SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR BOARD MEETING AGENDA
Lake Almanor Clinic Conference Room
199 Reynolds Road, Chester, CA
March 25, 2021 at 3:00 p.m.

Our Mission: Seneca Healthcare District's mission is to provide our community members and visitors with outstanding health care services and quality care through dedicated and compassionate staff, providers, and innovative technology.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, the Regular Meeting of the Seneca Healthcare District Board of Directors for March 25, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Lake Almanor Clinic Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Lake Almanor Clinic Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use the web link below to join the webinar: Join Zoom Meeting

https://zoom.us/j/98738185769?pwd=dkZHbFVua3dLcG9WbHFYRFlHNzlMdz09

Meeting ID: 987 3818 5769
Passcode: 009742
One tap mobile
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Dial by your location
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+1 346 248 7799 US (Houston)
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Passcode: 009742

If prompted for a Participant ID, press #.
If calling in, the *6 feature will mute and unmute your line.

Public comment will also be accepted by email to rnez@senecahospital.org. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Closed Session. The Board will meet in closed session pursuant to:

1. Government Code §54956.9(d)(2) – Conference with Legal Counsel-Anticipated Litigation (Number of Potential Cases: 1)
2. Health and Safety Code §32106 – Report Involving Trade Secrets. Discussion will concern proposed new facility.
3. Government Code §54957.6 – Update-Conference with Labor Negotiators (Employee Organization: Teamsters Union; District negotiator: Jim Kooyman).

1) **Call to Order.** President Ken Crandall will call the Regular Board meeting to order.

2) **Members Present/Absent.** The President will note Board Members present/absent. **Pledge of Allegiance.**

3) **Public Comment Period.** This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

4) **Board Responses to Public Comment.**

Agenda items Requiring Action

5) **Approval of Board Meeting Minutes.** **Tab A**
The Board will review for approval the minutes of the February 25, 2021 Regular Meeting. Submitted by Renee Nez, Board Clerk.

6) **Medical Staff Report.** **Tab B**
Chief of Staff, Dr. Daniel Cooper submitted the following items approved at the March 9, 2021 Medical Staff Meeting requiring Board approval:

(1) **Initial Appointment Allied Health Practitioner:**

(a) Sonia Troxell, PA-C – Initial 30-day	03/22/2021 – 04/22/2021
2-year appointment	03/25/2021 – 03/25/2023

(2) **Re-Appointment Medical Staff:**

(a) Ildiko Kovacs, MD Psychiatrist	
60-day subsequent	02/28/2021 – 04/28/2021

7) **Policies and Procedures.** **Tab C**
The Board will review and vote to approve the following Policies and Procedures approved at the March 9, 2021 Med Staff Meeting. Submitted by Ann Holt, Clinic Manager.

(1) LAC-001.003-Annual Evaluation-Revised
(2) LAC-040.001-Result Notification-NEW
(3) LAC-041.001-Front Office Insurance Program-New
(4) LAC-042.001-Patient Orientation-New
(5) TLH-001.001-Telehealth Privacy and Security-Revised
(6) TLH-002.001-Telehealth Cart Set Up Connection and Use-Revised

The Board will review and vote to **rescind** the following Procedures, approved to be rescinded at the March 9, 2021 Med Staff Meeting.

(1) LAC-PRO-015.003-Result Notification
(2) LAC-PRO-004.002-Front Office Insurance Program
(3) LAC-PRO-011.004-Patient Orientation
(4) LAC-PRO-017.001-Health Information Exchange Procedure
(5) LAC-PRO-018.002-HIE Upload Documentation

8) February 2021 Financial Report. **Tab D**

The Board will review and vote to accept the financial report for the month of February 2021 submitted by Steve Boline.

9) Association of California Healthcare Districts (ACHD) Membership.

The Board will vote to renew ACHD Membership and discuss upcoming trainings.

10) Board Meeting Status.

The Board will continue discussion and vote whether or not to hold meetings in person starting in April, continue with zoom, or a combination of the two.

Agenda items – information only:

11) Healthcare Resource Group. **Tab E**

Steve Boline will submit HRG's February 2021 Summary Report.

12) Committee Updates.

A) Strategic Planning Committee

13) CEO Report. **Tab F**

14) Departmental Issues/Reports. **Tab G**

A) Compliance – Chelsea Major, Compliance Coordinator – Reports submitted.
B) Clinic/Telemedicine – Ann Holt, Clinic Manager – Report submitted.
C) IT/Clinical Informatics – TK Trumpf, IT Director – Report submitted.
D) Human Resources – Jim Kooyman – Reports submitted.

