	152	136	209	140	190	128	216	169	672			
WRITE OFFS																
Bad Debt as a % of Gross Revenue	< 2%	0.0%	\$ -	0.0%	\$ -	2.2%	\$ 54,417	0.0%	\$ -	21.1%	\$ 479,228	0.0%	\$ -			
Charity as a % of Gross Revenue	< 2%	0.0%	\$ -	2.3%	\$ 56,527	0.4%	\$ 10,025	0.5%	\$ 9,508	0.4%	\$ 10,166	0.0%	\$ -			

\*\*NOTE: Denials missing due to the Denial reporting staff members unexpected absence. Will be updated next month

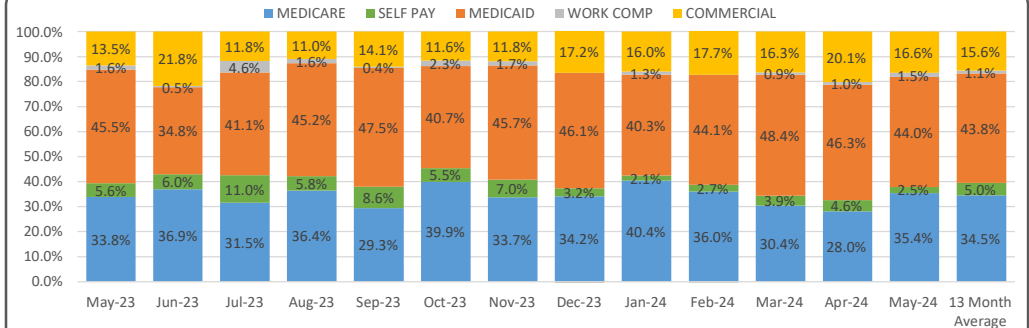
# GROSS REVENUE

PAYER	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
MEDICARE	\$ 608,991	\$ 770,520	\$ 504,094	\$ 648,555	\$ 563,819	\$ 849,853	\$ 686,408	\$ 820,695	\$ 1,011,885	\$ 873,176	\$ 615,389	\$ 635,762	\$ 852,190	\$ 726,257
MEDICAID	\$ 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	\$ 1,048,651	\$ 1,059,248	\$ 922,533
COMMERCIAL	\$ 243,074	\$ 454,637	\$ 189,003	\$ 196,363	\$ 271,079	\$ 247,190	\$ 241,360	\$ 413,697	\$ 402,037	\$ 429,688	\$ 329,806	\$ 456,749	\$ 398,468	\$ 328,704
WORK COMP	\$ 29,663	\$ 10,915	\$ 73,141	\$ 28,402	\$ 8,619	\$ 48,010	\$ 35,245	\$ (17,130)	\$ 32,033	\$ (12,352)	\$ 18,728	\$ 22,422	\$ 37,168	\$ 24,220
SELF PAY	\$ 100,841	\$ 126,294	\$ 175,618	\$ 102,746	\$ 164,957	\$ 117,250	\$ 143,534	\$ 76,560	\$ 51,516	\$ 65,067	\$ 78,384	\$ 103,370	\$ 59,510	\$ 105,050
TOTAL	\$ 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	\$ 2,266,954	\$ 2,406,584	\$ 2,106,763
AVERAGE DAILY REVENUE	\$ 54,796	\$ 60,691	\$ 59,681	\$ 58,817	\$ 55,829	\$ 61,407	\$ 65,484	\$ 71,410	\$ 75,499	\$ 80,565	\$ 76,379	\$ 74,568	\$ 72,769	\$ 66,761

