



SVHCD FINANCE COMMITTEE

AGENDA

TUESDAY, JUNE 28, 2022

5:00 p.m. Regular Session

TO BE HELD VIA ZOOM VIDEOCONFERENCE

To Participate via Zoom Videoconferencing,
use the link below:

<https://sonomavalleyhospital-org.zoom.us/j/93270771849?pwd=VizsUTROdE0ralRkZnhKcGRtUTF1dz09&from=addon>

Meeting ID: 932 7077 1849

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<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Jenny Fontes at jfontes@sonomavalleyhospital.org or (707) 935.5005 at least 48 hours prior to the meeting.</p>		
AGENDA ITEM	RECOMMENDATION	
<p>MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER/ANNOUNCEMENTS</p>	<i>Boerum</i>	
<p>2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>	<i>Boerum</i>	
<p>3. CONSENT CALENDAR a. Finance Committee Minutes 05.24.22</p>	<i>Boerum</i>	Action
<p>4. ADDENDUM REVIEW PIVOTPOINT</p>	<i>Hennelly</i>	Inform
<p>5. EPIC UPDATE</p>	<i>Hennelly</i>	Inform
<p>6. ODC UPDATE – TIMELINE ADJUSTMENT</p>	<i>Drummond</i>	Action

7. UNISON ENERGY AGREEMENT	<i>Armfield</i>	Action
8. PROPOSED CAPITAL PLAN FY 2023	<i>Armfield</i>	Action
9. FINANCIAL REPORT FOR MONTH END MAY 2022	<i>Armfield</i>	Inform
10. ADJOURN	<i>Boerum</i>	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, MAY 24, 2022
Via Zoom Teleconference

Present	Not Present/Excused	Staff	Public	
Bill Boerum via Zoom Catherine Donahue via Zoom Bruce Flynn via Zoom Carl Gerlach via Zoom Art Grandy, via Zoom Peter Hohorst via Zoom Subhash Mishra (MD) via Zoom Wendy Lee via Zoom Joshua Rymer via Zoom		Ben Armfield via Zoom Celia Kruse de la Rosa, viz Zoom Kimberly Drummond via Zoom Sarah Dungan via Zoom Jenny Fontes via Zoom John Hennelly via Zoom Dawn Kuwahara via Zoom	Judy Bjordal via Zoom Susan Kornblatt Idell via Zoom	
AGENDA ITEM	DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Boerum</i>			
	Called to order at 5:02 p.m.			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR (ACTION)	<i>Boerum</i>		Action	
a. Finance Committee Minutes 04.26.22			MOTION: by Rymer to approve with revisions, 2 nd by Flynn. All in favor.	
4. REPORT ON SUB COMMITTEE WITH ADMINISTRATION	<i>Boerum/Lee</i>		Inform	

<p>Ms. Lee said the meeting was focused on long term revenue generation. She said Mr. Hennelly and Mr. Armfield presented the strategic planning document which was very helpful, and the subcommittee was glad to hear about the strategic thinking regarding the partnership with UCSF. Ms. Lee said they agreed to with the Finance committee, recommends the budget review be shortened to 5 or 6 key points, and the review go to the consent calendar, and the time spend on Financials is reallocated to more strategic discussions around revenue generation and strategic initiatives. Mr. Rymer thanked the subcommittee for their strategic analysis and thinking about where the hospital might move to help the financials. He said the meeting was interesting and productive. He requested that Mr. Armfield and Mr. Hennelly speak about 5 key points:</p> <ul style="list-style-type: none"> • When they would have a streamlined financial reporting with more focus on net revenues. • The idea of a capital plan versus cash flows for 3 years. • An initial business plan for easy rewards. • How they would like the subcommittee managed. • How to restructure the Finance committee meetings to emphasize the subcommittee’s ideas and suggestions. <p>Mr. Hennelly said he hopes to meld the subcommittee back into the Finance Committee and the focus should be on prioritization. He would appreciate the Finance Committee’s perspective on prioritization. Mr. Boerum suggested an agenda item at the next Finance meeting that explains how Mr. Hennelly and Mr. Armfield would like to prioritize the ideas and initiatives that have been identified.</p>			
<p>5. FOREFRONT CONTRACT REVIEW</p>	<p><i>Drummond</i></p>	<p>Action</p>	
<p>The Forefront Contract was reviewed and approved. Contract will be submitted to the June 2nd Board meeting with revisions and a cover memo for final approval.</p>		<p>MOTION: by Flynn to approve with revisions, 2nd by Gerlach. All in favor.</p>	
<p>6. EPIC CONTRACT UPDATE</p>	<p><i>Hennelly</i></p>	<p>Inform</p>	
<p>Mr. Hennelly said EPIC will launch in less than two weeks, Pivotpoint will provide a project lead, and project support, the first quote is around \$150K.</p>			
<p>7. ODC UPDATE</p>	<p><i>Drummond</i></p>	<p>Inform</p>	

<p>CT repairs will be complete in mid-June. HCAI has accepted the amended construction document. Electrical coordination study was done. It was determined that an electrical panel needs to be replaced. The cost is between \$40k – \$60k.</p> <p>The architect met with the HCAI safety officer regarding the MRI. The safety officer was concerned about the safety requirements for the central wing. A formal bid package will go out in August 2022 for the demolition, fire barriers, and the roof protection of the central wing.</p>			
<p>8. FINANCIAL REPORT FOR MONTH END APRIL 2022</p>	<p><i>Armfield</i></p>	<p>Inform</p>	
<p>Mr. Armstrong reviewed the Financial Report for Month End April 2022. Operating loss of 630K vs. budgeted operating loss of \$712K. and \$4.1M net revenue in April. April saw a better financial performance than previous months. Volumes for month of April were all close to budget, 119 surgeries, 4800 outpatient visits, which is 4% higher than FY average. Mr. Armfield is exploring opportunities to increase net revenue in the FY and beyond.</p>			
<p>9. ADJOURN</p>	<p><i>Boerum</i></p>		
	<p>Meeting adjourned at 5:50 p.m.</p>		



To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer; Kimberly Drummond, Director of Facilities
Date: June 28, 2022
Subject: Unison Energy, LLC – Amended Energy Services Agreement

Historical Background: In September 2020, the Sonoma Valley Health Care District Finance Committee recommended to the Board of Directors that they approve a 20-year Energy Service Agreement (ESA) with Unison Energy, LLC and install a Combined Heat and Power (CHP) system. By entering into this arrangement and installing a CHP system, it was projected that the hospital would realize cost savings up to \$1.5 million (~\$27K per year) over the course of the 20-year agreement. The Board of Directors approved this agreement on September 3rd, 2020.

Current State: External conditions have shifted since the execution of this agreement which has resulted in a significant change to Unison’s position on this project. The driving forces are as follows:

- PG&E interconnectivity requires Unison to upgrade their substation as part of our project.
- Significant supply chain cost increases due to COVID-19 that were unanticipated at the time of contract negotiations.
- Unison Energy covered 50% (\$150,000) of the cost to upgrade the existing boiler room at the request of the hospital, which depleted their contingency funding allocated for this project.

These changes have now caused Unison to project an overall loss on this project, and while the hospital has no contractual obligation to share in the responsibility of these costs, they have requested we consider a change in our agreement that would allow them to mitigate their overall risk while at the same time, avoid negatively impacting the overall opportunity for the hospital.

Options: Unison Energy presented the following proposal, which includes three potential adjustments to our overall agreement with them:

- **Option #1** - Increase annual ESA escalator from 2.50% to 3.25%.
- **Option #2** - Extend term from 20 years to 25 years. No change to any rates or other terms.
- **Option #3** – Increase electric ESA rate from \$.074/kWh to \$.080/kWh

#	Option	Year 1 Savings	ESA Term (years)	Year 1 ESA \$/kWh	Annual Escalator	Projected Savings (years 1-20)	Chg in Proj Savings vs Original ProForma (years 1-20)
-	Original Pro Forma	\$ 49,422	20	\$0.0739	2.50%	\$ 2,146,298	-
1	Increase annual ESA escalator to 3.25%	\$ 49,422	20	\$0.0739	3.25%	\$ 1,593,477	\$ (552,882)
2	Extend ESA term to 25 years	\$ 49,422	25	\$0.0739	2.50%	\$ 2,146,298 *	-
3	Raise electric ESA rate by 0.65 cents/kWh	\$ 30,015	20	\$0.0804	2.50%	\$ 1,650,544	\$ (495,755)

*Projected savings based on first 20 years of agreement. Total projected savings over full 25 year term is \$3,216,662.

Financial Impact: All three options still project to be very favorable financially for the hospital compared to our current utility rates. That said, only Option #2 preserves our originally agreed to annual escalator and per kWh electricity rates, and due to the projected annual escalation of our current utility costs, offers more financial upside than Options #1 & #3.