15) Items to be Added to Next Month's Agenda.

16) Closed Session. The Board will adjourn to Closed Session as noted above.

17) Report on Closed Session. The Board President will report on any actions taken.

18) Next Regular Meeting:

- **Date:** April 29, 2021
- **Time:** 3:00 p.m.
- **Location:** Lake Almanor Clinic Conference Room via zoom

This agenda has been mailed to the following newspaper: Chester Progressive

This agenda has been posted at the following public places:

Seneca Healthcare District Hospital's Bulletin Board
U.S. Post Office – Chester Branch
Chester Fire District
Hamilton Branch Fire District
Peninsula Fire District
Lake Almanor West Fire District

This agenda has been mailed to the following radio station: KSUE/JDX

Certificate of Posting

I, Renee Nez, hereby certify that I posted the foregoing Agenda on the bulletin board located at the front door entrance of Seneca Healthcare District on _____

_____
Renee Nez, Board Clerk

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a board meeting, please contact the District at (530) 258-2067 at least 72 hours prior to the meeting.

Credential Files Approved at the March 9, 2021 Medical Staff Meeting

Initial Appointment Medical Staff

None

Initial Allied Health Practitioner

Sonia Troxell PA-**C 3-22-2021 – 4-22-2021 30 day initial.**

Sonia Troxell PA-**C 3/25-2021 to 3/25/2023- 2 years**

Re- Appointment Allied Health Practitioner

None

Re-Appointment Medical Staff

Ildiko Kovacs M.D. Psychiatrist, 60 day subsequent **2-28-2021 – 4-28-2021**

Miscellaneous:

Delineation of Privileges form signed by Chief of Staff, Credential Chair and ready for President of Seneca Board to sign for:

Rhett Wiggen CRNA 3-28-2020 – 3-28-2022
Marc Porot M.D. Anesthesia and Pain Medicine 11-10-2019 -11-10-2021
Gregory Taylor M.D. ER Physician 9-10-2019 – 9-10-2021

- **Telehealth Psychiatrists below:**

Marina Katz M.D. Telehealth Psychiatrist 4-8-2020 -8- 8-2022
Nisha Warikoo M.D. Telehealth Psychiatrist 4-8-2020 – 10-29-2022
Wojciech Zolcik M.D. Telehealth Psychiatrist 5-20-2020 – 7-20-2022
Vasileios Panagopoulos M.D. Telehealth Psychiatrist 9-24-2020 – 9-24-2022
Christopher Sangdahl M.D. Telehealth Psychiatrist 8-7-2020 – 8-7-2022
Yehonatan Borenstein M. D. Telehealth Psychiatrist 8-11-2020 – 10-11-2022
Eric Bossi M.D. Telehealth Psychiatrist 5-26-2020 – 5-26-2022
Sameer Mohammed M.D. Telehealth Psychiatrist 8-11-2020 – 9-24-2022

- **Telehealth Radiologists below:**

Michael Allen M.D. Telehealth Radiologist 5-31-2020 – 5-31-2022
Christian Binder M.D. Telehealth Radiologist 7-30-2020 – 7-30-20
Steven Ciabattoni M.D. Telehealth Radiologist 5-31-2020 – 5-31-2022
Jay Donohoo M.D. Telehealth Radiologist 7-25-2019 – 7-25-2021
Eddie Fiore M.D. Telehealth Radiologist 7-26-2020 – 7-26-2022
Thomas Fiorito M.D. Telehealth Radiologist 5-31-2020 – 5-31-2022
Viken Manjikian M.D. Telehealth Radiologist 5-31-2020 – 5-31-2022
Kevin McDonnell M.D. Telehealth Radiologist 7-26-2020 – 7-26-2022
David Milikow M.D. – Telehealth Radiologist 8-25-2019 – 7-25-2021
Stephanie Runyan M.D. -Telehealth Radiologist 7-26-2020 – 7-26-2022
Sergey Shkurovich M.D. Telehealth Radiologist 7-25-2019 – 7-25-2021
James Sloves M.D. -Telehealth Radiologist 8-30-2020 – 8-30-2022
Neil Staib M.D. – Telehealth Radiologist 7-26-2020 – 7-26-2022
James Turner M.D. – Telehealth Radiologist 7-26-2020 – 7-26 2022
William Whetsell M.D. – Telehealth Radiologist 1-30-2020 – 1-30-2022
Igor Zaytsev M.D. – Telehealth Radiologist 6-27-2019 – 6-27-2021
William Lloyd Zinn M.D. –Telehealth Radiologist 8-30-2020 – 8-30-2022

