



**SVHCD FINANCE COMMITTEE  
MEETING  
AGENDA**

**TUESDAY, February 27, 2024**

**6:00 p.m. Regular Session**

**To Be Held in Person at  
Sonoma Valley Hospital, 347 Andrieux Street  
Administrative Conference Room  
Sonoma, CA 95476  
and Via Zoom Videoconference**

Join Zoom Meeting

<https://sonomavalleyhospital-org.zoom.us/j/93308479693?pwd=Y1lndU9NNGlGcnNhY2J4cEU4ZFA1Zz09&from=addon>

**Meeting ID: 933 0847 9693**

**Passcode: 058399**

One tap mobile

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<b>AGENDA ITEM</b>	<b>RECOMMENDATION</b>	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> or 707.935.5005 at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Boerum</i>	
<b>2. PUBLIC COMMENT SECTION</b> <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>	<i>Boerum</i>	
<b>3. CONSENT CALENDAR</b> a. Finance Committee Minutes 01.23.24	<i>Boerum</i>	Action
<b>4. SONOMA VALLEY FOUNDATION UPDATE</b>	<i>Pier</i>	Inform
<b>5. FINANCE COMMITTEE CHARTER</b>	<i>Boerum</i>	Action
<b>6. FINANCIAL REPORT FOR MONTH END JANUARY 2024</b>	<i>Armfield</i>	Inform
<b>7. NET A/R REVIEW</b>	<i>Armfield</i>	Inform
<b>8. ADJOURN</b>	<i>Boerum</i>	



**SVHCD**  
**FINANCE COMMITTEE MEETING**  
**MINUTES**  
**TUESDAY, JANUARY 23, 2024**  
**In Person at Sonoma Valley Hospital**  
**347 Andrieux Street**  
**and Via Zoom Teleconference**

<b>Present</b>	<b>Not Present/Excused</b>	<b>Staff</b>	<b>Public</b>	
Wendy Myatt Lee, in person Subhash Mishra, MD, via Zoom Catherine Donahue, in person Bob Crane, via Zoom Graham Smith, via Zoom Ed Case, in person	Bill Boerum Carl Gerlach	John Hennelly, CEO, in person Ben Armfield, CFO, in person Dawn Kuwahara, via Zoom	Dan Kittleson Dennis Bloch in person – Audit Committee member	
<b>AGENDA ITEM</b>	<b>DISCUSSION</b>		<b>ACTIONS</b>	<b>FOLLOW-UP</b>
<b>MISSION &amp; VISION STATEMENT</b> <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>				
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Myatt Lee</i>			
	Called to order at 6:01 p.m.			
<b>2. PUBLIC COMMENT SECTION</b>	None			
<b>3. CONSENT CALENDAR</b>	<i>Myatt Lee</i>		Action	
a. Finance Committee Minutes 12.19.23			<b>MOTION:</b> by Mr. Case to approve, 2 <sup>nd</sup> by Mr. Crane. All in favor	
<b>4. FINANCIAL MATTERS DISCUSSED AT THE BOARD RETREAT</b>	<i>Myatt Lee</i>		Inform	
	Ms. Myatt Lee gave an update on what was discussed at the January Board Retreat. The focus of the retreat was to review the Board self-assessment.  Other topics discussed were:			

	<ul style="list-style-type: none"> <li>• How and if the Board (of the Healthcare District) should / could do more to (1) integrate care across the ‘district’ and (2) serve the LatinX community.</li> <li>• The past 3-4 years of Capital Investments - e.g. MRI, EPIC - were strategically planned to build capacity. With these investments in place, there should be a pivot to increasing demand and utilization.</li> </ul>		
<b>5. AUDIT COMMITTEE WORK PLAN 2024</b>	<i>Myatt Lee</i>	Inform	
	Ms. Myatt Lee informed the Finance Committee that that Audit Committee agreed to take on the items recommended to be moved to the Audit Committee by the Finance Committee. The Audit Committee will be taking their revised Work Plan to the Board for approval.		
<b>6. CHFFA LOAN FOR PAYDOWN ON LOC UPDATE</b>	<i>Armfield</i>		
	Mr. Armfield reported that the funds are expected in the next 30 days.		.
<b>7. US BANK EXTENSION</b>	<i>Armfield</i>	Inform	
	Mr. Armfield presented the US Bank extension and renewal. The presented agreement extends the agreement for 90 days (April 30, 2024). The goal is to have the final terms within the next 30 days.	Motion to approve US Bank 90 extension by Mr. Crane 2 <sup>nd</sup> by Mr. Smith. All in favor.	
<b>8. FINANCIAL REPORT FOR MONTH END DECEMBER 2023</b>	<i>Armfield</i>	Inform	
	December was another challenging month for the hospital as we fell short of our budget expectations from operations. This marks another financially demanding month for the hospital, continuing a pattern observed over the last quarter. The primary driver behind the budget variance is volume. Surgical volumes continue to be suppressed compared to historical levels observed over the last 12 months. December was unique in that it showed reductions in orthopedics, gastroenterology, general surgery, and ophthalmology procedures. Each of those service lines performed below their 12-month trend by at least 10% and		

	<p>resulted in an 18-month low in our surgical volumes. The month's surgical volumes drove a degradation in our revenues and was the main factor in the unfavorable performance of the budget. There was a lengthy discussion regarding volume variances and how that is planned and tracked. This included the concerns with the Orthopedic service line transition.</p> <p>Mr. Smith requested a table noting monthly patient receivable breakdown and a 90-day cash flow forecast. Mr. Armfield reviewed the cash forecast update made.</p> <p>Items noted for the February meeting were:</p> <ul style="list-style-type: none"> <li>• Prepare Aging Receivables 30-60-90-120 days</li> <li>• Prepare Cash Flow Forecast 30-60-90 days</li> <li>• Attachment F - Verify Money Market Account line</li> <li>• Look at reporting IGT Funds as an accrual (vs) lump sum payment in April</li> </ul>		
<p><b>9. ADJOURN</b></p>	<p><i>Myatt Lee</i></p>		
	<p>Meeting adjourned at 7:12p.m.</p>		



SONOMA VALLEY HOSPITAL  
**FOUNDATION**

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# SVHF 2023 Objectives

- Finish the fundraising appeal for Epic/MyChart initiative
- Deepen our relationships with existing donors
- Develop our next fundraising strategies with SVH
- Expand donor base and fundraising capacity for SVHF
- Strengthen Board with additional community members
- Help ensure completion of projects from previous fundraising



# How The Foundation Helps SVH

- Collected \$1.1 million in Capital Campaign pledges
- \$1.5million distributed for Outpatient Diagnostic Center construction
- \$770k raised to fund a portion of Epic/MyChart expense
- \$200k grant approved for SVH new Project Manager
- \$183k granted for Women's Health and Wellness including a new Pixaray breast scope and 4 new EKG machines
- \$42k funding for continued Education for Nurses, Physical Therapists, and other SVH Employees, and small equipment.
- \$16k provided for Project Pink; free Mammograms for uninsured Sonoma women
- \$400k available for remaining ICU renovation project in 2023
- Sharing our story with our community and supporters





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FOUNDATION



“ The benefits of having a hospital in our community are hard to overstate. Our close partnership with SVH serves our patients well because of the quick time to emergency care, and translates into the best service for our community. Getting patients to definitive care at our hospital as quickly as possible allows our ambulances to get back out to handle the next emergency in our Valley.

”

Steve Akre  
Fire Chief  
Sonoma Valley Fire District

[svhfoundation.com](http://svhfoundation.com)

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SONOMA VALLEY HOSPITAL  
**FOUNDATION**

“

Coming into a hospital can be a scary time, but we can provide a sense of comfort that is different than elsewhere. We often know our patients and their families and care for them as part of our community.

”

Pamela Van Wenzel Anderson, RN  
Inpatient Assistant Nursing Manager  
SVH Employee 6 years



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FOUNDATION



“ Philanthropy has been decisive and necessary in providing our hospital facility with the capabilities to serve the community. The ER and Surgical Suites, the new Diagnostic Center—SVH does not have the ability to fund these needs without community support and we are grateful. ”

Bill Boerum  
Supporter  
SVH District Board Member

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SONOMA VALLEY HOSPITAL  
**FOUNDATION**

“

Our hospital is a vital entity for our community; it allows me to serve my patients more effectively and in a timely manner. I am grateful to our donors for your support to make our hospital thrive for so many years for my patients and our community.

”

Yong Liu, MD, PharmD  
Sonoma Physician 20+ years

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“ As a lifelong Sonoma resident, I know first hand the value of having our community hospital close by.

I had my babies here, we had countless ER visits over the years, and the convenience of having local healthcare is wonderful. SVH truly is a special place and I'm honored to have worked here for the past 26 years.

”

Dawn Kuwahara  
SVH Chief Ancillary Officer  
Supporter  
26 years at SVH

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“ Donor support has been critical to the survival and enhancement of our hospital –the new wing and diagnostic center are examples. The Foundation continually engages with the members of our community so they can understand how important SVH is even when not using the ER or other services. ”

Joshua Rymer  
Ambassador Supporter  
Former SVH District Board Chair

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“ My family and I live in Sonoma, and it’s very nice having our hospital close by for emergencies. We’re a small hospital and our staff go the extra mile for our patients. Nobody wants to feel sick, but when you do it’s nice to be able to come somewhere where you know you’ll be well taken care of.

”

Carmen Ramos  
Patient Access Manager  
SVH Employee 11 years

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“ Hospitals are good  
because they make  
you feel better.  
(Poppy, age 4) ”

Mary Clark Janis, Amanda,  
Bryan and Poppy Jones  
Ambassador Supporters

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**FOUNDATION**



“ Our hospital is only what it is today because of the wonderful community support we receive.

Thank YOU for making great local healthcare a reality for Sonoma Valley.

John Hennelly  
SVH Chief Executive Officer

”

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SONOMA VALLEY HOSPITAL  
FOUNDATION



“ We are so fortunate  
for the presence of  
Sonoma Valley Hospital  
in our town.

The health of our community is  
shaped by the services and care  
provided by the wonderful staff  
of our hospital. Through the  
support and engagement of the  
community, SVH will remain a  
vital part of our HEALTH!

”

Wendy Lee Myatt  
Supporter  
SVH District Board Member

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SONOMA VALLEY HOSPITAL  
**FOUNDATION**

“ Our hospital is essential for Sonoma, and I’ve never seen a community so engaged as they are with SVH.

Their care for the success of our hospital is palpable and shows up in their support and engagement. Thank you! ”

Sujatha Sankaran, MD  
SVH Chief Medical Officer  
UCSF Associate Professor of Medicine

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FOUNDATION



“ Small community hospitals  
are the heart and soul  
of our country.

We need them to thrive, and our  
community hospital can only do  
so with the philanthropic support  
of our Valley. We are fortunate  
that in Sonoma the people of our  
community recognize and act on  
this, and I am grateful for what  
they have done for our hospital.

”  
Jessica Winkler, RN  
SVH Chief Nursing Officer

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“

SVH is the keystone of our community. Sonoma Valley would not be the same without a great hospital. We've seen many small community hospitals fail, but we don't have the option of failing—SVH needs to be here to serve everyone and our community knows it's critical to have hospital care in our town.