Option	Option 1		Option 2		Option 3	
Description	3.25% Escalator		Extend Term to 25 Yrs		Increase ESA Rate by \$0.65/kWh	
Annual Escalator	3.25%		2.50%		2.50%	
Term	20 Year Term		25 Year Term		20 Year Term	

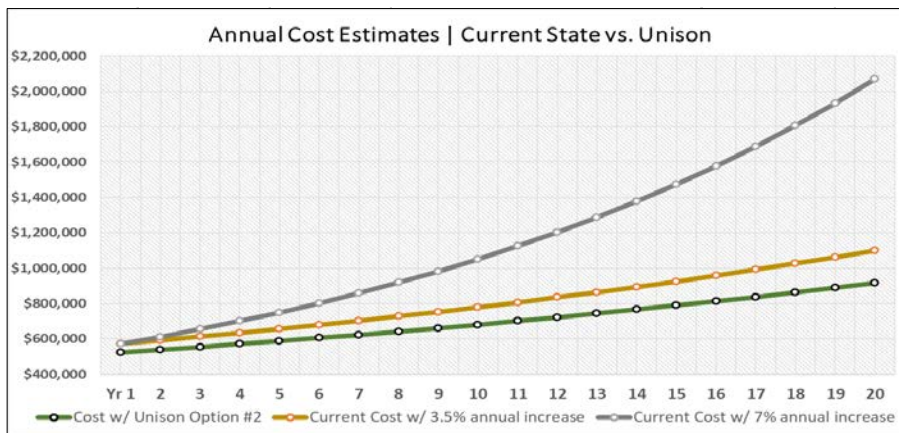
Cost Comparison	20 Year Costs	Average/Yr	20 Year Costs	Average/Yr	20 Year Costs	Average/Yr
Current Cost / Status Quo	\$ 16,172,078	\$ 808,604	\$ 16,172,078	\$ 808,604	\$ 16,172,078	\$ 808,604
New Cost (Unison)	\$ 14,578,601	\$ 728,930	\$ 14,025,780	\$ 701,289	\$ 14,521,534	\$ 726,077
Total Savings	\$ 1,593,477	\$ 79,674	\$ 2,146,298	\$ 107,315	\$ 1,650,544	\$ 82,527

There is additional upside as well, due to the fact that we feel these savings projections are conservative. Annual cost increases with Unison would range from 2.5%-3.25% depending on option. This is compared to an estimated 3.5% annual increase in our current utility costs if we were to maintain status-quo and not move forward with Unison. In all reality, we anticipate utility costs will likely be higher than what the proforma currently estimates.

The table and graph below provides a snapshot of the financial impact of moving forward with Unison Option #2 compared to our current utility rates. As was mentioned above, the proforma assumes a 3.5% annual increase in our current utility costs. Based on this, our estimated cost savings with Unison is projected to exceed \$2 million over the course of the first 20 years. If our current utility costs were to increase by 7% each year instead of 3.5% (our average utility costs have increased +10% annually from 2020-2022), total cost savings at the end of year 20 would be nearing \$9.5 million, or ~\$470,000 annually.

Option	Option 2 Extend Term to 25 Years					
Current Utility Cost Assumption	Current utility rates (electricity & thermal) increase by 3.5% on average years 1-20			Current utility rates (electricity & thermal) increase by 7% on average years 1-20		
	Total Costs (Years 1-20)	Annual Cost @ Yr 20	Avg Annual Cost (Years 1-20)	Total Costs (Years 1-20)	Annual Cost @ Yr 20	Avg Annual Cost (Years 1-20)
Current State / Status Quo	\$ 16,172,078	\$ 1,099,406	\$ 808,604	\$ 23,443,768	\$ 2,068,155	\$ 1,172,188
Unison	\$ 14,025,780	\$ 915,744	\$ 701,289	\$ 14,025,780	\$ 915,744	\$ 701,289
Total Savings	\$ 2,146,298	\$ 183,662	\$ 107,315	\$ 9,417,988	\$ 1,152,411	\$ 470,899

% Savings	20%	15%	126%	67%
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Recommendation: Management proposes to move forward with Option #2 – Extend ESA term from 20 to 25 years, and to also recommend to the Board of Directors that they approve staff to review the Amended Unison Energy, LLC (“Unison”) Energy Services Agreement (“ESA”) with the Hospital’s legal firm. If the legal firm deems the agreement acceptable, the Board of Director’s should approve that the Hospital sign the 25 year ESA with Unison and install a Combined Heat and Power (CHP) system and connect to the Hospital’s Central Utility Plant (“CUP”).

Attachments:

- SVH/Unison Original Finance Committee Recommendation (May 2020)
- Revised SVH/Unison ESA ProForma



To: Sonoma Valley Hospital Finance Committee
Meeting Date: May 26, 2020
Prepared by: Ken Jensen, CFO; Kimberly Drummond, Director of Facilities
Agenda Item Title: Unison Energy, LLC – 20 year Energy Services Agreement

Recommendation: Management proposes that the Finance Committee recommends to the Board of Directors that they approve staff to review the Unison Energy, LLC (“Unison”) Energy Services Agreement (“ESA”) with the Hospital’s legal firm. If the legal firm deems the agreement acceptable, the Board of Director’s should approve that the Hospital sign the 20 year ESA with Unison and install a Combined Heat and Power (CHP) system and connect to the Hospital’s Central Utility Plant (“CUP”).

Background: In February 2020, the Finance Committee reviewed the October 2019 proforma from Unison Energy that showed a \$27K annual/\$1.5M lifetime utility savings by installing a CHP system. The Finance Committee approved the recommendation to enter into a letter of agreement (“LOA”) with Unison to conduct an on-site feasibility study to validate the proforma. The LOA stated that if the proforma is validated, SVH has the choice to move forward with a 20 year ESA with Unison or bear \$15K of the feasibility costs and walk away.

The feasibility study was conducted in March 2020 and validated the original proforma. In Unison Energy’s April 2020 updated proforma, it reflects a greater savings of \$40K annual/\$1.8M lifetime utility savings. The added savings is due to SVH not having a Direct Access agreement in place and that our agreements are with PG&E/Sonoma Clean Power for electricity and Commercial Energy for gas.

Benefits of proceeding with the Unison Energy 20 year ESA:

- Savings projections are conservative with Unison cost increases at 2.5% annually vs. 3.5% Utility cost increase. In reality, annual Utility cost increases will likely be higher than the proforma projections.
- No capital investment required by the Hospital.
- No maintenance investment or labor required by the Hospital for the life of the agreement.
- Unison provides Engineered Drawings, Permitting, OSHPD Approval, and Project Management for the installation of the system and connection to the Hospital’s infrastructure.
- Unison’s CHP system will power 80% of the Main Hospital (West, Central, East Wing) during a planned PG&E or unplanned power shutdown. The existing back-up diesel generator will power all services connected to the Emergency Power outlets.
- Unison’s CHP system will power the Chillers in the Main Hospital CUP and allow for temperature regulation of patient rooms during a power outage during hot weather. High temperatures can trigger patient evacuation if room temperature cannot be controlled.

- Unison projects 92% uptime of the CHP system. Unison ESA is structured so that maximum CHP uptime is an incentive as they are paid for the energy they are generating.
- Unison provides a 24 hour/365 day monitoring center including instant communications with technicians, engineers and engine experts.
- Rates are not affected by commodity price fluctuations.

The feasibility study showed that it was not financially viable to install a 2nd CHP system to power the New Wing. The trenching, copper costs and OSHPD fees made the break even beyond 5 years. The Hospital's electrician was unsure that the connection was even possible.

The cost projected by Vertran Associates for the Hospital to install additional back-up power for the New Wing to power its cooling tower is projected at \$527K (no escalation). This project is being tracked on the 10 yr. Master Facility and Infrastructure Plan to be completed as deemed necessary by Hospital Management and Governance.

Contract Terms ESA:

- 20 years (but flexible with pricing adjustment)
- Electricity billed at actual usage per kWh
- Thermal output billed at per therm rate for actual usage
- Natural gas can be purchased by the Hospital from any source or purchased by Unison and passed through with no mark-up
- All capital and maintenance costs paid by Unison
- Early termination – SVH can pay to relocate the system to a new site or pay down the remaining principle on Unison's debt
- Construction with Engineering/Permitting – 10-15 months

Unison Energy has no direct competitor as they currently are the only company who's business model manages/provides the Equipment, Finance and Operation/Maintenance of Equipment. Other companies are a single/double source of equipment, finance or maintenance but not everything.

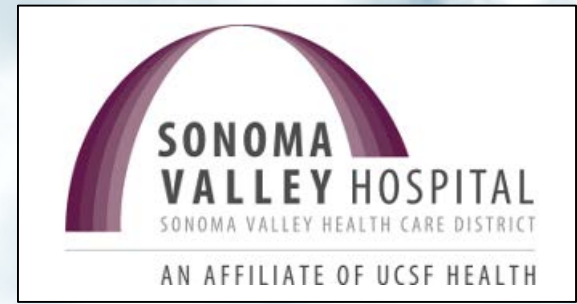
Consequences of Negative Action/Alternative Actions:

The Hospital can take no action on the ESA and pay Unison \$15,000 for the feasibility study. If the Hospital opts to walk away, it will not receive:

- A no cost back-up power source for the Main Hospital.
- Fixed annual price increases for majority of electrical costs for 20 years.