JoAnn Mahloch
Medical Staff Administrator
Seneca Healthcare District

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: ANNUAL EVALUATION** **POLICY NUMBER: LAC-001.003** **COMPLIANCE REQUIREMENT: 42 CFR Subpart A §491.9(b)(2), §491.11**	**Page 1 of 3** **Date of Origin: 07/08/2003** **Revision Date: 04/10/2006,** **Periodic Review By: Date:**
AUTHOR: Stephanie Elmo, Clinic Manager **REVISED BY: Elizabeth L Steffen, Director of Information Technology & Policy Committee Chair AND Amanda Narveson, LVN, Clinic Manager,; Ann Holt, RN PHN, Clinic Manager.;**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District's rural health clinic, Lake Almanor Clinic, shall conduct an annual evaluation of the total program.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: LAC-001.003

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PROCEDURE

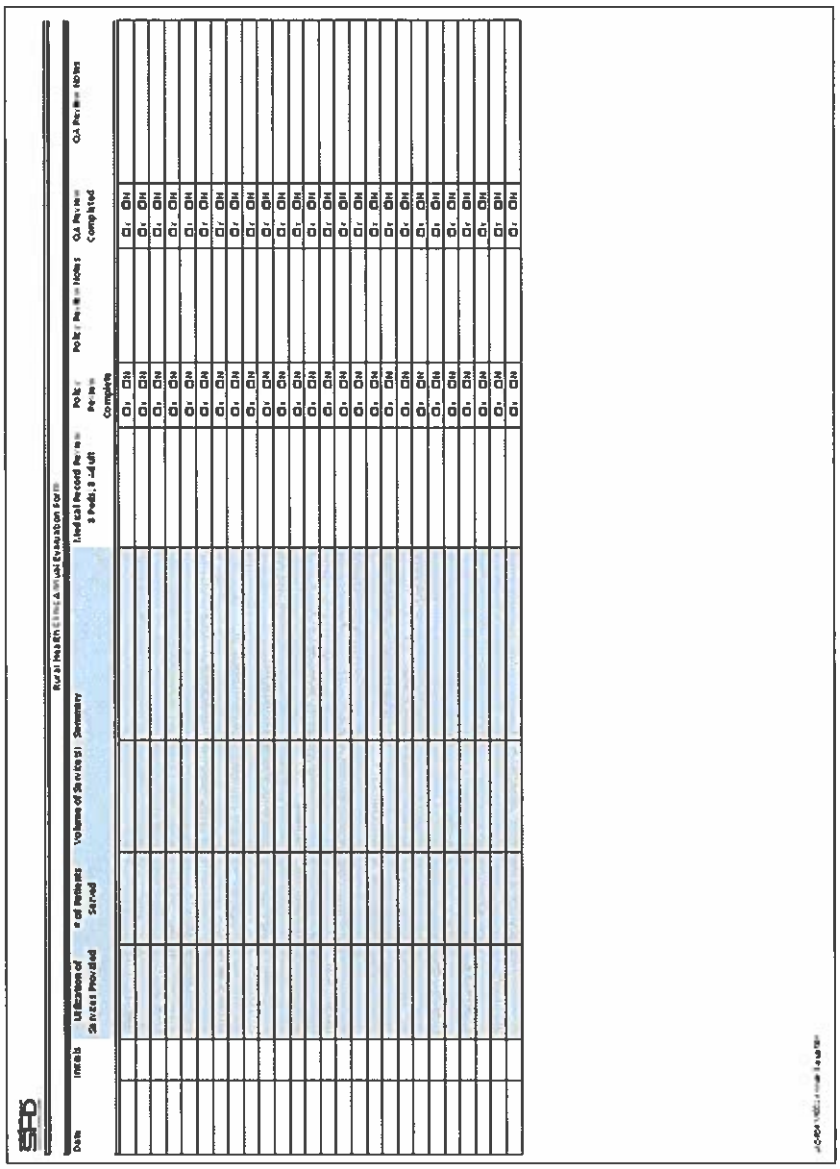
1. **Purpose**
   The purpose of this policy is to ensure that the rural health clinic (RHC) will remain in compliance with all state and federal regulations for an RHC.

2. **Responsibilities**
   The committee will conduct an annual evaluation of the total program of the RHC.

