



SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

JANUARY 9, 2020

CLOSED SESSION 5:00 P.M.

SVH ADMINISTRATION CONFERENCE ROOM

REGULAR SESSION 6:00 P.M.

SVH BASEMENT CONFERENCE ROOM

347 ANDRIEUX STREET

SONOMA, CA 95476

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Vivian Woodall at vwoodall@sonomavalleyhospital.org (707) 935.5005 at least 48 hours prior to the meeting.</p>	RECOMMENDATION		
AGENDA ITEM			
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>			
1. CALL TO ORDER	<i>Rymer</i>		
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Rymer</i>		
<p>3. CLOSED SESSION</p> <ul style="list-style-type: none"> • <u>Calif. Government Code § 54954.5</u>: License/Permit Determination – Discussion of Critical Access Hospital/ Rural Designation 	<i>Board</i>		
4. REPORT ON CLOSED SESSION	<i>Rymer</i>		
<p>5. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i></p>	<i>Rymer</i>		
6. BOARD COMMENTS	<i>Rymer</i>		
<p>7. CONSENT CALENDAR</p> <ol style="list-style-type: none"> 1. Board Minutes 12.05.19 2. Finance Committee Minutes 12.17.19 3. Medical Staff Credentialing 	<i>Rymer</i>	Action	Pages 3-5 Pages 6-8
8. ELECTION OF OFFICERS	<i>Rymer</i>	Action	
9. VALLEY OF THE MOON POST ACUTE SEMI-ANNUAL REPORT	<i>Empey</i>	Inform	Pages 9-19
10. INFORMATION SERVICES ANNUAL REPORT	<i>Sendaydiego</i>	Inform	Pages 20-42

11. APPROVAL OF AUDITED FINANCIAL STATEMENTS FOR FY 2019	<i>Jensen</i>	Action	Pages 43-84
12. BOARD MEMBER COMMITTEE ASSIGNMENTS	<i>Chair</i>	Action	
13. SVH OBSERVATIONS REPORT NEXT STEPS	<i>Mather</i>	Inform/ Action	
14. CMO REPORT	<i>Kidd</i>	Inform	Page 85
15. ADMINISTRATIVE REPORT FOR JANUARY	<i>Mather</i>	Inform	Pages 86-88
16. FINANCIALS FOR THE MONTH ENDED NOVEMBER 30, 2019	<i>Jensen</i>	Inform	Pages 89-98
17. COMMITTEE REPORTS: <ul style="list-style-type: none"> • <u>Finance Committee</u> – Approval of New Community Member Bruce Flynn 	<i>Rymer</i>	Action	Page 99
18. ADJOURN	<i>Chair</i>		

Note: To view this meeting you may visit <http://sonomatv.org/> or YouTube.com.



Healing Here at Home

**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' MEETING
MINUTES**

THURSDAY, DECEMBER 5, 2019

COMMUNITY MEETING ROOM

177 FIRST ST. WEST, SONOMA, CA 95476

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Rymer</i>	
6:01 p.m.		
2. PUBLIC COMMENT ON CLOSED SESSION		
None		
4. REPORT ON CLOSED SESSION	<i>Rymer</i>	
The CEO performance evaluation for FY 2019 and the CEO employment agreement, specifically salary, were discussed in closed session.		
5. PUBLIC COMMENT	<i>Rymer</i>	
None		
6. BOARD COMMENTS	<i>Rymer</i>	
None		
7. CONSENT CALENDAR A. Board Minutes 11.07.19 B. Finance Committee Minutes 11.19.19 C. Quality Committee Minutes 11.20.19 D. Policies and Procedures E. Medical Staff Credentialing Report	<i>Rymer</i>	Action
		MOTION: by Mainardi to approve, 2 nd by Hirsch. All in favor
8. SVH INDEPENDENT OBSERVATIONS REPORT	<i>Pease, Edwards & Nelson</i>	Inform
Mr. Pease mentioned the background of the Health Care Coalition and his involvement with the hospital, then presented the findings from the Independent Sonoma Valley Hospital Observations Report. Mr. Nelson commented on CEO compensation as a percent of gross revenue, which is a measure of the appropriateness of compensation. SVH CEO compensation in 2018 was the second lowest of the eight District hospitals of similar size to SVH. The report is available at https://www.svhobservations.org .		

9. BOARD WORK PLAN AND CALENDAR FOR FY 2020	<i>Rymer</i>	Action
There were no comments or questions on the 2020 Work Plan. There is room for additional speakers to be solicited for the year.		MOTION: by Nevins to approve, 2 nd by Mainardi. All in favor.
10. CEO PERFORMANCE INCENTIVE COMPENSATION FOR FY 2018-2019	<i>Rymer/Hirsch</i>	Action
Ms. Hirsch presented the background, rationale, and results for the CEO incentive compensation for 2019, totaling \$59,999. Ms. Nevins added that the 2019 results were a culmination of the CEO's efforts over the last 10 years and she was glad they all came together this past fiscal year.		MOTION: by Nevins to accept as presented, 2 nd by Rymer. All in favor.
11. CEO SALARY ADJUSTMENT	<i>Rymer/Hirsch</i>	Action
Ms. Hirsch read a recommendation letter which included the CEO job description and accomplishments. Ms. Mather exceeded goal on four of six base objectives for 2019. Information from comparable hospitals and other sources was reviewed, and the SVH CEO salary is mid-range. No salary increase was awarded last year. In light of Ms. Mather's strong performance and to bring her closer to competitive wages to CEOs in similar institutions, the Board approved a 10% increase for the coming year. (The Compensation Committee's recommendation letter to the Board is attached.) However, in light of budget constraints and a desire to remain in line with increases for other SVH leaders, Ms. Mather elected to limit the increase to 2%.		MOTION: by Nevins to approve as recommended, 2 nd by Mainardi. All in favor.
12. CMO REPORT	<i>Kidd</i>	Inform
November 2019 was spent largely working on collaboration efforts with UCSF. An agreement to collaborate on infectious disease services should start in early January 2020; a transfer agreement was signed with UCSF for higher level of care for bariatric patients if needed.		
13. ADMINISTRATIVE REPORT FOR DECEMBER	<i>Mather</i>	Inform
Ms. Mather reported that feedback on the Decade of Progress Report that was distributed to the community had been very positive. While the Observations Report mentioned the community would like an increased hospital presence, SVH had an extremely limited budget for marketing purposes and community outreach. Many of the hospital's ad campaigns were funded by the Foundation. A new "Humanize Health" program had begun to work with front line staff to improve the patient experience. SVH plans to recruit another primary care physician to the area.		
14. FINANCIALS FOR THE MONTH ENDED OCTOBER 31, 2019	<i>Jensen</i>	Inform
Mr. Jensen reviewed the payer mix for October, which included 71.7% government and 21.4% commercial. Days cash stood at 22.5, AR days at 46.2, AP at \$3 million and AP days 45. ER revenue was off, outpatient surgeries were up, and ER acuity was up. Net patient revenue was \$3.7 million vs. a budget of \$3.8 million. Operating		

expenses were better than budget by \$62,256. The operating margin was (\$588,486) vs. a budgeted (\$608,602). After accounting for everything, there was a net loss of (\$76,611) against a budgeted gain of \$50,243.		
15. COMMITTEE REPORT <ul style="list-style-type: none"> Line of Credit Recommendation – Ms. Nevins said a line of credit payment of \$625,000 would be made in December after parcel tax funds were received. 	<i>Rymer/Nevins</i>	Inform
16. ADJOURN	<i>Rymer</i>	
Adjourned 7:20 p.m.		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, DECEMBER 17, 2019
Schantz Conference Room**

Present	Excused	Staff	Public
Sharon Nevins Susan Porth Peter Hohorst Art Grandy Dr. Subhash Mishra via telephone Joshua Rymer via telephone		Kelly Mather, CEO Ken Jensen, CFO Sarah Dungan, Controller Dawn Kuwahara Leslie Lovejoy	Bruce Flynn

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Called to order at 5:00 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Minutes from the 11.19.19 meeting were reviewed.	MOTION: by Porth to approve, 2 nd by Hohorst. All in favor.	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		
	Ms. Mather reported \$18.6 million in donations had been pledged to date for the Outpatient Diagnostic Center. The MRI project will break ground in summer 2020 after the CT project is complete.		
5. PRIME GRANT PERFORMANCE UPDATE	<i>Lovejoy</i>		
	CMS funds demo grant projects to improve patient care. This grant is to improve transitions		

	of care, a 5-year project. CMS selected the metrics. SVH received full reimbursement for the first two years of the project. For year 3 the hospital received \$200,000 of the \$675,000 available. SVH was already a high quality hospital so it was very challenging to improve baseline metrics. The grant will end with the final report in Oct 2020.		
6. 2020 FINANCE COMMITTEE WORK PLAN	<i>Nevins</i>		
	Mr. Jensen reviewed the work plan for 2020. The Outpatient Diagnostic Center update would continue as an agenda item until the project is complete and not be included on the work plan. Mr. Hohorst suggested review of the line of credit in May. Ms. Nevins thought it would be useful to review the latest three-year projection and to add that going forward. A subcommittee consisting of Mr. Grandy, Ms. Porth, and Mr. Jensen was asked to put together the three-year projection. A suggestion was made to create some alternative forecasts with the parcel tax in mind. Mr. Rymer asked about finance-related suggestions from the SVH Independent Observations Report; Ms. Nevins said this should be an agenda item for February and not on the work plan.	MOTION: by Hohorst to approve, 2 nd by Porth. All in favor.	See "Discussion" for follow-up items.
7. ADMINISTRATIVE REPORT	<i>Mather</i>		
	Ms. Mather reviewed the administrative report for December. Both urology and infectious disease consultations are now available on telemedicine from UCSF.		Mather to present branding report to FC when approved in Feb.
8. FINANCIAL REPORT MONTH ENDED NOVEMBER 30, 2019	<i>Jensen</i>		
	Mr. Jensen reviewed the payer mix for November, with government payers at 75.9% vs. budget of \$73.2%. Days of cash on hand were 16.9, with the		

	parcel tax payment expected on December 24 th . A/R days were 44.7, A/P stood at \$2.9 million, and A/P days were 42.9. Inpatient revenue was down due to acuity, outpatient revenue was up, and ER revenue was up. Expenses were well controlled, with purchased services over due to unbudgeted garden refurbishment and some repairs in Occupational Health. Net income for the month was \$101,456 vs. a budgeted \$12,471. EBDA was 0.4% vs. a budgeted (2.5%).		
9. ADJOURN	<i>Nevins</i>		
	5:57 pm		



JANUARY 2020

SVH - ENSIGN PARTNERSHIP UPDATE



VALLEY OF THE MOON
— POST ACUTE —

SUMMARY OF TRANSITION

- **OCCUPANCY SINCE JULY 1st, 2019**
 - AVERAGE DAILY CENSUS = 21.95 OR 81.3%
 - 45% LONG TERM CARE
 - 114 ADMISSIONS
 - 104 DISCHARGES
 - AVG. LENGTH OF STAY FOR SKILLED RESIDENTS IS 21.45 DAYS
- **PRIMARY REFERRAL SOURCE: SONOMA VALLEY HOSPITAL, (ALSO SANTA ROSA MEMORIAL, AND QUEEN OF THE VALLEY)**
- **PRIMARY PAYERS: MEDICARE, MEDICAID, PARTNERSHIP, HMO, HOSPICE, PRIVATE**
- **PRIMARY SERVICES OFFERED: SKILLED NURSING, IV THERAPY, PT, OT, ST**
- **SEAMLESS MEDICARE CONVERSION TO PATIENT DRIVEN PAYMENT MODEL (PDPM) OCT 1, 2019 – IMPROVED PERFORMANCE**



SUMMARY OF TRANSITION CONTINUED...

- **SUCCESSFUL SHARED SERVICES WITH HOSPITAL INCLUDE:**
 - DIETARY/FOOD SERVICES
 - LAB/RADIOLOGY
 - HOUSEKEEPING
 - PHYSICAL FACILITY/ENGINEERING
 - COMMON SPACES/OFFICES
 - LAUNDRY
- **NEW MEDICAL DIRECTOR (GAPS HEALTH)**
 - JAMISON FERAMISCO
- **PRIMARY LOCAL REFERRING AND FOLLOWING PHYSICIANS FROM SONOMA COMMUNITY:**
 - DR. VERDUCCI
 - DR. CAMPBELL
 - DR. STREETER



CENSUS DETAIL

Period Ending	Jul/19	Aug/19	Sep/19	Oct/19	Nov/19	Dec/19	AVG	YTD
Sonoma Valley Hospital								
	27	27	27	27	27	27	27	27
Managed Care	2.52	2.00	2.87	3.61	3.33	1.90	2.70	2.70
Medicaid	2.13	5.84	7.77	9.19	11.10	11.84	7.96	7.96
Medicare A	10.52	9.29	11.53	9.10	9.23	6.81	9.40	9.40
Other	0.06	4.23	3.30	1.77	1.00	0.29	1.77	1.77
Private	-	-	-	0.45	-	0.23	0.11	0.11
TOTAL	15.23	21.35	25.47	24.13	24.67	21.06	21.95	21.95
Occupancy %	56.39%	79.09%	94.32%	89.37%	91.36%	78.02%	81.30%	81.30%
Admissions	26	22	15	19	14	18	19.00	114
Discharges/Deaths	22	14	15	18	13	22	17.33	104
Leaves/Room Reserves	0	1	1	8	0	1	1.83	11
Return from Leaves	0	1	0	7	0	1	1.50	9



KEY QUALITY METRICS



Skilled Nursing Facility Quality Dashboard Q4 2019

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
1	Highly Satisfied Patients 90% or > highly satisfied	Per Questionnaire, Would recommend facility	Total 53 Q4 Discharges Result= 43 Highly Satisfied 81%	5 is 90 and above 4 is 85 to 89 3 is 81 to 88 2 is 75 to 80 1 is 74 and below
2	Falls reduction	Falls/patient days	CA Average 1.7 Natl Average 3.3 Result= 4 Falls/2,246 days =<1%	5 is 1.7 or less 4 is 1.8-2.5 3 is 2.6-3.3 2 is 3.4-3.9 1 is >3.9
3	Restraint Free Environment	Restraint utilization	CA Average 0.5% Natl Average 0.3% Result= 0%	5 is 0.5% or less 4 is 0.4-0.3% 3 is 0.31-0.35 4 is 0.36-0.40 5 is >0.41
4	Pressure Ulcer prevention	CMS report	CA Average 1.0% (8.87%) Natl Average 1.7% (7.32%) Result= 0%	5 is 1.0 or less 4 is 1.1-1.5% 3 is 1.6-1.8% 2 is 1.9-2.1% 1 is >2.1%
5	Antipsychotic Medication	CMS report	CA Average 1.4% (9.67%) Natl Average 1.8% (12.78%) Result= 11.11%	5 is 1.4% or less 4 is 1.5-1.7% 3 is 1.8-2.0% 2 is 2.1-2.5% 1 is > 2.6 %



VALLEY OF THE MOON
POST ACUTE

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KEY QUALITY METRICS CONTINUED...

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
6	% Patients successfully returned home	CMS report	CA Average 48.5% Natl Average 48.6% Result= 83.19%	5 is >48.6% 4 is 48.5-48.3% 3 is 48.2-47.9% 2 is 47.8-46.5% 1 is ≥ 46.6%
7	Re-hospitalized within 30 days after SNF admission	CMS report	CA Average 22.8% Natl Average 22.9% Result= 9.62%	5 is <22.8% 4 is 22.9-23.5% 3 is 23.6-24.0% 2 is 24.1-24.6% 1 is >24.6
8	Residents who self-report moderate to severe pain	CMS report	CA Average 6.2% Natl Average 14.7% Result= 6.49%	5 is 6.2% or < 4 is 6.3-9.0% 3 is 9.1-14.0% 2 is 14.1-18% 1 is ≥ 18%
9	Discharged residents with Emergency Room visit within 30 days	CMS report	CA Average 10.1% Natl Average 10.7% Result= 6.41%	5 is ≤ 10.1% 4 is 10.2-10.5% 3 is 10.6-10.8% 2 is 10.9-11.1% 1 is ≥ 11.2%
10	Catheter Associated Urinary Tract Infection	CMS Report	Natl Average <1.04 Result= 0%	5 is <0.95 4 is <1.00 3 is <1.04 2 is <1.08 1 is <1.08
11	Central Line Bloodstream Infection	CMS Report	Natl Average <0.51 Result= 0%	5 is <0.44 4 is 0.45-0.50 3 is 0.51-0.55 2 is 0.56-0.60 1 is <0.60
12	C-Difficle Infection	CMS Report	Natl Average 7.4/10k pt days Result= 0%	5 is <8.9 4 is 6.8-7.0 3 is 7.1-7.4 2 is 7.5-7.9 1 is >7.9



STATUS UPDATE

UPDATE ITEMS	STATUS	NEXT STEPS	TIMELINE	NOTES
1. SUBACUTE PLANS	OSHPD FINISHED 2 ND REVIEW.	COMPLETE APPROVAL PROCESS	2020	
2. STAFFING	CURRENTLY FULLY STAFFED.	CONTINUE TRAINING AND IMPLEMENTATION OF SYSTEMS.	IN PROCESS	INITIAL TURNOVER RATE WAS OVER 95%. 6 ORIGINAL EMPLOYEES REMAIN. -3 CNA'S -1 RN -ACTIVITIES DIRECTOR
3. RESIDENT SATISFACTION	2 SYSTEMS: 1. GUARDIAN ANGEL PROGRAM (ONGOING DURING RESIDENT STAY) 2. QUESTIONNAIRE DURING DISCHARGE.	WE CONTINUE TO MONITOR AND COLLECT FEEDBACK FROM RESIDENTS. WE ALSO CONTINUE TO EDUCATE STAFF WITH REGARDS TO CUSTOMER SERVICE AND COMMUNICATION.	ONGOING PROCESS	



STATUS UPDATE CONTINUED...

