

Healing Here at Home

## SVHCD FINANCE COMMITTEE

## AGENDA

TUESDAY, February 25, 2020 5:00 p.m. Regular Session

**Location: Schantz Conference Room** 

Sonoma Valley Hospital, 347 Andrieux Street Sonoma CA 95476 Alternative Location: 1774 Stockton Street, San Francisco Call In Number 866-228-9900, Guest Code 294221

acc Dis	compliance with the Americans Disabilities Act, if you require special ommodations to participate in a District meeting, please contact trict Clerk Vivian Woodall at <u>vwoodall@sonomavalleyhospital.org</u> or 7) 935.5005 at least 48 hours prior to the meeting.		
AG	GENDA ITEM	RECON	MMENDATION
The	<b>SSION STATEMENT</b> <i>e mission of the SVHCD is to maintain, improve, and restore the</i> <i>elth of everyone in our community.</i>		
1.	CALL TO ORDER/ANNOUNCEMENTS	Nevins	
At t app con und tim	<b>PUBLIC COMMENT SECTION</b> this time, members of the public may comment on any item not bearing on the agenda. It is recommended that you keep your ments to three minutes or less. Under State Law, matters presented ler this item cannot be discussed or acted upon by the Board at this e. For items appearing on the agenda, the public will be invited to ke comments at the time the item comes up for Board consideration.	Nevins	
3.	CONSENT CALENDAR Finance Committee Minutes 12.17.19	Nevins	Inform/Action
4.	RECOMMENDATION ON SOLUTION FOR ALTERNATIVE POWER	Drummond	Inform/Action
5.	RISK MANAGEMENT REVIEW	Jones	Inform
6.	OUTPATIENT DIAGNOSTIC CENTER UPDATE	Mather	Inform
7.	ADMINISTRATIVE REPORT	Mather	Inform
8.	FINANCIAL REPORT MONTH ENDED JANUARY 31, 2020	Jensen	Inform
9.	REVIEW OF SECOND QUARTER FY 2020 CAPITAL SPENDING	Dungan	Inform
10.	<b>REVIEW OF BAD DEBT AND CHARITY CARE</b>	Jensen	Inform
11.	<b>REQUEST FOR PARCEL TAX ADVANCE</b>	Dungan	Inform/Action

12. REVIEW FISCAL YEAR 2021 BUDGET ASSUMPTIONS	Jensen	Inform
13. ADJOURN	Nevins	



### SVHCD FINANCE COMMITTEE MEETING **MINUTES** TUESDAY, DECEMBER 17, 2019

Healing Here at Home

Schantz Conference Room

Present	Excused		Staff	Pub	lic	]
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	Bruc	e Flynn	
AGENDA ITEM			DISCUSSION		ACTIONS	FOLLOW-UP
<b>MISSION &amp; VISION STATEMENT</b> The mission of SVHCD is to maintain, in restore the health of everyone in our cor						
1. CALL TO ORDER/ANNOUNCE	EMENTS	Nevins				
		Called to ord	er at 5:00 pm			
2. PUBLIC COMMENT SECTION		Nevins				
		None				
3. CONSENT CALENDAR		Nevins				
		Minutes from	n the 11.19.19 meeting were revie	ewed.	<b>MOTION</b> : by Porth to approve, 2 <sup>nd</sup> by Hohorst. All in favor.	
4. OUTPATIENT DIAGNOSTIC C. UPDATE	ENTER	Mather				
		been pledged Center. The N	reported \$18.6 million in donation I to date for the Outpatient Diagnor MRI project will break ground in O after the CT project is complete	ostic		
5. PRIME GRANT PERFORMANC	CE UPDATE	Lovejoy				
			demo grant projects to improv This grant is to improve trans			

	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	Nevins 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	MOTION: by Hohorst to approve, 2 <sup>nd</sup> by Porth. All in favor.	See "Discussion" for follow-up items.
7. ADMINISTRATIVE REPORT	on the work plan. <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	Jensen		
	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 <sup>th</sup> . 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	Nevins	
	5:57 pm	



То:	SVHCD Finance Committee
Meeting Date:	February 25, 2020
Prepared By:	Kimberly Drummond, Director of Facilities
Agenda Item:	Recommendation on Solution for Alternative Power

#### **Recommendation:**

Plant Operations recommends that Sonoma Valley Hospital sign a Letter of Agreement with Unison Energy, LLC to perform a feasibility study to install a Combine Heat and Power ("CHP" or "Co-Gen") system at the Hospital. If a Unison Co-Gen system is installed at the Hospital, it would allow for modest annual savings on our electricity costs. The added value is that this system would provide seamless Hospital operations during a power outage. This system would be a no-cost solution for providing a back-up energy source for all services on our Normal power branch including our Cooling Systems during a power outage and no ongoing maintenance costs.

#### Background:

Grigory Gatenian, Plant Operations Manager has been researching alternative power solutions to reduce the Hospital utility costs for the past year. He has met with multiple companies that offer solar and fuel cells. Through his analysis, these options were determined not viable due to the inability to be installed on the Hospital's main campus, a high cost to connect to the Hospital's main electrical system and/or maintenance costs. He learned of Unison and their Co-Gen system to provide on-site generation of electricity utilizing natural gas. The Co-Gen option appears feasible as it will:

- Be installed in the old boiler room that has been mainly vacant since 2014
- Connect to and power the Main Hospital normal power branch
- Require no capital investment from the Hospital to install
- Require no ongoing maintenance expense from the Hospital
- Provide power to the Hospital chillers during the PGE Public Safety Power Shutdown ("PSPS") events or other PG&E outages.
- Reduce annual electricity expense. This reduction is achieved by decreasing the Hospital's PG&E electrical consumption. This also reduces the demand load from PG&E.

PG&E looks at the highest load demand in a day and charges the Hospital at that "demand" level during the billing period regardless of actual usage as they are holding that power in reserve based on our potential need.

• Allow hot water heat recovery to reduce gas usage for the Domestic Hot Water and the heating boilers in the Hospital.

Grigory and I have done a site survey at a grocery facility in San Jose. The system is well maintained and <u>has provided the grocery facility a back-up power source during power outages</u>. The Buck Institute is in the process of installing a Co-Gen system with Unison. Unison maintains the system at its own expense.

Unison has done a base study of the Hospital's energy bills and have calculated that they will (conservatively) save the Hospital \$27K in the initial year with an estimated lifetime (20 yrs.) savings of almost \$1.5M.

The next step is to allow Unison to perform an on-site feasibility study to validate their initial analysis/pro-forma. The in-depth feasibility study will cost Unison approximately \$30,000. The Unison Letter of Agreement commits the Hospital to pay \$15,000 for the feasibility study costs if the study validates the pro-forma and we decide not to proceed within 60 days of the completed study. Furthermore, if the feasibility study does not confirm the pro-forma, the Hospital can elect a "no-go" option and is under no obligation to pay the \$15,000 for the study.

### **Consequences of Negative Action/Alternative Actions:**

The Hospital has 2 chillers that provide cooling for the existing Hospital (West, Central, East Wings). There is a cooling tower that provides cooling for the New Wing. Both chillers and the cooling tower are shut down during the PG&E PSPS. These PSPS events happen during October when outside temperatures can still be high. In 2019, inside temps reached 80 degrees in the SNF patient rooms during the PSPS. High temps can trigger patient evacuation if they are unable to be controlled.

The Co-Gen offers the Hospital an opportunity for a no-cost emergency back-up source for all loads on the normal power branch. The Hospital chillers are on the normal power branch in the existing Hospital. As the Co-gen is powering all panels that are connected to the normal power branch, both chillers will remain available to the Hospital during a power outage.

This feasibility study will look at the possibility of powering the cooling tower in the New Wing. The initial (quick) site visit from Unison has shown that it may not be possible to power the cooling tower due to proximity. We believe that if Unison were to review connectivity options with our local electrical contractor that has 30 years' experience working in our hospital, a solution may be found to connect the Co-gen to the cooling tower.

#### **Financial Impact:**

Potential \$15,000 if the Hospital does not move forward with Unison's Energy Service Agreement ("ESA") within 60 days of a feasibility study that confirms Unison's pro-forma. There is no cost to the Hospital for the feasibility study if we proceed with an ESA or if the pro-forma is not confirmed by the study.

The projected cost provided by Vertran & Associates to establish the supplementary back-up power for one chiller **OR** the cooling tower is \$527K. We would recommend this project for the cooling tower if Unison could not connect it to the Co-gen System.

If we did not move forward with the Co-gen system at all, we would recommend the supplementary back-up power for one chiller **AND** the cooling tower which is projected to cost \$623K. These costs are preliminary based on the concept and not schematic design. Schematic design could increase costs based on discovered conditions.

#### Attachments:

Unison presentation with pro-forma Unison Letter of Agreement – CHP Energy Facility Design, Engineering and Economics Survey



# Reducing Energy Costs Using On-Site Generation



AN AFFILIATE OF UCSF HEALTH

October 2019

SMARTER ENERGY – INSIDE THE BOX

+ Reliable Power + Lower Costs + No Capital Investment



## **Executive summary**

Unison Energy owns, installs and operates distributed generation power plants under an Energy Services Agreement (ESA) structure, providing significant energy cost savings and improved resilience with <u>no capital</u> <u>cost</u>

• Savings:

- First year savings are projected to be approximately \$27K
- Lifetime savings are projected to be approximately \$1.5M
- Unison first year all-in electric cost is projected to be \$0.1139/kWh compared to \$0.1459/kWh from the utility
- Reliability: Our systems offer additional redundancy at no capital cost using (1) generator
- Systems are capable of operating independently from the grid in the event of an outage and covering the majority of the load requirement
- Generators are capable of offsetting over 80% the facility's total annual electric consumption and covering over 50% of peak demand
- No Capital Cost: Unison Energy pays for the installation, operation and maintenance; customers are billed based on usage with <u>no capital outlay</u> or initial investment

## Solution overview

- Standard containerized units containers are 50' x 10' and contain all necessary electrical and heat recovery gear internally
- Engine sizes are scalable from 100kW to 23MW

System emissions are low Walls have sound ٠ enough to meet the attenuation built in to strictest EPA and state reduce sound and emissions standards emissions gear to meet local standards – 65 dBa All relevant equipment Unison Energy remotely such as switchgear, heat monitors hundreds of recovery, and pumps are in our unit, limiting the attributes of system performance 24 x 7 amount of site specific engineering required

## Unison Energy Combined Heat and Power ("CHP") system

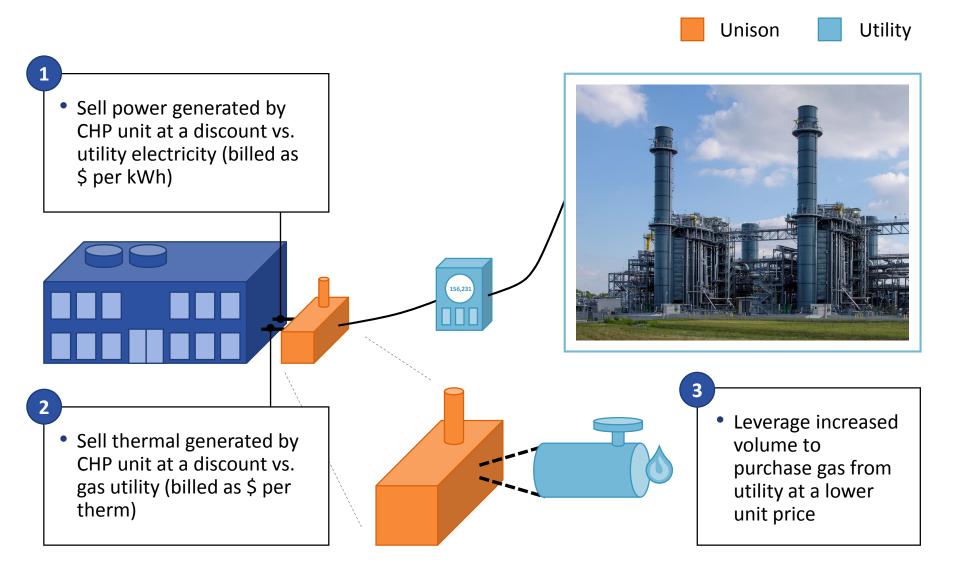




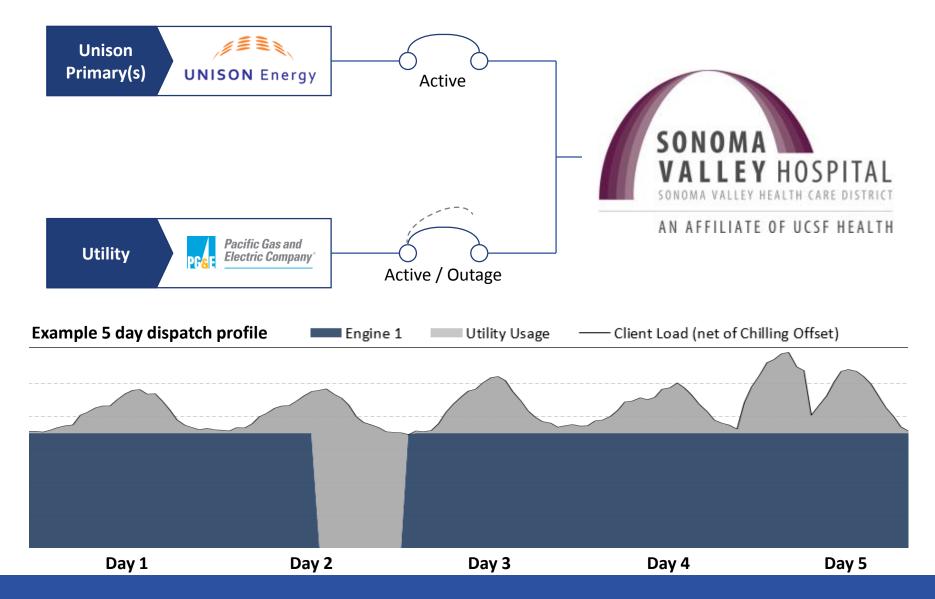




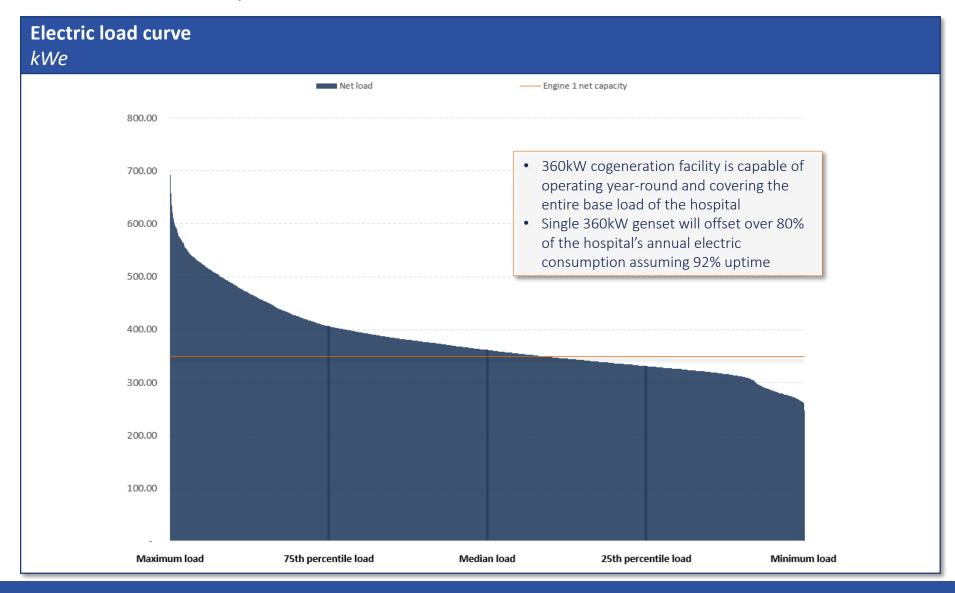
Unison Combine Heat and Power ("CHP") systems provide thermal and electric services, generating savings