”

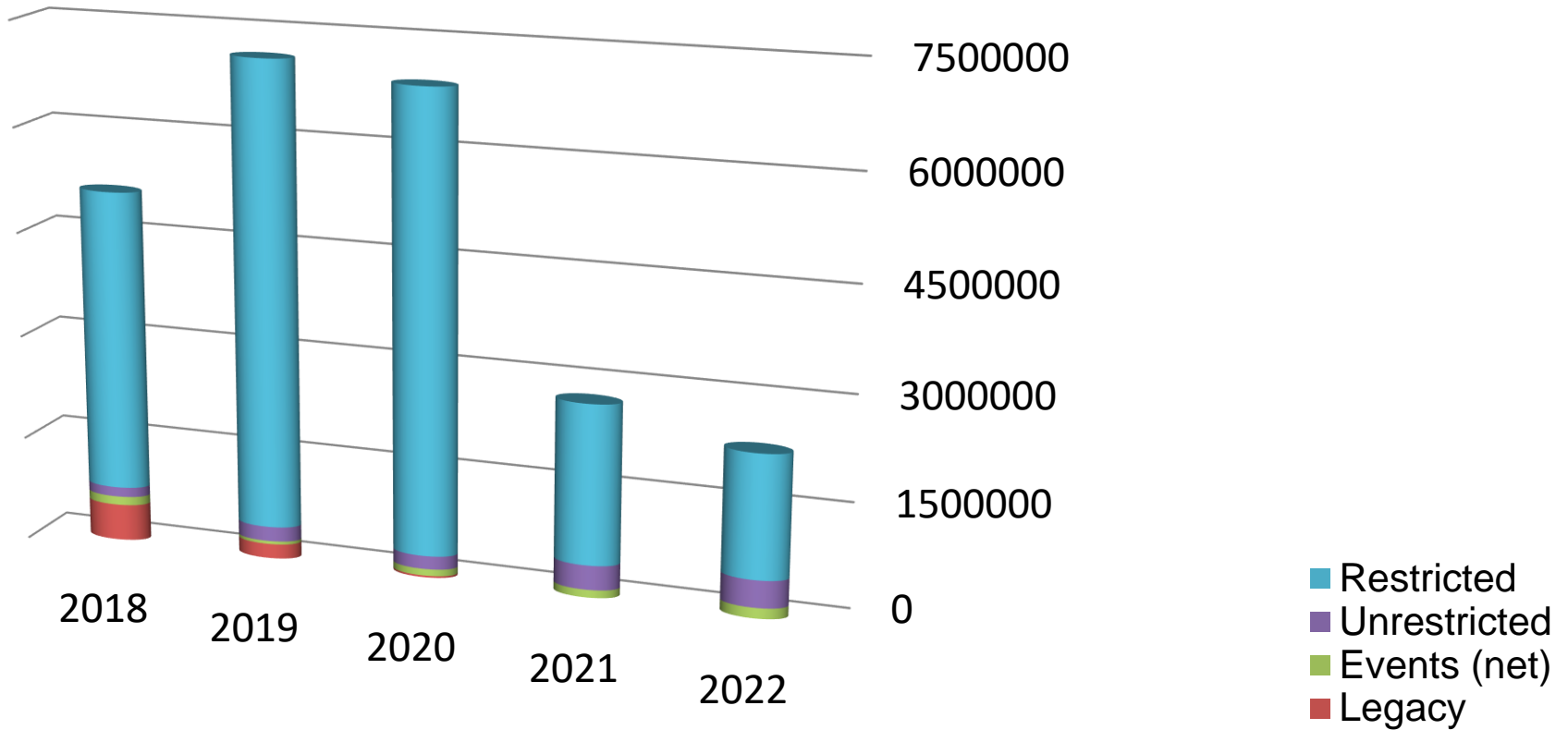
Simon Blattner  
Ambassador Supporter  
SVHF Advisory Council  
Diagnostic Center Campaign Chair



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# SVHF Revenue



# Strategic Priorities

- 1. RAISE FUNDS REQUIRED TO MEET THE CAPITAL AND SERVICE NEEDS OF SONOMA VALLEY HOSPITAL**
- 2. DEVELOP AND IMPLEMENT MARKETING STRATEGY AND BRAND THAT CREATES CONTINUOUS DIALOGUE WITH TARGETED COMMUNITIES IN SONOMA VALLEY**
- 3. PROVIDE PRUDENT FINANCIAL MANAGEMENT OF ALL FOUNDATION RESOURCES**
- 4. DEVELOP AND GROW THE BOARD OF DIRECTORS TO MEET THE NEEDS OF THE FOUNDATION**
- 5. EMPLOY BEST PRACTICES FOR A 501c (3) HEALTH CARE FOUNDATION**



# SVHF Production Benchmark

SVHF Fundraising Ratios (Cash Basis Revenue)				
	Operating Expenses	Cash Donations Received	ROI Cash	Cost To Raise a Dollar
**2023	\$ 384,400	\$ 2,136,754	\$ 5.56	\$ 0.18
2022	\$ 344,537	\$ 2,312,318	\$ 6.71	\$ 0.15
2021	\$ 312,589	\$ 2,743,003	\$ 8.78	\$ 0.11
2020	\$ 294,725	\$ 6,887,161	\$ 23.37	\$ 0.04
2019	\$ 333,029	\$ 7,122,692	\$ 21.39	\$ 0.05
		<b>Industry Standard for Foundation Our Size</b>	<b>\$ 2.79</b>	<b>\$ 0.36</b>



# Completing Projects Funds Have Been Raised For

- **Highest Priority From Foundation Perspective**
- **ODC--CT phase great; MRI**
- **ICU remodel**





# SVHF Teamwork

- **Board and Volunteers**
- **Team**
- **Relationship with SVH**



# Questions?



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contact@svhfoundation.com • svhfoundation.com  
707.935.5070 • 347 Andrieux Street, Sonoma, CA 95476 • 



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 1 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 04.05.12
	REVISED: 08.07.14

**Purpose:**

This charter (the “Charter”) sets forth the duties and responsibilities and governs the operations of the Finance Committee (the “Committee”) of the Board of Directors (the “Board”) of Sonoma Valley Healthcare District (the “District”), a nonprofit corporation organized and existing under the California Law.

The Finance Committee’s purpose is to assist the Board in its oversight of the District’s financial affairs, including District’s financial condition, financial planning, operational, and capital budgeting, debt structure, debt financing and refinancing and other significant financial matters involving the District. The Finance Committee is the body which makes recommendations to the District Board on all financial decisions.

**Policy:**

**Duties and Responsibilities**

The Committee’s primary duties and responsibilities are as follows:

- A. Review Monthly Financial Operating Performance
  1. Review the District’s monthly financial operating performance. The committee will review the monthly financial statements, including but not limited to the Statement of Revenues and Expenses, Balance Sheet and Statement of Cash Flows, prepared by management. The committee will also review other financial indicators as warranted.
  2. Review management’s plan for improved financial and operational performance including but not limited to new patient care programs, cost management plans, and new financial arrangements. The committee will make recommendations to the Board when necessary.
  
- B. Budgets
  1. Review and recommend to the Board for approval an annual operating budget for the District.
  2. Review management’s budget assumptions including volume, growth, inflation and other budget assumptions.
  3. Review and recommend to the Board for approval an annual capital expenditures budget for



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 2 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 04.05.12
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the District. If deemed appropriate by the Committee, review and recommend to the Board for approval projected capital expenditures budgets for one or more succeeding years.

C. Debt, Financing and Refinancing

1. Evaluate and monitor the District's long and short-term indebtedness, debt structure, collateral or security, therefore, cash flows, and uses and applications of funds.
2. Evaluate and recommend to the Board for approval proposed new debt financing, including lines of credit, financings and refinancing, including (i) interest rate and whether the rate will be fixed or floating rate; (ii) collateral or security, if any; (iii) issuance costs; (iv) banks, investment banks, and underwriters retained or compensated by the District in connection with any financing or refinancing.
3. Review and recommend to the Board all guarantees or other obligations for the indebtedness of any third party.

D. Insurance

1. Review on an annual basis all insurance coverage's, including (i) identity and rating of carriers; (ii) premiums; (iii) retentions; (iv) self-insurance; (v) stop-loss policies; and (vi) all other aspects of insurance coverage for healthcare institutions.

E. Investment Policies

1. Review and recommend to the Board the District's cash management and cash investment policies, utilizing the advice of financial consultants as the Committee deems necessary or desirable.
2. Review and recommend to the Board the District's investment policies relating to assets of any employee benefit plans maintained and controlled by the District, utilizing the advice of financial consultants as the Committee deems necessary or desirable.

F. General

1. Review and recommend the services of all outside financial advisors, financial consultants, banks, investment banks, and underwriters for the District. Review annually the District's significant commercial and investment bank relationships.
2. Perform any other duties and responsibilities as the Board may deem necessary, advisable



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 3 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 04.05.12
	REVISED: 08.07.14

or appropriate for the Committee to perform.

3. Perform such other duties and responsibilities as the Committee deems appropriate to carry out its purpose as provided in this Charter.
4. Meet on a monthly basis preceding the Board meeting concerning the District's financial affairs. Urgent and time sensitive matters shall be reported at the next regular or special Board meeting.
5. The Finance Committee will be invited to attend the presentation by the District's independent auditors.
6. The Finance Committee shall review the Charter annually after the close of the fiscal year, or more often if required. If revisions are needed, they will be taken to the Board for action.
7. The Finance Committee shall report to the District Board on the status of its prior fiscal year's work plan accomplishments by after the completion of the Financial Statement Audit.



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 4 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 04.05.12
	REVISED: 08.07.14

**Organization**

The Committee’s membership, the chairperson, the call and conduct of Committee meetings, the preparation of Committee minutes, and the Committee’s other activities shall be appointed, conducted and accomplished in accordance with applicable provisions of the Bylaws and the Corporate Governance Principles adopted by the Board. The committee’s membership is subject to the Approval of the District Board. The membership shall include the following:

1. Two (2) Board Members, one being the Treasurer
2. Six (6) District Citizens
3. At least one (1) member of the Medical Staff
4. District’s Chief Executive Officer (non-voting)
5. District’s Chief Financial Officer (non-voting)

All District Citizen members of the committee must be stakeholders of the District. The District Board has defined stakeholder for the purpose of committee membership as:

- Living some or all of the time in the District, or
- Maintaining a place of business in the District, or
- Being an accredited member of the Hospital’s Medical Staff

**Performance Evaluation**

The Committee shall prepare and review with the Board an annual performance evaluation of the Committee, which evaluation shall compare the performance of the Committee with the requirements of this Charter. The performance evaluation shall also recommend to the Board any amendments to this Charter deemed necessary or desirable by the Committee. The performance evaluation shall be conducted in such manner as the Committee deems appropriate. The report to the Board may take the form of an oral report by the chairperson or any other member of the Committee designated by the Committee to make the report.