Financial Impact:

The financial impact is \$15,000 if the Hospital does not opt to sign the ESA agreement. The financial impact is \$0 if the Hospital proceeds with the ESA agreement.



Reliable energy

Using on-site microgrids

December 2021

Executive Summary

Sonoma Valley's savings have improved since we signed the contract due to 2 market events

- California Public Utilities Commission mandated that the utilities (including PG&E) remove any standby charges for microgrids such as the one we are installing at Sonoma Valley Hospital
- PG&E costs have increased substantially over the past 2 years

Unison Energy has had significant cost overruns for the Sonoma Valley project due to

- PG&E interconnect requires substation upgrade
- COVID-19 supply chain issues have caused significant cost increases
- Unison Energy covered the cost for ½ of the cost to upgrade the existing boiler room out of our contingency which left the project contingency depleted

Sonoma Valley Hospital is under no obligation to cover these costs; however, we request that Sonoma Valley adjust the contract for one of the two options listed below which will still provide resiliency and savings to the hospital

#	Option	Year 1 Savings	Lifetime Savings	ESA Term (years)	Year 1 ESA \$/kWh	Annual Escalator
1	Increase annual ESA escalator to 3.25%	49,422	1,593,477	20	\$0.0739	3.25%
2	Extend ESA term to 25 years	49,422	3,216,662	25	\$0.0739	2.50%
3	Raise electric ESA rate by 0.65 cents/kWh	30,015	1,650,544	20	\$0.0804	2.50%

Detailed pro formas are provided on the following pages

Option 1: Increase ESA escalator to 3.25% – The hospital’s first year energy savings are projected to be approximately **\$49k**

Year 1 Pro Forma, 20-year ESA

UTILITY			
Electric			
	<u>Consumption kWh</u>	<u>Unit Cost USD/kWh</u>	<u>Total Cost USD</u>
<i>Electricity - Utility</i>	3,311,431	0.1459	483,226
Total Current Electric Cost ----->			483,226
Addressable Thermal			
	<u>Consumption Therms</u>	<u>Unit Cost USD/Therm</u>	<u>Total Cost USD</u>
<i>Natural gas - Utility</i>	137,634	0.644	88,636
Total Current Thermal Cost ----->			88,636
TOTAL CURRENT ENERGY COST			571,862

UNISON ENERGY			
Electric (incl. electric offsets)			
	<u>Consumption kWh</u>	<u>Unit Cost USD/kWh</u>	<u>Total Cost USD</u>
<i>Electricity - Unison</i>	2,985,749	0.1190	355,310
Unison - generation ESA	2,985,749	0.0739	220,545
Unison - fuel ^{1,2}	2,985,749	0.0451	134,765
<i>Electricity - Utility</i>	325,682	0.2780	90,527
Total New Electric Cost ----->			445,837
Addressable Thermal			
	<u>Consumption Therms</u>	<u>Unit Cost USD/Therm</u>	<u>Total Cost USD</u>
<i>Natural gas - Utility</i>	36,364	0.644	23,418
<i>Hot water - Unison</i>	91,143	0.584	53,185
Unison - hot water ESA	91,143	0.584	53,185
Total New Thermal Cost ----->			76,603
TOTAL NEW ENERGY COST			522,440



Combined Year 1 Energy Savings:
\$49,422

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 319,356 therms at a unit price of \$0.422 per therm

Option 1: Increase ESA escalator to 3.25% – Over the course of a 20-year ESA, the facility is expected to save approximately **\$1.6M**

Lifetime Pro Forma, 20-year ESA

Nominal year	0	1	2	3	4	17	18	19
PRO-FORMA: PROJECT LIFETIME								
Electric (incl. electric offsets)								
<i>Electricity - current</i>								
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
Current cost (USD)	483,226	500,139	517,643	535,761	554,513	867,233	897,586	929,002
Current unit cost (USD/kWh)	0.146	0.151	0.156	0.162	0.167	0.262	0.271	0.281
<i>Electricity - new</i>								
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
New cost (USD)	445,837	460,890	476,452	492,540	509,172	784,190	810,687	838,080
New unit cost (USD/kWh)	0.135	0.139	0.144	0.149	0.154	0.237	0.245	0.253
Total electricity savings (USD)	37,389	39,249	41,192	43,221	45,341	83,043	86,900	90,922
Thermal								
<i>Natural gas - current</i>								
Current consumption (Therms)	137,634	137,634	137,634	137,634	137,634	137,634	137,634	137,634
Current cost (USD)	88,636	91,739	94,950	98,273	101,712	159,074	164,641	170,404
Current unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.156	1.196	1.238
<i>Natural gas - new</i>								
New consumption (Therms)	36,364	36,364	36,364	36,364	36,364	36,364	36,364	36,364
New cost (USD)	23,418	24,238	25,086	25,964	26,873	42,028	43,499	45,022
New unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.156	1.196	1.238
<i>Unison hot water - new</i>								
New consumption - hot water (Therms)	91,143	91,143	91,143	91,143	91,143	91,143	91,143	91,143
New cost - hot water (USD)	53,185	54,913	56,698	58,541	60,443	91,605	94,582	97,656
New unit cost - hot water (USD/Therm)	0.584	0.602	0.622	0.642	0.663	1.005	1.038	1.071
Total thermal savings (USD)	12,033	12,587	13,165	13,768	14,396	25,440	26,560	27,726
Total savings								
Total energy savings (USD)	49,422	51,836	54,357	56,989	59,737	108,484	113,459	118,647

ASSUMPTIONS

Utility unit cost:
 ↑ 3.5%/year
 Source: historical increases are 5-11% so 3.5% is conservative assumption

Unison unit cost:
 ↑ 2.5%/year
 Source: Long-term CPI

Residual utility cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Gas cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Lifetime savings: **\$1,593,477**

Option 2: Increase ESA term to 25 years – The hospital’s first year energy savings are projected to be approximately \$49k

Year 1 Pro Forma, 25-year ESA

UTILITY			
Electric			
	<u>Consumption</u> kWh	<u>Unit Cost</u> USD/kWh	<u>Total Cost</u> USD
<i>Electricity - Utility</i>	3,311,431	0.1459	483,226
Total Current Electric Cost ----->			483,226
Addressable Thermal			
	<u>Consumption</u> Therms	<u>Unit Cost</u> USD/Therm	<u>Total Cost</u> USD
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TOTAL CURRENT ENERGY COST			571,862

UNISON ENERGY			
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	<u>Consumption</u> kWh	<u>Unit Cost</u> USD/kWh	<u>Total Cost</u> USD
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Combined Year 1 Energy Savings:
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Option 1: Increase ESA term to 25 years – Over the course of a 20-year ESA, the facility is expected to save approximately **\$3.2M**

Lifetime Pro Forma, 25-year ESA

Nominal year	0	1	2	3	4	22	23	24
PRO-FORMA: PROJECT LIFETIME								
Electric (incl. electric offsets)								
<i>Electricity - current</i>								
Current consumption (kWh)	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,065,803
Current cost (USD)	483,226	500,139	517,643	535,761	554,513	1,030,001	1,066,051	1,021,520
Current unit cost (USD/kWh)	0.146	0.151	0.156	0.162	0.167	0.311	0.322	0.333
<i>Electricity - new</i>								
New consumption (kWh)	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,311,431	3,065,803
New cost (USD)	445,837	459,236	473,048	487,288	501,968	859,896	886,196	847,929
New unit cost (USD/kWh)	0.135	0.139	0.143	0.147	0.152	0.260	0.268	0.277
Total electricity savings (USD)	37,389	40,903	44,595	48,473	52,545	170,105	179,856	173,591
Thermal								
<i>Natural gas - current</i>								
Current consumption (Therms)	137,634	137,634	137,634	137,634	137,634	137,634	137,634	128,735
Current cost (USD)	88,636	91,739	94,950	98,273	101,712	188,930	195,542	189,300
Current unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.373	1.421	1.470
<i>Natural gas - new</i>								
New consumption (Therms)	36,364	36,364	36,364	36,364	36,364	36,364	36,364	34,397
New cost (USD)	23,418	24,238	25,086	25,964	26,873	49,916	51,663	50,579
New unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.373	1.421	1.470
<i>Unison hot water - new</i>								
New consumption - hot water (Therms)	91,143	91,143	91,143	91,143	91,143	91,143	91,143	84,904
New cost - hot water (USD)	53,185	54,515	55,877	57,274	58,706	91,562	93,851	89,612
New unit cost - hot water (USD/Therm)	0.584	0.598	0.613	0.628	0.644	1.005	1.030	1.055
Total thermal savings (USD)	12,033	12,986	13,986	15,034	16,133	47,452	50,028	49,109
Total savings								
Total energy savings (USD)	49,422	53,889	58,581	63,507	68,678	217,557	229,884	222,700