Unison engine will dispatch in parallel with the grid to ensure that power is always on

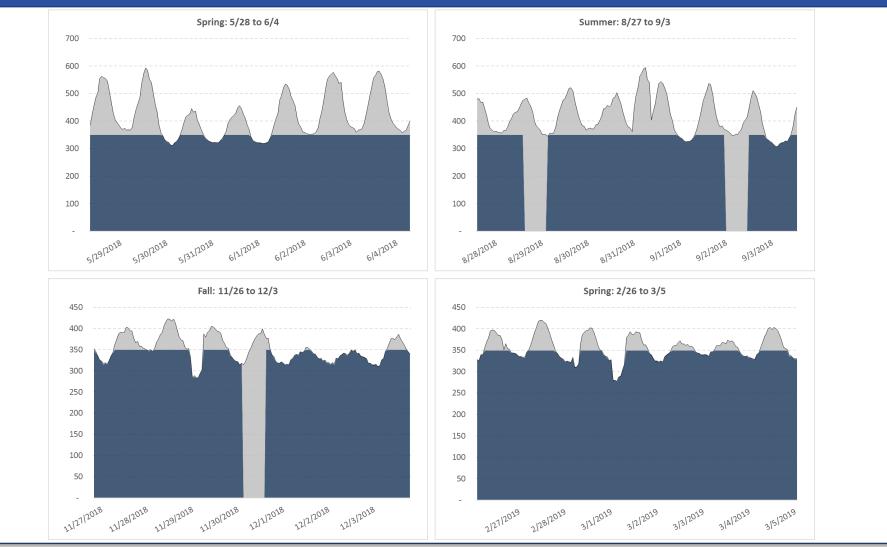


# The proposed cogeneration system would use (1) 360kW generator with hot water heat recovery



## Example dispatch profiles by season

# **One week sample dispatch profile by season** *kWe*



# The facility's first year energy cost savings are projected to be approximately \$27K compared to assumed costs with Direct Access

## First year pro-forma, 20-year ESA

ectric				Electric (incl. electric offsets)			
	Consumption kWh	Unit Cost USD/kWh	Total Cost USD		Consumption kWh	Unit Cost USD/kWh	Total Cost USD
Electricity - Utility	3,311,431	0.1459	483,225.69	Electricity - Unison	2,733,079	0.1139	311,255
				Unison - generation ESA	2,733,079	0.0735	200,965
				Unison - fuel <sup>1,2</sup>	2,733,079	0.0404	110,289
				Electricity - Utility	578,352	0.2780	160,758
tal Current Electric Cost			483,225.69	Total New Electric Cost			472,014
dressable Thermal				Addressable Thermal			
	Consumption Therms	Unit Cost USD/Therm	Total Cost USD		Consumption Therms	Unit Cost USD/Therm	Total Cost USD
Natural gas - Utility	145,730	0.644	93,850.30	Natural gas - Utility	31,100	0.644	20,028
				Hot water - Unison	97,436	0.591	57,612
				Unison - hot water ESA	97,436	0.591	57,612.
Total Current Thermal Cost	t		93,850.30	Total New Thermal Cost			77,640.
TOTAL CURRENT ENERGY C	COST		577,075.99	TOTAL NEW ENERGY COST			549,655
				Ţ			
			Combined Year	1 Energy Savings:			

Note 1: Generation fuel usage billed in conjunction with remaining thermal fuel usage in the form of USD/Therm (total USD is the same as presented above) Note 2: Generation natural gas usage is 261,357 therms at a unit price of \$0.422 per therm

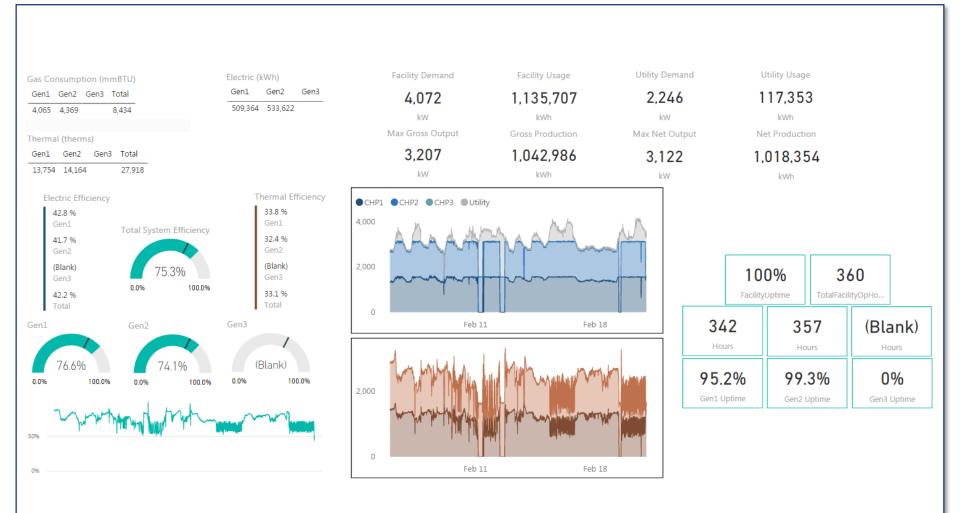
# Over the course of a 20-year Energy Services Agreement ("ESA"), the facility is expected to save approximately \$1.5M

## Lifetime pro-forma, 20-year ESA

Nominal year	0	1	2	3	4	5		16	17	18	19
D-FORMA: PROJECT LIFETIME											
Electric (incl. electric offsets)											
Electricity - current											
,											
Current consumption (kWh)	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431		3,311,431	3,311,431	3,311,431	3,311,431
Current cost (USD)	483,226	500,139	517,643	535,761	554,513	573,921		837,907	867,233	897,586	929,002
Current unit cost (USD/kWh)	0.146	0.151	0.156	0.162	0.167	0.173		0.253	0.262	0.271	0.281
Electricity - new											
New consumption (kWh)	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431		3,311,431	3,311,431	3,311,431	3,311,431
New cost (USD)	472,014	486,525	501,494	516,935	532,863	549,295		768,329	792,237	816,908	842,365
New unit cost (USD/kWh)	0.143	0.147	0.151	0.156	0.161	0.166		0.232	0.239	0.247	0.254
Total electricity savings (USD)	11,211	13,613	16,150	18,826	21,649	24,625		69,577	74,996	80,679	86,637
Thermal											
Natural gas - current											
Current consumption (Therms)	145,730	145,730	145,730	145,730	145,730	145,730		145,730	145,730	145,730	145,730
Current cost (USD)	93,850	97,135	100,535	104,054	107,695	111,465		162,735	168,431	174,326	180,427
Current unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	0.765		1.117	1.156	1.196	1.238
Natural gas - new											
New consumption (Therms)	31,100	31,100	31,100	31,100	31,100	31,100		31,100	31,100	31,100	31,100
New cost (USD)	20,028	20,729	21,455	22,206	22,983	23,787		34,729	35,944	37,202	38,504
New unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	0.765		1.117	1.156	1.196	1.238
Unison hot water - new											
New consumption - hot water (Therms)	97,436	97,436	97,436	97,436	97,436	97,436		97,436	97,436	97,436	97,436
New cost - hot water (USD)	57,613	59,053	60,529	62,042	63,594	65,183		85,526	87,664	89,856	92,102
New unit cost - hot water (USD/Therm)	0.591	0.606	0.621	0.637	0.653	0.669		0.878	0.900	0.922	0.945
Total thermal savings (USD)	16,210	17,353	18,551	19,805	21,119	22,494		42,480	44,822	47,268	49,821
Total savings											
-						47,120		112,058	119,818		

Primary Engine Size	360kV
Secondary Engine Size	N/.
Engine Availability	929
Heat Recovery	Hot Wate
Other Equipment	SCR (emissions
Estimated Client Boiler Efficiency	859
Floctric ESA Poto (\$ /k/N/h)	\$0.073
Chilled Water ESA Rate (\$/ton-hour)	N/.
Thermal ESA Rate (\$/therm)	\$0.59
Annual Engine Production (kWh)	2,733,07
Annual Steam Production (therms)	N/
Annual Hot Water Production (therms)	97,43
Total Gas Offset (net of boiler efficiency)	929
Pre-ESA Electric Utility Tariff	E-19S (Supply from Direct Access
Post-ESA Electric Utility Tariff	F-19S + Schedule
Pre-ESA Gas Utility Tariff	Rate GN-
Post-ESA Gas Utility Tariff (cogeneration usage)	Rate EG (Electric Generation
Post-ESA Gas Utility Tariff (facility usage)	Rate GN-
Total Rebates / Incentives	Ś

# Unison Energy's real-time database allows the tracking of hundreds of datapoints with advanced data visualization

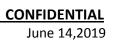


## Overview of business terms and next steps

Term:	<ul> <li>10-20 years, flexible to meet client needs</li> </ul>
Electricity usage:	<ul> <li>Electricity billed at \$ per kWh rate ONLY for actual usage</li> </ul>
Thermal usage:	<ul> <li>Thermal output billed at \$ per therm rate ONLY for actual usage</li> </ul>
Fuel:	<ul> <li>Natural gas purchased by client or purchased by Unison Energy with a direct pass through of costs</li> </ul>
Capital costs:	<ul> <li>Covered by Unison Energy</li> </ul>
Maintenance:	<ul> <li>Covered by Unison Energy</li> </ul>
Site closure option:	<ul> <li>Customer may (1) pay to relocate to another location or (2) pay down the remaining principal on debt</li> </ul>
	<ul> <li>Review legal agreements for any major business issues</li> <li>Sign LOI</li> </ul>
Next steps	<ul> <li>UE sends engineers on site visit to estimate site costs and develop interval usage forecast</li> </ul>

## • Einal

- Finalize pro-forma
- Review and sign ESA and Lease with Legal
- Construction takes 9-15 months





#### SONOMA VALLEY HOSPITAL 347 Andriuex Street Sonoma, CA 95476

Attn: Grigory Gatenian

RE: Letter of Agreement – CHP Energy Facility Design, Engineering and Economics Survey

Dear Grigory:

Thank you for your interest in reviewing the feasibility of a cogeneration facility ("CHP Facility") with Unison Energy, LLC ("Unison" or "Contractor"). I am pleased to provide the attached proposal and Scope of Work for a Feasibility Study to assess the engineering, permitting and economic potential for a CHP Facility for the Sonoma Velley Hospital (the "Company") location at 347 Andriuex Street Sonoma, CA 95476 (the "*Site*").

Using the initial energy data provided by you, Unison estimates a CHP Facility will yield a replacement of greater than 80% of the electrical needs of the Site and an annual energy cost savings of \$61,291 in the first year and \$2,444,064 over the 20-year term of the Energy Services Agreement ("ESA" attached in Exhibit C) and Site Access License (attached in Exhibit D). A preliminary Pro-forma" for savings details is attached in Exhibit A.\_The CHP Facility will also provide power for the Site during utility outages.

This Letter of Agreement (the "*Agreement*") identifies the mutual intentions of the Company and the Contractor.

- Contractor agrees to complete a technical and economic assessment on behalf of the Company to determine the feasibility of the CHP Facility.
- Contractor will pay for feasibility study subject to the below "Go" / "No-Go" criteria:
  - If the feasibility study <u>confirms</u> the energy savings projected in Exhibit A, then Company has two options:
    - 1. Go forward with CHP Facility as outlined in the Energy Services Agreement Term Sheet and sign Unison's ESA within 60 days of the submission of the completed feasibility study to Company or,
    - 2. If Company decides to not move forward with the CHP project the Company will reimburse Contractor for the cost of feasibility study not to exceed \$15,000.
  - If feasibility study <u>does not confirm</u> the energy savings projected in the Preliminary CHP Facility Pro-forma, then the Company has two options:
    - 1. If the energy savings and or energy reliability generated by the CHP Facility are still compelling, Company can sign Unison's ESA and go forward with the CHP Facility or,
    - 2. Company can elect the "No-Go" option and is under no obligation to reimburse Contractor for the feasibility study.

#### Feasibility Study Scope of Work.

Unison will invest the capital required to prepare the Feasibility Study to be delivered to the Company. Contractor's deliverable to the Company is a report (the "Feasibility Study") that will include the following:

- 1) Model energy usage before and after the implementation of the CHP Facility using available utility bills, interval analysis, site visits, contractor interviews, and observed operating metrics
- 2) Determine the optimal electric and or thermal integration for the facility that will maximize reliability and savings for the Company.
- 3) Determine the appropriate CHP Facility size and configuration.
- 4) Estimate site implementation costs for the implementation of a CHP Facility. Identify the modifications and retrofits required to the existing Site design.
- 5) Model both gas and electric tariffs pre and post implementation including any utility standby charges for electricity and gas local distribution company ("LDC") and 3<sup>rd</sup> party marketing costs.
- 6) Identify relevant permits, site, and federal, state, and local requirements that would need to be met prior to installation and for operation
- 7) .Prepare a full economic evaluation of the CHP Facility; including a draft term sheet between the Company and Contractor (an "ESA Term Sheet")

#### Authorizations and Company Financials.

- 1. The Company agrees to provide Contractor with the necessary Utility Authorization Letter (see Exhibit B attached) and,
- 2. Company shall provide Contractor with three years of audited and or reviewed financials.

#### 

If the above terms and conditions and the below General Terms and Conditions are acceptable to you, please execute below in order to confirm and return a copy at your earliest convenience. EXHIBITS C and D are for your review only and are subject to future review and negotiation should you decide to move forward with the CHP Facility.

Agreed to and accepted by:

Unison Energy, LLC	[COMPANY NAME]
Ву:	Ву:
Name:	Name:
Title:	
Date:	Data

#### Attachments:

- EXHIBIT A: Preliminary CHP Project Pro-forma
- EXHIBIT B: Utility Authorization Letter
- **EXHIBIT C:** Form of Energy Services Agreement
- **EXHIBIT D:** Form of Site Access Lease / License



То:	Finance Committee
Meeting Date:	February 25, 2020
Prepared by:	Danielle Jones
Agenda Item Title:	Risk Management Review

## Risk Management Claims Reports FY2020

## Clinical Claims:

SVH has had an association with BETA Healthcare Group since 1997. BETA HCG Risk Management Authority administers risk-sharing pools under a joint powers agreement pursuant to California Government Code Claim Section 6500, et seq. and Section 990, et seq. Coverage limits for Hospital Professional and General liability is \$15 million with a \$5,000 deductible. Emergency Department Professional coverage limits are \$1 million/\$3 million with a \$5,000 deductible.

In addition, each year Beta sets aside \$2,500 for risk related education and \$2,500 for outside peer review activities. Program Beta also provides free registration for numerous educational seminars and annual conferences and offers free on-site consultations and educational programs.

Sonoma Valley Hospital has a very low claims history. The table below outlines our claims from calendar years 2017 through 2019. Like the rest of the nation, the Emergency Department is at the most risk for having a claim reported.

The 2017 ED case was finalized with a settlement agreement and mutual release of liability. The cost associated with this case is related to write off payments and adjustments totaling \$19,839.21 for three separate encounters.

**Business Claims**:

No new claims.

## **Regulatory Claims**:

Sonoma Valley Hospital received the California Department of Public Health statement of deficiency for the retained sponge event in 2015. A plan of correction has been developed, initiated and submitted. An administrative penalty has been assessed in the amount of \$12,600. The plan of corrections was accepted by the California Department of Public Health in August 2019.

We anticipate a second administrative penalty for \$12,600 from the California Department of Public Health for a wrong site surgery in 2019.

### **Precautionary Claims:**

The hazards of not preparing for potential issues can have significant, long-term effects. Neglecting to have comprehensive risk management plans in place can compromise patient care, increase liability risks, and result in financial losses. Thus, three cases recognized as potential risks have been evaluated and submitted to BETA as precautionary.