**Resources and Authority of the Committee**

The Finance Committee shall have the resources and authority appropriate to discharge its duties and responsibilities, including the responsibility to recommend to select, retain, terminate, and approve the engagement and other retention terms of special counsel or other experts or consultants, as it deems appropriate.

**Amendment**

This Charter shall not be amended except upon approval by the Board.  
| Adopted by the Board on April 5, 2012.



**To:** SVHCD Finance Committee  
**From:** Ben Armfield, CFO  
**Date:** February 27, 2024  
**Subject:** Financial Report for January 2024

**1. OVERALL PERFORMANCE | MONTH**

After navigating through several challenging financial months, we are pleased to report that the hospital did see a stark turnaround in January as all overall performance indicators exceeded budget for the month. In fact, the hospital’s Operating EBDA of \$315,038 marks the second-best month we have had this fiscal year.

**Table 1 | Overall Performance - January 2024**

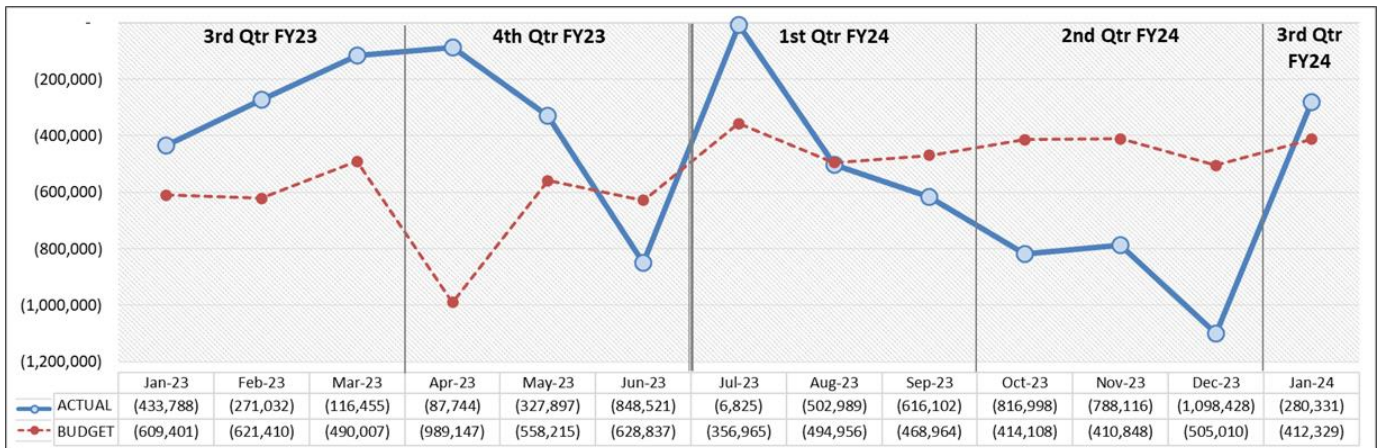
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	\$	%	Actual	Budget	\$	%	Actual	\$	%	
Operating Margin	\$ (141,908)	\$ (406,938)	\$ 265,030	65%	\$ (6,107,792)	\$ (4,504,694)	\$ (1,603,097)	-36%	\$ (6,344,842)	\$ 237,050	4%	
Operating EBDA	\$ 315,038	\$ (33,971)	\$ 349,009	1027%	\$ (3,002,570)	\$ (2,313,925)	\$ (688,645)	-30%	\$ (4,578,086)	\$ 1,575,515	34%	
Net Income (Loss)	\$ 373,621	\$ 311,832	\$ 61,789	20%	\$ (1,805,233)	\$ 526,640	\$ (2,331,873)	-443%	\$ (989,718)	\$ (815,515)	-82%	

The highlight of January and what buoyed the month financially was the positive shift in surgical volumes. As has been discussed during the past couple of committee meetings, the hospital has experienced a degrade in surgical activity over the course of the past four months. This was amplified in December when surgical volumes came in at an 18-month low. January’s surgical volume marked a 50% increase from December’s low, and was nearly 20% higher than our current fiscal year average. Orthopedics, Gastroenterology, Ophthalmology, and General Surgery all experienced significant increases when compared to the prior month. This infusion of surgical volume drove a corresponding increase in both gross and net patient revenues, and was the main driver in the month’s performance.

We did have some IGT activity in January as we accrued for our Quality Improvement Program (QIP) IGT fund. This added \$595,000 to the bottom line (\$890,000 in revenue and \$293,000 in expenses). This compares to the \$378,000 that was budgeted for the month (\$588,000 in revenue and \$210,000 in expenses). We paid the matching fee in early February and will be receiving our funds in either April or May. We also booked nearly \$200,000 in revenue for a cost report settlement that was just finalized. We will be receiving these funds in either March or April.

As has been the case for the majority of this year, operating expenses tracked very close to both budget and prior months. Total operating expenses (without IGT matching fees) tracked right at budget for the month, and ran 4% under budget if you were to exclude depreciation.

**Graph 1.1 | SVH Trended Operating EBDA (excluding IGT funding)**

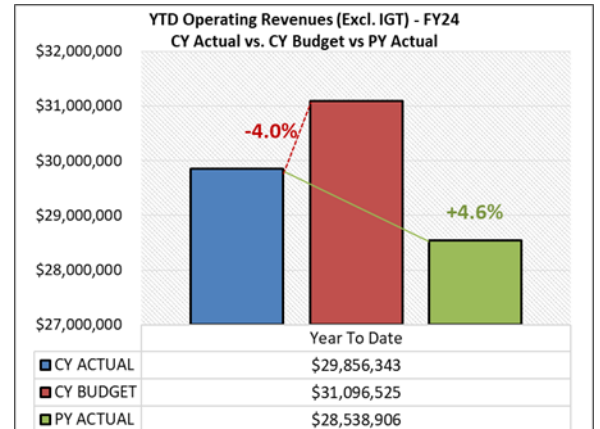
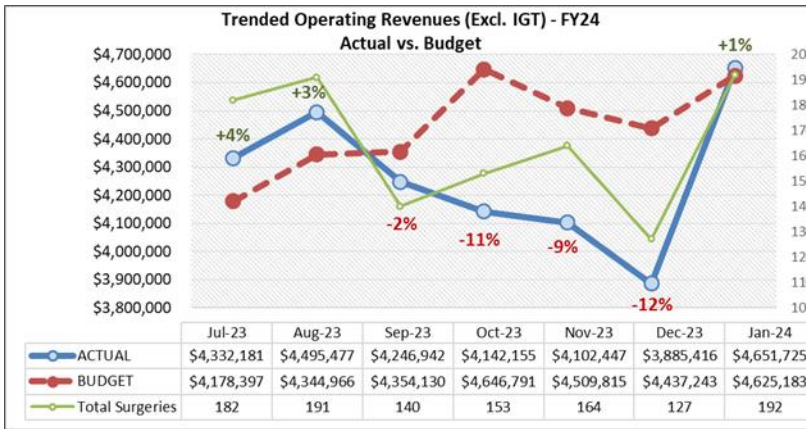


## 2. NET REVENUE AND VOLUME SUMMARY:

**Table 2 | Operating Revenues – Actual vs. Budget - January 2024 (Excluding IGT)**

	Month of January 2024				Year To Date January 2024							
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD		Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%	
<b>Gross Revenue</b>	\$ 30,002,204	\$ 30,006,151	\$ (3,947)	0%	\$ 199,640,262	\$ 201,238,455	\$ (1,598,193)	-1%	\$ 185,520,458	\$14,119,803	8%	
<b>Net Patient Revenue</b>	\$ 4,543,430	\$ 4,532,377	\$ 11,053	0%	\$ 29,208,909	\$ 30,446,883	\$ (1,237,974)	-4%	\$ 27,911,369	\$ 1,297,540	5%	
<b>NPR as a % of Gross</b>	15.1%	15.1%	0.3%		14.6%	15.1%	-3.3%		15.0%	-2.8%		
<b>Tot Operating Revenue</b>	\$ 4,651,725	\$ 4,625,183	\$ 26,542	1%	\$ 29,856,343	\$ 31,096,525	\$ (1,240,182)	-4%	\$ 28,538,906	\$ 1,317,436	5%	

**Graph 2.1 | SVH Trended Operating Revenue FY24 (excluding IGT funding)**

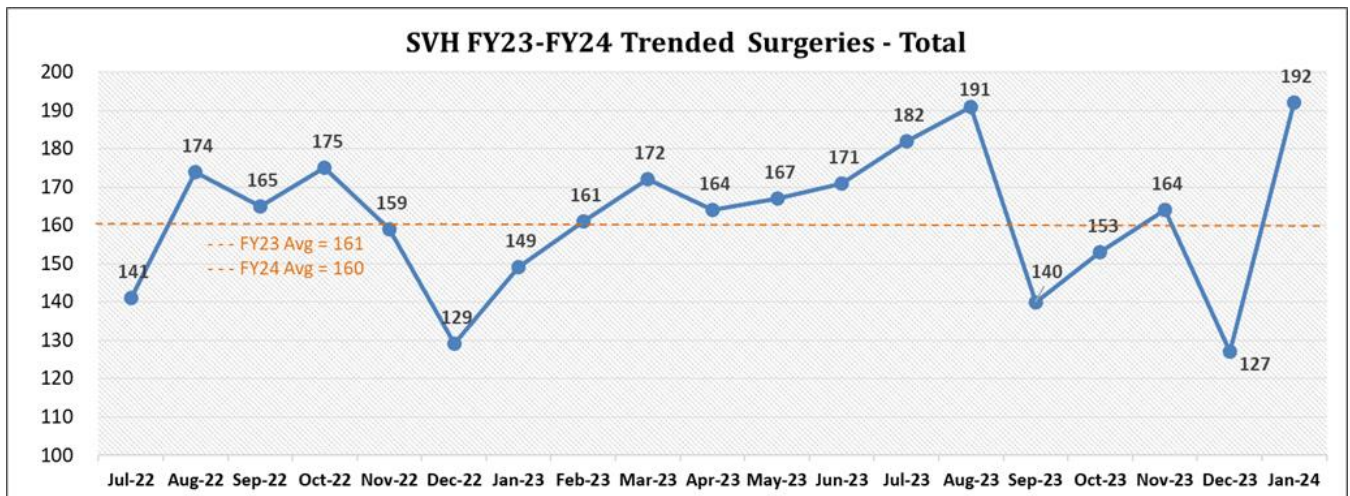


January delivered a very strong month in revenues to the hospital. This growth was driven primarily by an infusion of volume - particularly surgical volume, as the 192 surgeries performed in the month marks a new fiscal year high. January's surgical activity also represents a 50% increase from December, and nearly a 20% increase compared to our fiscal year run-rate.

### NET REVENUE DRIVERS:

- Surgical Volumes** - We were expecting a rebound in January given the nature of some of the decreases in December, and we were correct as January was a complete reversal from the prior month. Not only did surgeries far outpace December as well as our fiscal year average, they also exceeded budget in January and marked a new fiscal year high.