UPDATE ITEMS	STATUS	NEXT STEPS	TIMELINE	NOTES
4. CDPH ANNUAL SURVEY FOR LIFE SAFETY, CMS RE-CERTIFICATION, AND STATE LICENSURE COMPLETE AS OF DECEMBER.	SEVERAL ITEMS CORRECTED. MOST ISSUES WERE ADMINISTRATIVE AND FOCUSED ON SYSTEMS, AND PROCESSES AS WELL AS EDUCATION AND TRAINING.	ONGOING PLAN OF CORRECTION WITH REGARDS TO ITEMS IDENTIFIED IN SURVEY PROCESS	IMMEDIATE AND ONGOING AS OF OCTOBER 16, 2019	WE HAVE MUCH TO DO WITH OUR STAFF BECAUSE OF THE AMOUNT OF TRANSITION IN JULY AND TURNOVER. WE ARE MUCH FARTHER ALONG NOW THAN IN EARLY OCTOBER, AND OUR CORPORATE EXPECTATION IS 5 STAR FACILITIES.
5. SHARED SERVICES	EXCELLENT COOPERATION WITH HOUSEKEEPING, PLANT, LAUNDRY, DIETARY, LAB, RADIOLOGY WHICH ARE ALL CURRENTLY SHARED SERVICES.	CONTINUE WITH GREAT COMMUNICATIO N		



FINANCIAL OVERVIEW

	FINAL	FINAL	FINAL	FINAL	FINAL	FINAL
	Jul 20 19	Aug 20 19	Sep 20 19	Oct 20 19	Nov 20 19	YTD
TOTAL NET REVENUE	321,724.29	430,678.87	488,721.11	583,852.66	549,574.58	2,374,551.51
TOTAL OPERATING EXPENSES	320,597.59	328,834.66	414,227.11	475,276.80	422,354.70	1,965,909.88
EBITDAR	1,126.70	101,844.21	74,494.00	108,575.86	127,219.88	408,641.63
EBITDAR Margin %	0.35%	23.65%	15.24%	18.60%	23.15%	17.21%



FINANCIAL OVERVIEW

KEY SNF COSTS

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	TOTAL YTD
THERAPY	\$33,493.18	\$40,202.16	\$48,865.50	\$56,181.36	\$45,880.19	\$224,687.89
PHARMACY	\$15,039.00	\$11,848.87	\$17,416.90	\$26,701.48	\$15,043.93	\$86,050.18
NURSING	\$153,858.53	\$148,216.96	\$191,692.71	\$183,980.69	\$200,792.64	\$879,331.40

KEY SNF COSTS USING SVH CONTRACTED SERVICES

	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	TOTAL YTD
LAB	\$1,138.20	-\$507.80	\$1,786.61	\$1,080.54	\$2,477.71	\$5,975.26
RADIOLOGY	\$2,185.00	-\$1,677.04	\$457.47	\$2,223.00	\$857.92	\$4,046.35
PLANT/FACILITY	\$13,886.95	\$15,954.66	\$14,250.00	\$16,673.90	\$14,925.83	\$75,691.34
HOUSEKEEPING	\$12,199.70	\$9,608.46	\$9,891.54	\$8,306.29	\$8,166.66	\$48,172.65
LINENS		\$3,837.40	-\$1,569.27	\$4,002.71	\$2,976.74	\$9,247.58
DIETARY	\$14,248.68	\$19,934.54	\$24,680.00	\$22,480.00	\$22,290.00	\$103,633.22

VALLEY OF THE MOON TEAM

Name	Position	Email	
Mike Empey	Administrator	mempey@ensignservices.net	
Angie Macaraeg	Dir. Of Nursing	amacaraeg@ensignservices.net	
Shobha Neupane	Director of Rehab	Sneupane@ensignservices.net	
Jennifer Raymond	Therapy Resource, Flagstone North	jraymond@ensignservices.net	
Claudia Alexander	MDS Resource, Flagstone North	cbalexander@ensignservices.net	
Teresa DeGuzman	Clinical Resource, Flagstone North	tdeguzman@ensignservices.net	
Cason Bush	Cluster Leader, Flagstone North	cbush@ensignservices.net	
Mira Jensen	Director of Clinical Services, Flagstone	mjensen@ensignservices.net	
Adam Willits	President, Flagstone	awillits@ensignservices.net	

Information Technology Annual Board Report

Fe Sendaydiego, CIO
January 2020

A Decade of Progress: Technology

- **Past**

- Electronic Health Record Benefits
- Meaningful Use
- Interoperability

- **Present**

- 2011 – 2019 Trends: FTEs, Expenses, Help Desk
- Patient Related Systems
- Support Services Systems
- Technology Infrastructure

- **Future**

- *Projected needs – ability to connect with UCSF and other hospitals*
- *What is ideal*
- *Physician wants*

Past: Return on Investments

Electronic Health Record Investments

Capital Budget 2010	\$6.3 M
Spent to date	\$5.1 M
Meaningful Use (MU) Net Incentives	\$3.6 M

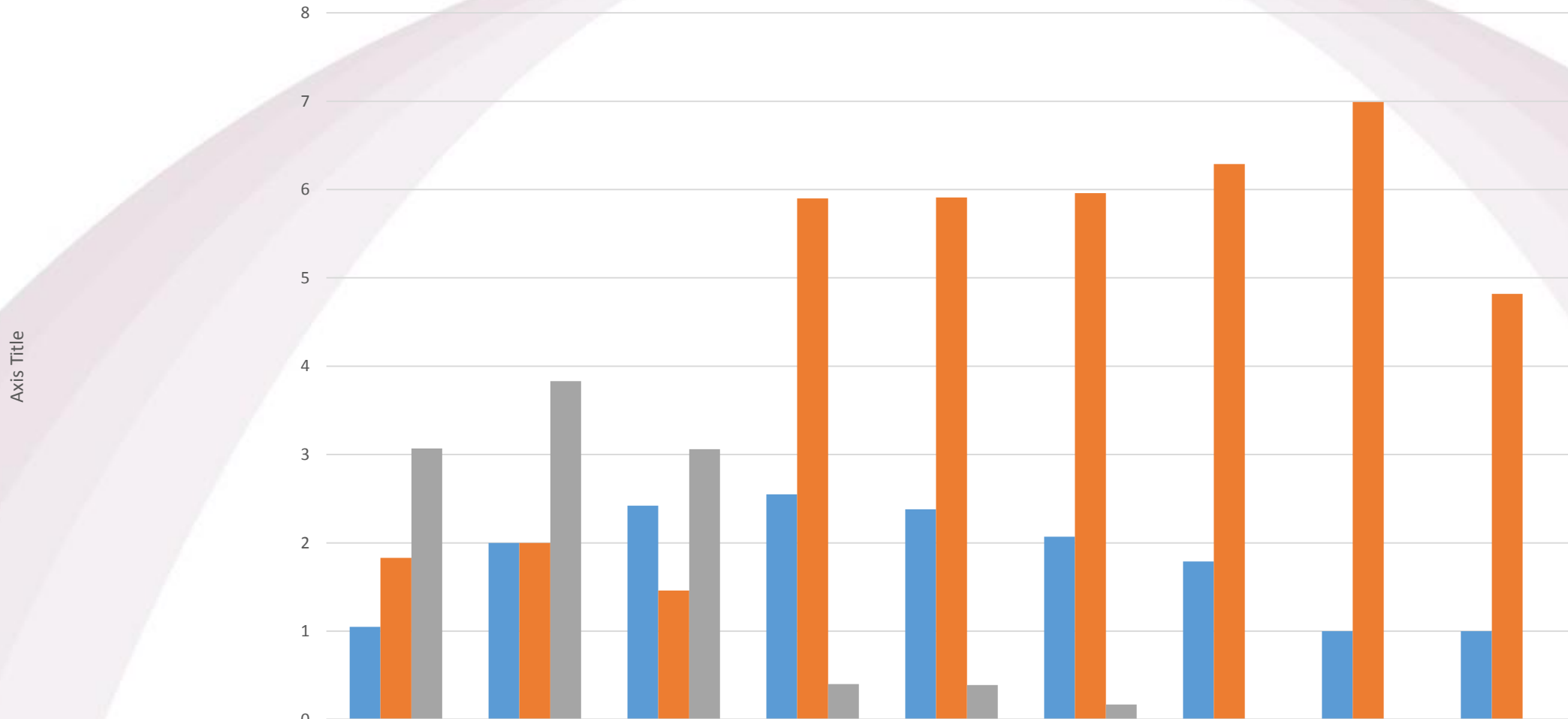
Present: Benefits

- **Efficiency:**
 - Instantaneous availability of clinical documents accessible by the patient care team the moment they are completed versus having to wait for outsourced transcription company to transcribe dictated reports.
- **Computerized Provider Order Entry (CPOE)**
 - Timeliness of orders
 - Real time integrated electronic Medication Administration (eMAR) with pharmacy and lab systems to provide safe point-of-care processes.
- **Bedside scanning - medication administration**
- **Patient Portal – FollowMyHealth**
 - Patient having secured access to their medical records online
- **Clinical Decision Support interaction**
 - For example, the physician is alerted of potential severe sepsis based on documentation and vitals.

Present: 2011 – 2019 Trends

- **Information Services FTEs**
- **Operations Expense**
- **Help Desk Calls**
- **Systems**

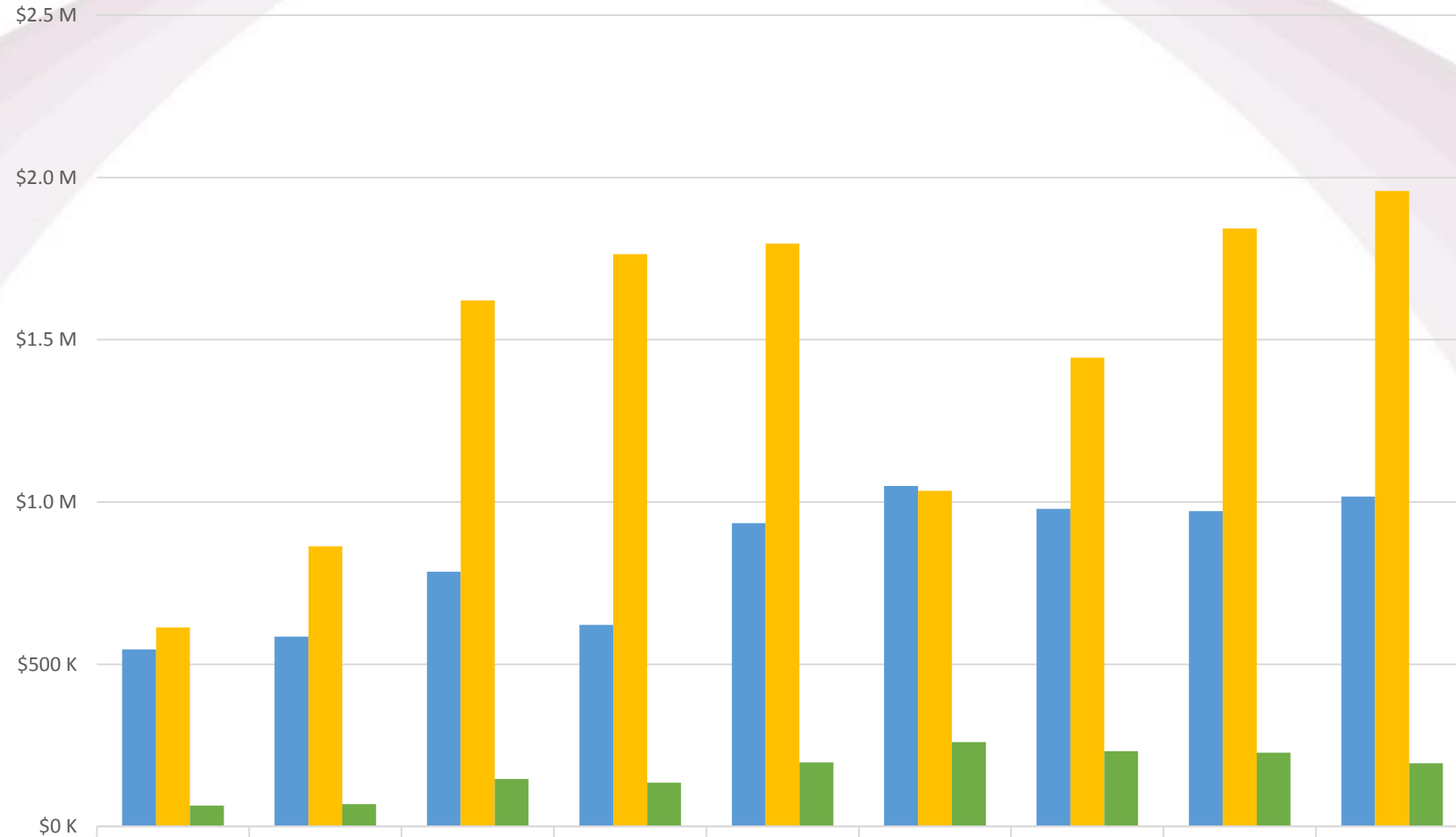
Information Systems FTE Trend by Labor Class



	2011	2012	2013	2014	2015	2016	2017	2018	2019
Management	1.05	2.00	2.42	2.55	2.38	2.07	1.79	1.00	1.00
Technical Analysts	1.83	2.00	1.46	5.90	5.91	5.96	6.29	6.99	4.82
Clerical	3.07	3.83	3.06	0.40	0.39	0.17			

Information Services Operational Expenses

FY2011 - FY2019



	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19
Employee Salaries/PTO	\$545 K	\$585 K	\$785 K	\$621 K	\$935 K	\$1.0 M	\$979 K	\$972 K	\$1.0 M
Purchased Services	\$614 K	\$864 K	\$1.6 M	\$1.8 M	\$1.8 M	\$1.0 M	\$1.4 M	\$1.8 M	\$2.0 M
Utilities & Other expenses	\$65 K	\$68 K	\$146 K	\$135 K	\$198 K	\$260 K	\$232 K	\$228 K	\$195 K

Help Desk Open Tickets by Year



	2012	2013	2014	2015	2016	2017	2018	2019
— Total	8226	4602	8843	9188	8655	8805	7453	5623

Patient Related Systems

- **OneContent:** Electronic legal medical record
- **Paragon Clinical Care Station:** Nursing documentation
- **Paragon Clinician Hub:**
 - **Patient Profile**
 - **CPOE, Medication Reconciliation**
 - **Physician Documentation**
 - **Electronic Prescription**
- **Nuance Dragon Voice Recognition**
- **Paragon Medication Administration:** Bedside administration
- **Imaging Systems:** Paragon Radiology Information System; PACS, MRS Mammo; M*Modal Fluency for Imaging Voice Recognition
- **InterQual**
- **Paragon Lab, Micro, Data Innovation**
- **RateMyHospital**
- **Computrition**
- **Athena for Sonoma Valley Specialty & Sonoma Family Practice**
- **FollowMyHealth Patient Portal**
- **Paragon Pharmacy; Pyxis; Micromedex**
- **Paragon Registration**
- **FormFast Electronic Signature**
- **Paragon Resource Scheduling**
- **MDM Journey Patient Experience**
- **SpaceLabs Vitals Monitoring System**
- **Paragon Emergency Management**
- **ExitWriter Discharge Instructions**
- **Tiger Connect Messaging**
- **Paragon Operating Management**
- **OneMedical Passport Surgery Notification**
- **UCSF Telemedicine**
- **ReDOC Outpatient Rehab System**
- **Provation Evidence Based Orders**
- **UpToDate**

Support Services Systems

- Allscripts Intelligent Coding
- 3M Coder
- Paragon Medical Records
- Release of Information Tracking
- Kronos – Time & Attendance
- Paragon Payroll
- PeopleTrak – Human Resources Contract Management
- Healthstream Staff Education
- Midas+, DataVision
- Statit piMD
- Medical Staff Credentialing
- Material Safety Data Sheet
- Paragon General Ledger
- Paragon Accounts Payable
- Paragon Fixed Assets
- IDEA Budget System
- patientsDB Cost Accounting System
- Paragon Materials
- GHX EDI Vendor Exchange
- Change Healthcare (aka Relay) Assurance
- Change Healthcare (aka Relay) Clearance
- Various Payer Website User Management
- MicroMain Facilities Tracking
- TrackIT – Help Desk Tracking
- Point of Sale System

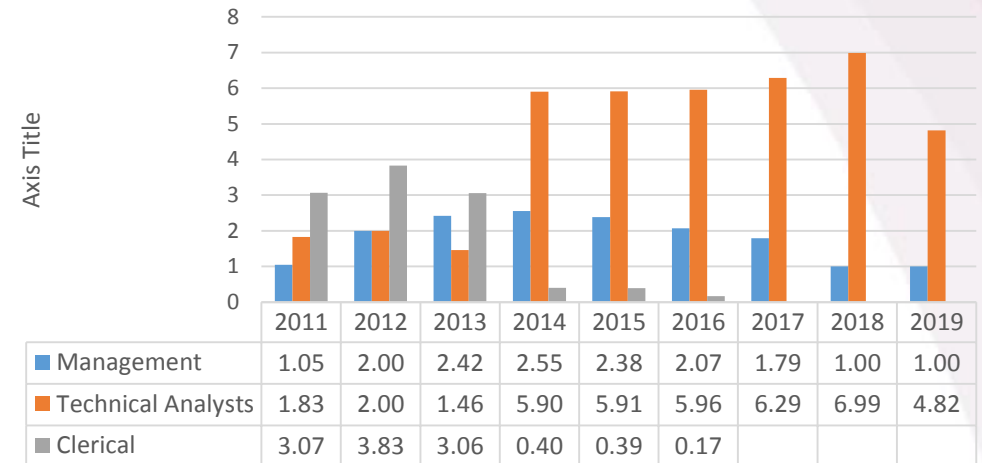
Technology Infrastructure

- VMWare Virtual Environment
- VxRail Storage
- Citrix
- Office 365 Email
- Proofpoint URL Defense
- Kaspersky Anti Virus
- Unitrends Backup
- Cisco Network
- Ruckus Wireless Network
- Microsoft Windows Desktops 250+
- AT&T PRI (Phone) Service
- Avaya Phone System
- Vista Broadband Internet Service
- Comcast PRI
- Comcast Internet Service
- Comcast Dedicated Line Sonoma Highway
- Granite – Mobile Phone Contracts
- Zoom Web Meetings
- Telemedicine

Present: Information Services Department

- 6 Staff
- 1 Manager
- 35+ Patient Related Systems
- 29+ Support Services Systems
- 20+ Technology Infrastructure