### **BETA Risk Management Authority**

HCL Claims As Of 2/19/20

For Contract Periods Between 2017 And 2019

Claim Type: General Liability And Professional Liability Claims; Claim Status: Closed And Open Claims

### **Sonoma Valley Health Care District**

Contract Period	Facility	Claim Number	Expense Paid	Expense Gross Incurred	Expense Deductible Outstanding	Expense Net Incurred*	Total Reserves	Total Paid	Total Gross Incurred	Deductible	Total Net Incurred*
2017	Sonoma Valley Health Care District ER	3	1,653	1,653	0	1,653	0	1,653	1,653	0	1,653
2018	Sonoma Valley Health Care District	2	956	956	0	956	0	956	956	0	956
2018	Sonoma Valley Health Care District ER	1	400	400	0	400	0	400	400	0	400
2019	Sonoma Valley Health Care District	1	599	25,000	0	25,000	34,402	599	35,000	5,000	30,000
	Grand Totals	7	3,607	28,008	0	28,008	34,402	3,607	38,008	5,000	33,008

\*Net Incurred = Reserves + Payments - Deductible or SIR Outstanding - Deductible Payments

SONOMA VALLEY HOSPITAL COST PROJECTIONS and FUNDING SUMMARY FISCAL YEAR 01/2020 THROUGH 06/2020 DESIGN, PRECONSTRUCTION AND CONSTRUCTION As Reported 2/20/2020

:	Jan '20		Feb '20		Mar '20	I	Apr '20		May '20		Jun '20
\$	21,000,000	_									
\$											
\$				As	Reported 2/5	5/20	20				
\$											
\$	18,652,226										
\$	10,916,438	\$	10,949,493	\$	11,281,798	\$	13,492,464	\$	13,533,019	\$	13,587,
\$	12,757,471										
\$	4,010,788										
\$	4,010,788	\$	4,384,169	\$	5,490,627	\$	6,354,457	\$	8,400,082	\$	9,894,
	<b></b>	► As					21/2020				
\$	6,845,919	\$	6,505,593	\$	5,731,440	\$	7,078,276	\$	5,073,205	\$	3,633,
		\$	-	\$	-	\$	-	\$	-	\$	
	To Date		Feb '20		Mar '20		Apr '20		May '20		Jun '20
											37,
		Ş	16,949	Ş	16,949	Ş	16,949	Ş	16,949	Ş	16,
<u>,</u>		~		Å		~		~		~	
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			-		-		-		-		
		•	-		-		-		-		770
			201,625								778,
			-			•					15,
Ş							/1,83/	•	50,806	•	21,
ې د							-	ې د	-	ې د	
ې د	36,002	ې د	33,954	ې د	242,760		3,406	ې د	-	ې د	
ې د	-	ې د	-	Ş	-		-	ې د	-	Ş	
Ş	-	Ş	-	Ş	-	Ş	-	Ş	-	Ş	
Ş	-	Ş	-	Ş	-	Ş	-	Ş	-	Ş	1,
Ş			112,949	Ş	5,259		27,844	Ş	15,789	Ş	664,
Ş	15,594	Ş	-	Ş	-		-	Ş	-	Ş	
Ş	-	Ş		•				Ş	-	Ş	
Ş			5,736	Ş	10,300	Ş	2,000	Ş	13,500	Ş	13,
Ş			-	Ş	-	Ş	-	Ş	-	Ş	
Ş			-	Ş	-	Ş	-	Ş	-	Ş	
Ş					-	Ş	-	Ş	-	Ş	
Ş	4,010,788	Ş	373,381	Ş	1,106,458	S	863,829	Ş	2,045,626	Ş	1,494,
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<ul> <li>\$ 21,000,000</li> <li>\$ 16,245,924</li> <li>\$ 1,000,000</li> <li>\$ 1,406,302</li> <li>\$ 18,652,226</li> <li>\$ 9,495,502.32</li> <li>\$ 1,406,302</li> <li>\$ 10,916,438</li> <li>\$ 4,010,788</li> <li>\$ 12,757,471</li> <li>\$ 4,010,788</li> <li>\$ 12,757,471</li> <li>\$ 4,010,788</li> <li>\$ 12,757,471</li> <li>\$ 4,010,788</li> <li>\$ 12,757,471</li> <li>\$ 4,010,788</li> <li>\$ 5,56,709</li> <li>\$ 4,57,479</li> <li>\$ 2,258</li> </ul>	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 4,010,788 \$ 4,010,788 \$ 4,010,788 \$ 4,010,788 \$ 4,010,788 \$ 4,010,788 \$ 5,845,919 \$ 2,258 \$ 127,812 \$ 127,812 \$ 127,812 \$ 127,812 \$ 127,812 \$ 125,622 \$ 1,054,028 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 125,622 \$ 1,054,028 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 125,622 \$ 1,054,028 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 125,622 \$ 5 \$ 1,054,028 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 125,622 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 125,622 \$ 5 \$ 122,579 \$ 230,240 \$ 5 \$ 2,028 \$ 5 \$ 2,498 \$ 5 \$ 2,498 \$ 2,258 \$	<pre>\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 10,916,438 \$ 10,949,493 \$ 10,916,438 \$ 10,949,493 \$ 10,916,438 \$ 10,949,493 \$ 4,010,788 \$ 4,384,169 \$ 4,010,788 \$ 4,384,169 \$ 6,845,919 \$ 6,505,593 \$ 6,845,919 \$ 6,505,593 \$ 6,845,919 \$ 6,505,593 \$ 6,845,919 \$ 6,505,593 \$ 16,106 \$ 16,949 \$ 655,549 \$ - \$ 127,812 \$ - \$ 125,622 \$ - \$ 1,054,028 \$ 201,625 \$ 122,579 \$ - \$ 122,579 \$ - \$ 125,622 \$ - \$ 1,054,028 \$ 201,625 \$ 122,579 \$ - \$ 230,240 \$ 5,671 \$ 60,054 \$ 4,388 \$ 36,002 \$ 33,954 \$ - \$ - \$ 564,364 \$ 112,949 \$ 15,594 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -</pre>	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 10,916,438 \$ 10,949,493 \$ \$ 10,916,438 \$ 10,949,493 \$ \$ 10,916,438 \$ 4,384,169 \$ \$ 4,010,788 \$ 4,384,169 \$ \$ 6,845,919 \$ 6,505,593 \$ \$ 6,845,919 \$ 6,505,593 \$ \$ 6,845,919 \$ 6,505,593 \$ \$ 6,845,919 \$ 6,505,593 \$ \$ 16,106 \$ \$ 16,106 \$ \$ 16,949 \$ \$ 16,949 \$ \$ 16,949 \$ \$ 122,579 \$ -  \$ \$ 122,579 \$ -  \$ \$ 1,054,028 \$ 201,625 \$ \$ 2,498 \$ 5,736 \$ \$ 2,498 \$ 5,736 \$ \$ 2,498 \$ 5,736 \$ \$ 2,258 \$ 8,372 \$ \$ 2,258 \$ 8,372 \$ } 2,258 \$ 2,258	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 As Confirmed with Carla Kappel or \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 16,106 \$ 315,356 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 655,549 \$ 16,949 \$ 122,579 \$ - \$ - \$ \$ 1,054,028 \$ 201,625 \$ 722,303 \$ 122,579 \$ - \$ - \$ \$ 230,240 \$ 5,6711 \$ 121,305 \$ 60,054 \$ 4,388 \$ 2,586 \$ 36,002 \$ 33,954 \$ 242,760 \$ - \$ - \$ \$ - \$ - \$ \$ - \$ - \$ \$ 564,364 \$ 112,949 \$ 5,259 \$ 15,594 \$ - \$ - \$ \$ - \$ 685 \$ 1,070 \$ 2,498 \$ 5,736 \$ 10,300 \$ 556,709 \$ - \$ - \$ \$ 457,479 \$ - \$ - \$ \$ 2,258 \$ 8,372 \$ - \$ \$ - \$ \$ 2,258 \$ 8,372 \$ - \$ \$ - \$	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 11,281,798 \$ 11,281,798 \$ 10,916,438 \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 5,731,440 \$ 5,731,440 \$ 5,731,440 \$ 5,731,440 \$ 16,049 \$ 5,731,440 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 122,579 \$ - \$ - \$ \$ 1,054,028 \$ 201,625 \$ 722,303 \$ 122,579 \$ - \$ - \$ \$ 1,054,028 \$ 201,625 \$ 722,303 \$ 122,579 \$ - \$ - \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 60,054 \$ 4,388 \$ 2,586 \$ 36,002 \$ 33,954 \$ 242,760 \$ - \$ - \$ \$ 2,498 \$ 5,736 \$ 10,300 \$ 556,709 \$ - \$ - \$ \$ 2,258 \$ 8,372 \$ - \$ \$ - \$	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ 12,757,471 \$ 4,010,788 \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 6,354,457 As Confirmed with Carla Kappel on 2/21/2020 \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 As Confirmed with Carla Kappel on 2/21/2020 \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 \$ 16,106 \$ 315,356 \$ 2,193,716 \$ 16,106 \$ 315,356 \$ 2,193,716 \$ 16,949 \$ 16,949 \$ 16,949 \$ 655,549 \$ - \$ - \$ - \$ - \$ 127,812 \$ - \$ - \$ - \$ 127,812 \$ - \$ - \$ - \$ 127,812 \$ - \$ - \$ - \$ 122,579 \$ - \$ 875 \$ 29,973 \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ 60,054 \$ 4,388 \$ 2,586 \$ - \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ - \$	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ \$ 4,010,788 \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 6,354,457 \$ \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 6,354,457 \$ \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 \$ \$ 16,106 \$ 315,356 \$ 2,193,716 \$ \$ 16,949 \$ 16,949 \$ 16,949 \$ \$ 16,949 \$ 16,949 \$ 16,949 \$ \$ 122,572 \$ - \$ - \$ - \$ \$ 122,572 \$ - \$ - \$ - \$ \$ 122,579 \$ - \$ - \$ - \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ \$ - \$ - \$ - \$ - \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ \$ - \$ - \$ - \$ - \$ \$ 5 - \$ - \$ \$ - \$ - \$ \$ 2,498 \$ 112,949 \$ 5,259 \$ 27,844 \$ \$ 15,594 \$ - \$ - \$ - \$ \$ 2,498 \$ 5,736 \$ 10,300 \$ 2,000 \$ \$ 2,498 \$ 5,736 \$ 10,300 \$ 2,000 \$ \$ 2,498 \$ 5,736 \$ 10,300 \$ 2,000 \$ \$ 457,479 \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ 13,533,019 \$ 12,757,471 \$ 4,010,788 \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 6,354,457 \$ 8,400,082	\$ 21,000,000 \$ 16,245,924 \$ 1,000,000 \$ 1,406,302 \$ 18,652,226 \$ 9,495,502.32 \$ 1,406,302 \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ 13,533,019 \$ \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ 13,533,019 \$ \$ 10,916,438 \$ 10,949,493 \$ 11,281,798 \$ 13,492,464 \$ 13,533,019 \$ \$ 4,010,788 \$ 4,384,169 \$ 5,490,627 \$ 6,354,457 \$ 8,400,082 \$ \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 \$ 5,073,205 \$ \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 \$ 5,073,205 \$ \$ 6,845,919 \$ 6,505,593 \$ 5,731,440 \$ 7,078,276 \$ 5,073,205 \$ \$ 10 Date \$ Feb '20 \$ Mar '20 \$ Apr '20 \$ May '20 \$ \$ 16,049 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ 16,949 \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 127,812 \$ - \$ - \$ - \$ - \$ - \$ \$ 1,054,028 \$ 201,625 \$ 722,303 \$ 727,700 \$ 1,935,558 \$ \$ 122,579 \$ - \$ 875 \$ 29,973 \$ 29,973 \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ 50,806 \$ \$ 230,240 \$ 5,671 \$ 121,305 \$ 71,837 \$ 50,806 \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ - \$ \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ - \$ \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ - \$ \$ \$ 36,002 \$ 33,954 \$ 242,760 \$ 3,406 \$ - \$ \$ \$ 5 - \$ - \$ - \$ - \$ - \$ - \$ \$ 5 - \$ - \$ - \$ - \$ - \$ \$ 2,238 \$ 8,372 \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ 2,258 \$ 8,372 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ 2,258 \$ 8,372 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$

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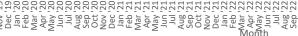
-94,345