**Graph 2.2 | SVH Trended Surgeries (Total) | FY23 – FY24 YTD**





- Service-Line Surgical Volumes** – The most noteworthy aspect of January's surgical volume increase is the substantial month-to-month growth observed in our biggest service-lines – Orthopedics, Gastroenterology, Ophthalmology, and General Surgery. These service lines make up 90% of our overall surgical volume, and all four service lines performed under their respective monthly averages by over 10% in December. That was flipped in January as all four experienced a resurgence, contributing significantly to the overall uptick in surgical volumes. Altogether, surgical volumes from this group exceeded their previous month's total by over 50%. This is certainly encouraging, and while we do expect most of these areas to continue to operate at these levels, it is important to note that some of this surge may not be sustainable through the end of the year as we anticipate a reduction in Orthopedic surgical volumes due to the impending retirement of Dr. Brown, a key provider in this specialty.

**Table 2.3 | Surgical Volumes Top 4 Service Lines – January 2024 vs. December 2023, vs. FY24 Average**

Service Line	Jan24	Dec23	Var	% Var	FY24 Avg	Var	% Var
Orthopedics	67	49	18	37%	64	3	4%
Gastroenterology	67	47	20	43%	60	7	12%
Ophthalmology	22	11	11	100%	14	8	55%
General	18	10	8	80%	15	3	20%
<b>SubTotal</b>	<b>174</b>	<b>117</b>	<b>57</b>	<b>49%</b>	<b>153</b>	<b>21</b>	<b>13%</b>
Other	18	10	8	80%	11	7	69%
<b>Grand Total</b>	<b>192</b>	<b>127</b>	<b>65</b>	<b>51%</b>	<b>164</b>	<b>28</b>	<b>17%</b>

- Emergency Room Volumes** - Another area of strength in January was our emergency room volumes. After hitting a fiscal year low in November, we witnessed a steady increase in emergency room visits over the past two months, culminating in volumes that have exceeded budgeted expectations once again in January. This positive trend is encouraging, and we anticipate further growth as we navigate through the winter months.
- Ancillary Volumes** – Other outpatient activity continued to demonstrate strength in January as well. Physical therapy volumes have been on the rise, and January sustained this upward trend as the 1,238 visits were a 6-month high. Imaging volumes were also strong, particularly in MRI, CT, and ultrasound.

**Table 2.4 | Patient Volumes – January 2024**

	Month of January 2024				Year To Date January 2024						
	Current Year		Variance		Current Year		Variance		Prior Year		Variance
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	300	290	10	3%	1,893	1,921	(28)	-1%	1,944	(51)	-3%
Average Daily Census	9.7	9.4	0.3	3%	8.8	8.9	(0.1)	-1%	9.0	(0.2)	-3%
Acute Discharges	75	62	13	21%	507	425	82	19%	465	42	9%
IP Surgeries	14	14	-	0%	98	95	3	3%	112	(14)	-13%
OP Surgeries/Spec Proc	178	176	2	1%	1,051	1,114	(63)	-6%	980	71	7%
<b>Total Surgeries / Procedures</b>	<b>192</b>	<b>190</b>	<b>2</b>	<b>1%</b>	<b>1,149</b>	<b>1,209</b>	<b>(60)</b>	<b>-5%</b>	<b>1,092</b>	<b>57</b>	<b>5%</b>
Total Outpatient Visits	5,080	4,642	438	9%	35,749	31,351	4,398	14%	31,880	3,869	12%
Emergency Room Visits	868	855	13	2%	5,970	6,111	(141)	-2%	5,799	171	3%

**Table 2.5 | Outpatient Volumes Trended – Last 6 Months**

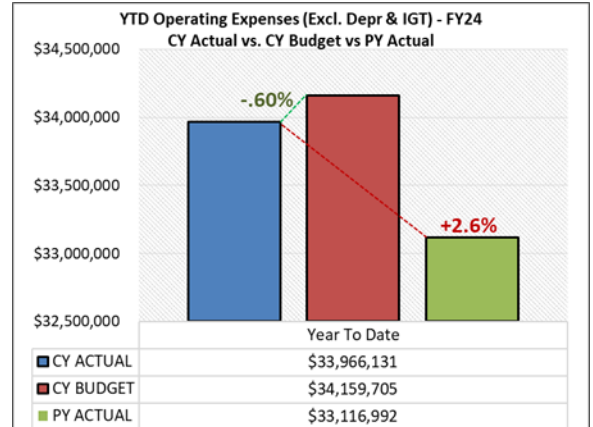
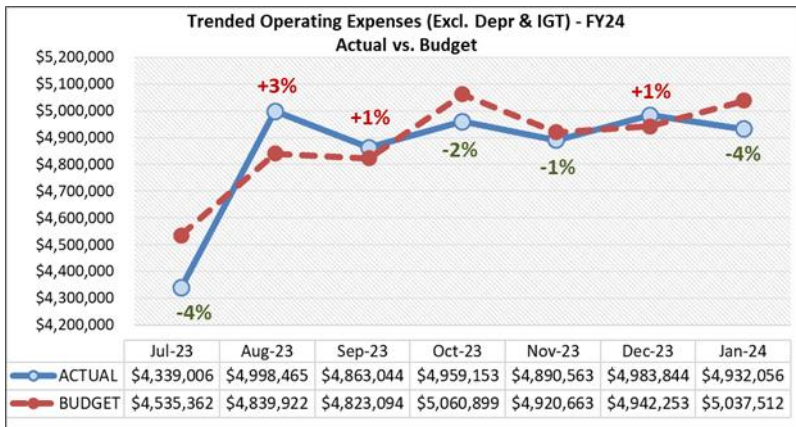
Department	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Last 6 Months
Lab	1,380	1,308	1,312	1,284	1,181	1,337	
Medical Imaging	1,037	959	1,002	997	945	949	
Physical Therapy	1,052	968	1,207	1,195	1,151	1,238	
CT Scanner	379	381	407	370	358	409	
Occ. Health	336	311	348	280	273	291	
Mammography	288	209	296	271	241	222	
Occupational Therapy	191	150	184	211	126	194	
Ultrasound	207	222	239	220	206	244	
Wound Care	221	198	192	129	136	174	
MRI	127	144	129	114	136	140	
ECHO	102	119	124	117	104	113	
Speech Therapy	60	43	44	51	38	45	
Other	26	13	19	12	26	24	
<b>TOTAL</b>	<b>5,406</b>	<b>5,025</b>	<b>5,503</b>	<b>5,251</b>	<b>4,921</b>	<b>5,380</b>	
Emergency Room	861	884	818	780	890	868	

**3. OPERATING EXPENSE SUMMARY:**

**Table 3 | Operating Expenses – Actual vs. Budget – January 2024 (Excluding IGT)**

	Month of January 2024				Year To Date January 2024						
	Current Year - Month		Variance		Current Year - YTD		Variance		Prior YTD	Variance	
	Actual	Budget	Var	%	Actual	Budget	\$	%	Actual	\$	%
Operating Expenses	\$5,389,002	\$ 5,410,479	\$ 21,477	0%	\$ 37,071,352	\$ 36,350,474	\$ (720,878)	-2%	\$ 34,883,748	\$ (2,187,604)	-6%
Operating Expenses Excl. Depr.	\$4,932,056	\$ 5,037,512	\$ 105,456	2%	\$ 33,966,131	\$ 34,159,705	\$ 193,574	0.6%	\$ 33,116,992	\$ (849,139)	-3%
Worked FTEs	204.1	221.5	17.4	8%	214.4	216.6	2.2	1%	210.7	(3.6)	-2%

**Graph 3.1 | SVH Trended Operating Expenses (excluding Depreciation & IGT funding) – FY24**



Expenses have remained relatively stable since the start of the fiscal year and that continued in January. Operating expenses were basically flat with budget for the month (excluding IGT matching fee) but ran under by 4% when you exclude depreciation. We did see an increase in supply expenses in January, which correlates to an increase in volume - especially surgical volume as much of the increase relates to implants and surgical supply costs.

**4. CASH ACTIVITY SUMMARY:**

**Table 4 | Cash / Revenue Cycle Indicators - January 2024**

	Jan-24	Dec-23	Var	%
Days Cash on Hand	19.8	21.5	(1.7)	-8%
A/R Days	61.1	61.0	0.1	0%
A/P Days	63.9	57.1	6.8	12%

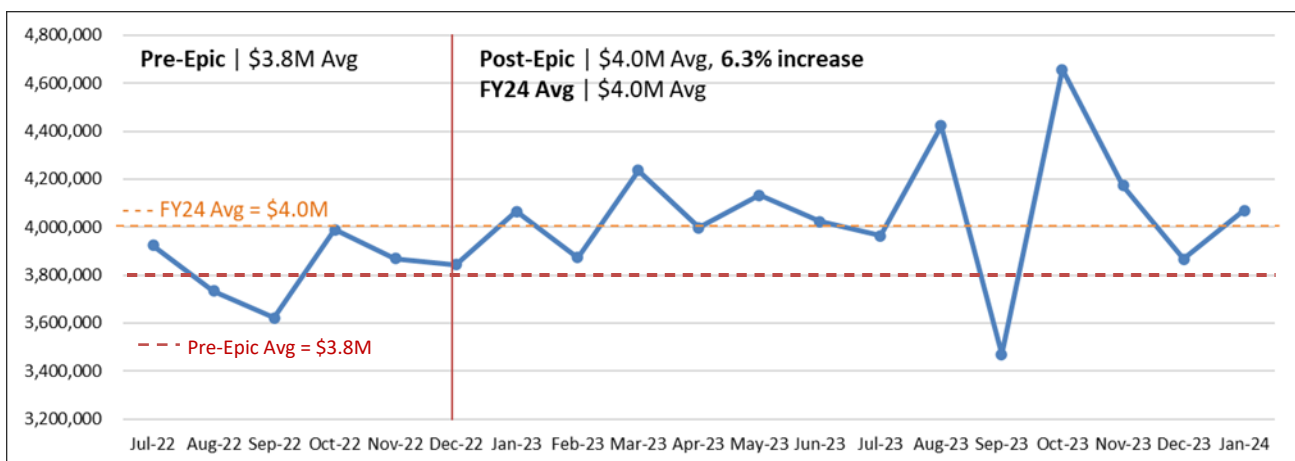
We collected just over \$4 million in cash in January, which is right at the re-forecasted projection based on last month's forecast and represents a 5% increase from December's collections. The month did see our days cash close at 19.8, which is a slight decrease from prior month but also higher than the 15.7 that was projected based on last month's forecast. The reason for this is less than anticipated outlays in operating expenses, particularly the decrease in salaries and FTEs in January.

Days in A/R remains flat with prior months. We provided a net A/R analysis and will walk through those schedules during the meeting. We've run into some challenges in getting some self-pay claims out the door due to a system issue in Epic, and are working with our Epic vendor to resolve. We continue to be diligent in working claims. 85% of our total net accounts receivable are less than 90 days old. That percentage increases to over 90% when excluding self-pay.

We did see an increase in days in accounts payable in January. The majority of this increase relates to our accrual of the QIP IGT. Nearly \$300,000 of expense was accrued in January for this. We also made additional accruals totaling \$175,000 for costs related to seismic compliance work that was performed in January as well as accruing for estimated costs for our new health plan.