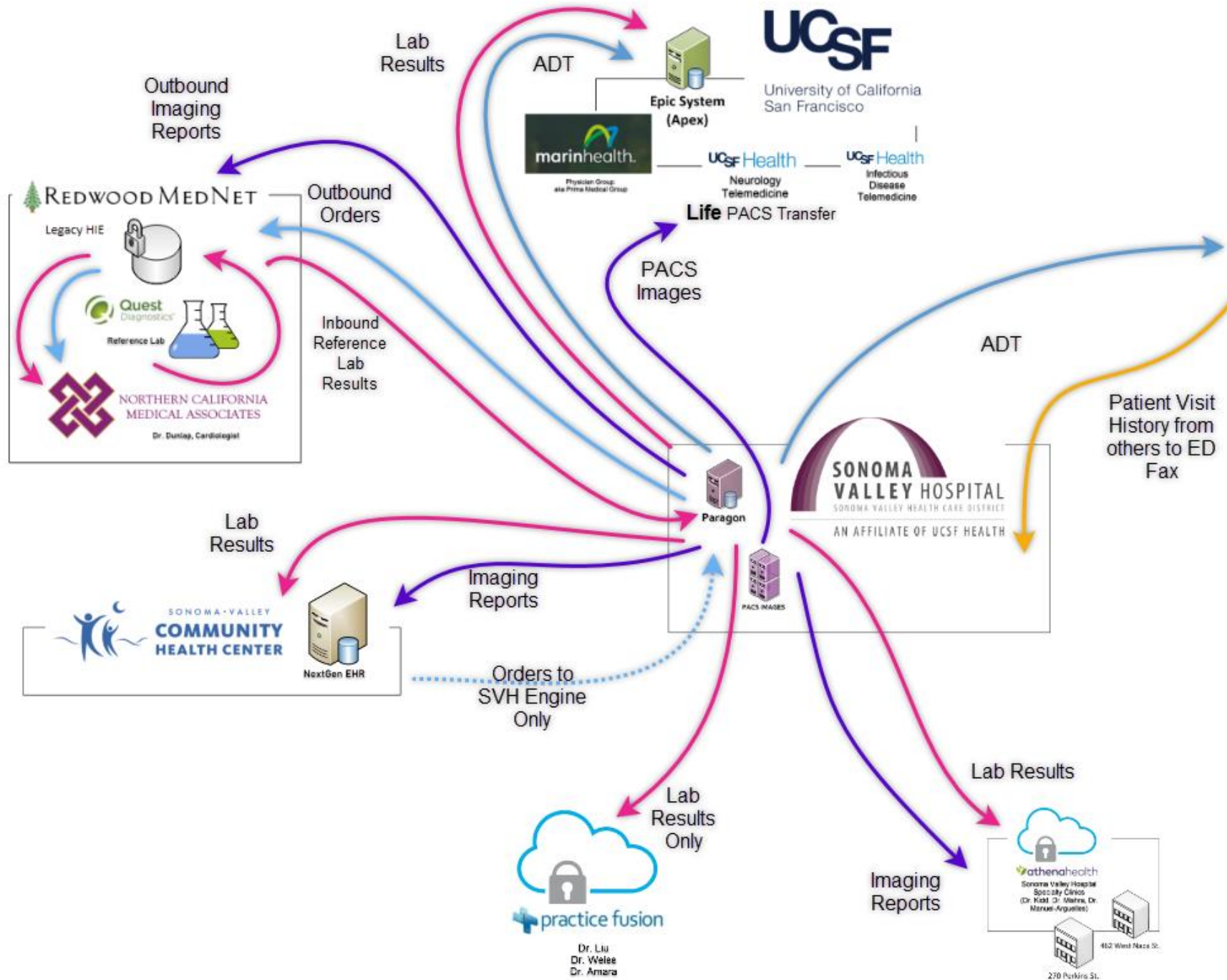
Information Systems FTE Trend by Labor Class



Active Implementations QTR1 2020

- Nuance Dragon Voice Recognition migrate to cloud
- Voice over Internet Protocol (VoIP) phone upgrade
- OneContent Electronic Medical Record v18 upgrade
- OneContent Analytics
- Discharge123 Discharge Instructions ER & Occupational Health
- Tiger Connect Secure Messaging multi-disciplinary use
- Wound Care EHR
- Occupational Health EHR
- IV Pump upgrades
- Broadcast Messaging expansion

Present: Interoperability



PARTNERSHIP

HEALTHPLAN
of CALIFORNIA
A Public Agency

Historical ED Visits & medications from participating providers (Edie)

Future: Interoperability



National Initiatives Home > Initiatives > HIE Landscape > National Initiatives

Nationwide Health Information Sharing Initiatives

With the growing attention on interoperability and emergence of national "networks", the HIE landscape has become somewhat confusing. Below are some comparisons of the major national exchange initiatives people ask about the most, along with a contrast with community or regional health information exchange.

eHealth Exchange	CommonWell	Carequality	Care Everywhere	DirectTrust	PCDH	CTEN	Community HIE
Provider-centric network	Patient-centric network	Provider-centric network-to-network trust framework	Provider-centric network	Secure messaging network	Person-centric alerting network	Provider-centric network w/ person-centric tendencies	Person-centric network
Peer-to-peer primarily query-based exchange	Query-based exchange based on centralized record location	Peer-to-peer query-based exchange	Peer-to-peer primarily query-based exchange	Peer-to-peer, content-agnostic secure messaging	Directed alerting of care events that facilitate query-based exchange	Peer-to-peer transaction- and content-agnostic trust framework	Various use cases, including alerts, results delivery, order entry, query, public health reporting, longitudinal records, and analytics
Centralized CA, provider-organization directory	Centralized MPI and RLS	Centralized provider-organization directory	Vender-based enabling infrastructure	Enabling trust framework	Regional and nationwide alerting network	Centralized provider-organization directory	Various levels of centralized resources necessary to meet participant needs
Federal agencies, hospital systems, HIEs	EHR vendors and networks	EHR vendors, networks, HIOs	Limited to Epic users	Direct HISPs and certificate authorities	Community, regional, and statewide HIEs	HIOs interested in statewide exchange, state agencies	Systems may include nearly any EHR, lab, pharmacy, or other system

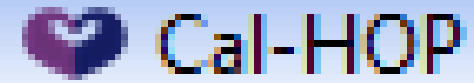
State Interoperability



- **California Trusted Exchange Network (CTEN)**

- Promoting health information sharing in California via Health Information Exchange (HIE)
- It combines a multiparty data sharing agreement, a common set of policies & procedures, and a lightweight technical infrastructure to create a trusted environment for safe and secure sharing of health information.
- <https://www.ca-hie.org/>

State Interoperability



- **California Health Information Exchange Onboard Program**
 - Increase the Med-Cal providers that can exchange patient data via a Health Information Organization (**HIO**);
 - Expand the data-exchange capabilities
 - Facilitate access to the Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug monitoring database
- **Payment incentive based on milestone achieved**
- **Need to connect with a Qualified HIO**
- <https://www.dhcs.ca.gov/provgovpart/Pages/Cal-HOP.aspx>

National Interoperability

- eHealth Exchange (“Exchange”) eHealth Exchange™

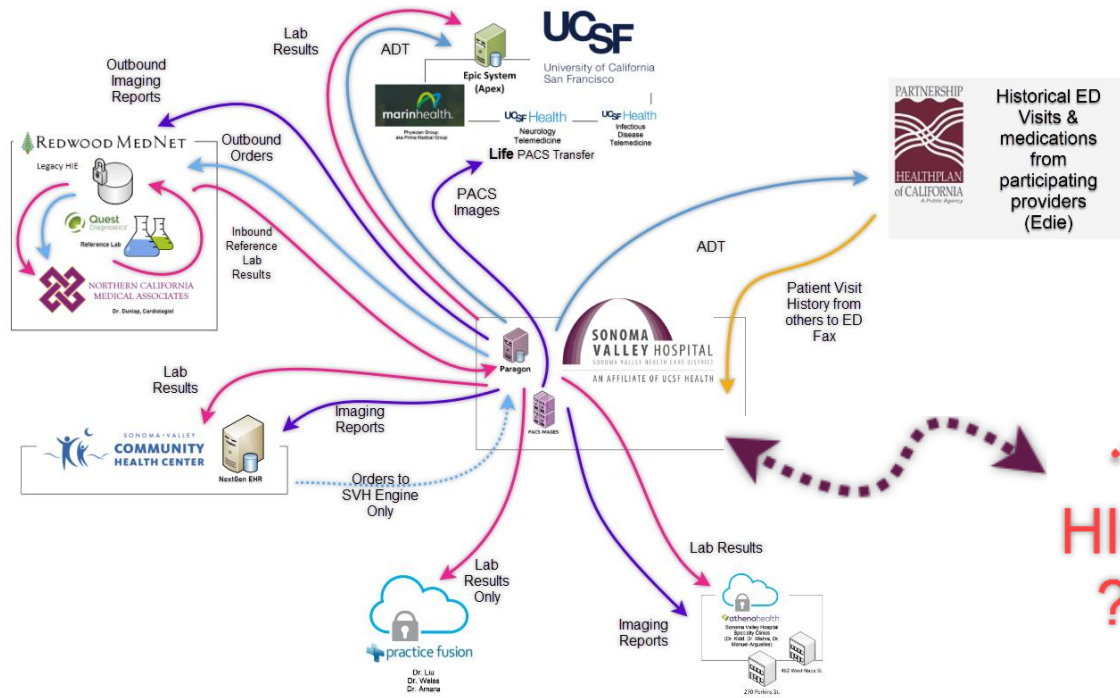
eHealth Exchange™

We connect:

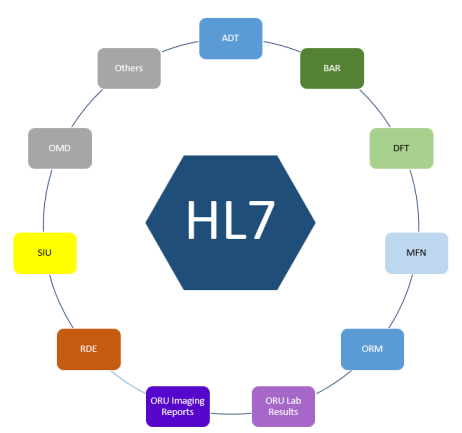
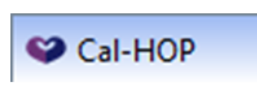
	All 50 States	70,000 Medical Groups	
	Four Federal Agencies (DoD, VA, CMS, SSA)	3,400+ Dialysis Centers	
	75% of U.S. Hospitals	8,300 Pharmacies	

Supporting more than 120 million patients

59 Regional and State HIEs



HIO ?



Future:

- **Expand interoperability with UCSF & other providers:**
 - Inbound Orders
 - Outbound Documents (DEX)
 - Other technology needed to create a highly efficient interoperability operations
- **California Health Information Exchange Onboarding Program (Cal-HOP)**
<https://www.dhcs.ca.gov/provgovpart/Pages/Cal-HOP.aspx>
- **Underlying Technology Infrastructure Upgrades**
 - Network switches at least 11 years old
 - High bandwidth internet service – a minimum of 1GB (currently 100MB)
 - Microsoft Windows updates
- **Appropriate Use Criteria (Advanced Imaging)**
 - National Decision Support Company (NDSC) Integration with Paragon
- **Human Resources System Upgrades**
- **Annual Computer System Upgrades for regulatory compliance & to stay relevant**



Questions?

Draft at November 15, 2019

Sonoma Valley Health Care District

Financial Statements
and Supplementary Information

June 30, 2019 and 2018

Draft at November 15, 2019

TABLE OF CONTENTS

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Sonoma Valley Health Care District
Sonoma, California

We have audited the accompanying financial statements of Sonoma Valley Health Care District (the "District"), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of revenues, expenses and change in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Sonoma Valley Health Care District as of June 30, 2019 and 2018, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 - 10 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information on pages 39 - 40, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

DRAFT

Armanino^{LLP}
San Ramon, California

October 22, 2019

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

Introduction

This management's discussion and analysis of the financial performance of Sonoma Valley Health Care District (the "District") provides an overview of the District's financial activities for the years ended June 30, 2019 and 2018. It should be read in conjunction with the accompanying financial statements and notes to financial statements of the District.

Financial highlights

- The District's net position increased in 2019 by approximately \$4,238,000 or 27% and decreased in 2018 by approximately \$300,000 or 2%.
- Cash and cash equivalents increased in 2019 by approximately \$3,309,000 or 141% and decreased in 2018 by approximately \$1,742,000 or 43%. The increase in 2019 was due to an increase in the hospital net revenue and a decrease in operating expenses during 2019 and the decrease in 2018 was due to a decrease in hospital net revenue and an increase in operating expenses during 2018.
- Net patient accounts receivable decreased in 2019 by approximately \$608,000 or 9% and decreased in 2018 by approximately \$1,400,000 or 18%. The decrease in 2019 was due to decreases in hospital inpatient volume due primarily from the closure of the obstetrics unit and a reduction of patient days in the Skilled Nursing Facility. The hospital is also continuing with increased efforts to collect at point of visit.
- The District reported operating losses in both 2019 (\$2,835,000) and 2018 (\$6,025,000). The operating loss in 2019 decreased by approximately \$3,190,000 or 53% from the operating loss reported in 2018. The decrease in the operating loss in 2019 was due to an increase in net operating revenues and a decrease in operating expenses, most notably in salaries, wages and agency fees. The operating loss in 2018 increased by approximately \$1,485,000 or 33% more than the operating loss reported in 2017.

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

Operational Changes and Future Plans

During fiscal year 2019 the District's board approved management's proposal to transfer the hospital's home health business to a local non-profit organization effective September 30, 2018 and closed the obstetrics department effective October 31, 2018. The transfer and closure of these departments were due to declining volumes and continuous departmental operating losses. In fiscal year 2019 the board put together a special committee consisting of a board member, key employees and community members to review the operations of the hospital's skilled nursing facility to determine if a positive operating margin could be experienced with restructuring its labor costs. With the support of the special committee the hospital's management proposed the transfer of the skilled nursing facility management to a third party whose expertise is in running skilled nursing facilities. The board approved the transfer of the skilled nursing facility management to a third party effective July 1, 2019. The skilled nursing facility will continue to operate under the District's state license.

The District will continue to focus on the acute care hospital needs of the community with emergency and outpatient services being a priority. The District will continue to grow their affiliation with UCSF to provide access to specialty physicians and keep patients in the District. The District will begin construction on their new outpatient diagnostic center which will replace and upgrade end of life diagnostic equipment. The current space where Imaging Services resides was built in 1972, about the time that CT and MRI's were invented. The current space is antiquated and hinders productivity. Along with improving the layout and refurbishing the department, the District is purchasing two key pieces of advanced imaging equipment. The current CT Scanner is at the end of life and it is only a 64 slice machine. The new CT Scanner will be a 128 slice with many positive upgrades to improve the patient experience. The current MRI is only a 1.5 Tesla machine and is not housed inside the hospital. It is in a trailer outside. The new 3 Tesla MRI will be inside the hospital within the Outpatient Diagnostic area and will increase volumes because of the higher level of images and capability. This project will be fully funded by the Sonoma Valley Hospital Foundation.

Using this annual report

The District's financial statements consist of three statements—statement of net position, a statement of revenues, expenses and changes in net position, and a statement of cash flows. These statements provide information about the activities of the District, including resources held by the District but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The District is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

Sonoma Valley Health Care District
Management's Discussion and Analysis (Unaudited)
As of, and for the Years Ended, June 30, 2019, 2018 and 2017

The statement of net position and statement of revenues, expenses and changes in net position

The statement of net position and the statement of revenues, expenses and changes in net position report information about the District's resources and its activities. One of the most important questions asked about the District's finances is, "Is the District as a whole, better or worse off as a result of the year's activities?" The statement of net position and the statement of revenues, expenses and change in net position report information about the District's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the District's net position and changes thereto. The District's net position - the difference between assets and liabilities - is one way to measure the District's financial health or financial position. Over time, increases or decreases in the District's net position is one indicator of whether its financial health is improving or deteriorating. Other non-financial factors, such as changes in the District's patient base and measures of the quality of service it provides to the community, should be considered, as well as local economic factors.

The statement of cash flows

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash and cash equivalents during the reporting period.

The District's net position

The District's net position is the difference between its assets and liabilities reported in the statement of financial position. The District's net position increased by \$4,238,000 or 27% in 2019 from 2018 and decreased by \$300,000 or 2% in 2018 from 2017, as shown in Table 2.

The increase in net position in 2019 is primarily the result of the increase in net operating revenue and a decrease in operating expenses. The decrease in operating expenses during 2019 was due most notably to the reduction in salaries, wages, and agency fees which was the result of cost reducing measures.

In 2019, estimated third-party cost report settlements decreased by \$447,000 or 50% compared to 2018. The decrease in 2019 is due to the accrual of over payments on Medicare's Periodic Interim Payment ("PIP") from 2019. Property tax receivable decreased by \$55,000 or 1% from 2018. Other receivables decreased by \$205,000 or 33% from 2018, which is due to the collection of the PRIME grant. Current pledge receivables increased by \$135,000 or 100% compared from 2018. The increase is due to outstanding pledges from 2019.