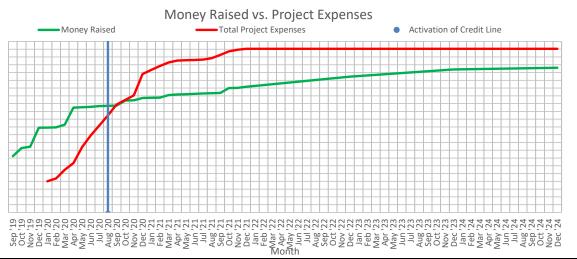
Prepared 2/21/2020

#### Sonoma Valley Hospital Speed Report Open Projects Under: Outpatient Diagnostic Center

Status / Issues	795 Through: 01/31/2020 Finances / Budget							
-	Description	B	Budget	Committed	Spent to Da	te	<u>Exposure</u>	Forecast
Кеу	Project #0	<u>-</u>	Judget	<u>commuted</u>	opentio Bu	<u></u>	Exposure	Interest
🗆 Complete, 📕 No Issue, 📒 Likely Risk, 📕 Budget or Schedule at Risk	ODC	Ś	845,904	\$ 655,549	Ś 655.	549 \$		\$ 655,
roject #0 - ODC: Study Scope Complete	Master Planning	Ś	142,039			312 \$		\$ 127
	Decommissioning	Ś	288,468			522 \$		\$ 125
	Total	Ś	1,276,411			983 \$		\$ 908
roject #0 - Master Planning: Study Scope Complete	Project #1	Ŧ		<i>¥ 500,000</i>	÷ 555)	,		÷ 500
After Several Master Facility Planning meetings,	СТ	Ś	9,365,951	\$ 2,957,090	\$ 1,054,	)28 Ś	5,016,882	\$ 7,973
the following was determined to be the best path forward:	IT	Ś		\$ 160,579		579 \$		
Enhance diagnostic services to remain viable to population: replace aging CT, locate a 3T MRI inside the hospital, improve	VoIP	Ś		\$ 413,463		240 \$		
revenue streams through Cardiology and Orthopedics on site.	CT Make Ready	Ś		\$ 67,028		)54 \$		
Provide more patient amenities, centralize scheduling, and upgrade technology to remain competitive.	Total	Ś	9,365,951					-
Leverage UCSF affiliation to provide the framework needed to thrive in Sonoma.	Project #2	Ŷ	5,505,551	<i>ç</i> 3,330,100	¢ 1,100,	, tot	3,500,010	¢ 0,50
The Board and CEO to continue to dialogue about future steps to meet 2030 seismic requirements.	Cardio	Ś	330,000	\$ 41,011	\$ 36	)02 \$	275,111	\$ 31
The board and CEO to continue to dialogue about ruture steps to meet 2000 seisnile requirements.	Blood Draw	¢ ¢	-			- <u></u>		
	Total	\$	330,000	•	•	)02 \$		
raiact #0. Decemmissioning: Study Scone Complete	Project #3	Ļ	330,000	Ş 41,011	Ş 30,	JUZ -	5 556,565	Ş 1,000
roject #0 - Decommissioning: Study Scope Complete The study of the Central and East Wings to determine	MRI	¢	1,229,347	\$ 819,414	Ś 564	364 \$	7,425,586	\$ 8,245
the feasibility of decommissioning these wings yielded the following:	MRI Make Ready	ې د		\$ 819,414 \$ 15,594		594 ş		
Cost of scope required for decommissioning exceeds any benefit to the hospital.	Cardio Treadmill RM	ې د	-	\$ 15,594 \$ -	\$ 15, \$	- \$		•
		ې د	-	<del>,</del>				
The scopes of work would include building a stand-by kitchen in the west wing, removal of the SNF from the east wing,	Cardio PFT & Echo RM	Ş	-	Ş -	+	- Ş	653,634	
having to relocate medical records to the West Wing, and building structural and fire separations between the West Wing	Gazebo & MRI Trailer Removal	Ş	-	\$ -	Ŧ	- Ş	93,875	
and the Central Wing.	Total	\$	1,229,347	\$ 835,008	ş 579,	958 \$	8,259,955	\$ 9,103
	Project #4	ć	50.000	ć 50.000	<i>ć</i> 2			¢ 54
	UCSF Clinic	\$	50,000			198 \$		\$ 50
Project #1 - CT	Subtotal	Ş	12,251,709					
CT Develop Final GMP and Design Build Agreement - 1/13/20	3D Mammo	Ş	505,762			709 \$		\$ 556
Project Approval - 12/30/19	Campaign Expenses	Ş	-	. ,		179 \$		\$ 457
Abatement Start - 12/18/2019	Other	\$		\$ 10,630		258 \$		\$ 10 \$ 21,051
CT Construction Start - Phase 1 - 1/21/20	Total	Ş	12,757,471	\$ 6,457,979	\$ 4,010,	/88 \$	5 14,587,785	N 71.051
CT Construction Start Dhase 2 C/2E/20						-		÷ 21,051
CT Construction Start - Phase 2 - 6/25/20				Pudgat Nata	-			Ş 21,051
CT Go Live - 7/2020 (Contingent on CDPH Sign-off)	1)2 D Mammagraphy Equipmo	at was	nurchasod by	Budget Note	s			<i>φ</i> 21,03.
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off)	1.) 3-D Mammography Equipme			the Foundation.				
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020	2.) There are Electrical Make Rea	ady cos	sts for both th	the Foundation. e CT and MRI Proje	cts. The CT pro	-		
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off)	2.) There are Electrical Make Rea system to be made code complia	ady cos iant. Th	sts for both the ne MRI project	the Foundation. e CT and MRI Proje : requires power fro	cts. The CT pro	-		
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020	<ol> <li>2.) There are Electrical Make Reasystem to be made code complia</li> <li>3.) Project contingency for CT ratio</li> </ol>	ady cos iant. Th aised ba	its for both the MRI project ack to 15% of o	the Foundation. e CT and MRI Proje requires power fro construction costs.	cts. The CT pro om the ED/OR \	Ving.	quires the existing	hospital elec
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20	<ol> <li>2.) There are Electrical Make Reasystem to be made code complia</li> <li>3.) Project contingency for CT ra</li> <li>4.) Electrical Make Ready for MR</li> </ol>	ady cos iant. Th aised ba RI reduc	ts for both the MRI project ock to 15% of o ced from \$856	the Foundation. e CT and MRI Proje requires power fro construction costs. 5,088 to Spent to D	cts. The CT pro om the ED/OR \ ate total of \$15	Ving.	quires the existing	hospital elec
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20	<ol> <li>2.) There are Electrical Make Reasystem to be made code compliants.</li> <li>3.) Project contingency for CT rational Content of the second second</li></ol>	ady cos iant. Th aised ba RI reduc ne Cardio	ts for both the me MRI project ock to 15% of o ced from \$856 ology Treadm	the Foundation. e CT and MRI Proje requires power fro construction costs. 5,088 to Spent to D ill Exam Room Proj	cts. The CT pro om the ED/OR \ ate total of \$15 ect.	Ving. ,594. f	quires the existing Remainder broken	hospital elec
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20 Project #2 - Cardio \$21K Approved by CEO to Spend on FF&E - 12/2019	<ol> <li>2.) There are Electrical Make Reasystem to be made code complia</li> <li>3.) Project contingency for CT ra</li> <li>4.) Electrical Make Ready for MF Echo Exam Room Project and th</li> <li>5.) Dome was issued Amendment</li> </ol>	ady cos iant. Th aised ba RI reduc ne Cardio	ts for both the me MRI project ock to 15% of o ced from \$856 ology Treadm	the Foundation. e CT and MRI Proje requires power fro construction costs. 5,088 to Spent to D ill Exam Room Proj	cts. The CT pro om the ED/OR \ ate total of \$15 ect.	Ving. ,594. f	quires the existing Remainder broken	hospital elec
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20	<ol> <li>2.) There are Electrical Make Reassystem to be made code complia</li> <li>3.) Project contingency for CT ra</li> <li>4.) Electrical Make Ready for MF Echo Exam Room Project and th</li> <li>5.) Dome was issued Amendmer costs.</li> </ol>	ady cos iant. Th aised ba RI reduc ne Cardio nts 17 a	ts for both the ne MRI project ick to 15% of o ced from \$856 ology Treadm and 18 capturi	the Foundation. e CT and MRI Proje requires power fro construction costs. 6,088 to Spent to D ill Exam Room Proj ng six net new PCC	cts. The CT pro om the ED/OR \ ate total of \$15 ect. 's. The project	Ving. ,594. F estima	quires the existing Remainder broken ates were updated	hospital elec
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20 Project #2 - Cardio \$21K Approved by CEO to Spend on FF&E - 12/2019	<ol> <li>2.) There are Electrical Make Reasing System to be made code complianes.</li> <li>3.) Project contingency for CT radio and the second system of the second syste</li></ol>	ady cos ant. Th aised ba RI reduc ne Cardio nts 17 a ecasted	ts for both the ne MRI project ack to 15% of a ced from \$856 ology Treadm and 18 capturi I Campaign Ex	the Foundation. e CT and MRI Proje requires power fro construction costs. 5,088 to Spent to D ill Exam Room Proj ng six net new PCC penses at completi	cts. The CT pro om the ED/OR \ ate total of \$15 ect. 's. The project on in the amou	Ving. 594. F estima nt of \$	quires the existing Remainder broken ates were updated 416.5K.	hospital elec into the PFT a to reflect the
CT Go Live - 7/2020 (Contingent on CDPH Sign-off) Reception Area Available for Staff Hub Relocation - 6/12/20 (Contingent on CDPH Sign-Off) Old CT Demo Start - 7/2020 Substantial Completion CT Project - Phase 2 - 9/10/20 Project #2 - Cardio \$21K Approved by CEO to Spend on FF&E - 12/2019 Capital Request to Board for Cardiology Equipment - 2/6/2020	<ol> <li>2.) There are Electrical Make Reasing System to be made code compliants.) Project contingency for CT rates.</li> <li>3.) Project contingency for CT rates.</li> <li>4.) Electrical Make Ready for MR Echo Exam Room Project and the S.) Dome was issued Amendmer costs.</li> <li>6.) Foundation has provided for each of the second sec</li></ol>	ady cos ant. Th aised ba RI reduc ne Cardio nts 17 a ecasted	ts for both the ne MRI project ack to 15% of a ced from \$856 ology Treadm and 18 capturi I Campaign Ex	the Foundation. e CT and MRI Proje requires power fro construction costs. 5,088 to Spent to D ill Exam Room Proj ng six net new PCC penses at completi	cts. The CT pro om the ED/OR \ ate total of \$15 ect. 's. The project on in the amou	Ving. 594. F estima nt of \$	quires the existing Remainder broken ates were updated 416.5K.	hospital elec into the PFT a to reflect the
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Test fit for UCSF in progress.







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

#### Summary

FY 2020 has been a good year for the first 6 months. All of the managers are doing an excellent job managing expenses. We've spent more time hard wiring and improving processes this year and it's nice to feel things seem to stabilize. I testified at a Joint Hearing on Health for the State Senate and Assembly last week on seismic requirements for 2030 and hope that we made a difference and that this law will be modified. We are starting to refresh our rolling three-year strategic plan and will have a draft for the board in April.

Strategic Priorities	Update
Exceed Community	We have our brand promise and are now in the process of developing messaging
Expectations especially in	to help the community see the hospital as an asset in which Emergency is top of
Emergency Services	mind.
	We had several disaster preparedness experiences and completed a training
	with California Hospital Association in 2019 which is part of the expectation of
	Emergency Services in our valley.
Create UCSF Health	Phase 1 (CT with an expanded imaging waiting room) is underway and due to
Outpatient Center	open this summer.
	We have raised \$18.6 million towards the goal of \$21 million toward the Capital
	Campaign and are awaiting some final answers on the last \$2.5 million.
	Several different teams from UCSF visited SVH to discuss options for specialty
	clinics and other specialized services in Sonoma.
	Infectious Disease telemedicine roll out went well.
Become a 5 Star Hospital	We are converting to the "Human Experience" model for patient and staff
	satisfaction and continue to gather information from staff before the design
	phase.
	➢ We are starting the staff engagement survey with the "pulse" survey this month.
	The posters displaying the 2019 performance improvement are on display.
Provide Access to	We have begun the Primary Care Physicians recruitment with Prima Medical
Excellent Physicians	Group/Marin Health Medical Network.
	There are several UCSF specialists that are interested in coming to Sonoma.
	Working on a recommendation to bring Dialysis to the 2 <sup>nd</sup> 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	The Service and Excellence Awards event was a huge success. Staff felt
	recognized and said they enjoyed it immensely.
	Staff salary increases of 2% across the board were implemented.
	The Wellness 2.0 program is being rolled out and will be much more interactive
	and inspiring to maintain a healthy culture.
	All new job descriptions and performance evaluations have been created.

#### Update from FY 2020 Strategic Plan:

DECEMBER 2019			
			National
Patient Experience	Current Performance	FY 2020 Goal	Benchmark
Would Recommend Hospital	100%	> 70 percent	50th percentile
Inpatient Overall Rating	75%	>70 percent	50th percentile
Outpatient Services	4.81	. 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	7	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	0	0	0
Case Mix Index	1.75	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	5.6%/11.2%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2020 Goal	Benchmark
EBDA	9.9%	3%	3%
Paid FTE's	230	<235	n/a
Days Cash on Hand	17.9	20	30
Days in Accounts Receivable	44	45	50
Length of Stay	3.8	3.85	4.03
Funds raised by SVHF	\$18.6 million	\$21 million	\$1 million
Strategic Growth		FY 2020 Goal	FY 2019
Inpatient Discharges	486/972	900	984
Outpatient Visits	26,739/53,478	55,000	54,596
Emergency Visits	5304/10,608	10,000	10,181
Surgeries + Special Procedures	1434/2868	3000	2950
Community Benefit Hours	592.5/1185	1000	1222

Note: Colors demonstrate comparison to National Benchmark



## TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2020	Jul	Aug	Sep	Oct	Nov 2019	Dec	Jan 2019	Feb 2019	Mar	Apr 2019	May 2019	Jun
		2019	2019	2019	2019		2019			2019			2019
FY YTD Turnover	<15%	1.7	2.6	3.9	3.9	4.8	5.6	8.7	9.4	11.1	13.4	14.5	17.7
Leave of Absences	<12	14	13	8	11	15	16	10	9	8	8	10	12
EBDA	>3%	56.1	4	-1.1	3	.4	4.5	.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	4.4	5.5	4.5	6.6	4.8	5.0	4.8
Net Income	>50k	2.3m	-93	36	-76	101	180	806	-277	1722	1686	248	15.4
Days Cash on Hand	>20	38	36	28	22.5	16.9	17.9	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	43						
Accounts Payable	<\$4m	3.5	2.6	2.7	3.1	2.9	2.9						
Total Paid FTE's	<235	226	226	235	233	230	230	280	277	275	267	266	255
Inpatient Discharges	>80	72	76	71	90	90	87	83	76	87	87	86	66
Patient Days	>300	269	240	312	351	319	336						
Observation Days	<20	11	19	17	21	18	29						
Average Daily Census	>10	8.7	7.7	10.4	11.3	10.6	10.8						
Outpatient Revenue	>\$15m	16.1	15.7	16.4	16.1	15.9	16.3	14.8	13.9	15.2	15.4	16.2	15.1
Surgeries	>150	156	160	143	187	193	152	157	155	163	163	166	157
Special Procedures	>75	85	81	74	74	72	57						
Emergency Visits	>900	1001	975	939	973	880	984	789	833	858	890	891	941
MRI	>120	122	127	138	147	145	159	105	107	96	150	149	150
Cardiology (Echos)	>85	115	67	74	107	46	85	85	91	112	121	113	103
Laboratory	>12	11.3	11.3	10.4	11.0	11.3	11.3	12.7	11.4	12.2	12.1	12.3	10.7
Radiology	>900	1005	983	980	1035	888	1033	987	1050	1025	1057	1044	908
Rehab	>2300	1958	2928	2135	2010	2207	2181	2964	2080	2358	2536	2539	1967
СТ	>350	413	433	378	406	356	433	348	355	396	416	453	357
Mammography	>200	223	243	222	250	219	216	180	220	202	227	220	224
Ultrasound	>250	281	270	280	244	255	251	240	225	340	312	283	291
Occupational Health	>675	750	737	530	753	535	660	574	535	707	899	804	578
Wound Care	>275	329	316	247	226	237	294	230	286	268	346	311	307
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Healing Here at Home

То:	SVH Finance Committee
From:	Ken Jensen, CFO
Date:	February 25, 2020
Subject:	Financial Report for the Month Ending January 31, 2020

For the month of January the hospital's actual operating margin of \$321,894 was \$217,490 favorable to the budgeted operating margin of \$104,404. In January, the hospital accrued for the FY 18/19 Hospital Quality Assurance Fee (HQAF) IGT of \$1,408,802 with a matching fee of \$451,221 for a net of \$957,581. The hospital paid the matching fee in the month of January and expects to receive the funds in April. After accounting for all other activity; the net income for January was \$1,217,117 vs. the budgeted net income of \$763,249 with a monthly EBDA of 16.1% vs. a budgeted 13.4%.

**Gross patient revenue** for January was \$23,947,370, or \$1,370,750 over budget. Inpatient gross revenue was under budget by (\$516,738). Inpatient days were under budget by (21) days and inpatient surgeries were under budget by (3) cases. Outpatient gross revenue was over budget by \$691,461 primarily in the surgery department by \$618,053. Outpatient visits were at budgeted expectations of 4,859 visits, outpatient surgeries were under budget department by \$618,053. Outpatient surgeries by (11) cases, and special procedures were under budget by (25) cases. The outpatient surgeries were of a higher acuity than average. The Emergency Room gross revenue was over budget by \$1,196,027 with ER visits at budgeted expectations of 953 visits. We saw higher charges in the ER in January for CT Scans, lab charges, and pharmacy charges.

**Deductions from revenue** were unfavorable to budgeted expectations by (\$855,807) which is due to gross revenue being over budgeted expectations. The hospital also experienced a higher than average all payer Case Mix.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$517,324.

**Operating Expenses** of \$5,090,996 were unfavorable to budget by (\$299,834). Salaries and wages and agency fees were under budget by \$59,772 and employee benefits were over budget by (\$19,971). Supplies are over budget by (\$182,198) primarily due to the cost of implants being over budget by (\$182,209). Purchased services were over budget by (\$12,710) due to unbudgeted costs in Quality related to the human/patient experience initiative (\$7,500). Other costs are over budget by (\$19,509) due to the unbudgeted costs for the Service and Excellence awards dinner in January. There was a matching fee made for the upcoming HQAF IGT of \$451,221.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for January was \$606,382 vs. a budgeted net income of \$390,088. The hospital received \$447,434 in donations from the Sonoma Valley Hospital Foundation primarily for Outpatient Diagnostic Center costs. The total net income for January after all activity was \$1,217,117 vs. a budgeted net income of \$763,249.

EBDA for the month of January was 16.1% vs. the budgeted 13.4%.