We have been working on putting together a more detailed, short-term cash forecast that projects out over the next 90 days. We will plan on sharing this view with the committee during the meeting on Tuesday.

**Graph 4.1 | Cash Collections Trended FY22 – Present | Pre-Epic v. Post-Epic**



**ATTACHMENTS:**

- Attachment A is the Payer Mix Analysis
- 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 Trended Income Statement
- Attachment F is the Cash Projection

**Sonoma Valley Hospital**  
**Payer Mix for the month of January, 2024**

**ATTACHMENT A**

<b>MONTH</b>				
<b>Gross Revenue</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>% Variance</b>
Medicare	11,166,610	11,089,264	77,346	0.3%
Medicare Managed Care	6,299,105	5,264,844	1,034,261	3.4%
Medi-Cal	4,393,707	5,866,478	-1,472,772	-4.8%
Self Pay	470,385	164,757	305,627	1.0%
Commercial & Other Gov't	6,768,258	7,076,891	-308,633	-1.0%
Worker's Comp.	876,440	1,119,153	-242,714	-0.8%
<b>Total</b>	<b>29,974,503</b>	<b>30,581,388</b>	<b>-606,885</b>	<b>-2.0%</b>

<b>YEAR TO DATE</b>			
<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>% Variance</b>
74,166,810	72,428,424	1,738,386	0.9%
35,867,033	34,387,863	1,479,170	0.7%
31,505,225	38,338,087	-6,832,862	-3.4%
3,004,007	1,079,662	1,924,345	1.0%
49,183,771	46,264,867	2,918,904	1.5%
5,791,899	7,321,209	-1,529,310	-0.8%
<b>199,518,746</b>	<b>199,820,113</b>	<b>-301,367</b>	<b>-0.2%</b>

<b>MONTH</b>			
<b>Payor Mix</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
Medicare	37.3%	36.3%	1.0%
Medicare Managed Care	21.0%	17.2%	3.8%
Medi-Cal	14.7%	19.2%	-4.5%
Self Pay	1.6%	0.5%	1.0%
Commercial & Other Gov't	22.6%	23.1%	-0.6%
Worker's Comp.	2.9%	3.7%	-0.7%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	

<b>YEAR TO DATE</b>		
<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
37.2%	36.2%	0.9%
18.0%	17.2%	0.8%
15.8%	19.2%	-3.4%
1.5%	0.5%	1.0%
24.7%	23.2%	1.5%
2.9%	3.7%	-0.8%
<b>100.0%</b>	<b>100.0%</b>	

**SONOMA VALLEY HOSPITAL**  
**OPERATING INDICATORS**  
For the Period Ended January 31, 2024

**ATTACHMENT B**

<b>CURRENT MONTH</b>				<b>YEAR-TO-DATE</b>			<b>YTD</b>	
<b>Actual</b>	<b>Budget</b>	<b>Favorable (Unfavorable) Variance</b>		<b>Actual</b>	<b>Budget</b>	<b>Favorable (Unfavorable) Variance</b>	<b>Prior Year 01/31/23</b>	
<u>01/31/24</u>	<u>01/31/24</u>	<u>01/31/24</u>		<u>01/31/24</u>	<u>01/31/24</u>	<u>01/31/24</u>	<u>01/31/23</u>	
<b>Inpatient Utilization</b>								
<b>Discharges</b>								
1	59	49	10	Med/Surg	385	340	45	334
2	16	13	3	ICU	122	85	37	131
3	75	62	13	Total Discharges	507	425	82	465
<b>Patient Days:</b>								
4	213	186	27	Med/Surg	1,277	1,246	31	1,213
5	87	104	(17)	ICU	616	675	(59)	731
6	300	290	10	Total Patient Days	1,893	1,921	(28)	1,944
7	26	-	26	<b>Observation days</b>	159	-	159	110
<b>Average Length of Stay:</b>								
8	3.6	3.8	(0.2)	Med/Surg	3.32	3.66	(0.35)	3.6
9	5.4	8.2	(2.8)	ICU	5.05	7.93	(2.88)	5.6
10	4.0	4.7	(0.7)	Avg. Length of Stay	3.73	4.52	(0.78)	4.2
<b>Average Daily Census:</b>								
11	6.9	6.0	0.9	Med/Surg	5.9	5.8	0.1	5.6
12	2.8	3.4	(0.5)	ICU	2.9	3.1	(0.3)	3.4
13	9.7	9.4	0.3	Avg. Daily Census	8.8	8.9	(0.1)	9.0
<b>Other Utilization Statistics</b>								
<b>Emergency Room Statistics</b>								
14	868	855	13	Total ER Visits	5,970	6,111	(141)	5,799
<b>Outpatient Statistics:</b>								
15	5,380	4,642	738	Total Outpatients Visits	36,049	31,351	4,698	31,880
16	14	14	-	IP Surgeries	98	95	3	112
17	178	161	17	OP Surgeries / Special Procedures	1,051	1,099	(48)	980
18	336	254	82	Adjusted Discharges	2,279	1,797	482	1,978
19	1,342	1,187	155	Adjusted Patient Days	8,542	8,121	421	8,360
20	43.3	38.3	5.0	Adj. Avg. Daily Census	39.7	37.8	2.0	38.9
21	1.6196	1.4000	0.220	Case Mix Index - Medicare	1.3945	1.4000	(0.005)	1.4825
22	1.5275	1.4000	0.128	Case Mix Index - All payers	1.3789	1.4000	(0.021)	1.4644
<b>Labor Statistics</b>								
23	204	221	17	FTE's - Worked	214	217	2.2	211
24	241	244	3	FTE's - Paid	239	238	(0.0)	235
25	45.09	49.52	4.43	Average Hourly Rate	48.25	51.29	3.04	49.28
26	5.55	6.37	0.82	FTE / Adj. Pat Day	6.00	6.31	0.31	6.03
27	31.7	36.3	4.7	Manhours / Adj. Pat Day	34.2	36.0	1.8	34.4
28	126.6	169.9	43.3	Manhours / Adj. Discharge	128.2	162.6	34.4	145.3
29	26.4%	23.4%	-3.0%	Benefits % of Salaries	24.9%	24.3%	-0.6%	23.8%
<b>Non-Labor Statistics</b>								
30	14.0%	13.2%	-0.8%	Supply Expense % Net Revenue	15.8%	14.2%	-1.6%	16.1%
31	2,269	2,667	398	Supply Exp. / Adj. Discharge	2,138	2,502	364	2,274
32	17,062	22,354	5,292	Total Expense / Adj. Discharge	16,620	20,652	4,031	17,806
<b>Other Indicators</b>								
33	19.8			Days Cash - Operating Funds				
34	61.1	50.0	11.1	Days in Net AR	62.5	50.0	12.5	41.1
35	114%			Collections % of Cash Goal	101%			93.5%
36	63.9	55.0	8.9	Days in Accounts Payable	63.9	55.0	8.9	46.8
37	18.1%	17.1%	1.0%	% Net revenue to Gross revenue	15.4%	15.7%	-0.3%	15.1%
38	34.2%			% Net AR to Gross AR	34.2%			18.3%

Sonoma Valley Health Care District

ATTACHMENT C

**Balance Sheet**  
**As of January 31, 2024**  
**UNAUDITED**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 685,723	\$ 279,754	\$ 990,411
2 Cash - Money Market	2,109,185	3,108,518	1,848,556
3 Net Patient Receivables	10,855,546	10,270,305	8,980,508
4 Allow Uncollect Accts	(2,998,986)	(2,726,204)	(1,616,728)
5 Net A/R	7,856,560	7,544,101	7,363,780
6 Other Accts/Notes Rec	2,351,349	2,190,681	1,741,219
7 Parcel Tax Receivable	1,740,944	1,740,944	1,741,233
8 GO Bond Tax Receivable	947,285	2,401,190	906,105
9 3rd Party Receivables, Net	812,998	317,962	102,551
10 Inventory	1,027,156	1,015,925	1,038,726
11 Prepaid Expenses	1,062,872	1,023,531	715,339
12 Total Current Assets	\$ 18,594,072	\$ 19,622,605	\$ 16,447,920
13 Property, Plant & Equip, Net	\$ 56,323,297	\$ 56,463,268	\$ 54,500,312
14 Trustee Funds - GO Bonds	4,989,603	3,520,557	4,906,703
15 Designated Funds - Board Approved	-	-	1,000,000
16 <b>Total Assets</b>	<b>\$ 79,906,972</b>	<b>\$ 79,606,430</b>	<b>\$ 76,854,934</b>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
17 Accounts Payable	\$ 7,060,486	\$ 6,506,464	\$ 5,229,799
18 Accrued Compensation	3,736,291	3,737,047	3,565,632
19 Interest Payable - GO Bonds	206,953	195,172	242,569
20 Accrued Expenses	302,024	571,164	969,200
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,583,331	1,899,998	1,583,335
23 Deferred GO Bond Tax Revenue	1,090,611	1,308,733	1,035,455
24 Current Maturities-LTD	217,475	217,475	217,475
25 Line of Credit - Union Bank	4,973,734	4,973,734	5,473,734
26 Other Liabilities	93,916	57,511	57,511
27 Total Current Liabilities	\$ 19,264,821	\$ 19,467,298	\$ 18,374,710
28 Long Term Debt, net current portion	\$ 26,107,741	\$ 26,378,346	\$ 24,507,506
Fund Balances:			
30 Unrestricted	\$ 20,937,157	\$ 20,537,154	\$ 18,770,199
31 Restricted	13,597,253	13,223,632	15,202,520
32 Total Fund Balances	\$ 34,534,410	\$ 33,760,787	\$ 33,972,719
33 <b>Total Liabilities &amp; Fund Balances</b>	<b>\$ 79,906,972</b>	<b>\$ 79,606,430</b>	<b>\$ 76,854,934</b>