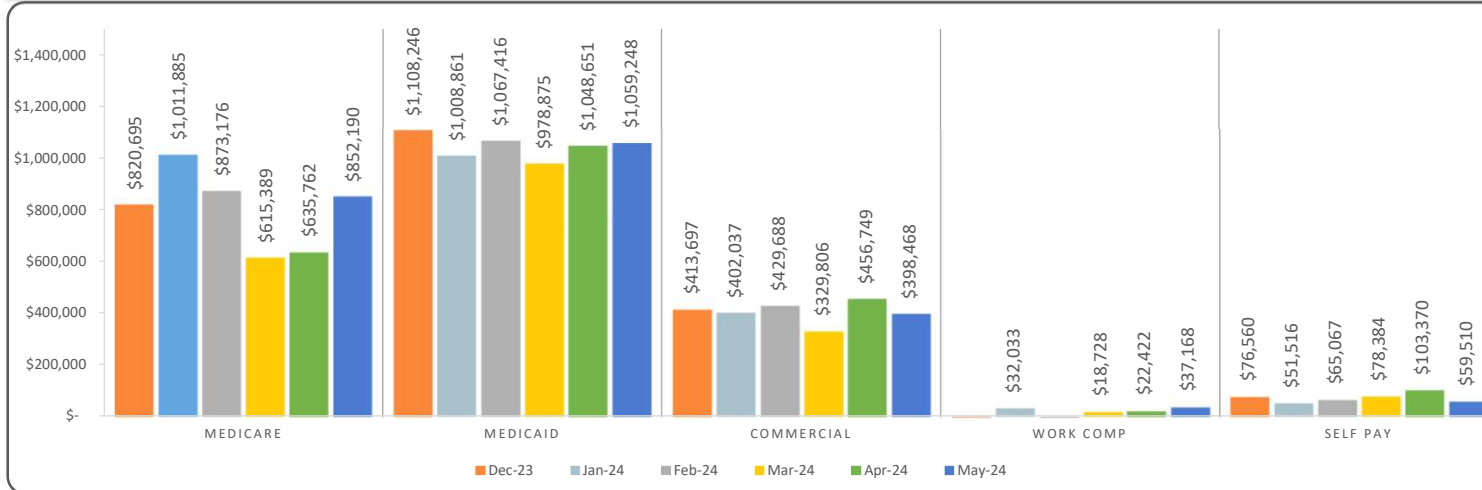
## Gross Revenue



## Payer Mix



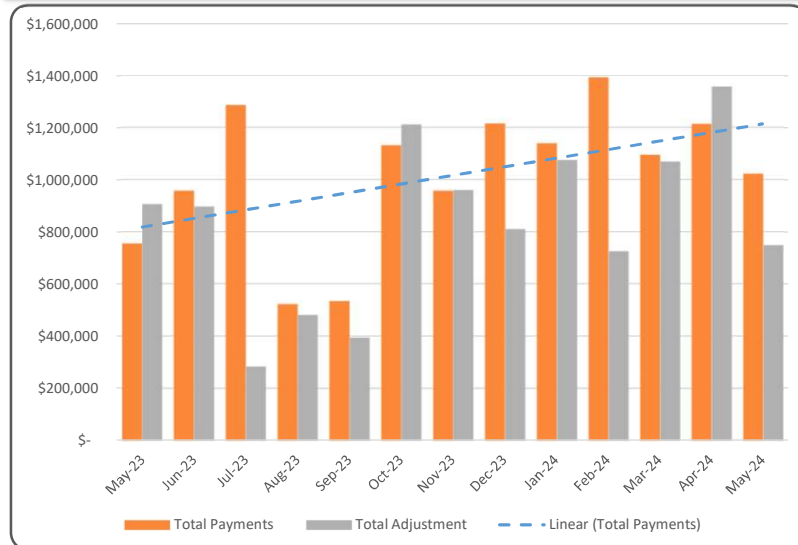
## Revenue Trending By Payer



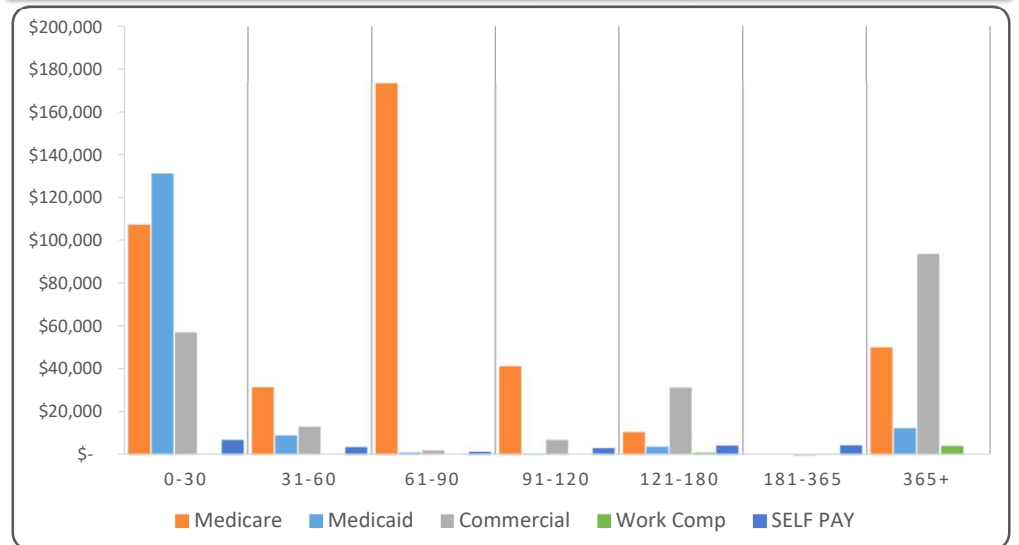
# CASH DETAIL

PAYER	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
<b>MEDICARE</b>														
Payments	\$ 300,837	\$ 380,113	\$ 851,353	\$ 273,732	\$ 303,327	\$ 572,057	\$ 539,621	\$ 656,043	\$ 661,118	\$ 918,553	\$ 534,506	\$ 693,621	\$ 604,561	\$ 560,726
Adjustments	\$ 138,215	\$ 166,800	\$ (297,566)	\$ 14,075	\$ 40,065	\$ 133,024	\$ 129,515	\$ 2,826	\$ 137,240	\$ (178,481)	\$ 75,696	\$ 137,172	\$ (91,180)	\$ 31,338
Collection %	69%	70%	154%	95%	88%	81%	81%	100%	83%	124%	88%	83%	118%	95%
<b>MEDICAID</b>														
Payments	\$ 300,483	\$ 275,555	\$ 192,283	\$ 90,923	\$ 92,296	\$ 313,889	\$ 229,010	\$ 310,938	\$ 242,089	\$ 202,951	\$ 308,231	\$ 239,691	\$ 164,030	\$ 227,874
Adjustments	\$ 609,604	\$ 571,141	\$ 466,985	\$ 399,800	\$ 295,314	\$ 971,132	\$ 641,672	\$ 700,680	\$ 799,319	\$ 712,729	\$ 868,417	\$ 639,713	\$ 701,030	\$ 644,426
Collection %	33%	33%	29%	19%	24%	24%	26%	31%	23%	22%	26%	27%	19%	26%
<b>COMMERCIAL</b>														
Payments	\$ 122,570	\$ 253,022	\$ 209,919	\$ 101,592	\$ 116,675	\$ 186,852	\$ 134,200	\$ 193,457	\$ 184,950	\$ 235,389	\$ 189,706	\$ 235,808	\$ 216,262	\$ 183,108
Adjustments	\$ 95,135	\$ 129,157	\$ 82,826	\$ 46,336	\$ 49,900	\$ 73,180	\$ 59,182	\$ 74,621	\$ 67,238	\$ 112,836	\$ 92,883	\$ 76,097	\$ 116,244	\$ 82,741
Collection %	56%	66%	72%	69%	70%	72%	69%	72%	73%	68%	67%	76%	65%	69%
<b>WORK COMP</b>														
Payments	\$ 4,105	\$ 6,593	\$ 11,971	\$ 34,920	\$ 2,990	\$ 18,118	\$ 7,910	\$ 30,109	\$ 13,561	\$ 4,542	\$ 31,805	\$ 10,514	\$ 12,100	\$ 14,557
Adjustments	\$ 9,697	\$ 2,215	\$ 7,288	\$ 7,277	\$ 2,489	\$ 4,838	\$ 739	\$ 24,588	\$ 5,401	\$ 2,553	\$ 8,362	\$ 5,425	\$ 8,259	\$ 6,856
Collection %	30%	75%	62%	83%	55%	79%	91%	55%	72%	64%	79%	66%	59%	67%
<b>SELF PAY</b>														
Payments	\$ 28,466	\$ 42,832	\$ 19,754	\$ 22,724	\$ 20,294	\$ 40,894	\$ 47,308	\$ 24,138	\$ 37,492	\$ 29,727	\$ 31,640	\$ 33,463	\$ 26,645	\$ 31,183
Bad Debt Recoveries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Adjustments	\$ 31,837	\$ 17,525	\$ 14,103	\$ 9,683	\$ 5,797	\$ 23,642	\$ 19,912	\$ 7,961	\$ 9,710	\$ 12,066	\$ 14,080	\$ 8,917	\$ 14,342	\$ 14,583
Charity Care	\$ 21,551	\$ 9,633	\$ 10,549	\$ 4,244	\$ 1,705	\$ 5,068	\$ -	\$ -	\$ 56,527	\$ 10,025	\$ 9,508	\$ 10,166	\$ -	\$ 10,690
Bad Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 108,610	\$ -	\$ -	\$ 54,417	\$ -	\$ 479,228	\$ -	\$ 49,404
Total SP Adjustments	\$ 53,388	\$ 27,157	\$ 24,653	\$ 13,927	\$ 7,502	\$ 28,710	\$ 128,522	\$ 7,961	\$ 66,236	\$ 76,509	\$ 23,588	\$ 498,311	\$ 14,342	\$ 74,677
Collection %	35%	61%	44%	62%	73%	59%	27%	75%	36%	28%	57%	6%	65%	48%
<b>TOTAL</b>														
Total Payments	\$ 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	\$ 1,213,098	\$ 1,023,598	\$ 1,017,448
Total Adjustment	\$ 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	\$ 1,356,717	\$ 748,695	\$ 765,362
Total Collection %	46%	52%	82%	52%	58%	48%	50%	60%	51%	66%	51%	47%	58%	55%