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

Table 1: Statements of Net Position

	<u>2019</u>	<u>2018</u>	<u>2017</u>
ASSETS			
Current assets			
Cash and cash equivalents	\$ 5,651,697	\$ 2,342,737	\$ 4,084,992
Patient accounts receivable, net of allowance for doubtful accounts of \$1,185,345 and \$1,210,338 in 2019 and 2018, respectively	5,856,145	6,464,621	7,865,253
Estimated third-party payor settlements	445,220	892,336	477,888
Property tax receivable	7,004,881	7,060,250	6,960,475
Other receivables	409,427	613,939	174,704
Pledge receivables	135,521	-	295,971
Inventories	901,652	852,688	832,006
Prepaid expenses and other current assets	1,116,921	785,383	848,434
Total current assets	<u>21,521,464</u>	<u>19,011,954</u>	<u>21,539,723</u>
Capital assets, net	<u>50,868,937</u>	<u>52,220,907</u>	<u>53,261,937</u>
Noncurrent investments			
Restricted for debt service	<u>5,016,479</u>	<u>4,437,878</u>	<u>3,966,031</u>
Total noncurrent investments	<u>5,016,479</u>	<u>4,437,878</u>	<u>3,966,031</u>
Total assets	<u>\$ 77,406,880</u>	<u>\$ 75,670,739</u>	<u>\$ 78,767,691</u>
LIABILITIES AND NET POSITION			
Current liabilities			
Accounts payable and accrued expenses	\$ 6,510,167	\$ 5,628,545	\$ 5,857,112
Accrued payroll and related liabilities	3,150,043	3,634,422	3,875,571
Deferred tax revenue	6,904,781	6,853,235	6,808,200
Line of credit	6,723,734	6,973,734	6,973,734
Bonds payable, current portion	1,631,000	1,529,000	1,433,000
Capital lease obligations, current portion	344,477	950,690	968,648
Notes payable, current portion	2,419,733	2,350,366	2,337,841
Total current liabilities	<u>27,683,935</u>	<u>27,919,992</u>	<u>28,254,106</u>
Long-term liabilities			
Accrued workers' compensation liability	650,000	663,000	629,000
Bonds payable, net of current portion	28,269,000	29,900,000	31,429,000
Capital lease obligations, net of current portion	279,128	611,726	1,229,794
Notes payable, net of current portion	445,532	735,189	1,085,124
Total long-term liabilities	<u>29,643,660</u>	<u>31,909,915</u>	<u>34,372,918</u>
Total liabilities	<u>57,327,595</u>	<u>59,829,907</u>	<u>62,627,024</u>
Net position			
Net investment in capital assets	<u>10,756,333</u>	<u>9,170,202</u>	<u>7,804,796</u>
Restricted			
For debt service	5,016,479	4,437,878	3,966,031
Expendable for capital assets	2,337,205	650,620	1,214,663
Total restricted	<u>7,353,684</u>	<u>5,088,498</u>	<u>5,180,694</u>
Unrestricted	1,969,268	1,582,132	3,155,177
Total net position	<u>20,079,285</u>	<u>15,840,832</u>	<u>16,140,667</u>
Total liabilities and net position	<u>\$ 77,406,880</u>	<u>\$ 75,670,739</u>	<u>\$ 78,767,691</u>

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

Table 2: Statements of Revenues, Expenses and Changes in Net Position

In 2019 the District's operating loss decreased by \$3,190,000 or 53% from 2018. In 2018 the operating loss increased by \$1,485,000 or 33% from 2017, as shown in Table 2 below:

	2019	2018	2017
Operating revenues			
Net patient service revenue	\$ 57,553,690	\$ 54,439,085	\$ 54,976,229
Capitation revenue	755,801	1,358,418	1,553,667
Other revenue	-	-	16,389
Total operating revenues	<u>58,309,491</u>	<u>55,797,503</u>	<u>56,546,285</u>
Operating expenses			
Salaries and wages	26,834,013	29,992,860	29,890,792
Employee benefits	6,104,110	6,551,231	7,049,366
Purchased services	4,867,261	4,398,195	3,988,156
Professional fees, medical	6,669,310	5,809,116	5,066,440
Professional fees, non-medical	658,575	580,667	352,298
Supplies	6,898,410	6,356,090	7,162,535
Facilities and equipment	668,684	740,668	915,067
Utilities	1,171,603	1,189,990	1,189,500
Insurance	441,380	371,824	354,443
Depreciation and amortization	3,392,233	3,424,202	3,385,926
Other expenses	3,439,339	2,407,797	1,732,137
Total operating expenses	<u>61,144,918</u>	<u>61,822,640</u>	<u>61,086,660</u>
Loss from operations	<u>(2,835,427)</u>	<u>(6,025,137)</u>	<u>(4,540,375)</u>
Nonoperating income (expenses)			
General obligation bond tax assessment revenues	3,273,235	3,164,434	3,335,367
Parcel tax assessment revenues	3,781,005	3,791,051	2,947,774
General obligation bond interest	(1,217,171)	(1,275,052)	(1,328,430)
Interest expense	(657,499)	(564,546)	(551,490)
Contributions to Prima Medical Foundation	(452,439)	(681,200)	(580,604)
Investment income	99,989	71,390	42,822
Other income (expense), net	251,540	(8,066)	162,886
Total nonoperating income (expenses), net	<u>5,078,660</u>	<u>4,498,011</u>	<u>4,028,325</u>
Capital contributions	<u>1,995,220</u>	<u>1,227,291</u>	<u>974,392</u>
Changes in net position	4,238,453	(299,835)	462,342
Net position, beginning of year	<u>15,840,832</u>	<u>16,140,667</u>	<u>15,678,325</u>
Net position, end of year	<u>\$ 20,079,285</u>	<u>\$ 15,840,832</u>	<u>\$ 16,140,667</u>

*The District's net patient revenue is comprised of comprehensive services that span the continuum of healthcare services: inpatient and outpatient hospital patient care services, emergency services, skilled nursing facility services and home health care services. The following is the payor mix based upon net patient service revenue. Net patient service revenue represents payments made by insurance companies and patients and is not based upon the gross billed charges.

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

The following chart shows the percentage of Government programs (Medicare, Medicare HMO, Medi-Cal and Medi-Cal Managed Care), commercial insurance and other net patient revenue. Government programs generally do not cover the cost of providing patient care services and therefore are augmented by commercial insurance payments. The District's payor mix is the reason that the parcel tax is so critical to the ongoing operations of the District.

Payor mix - Percentage of total cash collections;

	<u>FY 2019</u>	<u>FY 2018</u>	<u>FY 2017</u>
Medicare	30.5 %	37.4 %	37.0 %
Medicare HMO	8.4 %	8.2 %	7.4 %
Medi-Cal	1.6 %	2.2 %	2.8 %
Medi-Cal Managed Care	21.3 %	13.8 %	11.2 %
Commercial insurance	28.1 %	28.4 %	29.9 %
Workers compensation	1.9 %	2.0 %	2.9 %
Capitated	0.5 %	0.3 %	0.3 %
Other government	1.4 %	1.9 %	2.3 %
Self pay - other	<u>6.3 %</u>	<u>5.8 %</u>	<u>6.2 %</u>
	<u>100.0 %</u>	<u>100.0 %</u>	<u>100.0 %</u>

Over the period, the District has continued to experience the shift from inpatient to outpatient care. The District's experience with this shift in patient care services is consistent across all hospitals in the United States. Insurance companies, including Medicare, the District's largest payor, are more frequently requiring services to be provided in the outpatient setting.

Operating losses

The first component of the overall change in the District's net position is its operating income or loss; generally, the difference between net patient services and other operating revenues and the expenses incurred to perform those services. In each of the past three years, the District has reported an operating loss. This is consistent with the District's operating history as the District was formed and operates primarily to serve residents of Sonoma Valley, regardless of their ability to pay. The District levies property taxes to provide sufficient resources to enable the facility to serve lower income and other residents.

The operating loss for 2019 decreased by \$3,190,000 or 53% as compared to 2018. In 2018 the operating loss increased by \$1,485,000 or 33% as compared to 2017. The major components of those changes in operating loss are:

- Total operating revenues increased by \$2,512,000 or 5% in 2019. Total operating revenues decreased by \$749,000 or 1% in 2018 compared to 2017. The increase in 2019 is due primarily to an increase in supplemental payments from the Inter-Governmental Transfer (IGT) programs.

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

- Salaries, wages and benefits decreased in 2019 by \$3,606,000 or 10% due to the implementation of cost savings measures from 2018 and the transfer of the Home Health department to an outside organization and the closure of the obstetrics department. Salaries, wages and benefits decreased in 2018 by \$396,000 or 1% due to administration implementing cost saving measures that eliminated and/or combined several management positions effective January 2018.
- Purchased services increased in 2019 by \$469,000 or 11% compared to 2018 and increased in 2018 by \$410,000 or 10% compared to 2017. The increase in 2019 is due to new costs associated with the opening of the hospital's family practice physician clinic in July 2018, an increase in general repairs and maintenance costs and an increase in Information Systems costs due to Electronic Health Records (EHR) updates.
- Medical professional fees increased in 2019 by \$860,000 or 15% due to new physician costs associated with the opening of the hospital's family practice physician clinic in July 2018 as well as an increased use in nursing registry due to nursing turn over. Medical fees increased in 2018 by \$742,000 or 15% due to a contract increase with our hospitalists group and on-call physicians as well as an increased use in nursing registry due to nursing turn-over.
- Non-medical professional fees increased in 2019 by \$78,000, or 13% from 2018 due to professional management fees associated with the opening of the hospital's family practice physician clinic in July 2018. Non-medical professional fees increased in 2018 by \$228,000 or 65% compared to 2017 due to an employee moving to a consulting position.
- Supplies increased in 2019 by \$542,000 or 9% from 2018 primarily due to an increase in pharmaceutical costs because the hospital no longer qualified for the 340B drug program due to the hospital's declining Medi-Cal utilization. Supplies decreased in 2018 by \$806,000 or 11% compared to 2017 primarily due to the decrease in surgical procedures involving surgical implants and in the decrease in pharmaceutical costs due to the hospital being eligible for the 340B drug program.
- Facilities and equipment decreased in 2019 by \$72,000 or 10% from 2018 due to a reduction in rents and an operating lease ending. Facilities and equipment decreased in 2018 by \$174,000 or 19% compared to 2017 due to a reduction in rents and an operating lease ending.
- Other expenses increased in 2019 by \$1,032,000 or 43% compared to 2018 due to an increase in Inter-Governmental Transfers (IGT) matching fee payments during 2019. Other expenses increased in 2018 by \$676,000 or 39% as compared to 2017 due to an increase in Inter-Governmental Transfers ("IGT") during 2018.

Draft at November 15, 2019

Sonoma Valley Health Care District Management's Discussion and Analysis (Unaudited) As of, and for the Years Ended, June 30, 2019, 2018 and 2017

Nonoperating revenues and expenses

Nonoperating revenues and expenses consist primarily of parcel taxes levied by the District, investment income, interest expense and noncapital grants and gifts. parcel taxes remained consistent in 2019 compared to 2018. Parcel taxes increased in 2018 compared to 2017, by \$672,000 or 11%. In 2019 interest expense increased by \$35,000 or 2% from 2018. In 2018 interest expense decreased by \$40,000 or 2% from 2017.

Capital grants and gifts

The District received gifts from Sonoma Valley Hospital Foundation and various individuals to purchase capital assets in the amount of \$1,995,000 in 2019 and \$1,227,000 in 2018; an increase of \$768,000 in 2019 over 2018. Capital grants and gifts increased by \$253,000 in 2018 over 2017.

The District's cash flows

Changes in the District's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses, as discussed earlier.

Capital assets

At the end of 2019 and 2018, the District had \$50,869,000 and \$52,221,000, respectively, invested in capital assets, net of accumulated depreciation, as detailed in Note 8 to the financial statements. In 2019 and 2018, the District purchased new equipment and made capital improvements costing \$2,129,000 and \$4,574,000, respectively.

Debt

At June 30, 2019 and 2018, the District had \$33,389,000 and \$36,077,000, respectively, in bonds, equipment notes payable and notes payable outstanding as detailed in Notes 10 and 11 to the financial statements. The District has a line of credit agreement with a bank for an amount not to exceed \$6,750,000, maturing on January 31, 2022. The District had unused credit on the line of \$26,266 as of June 30, 2019.

Contacting the District's financial management

This financial report is designed to provide our patients, suppliers, taxpayers and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Chief Financial Officer by telephoning (707) 935-5003.

Draft at November 15, 2019

Sonoma Valley Health Care District Statements of Net Position June 30, 2019 and 2018

	2019	2018
ASSETS		
Current assets		
Cash and cash equivalents	\$ 5,651,697	\$ 2,342,737
Patient accounts receivable, net of allowance for doubtful accounts of \$1,185,345 and \$1,210,338 in 2019 and 2018, respectively	5,856,145	6,464,621
Estimated third-party payor settlements	445,220	892,336
Property tax receivable	7,004,881	7,060,250
Other receivables	409,427	613,939
Pledge receivables	135,521	-
Inventories	901,652	852,688
Prepaid expenses and other current assets	1,116,921	785,383
Total current assets	21,521,464	19,011,954
Capital assets, net	50,868,937	52,220,907
Noncurrent investments		
Restricted for debt service	5,016,479	4,437,878
Total noncurrent investments	5,016,479	4,437,878
Total assets	\$ 77,406,880	\$ 75,670,739
LIABILITIES AND NET POSITION		
Current liabilities		
Accounts payable and accrued expenses	\$ 6,510,167	\$ 5,628,545
Accrued payroll and related liabilities	3,150,043	3,634,422
Deferred tax revenue	6,904,781	6,853,235
Line of credit	6,723,734	6,973,734
Bonds payable, current portion	1,631,000	1,529,000
Capital lease obligations, current portion	344,477	950,690
Notes payable, current portion	2,419,733	2,350,366
Total current liabilities	27,683,935	27,919,992
Long-term liabilities		
Accrued workers' compensation liability	650,000	663,000
Bonds payable, net of current portion	28,269,000	29,900,000
Capital lease obligations, net of current portion	279,128	611,726
Notes payable, net of current portion	445,532	735,189
Total long-term liabilities	29,643,660	31,909,915
Total liabilities	57,327,595	59,829,907
Net position		
Net investment in capital assets	10,756,333	9,170,202
Restricted		
For debt service	5,016,479	4,437,878
Expendable for capital assets	2,337,205	650,620
Total restricted	7,353,684	5,088,498
Unrestricted	1,969,268	1,582,132
Total net position	20,079,285	15,840,832
Total liabilities and net position	\$ 77,406,880	\$ 75,670,739

The accompanying notes are an integral part of these financial statements.

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Draft at November 15, 2019

Sonoma Valley Health Care District Statements of Revenues, Expenses and Change in Net Position For the Years Ended June 30, 2019 and 2018

	2019	2018
Operating revenues		
Net patient service revenue	\$ 57,553,690	\$ 54,439,085
Capitation revenue	<u>755,801</u>	<u>1,358,418</u>
Total operating revenues	<u>58,309,491</u>	<u>55,797,503</u>
 Operating expenses		
Salaries and wages	26,834,013	29,992,860
Employee benefits	6,104,110	6,551,231
Purchased services	4,867,261	4,398,195
Professional fees, medical	6,669,310	5,809,116
Professional fees, non-medical	658,575	580,667
Supplies	6,898,410	6,356,090
Facilities and equipment	668,684	740,668
Utilities	1,171,603	1,189,990
Insurance	441,380	371,824
Depreciation and amortization	3,392,233	3,424,202
Other expenses	<u>3,439,339</u>	<u>2,407,797</u>
Total operating expenses	<u>61,144,918</u>	<u>61,822,640</u>
 Loss from operations	<u>(2,835,427)</u>	<u>(6,025,137)</u>
 Nonoperating income (expenses)		
General obligation bond tax assessment revenues	3,273,235	3,164,434
Parcel tax assessment revenues	3,781,005	3,791,051
General obligation bond interest	(1,217,171)	(1,275,052)
Interest expense	(657,499)	(564,546)
Contributions to Prima Medical Foundation	(452,439)	(681,200)
Investment income	99,989	71,390
Other income (expense), net	<u>251,540</u>	<u>(8,066)</u>
Total nonoperating income, net	<u>5,078,660</u>	<u>4,498,011</u>
 Capital contributions	<u>1,995,220</u>	<u>1,227,291</u>
 Change in net position	4,238,453	(299,835)
 Net position, beginning of year	<u>15,840,832</u>	<u>16,140,667</u>
 Net position, end of year	<u>\$ 20,079,285</u>	<u>\$ 15,840,832</u>

Draft at November 15, 2019

Sonoma Valley Health Care District Statements of Cash Flows For the Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Cash received from patients and third-parties	\$ 59,548,957	\$ 56,725,907
Cash payments to contractors, vendors and suppliers	(24,288,394)	(22,044,966)
Cash payments to employees and benefit programs	(33,435,502)	(36,951,240)
Net cash provided by (used in) operating activities	1,825,061	(2,270,299)
Cash flows from noncapital financing activities		
Noncapital grants, contributions and other	136,657	(66,673)
Contribution to Prima Medical Foundation	(452,439)	(681,200)
Other deferred revenue	-	200,000
District tax revenues	3,887,917	3,736,307
Net cash provided by noncapital financing activities	3,572,135	3,188,434
Cash flows from capital and related financing activities		
Net purchase of capital assets	(2,124,590)	(2,372,123)
Principal payments on note payable	(375,636)	(337,410)
Principal payments on capital lease obligations	(938,811)	(636,026)
Payment on line of credit	(250,000)	-
Principal payments on bond payable	(1,529,000)	(1,433,000)
Interest paid on long-term debt	(1,899,718)	(1,862,054)
Proceeds on note payable	155,346	-
Tax revenue related to general obligation bonds	3,273,238	3,164,438
Capital grants and gifts	1,995,220	1,227,291
Net cash used in capital financing activities	(1,693,951)	(2,248,884)
Cash flows from investing activities		
Purchases of investments	(578,601)	(471,847)
Proceeds from sales of capital assets	84,327	(11,049)
Interest received from investments	99,989	71,390
Net cash used in investing activities	(394,285)	(411,506)
Net increase (decrease) in cash and cash equivalents	3,308,960	(1,742,255)
Cash and cash equivalents, beginning of year	2,342,737	4,084,992
Cash and cash equivalents, end of year	\$ 5,651,697	\$ 2,342,737

Draft at November 15, 2019

Sonoma Valley Health Care District Statements of Cash Flows For the Years Ended June 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Reconciliation of loss from operations to net cash used in operating activities		
Loss from operations	\$ (2,835,427)	\$ (6,025,137)
Adjustments to reconcile loss from operations to net cash provided by (used in) operating activities		
Depreciation and amortization	3,392,233	3,424,202
Allowance for doubtful accounts	1,980,000	1,900,000
Changes in operating assets and liabilities		
Patient accounts receivable, net	(1,187,650)	(563,331)
Estimated third-party payor settlements	447,116	(435,142)
Accounts payable and accrued expenses	409,291	(613,260)
Other assets and liabilities	<u>(380,502)</u>	<u>42,369</u>
Net cash provided by (used in) operating activities	<u><u>1,825,061</u></u>	<u><u>(2,270,299)</u></u>

Supplemental schedule of noncash investing and financing activities

Acquisition of capital assets financed with long-term debt	\$	-	\$	410,810
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Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

1. NATURE OF OPERATIONS

Sonoma Valley Health Care District (the "District") is a political subdivision of the State of California organized under the State of California Local Health Care District Law as set forth in the Health and Safety Code of the State of California. The Health Care District is governed by an elected Board of Directors and is considered the primary government for financial reporting purposes.

The Health Care District owns and operates Sonoma Valley Hospital (the "Hospital"). The Hospital is located in Sonoma, California, and is licensed for 48 general acute care beds and 27 skilled nursing beds. It also provides 24-hour basic emergency care, outpatient diagnostic and therapeutic services, and it operated a home health agency through September 2018. The Hospital derives a significant portion of its revenues from third-party payors, including Medicare, Medi-Cal and commercial insurance organizations.