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended January 31, 2024**

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
<b>Volume Information</b>										
1	75	67	8	12%	Acute Discharges	507	423	84	20%	458
2	300	281	19	7%	Patient Days	1,893	1,905	(12)	-1%	1,944
3	26	-	26	0%	Observation Days	159	-	159	*	110
4	\$ 23,302	\$ 22,679	\$ 624	3%	Gross O/P Revenue (000's)	\$ 155,220	\$ 153,679	\$ 1,541	1%	\$ 141,692
<b>Financial Results</b>										
<b>Gross Patient Revenue</b>										
5	\$ 6,699,890	\$ 7,326,865	\$ (626,975)	-9%	Inpatient	\$ 44,420,256	\$ 47,559,250	(3,138,994)	-7%	\$ 43,676,443
6	14,442,618	13,244,508	1,198,110	9%	Outpatient	95,551,057	91,902,454	3,648,604	4%	82,689,859
7	8,859,696	9,434,778	(575,082)	-6%	Emergency	59,668,948	61,776,751	(2,107,803)	-3%	59,154,156
8	\$ 30,002,204	\$ 30,006,151	(3,947)	0%	<b>Total Gross Patient Revenue</b>	\$ 199,640,262	\$ 201,238,455	(1,598,193)	-1%	\$ 185,520,458
<b>Deductions from Revenue</b>										
9	(25,246,761)	(25,289,939)	43,178	0%	Contractual Discounts	\$ (169,962,680)	\$ (169,621,895)	(340,785)	0%	\$ (156,392,512)
10	(90,000)	(152,650)	62,650	41%	Bad Debt	(635,027)	(981,893)	346,866	35%	(1,006,647)
11	(122,013)	(31,185)	(90,828)	-291%	Charity Care Provision	166,355	(187,784)	354,139	*	(209,930)
12	888,369	588,346	300,023	51%	Prior Period Adj/Government Program Revenue	1,611,911	1,169,231	442,680	38%	-
13	\$ (24,570,405)	\$ (24,885,428)	315,023	-1%	<b>Total Deductions from Revenue</b>	\$ (168,819,441)	\$ (169,622,341)	802,900	0%	\$ (157,609,089)
14	\$ 5,431,799	\$ 5,120,723	311,076	6%	<b>Net Patient Service Revenue</b>	\$ 30,820,820	\$ 31,616,114	(795,294)	-3%	\$ 27,911,369
15	\$ 108,295	\$ 92,806	15,489	17%	Other Op Rev & Electronic Health Records	\$ 647,434	\$ 649,642	(2,208)	0%	\$ 627,537
16	\$ 5,540,094	\$ 5,213,529	326,565	6%	<b>Total Operating Revenue</b>	\$ 31,468,254	\$ 32,265,756	(797,502)	-2%	\$ 28,538,906
<b>Operating Expenses</b>										
17	\$ 1,915,551	\$ 2,133,646	218,095	10%	Salary and Wages and Agency Fees	\$ 14,100,758	\$ 14,415,055	314,298	2%	\$ 14,164,222
18	810,879	740,431	(70,448)	-10%	Employee Benefits	5,264,822	5,090,619	(174,203)	-3%	4,955,237
19	\$ 2,726,430	\$ 2,874,077	147,647	5%	Total People Cost	\$ 19,365,580	\$ 19,505,674	140,094	1%	\$ 19,119,459
20	\$ 659,636	\$ 648,664	(10,972)	-2%	Med and Prof Fees (excl Agency)	\$ 4,047,865	\$ 4,340,247	292,382	7%	\$ 3,995,133
21	761,387	676,372	(85,015)	-13%	Supplies	4,873,776	4,496,619	(377,157)	-8%	4,498,134
22	396,842	426,501	29,659	7%	Purchased Services	3,031,691	3,005,091	(26,600)	-1%	3,069,906
23	456,946	372,967	(83,979)	-23%	Depreciation	3,105,221	2,190,769	(914,452)	-42%	1,766,756
24	165,776	174,119	8,343	5%	Utilities	1,054,432	1,243,834	189,402	15%	1,173,886
25	66,583	71,758	5,175	7%	Insurance	484,638	477,305	(7,333)	-2%	391,571
26	71,737	62,094	(9,643)	-16%	Interest	381,362	304,658	(76,704)	-25%	256,666
27	83,665	103,927	20,262	19%	Other	726,786	786,276	59,490	8%	612,236
28	293,000	209,988	(83,012)	40%	Matching Fees (Government Programs)	504,693	419,976	(84,717)	20%	0
29	\$ 5,682,002	\$ 5,620,467	(61,535)	-1%	<b>Operating expenses</b>	\$ 37,576,045	\$ 36,770,450	(805,595)	-2.2%	\$ 34,883,748
30	\$ (141,908)	\$ (406,938)	\$ 265,030	65%	<b>Operating Margin</b>	\$ (6,107,792)	\$ (4,504,694)	(1,603,097)	-36%	\$ (6,344,842)

**Sonoma Valley Health Care District  
Statement of Revenue and Expenses  
For the Period Ended January 31, 2024**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual	Budget	\$	%		Actual	Budget	\$	%		
<b>31</b>	\$ 19,303	\$ 4,744	14,559	*							
<b>32</b>	(2,797)	-	(2,797)	0%							
<b>33</b>	-	-	-	*							
<b>34</b>	316,667	316,667	-	0%							
<b>35</b>	-	-	-	0%							
<b>36</b>	<b>\$ 333,173</b>	<b>\$ 321,411</b>	<b>11,762</b>	<b>4%</b>							
<b>37</b>	<b>\$ 191,265</b>	<b>\$ (85,527)</b>	<b>276,792</b>	<b>*</b>							
<b>38</b>	\$ -	\$ -	-	0%							
<b>39</b>	\$ 7,169	\$ 238,530	(231,361)	0%							
<b>40</b>	<b>\$ 198,434</b>	<b>\$ 153,003</b>	<b>45,431</b>	<b>30%</b>							
<b>41</b>	175,187	158,829	16,358	10%							
<b>42</b>	<b>\$ 373,621</b>	<b>\$ 311,832</b>	<b>61,789</b>	<b>20%</b>							
	\$ 648,211	\$ 287,440	360,771								
	<b>\$ 315,038</b>	<b>\$ (33,971)</b>	<b>349,009</b>	<b>1027%</b>							
					<b>Non Operating Rev and Expense</b>						
					Miscellaneous Revenue/(Expenses)	\$ 137,244	\$ 33,152	104,092	*	\$ 25,296	
					Donations	(7,084)	-	(7,084)	0%	-	
					Physician Practice Support-Prima	-	-	-	*	-	
					Parcel Tax Assessment Rev	2,216,669	2,216,669	-	0%	2,216,669	
					Extraordinary Items	-	-	-	0%	-	
					<b>Total Non-Operating Rev/Exp</b>	<b>\$ 2,346,829</b>	<b>\$ 2,249,821</b>	<b>97,008</b>	<b>4%</b>	<b>\$ 2,241,965</b>	
					<b>Net Income / (Loss) prior to Restricted Contributions</b>	<b>\$ (3,760,963)</b>	<b>\$ (2,254,873)</b>	<b>(1,506,090)</b>	<b>-67%</b>	<b>\$ (4,102,877)</b>	
					Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
					Restricted Foundation Contributions	\$ 734,189	\$ 1,669,710	(935,521)	100%	\$ 2,001,635	
					<b>Net Income / (Loss) w/ Restricted Contributions</b>	<b>\$ (3,026,774)</b>	<b>\$ (585,163)</b>	<b>(2,441,611)</b>	<b>-417%</b>	<b>\$ (2,101,242)</b>	
					GO Bond Activity, Net	1,221,541	1,111,803	109,738	10%	1,111,524	
					<b>Net Income/(Loss) w GO Bond Activity</b>	<b>\$ (1,805,233)</b>	<b>\$ 526,640</b>	<b>(2,331,873)</b>	<b>*</b>	<b>\$ (989,718)</b>	
					<b>EBDA - Not including Restricted Contributions</b>	<b>\$ (655,742)</b>	<b>\$ (64,104)</b>	<b>(591,638)</b>		<b>\$ (2,336,120)</b>	
					<b>Operating EBDA - Not including Restricted Contributions</b>	<b>\$ (3,002,570)</b>	<b>\$ (2,313,925)</b>	<b>(688,645)</b>	<b>-30%</b>	<b>\$ (4,578,086)</b>	