## Cash & Adjustment Trending

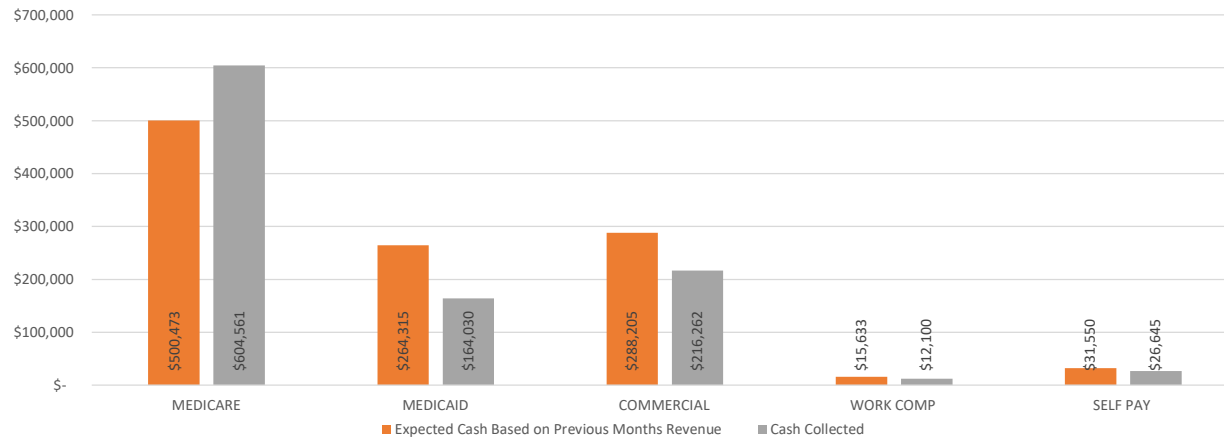


## Cash Collections by Discharge Date

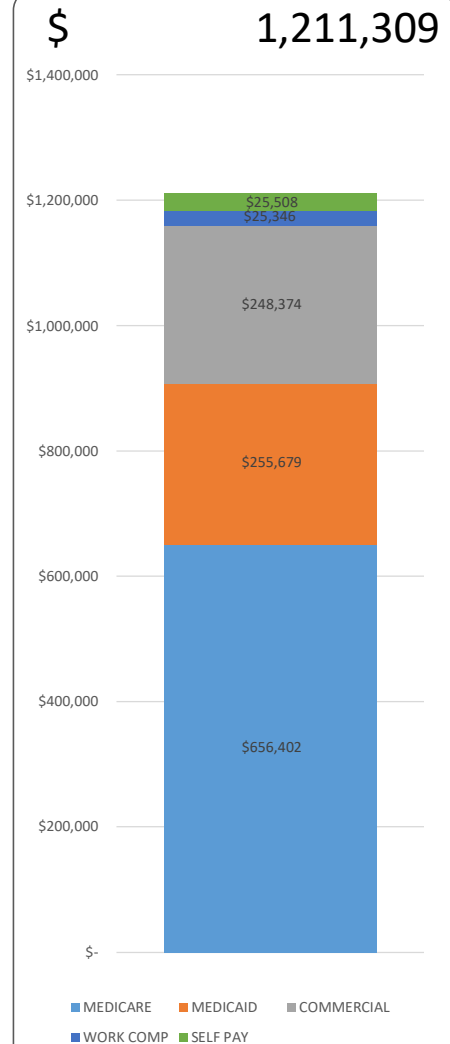


# CASH FORECASTING

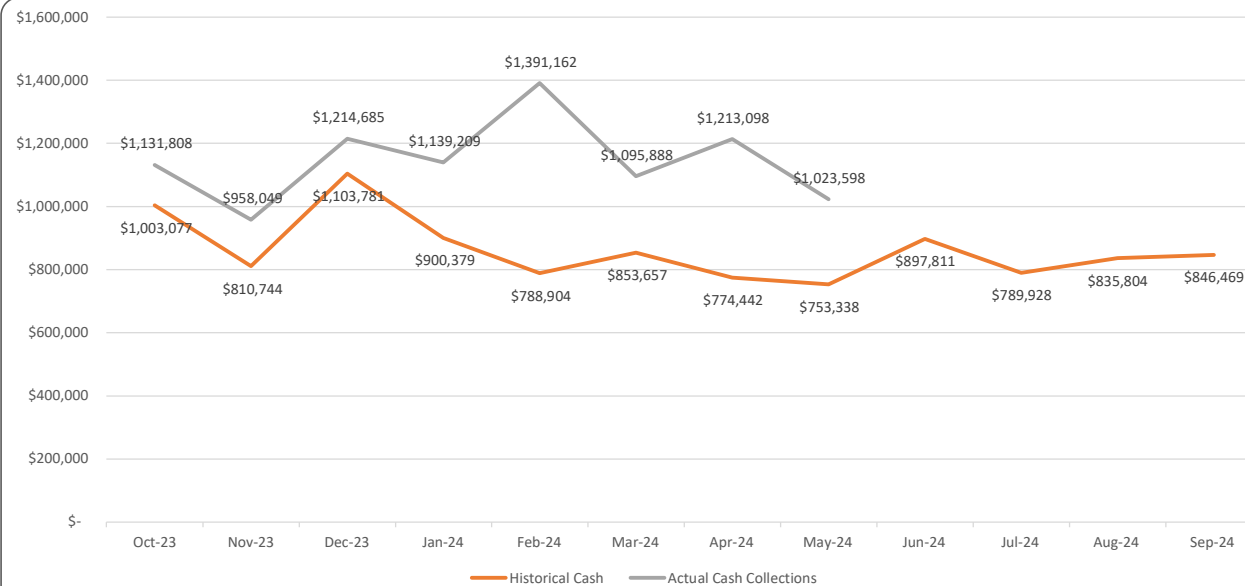
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month  
(Based on this Months Revenue)



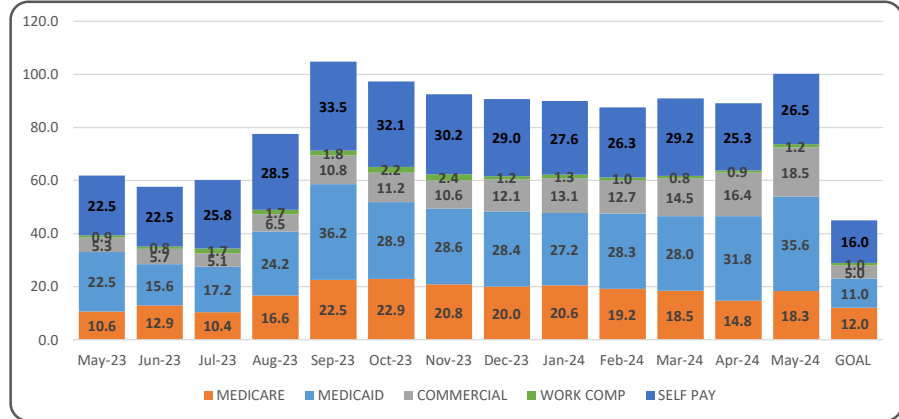
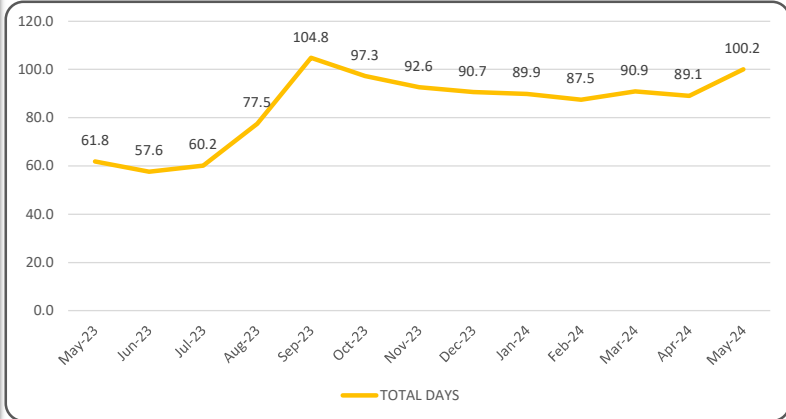
Actual Cash vs Historical Average Collections