3. **Policy for Annual Evaluation**
   a. ***The committee will consist of at least:*** Formatted: Font: Bold, Italic
      i. District CEO or designee,
      ii. RHC Medical Director,
      iii. Quality Assurance designee,
      iv. Walk-in clinic FNP/PA,
      v. At least one member not a member of the clinic or center staff,
      vi. Any other appointed persons.
   b. ***The evaluation will include a review of:*** Formatted: Font: Bold, Italic
      i. The utilization of clinic services which should include at least the number of patients served and the volume of service;
      ii. Medical record review of active clinical records;
      iii. Review of the RHC's health care policies by the QA committee annually. Review shall include the signatures of the appropriate committee members and include:
         1. Utilization of services provided were appropriate,
         2. Established policies were followed,
         3. Recommendations for change and indicators set, AND,
         4. Clinic staff responded to findings in evaluation with appropriate action taken.
   c. ***Form used for evaluation is LAC-FORM-001; Annual Evaluation Form (Attachment A).*** Deleted: .001 Formatted: Font: Bold, Italic

4. **Enforcement**
   Violation of this policy/procedure may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy CMPL-005. Deleted: ADMIN-028

Attachment A: Annual Evaluation



SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: ANNUAL EVALUATION** **POLICY NUMBER: LAC-001.003** **COMPLIANCE REQUIREMENT: 42 CFR Subpart A §491.9(b)(2), §491.11**	**Page 1 of 3** **Date of Origin: 07/08/2003** **Revision Date: 04/10/2006,** **Periodic Review By: Date:**
AUTHOR: Stephanie Elmo, Clinic Manager **REVISED BY: Elizabeth L Steffen, Director of Information Technology & Policy Committee Chair AND Amanda Narveson, LVN, Clinic Manager,; Ann Holt, RN PHN, Clinic Manager.;**	**Policy Rescinded by** **Policy #:** **Effective Date:**

Policy: Seneca Healthcare District's rural health clinic, Lake Almanor Clinic, shall conduct an annual evaluation of the total program.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: LAC-001.003

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      v. At least one member not a member of the clinic or center staff,
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      ii. Medical record review of active clinical records;
      iii. Review of the RHC's health care policies by the QA committee annually. Review shall include the signatures of the appropriate committee members and include:
         1. Utilization of services provided were appropriate,
         2. Established policies were followed,
         3. Recommendations for change and indicators set, AND,
         4. Clinic staff responded to findings in evaluation with appropriate action taken.
   c. ***Form used for evaluation is LAC-FORM-001; Annual Evaluation Form (Attachment A).*** Deleted: .001 Formatted: Font: Bold, Italic

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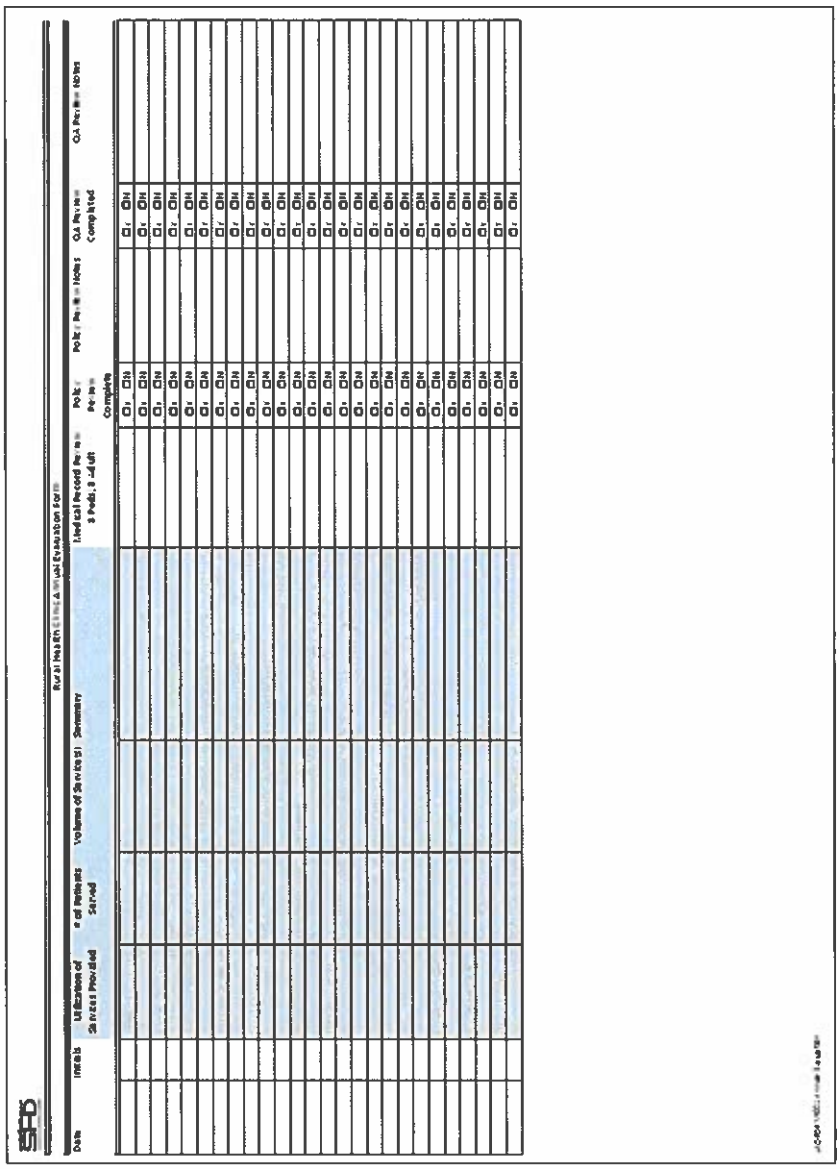
Attachment A: Annual Evaluation



SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: RESULT NOTIFICATION** **POLICY NUMBER: LAC-040.001** **COMPLIANCE REQUIREMENT: AMA Code of Medical Ethics Opinion 2.1.5**	**Page 1 of 2** **Date of Origin: Unknown** **Revision Date: 03/13/2015, 12/22/2016** **Periodic Review By: Date:**
AUTHOR: Ann Holt, BSN, RN, PHN, Clinic Manager **REVISED BY:**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall ensure timely notification of patients with the results of their tests.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: LAC-040.001

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PROCEDURE

1. **Purpose**
   The purpose of this policy is to ensure timely notification of patients with the results of their tests.

2. **Responsibilities**
   The SHD providers or clinic staff are responsible for notifying patients with the approval of the provider.

3. **Policy for Result Notification**
   a. ***Procedure***
      i. Normal Test Results
         1. A post card or phone call can be made to inform the patient of their test result.
      ii. Abnormal Test Results
         1. A document will be mailed to the patient to inform him/her of the test results and the following informaiton:
            a. Test Name
            b. Normal Range
            c. Results Range
            d. Information on how to contact their physician office
         2. Alternatively, the patient may be notified to make an appointment to discuss the lab results.
         3. A phone call can also be made to provide abnormal test results with documentation of verbal notification documented in the patient's electronic health record.
      iii. Critical Test Results
         1. For results that pose an imminent threat to the patient and whenever the provider deems appropriate, verbal notification shall occur with the verbal notification being documented in the patient's electronic health record.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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Upon receipt of an abnormal test result, a letter containing the following elements will be mailed to the patient to inform him/her of the test results and related values:¶
Test Name¶
Normal Range¶
Results Range¶
Information on how to contact their physician office¶
A copy of the letter will be filed in the patient's paper chart and scanned into the electronic health record.¶
For results that pose an imminent threat to the patient and whenever the provider deems appropriate, verbal notification shall occur with the verbal notification being documented in the patient's electronic health record.¶
For normal results, a post card is mailed to the patient until the time that the electronic medical record can generate the post cards and/or a letter of normal results.¶
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Policy Title

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Upon receipt of a normal or an abnormal test result, a

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containing the following elements will be mailed to the patient to inform h

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A copy of the letter will be filed in the patient's paper chart and scanned into the electronic health record,

Page 2: [7] Deleted | Ann Holt | 7/20/2020 2:06:00 PM

For normal results, a post card is mailed to the patient until the time that the electronic medical record can generate the post cards and/or a letter of normal results

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REFERENCE

Name of Reference: http://this is the hyperlink to the reference on the internet (for book or other reference, please see Policy Committee Chair for proper formatting)

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Attachment or Attachment List (if applicable)

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: FRONT OFFICE REGISTRATION PROCEDURES** **POLICY NUMBER: LAC-041.001** **COMPLIANCE REQUIREMENT: CCR Title 8 Chapter 4.5 Article 5 §9785, §9785.2-4; 42 C.F.R. Part 411; 42 U.S. Code § 1395y**	**Page 1 of 7** **Date of Origin: 1/22/2002** **Revision Date:** 1/13/2016 **Periodic Review By:** **Date:**
AUTHOR: Ann Holt RN, BSN, PHN, Clinic Manager **REVISED BY:**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: Seneca Healthcare District's (SHD) Lake Almanor Clinic (LAC) shall address payment requirements at the time of scheduling an appointment and inform each patient at their first visit that a written summary of the LAC's billing, credit, and collection policies is always available to patients at the reception desk.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: LAC-041.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to outline the proper procedure for registering clinic accounts in the electronic health record (EHR) and informing of the registration, billing, and collection procedures of the LAC.