The District approved the closure of the obstetrics service line effective October 31, 2018 due to the ongoing decline in births locally and continuous losses that have been incurred. The District also approved the transfer of home health care to the organization Incare Home Care, LLC effective September 30, 2018. Effective July 1, 2019, the District Board approved the transfer of the skilled nursing facility management to a third party. See Note 19, Subsequent Events, for further discussion.

The District Board has approved the planning phase and construction of a new outpatient diagnostic center (the "center"). The construction of the center is expected to commence during fiscal year 2020, and will be funded entirely by donor contributions raised by the Sonoma Valley Hospital Foundation. See Note 15, Transactions with Sonoma Valley Hospital Foundation, for further discussion.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

The District's financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). The financial statement presentation, required by GASB Statements No. 34, 37 and 38 provides a full accrual basis, comprehensive, entity-wide perspective of the District's assets, results of operations and cash flows. The District follows the "business-type activities" reporting requirements of GASB Statement No. 34. For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenues and expenses.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Basis of preparation (continued)

In June 2015, the GASB issued Statement No. 76, The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments ("GASB No. 76"), which is effective for financial statements for periods beginning after June 15, 2015. The objective of GASB No. 76 is to identify, in the context of the current governmental financial reporting environment, the hierarchy of generally accepted accounting principles ("GAAP"). The "GAAP hierarchy" consists of the sources of accounting principles used to prepare financial statements of state and local governmental entities in conformity with GAAP and the framework for selecting those principles. This Statement reduces the GAAP hierarchy to two categories of authoritative GAAP and addresses the use of authoritative and nonauthoritative literature in the event that the accounting treatment for a transaction or other event is not specified within a source of authoritative GAAP.

Proprietary fund accounting and financial statement presentation

The District utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and the financial statements are prepared using the economic resources measurement focus.

Net position of the District is comprised of the following three components:

- *Net investment in capital assets* - consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding balances of any borrowings that are attributable to the acquisition, construction or improvement of those capital assets.
- *Restricted net position* - consists of net position with limits on their use that are externally imposed by creditors (such as through debt covenants), grantors, contributors or by laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.
- *Unrestricted net position* - consists of the remaining net position that does not meet the definition of invested in capital assets, net of related debt or restricted net position.

Use of estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Cash and cash equivalents

Cash and cash equivalents include deposits with financial institutions and investments in highly liquid debt instruments with an original maturity of three months or less. Cash and cash equivalents exclude amounts whose use is limited by Board designation or by legal restriction.

Patient accounts receivable and concentration of credit risk

Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, providing appropriate reserves for contractual allowances and uncollectible accounts based upon historical net collections, the aging of individual accounts, as well as current economic and regulatory conditions. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe there are any material credit risks associated with these governmental agencies. Contracted and other patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Medicare and Medi-Cal receivables account for approximately 35% and 54% of net patient accounts receivable as of June 30, 2019 and 2018, respectively.

Uncollectible accounts

The District provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. A provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible given historical collection trends. At June 30, 2019 and 2018, the District provided allowances for losses on amounts directly from patients totaling \$1,185,345 and \$1,210,338, respectively.

Investments

The District maintains a portion of its cash in the State of California Local Agency Investment Fund ("LAIF") pooled investment. The funds deposited in LAIF are invested in accordance with Government Code Sections 16340 and 16480, the stated investment authority for the Pooled Money Investment Account. Balances are stated at their estimated fair market value.

Noncurrent investments consist of Board-designated and restricted funds set aside by the Board for future capital improvements and other operational reserves, over which the Board retains control and may at its discretion, use for other purposes; assets set aside for qualified capital outlay projects in compliance with state law and assets restricted by donors or grantors.

Investment income, realized gains and losses and unrealized gains and losses on investments are reflected as nonoperating income or expense.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair value measurements

In February 2015, the GASB issued Statement No. 72, Fair Value Measurement and Application ("GASB No. 72"), which is effective for financial statements for periods beginning after June 15, 2015. GASB No. 72 addresses accounting and financial reporting issues related to fair value measurements. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement provides guidance for determining a fair value measurement for financial reporting purposes. This statement also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements.

The District reports the fair value of its investments in accordance with GASB 72. This standard requires an entity to maximize the use of observable inputs (such as quoted prices in active markets) and minimize the use of unobservable inputs (such as appraisals or other valuation techniques) to determine fair value. In addition, the District reports certain investments using the net asset value per share as determined by investment managers under the so called "practical expedient". The practical expedient allows net asset value per share to represent fair value for reporting purposes when the criteria for using this method are met. Fair value measurement standards also require the District to classify these financial instruments into a three-level hierarchy based on the priority of inputs to the valuation technique or in accordance with net asset value practical expedient rules, which allow for either Level 2 or Level 3 reporting depending on lock-up and notice periods associated with the underlying funds.

Investments measured and reported at fair value are classified and disclosed in one of the following categories:

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
- *Level 2* - Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. Level 2 also includes practical expedient investments with notice periods for redemption of 90 days or less.
- *Level 3* - Pricing inputs are unobservable for the instrument and include situations where there is little, if any, market activity for the instrument. The inputs into the determination of fair value require significant management judgment or estimation. Level 3 also includes principal expedient investments with notice periods for redemption of more than 90 days.

In some instances, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such instances, an instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Fair value measurements (continued)

Market price is affected by a number of factors, including the type of instrument and the characteristics specific to the instrument, as well as the effects of market, interest and credit risk. Instruments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. It is reasonably possible that change in values of these instruments will occur in the near term and that such changes could materially affect amounts reported in the District's financial statements.

Pledges receivable

Pledges are recorded at their present value net of applicable discounts. There are no discounts recorded as of June 30, 2019 and 2018, as all pledge balances are expected to be collected within one year. An allowance for uncollectible pledges receivable is established based upon management's judgment including such factors as prior collection history and aging statistics of pledge balances. At June 30, 2019 and 2018, management determined that no allowance for uncollectible pledges was required, as all balances are considered to be fully collectible.

Inventories

Inventories consist primarily of hospital operating supplies and pharmaceuticals and are stated at cost, determined by the first-in, first-out method, not in excess of fair value.

Restricted for debt services

According to the terms of the General Obligation Bond indenture agreements, certain amounts are held by the bond trustee and paying agent and are maintained and managed by the trustee and are invested in noncurrent investments. These assets are available for the settlement of future current bond obligations.

Capital assets

Capital asset acquisitions over \$5,000 are capitalized and recorded at cost. Donated property is recorded at its fair value on the date of donation. Equipment under capital lease is amortized on the straight-line basis over the shorter of the lease term or the estimated useful life of the equipment. Leasehold improvements are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the related assets.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Capital assets (continued)

Depreciation and amortization of property and equipment is computed using the straight-line method over the following estimated useful lives:

Land improvements	10 - 20 years
Buildings and improvements	20 - 40 years
Equipment	2 - 10 years

Whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recovered, the District, using its best estimates and projections, reviews for impairment the carrying value of long-lived identifiable assets to be held and used in the future. Any impairment losses identified are recognized when determined. Recoverability of assets is measured by comparison of the carrying amount of the asset to the net undiscounted future cash flows expected to be generated from the asset. If the future undiscounted cash flows are not sufficient to recover the carrying value of the assets, the asset's carrying value is adjusted to fair value. As of June 30, 2019 and 2018, the District has determined that no capital assets are significantly impaired.

Costs of borrowing

Except for capital assets acquired through gifts, contributions or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Risk management

The District is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; employee health, dental and accidents; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Self-insurance plan

The District maintains professional liability insurance on a claims-made basis, with liability limits of \$15,000,000 per claim and \$25,000,000 in aggregate, which is subject to a \$5,000 per claim deductible. Additionally, the District is self-insured for workers' compensation benefits. The District purchases a workers' compensation excess policy that insures claims with no limits in the amounts and a \$500,000 deductible. An actuarial estimate of uninsured losses from workers' compensation claims has been accrued as a liability in the accompanying financial statements.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Statements of revenues, expenses and changes in net position

The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Other transactions such as property tax revenue, interest expense, investment income, gifts and contributions, and grants and bequests are reported as nonoperating income.

Net patient service revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined.

The distribution of net patient revenue, which represents both cash collected and expected to be collected, by payor is as follows:

	<u>2019</u>	<u>2018</u>
Medicare	30.5 %	37.4 %
Medicare HMO	8.4 %	8.2 %
Medi-Cal	1.6 %	2.2 %
Medi-Cal Managed Care	21.3 %	13.8 %
Commercial Insurance	28.1 %	28.4 %
Workers Compensation	1.9 %	2.0 %
Capitated	0.5 %	0.3 %
Self-pay-other	6.3 %	5.8 %
Other government	1.4 %	1.9 %

Charity care

The District provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Capitation revenues

The District, in association with Meritage Medical Network (formerly Marin Independent Practice Association) ("Meritage") has an agreement with a health maintenance organization ("HMO") to provide medical services to subscribing participants. Under this agreement, the District receives monthly capitation payments based on the number of each HMO's participants, regardless of the services actually performed by the District. The District is not responsible for the cost of services provided to subscribing participants by other hospitals. The District reassesses the profitability of the agreements for exposure risks in the event future medical costs to provide medical services exceed the related future capitation payments.

Property tax revenues

Taxes for District operations and for debt service payments related to District General Obligation Bonds are levied annually on the taxable property within the District.

In March 2002, the District voters adopted a special tax on each taxable parcel of land within the District at an annual rate of up to \$130 per parcel for five years. In March 2007, the District voters extended the special tax at an annual rate of up to \$195 per parcel. In June 2017, the District voters approved an extension of the special tax at an annual rate of up to \$250 per parcel for a five-year period through 2022. The purpose of the special parcel tax is to ensure continued local access to emergency room and acute hospital care and other medical services for residents of the District and for visitors to the area.

Property tax revenue funds were designated as follows:

	<u>2019</u>	<u>2018</u>
Designated for hospital operations	\$ 3,781,005	\$ 3,791,051
Levied for hospital operations and debt service payments	<u>3,273,235</u>	<u>3,164,434</u>
	<u>\$ 7,054,240</u>	<u>\$ 6,955,485</u>

The District recognizes property taxes receivable when the enforceable legal claim arises (January 1) and recognizes revenues over the period for which the taxes are levied (July 1 to June 30). Property taxes are considered delinquent on the day following each payment due date. Property tax revenues are nonexchange transactions that are reported as nonoperating income.

Grants and contributions

The District receives grants as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating income.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Compensated absences

District policies permit most employees to accumulate paid time-off benefits that may be realized as paid time-off or as a cash payment upon termination. The expense and the related liability are recognized as paid time-off benefits when earned. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of financial position date plus an additional amount for compensation-related payments, such as social security and Medicare taxes computed using rates in effect at the date of computation.

Income taxes

The District operates under the purview of the Internal Revenue Code, Section 115, and corresponding California Revenue and Taxation Code provisions. As such, it is not subject to state or federal taxes on income. However, income from the unrelated business activities of the District may be subject to income taxes.

3. CASH DEPOSITS

At June 30, 2019 and 2018, the District's cash deposits had carrying amounts of \$5,651,697 and \$2,342,737, respectively, and bank balances of \$6,269,659 and \$2,032,267, respectively. All of the bank balances at June 30, 2019 and 2018, were covered by federal depository insurance.

4. NET PATIENT SERVICE REVENUES

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. The difference between the Hospital's established rates and the amounts paid under third-party contracts are reflected as contractual adjustments. Medicare and Medi-Cal settlements are estimated and recorded in the financial statements in the year services are provided, or when amounts are estimable. Laws and regulations governing the Medicare and Medi-Cal programs are complex and subject to interpretation. The District believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medi-Cal programs. Changes in Medicare, Medi-Cal, or other programs or the reduction of program funding could have an adverse impact on future net patient service revenues.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

4. NET PATIENT SERVICE REVENUES (continued)

A summary of the payment arrangements with major third-party payors is as follows:

- Medicare - Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge for the District. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. The District's classification of inpatients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization under contract with the District. Most outpatient services at the District provided to Medicare beneficiaries are paid at prospectively determined rates per encounter that vary according to procedures performed. At June 30, 2019 Medicare cost reports have been audited and final settled by the fiscal intermediary through June 30, 2016 for the District.
- Medi-Cal - Payments for inpatient acute care services rendered to Medi-Cal program beneficiaries are reimbursed under a diagnostic related group (DRG) methodology. Under this methodology, similar to Medicare, services are paid at prospectively determined rates per discharge according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient skilled nursing care services rendered to Medi-Cal program beneficiaries are reimbursed at prospectively determined per diem rates. Outpatient services rendered to Medi-Cal program beneficiaries are reimbursed based on prospectively determined fee schedules. At June 30, 2019 the District's Medi-Cal cost reports have been audited and final settled through June 30, 2017.
- Others - Payments for services rendered to other than Medicare and Medi-Cal patients are based on established rates or agreements with certain commercial insurance companies, health maintenance organizations, Napa State, and preferred provider organizations which provide for various discounts from established rates.

Net patient service revenues consisted of the following:

	<u>2019</u>	<u>2018</u>
Services provided to Medicare patients	\$ 116,561,188	\$ 117,867,634
Services provided to Medi-Cal patients	49,134,185	47,336,024
Services provided to other patients	<u>106,404,718</u>	<u>99,499,127</u>
Gross patient service revenues	272,100,091	264,702,785
Contractual allowances and allowance for doubtful accounts	<u>(214,546,401)</u>	<u>(210,263,700)</u>
Total net patient service revenue	<u>\$ 57,553,690</u>	<u>\$ 54,439,085</u>

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Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

4. NET PATIENT SERVICE REVENUES (continued)

The District receives funds under Assembly Bill No. 915 legislation for Medi-Cal services provided through an Inter-Governmental Transfer (IGT), where funds are advanced by the District to be matched by the federal government. As a result of participation in the Hospital Provider Fee and the Rate Range IGT programs, the District recognized gross revenues of \$7,169,044 and IGT expense of \$2,584,514 for the year ended June 30, 2019. The District recognized gross revenues of \$3,351,078 and IGT expense of \$1,491,827 for the year ended June 30, 2018 under these two programs. Revenue and expense under these programs are recorded upon notification by the Department of Health Care Services of final earned amounts for Medi-Cal services in the specific service year of calculation. The revenues recognized under these programs are recorded within net patient service revenues, and the IGT expense paid into the programs is reflected as other expense.

5. BOARD-DESIGNATED, RESTRICTED FUNDS AND OTHER LONG-TERM INVESTMENTS

District investment balances and average maturities were as follows at June 30, 2019:

	Fair Value	Less than 1	1 to 5
Short-term money market mutual funds	\$ 5,016,479	\$ 5,016,479	\$ -

District investment balances and average maturities were as follows at June 30, 2018:

	Fair Value	Less than 1	1 to 5
Short-term money market mutual funds	\$ 4,437,878	\$ 4,437,878	\$ -

Except for the investment of unexpended funds borrowed for construction, the District's investment policy limits the first \$5,000,000 of investments to the LAIF. Once investments exceed \$5,000,000, the policy (California Government Code) limits investments to bonds and other obligations of the US Treasury, US agencies or instrumentalities, or the state of California; bonds of any city, county, school district, or special road district of the state of California; bonds of banks for cooperatives, federal land banks, federal intermediate credit banks, Federal Home Loan Bank, Tennessee Valley Authority and the National Mortgage Association or certificates of deposit.

The investment policy does not specifically address interest rate risk, credit risk, custodial credit risk, concentration of credit risk or foreign currency risk.

Inherent rate risk

Inherent rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest. The money market mutual funds are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.

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Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

5. BOARD-DESIGNATED, RESTRICTED FUNDS AND OTHER LONG-TERM INVESTMENTS (continued)

Credit risk

Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. At June 30, 2019 and 2018, the District's investments in money market mutual funds were rated AAA by Standard and Poor's and AAA by Moody's Investors Service.

Custodial credit risk

For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the District will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. The District's investments in money market mutual funds are held by the broker or by the bank's trust department in other than the District's name.

Concentration of credit risk

This risk relates to the risk of loss attributed to the magnitude of the District's investment in a single issuer. For the year ended June 30, 2019 the District did not have any investments in a single issuer in excess of 5% of total investments.

6. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the District's assets at fair value as of June 30, 2019:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market mutual funds	<u>\$ 5,016,479</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,016,479</u>

The following table sets forth by level, within the fair value hierarchy, the District's assets at fair value as of June 30, 2018:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Money market mutual funds	<u>\$ 4,437,878</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,437,878</u>

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Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

7. PROPERTY TAX RECEIVABLES

Property tax receivables consisted of the following:

	2019	2018
Special parcel tax	\$ 3,900,099	\$ 4,007,015
Tax for general obligation bond debt service payments	3,104,782	3,053,235
	\$ 7,004,881	\$ 7,060,250

8. CAPITAL ASSETS

Capital assets activity as of June 30, 2019, consisted of the following:

	Balance, June 30, 2018	Increases	Decreases, Transfers, and Retirements	Balance, June 30, 2019
Non-depreciable capital assets				
Land	\$ 1,934,206	\$ -	\$ -	\$ 1,934,206
Construction in progress	811,065	1,911,133	-	2,722,198
Total non-depreciable capital assets	2,745,271	1,911,133	-	4,656,404
Depreciable capital assets				
Land improvements	805,238	-	-	805,238
Buildings and improvements	64,531,377	25,041	(38,466)	64,517,952
Equipment	31,428,990	192,340	(503,872)	31,117,458
	96,765,605	217,381	(542,338)	96,440,648
Less accumulated depreciation	(47,289,969)	(3,392,233)	454,087	(50,228,115)
Total depreciable capital assets	49,475,636	(3,174,852)	(88,251)	46,212,533
Total capital assets, net	\$ 52,220,907	\$ (1,263,719)	\$ (88,251)	\$ 50,868,937

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

8. CAPITAL ASSETS (continued)

Capital assets activity as of June 30, 2018, consisted of the following:

	<u>Balance, June 30, 2017</u>	<u>Increases</u>	<u>Decreases, Transfers, and Retirements</u>	<u>Balance, June 30, 2018</u>
Non-depreciable capital assets				
Land	\$ 1,934,206	\$ -	\$ -	\$ 1,934,206
Construction in progress	<u>1,103,537</u>	<u>1,886,060</u>	<u>(2,178,532)</u>	<u>811,065</u>
Total non-depreciable capital assets	<u>3,037,743</u>	<u>1,886,060</u>	<u>(2,178,532)</u>	<u>2,745,271</u>
Depreciable capital assets				
Land improvements	805,238	-	-	805,238
Buildings and improvements	63,246,003	1,285,374	-	64,531,377
Equipment	<u>30,326,748</u>	<u>1,402,468</u>	<u>(300,226)</u>	<u>31,428,990</u>
	94,377,989	2,687,842	(300,226)	96,765,605
Less accumulated depreciation	<u>(44,153,795)</u>	<u>(3,424,202)</u>	<u>288,028</u>	<u>(47,289,969)</u>
Total depreciable capital assets	<u>50,224,194</u>	<u>(736,360)</u>	<u>(12,198)</u>	<u>49,475,636</u>
Total capital assets, net	<u>\$ 53,261,937</u>	<u>\$ 1,149,700</u>	<u>\$ (2,190,730)</u>	<u>\$ 52,220,907</u>

9. LINE OF CREDIT

The District had a line of credit agreement with a bank for an amount not to exceed \$7,000,000 that matured on January 31, 2019. On this date, the line of credit was extended for an amount not to exceed \$6,750,000, with an interest rate of 2.5% plus LIBOR, maturing on January 31, 2022. The line of credit is collateralized with the District's cash, cash equivalents and receivables. At any time prior to the maturity date, subject to the terms of the loan, the District may borrow, repay and reborrow so long as the maximum principal balance outstanding does not exceed \$6,750,000 from January 25, 2019 through March 31, 2020, \$5,500,000 from April 1, 2020 through March 31, 2021 and \$5,000,000 at all other times during the term of the loan.