# ACCOUNTS RECEIVABLE

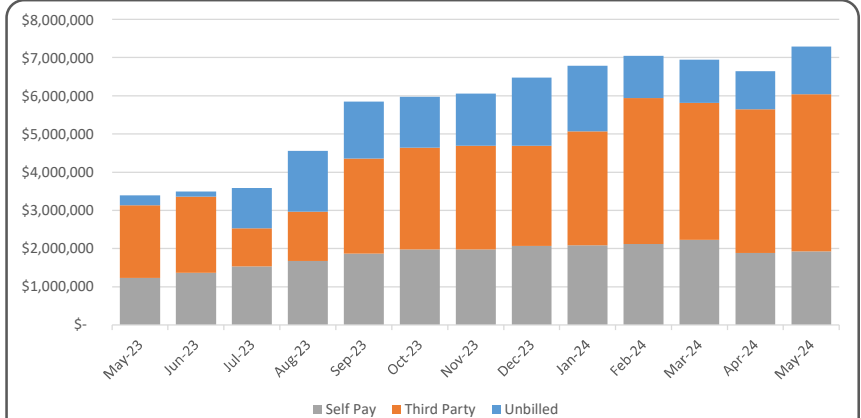
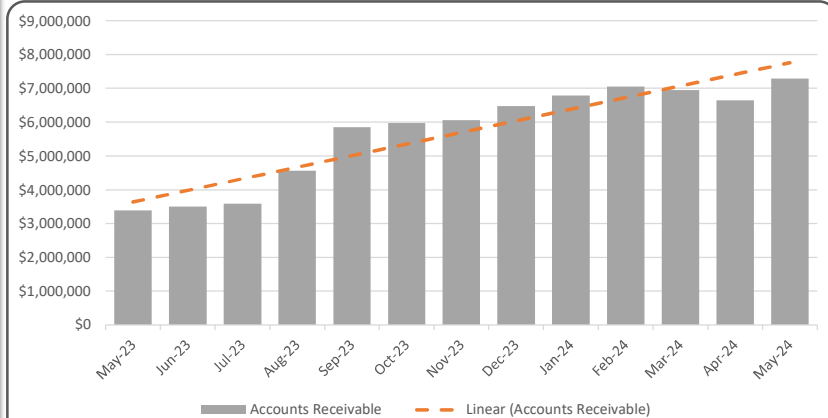
AR Days

PAYER	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
MEDICARE	10.6	12.9	10.4	16.6	22.5	22.9	20.8	20.0	20.6	19.2	18.5	14.8	18.3	17.6
MEDICAID	22.5	15.6	17.2	24.2	36.2	28.9	28.6	28.4	27.2	28.3	28.0	31.8	35.6	27.1
COMMERCIAL	5.3	5.7	5.1	6.5	10.8	11.2	10.6	12.1	13.1	12.7	14.5	16.4	18.5	11.0
WORK COMP	0.9	0.8	1.7	1.7	1.8	2.2	2.4	1.2	1.3	1.0	0.8	0.9	1.2	1.4
SELF PAY	22.5	22.5	25.8	28.5	33.5	32.1	30.2	29.0	27.6	26.3	29.2	25.3	26.5	27.6
TOTAL DAYS	61.8	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9	89.1	100.2	84.6



AR Balance

PAYER	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
MEDICARE	\$ 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	\$ 1,101,851	\$ 1,334,185	\$ 1,182,440
MEDICAID	\$ 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	\$ 2,370,804	\$ 2,591,679	\$ 1,827,979
COMMERCIAL	\$ 292,678	\$ 348,563	\$ 306,012	\$ 380,817	\$ 600,808	\$ 684,736	\$ 692,018	\$ 861,736	\$ 990,874	\$ 1,024,848	\$ 1,105,847	\$ 1,222,227	\$ 1,348,694	\$ 758,451
WORK COMP	\$ 48,923	\$ 50,878	\$ 102,360	\$ 97,414	\$ 101,908	\$ 133,125	\$ 155,295	\$ 87,612	\$ 100,345	\$ 76,676	\$ 58,713	\$ 66,783	\$ 87,299	\$ 89,795
SELF PAY	\$ 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	\$ 1,883,672	\$ 1,926,672	\$ 1,842,647
TOTAL	\$ 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	\$ 6,645,338	\$ 7,288,529	\$ 5,701,311