Tatient volumes 50	andary				
	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR	
Acute Discharges	79	90	-11	83	
Acute Patient Days 321		342	-21	290	
Observation Days	12	0	12	3	
OP Gross Revenue	\$17,269	\$15,381	\$1,887	\$14,826	
Surgical Cases	150	164	-14	157	

#### Patient Volumes – January

#### Gross Revenue Overall Payer Mix – January

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	41.8%	41.7%	0.1%	41.8%	41.7%	0.1%
Medicare Mgd						
Care	12.3%	14.1%	-1.8%	13.9%	14.1%	-0.2%
Medi-Cal	16.4%	17.6%	-1.2%	17.1%	17.6%	-0.5%
Self-Pay	1.7%	1.5%	0.2%	2.0%	1.5%	0.5%
Commercial	24.0%	20.8%	3.2%	21.8%	20.8%	1.0%
Workers Comp	3.2%	2.3%	0.9%	2.8%	2.3%	0.5%
Capitated	0.6%	2.0%	-1.4%	0.8%	2.0%	-1.2%
Total	100.0%	100.0%		100.0%	100.0%	

#### Cash Activity for January:

For the month of January the cash collection goal was \$3,598,980 and the Hospital collected \$3,626,569 or over the goal by \$27,589. The year-to-date cash collection goal was \$25,517,795 and the Hospital has collected \$25,670,804 or over goal by \$153,009.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	20.4	17.9	2.5	9.4
Accounts Receivable Days	38.0	43.3	-5.3	43.8
Accounts Payable	\$2,969,820	\$2,922,632	\$47,188	\$4,116,857
Accounts Payable Days	42.4	42.4	0.0	45.7

#### 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 January 31, 2020

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	10,033,589	9,409,336	624,253	6.6%	65,166,891	61,402,950	3,763,941	6.1%
Medicare Managed Care	2,953,987	3,171,484	-217,497	-6.9%	21,647,542	20,706,519	941,023	4.5%
Medi-Cal	3,916,227	3,975,763	-59,536	-1.5%	26,609,283	25,959,994	649,289	2.5%
Self Pay	412,678	349,170	63,508	18.2%	3,081,602	2,279,965	801,637	35.2%
Commercial & Other Government	5,740,125	4,706,734	1,033,391	22.0%	34,032,583	30,752,907	3,279,676	10.7%
Worker's Comp.	754,557	522,962	231,595	44.3%	4,300,081	3,423,742	876,339	25.6%
Capitated	136,207	441,171	-304,964	-69.1%	1,259,019	2,883,867	-1,624,848	-56.3%
Total	23,947,370	22,576,620	1,370,750		156,097,001	147,409,944	8,687,057	

YTD

Net Revenue:	Actual	Budget	Variance	% Variance	Actua	al Budget	Variance	% Variance
Medicare	1,199,727	1,261,696	-61,969	-4.9%	7,851,982	2 8,045,183	-193,201	-2.4%
Medicare Managed Care	280,847	376,455	-95,608	-25.4%	2,392,719	2,457,863	-65,144	-2.7%
Medi-Cal	362,051	408,311	-46,260	-11.3%	2,631,730	2,666,091	-34,361	-1.3%
Self Pay	193,899	177,099	16,800	9.5%	1,539,546	5 1,156,398	383,148	33.1%
Commercial & Other Government	1,717,202	1,421,434	295,768	20.8%	10,335,420	9,381,707	953,713	10.2%
Worker's Comp.	150,911	109,927	40,984	37.3%	880,687	7 719,671	161,016	22.4%
Capitated	2,588	8,029	-5,441	-67.8%	26,336	5 52,486	-26,150	-49.8%
Prior Period Adj/IGT	1,408,802	1,038,133	370,669	35.7%	1,665,757	7 1,802,552	-136,795	-7.6%
Total	5,316,027	4,801,084	514,943	10.7%	27,324,177	7 26,281,951	1,042,226	4.0%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance		Actual	Budget	Variance	% Variance
Medicare	22.6%	26.3%	-3.7%	-14.1%		28.8%	30.6%	-1.9%	-6.2%
Medicare Managed Care	5.3%	7.8%	-2.5%	-32.1%		8.8%	9.4%	-0.6%	-6.4%
Medi-Cal	6.8%	8.5%	-1.7%	-20.0%		9.6%	10.1%	-0.5%	-5.0%
Self Pay	3.6%	3.7%	-0.1%	-2.7%		5.6%	4.4%	1.2%	27.3%
Commercial & Other Government	32.3%	29.6%	2.7%	9.1%		37.8%	35.7%	2.1%	5.9%
Worker's Comp.	2.8%	2.3%	0.5%	21.7%		3.2%	2.7%	0.5%	18.5%
Capitated	0.1%	0.2%	-0.1%	-50.0%		0.1%	0.2%	-0.1%	-50.0%
Prior Period Adj/IGT	26.5%	21.6%	4.9%	22.7%		6.1%	6.9%	-0.8%	-11.6%
Total	100.0%	100.0%	0.0%	0.0%	1	00.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	A	ctual	Budget	Variance	% Variance
Medicare	12.0%	13.4%	-1.4%	-10.4%		2.0%	13.1%	-1.1%	-8.4%
Medicare Managed Care	9.5%	11.9%	-2.4%	-20.2%	:	1.0%	11.9%	-0.9%	-7.6%
Medi-Cal	9.2%	10.3%	-1.1%	-10.7%		9.9%	10.3%	-0.4%	-3.9%
Self Pay	47.0%	50.7%	-3.7%	-7.3%	!	50.0%	50.7%	-0.7%	-1.4%
Commercial & Other Government	29.9%	30.2%	-0.3%	-1.0%	:	30.4%	30.5%	-0.1%	-0.3%
Worker's Comp.	20.0%	21.0%	-1.0%	-4.8%	:	20.5%	21.0%	-0.5%	-2.4%

#### SONOMA VALLEY HOSPITAL OPERATING INDICATORS For the Period Ended January 31, 2020

Actual <u>01/31/20</u>	Budget	Favorable					
	<u>01/31/20</u>	(Unfavorable) <u>Variance</u>	Inpatient Utilization	Actual <u>01/31/20</u>	Budget <u>01/31/20</u>	Favorable (Unfavorable) <u>Variance</u>	Prior Year <u>01/31/19</u>
			Dischanges				
63	77	(14)	0	458	497	(39)	541
16	14	2	ICU	107	89	18	80
79	90	(11)	Total Discharges	565	586	(21)	621
			Patient Days:				
229	255	(26)	Med/Surg	1,582	1,656	(74)	1,820
				566		1	538
321	342	(21)	Total Patient Days	2,148	2,221	(73)	2,358
12	-	12	<b>Observation days</b>	127	-	127	65
			Average Length of Stay:				
3.6	3.3	0.3	Med/Surg	3.5	3.3	0.1	3.4
		(0.6)				(1.1)	6.7
4.1	3.8	0.3	Avg. Length of Stay	3.8	3.8	0.0	3.8
			Average Daily Census:				
		. ,				. ,	8.5
							2.5
10.4	11.0	(0.7)	Avg. Daily Census	10.0	10.3	(0.3)	11.0
			Other Utilization Statistics Emergency Room Statistics				
953	959	(6)	Total ER Visits	6,257	6,273	(16)	5,768
1 850	1 857	2	-	31 508	31 705	(107)	31,238
			Ĩ			. ,	193
124	135	(11)	OP Surgeries	977	884	93	950
58	83	(25)	Special Procedures	501	541	(40)	557
283	358	(75)	<i>,</i>	2,090	2,454	(364)	2,210
							15,455
			5 0 5				71.9
1.5004	1.4000	0.100	Case Mix Index - Medicare Case Mix Index - All payers	1.5162	1.4000	0.116	1.4867 1.5145
			Labor Statistics				
205	220	15		206	214	83	265
230	246	16	FTE's - Paid	230	240	10.1	297
45.43	43.89	(1.54)	Average Hourly Rate	44.71	43.12	(1.60)	42.95
6.20	7.10	0.91	FTE / Adj. Pat Day	6.23	7.36	1.14	4.13
	40.5	5.2	Manhours / Adj. Pat Day	35.5		6.5	23.5
						. ,	164.5
21.8%	22.2%	0.4%	Benefits % of Salaries	22.8%	23.5%	0.6%	22.2%
10 70		=	Non-Labor Statistics			0 -01	
							12.6%
2,568 18,360	1,522	(1,046) (4,680)	Total Expense / Adj. Discharge	1,855 15,099	1,515	(320)	1,840 16,734
		. ,					
15.9							
	50.0	(12.0)		43.0	50.0	(7.0)	43.8
101%	20.0	(12.0)	Collections % of Net Revenue	98%	20.0	()	98.5%
42.4	55.0	(12.6)	Days in Accounts Payable	42.4	55.0	(12.6)	45.7
16.4% 16.6%	21.4%	-5.0%	% Net revenue to Gross revenue % Net AR to Gross AR	16.7% 16.6%	18.0%	-1.3%	20.2% 19.8%
	79         229         92         321         12         3.6         5.8         4.1         7.4         3.0         10.4         953         4,859         26         124         58         283         1,151         37.1         1.5004         1.6277         205         230         45.43         6.20         35.3         143.5         21.8%         18.5%         2.568         18,360         101%         42.4         16.4%	$\begin{array}{c cccc} 16 & 14 \\ \hline 79 & 90 \\ \hline \\ 229 & 255 \\ 92 & 87 \\ \hline 321 & 342 \\ \hline 12 & - \\ \hline \\ 3.6 & 3.3 \\ 5.8 & 6.4 \\ 4.1 & 3.8 \\ \hline \\ 7.4 & 8.2 \\ 3.0 & 2.8 \\ 10.4 & 11.0 \\ \hline \\ 953 & 959 \\ \hline \\ 4.859 & 4.857 \\ 2.6 & 29 \\ 124 & 135 \\ 5.8 & 83 \\ 1.0.4 & 11.0 \\ \hline \\ 953 & 959 \\ \hline \\ 4.859 & 4.857 \\ 2.6 & 29 \\ 124 & 135 \\ 5.8 & 83 \\ 2.83 & 358 \\ 1.151 & 1.073 \\ 3.7.1 & 34.6 \\ 1.5004 & 1.4000 \\ 1.6277 & 1.4000 \\ \hline \\ 205 & 220 \\ 230 & 246 \\ 45.43 & 43.89 \\ 6.20 & 7.10 \\ 35.3 & 40.5 \\ 143.5 & 121.2 \\ 21.8\% & 22.2\% \\ \hline \\ 18.5\% & 11.3\% \\ 2.568 & 1.522 \\ 18.360 & 13.680 \\ \hline \\ 15.8 & 38.0 & 50.0 \\ 101\% & 42.4 & 55.0 \\ \hline \\ 16.4\% & 21.4\% \\ \hline \end{array}$	16         14         2           79         90         (11)           229         255         (26)           92         87         5           321         342         (21)           12         -         12           3.6         3.3         0.3           5.8         6.4         (0.6)           4.1         3.8         0.3           7.4         8.2         (0.8)           3.0         2.8         0.2           10.4         11.0         (0.7)           953         959         (6)           4,859         4,857         2           26         29         (3)           124         135         (11)           58         83         (25)           283         358         (75)           1,151         1,073         78           37.1         34.6         2.5           1.5004         1.4000         0.100           1.6277         1.4000         0.228           205         220         15           230         246         16           45.43         43.89	16         14         2         ICU           79         90         (11)         Total Discharges           79         90         (11)         Total Discharges           229         255         (26)         Med/Surg         Key           92         87         5         ICU         Total Patient Days           12         -         12         Observation days           Average Length of Stay:         Med/Surg         Med/Surg           5.8         6.4         (0.6)         ICU           4.1         3.8         0.3         Average Daily Census:           7.4         8.2         (0.8)         Med/Surg           3.0         2.8         0.2         ICU           10.4         11.0         (0.7)         Average Daily Census:           7.4         8.2         0.8         Med/Surg           26         29         (3)         IP Surgeries           724         135         (11)         OP Surgeries           283         358         (75)         Adjusted Discharges           115         10.73         78         Adjusted Discharges           1.504         1.4000         0.100	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	63         77         (14)         MedSurg         458         497           16         14         2         ICU         107         89           79         90         (11)         Total Discharges         565         580           229         255         (26)         Med/Surg         1,582         1,656           321         342         (21)         Med/Surg         1,582         1,656           321         342         (21)         Total Patient Days         2,148         2,221           12         -         12         Observation days         127         -           -         Average Length of Stay:         3,3         3,3         3,3           3.6         3.3         0.3         Med/Surg         7,4         7,7           3.0         2.8         0.2         ICU         2.6         2.6           10.4         11.0         (0.7)         Avg. Daily Census         10.0         10.3           74         8.2         (0.8)         Med/Surg         7,4         7,7           3.0         2.8         0.2         ICU         2.6         2.6           10.4         11.0         (0.7) <td><math display="block"> \begin{array}{c ccccccccccccccccccccccccccccccccccc</math></td>	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$

# **ATTACHMENT C**

# Sonoma Valley Health Care District Balance Sheet As of January 31, 2020

		<u>C</u>	urrent Month	-	Prior Month		Prior Year
	Assets						
	Current Assets:						
1	Cash	\$	796,491	\$	2,340,883	\$	1,497,167
2	Cash - Money Market		1,334,793		1,534,600		545,220
3	Net Patient Receivables		6,879,920		6,931,515		7,005,213
4	Allow Uncollect Accts		(1,219,109)		(1,318,747)		(1,325,274)
5	Net A/R		5,660,811		5,612,768		5,679,939
6	Other Accts/Notes Rec		156,233		210,748		(62,627)
7	Parcel Tax Receivable		1,691,803		1,691,803		1,777,301
8	GO Bond Tax Receivable		1,172,250		2,953,183		1,197,608
9	3rd Party Receivables, Net		2,665,272		1,172,989		1,816,212
10	Inventory		952,230		936,953		841,518
11	Prepaid Expenses		619,178		834,173		803,356
12	Total Current Assets	\$	15,049,061	\$	17,288,100	\$	14,095,694
13	Property, Plant & Equip, Net	\$	49,522,200	\$	49,112,639	\$	51,582,709
14	Trustee Funds - GO Bonds		4,749,788		2,965,208		4,159,115
15	Other Assets		-		-		-
16	Total Assets	\$	69,321,049	\$	69,365,947	\$	69,837,518
	Liabilities & Fund Balances						
	Current Liabilities:						
17	Accounts Payable	\$	2,969,820	\$	2,922,632	\$	4,003,875
18	Accrued Compensation		2,916,790		3,639,134		3,388,222
19	Interest Payable - GO Bonds		572,570		477,139		604,594
20	Accrued Expenses		1,542,200		1,685,273		1,424,734
21	Advances From 3rd Parties		-		-		105,388
22	Deferred Parcel Tax Revenue		1,583,323		1,899,990		2,855,513
23	Deferred GO Bond Tax Revenue		1,293,665		1,552,397		-
24	Current Maturities-LTD		383,942		397,582		852,842
25	Line of Credit - Union Bank		5,473,734		5,473,734		6,723,734
26	Other Liabilities		109,553		1,386		201,386
27	Total Current Liabilities	\$	16,845,597	\$	18,049,267	\$	20,160,288
			, ,	•	, ,		
28	Long Term Debt, net current portion	\$	28,717,517	\$	28,775,862	\$	32,996,918
						-	
29	Fund Balances:						
30	Unrestricted	\$	15,649,549	\$	14,879,866	\$	10,194,750
31	Restricted	•	8,108,386		7,660,952		6,485,562
32	Total Fund Balances	\$	23,757,935	\$	22,540,818	\$	16,680,312
33	Total Liabilities & Fund Balances	\$	69,321,049	\$	69,365,947	\$	69,837,518
-		Ŧ	, ,		,,-		, ,

#### Sonoma Valley Health Care District Statement of Revenue and Expenses Comparative Results For the Period Ended January 31, 2020