The District is required to comply with certain restrictive covenants, including maintaining a total liabilities to tangible net worth ratio of not greater than 2.0 to 1.0, at all times tangible net worth to be no less than \$9 million, and the loan outstanding balance shall be limited to 70% of the sum of (i) net accounts receivable, (ii) contributions receivable and (iii) special parcel tax. The District was in compliance with these covenants as of June 30, 2019 and 2018.

The District had unused credit on the line of \$26,266 at both June 30, 2019 and 2018, respectively.

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Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

10. LONG-TERM DEBT

The District's long-term debt transactions as of June 30, 2019, consisted of the following:

	Balance, June 30, 2018	Additions	Decreases / Amortization	Balance, June 30, 2019
GO Bond principal	\$ 31,429,000	\$ -	\$ (1,529,000)	\$ 29,900,000
Notes payable	3,085,555	155,346	(375,636)	2,865,265
Anticipation notes	-	3,000,000	(3,000,000)	-
Sonoma Valley Charitable Foundation	-	650,000	(650,000)	-
	<u>\$ 34,514,555</u>	<u>\$ 3,805,346</u>	<u>\$ (5,554,636)</u>	<u>\$ 32,765,265</u>

The District's long-term debt transactions as of June 30, 2018, consisted of the following:

	Balance, June 30, 2017	Additions	Decreases / Amortization	Balance, June 30, 2018
GO Bond Principal	\$ 32,862,000	\$ -	\$ (1,433,000)	\$ 31,429,000
Notes payable	3,422,965	-	(337,410)	3,085,555
	<u>\$ 36,284,965</u>	<u>\$ -</u>	<u>\$ (1,770,410)</u>	<u>\$ 34,514,555</u>

General obligation bonds payable

On November 4, 2008, the District electorate approved the authorization to issue a total of \$35,000,000 in general obligation bonds. On April 1, 2009, the District issued \$12,000,000 principal amount of general obligation bonds (Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series A 2009). Bond proceeds are to be used to pay for a portion of the costs of renovating and retrofitting the District's existing hospital facility, to purchase equipment, to refund outstanding indebtedness, to pay costs of issuance and to pay bond interest due August 1, 2009. \$4,000,000 of the proceeds were used to refund all of the then outstanding Revenue Bonds. \$8,000,000 of the proceeds and the proceeds from all future bonds authorized by the election will be used to construct a new central utility plant, improve utility infrastructure, make all necessary seismic upgrades to existing facilities, and purchase additional medical equipment and install information systems wiring (the "Project").

Interest on the Bonds is payable semi-annually at rates ranging from 5.375% to 8.750% with principal payments due annually beginning August 1, 2013.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

10. LONG-TERM DEBT (continued)

General obligation bonds payable (continued)

Bonds maturing on or before August 1, 2014, are not subject to redemption prior to their respective stated maturity dates. Bonds maturing on or after August 1, 2015, may be redeemed prior to maturity at the District's option at redemption prices equal to the par amount of Bonds redeemed. The Bonds are general obligations of the District payable from ad valorem taxes. In the event the District fails to provide sufficient funds for payment of principal and interest when due, a commercial insurance company has guaranteed to pay that portion of principal and interest for which funds are not available.

In the first phase of the Project, the District prepared a master plan, completed the detailed planning for the Project, acquired some equipment, installed the information systems wiring and began construction.

In August 2010, the District issued \$23,000,000 of additional general obligation bonds (Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series B 2010) in order to finance the second and final phase of the Project. During this phase, which was completed in February 2014, the District completed all construction and improvement aspects of the Project and finished purchasing the equipment budgeted in the Project.

In February 2014, the District issued \$12,437,000 of additional general obligation bonds (Sonoma Valley Health Care District 2014 General Obligation Refunding Bond) to refund all of the outstanding Sonoma Valley Health Care District General Obligation Bonds, Election of 2008, Series A 2009. The 2009 General Obligations Bonds were refunded in February 2014 and the funds were transferred to an escrow account held by a trustee until the bonds were fully called in August 2014.

Notes payable

The District obtained two loans in November and December 2016 totaling \$819,500 to purchase medical equipment. The loans are due in December 2019 and December 2021 and bear interest at 5.97% and 4.08%.

On August 22, 2016, the District entered into a note payable agreement for \$2,000,000 with a third-party in order to purchase two parcels of land adjacent to the current hospital site. The loan is secured by a deed of trust on the property and bears interest at 5% per annum. The District shall make interest only payments until June 30, 2018 when all principal and accrued interest became due in full.

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Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

10. LONG-TERM DEBT (continued)

Notes payable (continued)

On November 6, 2017 the District sold the two parcels of land to a separate third-party. On June 29, 2018, the District entered into a note payable agreement with the buyer in the amount of \$2,000,000 in order to repay the third-party loan that became due on June 30, 2018. The loan is secured by a deed of trust on the property and bears interest at 6.5% per annum. The principal amount of the loan together with accrued interest shall be repaid on the maturity date which shall be the earlier to occur of (i) transfer of the land to the buyer, or (ii) thirty-six months from the date of issuance, or June 30, 2021. On July 16, 2019, the sale of the land was completed and the outstanding loan principal of \$2,000,000 was repaid in full. See Note 19, Subsequent Events, for further discussion.

Anticipation notes

The District entered into two Tax and Revenue Anticipation Notes with the County of Sonoma during the current year; a \$1,500,000 note bearing interest at 2.50%, dated September 6, 2018 and due on January 31, 2019, and a \$1,500,000 note bearing interest at 2.80% dated March 22, 2019 and due on May 31, 2019. The notes were secured by the District's expected parcel tax revenues from the County of Sonoma. These notes were advanced to the District for operational purposes. The note principal and accrued interest were repaid in full to the County of Sonoma with the funds being withheld from the property tax revenues paid in January 2018 and April 2019.

Sonoma Valley Charitable Foundation

The District obtained a promissory note from Sonoma Valley Charitable Foundation on March 26, 2019 totaling \$650,000 for operational purposes. The note was due by June 30, 2019 and does not bear any interest. The note was fully repaid on June 30, 2019.

Debt service requirements

The future maturities of the long-term debt are as follows:

<u>Year ending June 30,</u>	<u>General Obligation Bonds</u>		<u>Note Payable</u>	
	<u>Principal</u>	<u>Interest</u>	<u>Principal</u>	<u>Interest</u>
2020	\$ 1,631,000	\$ 1,177,194	\$ 2,419,733	\$ 12,756
2021	1,743,000	1,110,973	222,292	6,618
2022	1,862,000	1,040,275	180,627	1,984
2023	1,989,000	964,813	42,613	319
2024	2,132,000	884,121	-	-
2025 - 2029	13,427,000	2,968,986	-	-
2030 - 2034	7,116,000	410,603	-	-
	<u>\$ 29,900,000</u>	<u>\$ 8,556,965</u>	<u>\$ 2,865,265</u>	<u>\$ 21,677</u>

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

10. LONG-TERM DEBT (continued)

Interest costs

Interest costs incurred during the year are summarized as follows:

	2019	2018
Interest cost:		
Paid	\$ 1,370,844	\$ 1,310,725
Accrued	503,826	528,873
Total interest expense	\$ 1,874,670	\$ 1,839,598

11. CAPITAL LEASE OBLIGATIONS

Capital lease obligations outstanding are as follows:

Description	Maturity	Interest Rates	Original Issue	June 30, 2019
Capital leases - equipment net of interest	December 2018 - August 2022	3.45% - 8.50%	\$ 5,667,205	\$ 623,605
Less current portion				(344,477)
				\$ 279,128

Description	June 30, 2018	Increases	Decreases	Outstanding June 30, 2019
Capital leases - equipment	\$ 1,562,416	\$ -	\$ (938,811)	\$ 623,605

Description	June 30, 2017	Increases	Decreases	Outstanding June 30, 2018
Capital leases - equipment	\$ 2,198,442	\$ 410,810	\$ (1,046,836)	\$ 1,562,416

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

11. CAPITAL LEASE OBLIGATIONS (continued)

Future minimum lease payments of capital lease obligations are as follows:

<u>Year ending June 30,</u>	
2020	\$ 356,413
2021	112,894
2022	84,462
2023	<u>82,981</u>
	636,750
Interest expense	<u>(13,145)</u>
	<u>\$ 623,605</u>

12. EMPLOYEE BENEFITS PLAN

Defined contribution plan

The District contributes to a defined contribution pension plan (the "Plan") covering substantially all employees. Pension expense is recorded for the amount of the District's required contributions, determined in accordance with the terms of the Plan. The Plan is administered by the District's Board of Directors. The Plan provides retirement benefits to Plan members and death benefits to beneficiaries of Plan members. Benefit provisions are contained in the Plan document and are established and can be amended by action of the District's governing body. Contribution rates for Plan members and the District, expressed as a percentage of covered payroll, were 3.53% and 3.44% for 2019 and 2018, respectively.

Deferred compensation plans

The District offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The Plan is available to all employees and permits them to defer a portion of their salary. An employer match is also provided and is vested at the rate of 16.7% per year.

The District's contributions to the two Plans totaled \$571,695 and \$672,390 during 2019 and 2018, respectively.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2019 and 2018

13. MEDICAL MALPRACTICE COVERAGE AND CLAIMS

The District has joined together with other providers of health care services to form Beta Healthcare Group ("Beta"), a public entity risk pool (the "Pool") currently operating as a common risk management and insurance program for its members. The District purchases medical malpractice insurance from the Pool under a claims-made policy. The District pays an annual premium to the Pool for its tort insurance coverage. The District purchases excess liability insurance through a commercial insurer for amounts in excess of the coverage provided under Beta. The Pool's governing agreements specifies that the Pool will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of stop-loss amounts. The District will accrue any malpractice losses in excess of all policy limits, if they are determined to be estimable and probable of occurrence. As of June 30, 2019 and 2018, the District has determined that no accrual is required for such losses under the various medical malpractice policies in place.

14. WORKERS' COMPENSATION CLAIMS

The District is self-insured for workers' compensation claims of its employees up to \$500,000, with commercial stop-loss insurance coverage purchased for claims in excess of these amounts through June 30, 2019. A liability is accrued for self-insured workers' compensation claims, including both claims reported and claims incurred but not yet reported of \$650,000 and \$663,000 as of June 30, 2019 and 2018, respectively. The District utilizes an actuary to estimate the ultimate costs to settle such claims. Estimated future payments related to workers' compensation claims have been discounted at a rate of 1% at June 30, 2019 and 2018. It is reasonably possible that the District's estimate could change by a material amount in the near term.

15. TRANSACTIONS WITH SONOMA VALLEY HOSPITAL FOUNDATION

Sonoma Valley Hospital Foundation, Inc. (the "Foundation") is authorized by the District to solicit contributions on behalf of the Hospital. In the absence of donor restrictions, the Foundation has discretionary control over the amounts, timing and use of their distributions. The District recorded contributions from the Foundation of \$1,995,220 in 2019 and \$1,227,291 in 2018. As of June 30, 2019 the Foundation raised contributions totaling \$14,683,691 related to the outpatient diagnostic center capital campaign. At June 30, 2019 and 2018, the Foundation's unaudited cash basis financial statements reported net assets of \$15,781,673 and \$1,205,755, respectively. The Foundation is not considered a component unit of the District because the Foundation is not controlled by the District.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

16. RELATED PARTY TRANSACTIONS

During 2010, the District contributed \$100,000 to Meritage for the development of Prima Medical Foundation ("PMF"), a joint venture with Meritage, Marin Healthcare District ("MHD") and Marin Medical Practice Concepts, Inc. ("MMPC"). The PMF's purpose is establishing, operating and maintaining multi-specialty medical clinics. The successful establishment and operation of PMF in Marin and Sonoma Counties is expected to be a cornerstone in the District's plans to ensure adequate health care services to the greater Sonoma Area. The District's contribution to PMF totaled \$452,439 and \$681,200 for the years ended June 30, 2019 and 2018, respectively.

17. COMMITMENTS AND CONTINGENCIES

Operating leases

The District leases certain facilities and equipment under the terms of noncancelable operating lease agreements expiring at various dates through February 2022. In 2016, the District began to sublease suites within its leased medical office under sublease agreements expiring through September 2021. Total rental expense for all operating leases amounted to \$668,684 and \$740,668 in 2019 and 2018, respectively. Total rental income during the years ended June 30, 2019 and 2018, amounted to \$255,937 and \$274,953, respectively.

The scheduled minimum lease payments under the lease terms are as follows:

<u>Year ending June 30,</u>	<u>Facility and Equipment</u>	<u>Sub-lease Income</u>	<u>Net Lease Commitment</u>
2020	\$ 488,782	\$ (145,994)	\$ 342,788
2021	402,082	(88,656)	313,426
2022	<u>273,862</u>	<u>(13,914)</u>	<u>259,948</u>
	<u>\$ 1,164,726</u>	<u>\$ (248,564)</u>	<u>\$ 916,162</u>

Litigation

The District is a defendant in various legal proceedings arising out of the normal conduct of its business. In the opinion of management and its legal representatives, the District has valid and substantial defenses, and settlements or awards arising from legal proceedings, if any, will not exceed existing insurance coverage, nor will they have a material adverse effect on the financial position, results of operations, or liquidity of the District.

Sonoma Valley Health Care District
Notes to Financial Statements
June 30, 2019 and 2018

17. COMMITMENTS AND CONTINGENCIES (continued)

Regulatory environment

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. The District is subject to routine surveys and reviews by federal, state and local regulatory authorities. The District has also received inquiries from health care regulatory authorities regarding its compliance with laws and regulations. Although the District's management is not aware of any violations of laws and regulations, it has received corrective action requests as a result of completed and ongoing surveys from applicable regulatory authorities. Management continually works in a timely manner to implement operational changes and procedures to address all corrective action requests from regulatory authorities. Breaches of these laws and regulations and non-compliance with survey corrective action requests could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

18. CHARITY CARE

During the years ended June 30, 2019 and 2018, the District incurred estimated costs of \$584,536 and \$187,110, respectively, in free or discounted services for the poor and underserved. This includes services provided to persons who have health care needs and are uninsured, under-insured and ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual financial situation. Costs are computed based on a relationship of costs to charges similar to a Medicare cost to charge ratio. During the years ended June 30, 2019 and 2018 there were approximately 132 and 96 patient cases under this policy, respectively.

19. SUBSEQUENT EVENTS

The District has evaluated subsequent events through October 22, 2019, the date the financial statements were available to be issued.

On July 1, 2019 the Board approved the transfer of the Hospital's skilled nursing facility management to a third party whose expertise is in running skilled nursing facilities. It was determined by the Board and an assigned committee, that the transfer of skilled nursing would generate a future positive operating margin for the Hospital.

Draft at November 15, 2019

Sonoma Valley Health Care District Notes to Financial Statements June 30, 2019 and 2018

19. SUBSEQUENT EVENTS (continued)

On July 16, 2019 the South Lot property was sold and escrow was closed. Through the settlement of the sale of the property, the total debt associated with the South Lot of \$2,130,156, which includes accrued interest, was paid off. The District recognized a gain on the sale of the property in the amount of \$2,005,302.

Draft at November 15, 2019

SUPPLEMENTARY INFORMATION

Draft at November 15, 2019

Sonoma Valley Health Care District Supplementary Information Related to Community Support For The Years Ended June 30, 2019 and 2018

Uncompensated care

In September 2004, the District adopted a formal community benefits policy, developed under guidelines provided by the California Hospital Association and began to identify those patients who are medically indigent. The District's policy is to provide service to all who require it, regardless of their ability to pay. As such, it provides substantial amounts of uncompensated care. When this care is provided to patients who lack financial resources (and therefore are deemed medically indigent), it is classified as community benefits. When it is provided to patients who have the means to pay but decline to do so, it is classified as a provision for uncollectible accounts. Neither community benefits nor the provision for uncollectible accounts is reflected in net patient service revenues.

In addition, the District provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts that are less than established charges for the services provided to the recipients and frequently the payments are less than the cost of rendering the services. Finally, some undetermined portion of the provision for uncollectible accounts represents care to indigent patients who the District has been unable to identify.

Uncompensated charges relating to these services are as follows:

	2019	2018
Community benefits (charity care) allowances	\$ 584,536	\$ 187,110
State Medi-Cal and other public aid programs	47,996,342	47,336,024
Provision for uncollectible accounts	1,980,000	1,900,000
	\$ 50,560,878	\$ 49,423,134

The District's estimated costs of providing uncompensated care and community benefits to the poor and the broader community are as follows:

	2019	2018
Uncompensated costs of community benefits and uncollectible accounts	\$ 134,139	\$ 40,314
Medi-Cal and other public aid programs	5,616,029	5,385,976
	\$ 5,750,168	\$ 5,426,290

Benefits for the broader community include the unpaid costs of providing service to the elderly, providing health screenings and other health-related services, training health professionals, educating the community with various seminars and classes and the costs associated with providing free clinics and other community service programs.