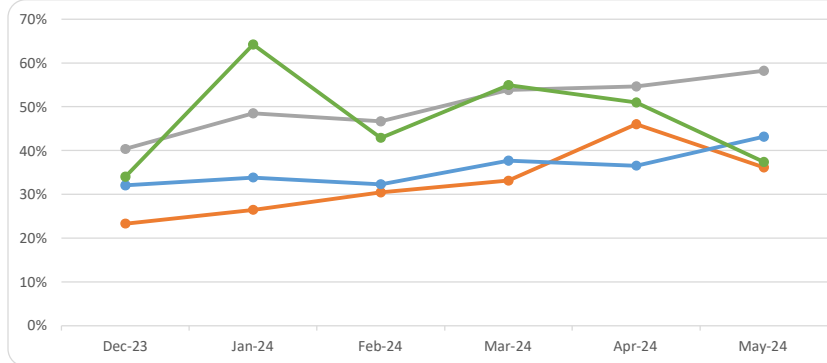




# ACCOUNTS RECEIVABLE AGING

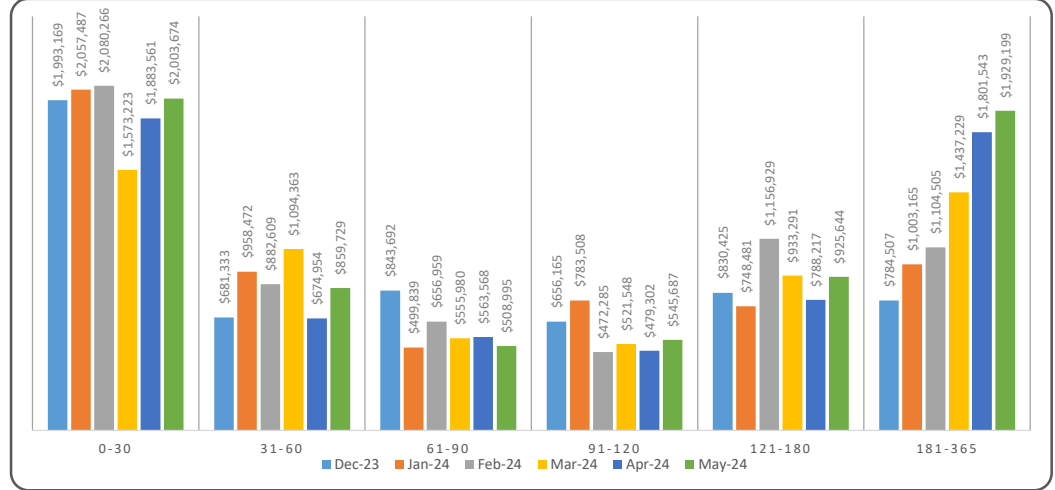
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
<b>MEDICARE</b>																
Non-Credit	194	\$ 684,398	44	\$ 89,178	36	\$ 80,436	27	\$ 8,935	48	\$ 176,186	77	\$ 283,165	10	\$ 15,811	436	\$ 1,338,109
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	\$ 841	2	\$ (52)	6	\$ (4,712)	10	\$ (3,924)
<b>TOTAL</b>	<b>194</b>	<b>\$ 684,398</b>	<b>44</b>	<b>\$ 89,178</b>	<b>36</b>	<b>\$ 80,436</b>	<b>27</b>	<b>\$ 8,935</b>	<b>50</b>	<b>\$ 177,027</b>	<b>79</b>	<b>\$ 283,112</b>	<b>16</b>	<b>\$ 11,099</b>	<b>446</b>	<b>\$ 1,334,185</b>
<b>MEDICAID</b>																
Non-Credit	236	\$ 878,895	158	\$ 421,013	95	\$ 179,013	123	\$ 268,112	161	\$ 285,375	222	\$ 471,688	112	\$ 98,255	1107	\$ 2,602,351
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	10	\$ (2,206)	7	\$ (6,009)	17	\$ (2,457)	34	\$ (10,672)
<b>TOTAL</b>	<b>236</b>	<b>\$ 878,895</b>	<b>158</b>	<b>\$ 421,013</b>	<b>95</b>	<b>\$ 179,013</b>	<b>123</b>	<b>\$ 268,112</b>	<b>171</b>	<b>\$ 283,169</b>	<b>229</b>	<b>\$ 465,680</b>	<b>129</b>	<b>\$ 95,798</b>	<b>1141</b>	<b>\$ 2,591,679</b>
<b>COMMERCIAL</b>																
Non-Credit	183	\$ 298,386	103	\$ 169,286	81	\$ 142,712	71	\$ 142,530	110	\$ 236,796	276	\$ 426,656	106	\$ 44,639	930	\$ 1,461,004
Credit	0	\$ -	2	\$ (313)	1	\$ -	3	\$ (154)	5	\$ (3,059)	9	\$ (4,302)	390	\$ (104,482)	410	\$ (112,311)
<b>TOTAL</b>	<b>183</b>	<b>\$ 298,386</b>	<b>105</b>	<b>\$ 168,973</b>	<b>82</b>	<b>\$ 142,712</b>	<b>74</b>	<b>\$ 142,375</b>	<b>115</b>	<b>\$ 233,736</b>	<b>285</b>	<b>\$ 422,354</b>	<b>496</b>	<b>\$ (59,842)</b>	<b>1340</b>	<b>\$ 1,348,694</b>
<b>WORK COMP</b>																
Non-Credit	9	\$ 33,333	6	\$ 14,371	3	\$ 7,090	1	\$ 2,519	3	\$ 12,996	3	\$ 4,929	25	\$ 12,268	50	\$ 87,506
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	1	\$ (207)	0	\$ -	1	\$ (207)
<b>TOTAL</b>	<b>9</b>	<b>\$ 33,333</b>	<b>6</b>	<b>\$ 14,371</b>	<b>3</b>	<b>\$ 7,090</b>	<b>1</b>	<b>\$ 2,519</b>	<b>3</b>	<b>\$ 12,996</b>	<b>4</b>	<b>\$ 4,722</b>	<b>25</b>	<b>\$ 12,268</b>	<b>51</b>	<b>\$ 87,299</b>
<b>SELF PAY</b>																
Non-Credit	68	\$ 111,080	115	\$ 167,252	83	\$ 100,406	89	\$ 125,792	139	\$ 220,492	462	\$ 759,313	847	\$ 489,217	1803	\$ 1,973,552
Credit	6	\$ (2,419)	3	\$ (1,058)	3	\$ (660)	3	\$ (2,046)	3	\$ (1,776)	16	\$ (5,982)	309	\$ (32,938)	343	\$ (46,880)
<b>TOTAL</b>	<b>74</b>	<b>\$ 108,661</b>	<b>118</b>	<b>\$ 166,194</b>	<b>86</b>	<b>\$ 99,745</b>	<b>92</b>	<b>\$ 123,746</b>	<b>142</b>	<b>\$ 218,716</b>	<b>478</b>	<b>\$ 753,331</b>	<b>1156</b>	<b>\$ 456,279</b>	<b>2146</b>	<b>\$ 1,926,672</b>
<b>ACCOUNTS RECEIVABLE</b>																
Non-Credit	690	\$ 2,006,093	426	\$ 861,100	298	\$ 509,656	311	\$ 547,887	461	\$ 931,844	1040	\$ 1,945,751	1100	\$ 660,191	4326	\$ 7,462,522
Credit	6	\$ (2,419)	5	\$ (1,371)	4	\$ (660)	6	\$ (2,201)	20	\$ (6,200)	35	\$ (16,552)	722	\$ (144,590)	798	\$ (173,993)
<b>GRAND TOTAL</b>	<b>696</b>	<b>\$ 2,003,674</b>	<b>431</b>	<b>\$ 859,729</b>	<b>302</b>	<b>\$ 508,995</b>	<b>317</b>	<b>\$ 545,687</b>	<b>481</b>	<b>\$ 925,644</b>	<b>1075</b>	<b>\$ 1,929,199</b>	<b>1822</b>	<b>\$ 515,602</b>	<b>5124</b>	<b>\$ 7,288,529</b>

## Aged Over 90 Days Trending (excluding Credits)



	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Medicare	23.3%	26.5%	30.5%	33.1%	46.0%	36.2%
Medicaid	32.1%	33.8%	32.3%	37.7%	36.5%	43.2%
Commercial	40.4%	48.5%	46.7%	53.8%	54.6%	58.2%
Work Comp	34.1%	64.2%	42.9%	55.0%	51.0%	37.4%