ASSUMPTIONS

Utility unit cost:
 ↑ 3.5%/year
 Source: historical increases are 5-11% so 3.5% is conservative assumption

Unison unit cost:
 ↑ 2.5%/year
 Source: Long-term CPI

Residual utility cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Gas cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Lifetime savings: **\$3,216,662**

Option 3: Raise electric ESA rate by 0.65 cents/kWh – The hospital's first year energy savings are projected to be approximately \$30k

Year 1 Pro Forma, 20-year ESA

UTILITY			
Electric			
	<u>Consumption</u> <i>kWh</i>	<u>Unit Cost</u> <i>USD/kWh</i>	<u>Total Cost</u> <i>USD</i>
<i>Electricity - Utility</i>	3,311,431	0.1459	483,226
Total Current Electric Cost ----->			483,226
Addressable Thermal			
	<u>Consumption</u> <i>Therms</i>	<u>Unit Cost</u> <i>USD/Therm</i>	<u>Total Cost</u> <i>USD</i>
<i>Natural gas - Utility</i>	137,634	0.644	88,636
Total Current Thermal Cost ----->			88,636
TOTAL CURRENT ENERGY COST			571,862

UNISON ENERGY			
Electric (incl. electric offsets)			
	<u>Consumption</u> <i>kWh</i>	<u>Unit Cost</u> <i>USD/kWh</i>	<u>Total Cost</u> <i>USD</i>
<i>Electricity - Unison</i>	2,985,749	0.1255	374,718
Unison - generation ESA	2,985,749	0.0804	239,953
Unison - fuel ^{1,2}	2,985,749	0.0451	134,765
<i>Electricity - Utility</i>	325,682	0.2780	90,527
Total New Electric Cost ----->			465,244
Addressable Thermal			
	<u>Consumption</u> <i>Therms</i>	<u>Unit Cost</u> <i>USD/Therm</i>	<u>Total Cost</u> <i>USD</i>
<i>Natural gas - Utility</i>	36,364	0.644	23,418
<i>Hot water - Unison</i>	91,143	0.584	53,185
Unison - hot water ESA	91,143	0.584	53,185
Total New Thermal Cost ----->			76,603
TOTAL NEW ENERGY COST			541,847



Combined Year 1 Energy Savings:
\$30,015

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 319,356 therms at a unit price of \$0.422 per therm

Option 3: Raise electric ESA rate by 0.65 cents/kWh – Over the course of a 20-year ESA, the facility is expected to save approximately **\$1.7M**

Lifetime Pro Forma, 20-year ESA

Nominal year	0	1	2	3	4	17	18	19
PRO-FORMA: PROJECT LIFETIME								
Electric (incl. electric offsets)								
<i>Electricity - current</i>								
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
Current cost (USD)	483,226	500,139	517,643	535,761	554,513	867,233	897,586	929,002
Current unit cost (USD/kWh)	0.146	0.151	0.156	0.162	0.167	0.262	0.271	0.281
<i>Electricity - new</i>								
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
New cost (USD)	465,244	479,128	493,438	508,188	523,390	769,442	792,721	816,724
New unit cost (USD/kWh)	0.140	0.145	0.149	0.153	0.158	0.232	0.239	0.247
Total electricity savings (USD)	17,981	21,010	24,205	27,573	31,123	97,792	104,866	112,278
Thermal								
<i>Natural gas - current</i>								
Current consumption (Therms)	137,634	137,634	137,634	137,634	137,634	137,634	137,634	137,634
Current cost (USD)	88,636	91,739	94,950	98,273	101,712	159,074	164,641	170,404
Current unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.156	1.196	1.238
<i>Natural gas - new</i>								
New consumption (Therms)	36,364	36,364	36,364	36,364	36,364	36,364	36,364	36,364
New cost (USD)	23,418	24,238	25,086	25,964	26,873	42,028	43,499	45,022
New unit cost (USD/Therm)	0.644	0.667	0.690	0.714	0.739	1.156	1.196	1.238
<i>Unison hot water - new</i>								
New consumption - hot water (Therms)	91,143	91,143	91,143	91,143	91,143	91,143	91,143	91,143
New cost - hot water (USD)	53,185	54,515	55,877	57,274	58,706	80,927	82,950	85,024
New unit cost - hot water (USD/Therm)	0.584	0.598	0.613	0.628	0.644	0.888	0.910	0.933
Total thermal savings (USD)	12,033	12,986	13,986	15,034	16,133	36,118	38,192	40,358
Total savings								
Total energy savings (USD)	30,015	33,997	38,191	42,608	47,256	133,910	143,057	152,636

ASSUMPTIONS

Utility unit cost:
 ↑ 3.5%/year
 Source: historical increases are 5-11% so 3.5% is conservative assumption

Unison unit cost:
 ↑ 2.5%/year
 Source: Long-term CPI

Residual utility cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Gas cost:
 ↑ 3.5%/year
 Source: matches Utility assumption

Lifetime savings: **\$1,650,544**



To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: June 28, 2022
Subject: 5 Year Capital Spending Plan

OVERVIEW:

Enclosed is our 5-year capital spending plan, which reflects projected hospital capital expenditures from fiscal year 2023 through fiscal year 2027. This capital spending plan is reflective of capital purchases that are currently projected to be funded directly by Sonoma Valley Hospital. In other words, this excludes capital items that are being funded directly by the Sonoma Valley Hospital Foundation.

FISCAL YEAR 2023 CAPITAL SPENDING SUMMARY:

As was discussed during the budget planning session, FY23 is a critical year for the hospital and our capital spending plan reflects the significance of such. We are projecting to spend \$4.38M in capital expenditures next fiscal year. Roughly \$4.0M of this, or 90%, is earmarked for the Epic EMR implementation (\$2,798,000) and the estimated costs required to complete the MRI work related to the Outpatient Diagnostic Center (ODC) project (\$1,200,000). The remaining \$384,000 is for emergent capital needs related to end of life equipment and hardware, critical physical plant improvements, and specific surgical equipment and instrumentation that are required to both support the service as well as facilitate further service line growth.

It is worth noting that even looking at next fiscal year, there are quite a few moving pieces and looming unknowns related to specific projects that required us to estimate the capital outlay in some situations. For example, we budgeted \$1,200,000 to fund the additional costs and completion of the Outpatient Diagnostic Center (ODC). The total required outlay to support the completion of this is currently unknown and most likely will not be able to be fully quantified until we get through the demolition phase of the project.

IMPACT:

Based on a projected capital outlay of \$4.38M, we are projecting to go from 63.9 days of cash on hand at the end of this fiscal year to 41.2 at the end of fiscal year 2023. The budgeted reduction is obviously significant, but it is also purely driven by our two biggest investments: the implementation of Epic and the completion of the ODC. It is also short-term. We paired down our capital spending plan to prioritize these big ticket projects, and once these projects are completed our capital spending is projected to reduce significantly to align with historical capital spending levels.

This spending plan also represents a conservative estimate at this point in time as this does not include additional non-hospital funding sources that the hospital is currently pursuing. As these sources are further vetted for feasibility and fit, procurement of additional funding would have a material impact on our estimated days cash on hand.

As we get into next fiscal year and beyond the Epic implementation and ODC completion, we will continue our work in further identifying and prioritizing our needs, and in conjunction with the development of a new capital prioritization process, will refine our multi-year capital plan to include a more robust estimation of our capital needs and the respective impact to our financial operations.