**Sonoma Valley Health Care District  
FY24 Trended Income Statement  
For the Period Ended January 31, 2024**

ATTACHMENT E

	July	August	September	October	November	December	January	FY24 YTD
1 Acute Discharges	58	67	69	82	73	83	75	507
2 Patient Days	235	286	252	291	278	251	300	1,893
3 Observation Days	17	17	20	20	28	31	26	159
4 Gross O/P Revenue (000's)	\$ 22,427	\$ 23,002	\$ 20,977	\$ 22,806	\$ 21,941	\$ 20,765	\$ 23,302	\$ 155,220
<b>Financial Results</b>								
<b>Gross Patient Revenue</b>								
5 Inpatient	\$ 5,270,930	\$ 6,185,291	\$ 7,042,659	\$ 6,940,541	\$ 6,215,214	\$ 6,065,731	\$ 6,699,890	\$ 44,420,256
6 Outpatient	13,362,380	14,480,581	12,732,428	14,061,243	14,065,738	12,406,069	14,442,618	95,551,057
7 Emergency	9,064,276	8,521,398	8,244,129	8,744,996	7,875,077	8,359,376	8,859,696	59,668,948
8 <b>Total Gross Patient Revenue</b>	<b>\$ 27,697,586</b>	<b>\$ 29,187,271</b>	<b>\$ 28,019,216</b>	<b>\$ 29,746,780</b>	<b>\$ 28,156,029</b>	<b>\$ 26,831,176</b>	<b>\$ 30,002,204</b>	<b>\$ 199,640,262</b>
<b>Deductions from Revenue</b>								
9 Contractual Discounts	(23,186,323)	(24,519,220)	(23,700,704)	(25,666,646)	(24,259,529)	(23,383,497)	(25,246,761)	(169,962,680)
10 Bad Debt	(100,000)	(150,286)	(150,000)	(150,000)	(106,666)	111,925	(90,000)	(635,027)
11 Charity Care Provision	(164,591)	(109,767)	(5,598)	127,064	209,720	231,540	(122,013)	166,355
12 Prior Period Adj/Government Program Revenue	-	-	-	723,542	-	-	888,369	1,611,911
13 <b>Total Deductions from Revenue</b>	<b>\$ (23,450,914)</b>	<b>\$ (24,779,273)</b>	<b>\$ (23,856,302)</b>	<b>\$ (24,966,040)</b>	<b>\$ (24,156,475)</b>	<b>\$ (23,040,032)</b>	<b>\$ (24,570,405)</b>	<b>\$ (168,819,441)</b>
14 <b>Net Patient Service Revenue</b>	<b>\$ 4,246,672</b>	<b>\$ 4,407,997</b>	<b>\$ 4,162,914</b>	<b>\$ 4,780,740</b>	<b>\$ 3,999,554</b>	<b>\$ 3,791,144</b>	<b>\$ 5,431,799</b>	<b>\$ 30,820,820</b>
15 Other Op Rev & Electronic Health Records	\$ 85,509	\$ 87,480	\$ 84,028	\$ 84,957	\$ 102,893	\$ 94,272	\$ 108,295	\$ 647,434
16 <b>Total Operating Revenue</b>	<b>\$ 4,332,181</b>	<b>\$ 4,495,477</b>	<b>\$ 4,246,942</b>	<b>\$ 4,865,697</b>	<b>\$ 4,102,447</b>	<b>\$ 3,885,416</b>	<b>\$ 5,540,094</b>	<b>\$ 31,468,254</b>
<b>Operating Expenses</b>								
17 Salary and Wages and Agency Fees	\$ 1,945,424	\$ 2,110,281	\$ 1,945,277	\$ 2,136,304	\$ 1,959,289	\$ 2,088,632	\$ 1,915,551	\$ 14,100,758
18 Employee Benefits	735,985	707,955	744,685	738,614	771,746	754,958	810,879	5,264,822
19 Total People Cost	\$ 2,681,409	\$ 2,818,236	\$ 2,689,962	\$ 2,874,918	\$ 2,731,035	\$ 2,843,590	\$ 2,726,430	\$ 19,365,580
20 Med and Prof Fees (excl Agency)	\$ 557,320	\$ 599,056	\$ 541,334	\$ 571,881	\$ 567,236	\$ 551,402	\$ 659,636	\$ 4,047,865
21 Supplies	460,649	762,524	752,597	797,037	683,130	656,453	761,387	4,873,776
22 Purchased Services	305,875	410,360	431,618	372,986	563,672	550,338	396,842	3,031,691
23 Depreciation	240,214	238,993	501,633	696,387	539,719	431,329	456,946	3,105,221
24 Utilities	157,932	159,965	197,864	101,670	136,391	134,835	165,776	1,054,432
25 Insurance	66,583	81,160	66,697	68,488	66,583	68,544	66,583	484,638
26 Interest	42,598	43,202	71,611	56,224	49,503	46,487	71,737	381,362
27 Other	66,641	123,963	111,361	115,949	93,013	132,195	83,665	726,786
28 Matching Fees (Government Programs)	-	-	-	211,693	-	-	293,000	504,693
29 <b>Operating expenses</b>	<b>\$ 4,579,220</b>	<b>\$ 5,237,458</b>	<b>\$ 5,364,677</b>	<b>\$ 5,867,233</b>	<b>\$ 5,430,282</b>	<b>\$ 5,415,173</b>	<b>\$ 5,682,002</b>	<b>\$ 37,576,045</b>
30 <b>Operating Margin</b>	<b>\$ (247,039)</b>	<b>\$ (741,982)</b>	<b>\$ (1,117,735)</b>	<b>\$ (1,001,536)</b>	<b>\$ (1,327,835)</b>	<b>\$ (1,529,757)</b>	<b>\$ (141,908)</b>	<b>\$ (6,107,792)</b>
<b>Non Operating Rev and Expense</b>								
31 Miscellaneous Revenue/(Expenses)	\$ 27,167	\$ 15,794	\$ 12,459	\$ 42,493	\$ 3,662	\$ 16,366	\$ 19,303	\$ 137,244
32 Donations	-	-	-	-	-	(4,287)	(2,797)	(7,084)
33 Physician Practice Support-Prima	-	-	-	-	-	-	-	-
34 Parcel Tax Assessment Rev	316,667	316,667	316,667	316,667	316,667	316,667	316,667	2,216,669
35 Extraordinary Items	-	-	-	-	-	-	-	-
36 <b>Total Non-Operating Rev/Exp</b>	<b>\$ 343,834</b>	<b>\$ 332,461</b>	<b>\$ 329,126</b>	<b>\$ 359,160</b>	<b>\$ 320,329</b>	<b>\$ 328,746</b>	<b>\$ 333,173</b>	<b>\$ 2,346,829</b>
37 <b>Net Income / (Loss) prior to Rest. Contributions</b>	<b>\$ 96,795</b>	<b>\$ (409,521)</b>	<b>\$ (788,609)</b>	<b>\$ (642,376)</b>	<b>\$ (1,007,506)</b>	<b>\$ (1,201,011)</b>	<b>\$ 191,265</b>	<b>\$ (3,760,963)</b>
38 Capital Campaign Contribution	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39 Restricted Foundation Contributions	\$ 1,638	\$ 103,076	\$ 213,884	\$ -	\$ 78,280	\$ 330,142	\$ 7,169	\$ 734,189
40 <b>Net Income / (Loss) w/ Restricted Contributions</b>	<b>\$ 98,433</b>	<b>\$ (306,445)</b>	<b>\$ (574,725)</b>	<b>\$ (642,376)</b>	<b>\$ (929,226)</b>	<b>\$ (870,869)</b>	<b>\$ 198,434</b>	<b>\$ (3,026,774)</b>
41 GO Bond Activity, Net	170,419	175,187	175,187	175,187	175,187	175,187	175,187	1,221,541
42 <b>Net Income/(Loss) w GO Bond Activity</b>	<b>\$ 268,852</b>	<b>\$ (131,258)</b>	<b>\$ (399,538)</b>	<b>\$ (467,189)</b>	<b>\$ (754,039)</b>	<b>\$ (695,682)</b>	<b>\$ 373,621</b>	<b>\$ (1,805,233)</b>
EBDA - Not including Restricted Contributions	\$ 337,009	\$ (170,528)	\$ (286,976)	\$ 54,011	\$ (467,787)	\$ (769,682)	\$ 648,211	\$ (655,742)
Operating EBDA	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (305,149)	\$ (788,116)	\$ (1,098,428)	\$ 315,038	\$ (3,002,570)
Operating EBDA excl IGT	\$ (6,825)	\$ (502,989)	\$ (616,102)	\$ (816,998)	\$ (788,116)	\$ (1,098,428)	\$ (280,331)	\$ (4,109,788)

Sonoma Valley Hospital  
Cash Forecast  
FY 2024

ATTACHMENT F

	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
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	3,964,672	4,421,352	3,469,614	4,656,688	4,173,049	3,866,074	4,070,379	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000	48,621,829
2 Other Operating Revenue	26,197	172,302	37,453	95,192	283,068	93,447	117,466	100,254	65,455	150,750	228,646	115,291	1,485,520
3 Other Non-Operating Revenue	42,960	4,386	10,108	43,877	12,352	11,224	17,442	7,800	7,800	7,800	7,800	7,800	181,349
4 Unrestricted Contributions		1,250	861	2,651	7,716	380	7,169						20,027
5 Line of Credit													-
<b>Sub-Total Hospital Sources</b>	<b>4,033,829</b>	<b>4,600,406</b>	<b>3,517,792</b>	<b>4,798,212</b>	<b>4,476,030</b>	<b>3,971,076</b>	<b>4,212,456</b>	<b>4,108,054</b>	<b>4,073,255</b>	<b>4,158,550</b>	<b>4,236,446</b>	<b>4,123,091</b>	<b>50,309,196</b>
<b>Hospital Uses of Cash</b>													
6 Operating Expenses	5,152,114	5,121,241	4,128,841	4,998,884	5,056,542	5,222,290	4,196,863	5,228,418	5,073,479	4,946,353	5,034,948	4,814,191	58,974,164
7 Add Capital Lease Payments	64,932	65,051	389,160	194,558	370,013	69,578	270,605						1,423,897
8 Add: Bridge Loan Paybacks									304,000		304,000		608,000
9 Add: CHFFA Help II Loan Repayments	30,833	30,833	30,833	30,833	30,833	31,987	35,056	30,833	30,833	30,833	30,833	30,833	375,373
10 Line of Credit Paydown							-	-	-	3,100,000			3,100,000
11 Capital Expenditures	157,689	152,213	177,157	27,616	116,996	421,333	330,101	365,000	258,437	220,000	196,137	263,577	2,686,255
<b>Total Hospital Uses</b>	<b>5,405,567</b>	<b>5,369,338</b>	<b>4,725,991</b>	<b>5,251,892</b>	<b>5,574,384</b>	<b>5,745,188</b>	<b>4,832,623</b>	<b>5,624,251</b>	<b>5,666,749</b>	<b>8,297,186</b>	<b>5,565,918</b>	<b>5,108,601</b>	<b>67,167,688</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>(1,371,738)</b>	<b>(768,932)</b>	<b>(1,208,199)</b>	<b>(453,679)</b>	<b>(1,098,354)</b>	<b>(1,774,112)</b>	<b>(620,167)</b>	<b>(1,516,197)</b>	<b>(1,593,495)</b>	<b>(4,138,636)</b>	<b>(1,329,473)</b>	<b>(985,510)</b>	<b>(16,858,492)</b>
<b>Non-Hospital Sources</b>													
12 Restricted Capital Donations	1,638	101,826	213,023	6,249	85,272	327,110	26,137		26,137		26,137	258,577	1,072,106
13 Parcel Tax Revenue	179,984					2,059,056				1,560,959			3,800,000
14 Other Payments								900,000	400,000				1,300,000
15 Other:													-
16 IGT - HQAF VII (CY22)				39,262	684,280								723,542
17 IGT - QIP (PY 5/CY22)										1,088,369			1,088,369
18 IGT - Rate Range								2,500,000			2,500,000		5,000,000
19 IGT - HQAF VIII (CY23)										580,000			580,000
20 Distressed Hospital Loan Program								-	3,100,000				3,100,000
<b>Sub-Total Non-Hospital Sources</b>	<b>181,622</b>	<b>101,826</b>	<b>213,023</b>	<b>45,511</b>	<b>769,552</b>	<b>2,386,167</b>	<b>26,137</b>	<b>3,400,000</b>	<b>3,526,137</b>	<b>3,229,328</b>	<b>2,526,137</b>	<b>258,577</b>	<b>16,664,016</b>
<b>Non-Hospital Uses of Cash</b>													
21 Matching Fees	-	-	-	211,693				2,458,305	293,529	-	-	-	2,963,527
<b>Sub-Total Non-Hospital Uses of Cash</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>211,693</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,458,305</b>	<b>293,529</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,963,527</b>
<b>Net Non-Hospital Sources/Uses of Cash</b>	<b>181,622</b>	<b>101,826</b>	<b>213,023</b>	<b>(166,182)</b>	<b>769,552</b>	<b>2,386,167</b>	<b>26,137</b>	<b>941,695</b>	<b>3,232,608</b>	<b>3,229,328</b>	<b>2,526,137</b>	<b>258,577</b>	<b>13,700,490</b>
<b>Net Sources/Uses</b>	<b>(1,190,116)</b>	<b>(667,106)</b>	<b>(995,176)</b>	<b>(619,862)</b>	<b>(328,803)</b>	<b>612,054</b>	<b>(594,030)</b>	<b>(574,501)</b>	<b>1,639,113</b>	<b>(909,307)</b>	<b>1,196,664</b>	<b>(726,933)</b>	<b>(3,158,003)</b>
Total Cash at beginning of period	6,574,099	5,383,983	4,717,993	3,723,688	3,104,501	2,776,218	3,388,743	2,794,713	2,220,212	3,859,325	2,950,018	4,146,682	
<b>Total Cash at End of Period</b>	<b>5,383,983</b>	<b>4,716,877</b>	<b>3,722,817</b>	<b>3,103,826</b>	<b>2,775,698</b>	<b>3,388,272</b>	<b>2,794,713</b>	<b>2,220,212</b>	<b>3,859,325</b>	<b>2,950,018</b>	<b>4,146,682</b>	<b>3,419,749</b>	
<b>Average Days of Cash on Hand</b>													
Average Days of Cash on Hand	40.1	35.8	26.3	25.5	20.5	22.4	20.3						
<b>Days of Cash on Hand at End of Month</b>													
Days of Cash on Hand at End of Month	39.7	33.3	25.6	21.9	20.9	21.5	19.8	15.7	27.3	20.8	29.3	24.2	

**Sonoma Valley Health Care District**

**I. Epic A/R Aging by Financial Class**

As of January 31, 2024

\* Gross A/R, includes only active accounts (excludes zero balance encounters)