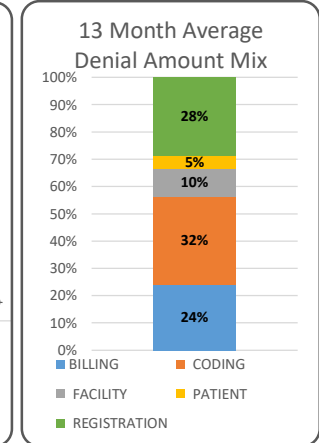
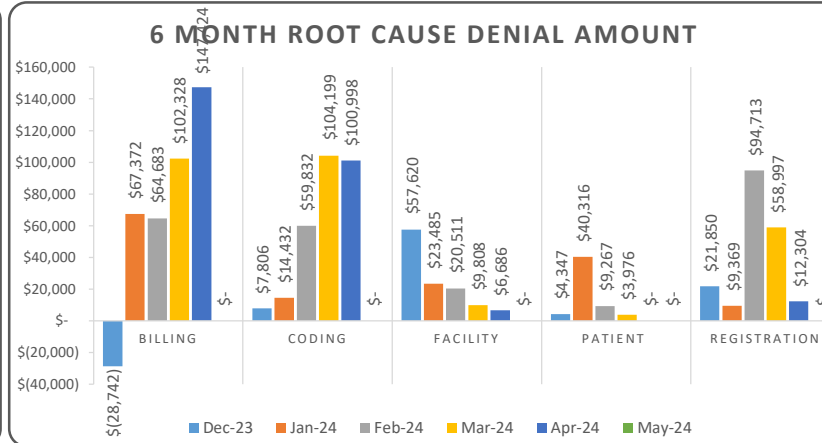
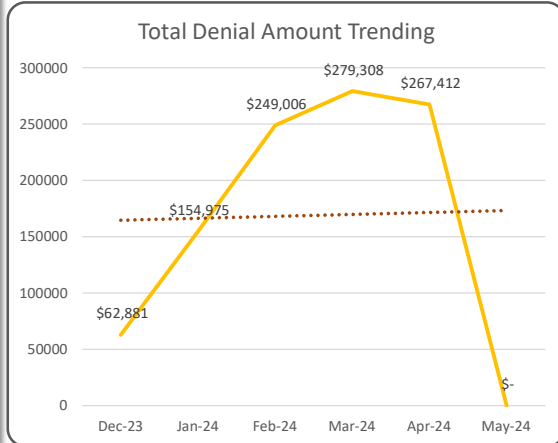
## 6 Month Aging



# DENIAL MANAGEMENT

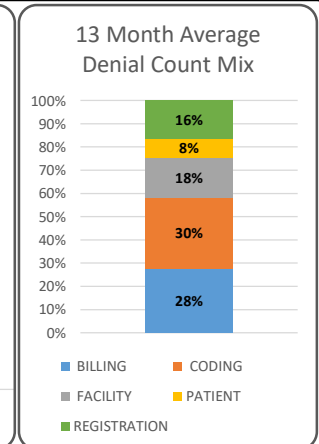
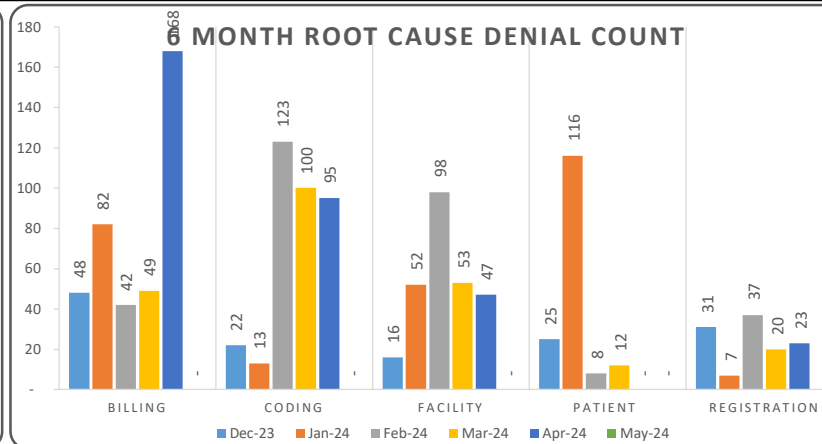
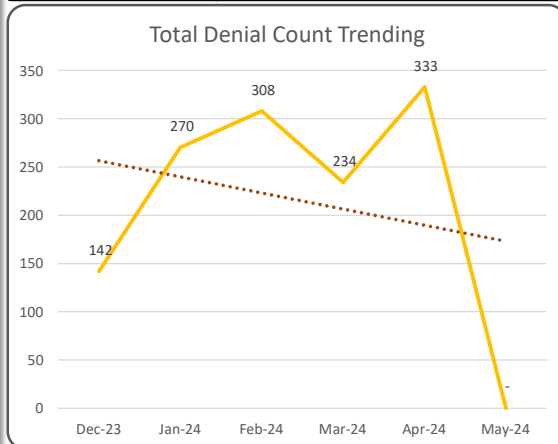
Denial Amount

AMOUNT	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
BILLING	\$ 33,824	\$ 20,119	\$ 16,441	\$ 4,186	\$ 14,532	\$ 23,169	\$ 57,603	\$ (28,742)	\$ 67,372	\$ 64,683	\$ 102,328	\$ 147,424	\$ -	\$ 40,226
CODING	\$ 39,181	\$ 20,027	\$ 28,731	\$ 69,786	\$ 82,600	\$ 125,103	\$ 41,055	\$ 7,806	\$ 14,432	\$ 59,832	\$ 104,199	\$ 100,998	\$ -	\$ 53,365
FACILITY	\$ 18,338	\$ 5,061	\$ 8,170	\$ 2,617	\$ 3,773	\$ 599	\$ 59,842	\$ 57,620	\$ 23,485	\$ 20,511	\$ 9,808	\$ 6,686	\$ -	\$ 16,655
PATIENT	\$ -	\$ -	\$ 4,418	\$ 4,468	\$ 407	\$ 24,606	\$ 14,699	\$ 4,347	\$ 40,316	\$ 9,267	\$ 3,976	\$ -	\$ -	\$ 8,193
REGISTRATION	\$ 48,458	\$ 59,497	\$ 32,719	\$ 24,061	\$ 58,303	\$ 171,363	\$ 12,651	\$ 21,850	\$ 9,369	\$ 94,713	\$ 58,997	\$ 12,304	\$ -	\$ 46,483
TOTAL	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 267,412	\$ -	\$ 164,922



Denial Count

COUNT	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
BILLING	14	25	17	23	21	69	103	48	82	42	49	168	-	51
CODING	40	61	58	39	53	73	31	22	13	123	100	95	-	54
FACILITY	29	14	28	15	6	1	54	16	52	98	53	47	-	32
PATIENT	-	-	2	4	1	10	12	25	116	8	12	-	-	15
REGISTRATION	54	43	34	30	27	57	15	31	7	37	20	23	-	29
TOTAL	137	143	139	111	108	210	215	142	270	308	234	333	-	181

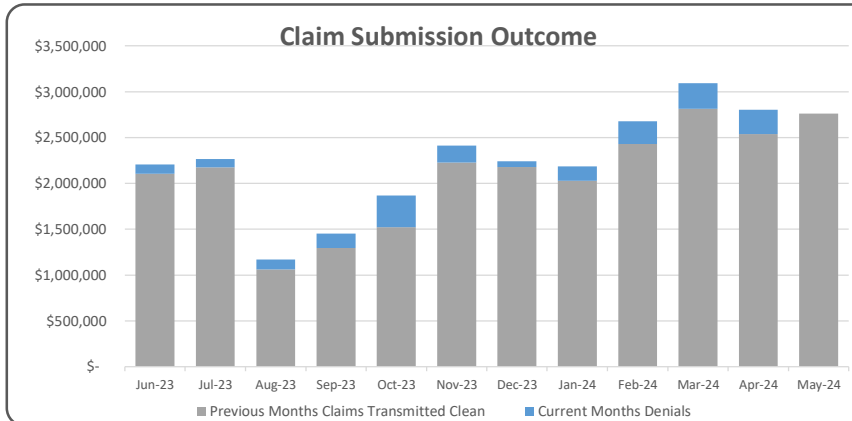
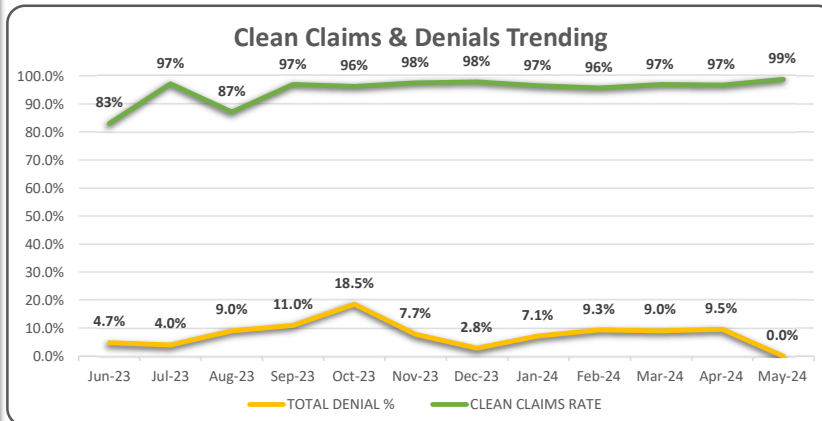