ATTACHMENTS:

- 5-Year Capital Spending Plan



Sonoma Valley Hospital - 5 Year Capital Spending Plan
June 2022

I. 5-Year Capital Spending Plan Summary

Project/Equipment	Proj Cost	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	Additional Comments
EHR Implementation - CT Epic	\$ 3,500,000	\$ 2,798,000					
Air Handler & Exhaust Fan	\$ 3,100,000				\$ 1,550,000	\$ 1,550,000	Replacement
MRI / ODC	\$ 1,200,000	\$ 1,200,000					Addtl costs over ODC budget (cost is an estimate)
Elevators - NPC Compliance - Replace jacks/doors	\$ 550,000		\$ 550,000				2030 Seismic Regulation
Enterprise Resource Planning (ERP) Implementation	\$ 500,000		\$ 250,000	\$ 250,000			New ERP - Cost is currently an estimate
Security Access - Exterior doors	\$ 250,000			\$ 250,000			
Structural - SPC4D Compliance, Analysis	\$ 150,000		\$ 150,000				Dependent upon seismic regulations
Anchorage - NPC Assessment	\$ 120,000				\$ 120,000		Non-Performance Compliance Assessment
Kitchen - Cooking & Serving Table	\$ 85,000		\$ 85,000				
GI Suite - Medivator compliance	\$ 82,720						To bring medivator room to compliance
Surgical trays	\$ 60,000	\$ 60,000					
MRI patient monitor	\$ 60,000	\$ 60,000					Replacement (End of Life)
Medivator	\$ 54,000	\$ 54,000					End of life
EKG Machines - 4	\$ 52,000	\$ 52,000					Replacement (End of Life)
Cataract Surgery Equipment	\$ 50,000	\$ 50,000					
Sewer pumps in the basement	\$ 40,000	\$ 40,000					
Pipes - replacement (East Wing) corroded	\$ 25,000	\$ 25,000					
3-Bay Sink Surgery	\$ 23,000	\$ 23,000					Would need HCAI
Electric Parallel Bars	\$ 10,000	\$ 10,000					
Kitchen - Pass-thru warming cabinet	\$ 10,000	\$ 10,000					
Nursing - Hovermat	\$ 5,898						
Physical Therapy / OP Services Expansion	TBD		TBD	TBD			
Routine Capital Pool / Contingency	\$ 600,000		\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$150,000 / year starting in FY24
TOTAL PROPOSED CAPITAL SPENDING	\$ 10,527,618	\$ 4,382,000	\$ 1,185,000	\$ 650,000	\$ 1,820,000	\$ 1,700,000	

II. Projected Operational Margin Analysis

	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	FY23-27 Chg	% Chg
Total Operating Revenue	\$ 54,964,398	\$ 59,661,459	\$ 63,278,197	\$ 65,213,151	\$ 67,152,888	\$ 12,188,490	22%
Total Operating Expenses (less Depreciation)	\$ 58,583,664	\$ 61,386,854	\$ 64,035,869	\$ 65,573,769	\$ 67,150,117	\$ 8,566,453	15%
Operating Margin (excl. Depreciation)	\$ (3,619,266)	\$ (1,725,395)	\$ (757,672)	\$ (360,618)	\$ 2,771	\$ 3,622,037	100%
Net Revenue Annual Growth		10.0%	7.0%	3.5%	3.4%		
Operating Expense Annual Growth		5.0%	4.5%	2.5%	2.5%		

III. Projected Cash Flow Summary

	BUDGET FY23	PROJ FY24	PROJ FY25	PROJ FY26	PROJ FY27	FY23-27 Chg	% Chg
Hospital Sources & (Uses)							
Net Hospital Sources / (Uses) from Operations	\$ (7,836,504)	\$ (5,942,633)	\$ (4,974,910)	\$ (4,577,856)	\$ (4,214,467)		
Capital Expenditures (SVH Funded)	\$ (4,382,000)	\$ (1,185,000)	\$ (650,000)	\$ (1,820,000)	\$ (1,700,000)		
Other: Reclassification of \$1M Board Designated Funds	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -		
Net Hospital Sources (Uses) of Cash	\$ (11,218,504)	\$ (7,127,633)	\$ (5,624,910)	\$ (6,397,856)	\$ (5,914,467)	\$ 5,304,037	47%
Non-Hospital Sources & (Uses)							
Restricted Cash/Capital Donations	\$ -	\$ -	\$ -	\$ -	\$ -		
Parcel Tax Revenue	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000	\$ 3,800,000		
IGT Revenue	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099	\$ 6,737,099		
IGT Matching Fees (Expense)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)	\$ (2,519,861)		
Other: Healthcare Loan Expansion Program	\$ -	\$ -	\$ -	\$ -	\$ -		
Net Non-Hospital Sources (Uses) of Cash	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ 8,017,238	\$ -	0%
Net Sources / (Uses) of Cash	\$ (3,201,266)	\$ 889,605	\$ 2,392,328	\$ 1,619,382	\$ 2,102,771	\$ 5,304,037	166%
Cash at beginning of period (Includes MM)	\$ 9,523,589	\$ 6,322,323	\$ 7,211,929	\$ 9,604,256	\$ 11,223,639		
Cash at end of period	\$ 6,322,323	\$ 7,211,929	\$ 9,604,256	\$ 11,223,639	\$ 13,326,410	\$ 7,004,086	111%
Projected Days of Cash on Hand at Beginning of period	63.92	41.16	44.72	56.99	64.97		
Budgeted Days of Cash on Hand at end of period	41.16	44.72	56.99	64.97	75.26	34.10	83%
Projected Annual Change in Days Cash	(22.76)	3.56	12.27	7.98	10.29		



To: Sonoma Valley Health Care District Finance Committee
From: Ben Armfield, Chief Financial Officer
Date: June 28, 2022
Subject: Financial Report for May 2022

OVERALL PERFORMANCE:

May was a positive month financially compared to our operating budgeted targets and now marks the second straight month where the hospital’s operating margin exceeded budget. The operating margin of (\$609,936) in May was 23% better than what was budgeted for the month. We are still trailing budget for this fiscal year as our year-to-date operating loss of (\$6.26M) is 12% off our budgeted loss of (\$5.6M).

All-in, after accounting for all operating and non-operating revenues and expenses (including parcel tax and GO bond activity), the hospital posted a positive net income of \$11,104 for the month of May.

Table 1 | Operating Margin - May 2022

	Month of May 2022				Year To Date May 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (609,936)	\$ (792,444)	\$182,508	23%	\$ (6,263,605)	\$ (5,614,850)	\$ (648,755)	-12%	\$ (6,360,890)	\$ 97,285	2%	
Operating EBDA*	\$ (386,530)	\$ (539,564)	\$153,034	28%	\$ (3,710,405)	\$ (2,833,170)	\$ (877,235)	-31%	\$ (3,552,559)	\$ (157,846)	-4%	

* Operating Margin less Depreciation

While still behind budget for the year, 4th quarter financial performance from operations has been a positive, as we have made significant progress during the first two months of this final quarter, exceeding budget by a combined ~\$265,000, or close to 20%.

Table 2 | Operating Margin - 4th Quarter FY2022 by Month

Operating Margin - 4th Quarter Fiscal Year 2022				
	Current Year		Variance	
	Actual	Budget	\$	%
April 2022	\$ (630,363)	\$ (712,451)	\$ 82,088	12%
May 2022	\$ (609,936)	\$ (792,444)	\$ 182,508	23%
June 2022	TBD	TBD		
4th Quarter FY22	\$ (1,240,299)	\$ (1,504,895)	\$ 264,596	18%

NET REVENUE:

Net revenue was a positive for the month, both compared to our budget target as well as our current fiscal year trend as we have now set fiscal year highs in net revenue in back to back months. We posted \$4.12M in April, and May’s net revenue of \$4.15M was +10% compared to budget and set a new high for the fiscal year. Both April and May net revenue was also +10% higher than what we had been averaging this fiscal year through March.

OPERATING EXPENSES:

Operating expenses of \$4.86M was negative vs budget by (\$223,000), or 5%. We continue to see cost overages in some of the same areas that have been reported on throughout the fiscal year – purchased services due to unbudgeted UCSF IT director and mgmt. costs, supplies due to increased volumes as well as ongoing COVID testing, and utilities due to continued increases in our PG&E utility costs.

Year to date, our operating expenses are 2% over budget and 3% higher than the prior year.

Table 3 | Operating Revenues & Expenses - May 2022

	Month of May 2022				Year To Date May 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Net Patient Revenue	\$ 4,147,780	\$ 3,763,729	\$ 384,051	10%	\$ 46,180,265	\$ 45,741,762	\$ 438,503	1%	\$ 44,837,615	\$ 1,342,650	3%	
Total Operating Revenue	\$ 4,247,461	\$ 3,841,378	\$ 406,083	11%	\$ 47,234,082	\$ 46,685,901	\$ 548,181	1%	\$ 45,798,021	\$ 1,436,061	3%	
Total Operating Expenses	\$ 4,857,397	\$ 4,633,822	\$ (223,575)	-5%	\$ 53,497,687	\$ 52,300,751	\$ (1,196,936)	-2%	\$ 52,158,911	\$ (1,338,776)	-3%	

VOLUMES:

May was another strong volume month for the hospital as most key statistical indicators exceeded budget. We did see a dip in our total OP visits during this past month but we are still favorable to budget for the year and up significantly when comparing to prior year.

Total surgeries were basically flat with budget in May, but we do continue to see an increase in our inpatient surgeries compared to our current year run-rate (we averaged ~10 IP surgeries/month this fiscal year through January).

We had more patient days in May than any other month during the last two fiscal years. It was also a very busy month in the emergency room as the 923 ER visits was also a high for this fiscal year.