Draft at November 15, 2019

Sonoma Valley Health Care District Supplementary Information Related to Community Support For The Years Ended June 30, 2019 and 2018

Community support

The District recorded the following amounts related to community support as follows:

	<u>2019</u>	<u>2018</u>
Noncapital gifts and grants included in nonoperating income	\$ 1,964,690	\$ 1,088,295
Capital grants and contributions from Sonoma Valley Hospital Foundation	<u>30,530</u>	<u>138,996</u>
	<u>\$ 1,995,220</u>	<u>\$ 1,227,291</u>
Fundraising expenses included in operating expenses	<u>\$ 33,321</u>	<u>\$ 75,148</u>



Meeting Date: **January 9, 2020**

CMO Report: **Sabrina Kidd, MD**

1. December Highlights included:
 - a. Agreement signed with UCSF for Infectious Disease services beginning January 1, 2020.
 - b. Significant progress on our Bariatric Program accreditation process with the addition of Dr. Scott Perryman as our Medical Director for Metabolic and Bariatric Surgery.
 - c. Extended the role of Tiger Connect (secure communication platform) to include pharmacy and lab.
 - d. Journey software for patient education went live in the inpatient rooms.
 - e. ED held diversity training for all clinical staff.
 - f. ED staff and physicians underwent additional HIPAA training and completed a Corrective Action Plan.
 - g. ED staff and nursing supervisors underwent Assaultive Behavior Classes.
2. Upcoming January events:
 - a. New tele-psychiatry services implementation.
 - b. Human Experience (patient satisfaction) focus groups will be starting.
 - c. New IV smart pumps are being implemented.
 - d. All clinical staff are undergoing additional bariatric specific training.
 - e. ED techs are undergoing Appropriate Use Criteria training.
3. Quality Events:
 - a. No new sentinel events or new items of concern in the last month.



To: SVHCD Board of Directors
From: Kelly Mather
Date: 1/2/20
Subject: Administrative Report

Summary

We have made budget every month since May 2019. Many accomplishments for 2019 stand out such as the following major projects: 3rd floor upgrades and consolidation, new Hospitalist group, Sonoma Family Practice, Stroke Certification, UCSF Telemedicine, and SNF management outsourcing.

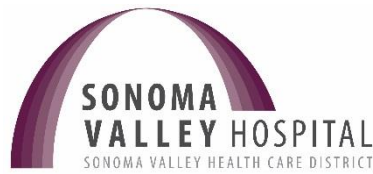
Update from FY 2020 Strategic Plan:

Strategic Priorities	Update
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ We have identified our brand promise and it will help us move forward on helping the community see the hospital as an asset in which Emergency is top of mind. ➤ Psychiatric telemedicine has begun with Valley Emergency Physicians group. ➤ Many are excited about the Micro Market which will offer access to healthy food 24/7 in the old gift shop.
Create UCSF Health Outpatient Center	<ul style="list-style-type: none"> ➤ We started Phase 1 of the ODC project after a great “Sledgehammer” kick off on December 4th. ➤ We have raised \$18.6 million toward the goal of \$21 million for the Capital Campaign. ➤ Several different teams from UCSF are visiting in January to discuss options for the physicians offering clinics at SVH. ➤ UCSF is now managing our Infectious Disease telemedicine for the hospital.
Become a 5 Star Hospital	<ul style="list-style-type: none"> ➤ We are now doing focus groups with staff to convert to the “Human Experience” model for patient and staff satisfaction. ➤ We are combining the staff engagement survey with the “pulse” survey and will get staff feedback by March. ➤ We start another round of 100 day workouts (Rapid Cycle PDSA) this month.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ We have begun the Primary Care Physicians recruitment with Prima/Marin Health. ➤ There are several UCSF specialists who are interested in coming to Sonoma. ➤ Working on a recommendation to bring Dialysis to the 2nd floor with Satellite Healthcare and Nephrologists from Santa Rosa. ➤ We are making good progress on the Bariatrics Accreditation and Dr. Perryman and expect the survey in spring.
Healthy Hospital	<ul style="list-style-type: none"> ➤ We had a Leadership Development meeting on “Values in Action” and the video is now ready to be shared at the Service & Excellence Awards. ➤ Staff salary increases of 2% across the board are being implemented with letters to each staff member highlighting their total compensation. ➤ Staff enjoyed the holiday fun and look forward to the Service & Excellence awards party in January.

NOVEMBER 2019

			National Benchmark
Patient Experience	Current Performance	FY 2020 Goal	
Would Recommend Hospital	100%	> 70 percent	50th percentile
Inpatient Overall Rating	60%	>70 percent	50th percentile
Outpatient Services	4.82	4.5	3.8
Emergency Department	4.6	4.5	3.8
Quality & Safety	YTD Performance	FY 2020 Goal	Benchmark
Central Line Infection	0	<1	<.51
Catheter Infection	0	<1	<1.04
Surgery Site Infection – Colon	0	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	0	3.5	7.4/10,000 pt days
Patient Safety Indicator	1	<1	<1
Heart Failure Mortality Rate	12.5%	13%	17.3%
Pneumonia Mortality Rate	18.1%	20%	23.6%
Stroke Mortality Rate	14.7%	15%	19.7%
Sepsis Mortality Rate	7.6%	<18%	25%
30 Day All- Cause Readmissions	9.50%	< 10 %	< 18.5%
Serious Safety Events	1	0	0
Falls	1.5	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	6	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	0	0	0
Case Mix Index	1.44	1.4	1.3
Hospital Star Rating	4	4	3
Staff Satisfaction	Performance	FY 2020 Goal	Benchmark
Staff Pulse Survey	4.17 out of 5	>3.8	75%
Turnover	4.8%/11.52%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2020 Goal	Benchmark
EBDA	11.1%	3%	3%
Paid FTE's	230	<235	n/a
Days Cash on Hand	16.9	20	30
Days in Accounts Receivable	44.7	45	50
Length of Stay	3.7	3.85	4.03
Funds raised by SVHF	\$18.6 million	\$21 million	\$1 million
Strategic Growth	YTD Performance	FY 2020 Goal	FY 2019
Inpatient Discharges	399/957	900	984
Outpatient Visits	22,323/53,575	55,000	54,596
Emergency Visits	4599/11,038	10,000	10,181
Surgeries + Special Procedures	1225/2940	3000	2950
Community Benefit Hours	512/1228	1000	1222

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2020	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
FY YTD Turnover	<15%	1.7	2.6	3.9	3.9	4.8	8.2	8.7	9.4	11.1	13.4	14.5	17.7
Leave of Absences	<12	14	13	8	11	15	8	10	9	8	8	10	12
EBDA	>3%	56.1	-.4	-1.1	-.3	.4	-2	.7	-6.9	3.9	6.8	6.8	6.1
Operating Revenue	>3.5m	3.7	3.7	3.6	3.8	3.7	4.0	5.5	3.7	7.8	5.9	4.8	4.2
Expense Management	<4.5m	4.2	4.2	4.2	4.3	4.2	4.7	5.5	4.5	6.6	4.8	5.0	4.8
Net Income	>50k	2.3m	-93	36	-76	101	-207	806	-277	1722	1686	248	15.4
Days Cash on Hand	>20	38	36	28	22.5	16.9	14.8	13	4.6	4.5	9.6	39	35
Receivable Days	<50	42	42	44	46.2	44	44	43	43	44	38	37	43
Accounts Payable Days	>50	53	40	41	45	43							
Accounts Payable	<\$4m	3.5	2.6	2.7	3.1	2.9							
Total Paid FTE's	<235	226	226	235	233	230	281	280	277	275	267	266	255
Inpatient Discharges	>80	72	76	71	90	90	97	83	76	87	87	86	66
Patient Days	>300	269	240	312	351	319							
Observation Days	<20	11	19	17	21	18							
Average Daily Census	>10	8.7	7.7	10.4	11.3	10.6							
Outpatient Revenue	>\$15m	16.1	15.7	16.4	16.1	15.9	13.6	14.8	13.9	15.2	15.4	16.2	15.1
Surgeries	>150	156	160	143	187	193	149	157	155	163	163	166	157
Special Procedures	>75	85	81	74	74	72							
Emergency Visits	>900	1001	975	939	973	880	840	789	833	858	890	891	941
MRI	>120	122	127	138	147	145	118	105	107	96	150	149	150
Cardiology (Echos)	>85	115	67	74	107	46	106	85	91	112	121	113	103
Laboratory	>12	11.3	11.3	10.4	11.0	11.3	11.8	12.7	11.4	12.2	12.1	12.3	10.7
Radiology	>900	1005	983	980	1035	888	906	987	1050	1025	1057	1044	908
Rehab	>2300	1958	2928	2135	2010	2207	2380	2964	2080	2358	2536	2539	1967
CT	>350	413	433	378	406	356	367	348	355	396	416	453	357
Mammography	>200	223	243	222	250	219	246	180	220	202	227	220	224
Ultrasound	>250	281	270	280	244	255	252	240	225	340	312	283	291
Occupational Health	>675	750	737	530	753	535	452	574	535	707	899	804	578
Wound Care	>275	329	316	247	226	237	288	230	286	268	346	311	307

To: SVH Finance Committee
From: Ken Jensen, CFO
Date: December 17, 2019
Subject: Financial Report for the Month Ending November 30, 2019

For the month of November the hospital's actual operating loss of (\$566,751) was \$80,198 favorable to the budgeted loss of (\$646,949). After accounting for all other activity; the net income for November was \$101,456 vs. the budgeted net income of \$12,471, with a monthly EBDA of 0.4% vs. a budgeted -2.5%.

Gross patient revenue for November was \$21,631,093, or \$202,454 over budget. Inpatient gross revenue was under budget by (\$706,985). Inpatient days were over budget by 11 days and inpatient surgeries were under budget by (5) cases and the overall acuity levels were below average. Outpatient gross revenue was over budget by \$666,895. Outpatient visits were under budgeted expectations by (424) visits, outpatient surgeries were over budgeted expectations by 39 cases, and special procedures were under budget by (9) cases. The Emergency Room gross revenue was over budget by \$242,544 with ER visits under budgeted expectations by (49) visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$221,601) which is primarily due to outpatient and emergency gross revenue being over budgeted expectations. The hospital also experienced a lower than average Medicare Case Mix.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$21,334).

Operating Expenses of \$4,258,026 were favorable to budget by \$101,532. Salaries and wages and agency fees were under budget by \$61,056 and employee benefits were under budget by \$29,014. Purchased services were over budget by (\$46,690) due to budgeted services used in the month of November, unbudgeted costs for updating the healing gardens, and accrual of 50% of total costs for replacement of the Occupational Health corridor carpeting. Year-to-date purchased services are under budget by \$32,370.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for November was (\$249,395) vs. a budgeted net loss of (\$360,690). The total net income for November after all activity was \$101,456 vs. a budgeted net income of \$12,471.

EBDA for the month of November was 0.4% vs. the budgeted -2.5%.

Patient Volumes – November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	90	81	9	93
Acute Patient Days	319	308	11	315
Observation Days	18	0	18	12
OP Gross Revenue	\$15,845	\$14,935	\$910	\$13,530
Surgical Cases	193	159	34	161

Gross Revenue Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	47.2%	41.6%	5.6%	42.4%	41.7%	0.7%
Medicare Mgd Care	14.0%	14.0%	0.0%	14.1%	14.1%	0.0%
Medi-Cal	14.7%	17.6%	-2.9%	16.5%	17.6%	-1.1%
Self-Pay	2.7%	1.5%	1.2%	2.1%	1.5%	0.6%
Commercial	17.9%	20.9%	-3.0%	21.2%	20.8%	0.4%
Workers Comp	2.6%	2.4%	0.2%	2.8%	2.3%	0.5%
Capitated	0.9%	2.0%	-1.1%	0.9%	2.0%	-1.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,470,054 and the hospital collected \$3,526,006, or over the goal by \$55,952. The year-to-date cash collection goal was \$18,348,918 and the hospital has collected \$17,512,455 or under goal by (\$836,463).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	16.9	22.5	-5.6	9.1
Accounts Receivable Days	44.7	46.2	-1.5	44.7
Accounts Payable	\$2,931,441	\$3,070,966	-\$139,525	\$3,735,636
Accounts Payable Days	42.9	45.4	-2.5	45.3

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer.
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis
- Attachment F is the Cash Projection

Sonoma Valley Hospital
Payer Mix for the month of November 30, 2019

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	10,211,021	8,889,910	1,321,111	14.9%	46,062,922	43,105,291	2,957,631	6.9%
Medicare Managed Care	3,033,049	3,005,106	27,943	0.9%	15,255,384	14,538,737	716,647	4.9%
Medi-Cal	3,176,956	3,775,421	-598,465	-15.9%	17,892,167	18,228,600	-336,433	-1.8%
Self Pay	573,548	331,883	241,665	72.8%	2,255,866	1,600,952	654,914	40.9%
Commercial & Other Government	3,861,821	4,492,647	-630,826	-14.0%	23,057,053	21,600,360	1,456,693	6.7%
Worker's Comp.	571,977	509,242	62,735	12.3%	3,032,481	2,407,041	625,440	26.0%
Capitated	202,721	424,430	-221,709	-52.2%	933,216	2,026,226	-1,093,010	-53.9%
Total	21,631,093	21,428,639	202,454		108,489,089	103,507,207	4,981,882	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,292,701	1,177,557	115,144	9.8%	5,510,294	5,602,227	-91,933	-1.6%
Medicare Managed Care	336,668	356,706	-20,038	-5.6%	1,742,956	1,725,747	17,209	1.0%
Medi-Cal	332,945	387,736	-54,791	-14.1%	1,767,506	1,872,077	-104,571	-5.6%
Self Pay	243,184	168,331	74,853	44.5%	1,164,728	812,003	352,725	43.4%
Commercial & Other Government	1,272,084	1,356,779	-84,695	-6.2%	6,981,330	6,617,637	363,693	5.5%
Worker's Comp.	117,141	107,043	10,098	9.4%	623,730	505,960	117,770	23.3%
Capitated	4,257	7,725	-3,468	-44.9%	19,994	36,877	-16,883	-45.8%
Prior Period Adj/IGT	-	56,250	-56,250	-100.0%	256,955	708,169	-451,214	-63.7%
Total	3,598,980	3,618,127	(19,147)	-0.5%	18,067,493	17,880,697	186,796	1.0%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	35.8%	32.4%	3.4%	10.5%	30.6%	31.3%	-0.8%	-2.6%
Medicare Managed Care	9.4%	9.9%	-0.5%	-5.1%	9.6%	9.7%	-0.1%	-1.0%
Medi-Cal	9.3%	10.7%	-1.4%	-13.1%	9.8%	10.5%	-0.7%	-6.7%
Self Pay	6.8%	4.7%	2.1%	44.7%	6.4%	4.5%	1.9%	42.2%
Commercial & Other Government	35.3%	37.5%	-2.2%	-5.9%	38.6%	37.0%	1.6%	4.3%
Worker's Comp.	3.3%	3.0%	0.3%	10.0%	3.5%	2.8%	0.7%	25.0%
Capitated	0.1%	0.2%	-0.1%	-50.0%	0.1%	0.2%	-0.1%	-50.0%
Prior Period Adj/IGT	0.0%	1.6%	-1.6%	-100.0%	1.4%	4.0%	-2.6%	-65.0%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	2.5%	2.5%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	12.7%	13.2%	-0.5%	-3.8%	12.0%	13.0%	-1.0%	-7.7%
Medicare Managed Care	11.1%	11.9%	-0.8%	-6.7%	11.4%	11.9%	-0.5%	-4.2%
Medi-Cal	10.5%	10.3%	0.2%	1.9%	9.9%	10.3%	-0.4%	-3.9%
Self Pay	42.4%	50.7%	-8.3%	-16.4%	51.6%	50.7%	0.9%	1.8%
Commercial & Other Government	32.9%	30.2%	2.7%	8.9%	30.3%	30.6%	-0.3%	-1.0%
Worker's Comp.	20.5%	21.0%	-0.5%	-2.4%	20.6%	21.0%	-0.4%	-1.9%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended November 30, 2019**

ATTACHMENT B

<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>	
<u>Actual</u>	<u>Budget</u>	<u>Favorable</u>		<u>Actual</u>	<u>Budget</u>	<u>Favorable</u>	<u>Prior</u>	
<u>11/30/19</u>	<u>11/30/19</u>	<u>(Unfavorable)</u>		<u>11/30/19</u>	<u>11/30/19</u>	<u>(Unfavorable)</u>	<u>Year</u>	
		<u>Variance</u>				<u>Variance</u>	<u>11/30/18</u>	
Inpatient Utilization								
Discharges								
1	70	69	1	Med/Surg	324	348	(24)	391
2	20	12	8	ICU	75	62	13	50
3	90	81	9	Total Discharges	399	410	(11)	441
Patient Days:								
4	223	230	(7)	Med/Surg	1,114	1,160	(46)	1,335
5	96	78	18	ICU	377	396	(19)	363
6	319	308	11	Total Patient Days	1,491	1,556	(65)	1,698
7	18	-	18	Observation days	86	-	86	39
Average Length of Stay:								
8	3.2	3.3	(0.1)	Med/Surg	3.4	3.3	0.1	3.4
9	4.8	6.4	(1.6)	ICU	5.0	6.4	(1.4)	7.3
10	3.5	3.8	(0.2)	Avg. Length of Stay	3.7	3.8	(0.1)	3.9
Average Daily Census:								
11	7.4	7.7	(0.2)	Med/Surg	7.3	7.6	(0.3)	8.7
12	3.2	2.6	0.6	ICU	2.5	2.6	(0.1)	2.4
13	10.6	10.3	0.4	Avg. Daily Census	9.7	10.2	(0.4)	11.1
Other Utilization Statistics								
Emergency Room Statistics								
14	880	929	(49)	Total ER Visits	4,599	4,409	190	4,139
Outpatient Statistics:								
15	4,312	4,736	(424)	Total Outpatients Visits	22,323	22,357	(34)	22,339
16	22	27	(5)	IP Surgeries	113	134	(21)	147
17	171	132	39	OP Surgeries	726	622	104	690
18	72	81	(9)	Special Procedures	386	380	6	448
19	336	367	(31)	Adjusted Discharges	1,527	1,748	(221)	1,589
20	1,192	1,016	177	Adjusted Patient Days	5,701	4,917	784	11,729
21	39.7	33.9	5.9	Adj. Avg. Daily Census	37.3	32.1	5.1	76.7
22	1.2507	1.4000	(0.149)	Case Mix Index - Medicare	1.3387	1.4000	(0.061)	1.4518
23	1.3411	1.4000	(0.059)	Case Mix Index - All payers	1.4462	1.4000	0.046	1.4875
Labor Statistics								
24	205	218	13	FTE's - Worked	207	213	6.5	274
25	229	243	14	FTE's - Paid	230	239	9.0	303
26	44.32	43.17	(1.15)	Average Hourly Rate	44.56	42.97	(1.59)	43.62
27	5.76	7.18	1.43	FTE / Adj. Pat Day	6.16	7.42	1.26	3.96
28	32.8	40.9	8.1	Manhours / Adj. Pat Day	35.1	42.3	7.2	22.6
29	116.3	113.3	(3.0)	Manhours / Adj. Discharge	131.0	119.0	(12.1)	166.5
30	23.2%	23.6%	0.4%	Benefits % of Salaries	23.0%	23.8%	0.8%	22.2%
Non-Labor Statistics								
31	14.8%	14.6%	-0.2%	Supply Expense % Net Revenue	13.8%	14.6%	0.8%	12.8%
32	1,591	1,453	(138)	Supply Exp. / Adj. Discharge	1,647	1,510	(137)	1,820
33	12,980	12,173	(807)	Total Expense / Adj. Discharge	14,284	12,837	(1,447)	16,641
Other Indicators								
34	17.0			Days Cash - Operating Funds				
35	44.7	50.0	(5.3)	Days in Net AR	43.9	50.0	(6.1)	44.0
36	102%			Collections % of Net Revenue	95%			97.7%
37	42.9	55.0	(12.1)	Days in Accounts Payable	42.9	55.0	(12.1)	44.1
38	16.8%	17.1%	-0.3%	% Net revenue to Gross revenue	16.8%	17.5%	-0.7%	19.5%
39	16.8%			% Net AR to Gross AR	16.8%			21.1%