**\*\*NOTE:** Denials missing due to the Denial reporting staff members unexpected absence. Will be updated next month

# CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

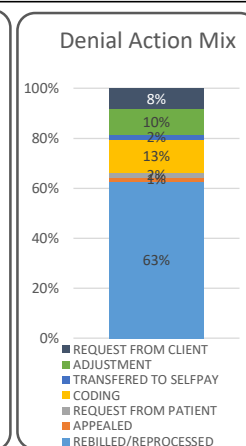
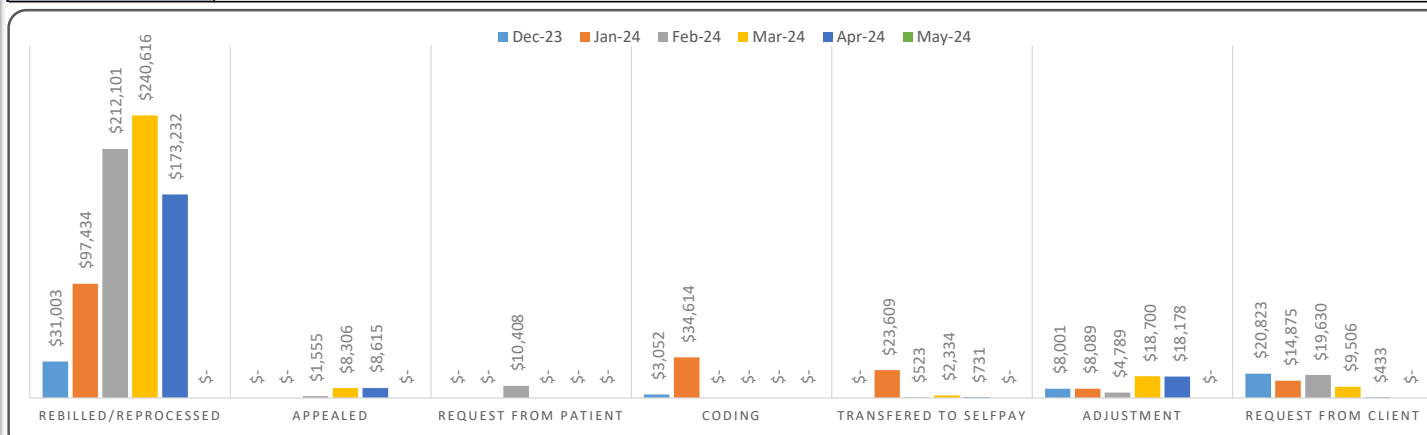
## Denial & Clean Claim Trending

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
DENIAL AMOUNT	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,119	\$ 159,615	\$ 344,840	\$ 185,849	\$ 62,881	\$ 154,975	\$ 249,006	\$ 279,308	\$ 267,412	\$ -	\$ 164,922
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 2,803,341	\$ 2,760,024	\$ 2,246,473
TOTAL DENIAL %	6.7%	4.7%	4.0%	9.0%	11.0%	18.5%	7.7%	2.8%	7.1%	9.3%	9.0%	9.5%	0.0%	7.6%
CLEAN CLAIMS RATE	85%	83%	97%	87%	97%	96%	98%	98%	97%	96%	97%	97%	99%	94%



## Action Taken on Denials

DENIAL ACTION	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
REBILLED/REPROCESSED	\$ 73,330	\$ 48,104	\$ 35,311	\$ 8,771	\$ 21,181	\$ 240,169	\$ 107,339	\$ 31,003	\$ 97,434	\$ 212,101	\$ 240,616	\$ 173,232	\$ -	\$ 99,122
APPEALED	\$ 3,102	\$ 133	\$ 4,051	\$ 21	\$ 1,355	\$ -	\$ -	\$ -	\$ -	\$ 1,555	\$ 8,306	\$ 8,615	\$ -	\$ 2,088
REQUEST FROM PATIENT	\$ 3,499	\$ 10,114	\$ 13,047	\$ 5,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,408	\$ -	\$ -	\$ -	\$ 3,254
CODING	\$ 438	\$ 4,991	\$ 7,358	\$ 67,848	\$ 75,684	\$ 70,743	\$ 2,098	\$ 3,052	\$ 34,614	\$ -	\$ -	\$ -	\$ -	\$ 20,525
TRANSFERRED TO SELF-PAY	\$ 1,244	\$ 2,329	\$ 555	\$ 561	\$ -	\$ 3,542	\$ 3,856	\$ -	\$ 23,609	\$ 523	\$ 2,334	\$ 731	\$ -	\$ 3,022
ADJUSTMENT	\$ 40,951	\$ 36,597	\$ 25,659	\$ 6,499	\$ 7,028	\$ 30,387	\$ 3,436	\$ 8,001	\$ 8,089	\$ 4,789	\$ 18,700	\$ 18,178	\$ -	\$ 16,024
REQUEST FROM CLIENT	\$ 17,237	\$ 2,435	\$ 4,499	\$ 16,182	\$ 54,368	\$ -	\$ 291	\$ 20,823	\$ 14,875	\$ 19,630	\$ 9,506	\$ 433	\$ -	\$ 12,329
TOTAL	\$ 139,801	\$ 104,704	\$ 90,479	\$ 105,116	\$ 159,615	\$ 344,842	\$ 117,020	\$ 62,880	\$ 178,621	\$ 249,006	\$ 279,461	\$ 201,189	\$ -	\$ 156,364



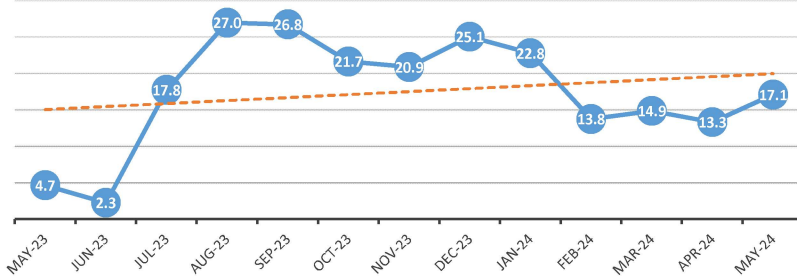
**\*\*NOTE:** Denials missing due to the Denial reporting staff members unexpected absence. Will be updated next month