Table 4 | Patient Volumes - May 2022

	Month of May 2022				Year To Date May 2022							
	Current Year		Variance		Current Year		Variance		Prior Year		Variance	
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%	
Acute Discharges	73	82	(9)	-11%	705	837	(132)	-16%	716	(11)	-2%	
Acute Patient Days	313	268	45	17%	2,945	2,904	41	1%	2,925	20	1%	
IP Surgeries	18	17	1	6%	142	181	(39)	-22%	181	(39)	-22%	
OP Surgeries	103	107	(4)	-4%	1,130	1,086	44	4%	1,099	31	3%	
Total Surgeries	121	124	(3)	-2%	1,272	1,267	5	0%	1,280	(8)	-1%	
Special Procedures	52	47	5	11%	579	473	106	22%	516	63	12%	
Total Outpatient Visits	4,654	4,876	(222)	-5%	51,298	50,360	938	2%	44,060	7,238	16%	
Total ER Visits	923	695	228	33%	8,446	7,034	1,412	20%	7,842	604	8%	

CASH ACTIVITY:

It was a positive month for cash collections in May. For the month, the cash collection goal was \$3,717,044 and the hospital collected \$3,904,692, or 105% of the monthly goal. YTD, our cash collections are 99.3% of our overall target.

Cash continues to be strong with days remaining over our target of 50. AP has remained constant at just under 40 days.

Table 5 | Cash / Revenue Cycle Indicators- May 2022

	Current Year		Variance		Prior Year		Variance	
	May-22	Apr-22	Var	%	May-22	Var	%	
Days Cash on Hand - Avg	60.6	59.2	1.4	2%	65.5	(4.9)	-7%	
A/R Days	39.9	39.3	0.6	2%	49.7	(9.8)	-20%	
A/P Days	51.7	51.7	0.0	0%	46.1	5.6	12%	

FINANCE OPERATIONS UPDATE:

Please see below for a summary of key initiatives and highlights pertaining to our finance team and the work we are prioritizing in the month ahead:

Leadership Update:

I regret to inform the committee that we will be losing a great leader over the next month. Sarah Dungan has accepted a position at Benioff Children's Hospital to serve as their controller. This is Sarah's last committee meeting as her last day with the hospital is 7/15/22. Selfishly, Sarah is a huge loss. Not only for the finance team but for the entire organization. She has been a faithful servant to this health care district and it is hard to quantify the impact she has had on this hospital and community. Her skills and presence will be sorely missed. It will most certainly not be easy to say 'goodbye' to Sarah, but we are all excited to see her excel in this new role. Please join me in congratulating Sarah and in wishing her well in this new, exciting endeavor!

We have begun the recruitment for her replacement and will share more details with the committee as those efforts ramp-up.

Revenue Cycle Payor Contracting Review:

Our team has engaged multiple consultative firms to assist us in identifying potential opportunities specific to payor contracting. It has been some time since the hospital's payor contracts have been reviewed, and we want to prioritize this project in the months ahead. We are in the process of receiving competitive bids and engagement proposals, and as that work finishes we would like to plan on presenting these proposals and our respective recommendation to the Finance Committee - should we determine that this engagement warrants moving forward.

Revenue Enhancement Steering Committee:

We will be formalizing our internal revenue cycle steering committee next month. This group will engage subject matter experts across multiple disciplines and will be tasked with identifying and solving revenue cycle issues and opportunities that are uncovered through structured analysis and service line drilldowns. We will provide concurrent updates to the committee as this group gets going and starts their work.

Additional Funding Sources:

We have initiated the application process on the Healthcare Expansion Loan Program II (HELP II). The HELP II program provides low, fixed interest loans for the capital needs of California's nonprofit small and rural health facilities. These loans can be used for a variety of sources, and eligible health facilities can borrow up to \$2 million. This loan can be used to help fund construction projects, purchase new equipment, and also refinance existing debt (up to \$1 million). All district hospitals are eligible for this loan. We would like to continue to move this forward with the goal of presenting a full recommendation to the Finance Committee in July. We can pull ourselves out of the application process at any time.

Departmental Collaboration Opportunities:

One of our most significant challenges operationally relates to staffing as external forces are making it more and more difficult to successfully recruit and retain staff. Similar to what we have done in Pharmacy, we have been performing due diligence on the feasibility of engaging third-party partners to help us identify management solutions related to staffing, as well as operational and clinical best practices. We will provide more details to the committee as this work continues and ultimately, if deemed viable, recommendations on moving forward.

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 May 31, 2022

ATTACHMENT A

Gross Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,985,782	9,465,833	-1,480,051	-15.6%	96,739,389	97,509,461	-770,072	-0.8%
Medicare Managed Care	4,914,763	3,698,257	1,216,506	32.9%	47,626,271	37,971,667	9,654,604	25.4%
Medi-Cal	6,002,149	4,562,417	1,439,732	31.6%	45,902,902	46,879,379	-976,477	-2.1%
Self Pay	376,088	263,378	112,710	42.8%	4,223,451	2,643,828	1,579,623	59.7%
Commercial & Other Gov't	5,296,333	5,243,895	52,438	1.0%	63,998,103	53,551,488	10,446,615	19.5%
Worker's Comp.	1,586,893	743,516	843,377	113.4%	8,790,469	7,586,150	1,204,319	15.9%
Total	26,162,008	23,977,296	2,184,712	9.1%	267,280,585	246,141,973	21,138,612	8.6%

Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	986,975	1,110,312	-123,337	-11.1%	10,932,995	11,614,940	-681,945	-5.9%
Medicare Managed Care	512,610	426,779	85,831	20.1%	4,993,948	4,356,930	637,018	14.6%
Medi-Cal	595,810	480,423	115,387	24.0%	4,633,622	4,906,399	-272,777	-5.6%
Self Pay	197,033	99,373	97,660	98.3%	1,771,934	997,516	774,418	77.6%
Commercial & Other Gov't	1,558,684	1,509,217	49,467	3.3%	17,279,119	15,389,194	1,889,925	12.3%
Worker's Comp.	248,825	137,625	111,200	80.8%	1,425,751	1,391,753	33,998	2.4%
Prior Period Adj/IGT	47,843	-	47,843	*	5,142,896	7,085,030	-1,942,134	-27.4%
Total	4,147,780	3,763,729	384,051	10.2%	46,180,265	45,741,762	438,503	1.0%

Percent of Net Revenue	Month				Year-to-Date			
	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	23.8%	29.5%	-5.7%	-19.3%	23.7%	25.4%	-1.8%	-7.2%
Medicare Managed Care	12.4%	11.3%	1.0%	9.0%	10.8%	9.5%	1.3%	13.5%
Medi-Cal	14.4%	12.8%	1.6%	12.5%	10.0%	10.7%	-0.7%	-6.5%
Self Pay	4.8%	2.6%	2.1%	79.9%	3.8%	2.2%	1.7%	75.9%
Commercial & Other Gov't	37.6%	40.1%	-2.5%	-6.3%	37.4%	33.6%	3.8%	11.2%
Worker's Comp.	6.0%	3.7%	2.3%	64.1%	3.1%	3.0%	0.0%	1.5%
Prior Period Adj/IGT	1.2%	0.0%	1.2%	*	11.1%	15.5%	-4.4%	-28.1%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended May 31, 2022**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual</u> <u>05/31/22</u>	<u>Budget</u> <u>05/31/22</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>05/31/22</u>	<u>Budget</u> <u>05/31/22</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>05/31/21</u>
Inpatient Utilization								
Discharges								
1	56	66	(10)	Med/Surg	539	668	(129)	566
2	17	16	1	ICU	166	169	(3)	150
3	73	82	(9)	Total Discharges	705	837	(132)	716
Patient Days:								
4	203	176	27	Med/Surg	1,911	1,905	6	1,928
5	110	92	18	ICU	1,034	999	35	997
6	313	268	45	Total Patient Days	2,945	2,904	41	2,925
7	7	-	7	Observation days	193	-	193	205
Average Length of Stay:								
8	3.6	2.7	1.0	Med/Surg	3.5	2.9	0.7	3.4
9	6.5	5.8	0.7	ICU	6.2	5.9	0.3	6.6
10	4.3	3.3	1.0	Avg. Length of Stay	4.2	3.5	0.7	4.1
Average Daily Census:								
11	6.5	5.7	0.9	Med/Surg	5.7	5.7	0.0	5.8
12	3.5	3.0	0.6	ICU	3.1	3.0	0.1	3.0
13	10.1	8.6	1.5	Avg. Daily Census	8.8	8.7	0.1	8.7
Other Utilization Statistics								
Emergency Room Statistics								
14	923	695	228	Total ER Visits	8,446	7,034	1,412	7,842
Outpatient Statistics:								
15	4,654	4,876	(222)	Total Outpatients Visits	51,298	50,360	938	44,060
16	18	17	1	IP Surgeries	142	181	(39)	181
17	103	107	(4)	OP Surgeries	1,130	1,086	44	1,099
18	52	47	5	Special Procedures	579	473	106	516
19	276	309	(33)	Adjusted Discharges	3,019	3,031	(12)	2,697
20	1,183	1,009	174	Adjusted Patient Days	12,643	10,494	2,149	10,952
21	38.2	32.5	5.6	Adj. Avg. Daily Census	37.7	31.3	6.4	32.7
22	1.4615	1.4000	0.062	Case Mix Index - Medicare	1.4481	1.4000	0.048	1.5444
23	1.4405	1.4000	0.041	Case Mix Index - All payers	1.4245	1.4000	0.025	1.4894
Labor Statistics								
24	207	213	6	FTE's - Worked	205	210	4.2	208
25	231	236	5	FTE's - Paid	227	232	4.1	228
26	47.75	45.72	(2.02)	Average Hourly Rate	46.72	45.07	(1.65)	46.63
27	6.05	7.24	1.19	FTE / Adj. Pat Day	6.03	7.39	1.37	6.99
28	34.5	41.3	6.8	Manhours / Adj. Pat Day	34.3	42.1	7.8	39.8
29	147.9	134.9	(13.1)	Manhours / Adj. Discharge	143.9	145.9	2.0	161.7
30	24.0%	24.1%	0.1%	Benefits % of Salaries	24.5%	24.6%	0.1%	22.2%
Non-Labor Statistics								
31	16.0%	15.4%	-0.7%	Supply Expense % Net Revenue	16.5%	13.6%	-3.0%	13.9%
32	2,410	1,873	(537)	Supply Exp. / Adj. Discharge	2,291	2,047	(244)	2,313
33	17,796	15,283	(2,513)	Total Expense / Adj. Discharge	17,982	17,561	(422)	19,706
Other Indicators								
34	62.7			Days Cash - Operating Funds				
35	39.9	50.0	(10.1)	Days in Net AR	41.3	50.0	(8.7)	49.7
36	105%			Collections % of Cash Goal	99%			100.5%
37	51.7	55.0	(3.3)	Days in Accounts Payable	51.7	55.0	(3.3)	46.1
38	15.9%	15.7%	0.1%	% Net revenue to Gross revenue	15.7%	18.6%	-2.9%	19.7%
39	15.0%			% Net AR to Gross AR	15.0%			17.6%