	 Mor	nth				Year-To- D	Date		 YTD
	 This Year	Variar			This `		Varian		
	 Actual	\$	%		Actual	Budget	\$	%	 Prior Year
				Volume Information					
1	79 90	(11)	-12%	Acute Discharges	565	585	(20)	-3%	621
2	321 342	(21)	-6%	Patient Days	2,148	2,221	(73)	-3%	2,358
3	12 -	12	0%	Observation Days	127	-	127	*	13
4	17,269 15,381	1,887	12%	Gross O/P Revenue (000's)	113,754	100,673	13,080	13%	\$ 103,250
				Financial Results					
				Gross Patient Revenue					
5	\$ 6,678,584 \$ 7,195,322	(516,738)	-7%	Inpatient	\$ 42,343,439	\$ 46,737,428	(4,393,989)	-9%	\$ 56,759,356
6	9,813,236 9,121,775	691,461	8%	Outpatient	66,142,269	59,719,866	6,422,403	11%	59,995,719
7	 7,455,550 6,259,523	1,196,027	19%	Emergency	47,611,293	40,952,650	6,658,643	16%	 43,302,076
8	\$ 23,947,370 \$ 22,576,620	1,370,750	6%	Total Gross Patient Revenue	\$ 156,097,001	\$ 147,409,944	8,687,057	6%	\$ 160,057,151
				Deductions from Revenue					
9	(19,818,245) (18,639,997)	(1,178,248)	-6%	Contractual Discounts	\$ (128,892,681)	\$ (121,714,841)	(7,177,840)	-6%	\$ (130,110,325)
10	(200,000) (150,000)	(50,000)	-33%	Bad Debt	(1,480,000)	(1,050,000)	(430,000)	-41%	(1,035,000)
11	(21,900) (23,672)	1,772	7%	Charity Care Provision	(65,900)	(165,704)	99,804	60%	(208,145)
12	1,408,802 1,038,133	370,669	36%	Prior Period Adj/Government Program Revenue	1,665,757	1,802,552	(136,795)	*	2,918,409
13	\$ (18,631,343) \$ (17,775,536)	(855,807)	5%	Total Deductions from Revenue	\$ (128,772,824)	\$ (121,127,993)	(7,644,831)	6%	\$ (128,435,061)
14	\$ 5,316,027 \$ 4,801,084	514,943	11%	Net Patient Service Revenue	\$ 27,324,177	\$ 26,281,951	1,042,226	4%	\$ 31,622,090
15	\$ 24,819 \$ 35,682	(10,863)	-30%	Risk contract revenue	\$ 176,479	\$ 249,774	(73,295)	-29%	\$ 631,994
16	\$ 5,340,846 \$ 4,836,766	504,080	10%	Net Hospital Revenue	\$ 27,500,656	\$ 26,531,725	968,931	4%	\$ 32,254,084
17	\$ 72,044 \$ 58,800	13,244	23%	Other Op Rev & Electronic Health Records	\$ 458,901	. ,	47,301	11%	\$ 85,320
18	\$ 5,412,890 \$ 4,895,566	517,324	11%	Total Operating Revenue	\$ 27,959,557	\$ 26,943,325	1,016,232	4%	\$ 32,339,404
				Operating Expenses					
19	\$ 1,846,062 \$ 1,905,834	59,772	3%	Salary and Wages and Agency Fees	\$ 12,583,239	\$ 12,667,988	84,749	1%	\$ 15,618,619
20	 693,002 \$ 673,031	(19,971)	-3%	Employee Benefits	4,592,485	4,632,516	40,031	1%	 5,358,267
21	\$ 2,539,064 \$ 2,578,865	39,801	2%	Total People Cost	\$ 17,175,724	\$ 17,300,504	124,780	1%	\$ 20,976,886
22	\$ 447,274 \$ 437,078	(10,196)	-2%	Med and Prof Fees (excld Agency)	\$ 2,986,285	\$ 3,050,597	64,312	2%	\$ 3,364,015
23	727,277 545,079	(182,198)	-33%	Supplies	3,834,571	3,717,679	(116,892)	-3%	4,066,225
24	388,232 375,522	(12,710)	-3%	Purchased Services	2,612,063	2,606,390	(5,673)	0%	2,705,063
25	267,107 266,763	(344)	0%	Depreciation	1,801,115	1,867,341	66,226	4%	2,038,478
26	87,941 90,897	2,956	3%	Utilities	707,739	744,722	36,983	5%	752,435
27	39,034 39,582	548	1%	Insurance	271,615	277,074	5,459	2%	247,240
28	28,848 40,752	11,904	29%	Interest	246,676	345,121	98,445	29%	360,253
29	114,998 95,489	(19,509)	-20%	Other	702,745	703,200	455	0%	737,170
30	451,221 321,135	(130,086)	41%	Matching Fees (Government Programs)	451,221	451,221	-	0%	641,048
31	\$ 5,090,996 \$ 4,791,162	(299,834)	-6%	Operating expenses	\$ 30,789,754	\$ 31,063,849	274,095	1%	\$ 35,888,813
32	\$ 321,894 \$ 104,404	\$ 217,490	-208%	Operating Margin	\$ (2,830,197)	\$ (4,120,524)	1,290,327	31%	\$ (3,549,409)

#### ATTACHMENT D

#### Sonoma Valley Health Care District Statement of Revenue and Expenses Comparative Results For the Period Ended January 31, 2020

		Month					Year-To- D	Date			YTD
	 This Year		Varian	ce		 This Yea	ar	Varian	ce		
	 Actual		\$	%		 Actual	Budget	\$	%	F	rior Year
					Non Operating Rev and Expense						
33	\$ (18,763) \$	(18,942)	179	-1%	Miscellaneous Revenue/(Expenses)	\$ 2,000,618 \$	1,068,556	932,062	87%	\$	(114,514)
34	-	1,375	(1,375)	-100%	Donations	13,461	9,625	3,836	-40%		7,374
35	(13,416)	(13,416)	-	0%	Physician Practice Support-Prima	(93,912)	(93,912)	-	0%		(384,864)
36	316,667	316,667	-	0%	Parcel Tax Assessment Rev	2,216,669	2,216,669	-	0%		2,215,919
37	0	0	-	0%	Extraordinary Items	(5,444)	0	(5,444)	0%		0
38	\$ 284,488 \$	285,684	(1,196)	0%	Total Non-Operating Rev/Exp	\$ 4,131,392 \$	3,200,938	935,898	29%	\$	1,723,915
39	\$ 606,382 \$	390,088	216,294	55%	Net Income / (Loss) prior to Restricted Contributions	\$ 1,301,195 \$	(919,586)	2,226,225	-242%	\$	(1,825,494)
40	\$ - \$	-	-	0%	Capital Campaign Contribution	\$ - \$	-	-	0%	\$	30,447
41	\$ 447,434 \$	209,860	237,574	0%	Restricted Foundation Contributions	\$ 1,239,684 \$	1,469,020	(229,336)	100%	\$	1,563,859
42	\$ 1,053,816 \$	599,948	453,868	76%	Net Income / (Loss) w/ Restricted Contributions	\$ 2,540,879 \$	549,434	1,991,445	362%	\$	(231,188)
43	163,301	163,301	-	0%	GO Bond Activity, Net	1,137,770	1,137,770	-	0%		1,070,668
44	\$ 1,217,117 \$	763,249	453,868	59%	Net Income/(Loss) w GO Bond Activity	\$ 3,678,649 \$	1,687,204	1,991,445	118%	\$	839,480
	\$ 873,489 \$ 16.1%	656,851 13.4%	216,638		EBDA - Not including Restricted Contributions	\$ 3,102,310 \$ 11.1%	947,755 3.5%	2,154,555		\$	212,984 0.7%

#### \* Operating Margin without Depreciation expense:

\$ 321,894 \$	104,404 \$	217,490	-208%	Operating Margin	\$ (2,830,197) \$	(4,120,524) \$	1,290,327	31%
267,107	266,763	(344)	0%	Add back Depreciation	1,801,115	1,867,341	66,226	4%
\$ 589,001 \$	371,167 \$	217,146	-59%	Operating Margin without Depreciation expense	\$ (1,029,082) \$	(2,253,183) \$	1,356,553	54%

#### ATTACHMENT D

#### Sonoma Valley Health Care District Variance Analysis For the Period Ended January 31, 2020

Operating Expenses			
Salary and Wages and Agency Fees	84,749	59,772	Salaries and wages are under budget by \$60,681 and registry costs are over budget by (\$909).
			Paid time off (PTO) is over budget by (\$34,533) due to the increase of the PTO liability to reflect the 2% wage
Employee Benefits	40,031	(19,971)	increase. Employee benefits are under budget by \$14,562.
Total People Cost	124,780	39,801	
Med and Prof Fees (excld Agency)	64,312	(10,196)	
Supplies	(116,892)	(182,198)	Supplies over budget due to surgical implant costs (\$182,209).
			Purchased Services over budget due to the unbudgeted cost in Quality related to the Human/Patient
Purchased Services	(5,673)	(12,710)	experience initiative.
Depreciation	66,226	(344)	
Utilities	36,983	2,956	
Insurance	5,459	548	
Interest	98,445	11,904	
Other	455	(19,509)	
Matching Fees (Government Programs)	-	(130,086)	FY 18/19 HQAF IGT matching fee.
Operating expenses	274,095	(299,834)	

# Sonoma Valley Hospital Cash Forecast FY 2020

FY 2020													
	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual 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	4,402,798	4,285,824	3,742,450	3,900,174	3,665,360	3,802,680	3,701,357	46,698,594
2 Capitation Revenue	26,337	24,434	24,943	24,298	25,643	26,005	24,819	35,682	35,682	35,682	35,682	35,682	354,889
3 Napa State	2,565	983	6,153	17,109	18,240	49,465	14,872	11,231	11,231	11,231	11,231	11,231	165,543
4 Other Operating Revenue	27,168	113,630	31,381	162,702	77,470	51,209	86,697	58,800	58,800	58,800	58,800	58,800	844,256
5 Other Non-Operating Revenue	38,832	43,824	24,455	35,838	13,448	22,627	20,495	25,795	25,795	25,795	25,795	25,785	328,484
6 Unrestricted Contributions	12,593		755	3,263	6,219	2,765	10,214	1,375	1,375	1,375	1,375	1,375	42,684
7 Line of Credit													-
Sub-Total Hospital Sources	4,375,074	3,929,990	3,871,668	3,967,650	3,815,852	4,554,869	4,442,921	3,875,333	4,033,057	3,798,243	3,935,563	3,834,230	48,434,450
Hospital Uses of Cash													
8 Operating Expenses	4,751,297	5,353,928	4,260,382	4,307,504	4,160,854	4,479,501	5,664,106	3,997,057	4,078,725	4,064,515	4,185,074	4,085,675	53,388,618
9 Add Capital Lease Payments	111,366	185,165	32,638	390,032	112,524	33,887	71,986	32,640	32,640	18,990	18,990	85,990	1,126,848
10 Additional Liabilities/LOC		625,000				625,000							1,250,000
11 Capital Expenditures	435,215	73,951	160,473	54,243	187,550	59,628	447,224	209,860	209,860	209,860	209,860	209,859	2,467,583
Total Hospital Uses	5,297,879	6,238,044	4,453,493	4,751,778	4,460,928	5,198,016	6,183,316	4,239,557	4,321,225	4,293,365	4,413,924	4,381,524	58,233,050
Net Hospital Sources/Uses of Cash	(922,805)	(2,308,055)	(581,825)	(784,129)	(645,076)	(643,147)	(1,740,395)	(364,224)	(288,168)	(495,122)	(478,361)	(547,294)	(9,798,599)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(1,056,509)	725,000	1,500,000			(500,000)	200,000		1,000,000		(3,900,000)		(2,031,509)
13 Restricted Capital Donations	342,251	5,000	160,473	36,918	187,550	59,628	447,224	209,860	209,860	209,860	209,860	209,859	2,288,343
14 Parcel Tax Revenue	100,099					2,108,197			1,000,000	600,000			3,808,296
15 Other Payments - South Lot/LOC/Fire Claim	956,411		51,682										1,008,092
16 Other:													-
17 IGT										1,408,802	4,500,000		5,908,802
18 IGT - AB915					31,705			1,033,318				294,488	1,359,511
19 PRIME						135,000							135,000
Sub-Total Non-Hospital Sources	342,251	730,000	1,712,154	36,918	219,255	1,802,825	647,224	1,243,178	2,209,860	2,218,662	809,860	504,347	12,476,535
Non-Hospital Uses of Cash													
20 Matching Fees					67,500		451,221		2,314,115				2,832,836
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	67,500	-	451,221	-	2,314,115	-	-	-	2,832,836
Net Non-Hospital Sources/Uses of Cash	342,251	730,000	1,712,154	36,918	151,755	1,802,825	196,003	1,243,178	(104,255)	2,218,662	809,860	504,347	9,643,699
Net Sources/Uses	(580,553)	(1,578,055)	1,130,329	(747,211)	(493,321)	1,159,679	(1,544,392)	878,954	(392,423)	1,723,540	331,499	(42,947)	
Net obtites/osts		(1,570,000)			<b>, ,</b>	1,100,070		,	(552,425)	1,720,040		(+2,3+1)	
Operating Cash at beginning of period	3,450,014	2,869,461	1,291,406	2,421,736	1,674,525	1,181,204	2,340,883	796,491	1,675,445	1,283,022	3,006,562	3,338,061	
Operating Cash at End of Period	2,869,461	1,291,406	2,421,736	1,674,525	1,181,204	2,340,883	796,491	1,675,445	1,283,022	3,006,562	3,338,061	3,295,114	
Money Market Account Balance	3,258,551	2,533,925	1,034,199	1,034,330	1,035,454	1,534,600	1,334,793	1,334,793	334,793	334,793	4,234,793	4,234,793	
Total Cash at End of Period	6,128,012	3,825,331	3,455,935	2,708,855	2,216,658	3,875,483	2,131,284	3,010,238	1,617,815	3,341,355	7,572,854	7,529,907	
Average Days of Cash on Hand	38.82	36.60	28.00	22.51	16.89	17.85	20.38	22.31	11.99	24.77	56.14	55.82	

#### Sonoma Valley Hospital Capital Spending, CIP, and Capital Leases For Fiscal Years Ending June 30, 2016, 2017, 2018, 2019, & YTD FY 2020

Dept #	Department	DESCRIPTION	FY 2016	FY 2017	FY 2018	FY 2019	YTD FY 2020
6171	OB	Panda infant warmer	41,465				
6171	OB	Natus Hearing Screening	21,397				
	MRI	1.5 8 Channel Knee Coil		42,211			
7420	Surgery	Mini C-Arm		68,819			
7420	Surgery	Stryker Audio/Video Integration Upgrade (Tower System)		378,302			
6171	OB	Philips Fetal Monitor - 2		47,724			
7420	Surgery	TruClear Hysteroscope System		41,700			
6171	OB	Jaundice Meter JM-105			7,332		
7500	Laboratory	GramPro Slide Strainer			6,914		
7420	Surgery/A Women's Place	Mammotone Neoprobe			44,244		
7631	Mammography	3 D Hologic Equipment			428,718		
7631	Mammography	Construction/furnishings/service eqt			612,596		
7631	Mammography	3D Reading Monitor			31,102		
8340	Dietary	Walk in Freezer				8,498	
7500	Laboratory	ABL Flex Plus Analyzer				16,049	
8450	Engineering/Plant Ops	Infrared Thermal Imager					10,336
6010	ICU	Patient Lift for ICU					8,605
		A Women's Place - Building Improvements					22,601
		A Women's Place - Equipment and Furniture					33,280