# UNBILLED & INVENTORY

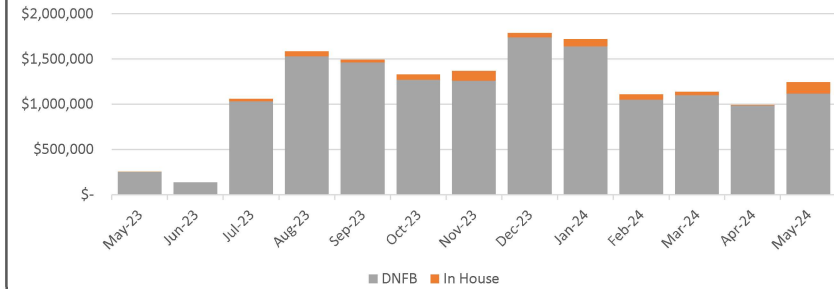
Unbilled

	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
In House	\$ 2,240	\$ -	\$ 27,926	\$ 59,290	\$ 34,128	\$ 58,121	\$ 108,806	\$ 49,158	\$ 81,326	\$ 57,589	\$ 40,091	\$ 9,467	\$ 125,095	\$ 50,249
DNFB	\$ 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	\$ 986,005	\$ 1,119,850	\$ 1,121,402
<b>Total Unbilled</b>	<b>\$ 254,819</b>	<b>\$ 137,865</b>	<b>\$ 1,059,981</b>	<b>\$ 1,587,728</b>	<b>\$ 1,494,321</b>	<b>\$ 1,330,399</b>	<b>\$ 1,368,520</b>	<b>\$ 1,789,587</b>	<b>\$ 1,721,097</b>	<b>\$ 1,109,630</b>	<b>\$ 1,137,095</b>	<b>\$ 995,472</b>	<b>\$ 1,244,945</b>	<b>\$ 1,171,651</b>
Unbilled Days	4.7	2.3	17.8	27.0	26.8	21.7	20.9	25.1	22.8	13.8	14.9	13.3	17.1	17.5

Total Unbilled Days



Unbilled Dollars

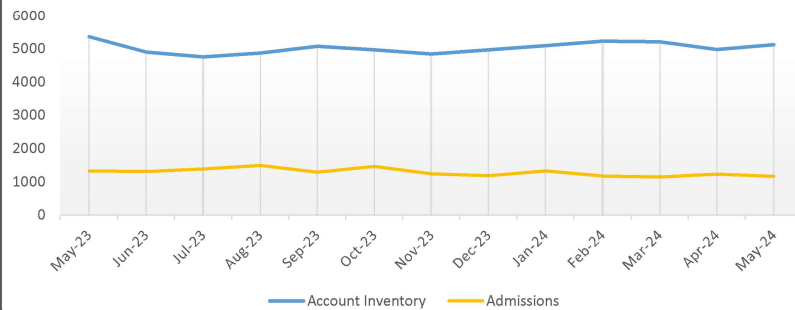


Admissions & Account Inventory

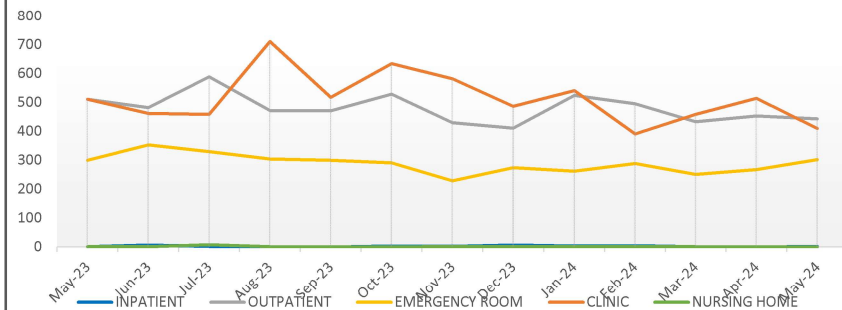
ADMISSIONS	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
INPATIENT	1	6	2	1	0	3	2	6	3	4	1	0	2	2
SWINGBED	0	4	2	7	1	4	1	5	2	2	1	1	3	3
OUTPATIENT	510	482	588	472	471	528	430	411	524	495	433	453	443	480
EMERGENCY ROOM	300	353	330	304	299	291	229	274	262	289	251	267	302	289
CLINIC	511	462	458	710	517	634	582	486	540	391	458	514	409	513
NURSING HOME	1	1	8	1	0	0	2	1	1	1	1	0	0	1
<b>TOTAL</b>	<b>1,323</b>	<b>1,308</b>	<b>1,388</b>	<b>1,495</b>	<b>1,288</b>	<b>1,460</b>	<b>1,246</b>	<b>1,183</b>	<b>1,332</b>	<b>1,182</b>	<b>1,145</b>	<b>1,235</b>	<b>1,159</b>	<b>1288</b>

ACCOUNT INVENTORY	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	13 Month Average
MEDICARE	547	485	387	519	598	579	556	633	583	601	453	474	446	528
MEDICAID	794	748	682	688	762	732	759	756	874	940	990	1,102	1,141	844
COMMERCIAL	914	997	862	838	887	897	942	997	1,052	1,131	1,173	1,256	1,340	1022
WORK COMP	87	89	75	59	57	55	61	56	58	54	58	67	51	64
SELF PAY	2,461	2,584	2,752	2,767	2,772	2,708	2,527	2,524	2,528	2,500	2,537	2,078	2,146	2530
<b>TOTAL</b>	<b>5363</b>	<b>4903</b>	<b>4758</b>	<b>4871</b>	<b>5076</b>	<b>4971</b>	<b>4845</b>	<b>4966</b>	<b>5095</b>	<b>5226</b>	<b>5211</b>	<b>4977</b>	<b>5124</b>	<b>5030</b>

Account Inventory & Admissions



Admissions by Service Type



# SoHum Health

## Executive Dashboard

	TARGET	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Days in AR	45.0	57.6	60.2	77.5	104.8	97.3	92.6	90.7	89.9	87.5	90.9	89.1	100.2
Gross AR		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	6,645,338	7,288,529
Gross Revenue		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	2,266,954	2,406,584
Cash Collections		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	1,213,098	1,023,598
Adjustments		896,471	284,186	481,416	395,270	1,210,884	959,630	810,676	1,075,435	726,145	1,068,946	1,356,717	748,695
Collection %		51.7%	81.9%	52.1%	57.5%	48.3%	50.0%	60.0%	51.4%	65.7%	50.6%	47.2%	57.8%
Late Charges	1%	0.2%	2.2%	0.3%	0.7%	0.8%	0.2%	0.6%	0.3%	0.3%	-0.4%	-0.8%	-1.9%
Bad Debt	3%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	0.0%	0.0%	2.2%	0.0%	21.1%	0.0%
Charity Care	3%	0.5%	0.7%	0.2%	0.1%	0.2%	0.0%	0.0%	2.3%	0.4%	0.5%	0.4%	0.0%
Third Party Aged over 90	13%	12.0%	16.0%	11.6%	10.6%	21.9%	25.5%	31.0%	35.1%	35.0%	40.5%	43.9%	45.4%
Self Pay Aged 180 (from assignment)	25%	52.4%	48.9%	51.6%	48.7%	49.0%	54.6%	58.4%	52.1%	48.6%	45.4%	26.2%	25.2%