Financial Class	Open	0 to 30	31 to 60	61 to 90	91 to 120	121 to 180	Over 180	Totals	%
Medicare	4,665,127	1,082,054	54,177	76,901	11,157	8,745	76,261	<b>5,974,422</b>	29%
Medicare HMO	3,111,326	531,606	83,476	223,265	94,015	102,378	82,662	<b>4,227,560</b>	20%
Commercial	1,011,827	926,026	483,885	530,893	300,783	343,565	170,793	<b>3,744,657</b>	18%
Self-Pay	356,705	215,171	339,220	209,941	594,801	582,712	344,650	<b>2,673,262</b>	13%
Medicaid HMO	1,211,878	191,002	17,028	10,454	5,007	2,694	-	<b>1,442,380</b>	7%
Worker's Comp	170,824	136,013	82,032	46,534	102,763	15,417	153,403	<b>692,314</b>	3%
OTHER GOVERNMENT	446,729	138,365	-	52,573	40,777	1,108	-	<b>679,553</b>	3%
Managed Care	191,633	150,537	7,033	51,953	34,101	9,704	36,806	<b>484,708</b>	2%
Medicaid	135,040	157,568	22,963	48,973	38,137		50,129	<b>452,810</b>	2%
Capitation	198,217	56,591	4,159	44,456	4,716	165	10,242	<b>318,536</b>	2%
Other	67,027	72,954	262	-	-	25,249	-	<b>165,492</b>	1%
<b>Active AR Totals</b>	<b>11,566,332</b>	<b>3,657,887</b>	<b>1,094,235</b>	<b>1,295,943</b>	<b>1,226,256</b>	<b>1,091,737</b>	<b>924,946</b>	<b>20,855,694</b>	<b>100%</b>
<i>% of Aging Bucket to Total</i>	55.5%	17.5%	5.2%	6.2%	5.9%	5.2%	4.4%		
<i>% of Aging Bucket (excl SP) to</i>	61.7%	18.9%	4.2%	6.0%	3.5%	2.8%	3.2%		

Gross A/R Summary Aged	TOTAL	w/o Self Pay
Open to 90 Days	84.5%	90.7%
91 Days to 180 Days	11.1%	6.3%
181 Days+	4.4%	3.2%
<b>TOTAL</b>	<b>100.0%</b>	<b>100.2%</b>

\* 85% of active A/R is less than 90 days old

\* 90% of active A/R (excluding Self-Pay) is less than 90 days old

Sonoma Valley Health Care District  
 II. Epic Net A/R Analysis by Financial Class  
 As of January 31, 2024

Net A/R Analysis by Payor. Grouped by Encounter Type

1. Inpatient

Financial Class	Encounter Type	Total Charges *	Payments		Gross A/R Balance	ZBA % **	Expected Reimbursement	Payment Remaining	Contractual Adjustment	Net A/R
			Received	Taken						
Capitation	Inpatient	460,969	(60,189)	(291,054)	109,726	16.9%	(77,950)	(17,761)	(91,965)	17,761
Commercial	Inpatient	1,927,419	(144,125)	(1,390,187)	393,107	26.0%	(500,744)	(356,619)	(36,488)	356,619
Managed Care	Inpatient	354,336	(33,739)	(286,256)	34,341	16.2%	(57,402)	(23,664)	(10,677)	23,664
Medicaid	Inpatient	152,377	-	-	152,377	12.5%	(18,971)	(18,971)	(133,406)	18,971
Medicaid HMO	Inpatient	828,374	(36,650)	(327,643)	464,081	15.8%	(130,635)	(93,985)	(370,096)	93,985
Medicare	Inpatient	8,262,156	(376,291)	(5,326,996)	2,558,869	16.3%	(1,348,384)	(972,093)	(1,586,776)	972,093
Medicare HMO	Inpatient	8,395,492	(549,589)	(5,955,785)	1,890,118	12.9%	(1,083,019)	(533,430)	(1,356,689)	533,430
Other	Inpatient	196,315	-	(171,066)	25,249	17.6%	(34,591)	(34,591)	9,342	34,591
Other Government	Inpatient	910,528	(28,854)	(561,657)	320,017	14.8%	(134,849)	(105,995)	(214,022)	105,995
Worker's Comp	Inpatient	107,210	-	(58,544)	48,666	8.2%	(8,770)	(8,770)	(39,896)	8,770
<b>TOTAL INPATIENT</b>		<b>21,595,176</b>	<b>(1,229,436)</b>	<b>(14,369,188)</b>	<b>5,996,552</b>	<b>15.7%</b>	<b>(3,395,313)</b>	<b>(2,165,877)</b>	<b>(3,830,675)</b>	<b>2,165,877</b>

2. Emergency

Financial Class	Encounter Type	Total Charges *	Payments		Gross A/R Balance	ZBA % **	Expected Reimbursement	Pymt Remaining	Contractual Adjustment	Net A/R
			Received	Taken						
Capitation	Emergency	454,141	(18,044)	(285,932)	150,165	8.7%	(39,329)	(21,284)	(128,881)	21,284
Commercial	Emergency	7,246,037	(2,465,638)	(2,900,533)	1,879,867	52.2%	(3,783,156)	(1,317,518)	(562,348)	1,317,518
Managed Care	Emergency	862,695	(88,837)	(702,588)	71,270	13.8%	(118,793)	(29,956)	(41,314)	29,956
Medicaid	Emergency	689,299	(4,595)	(536,334)	148,370	1.9%	(12,890)	(8,295)	(140,075)	8,295
Medicaid HMO	Emergency	2,356,023	(1,086)	(1,813,462)	541,474	5.6%	(132,173)	(131,086)	(410,388)	131,086
Medicare	Emergency	5,376,905	(177,413)	(4,161,430)	1,038,062	7.0%	(378,534)	(201,121)	(836,940)	201,121
Medicare HMO	Emergency	4,877,771	(180,525)	(3,905,040)	792,207	6.6%	(322,421)	(141,896)	(650,311)	141,896
Other	Emergency	-	-	-	-	34.4%	-	-	-	-
Other Government	Emergency	515,808	-	(448,049)	67,759	7.4%	(38,376)	(38,376)	(29,383)	38,376
Worker's Comp	Emergency	456,614	(510)	(190,164)	265,941	11.7%	(53,470)	(52,960)	(212,981)	52,960
<b>TOTAL Emergency</b>		<b>22,835,294</b>	<b>(2,936,648)</b>	<b>(14,943,532)</b>	<b>4,955,113</b>	<b>21.4%</b>	<b>(4,879,141)</b>	<b>(1,942,493)</b>	<b>(3,012,620)</b>	<b>1,942,493</b>

### 3. Outpatient

Financial Class	Encounter Type	Total Charges *	Payments	Adjustments	Gross A/R Balance	ZBA % **	Expected	Pymt	Contractual	Net A/R
			Received	Taken			Reimbursement	Remaining	Adjustment	
Capitation	Outpatient	174,541	(9,413)	(106,483)	58,645	15.0%	(26,129)	(16,716)	(41,929)	16,716
Commercial	Outpatient	6,818,816	(1,239,784)	(4,107,349)	1,471,683	34.7%	(2,364,765)	(1,124,981)	(346,702)	1,124,981
Managed Care	Outpatient	2,888,753	(119,941)	(2,389,715)	379,097	10.9%	(315,163)	(195,222)	(183,875)	195,222
Medicaid	Outpatient	380,996	(2,564)	(226,369)	152,063	3.6%	(13,525)	(10,961)	(141,101)	10,961
Medicaid HMO	Outpatient	2,327,689	(58,071)	(1,832,793)	436,824	8.9%	(206,466)	(148,395)	(288,430)	148,395
Medicare	Outpatient	9,129,319	(312,226)	(6,439,601)	2,377,492	9.3%	(851,765)	(539,540)	(1,837,952)	539,540
Medicare HMO	Outpatient	8,449,956	(344,569)	(6,560,152)	1,545,236	8.8%	(741,061)	(396,492)	(1,148,743)	396,492
Other	Outpatient	685,050	-	(544,807)	140,243	7.2%	(49,324)	(49,324)	(90,919)	49,324
Other Government	Outpatient	1,528,206	(13,023)	(1,223,407)	291,776	11.1%	(169,784)	(156,761)	(135,016)	156,761
Worker's Comp	Outpatient	1,663,488	(3,773)	(1,282,008)	377,708	12.7%	(211,263)	(207,490)	(170,218)	207,490
<b>TOTAL Outpatient</b>		<b>34,046,814</b>	<b>(2,103,364)</b>	<b>(24,712,684)</b>	<b>7,230,766</b>	<b>14.5%</b>	<b>(4,949,245)</b>	<b>(2,845,881)</b>	<b>(4,384,884)</b>	<b>2,845,881</b>

### 3. TOTAL

Financial Class	Encounter Type	Total Charges *	Payments	Adjustments	Gross A/R Balance	ZBA % **	Expected	Pymt	Contractual	Net A/R
			Received	Taken			Reimbursement	Remaining	Adjustment	
Capitation	All	1,089,651	(87,646)	(683,469)	318,536		(143,407)	(55,762)	(262,775)	55,762
Commercial	All	15,992,273	(3,849,547)	(8,398,069)	3,744,657		(6,648,665)	(2,799,118)	(945,538)	2,799,118
Managed Care	All	4,105,784	(242,517)	(3,378,559)	484,708		(491,359)	(248,841)	(235,867)	248,841
Medicaid	All	1,222,672	(7,159)	(762,703)	452,810		(45,386)	(38,227)	(414,583)	38,227
Medicaid HMO	All	5,512,085	(95,808)	(3,973,898)	1,442,380		(469,273)	(373,466)	(1,068,914)	373,466
Medicare	All	22,768,380	(865,930)	(15,928,028)	5,974,422		(2,578,683)	(1,712,753)	(4,261,668)	1,712,753
Medicare HMO	All	21,723,220	(1,074,682)	(16,420,977)	4,227,560		(2,146,500)	(1,071,818)	(3,155,742)	1,071,818
Other	All	881,365	-	(715,873)	165,492		(83,914)	(83,914)	(81,577)	83,914
Other Government	All	2,954,542	(41,877)	(2,233,113)	679,553		(343,009)	(301,132)	(378,420)	301,132
Worker's Comp	All	2,227,312	(4,283)	(1,530,715)	692,314		(273,502)	(269,220)	(423,095)	269,220
<b>TOTAL All</b>		<b>78,477,284</b>	<b>(6,269,449)</b>	<b>(54,025,404)</b>	<b>18,182,431</b>		<b>(13,223,700)</b>	<b>(6,954,251)</b>	<b>(11,228,180)</b>	<b>6,954,251</b>
Self Pay	All				2,673,262	30.00%	(801,979)	(801,979)	(1,871,284)	801,979
<b>TOTAL All with Self Pay</b>					<b>20,855,694</b>		<b>(14,025,679)</b>	<b>(7,756,230)</b>	<b>(13,099,464)</b>	<b>7,756,230</b>

\* Total Gross Charges on Active A/R, non-zero balance accounts

\*\* ZBA - Zero Balance Analysis. Method of applying contractual allowances to gross A/R. Based on 12-month running average of % of payment to charges by payor for zero balance accounts.