\$

Foundation Support Sub-total

62,862 \$ 578,756 \$ 1,130,906 \$ 24,547 \$ 74,822

#### Equipment:

Dept #	Department	DESCRIPTION	FY 2016	FY 2017	FY 2018	FY 2019	YTD FY 2020
7630	Medical Imaging	Dual Tower Imaging Table	6,296				
7670	Ultrasound	GE Ultrasound - Interface Software	14,681				
6171	ОВ	Epidural pumps	7,962				
9552	Timeshare	X-ray Machine	42,800				
8340	Dietary	Water & Ice dispenser	5,052				
8340	Dietary	Steamer Table with Stand	8,146				
7420	Surgery	Reconditioned Microscope	7,138				
7420	Surgery	High Flow Insufflator		7,642			
7420	Surgery	Rhizo Radio Freq Ablator		21,616			
7430	Ambulatory Care	Transport Gurney 30"		4,170			
7430	Ambulatory Care	Eye Surgery Stretcher		6,801			
7420	Surgery	Signia XL Bariatric Stapler		39,655			
7630	Medical Imaging	Empower CTA injector system			22,480		
7420	Surgery	Trimano Adapter/Support Arm			17,923		
8340	Dietary	Double Oven			7,586		
7420	Surgery	Amsco Steris Table			12,500		
8700	Medical Records	Misc Furniture/ reclassed CIP			6,550		
7420	Surgery	G6 Cyclo System Optical laser			21,432		
8340	Dietary	Mobile shelving - Uline				6,909	
8480	Information Systems	GHA Technologies UCSF Telemedicine Cart				8,265	
7420	Surgery	Stryker Medical - Refurbished PI drive/attachments				15,415	
7420	Surgery	Olympus - EVIS EXERA III				29,716	
8450	Engineering/Plant Ops	UCSF signage - multiple sites				8,182	
7420	Surgery	Stryker Medical - System 8 Drill/saws				107,487	
Various		Celtic Lease payoff - various equipment					421,904

\$ 92,075 \$ 79,884 \$ 88,471 \$ 175,974 \$ 421,904

Dept #	Department	DESCRIPTION	FY 2016	FY 2017	FY 2018	FY 2019	YTD FY 2020
8480	Information Systems	Wyse D90D7 Thin Clients	9,000				
3480	Information Systems	Single Sign On System		81,506			
8480	Information Systems	Computrition - Hospitality Suite Menu Plnr		93,897			
8480	Information Systems	E H R Phase III: E-RX & ECQM - Closed CIP			38,637		
8480	Information Systems	E H R Phase IV: Purge PHI/Host One Content - Closed CIP			53,268		
8480	Information Systems	E H R Phase V: Paragon 14 Upgrade - Closed CIP			55,920		
8480	Information Systems	E H R Phase VI: Eligibility of Insurance Module - Closed CIP			7,964		
8480	Information Systems	E H R Phase VII: HUB - Closed CIP			98,449		
8480	Information Systems	9 HP Elite Notebooks			11,728		
8480	Information Systems	Citrix Platinum Netscaler Upgrade			255,639		
8480	Information Systems	Dell Computers - 20					17,252
8480	Information Systems	Dragon One Speech Recognition					11,300

Equipment Sub-total

al

\$ 9,000 \$ 175,403 \$ 521,605 \$ - \$ 28,552

Dept #	Department	DESCRIPTION	FY 2016	F	Y 2017	FY 2018	FY 2019	YTD FY 2020	
450	Engineering/Plant Ops	Nurse Call System - Closed CIP	249,5	57					*Clos
450	Engineering/Plant Ops	Carpet - Hallway	66,2	32					
450	Engineering/Plant Ops	Otto Construction - Site Bench	16,6	51					
450	Engineering/Plant Ops	Automatic doors - Lobby	13,1	53					
553	Timeshare - 462 W. Napa	462 W. Napa Timeshare - Closed CIP	50,74	10					*Clos
450	Engineering/Plant Ops	Spring pumps - 2 (basement)	9,1	00					
450	Engineering/Plant Ops	NPC2 - Closed CIP	14,4	2					
450	Engineering/Plant Ops	ER Communications - Closed CIP	10,8	53					*Clos
450	Engineering/Plant Ops	Rewire 3rd Floor TV Cable			9,406				
450	Engineering/Plant Ops	Metro Electric - 3rd Floor Cabling				30,160			
450	Engineering/Plant Ops	Fire Alarm 2nd floor Replacement - Closed CIP	55,6	19	101,458				*Clos
450	Engineering/Plant Ops	SNF Nurse Call - Closed CIP			174,625	21,135			*Clos
450	Engineering/Plant Ops	SNF Pipes - Closed CIP			109,509				*Clos
450	Engineering/Plant Ops	Lobby Upgrade - Closed CIP	135,7	0	46,665				*Clos
450	Engineering/Plant Ops	Additional 3rd Floor Cabling				13,460			*Clos
073	SFP Clinic - Perkins	Conklin Bros Flooring					16,859		
		Infrastructure Sub-total	622,1	37	441,663	64,755	16,859	-	_
		Total Capital Assets	\$ 786,0	74 \$	1,275,706	\$ 1,805,736	\$ 217,380	\$ 525,278	_
		Recap:							
		Recap. Capital Spend - Hospital	723,2	2	696,950	674,830	192,833	450,456	
		Capital Spend - Foundation	62,8		578,756	1,130,906	24,547	74,822	
		Total Capital Assets	\$ 786,0		1,275,706	\$ 1,805,736			_

#### Sonoma Valley Hospital Capital Spending, CIP, and Capital Leases For Fiscal Years Ending June 30, 2016, 2017, 2018, 2019, & YTD FY 2020

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				<b>CIP Balance at</b>	Spending Fiscal	CIP Balance	
Account #	Construction In Progress (CIP)	CIP Budget	Spent to Date	6/30/2019	YTD 2020	Fiscal YTD 2020	
1258-0050	ODC - Project 1	11,500,000	2,655,031	2,010,758	644,273	2,655,031	Foundation
1258-0060	Conversion of Rooms 215-217	66,110	107,465	104,104	3,361	107,465	Operations
1258-0440	EHR Implementation	6,315,356	5,110,075	107,882	(70,882)	37,000	MedOne Leases/operation
1258-0820	CIP - 3rd Floor Acute Care Move	230,000	253,014	250,729	2,285	253,014	Foundation
1258-0830	Wound Care Expansion	74,350	13,496	-	13,496	13,496	Operations
							-
	CIP Balance	\$ 18,185,816	\$ 8,139,081	\$ 2,473,473	\$ 592,533	\$ 3,066,006	

Capital Financing/Leasing:

Dept #	Department	DESCRIPTION	Previous Years	FY 2016	FY 2017	FY 2018	YTD FY 2019	Monthly Cost	Term	Final Payment	
8450	CEC Loan Phase 1	California Energy Commission Ioan	443,774					3,563	180 Months	06/22/2023	<b>Bi-annual Payments</b>
8450	CEC Loan Phase 2	California Energy Commission Ioan	675,452					7,796	96 Months	06/22/2022	Bi-annual Payments
8480	Med One - EHR	E.H.R Equipment (multiple vendors)	638,260						60 Months	12/09/2018	Complete
7660	GE - MRI Van	MRI	1,008,145					14,295	84 Months	03/01/2020	Financing
Various	First American Equipment Finance	Construction/Equipment	652,488						60 Months	12/01/2018	Complete
Various	Celtic Finance	Various Equipment	2,719,041					47,158	60 Months	09/30/2019	Complete
Various	Celtic Finance - #2	Various Equipment		238,462				4,457	60 Months	01/31/2019	Quarterly Payments
7630	Medical Imaging	Fluoroscopy Equipment			418,171			7,717	60 Months	12/01/2021	Financing
7630	Medical Imaging	Fluoroscopy Construction Costs			401,328			12,204	36 Months	12/21/2019	Complete
7420	Surgery	Cyclo G6 Laser console with Probes				21,432		595	36 Months	02/22/2021	Interest free
7420	Surgery	Gastroscopes (3)				121,500		3,375	36 Months	01/31/2021	Operating Lease
8480	Information Systems	Citrix Netscaler				124,598	255,639	6,677	48 Months	08/01/2022	Annual payments

Capital Financing/Leasing Total

\$ 6,137,159 \$ 238,462 \$ 819,499 \$ 267,530 \$ 255,639 \$ 107,838 Bad Debt Review Finance Committee January 2020

#### Cost:

-FY 2019 Bad Debt write-offs totaled \$1.9m -FY 2019 Charity Care write-offs totaled \$300k

# **Patient Registration:**

-Elective services in most cases we have time to verify insurance coverage -If patient has verified coverage Patient Access attempts to provide the patient with an estimated share of cost.

-If service is a non-covered benefit, patient is advised that they will be responsible for the cost of the service

-Patient is then asked for payment of their share of cost or a deposit.

-Patient is asked to sign an acceptance of responsibility form

-If the patient receiving urgent or emergent services they are not financially screened until after the service has been rendered.

-Patient is asked for the coo-payment that is on their insurance card before being discharged. Most of these services are in the Emergency Room.

# Hospital Presumptive Eligibility (HPE) Program: (Attachment A):

-The Affordable Care Act allows certified hospitals to presumptively assume patients are eligible for MediCal that appear to meet qualifications -The Affordable Care Act also created three new categories of Medicaid eligibility

# Sonoma Valley Hospital Charity Care Policy (Attachment B):

-Charity Care is provided to those patients who meet certain income criteria. It is distinguished from bad debt because of the patient's willingness to complete the application and/or apply for MediCal.

#### Financial Assistance Program (Attachment C)

-Current Federal Poverty Guideline

-Charity Care Application and Process

# **Payment Plans and Discount Policy (Attachment D):**

-Provides a structure for payment plan timing and discounts

-Not mandated but SVH follows SB 1276

-Liability of \$501 or less allowed six months to pay

-Liability above \$500 allowed twelve months to pay

-An account cannot be referred to collections until there is no payment for 120 days. If the patient makes a payment within the 120 days, the 120 day count starts over.

# **Bad Debt Policy (Attachment E):**

-Attempts to provide a consistent process for uncollectable accounts before they are referred to a collection agency.

-No account is referred to a collection agency until after 120 days after the initial billing.

# **Collection Agency (Attachment F):**

-At one point SVH had two collection agencies and both charged 25% of collections

-Several years' ago, SVH went out to bid to have only one agency. The result was a reduction in the collection fee to 16.5%.

-Rash-Curtis is the current Collection agency.

# Hospital Presumptive Eligibility (HPE) Program

The Patient Protection and Affordable Care Act (ACA) established the Hospital Presumptive Eligibility (HPE) program, which was implemented by the Department of Health Care Services (DHCS) on January 1, 2014. The HPE program provides qualified individuals immediate access to temporary, no-cost Medi-Cal services while individuals apply for permanent Medi-Cal coverage or other health coverage. Qualified HPE providers approved by the DHCS make HPE determinations via the HPE Application Web Portal. For further information about the HPE program process and/or how to become a HPE provider, please refer to the HPE Program Provider Resources section below.

For questions regarding the HPE program, providers may contact the Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday, except holidays. To reach a representative, follow the HPE automation prompt options below.



Attachment B

SUBJECT: Charity Care Policy	POLICY # GL8610-122
	PAGE 2 OF 4
DEPARTMENT: Organizational	EFFECTIVE: 4/13
APPROVED BY: CFO	REVIEW/REVISED: 4/13 12/16

#### Charity Care Application:

- 1. A low income uninsured, or under-insured, hospital patient who indicates the financial inability to pay a bill for a medically necessary service shall be evaluated for charity or discount assistance.
- 2. The Sonoma Valley Hospital standardized application form (Statement of Financial Condition) will be used to document each patient's overall financial situation.
- Family Status on the application can include spouse, domestic partner, and dependent listed on the most recent federal tax returns.
- 4. Current tax return/pay stubs may be used to verify annual income. Proof of Final Determination from a federal, state or county program may also serve as verification of income.
- 5. Once a determination has been made, SVH shall inform each applicant of the facilities' decision within two weeks from the date complete application is submitted.
- 6. A patient's employment status may be taken into consideration when evaluating charity care status as well as potential payments from pending litigation, and third party liens related to the incident of care.
- 7. The amount and frequency of hospital bills may also be considered. Specifically, a patient with high medical costs is defined as out of pocket medical costs in a 12-month period that exceed 10% of the patient's family income during that period, and the patient did not receive a discounted rate due to insurance coverage. This patient can apply for assistance so they can receive applicable service provided at SVH. Documentation must be provided in the form of income verification as well as copies of all medical bills during the 12-month period.
- 8. The eligibility period for charity care will be 90 days prior to date of services and 6 months following the initial approval of the application, unless the patient's family income or insurance status changes within that period, rendering the patient ineligibly and needing to re-apply again providing all documentation requested for Charity Care.

#### **Patient Financial Assistance Guidelines**

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Levels (FPL) in effect at the time of the determination as follows:

- Patient's whose household net income is under 200% of the FPL are eligible to receive care at a 100% write off (Charity Care)
- Patient's whose household net income is above 201% but below 350% of the FPL are eligible to receive care at a 75% discounted rate (Charity Care discount)
- Patient's whose household net income is above 351% but below 450% of the FPL are eligible to receive care at a 50% discounted rate (Charity Care discount)



SUBJECT: Charity Care Policy	POLICY # GL8610-122	
	PAGE 3 OF 4	
DEPARTMENT: Organizational	EFFECTIVE: 4/13	
APPROVED BY: CFO	REVIEW/REVISED: 4/13 12/16	

Communication of the Financial Assistance Program to Patients and the Public

Information about patient financial assistance available from SVH shall be distributed by various means, including written notice from Admitting and ER on the Conditions of Admission, written notice on all patient bills, and by posting notices in the Emergency, Admitting and Outpatient Departments. Posting notice of the availability of assistance and a contact phone number shall also be made on the SVH web site. SVH provides written communication in English and Spanish to all patients for financial assistance.

If a patient qualifies for the hospital's financial assistance policy for low-income uninsured/under-insured patients and is cooperating with the hospital in regard to efforts to settle an outstanding bill within a reasonable time period, SVH shall not send, nor intimate that it will send, the unpaid bill to any outside agency. At such time the hospital sends the uncollected account to an outside collection agency, the amount referred to the agency shall reflect the reduced-payment level for which the patient was eligible under the hospital's financial assistance policy for low income uninsured patients.

For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, SVH will offer interest-free extended payment plans to allow payment of the discounted price over time, and will not impose wage garnishments or liens on primary residences. The hospital and the patient may negotiate the terms of the payment plan on an individual basis.

#### Authorization for charity write-off

Approval matrix: CFO Patient Accounting Manager and Controller Patient Accounting Manager Revenue Cycle Analyst or Financial Counselor

Above \$20,001 \$20,000 - \$10,001 \$10,000 - \$5,001 \$5,000 and below

#### **Appeal Process**

If a patient has a dispute regarding the decision for charity or discounted care, a written appeal may be filed with the SVH Patient Accounting Manager or the Director of Finance. The CFO will review the basis of the appeal and will provide a written response within two weeks following receipt of the appeal. This decision will be final.



SUBJECT: Charity Care Policy	POLICY # GL8610-122
	PAGE 4 OF 4
DEPARTMENT: Organizational	EFFECTIVE: 4/13
APPROVED BY: CFO	REVIEW/REVISED: 4/13 12/16

#### Reference:

Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPPA requirements. In implementing this policy, SVH shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

- 1. Current Federal Poverty Level Chart
- 2. OSPHD Healthcare Information Division Hospital Fair Pricing Policies Hospital Reporting Frequently Asked Questions Regarding AB 774



# Financial Assistance Program For Low Income Uninsured Patients Frequently Asked Questions

Attachment C

#### How do I determine whether I qualify for financial assistance for my hospital bills?

Sonoma Valley Hospital offers Charity Care Discount Payment options to our low-income, uninsured patients that meet the program eligibility requirements. Using the most recent Federal Poverty Guidelines

If your family income is below 200% of the Federal Poverty Income Guidelines, you may qualify for charity care (the hospital will write off 100% of your charges).