Sonoma Valley Health Care District
Balance Sheet
As of November 30, 2019

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,181,204	\$ 1,674,525	\$ 1,171,537
2 Cash - Money Market	1,034,454	1,034,330	345,128
3 Net Patient Receivables	6,987,254	6,878,979	7,706,932
4 Allow Uncollect Accts	(1,362,004)	(1,335,923)	(1,280,158)
5 Net A/R	5,625,250	5,543,056	6,426,774
6 Other Accts/Notes Rec	164,238	284,781	(155,950)
7 Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8 GO Bond Tax Receivable	2,953,183	2,953,183	2,857,849
9 3rd Party Receivables, Net	1,317,044	1,339,408	1,800,485
10 Inventory	887,172	889,589	841,747
11 Prepaid Expenses	717,010	728,998	775,866
12 Total Current Assets	\$ 17,679,555	\$ 18,247,870	\$ 17,863,436
13 Property, Plant & Equip, Net	\$ 49,306,897	\$ 49,359,998	\$ 51,706,430
14 Trustee Funds - GO Bonds	2,960,913	2,956,128	2,490,205
15 Other Assets	-	-	-
16 Total Assets	\$ 69,947,365	\$ 70,563,996	\$ 72,060,071
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 2,931,441	\$ 3,070,966	\$ 3,735,636
18 Accrued Compensation	3,492,751	3,369,666	3,822,397
19 Interest Payable - GO Bonds	381,708	286,277	403,059
20 Accrued Expenses	1,344,244	1,393,921	1,334,097
21 Advances From 3rd Parties	59,991	119,469	105,388
22 Deferred Parcel Tax Revenue	2,216,657	2,533,324	2,216,661
23 Deferred GO Bond Tax Revenue	1,811,129	2,069,861	1,781,059
24 Current Maturities-LTD	422,646	448,256	957,080
25 Line of Credit - Union Bank	6,098,734	6,098,734	6,723,734
26 Other Liabilities	1,386	1,386	1,951,386
27 Total Current Liabilities	\$ 18,760,687	\$ 19,391,860	\$ 23,030,497
28 Long Term Debt, net current portion	\$ 28,784,686	\$ 28,871,600	\$ 32,948,320
29 Fund Balances:			
30 Unrestricted	\$ 14,800,668	\$ 14,886,762	\$ 10,011,755
31 Restricted	7,601,324	7,413,774	6,069,499
32 Total Fund Balances	\$ 22,401,992	\$ 22,300,536	\$ 16,081,254
33 Total Liabilities & Fund Balances	\$ 69,947,365	\$ 70,563,996	\$ 72,060,071

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2019**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	90	81	9	11%	Acute Discharges	399	410	(11)	-3%	441	
2	319	308	11	4%	Patient Days	1,491	1,556	(65)	-4%	1,698	
3	18	-	18	0%	Observation Days	86	-	86	*	13	
4	15,845	14,935	909	6%	Gross O/P Revenue (000's)	80,181	70,773	9,407	13%	\$ 74,855	
Financial Results											
Gross Patient Revenue											
5	\$ 5,786,506	\$ 6,493,491	(706,985)	-11%	Inpatient	\$ 28,308,285	\$ 32,734,675	(4,426,390)	-14%	\$ 41,540,194	
6	9,561,321	8,894,426	666,895	7%	Outpatient	46,838,111	41,992,771	4,845,340	12%	43,656,917	
7	6,283,266	6,040,722	242,544	4%	Emergency	33,342,693	28,779,761	4,562,932	16%	31,232,348	
8	\$ 21,631,093	\$ 21,428,639	202,454	1%	Total Gross Patient Revenue	\$ 108,489,089	\$ 103,507,207	4,981,882	5%	\$ 116,429,459	
Deductions from Revenue											
9	(17,875,713)	(17,693,090)	(182,623)	-1%	Contractual Discounts	\$ (89,614,351)	\$ (85,466,319)	(4,148,032)	-5%	\$ (94,183,659)	
10	(150,000)	(150,000)	-	0%	Bad Debt	(1,030,000)	(750,000)	(280,000)	-37%	(735,000)	
11	(6,400)	(23,672)	17,272	73%	Charity Care Provision	(34,200)	(118,360)	84,160	71%	(132,645)	
12	-	56,250	(56,250)		Prior Period Adj/Government Program Revenue	256,955	708,169	(451,214)	*	800,389	
13	\$ (18,032,113)	\$ (17,810,512)	(221,601)	1%	Total Deductions from Revenue	\$ (90,421,596)	\$ (85,626,510)	(4,795,086)	6%	\$ (94,250,915)	
14	\$ 3,598,980	\$ 3,618,127	(19,147)	-1%	Net Patient Service Revenue	\$ 18,067,493	\$ 17,880,697	186,796	1%	\$ 22,178,544	
15	\$ 25,643	\$ 35,682	(10,039)	-28%	Risk contract revenue	\$ 125,655	\$ 178,410	(52,755)	-30%	\$ 472,874	
16	\$ 3,624,623	\$ 3,653,809	(29,186)	-1%	Net Hospital Revenue	\$ 18,193,148	\$ 18,059,107	134,041	1%	\$ 22,651,418	
17	\$ 66,652	\$ 58,800	7,852	13%	Other Op Rev & Electronic Health Records	\$ 317,821	\$ 294,000	23,821	8%	\$ 82,944	
18	\$ 3,691,275	\$ 3,712,609	(21,334)	-1%	Total Operating Revenue	\$ 18,510,969	\$ 18,353,107	157,862	1%	\$ 22,734,362	
Operating Expenses											
19	\$ 1,734,427	\$ 1,795,483	61,056	3%	Salary and Wages and Agency Fees	\$ 8,916,600	\$ 8,937,678	21,078	0%	\$ 11,538,931	
20	630,949	659,963	29,014	4%	Employee Benefits	3,222,618	3,296,039	73,421	2%	3,909,815	
21	\$ 2,365,376	\$ 2,455,446	90,070	4%	Total People Cost	\$ 12,139,218	\$ 12,233,717	94,499	1%	\$ 15,448,746	
22	\$ 400,224	\$ 436,446	36,222	8%	Med and Prof Fees (excl Agency)	\$ 2,098,728	\$ 2,177,539	78,811	4%	\$ 2,412,064	
23	535,366	533,406	(1,960)	0%	Supplies	2,515,304	2,638,974	123,670	5%	2,891,559	
24	422,212	375,522	(46,690)	-12%	Purchased Services	1,822,976	1,855,346	32,370	2%	1,922,996	
25	264,359	266,763	2,404	1%	Depreciation	1,269,266	1,333,815	64,549	5%	1,460,066	
26	95,763	109,260	13,497	12%	Utilities	531,758	562,755	30,997	6%	550,722	
27	37,783	39,582	1,799	5%	Insurance	194,798	197,910	3,112	2%	176,600	
28	29,589	40,752	11,163	27%	Interest	189,906	253,617	63,711	25%	247,706	
29	107,354	102,381	(4,973)	-5%	Other	500,596	505,709	5,113	1%	543,063	
30	-	-	-	*	Matching Fees (Government Programs)	0	130,086	130,086	100%	0	
31	\$ 4,258,026	\$ 4,359,558	101,532	2%	Operating expenses	\$ 21,262,550	\$ 21,889,468	626,918	3%	\$ 25,653,522	
32	\$ (566,751)	\$ (646,949)	\$ 80,198	12%	Operating Margin	\$ (2,751,581)	\$ (3,536,361)	784,780	22%	\$ (2,919,160)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2019**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
33	\$ 7,886	\$ (18,367)	26,253	-143%						\$ (96,454)	
34	6,219	1,375	4,844	352%						7,374	
35	(13,416)	(13,416)	-	0%						(275,498)	
36	316,667	316,667	-	0%						1,582,585	
37	0	0	-	0%						0	
38	\$ 317,356	\$ 286,259	31,097	11%						\$ 1,218,007	
39	\$ (249,395)	\$ (360,690)	111,295	-31%	Net Income / (Loss) prior to Restricted Contributions	\$ 778,915	\$ (906,791)	1,691,150	-186%	\$ (1,701,153)	
40	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ 30,364	
41	\$ 187,550	\$ 209,860	(22,310)	0%	Restricted Foundation Contributions	\$ 732,622	\$ 1,049,300	(316,678)	100%	\$ 1,147,879	
42	\$ (61,845)	\$ (150,830)	88,985	-59%	Net Income / (Loss) w/ Restricted Contributions	\$ 1,511,537	\$ 142,509	1,369,028	961%	\$ (522,910)	
43	163,301	163,301	-	0%	GO Bond Activity, Net	811,168	811,168	-	0%	763,332	
44	\$ 101,456	\$ 12,471	88,985	714%	Net Income/(Loss) w GO Bond Activity	\$ 2,322,705	\$ 953,677	1,369,028	144%	\$ 240,422	
	\$ 14,964	\$ (93,927)	108,891		EBDA - Not including Restricted Contributions	\$ 2,048,181	\$ 427,024	1,621,157		\$ (241,087)	
	0.4%	-2.5%				11.1%	2.3%			-1.1%	

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended November 30, 2019**

	YTD	MONTH	
Description	Variance	Variance	
Operating Expenses			
Salary and Wages and Agency Fees	21,078	61,056	Salaries and Wages are under budget by \$55,869 and Agency fees are under budget by \$5,187.
Employee Benefits	73,421	29,014	PTO is under budget by \$6,276 and Employee Benefits are under budget by \$22,738.
Total People Cost	94,499	90,070	
Med and Prof Fees (excl Agency)	78,811	36,222	
Supplies	123,670	(1,960)	
Purchased Services	32,370	(46,690)	Budgeted services used in November and unbudgeted costs for updating the healing gardens and 50% accrual of total costs for replacement of the Occupational Health corridor carpeting - YTD under budget by \$32,370.
Depreciation	64,549	2,404	
Utilities	30,997	13,497	
Insurance	3,112	1,799	
Interest	63,711	11,163	
Other	5,113	(4,973)	
Matching Fees (Government Programs)	130,086	-	
Operating expenses	626,918	101,532	

Sonoma Valley Hospital
Cash Forecast
FY 2020

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	4,267,579	3,747,119	3,783,981	3,724,440	3,674,833	3,632,439	3,751,470	3,542,450	3,900,174	3,765,360	3,802,680	3,701,357	45,293,881
2 Capitation Revenue	26,337	24,434	24,943	24,298	25,643	35,682	35,682	35,682	35,682	35,682	35,682	35,682	375,429
3 Napa State	2,565	983	6,153	17,109	18,240	11,231	11,231	11,231	11,231	11,231	11,231	11,231	123,667
4 Other Operating Revenue	27,168	113,630	31,381	162,702	77,470	58,800	58,800	58,800	58,800	58,800	58,800	58,800	823,950
5 Other Non-Operating Revenue	38,832	43,824	24,455	35,838	13,448	25,795	25,795	25,795	25,795	25,795	25,795	25,785	336,953
6 Unrestricted Contributions	12,593		755	3,263	6,219	1,375	1,375	1,375	1,375	1,375	1,375	1,375	32,455
7 Line of Credit													-
Sub-Total Hospital Sources	4,375,074	3,929,990	3,871,668	3,967,650	3,815,852	3,765,322	3,884,353	3,675,333	4,033,057	3,898,243	3,935,563	3,834,230	46,986,335
Hospital Uses of Cash													
8 Operating Expenses	4,751,297	5,353,928	4,260,382	4,307,504	4,160,854	4,054,955	4,783,949	3,997,057	4,153,725	4,064,515	4,185,074	4,085,675	52,158,916
9 Add Capital Lease Payments	111,366	185,165	32,638	390,032	112,524	99,640	81,640	32,640	32,640	18,990	18,990	85,990	1,202,255
10 Additional Liabilities/LOC		625,000				625,000							1,250,000
11 Capital Expenditures	435,215	73,951	160,473	54,243	187,550	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,380,452
Total Hospital Uses	5,297,879	6,238,044	4,453,493	4,751,778	4,460,928	4,989,455	5,075,449	4,239,557	4,396,225	4,293,365	4,413,924	4,381,524	56,991,622
Net Hospital Sources/Uses of Cash	(922,805)	(2,308,055)	(581,825)	(784,129)	(645,076)	(1,224,133)	(1,191,096)	(564,224)	(363,168)	(395,122)	(478,361)	(547,294)	(10,005,287)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(1,056,509)	725,000	1,500,000			(500,000)			1,000,000		(3,500,000)		(1,831,509)
13 Restricted Capital Donations	342,251	5,000	160,473	36,918	187,550	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,201,211
14 Parcel Tax Revenue	100,099					2,000,000		1,000,000		600,000			3,700,099
15 Other Payments - South Lot/LOC/Fire Claim	956,411		51,682										1,008,092
16 Other:													-
17 IGT										1,408,802	4,000,000		5,408,802
18 IGT - AB915					31,705			900,000					931,705
19 PRIME						135,000					270,000		405,000
Sub-Total Non-Hospital Sources	342,251	730,000	1,712,154	36,918	219,255	1,844,860	209,860	2,109,860	1,209,860	2,218,662	979,860	209,859	11,823,400
Non-Hospital Uses of Cash													
20 Matching Fees					67,500		451,221		2,000,000		135,000		2,653,721
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	67,500	-	451,221	-	2,000,000	-	135,000	-	2,653,721
Net Non-Hospital Sources/Uses of Cash	342,251	730,000	1,712,154	36,918	151,755	1,844,860	(241,361)	2,109,860	(790,140)	2,218,662	844,860	209,859	9,169,679
Net Sources/Uses	(580,553)	(1,578,055)	1,130,329	(747,211)	(493,321)	620,727	(1,432,457)	1,545,636	(1,153,308)	1,823,540	366,499	(337,435)	
Operating Cash at beginning of period	3,450,014	2,869,461	1,291,406	2,421,736	1,674,525	1,181,204	1,801,931	369,474	1,915,110	761,802	2,585,342	2,951,841	
Operating Cash at End of Period	2,869,461	1,291,406	2,421,736	1,674,525	1,181,204	1,801,931	369,474	1,915,110	761,802	2,585,342	2,951,841	2,614,406	
Money Market Account Balance	3,258,551	2,533,925	1,034,199	1,034,330	1,035,454	1,535,454	1,535,454	1,535,454	535,454	535,454	4,035,454	4,035,454	
Total Cash at End of Period	6,128,012	3,825,331	3,455,935	2,708,855	2,216,658	3,337,385	1,904,928	3,450,564	1,297,256	3,120,796	6,987,295	6,649,860	
Average Days of Cash on Hand	38.82	36.60	28.00	22.51	16.89	24.97	14.25	25.82	9.71	23.35	52.28	49.75	

Bruce G. Flynn Biography

Bruce Flynn has over forty years of risk management, human resources, health and disability policy experience.

He retired in July, 2019 as Director of the University of California, San Francisco (UCSF) Finance Department, Risk Management and Insurance Services where he provided strategic risk and financial loss analysis services regarding general, employment, automobile, property and casualty liability programs and served as UCSF resident expert on risk and insurance issues. In addition he:

- Co-chaired the Chancellor’s Advisory Committee on Disability Issues (2006 – 2016)
- Received the UCOP Risk Management Leadership Award, 2012
- Received the Chancellor’s Diversity Award for Disability Service, 2014
- Received the Council for Advancement and Support of Education (CASE) Award in Diversity Programs for developing “Faces of Ability: In Their Own Words -- UCSF Faculty, Staff and Students Reflect on Living and Working with a Disability”, 2019

He also served as Manager, Human Resources/Disability Management Services, UCSF (1/97 – 12/97); and Manager, Employee Rehabilitation Service, UCSF (12/80 - 6/92) during which he:

- Piloted the Employee Rehabilitation Services which encompassed health, disability, Workers’ Compensation, and return to work services for employees with disabilities
- Received the Administrative and Professional Staff Outstanding Achievement Award (1989)
- Developed the first worksite employee and manager training materials regarding HIV/AIDS (1992)
- Received the Chancellor's Special Service Award (1996) for the group’s groundbreaking efforts to educate staff about HIV/AIDS

During a six-year period in Washington, DC (1999 – 2005), he was a policy and legislative advocate regarding workplace health, disability, and productivity issues for the Washington Business Group on Health (now the National Business Group on Health), a DC-based nonprofit representing Fortune 500 employers regarding health/disability issues. He also was a senior consultant with Watson Wyatt Worldwide, on health, disability, and risk management program design. In addition, he served as the Senior Development Director for the National Academies/Institute of Medicine.

He served as Chair and member of the Board for Stepping Stone, the largest adult day health services provider in San Francisco (2005-2009) and as member and Chair of the Board of the

Rehabilitation Center of Northern California (1992-1998). He also worked as the ADA Coordinator for Wells Fargo Bank (1992 – 1996)

He earned his Master's Degree in Industrial/Organizational Psychology from San Francisco State University in 1985 and his Bachelor's Degree in Psychology from the University of Michigan in 1972.