Sonoma Valley Health Care District
Balance Sheet
As of May 31, 2022

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 3,687,036	\$ 2,920,110	\$ 2,260,520
2 Cash - Money Market	5,845,048	5,844,748	1,638,344
3 Net Patient Receivables	6,458,134	6,289,515	7,105,046
4 Allow Uncollect Accts	(1,401,209)	(1,329,479)	(1,465,814)
5 Net A/R	5,056,925	4,960,036	5,639,232
6 Other Accts/Notes Rec	1,737,108	1,735,967	1,551,383
7 Parcel Tax Receivable	207,928	207,928	185,362
8 GO Bond Tax Receivable	260,172	1,225,217	49,916
9 3rd Party Receivables, Net	173,533	212,052	5,309,989
10 Inventory	1,035,056	1,034,500	883,273
11 Prepaid Expenses	873,195	927,672	767,866
12 Total Current Assets	\$ 18,876,001	\$ 19,068,230	\$ 18,285,885
13 Property, Plant & Equip, Net	\$ 52,153,382	\$ 52,080,041	\$ 52,620,502
14 Trustee Funds - GO Bonds	5,751,245	4,785,913	5,935,057
15 Designated Funds - Board Approved	1,000,000	1,000,000	1,000,000
16 Total Assets	\$ 77,780,628	\$ 76,934,184	\$ 77,841,444
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 4,328,839	\$ 3,948,671	\$ 3,310,069
18 Accrued Compensation	4,193,635	4,003,079	4,110,021
19 Interest Payable - GO Bonds	165,504	113,609	358,909
20 Accrued Expenses	1,834,206	1,575,907	1,973,740
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	316,667	633,334	316,651
23 Deferred GO Bond Tax Revenue	231,813	463,625	275,770
24 Current Maturities-LTD	348,292	348,292	270,436
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	1,492,509	1,500,767	252,412
27 Total Current Liabilities	\$ 18,385,199	\$ 18,061,018	\$ 16,341,742
28 Long Term Debt, net current portion	\$ 25,443,604	\$ 24,932,445	\$ 27,183,234
29 Fund Balances:			
30 Unrestricted	\$ 17,979,645	\$ 18,099,934	\$ 19,187,553
31 Restricted	15,972,180	15,840,787	15,128,915
32 Total Fund Balances	\$ 33,951,825	\$ 33,940,721	\$ 34,316,468
33 Total Liabilities & Fund Balances	\$ 77,780,628	\$ 76,934,184	\$ 77,841,444

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended May 31, 2022**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
1	73	82	(9)	-11%	Acute Discharges	705	837	(132)	-16%	716	
2	313	268	45	17%	Patient Days	2,945	2,904	41	1%	2,925	
3	7	-	7	0%	Observation Days	193	-	193	*	205	
4	\$ 19,244	\$ 17,616	\$ 1,628	9%	Gross O/P Revenue (000's)	\$ 204,543	\$ 178,142	\$ 26,401	15%	\$ 166,673	
					Financial Results						
					Gross Patient Revenue						
5	\$ 6,918,443	\$ 6,361,197	557,246	9%	Inpatient	\$ 62,737,480	\$ 68,000,230	(5,262,750)	-8%	\$ 60,715,541	
6	10,365,776	11,105,884	(740,108)	-7%	Outpatient	122,230,687	112,309,690	9,920,997	9%	100,679,631	
7	8,877,789	6,510,215	2,367,574	36%	Emergency	82,312,418	65,832,053	16,480,365	25%	66,294,270	
8	\$ 26,162,008	\$ 23,977,296	2,184,712	9%	Total Gross Patient Revenue	\$ 267,280,585	\$ 246,141,973	21,138,612	9%	\$ 227,689,442	
					Deductions from Revenue						
9	(21,874,009)	(20,035,996)	(1,838,013)	-9%	Contractual Discounts	\$ (224,172,429)	\$ (205,531,960)	(18,640,469)	-9%	\$ (189,333,745)	
10	(50,000)	(150,000)	100,000	67%	Bad Debt	(1,850,000)	(1,650,000)	(200,000)	-12%	(1,270,000)	
11	(138,062)	(27,571)	(110,491)	-401%	Charity Care Provision	(220,787)	(303,281)	82,494	27%	(248,003)	
12	47,843	-	47,843	*	Prior Period Adj/Government Program Revenue	5,142,896	7,085,030	(1,942,134)	-27%	7,999,921	
13	\$ (22,014,228)	\$ (20,213,567)	(1,800,661)	9%	Total Deductions from Revenue	\$ (221,100,320)	\$ (200,400,211)	(20,700,109)	10%	\$ (182,851,827)	
					Net Patient Service Revenue	\$ 46,180,265	\$ 45,741,762	438,503	1%	\$ 44,837,615	
14	\$ 4,147,780	\$ 3,763,729	384,051	10%	Other Op Rev & Electronic Health Records	\$ 1,053,817	\$ 944,139	109,678	12%	\$ 960,406	
15	\$ 99,681	\$ 77,649	22,032	28%	Total Operating Revenue	\$ 47,234,082	\$ 46,685,901	\$ 548,181	1%	\$ 45,798,021	
16	\$ 4,247,461	\$ 3,841,378	406,083	11%	Operating Expenses						
17	\$ 1,948,386	\$ 1,903,171	(45,215)	-2%	Salary and Wages and Agency Fees	\$ 20,290,953	\$ 19,925,480	(365,473)	-2%	\$ 20,335,956	
18	695,481	710,750	15,269	2%	Employee Benefits	7,609,068	7,565,275	(43,793)	-1%	7,274,049	
19	\$ 2,643,867	\$ 2,613,921	(29,946)	-1%	Total People Cost	\$ 27,900,021	\$ 27,490,755	(409,266)	-1%	\$ 27,610,005	
20	\$ 439,690	\$ 513,583	73,893	14%	Med and Prof Fees (excl Agency)	\$ 6,196,500	\$ 5,638,085	(558,415)	-10%	\$ 4,935,970	
21	664,704	578,140	(86,564)	-15%	Supplies	6,915,516	6,203,819	(711,697)	-11%	6,239,741	
22	499,353	405,938	(93,415)	-23%	Purchased Services	4,795,951	4,404,843	(391,108)	-9%	4,622,011	
23	223,406	252,880	29,474	12%	Depreciation	2,553,200	2,781,680	228,480	8%	2,808,331	
24	191,037	100,306	(90,731)	-90%	Utilities	1,429,380	1,218,161	(211,219)	-17%	1,258,674	
25	50,782	46,909	(3,873)	-8%	Insurance	565,485	515,999	(49,486)	-10%	496,999	
26	25,772	17,966	(7,806)	-43%	Interest	190,075	197,626	7,551	4%	190,246	
27	109,875	104,179	(5,696)	-5%	Other	1,299,556	1,124,393	(175,163)	-16%	1,178,360	
28	8,911	-	(8,911)	*	Matching Fees (Government Programs)	1,652,003	2,725,390	1,073,387	-39%	2,818,574	
29	\$ 4,857,397	\$ 4,633,822	(223,575)	-5%	Operating expenses	\$ 53,497,687	\$ 52,300,751	(1,196,936)	-2%	\$ 52,158,911	
30	\$ (609,936)	\$ (792,444)	\$ 182,508	23%	Operating Margin	\$ (6,263,605)	\$ (5,614,850)	(648,755)	-12%	\$ (6,360,890)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended May 31, 2022**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
31	\$ (6,937)	\$ 976	(7,913)	*						\$ 1,893	
32	-	-	-	0%	Miscellaneous Revenue/(Expenses)	\$ (110,043)	\$ 10,736	(120,779)	*	\$ 498	
33	-	-	-	*	Donations	26,864	-	26,864	0%	0	
34	316,667	316,667	-	0%	Physician Practice Support-Prima	-	-	-	*	3,483,337	
35	-	-	-	0%	Parcel Tax Assessment Rev	3,483,337	3,483,337	-	0%	36	
36	\$ 309,730	\$ 317,643	(7,913)	-2%	Extraordinary Items	(97,933)	-	(97,933)	0%	\$ 3,485,764	
					Total Non-Operating Rev/Exp	\$ 3,302,225	\$ 3,494,073	(93,915)	-5%		
37	\$ (300,206)	\$ (474,801)	174,595	-37%	Net Income / (Loss) prior to Restricted Contributions	\$ (2,961,380)	\$ (2,120,777)	(742,670)	35%	\$ (2,875,126)	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 131,393	\$ 523,803	(392,410)	0%	Restricted Foundation Contributions	\$ 754,624	\$ 5,761,833	(5,007,209)	100%	\$ 5,833,982	
40	\$ (168,813)	\$ 49,002	(217,815)	-445%	Net Income / (Loss) w/ Restricted Contributions	\$ (2,206,756)	\$ 3,641,056	(5,847,812)	-161%	\$ 2,958,856	
41	179,917	197,788	(17,871)	-9%	GO Bond Activity, Net	1,764,001	2,169,585	(405,584)	-19%	2,040,674	
42	\$ 11,104	\$ 246,790	(235,686)	-96%	Net Income/(Loss) w GO Bond Activity	\$ (442,755)	\$ 5,810,641	(6,253,396)	-108%	\$ 4,999,530	
	\$ (76,800)	\$ (221,921)	145,121		EBDA - Not including Restricted Contributions	\$ (408,180)	\$ 660,903	(1,069,083)		\$ (66,795)	
	-1.8%	-5.8%				-0.9%	1.4%			-0.1%	