If your family income is between 201% and 350% of the Federal Poverty Income Guideline, you may qualify for the discount payment option, leaving a nominal balance as your responsibility.

Sonoma Valley Hospital Federal Poverty Income Guideline Grid			
Size of Family	If income is below 200% of FPG	Above 201% under 350%	Above 351% under 450%
1 .	\$24,980.00	\$43,715.00	\$56,205.00
2	\$33,820.00	\$59,185.00	\$76,095.00
3	\$42,660.00	\$74,6550.00	\$76,095.00
4	\$51,500.00	\$89,950.00	\$115,875.00
5	\$60,340.00	\$105,595.00	\$135,765.00
6	\$69,180.00	\$121,065.00	\$155,655.00
7	\$78,020.00	\$136,535.00	\$175,545.00
8	\$86,860.00	\$152,005.00	\$195,435.00
Patient ]	Liability:		······
Write o	ff 100% of	75%	50%
ba	lance	Discount	Discount

If your family income is below 350% of the Federal Poverty Income Guideline and you have high medical

costs (annual medical costs 10% of your family income),

you may qualify for either charity care or discount payment option.

The business office will begin the eligibility determination process once they receive a completed application form along with your family income verification documents and Medi-Cal/CMSP denial/approval letter. Failure to submit a completed application and supporting family income documentation may result in a denial.

#### How do I apply for financial assistance?

You will need to first apply for county medical assistance with Medi-Cal/CMSP. When denied/approved please provide letter from the county explaining why. Also provide family income documentation, such as most recent tax returns. If you do not file taxes please attach a letter explaining how you support you and your family. Complete the "Financial Assistance Application" form and return all items listed above to the Hospital at:

Sonoma Valley Hospital Attn: Lisa Stone Patient Accounting 347 Andrieux Street Sonoma, Ca. 95476 Fax: 707-935-5319

#### How will I be notified of my application determination?

Once the eligibility review of your application is complete, you will receive a phone call from our patient accounting office informing you of your new balance.



**Financial Assistance Application** 

Patient Name:	SSN:	
Spouse:	SSN:	······································
Address:	· · · · · · · · · · · · · · · · · · ·	
City/State/Zip:		
Account#(s)	Phone#:	

**Family Size**: \_\_\_\_\_(include self, spouse and all dependents). List all dependents that you support on taxes

Name	Age	Relationship
		· · · · · · · · · · · · · · · · · · ·
If additional space is needed please use th	e back of page.	
Employment (if self employed, give busi	ness name)	
Employer:	Position:	·
Spouse Employer:	Position:	
<b>Current Monthly Income</b> Must supply proof of income (tax return, p	pays stubs, etc).	
<ol> <li>Gross wages and salary before deduction</li> <li>Income from operating business (if self</li> <li>Other income</li> </ol>		
<ul><li>4) Interest and dividends</li><li>5) Social Security income</li><li>6) Other</li></ul>		
Total Current Monthly income	· · ·	3

By signing this form, I agree to the allow Sonoma Valley Hospital to check employment and credit history for the purpose of determining my eligibility for financial assistance. I understand I may be requested to provide proof of the information I am providing.

Date



# Sonoma Valley Hospital Eligibility Determination Worksheet Office use only

Patient Account Number Date Application Received The patient's gross family income is at or below 200% of the current federal pover YN The patient's gross family income is over 201% and below 350% of the current fed level: YN The patient's gross family income is over 351% and below 450% of the federal pover YN	leral poverty
Decision:( )100% write-off Charity Care( )75% Charity Care Discount( )50% Charity Care Discount	
Balance on Bill:	
Charity Care Discount:	
Patients responsibility \$	
The applicant's request for Financial Assistance has been denied for the following	reasons:
() The application is incomplete () Not enough supporting documentation real	ceived
() Income cannot be verified () Over the income and poverty level	
Other:	
Approval:	
Revenue Cycle Analyst   up to	\$5000,
Patient Accounting Manager or Director of Finance:\$5,00	1-\$20,000
CFO: \$20,0	01-above

s Soketa vai	A HOSPITAL LY HOSPITAL LY HEALTH YARE DISTANCE Healing Here at Home	Attachment D
Title: <b>Private Pay, Payment Plan, &amp; High</b> <b>Medical Costs Discount Policy</b>	Number: Page: 1 of 2	

		Effective Date:	04/2015
Approved By CEO, C	FO	Revision Dates:	05/2012, 2/2013, 03/2014
Signature:	Date:	Review Dates:	

# PURPOSE

To define discount structure for all private pay patients, and to work with patients on payment plans, in direct accordance with SB 1276 at Sonoma Valley Hospital.

#### POLICY

All patients at Sonoma Valley Hospital that do not have health insurance benefits, have a High Deductible plan, high medical costs and/or elect not to use their health insurance to cover services rendered, are eligible to receive a discount according to the guidelines below.

#### RESPONSIBILITIES

Patient Accounting Manager or the Director of Finance is responsible for administering and maintaining this policy.

#### PROCEDURE

All qualifying patients, in accordance with "Policy" above, will receive a 30% (thirty percent) discount off total of charges.

Patients with an out-of-pocket expenses, following insurance payment, will be eligible for a 20% (twenty percent) prompt pay discount if paid in full before account is in collections.

Sonoma Valley Hospital offers payment plans for all patients, interest-free. Patients with a balance of \$500.00 (five hundred dollars) or less will need to resolve the account balance within 6 (six) months. Patients with a balance over \$501.00 (five hundred one dollars) will be extended the option to pay over 12 (twelve) consecutive months. Any circumstances outside of these re-payment guidelines will require approval of SVH management. A payment plan that is past due 60 days or greater will be referred to outside collection agency.

Patients that are in need of further discounts should be informed of other options such as applying for government funded programs (ie. MediCal, CMSP, Covered California) and/or Sonoma Valley Hospitals Financial Assistance Program.

Exclusions: The following services and/or products are excluded from the discount policy:

- Skilled Nursing Facility, Monthly Share-of-Cost (SOC) payment
- Blood Alcohol Draws
- Lab Kit Draws



Title: Private Pay, Payment Plan, & High Medical Costs Discount Policy Number: Page: 2 of 2

# **Regulatory Requirements**

Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPPA requirements. In implementing this policy, SVH shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

1	SONOMA VALLEY HOSPITAL SONOMA VALLEY HEALTH CARE DISTRICT	Attachment E
Title: Bad Debt Policy	Healing Here at Home Number: LD119 Page: 1 of 3	

Approved By: Finance Committee		Effective Date:	04/2015	-
Signature:	Date: 05/02/2012	01/2007, 05/2012	2/2001, 9/2004, 02/2006 /2001, 9/2004, 02/2006,	

#### PURPOSE

The purpose of this policy is to classify Bad Debt patients and to ensure consistent and appropriate referral of unpaid accounts to outside agency(s) for additional collection activities.

#### POLICY

Accounts with unpaid self pay balances will be referred to outside agency for collection activity.

## RESPONSIBILITIES

Patient Accounting Manager or the Director of Finance is responsible for administering and maintaining this policy.

# PROCEDURE

- 1. All insurance eligibility and benefits will be verified at the time of service.
- 2. Billing to insurance will be made in a timely manner as specified by contract or statute.
  - a. Collection representative will insure that all insurances have been verified and billed as appropriate.
  - b. Discounts previously applied to account including uninsured discounts will remain on the account.
  - c. Failure to bill within filing guidelines does not allow, for bad debt filing.
  - d. Charges declared as not medically necessary by the insurance may not be declared as bad debt unless the patient was notified in writing in advance of service.
  - e. Insurance response (EOB, denials, etc) will be documented in appropriate computer system (the patients account).
- 3. Medicare/Medi-Cal/CMSP data base will be accessed on all accounts listed as self pay.
  - a. Batch file of self-pay accounts will be submitted to eligibility vendor at least monthly.
    - i. If batch files are not accepted by Medicare/Medi-Cal/CMSP, notation of any attempt at Medicare/Medi-Cal/CMSP verification is appropriate.
  - b. Batch file will access the Medicare/Medi-Cal/CMSP eligibility file and return appropriate information for billing to Medicare/Medi-Cal/CMSP.
  - c. Account will be updated with new information.
  - d. Appropriate billing will be completed.
  - e. After payment or denial, process will begin again.
- 4. Self-pay accounts will be worked by SVH Patient Accounting Representative.
  - a. Return mail will result in changing the account to a self-pay status.
    - i. Telephone contact may be attempted to patient and/or employer.



Title: Bad Debt Policy

1

Number: LD119 Page: 2 of 3

ii. Check address against imaged identification, telephone directory.

- b. Flag accounts as bad address for future registration.
- c. Send all open accounts to the outsource agency if unable to verify new address.
- 5. Accounts scheduled for assignment are to be reviewed by the Patient Financial Representative prior to assignment.
  - a. Accounts with balances greater than \$10,000 and an insurance listed require management approval by CFO, Patient Accounting Manager, Supervisor, or Director of Finance.
  - b. Accounts shall be placed in collection status/Bad Debt after 120 days of the first statement bill date to the patient.
  - c. Accounts may NOT be written off the bad debt GL until returned as non-collectable.
- 6. Refer to the appropriate agency via electronic format.
  - a. All collection efforts are to be documented.
  - b. Agency is to report all activity on each account by credit noting the patients account.

7. If collection efforts are unsuccessful, account is to be returned to the hospital with complete collection documentation and history.

- a. A total of 120 days must pass before an account can be declared uncollectible.
- b. The 120 days may include the collection efforts prior to placement with the agency.
- c. Patient will receive a bill at 30 day, 60 days, 90 days, and again at 120 days with a final phone call. Each account is documented with credit notes in patients account.
- d. The hospital must demonstrate that reasonable collection efforts have been made.
- e. There must be a <u>minimum</u> of 120 calendar days elapse between the first notice <u>to</u> <u>the patient</u> and the date the account is assigned to bad debt.
- f. The returned account shall be declared as uncollectible and reflected as bad debt.
- 8. A payment plan that is more than 60 days past due will be assigned to an outside collection agency.

#### **Billing and Collections**

SVH shall not send patients to a collection agency prior to 120 days from time of initial billing. SVH will send patients a bill within 30 days, 60 days, 90 days, and again at 120 days with a final phone call. SVH provides communication in English and Spanish to all patients for financial assistance. For those patients with a pending application for a government program serving the low-income, or a pending application for charity care or reduced-payment for health care services under the hospital's own financial assistance policy will not be sent to collections until the review process has been completed. A SVH Patient Accounting Representative will contact the federal, state or county agency to verify the application is pending, and if so, postpones the collection process until applications are completed and closed. If patients do not respond to the pre-collect

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notice at or after 120 days the account will be placed with an outside collection agency. Any collection agency utilized by the hospital will be knowledgeable of the hospital's charity care and discount policies and must comply with AB 774. Hospital accounts of any balance size can be returned from an outside collection agency upon determination of either of the following:

- Debtor is deceased and no estate funding is available to cover the balance, or
- The debt is part of a bankruptcy

Hospital accounts will be returned to the Hospital from an outside collection agency when The Agency declares the account closed and all efforts to collect are exhausted. These notes will be recorded by the collection agency in each patients account.

#### **Regulatory Requirements**

Confidentiality of information and individual dignity will be maintained for all that seek charitable services. The handling of personal health information will meet all HIPPA requirements. In implementing this policy, SVH shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.



SUBJECT: Charity Care Policy	POLICY # GL8610-122
	PAGE 1 OF 4
DEPARTMENT: Organizational	EFFECTIVE: 4/13
APPROVED BY: CFO	REVIEW/REVISED: 4/13 12/16

#### Purpose:

The purpose of this policy is to define the eligibility criteria for charity care or discounted payments and to provide administrative and accounting guidelines for the identification, classification and reporting of patient accounts as charity care. California Assembly Bill 774 became effective January 1<sup>st</sup> 2007. The law mandates that as a condition of obtaining or holding an acute care hospital license, Hospitals must limit bills to the uninsured with family income at or below 350% of the Current Federal Poverty Level (FPL) and individuals with high cost medical bills compared to their families income.

#### Policy:

Sonoma Valley Hospital (SVH) is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, and ineligible for a government program and is otherwise unable to pay for medically necessary care based on their individual financial situation. Consistent with our mission to maintain, improve, and restore the health of everyone in our community, SVH will ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care at our facility. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with SVH's procedures for obtaining financial assistance, and to contribute to the cost of their care based upon their individual ability to pay.

#### Procedure:

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need as defined by the most current Federal Poverty Income Guidelines.
- SVH requires individuals to apply for federal, state or county programs (i.e. Medi-Cal, CMSP) and supply proof of final determination before charity care/discount is granted. Information and applications for federal, state and county programs will be provided to patients upon request, or during discussions regarding possible eligibility for financial assistance.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, socio-economic or immigrant status, sexual orientation or religious affiliation.
- Charity care and discounts provided by this policy are available only for those services that are medically necessary.
- Assets are not considered in determining eligibility for charity or discounted care.
- An insured patient may be eligible for charity care or discounted payment for the patient liability portion of their bill if the patient's income (family income) meets the eligibility criteria.

Healthcare Collections | Rash Curtis & Associates



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# Attachment F

Healthcare Collection Services



# Rash Curtis is PCI Level 1-Certified and HIPAA-compliant

- We provide first-party or early stage collection services.
- We manage select portions, or all of your pre-bad debt accounts receivable.
- We provide third-party debt collection and system conversion services.
- We specialize in turnaround environments outsourcing entire business offices from billing to collections.

Focused on rapid resolution of outstanding accounts, we provide all necessary services for billing, re-billing and followup, regardless of age of placement and financial class, such as:

- Commercial insurance
- Managed care insurance
- Medicaid

- Medicare
- Self-pay
- Self-pay residuals
- Automobile injuries
- Worker's compensation

We monitor all calls in our process to help recover your revenue while maintaining positive relationships with your patients.

In addition to these services, Rash Curtis offers legal collections. We have in-house attorney services ranging from no-cost representation to full litigation and execution of assets.

You may also want to ask about our Healthcare Consulting.

Home About Services Contact



To:SVH Finance CommitteeFrom:Ken Jensen, CFODate:February 25, 2020Subject:Fiscal Year 2021 Budget Assumptions

The following assumptions will be applied to the actual experience from February 2019 through January 2020. Other adjustments will be made as necessary to reflect current trends in healthcare going forward.

# VOLUME

• Based upon the 12 months ending January 2020 and adjusted for any program changes from FY 2020 and current volume trends.

# **GROSS REVENUE**

• Gross price increase of 6% - this is allowed by most SVH contracts.

# **CONTRACTUAL ALLOWANCES**

- Assume current collection rates and adjust allowance for 6% price increase.
- Payer Mix will be based upon the 12-months ending January 2020.
- Intergovernmental and supplemental payments will be based upon input from the District Hospital Leadership Group (will be conservative).

# WAGES AND BENEFITS

- 2.0% increase for salaries for 6-months beginning January 2021 through June 2021
- Employee benefits will be based upon actual experience and estimates from the providers

# **PHYSICIAN FEES & PROFESSIONAL FEES**

• Based upon current costs or final contract arrangements.

# SUPPLIES/FOOD

• 2% increase for inflation for 12 months ending January 2020

#### PURCHASED SERVICES

- Assume actual 12 months ending January 2020.
- Purchased services to be reviewed by department and adjusted as needed.

#### **DEPRECIATION**

• Current, plus any adjustments for any new equipment

#### **INSURANCE**

• Will confirm with insurance agent; expect a 3-5% increase.

#### **INTEREST**

• Current, will adjust for expiring leases/loans.

#### UTILITIES

- Assume actual 12 months ending January 2020.
- No increase given oil prices

#### **OTHER EXPENSES**

- Rent/leases current, will adjust for any new expected leases and remove any expiring.
- All other, no increase
- Will review by department