* Operating Margin without Depreciation expense:

\$ (609,936)	\$ (792,444)	\$ 182,508	23%	Operating Margin	\$ (6,263,605)	\$ (5,614,850)	\$ (648,755)	-12%	\$ (6,360,890)
223,406	252,880	29,474	12%	Add back Depreciation	2,553,200	2,781,680	228,480	8%	2,808,331
\$ (386,530)	\$ (539,564)	\$ 211,982	28%	Operating Margin without Depreciation expense	\$ (3,710,405)	\$ (2,833,170)	\$ (420,275)	-31%	\$ (3,552,559)

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended May 31, 2022**

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(365,473)	(45,215)	Salaries and wages are under budget by \$106,609 and agency fees are over by (\$151,824). Agency fees are over budget in ICU, Med-Surg, Emergency room, EKG, Radiology, Respiratory Therapy, and OP physical therapy.
Employee Benefits	(43,793)	15,269	
Total People Cost	(409,266)	(29,946)	
Med and Prof Fees (excl Agency)	(558,415)	73,893	Professional fees are under budget due to a true-up in UCSF management fees.
Supplies	(711,697)	(86,564)	Patient chargeable supplies are over budget in surgery (\$39,885) and in pharmacy (\$29,099).
Purchased Services	(391,108)	(93,415)	Purchased services are over budget due to higher than budgeted costs in Lab, Radiology and Human Resources for the wage analysis.
Depreciation	228,480	29,474	
Utilities	(211,219)	(90,731)	Utilities are over budget due to higher monthly electrical costs.
Insurance	(49,486)	(3,873)	
Interest	7,551	(7,806)	
Other	(175,163)	(5,696)	
Matching Fees (Government Programs)	1,073,387	(8,911)	
Operating expenses	(1,196,936)	(223,575)	

Sonoma Valley Hospital
Cash Forecast
FY 2022

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,768,614	3,604,012	3,741,094	3,556,171	3,899,456	4,078,858	3,650,080	3,486,789	4,046,254	3,503,549	4,052,749	3,682,225	45,069,851
2 Other Operating Revenue	50,926	33,133	27,360	158,301	168,773	44,417	57,192	298,629	63,676	264,816	56,618	80,485	1,304,326
3 Other Non-Operating Revenue	10,121	10,229	9,624	10,574	10,823	9,676	11,783	17,553	5,064	9,937	17,119	14,518	137,021
4 Unrestricted Contributions	14,875			6,564	12,201		8,303	6,126	279	15,416	2,225		65,988
5 Line of Credit													-
Sub-Total Hospital Sources	3,844,535	3,647,375	3,778,079	3,731,610	4,091,253	4,132,951	3,727,358	3,809,097	4,115,273	3,793,717	4,128,711	3,777,228	46,577,187
Hospital Uses of Cash													
6 Operating Expenses	5,686,921	4,339,055	4,171,999	4,009,059	3,881,749	5,466,683	4,329,164	4,812,819	4,572,839	5,000,268	3,771,660	4,216,081	54,258,297
7 Add Capital Lease Payments	116,550	26,560	34,320	20,919	15,355	93,827	13,280	13,280	13,280	101,402	97,328	82,109	628,211
8 Additional Liabilities/LOC													-
9 Capital Expenditures	114,099	104,421	21,501	56,972	29,172	308,751	190,985	66,365	32,940	940,342	301,819	150,000	2,317,368
Total Hospital Uses	5,917,571	4,470,037	4,227,821	4,086,949	3,926,275	5,869,260	4,533,429	4,892,464	4,619,059	6,042,012	4,170,808	4,448,190	57,203,875
Net Hospital Sources/Uses of Cash	(2,073,036)	(822,662)	(449,742)	(355,339)	164,978	(1,736,310)	(806,072)	(1,083,367)	(503,786)	(2,248,295)	(42,097)	(670,962)	(10,626,689)
Non-Hospital Sources													
10 Restricted Cash/Money Market			1,000,000	2,000,000	(1,203,742)		(2,000,000)						(203,742)
11 Restricted Capital Donations	107,079	101,291	27,342	19,084	8,258		146,527		17,940	168,037	129,168	150,000	874,726
12 Parcel Tax Revenue	164,000					2,134,112				1,457,960			3,756,072
13 Other Payments - Ins. Claims/HHS/Grants/Loans					1,203,742	173,982					602,403		1,980,127
14 Other:													-
15 IGT			51,360				2,717,483	1,298,801			86,363	47,843	4,201,850
16 IGT - AB915			70,338							386,922			457,259
17 QIP					42,180					340,880			383,060
Sub-Total Non-Hospital Sources	271,080	101,291	1,149,040	2,019,084	50,438	2,308,094	864,010	1,298,801	17,940	2,353,799	817,933	197,843	11,449,353
Non-Hospital Uses of Cash													
18 Matching Fees		29,494		1,096,301		398,059		78,482		41,568	8,911		1,652,815
Sub-Total Non-Hospital Uses of Cash	-	29,494	-	1,096,301	-	398,059	-	78,482	-	41,568	8,911	-	1,652,815
Net Non-Hospital Sources/Uses of Cash	271,080	71,797	1,149,040	922,783	50,438	1,910,035	864,010	1,220,319	17,940	2,312,231	809,022	197,843	9,796,538
Net Sources/Uses	(1,801,956)	(750,865)	699,298	567,444	215,416	173,725	57,939	136,952	(485,846)	63,937	766,925	(473,119)	
Operating Cash at beginning of period	4,044,067	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	3,147,129	3,205,068	3,342,020	2,856,174	2,920,110	3,687,036	
Operating Cash at End of Period	2,242,111	1,491,246	2,190,544	2,757,988	2,973,404	3,147,129	3,205,068	3,342,020	2,856,174	2,920,110	3,687,036	3,213,917	
Money Market Account Balance - Undesignated	5,638,824	5,639,115	4,639,373	2,639,564	3,843,478	3,843,684	5,843,923	5,844,185	5,844,476	5,844,748	5,845,048	5,845,048	
Total Cash at End of Period	7,880,935	7,130,361	6,829,917	5,397,552	6,816,883	6,990,813	9,048,991	9,186,205	8,700,650	8,764,858	9,532,084	9,058,965	
Average Days of Cash on Hand	58.8	52.3	45.5	40.0	36.6	46.3	54.3	58.5	58.8	59.2	60.6		
Days of Cash on Hand at End of Month	54.6	50.1	47.3	35.3	45.1	46.0	59.7	60.0	57.2	57.5	62.7	60.8	