2. **Responsibilities**
   The SHD LAC receptionist is responsible for properly registering accounts, address all payment requirements at the time of making an appointment, advise the patient that payment of the visit fee or co-pay will be required at the time of the visit, make available the written summary of the LAC's billing and credit collection policies, and inform new patients of the policies.

3. **Policy for Front Office Insurance Procedures**
   A Lake Almanor Clinic Registration form (Attachment A) must be in the chart with the most up-to-date information. All patients must sign the Conditions of Service at every visit, and the Privacy Notice is to be signed annually. A patient refusing to sign will be handed a Self Pay form and payment for the visit is due at the time of service. A new registration form is due annually.
   a. ***Registration***
      i. At the time of a patient's initial visit, a patient registration form will be completed (Attachment A).
         1. When a patient is incapable of completing the registration form, clinic staff will assist the patient.
      ii. Clinic staff will verify address, phone number, and insurance information. If the information has changed, the changes will be made into the billing system.
      iii. Clinic staff will ensure that signed authorizations necessary to bill are properly on file and properly completed.
   b. ***Payment for Services:***
      i. All patients or patient representatives are asked and expected to pay at the time of service when appropriate.
      ii. If a patient believes that he/she qualifies (or continues to qualify) for special programs, they are required to provide all necessary documents and information for program verification.
      iii. The patient is ultimately responsible for payment of any balance owed to Lake Almanor Clinic.
      iv. The fee for services is determined from the level of service provided and summarized on the superbill.
      v. Clinic staff determines the patient's financial portion of the total fee that should be paid at the time of service.
      vi. Payment will be collected from all appropriate patients, including categories of self-pay and share of cost.
      vii. Medicare and commercial insurance and other program co-pays will also be collected at check-in.
   c. ***Documentation of Services***
      i. All services and diagnoses provided for that visit will be recorded on the superbill.

ii. All patients obligated to pay or have paid at the time of service shall receive a copy of the superbill detailing charges, diagnosis, and payments with the physician's signature at the time of the visit.

d. ***Register Insurance***
   i. Obtain a copy of the patient's insurance card (s) and scan into the EHR.
   ii. Copy the card information into the profile, then add it to the account.
      1. Run eligibility through the EHR, or by calling the phone number on the back of the insurance card, or on the insurance website using the required data the insurance company requires to properly identify the beneficiary.
      2. Read the eligibility report to:
         a. Verify subscriber/insurance info on the insurance screen,
         b. Verify primary and secondary insurances,
         c. Determine the co-pay, and
         d. Determine the share of cost (SOC) or deductible if any.
      3. If eligibility cannot be verified then the account will be self-pay and payment is required.
         a. Complete the form Patient Responsibility for Difference Between Estimated and Actual Charges (Attachment B).

e. ***Medi-Cal***
   i. If the patient has out-of-county Medi-Cal, they will need to see a provider in their county, or pay for the visit as a self-pay.
   ii. If the patient has "Special Member" status, this must be verified before the time of service.

f. ***Medicare***
   i. Have the patient complete the Medicare Secondary Payer (MSP) form (ADMT-FORM-005) OR ask the patient every question and fill out during the registration process. This requirement is necessary to comply with Medicare regulations.
   ii. Complete the MSP form in the EHR.
      1. Every field must be complete including dates and insurance information if applicable.
   iii. Patients with Medicare and any secondary insurance are not required to pay a co-pay.

g. ***Commercial Insurance***
   i. SHD is contracted with the commercial insurances listed on the "Contracted Insurances" document on the UpFront Collections folder. W:\Up Front Collections
   ii. SHD will not bill any commercial insurance company that is not contracted without prior authorization from the insurance company first. Unauthorized visits will be billed as self-pay and the patient will be responsible to pay for the visit.

h. ***Worker's Compensation (WC)***
   i. The patient must present the "Doctor's First Report" (Form 5021) form from the employer in order to create a worker's comp account.
      1. If the patient does not have this form, one will be provided and the patient will call their employer to obtain the WC insurance information.
      2. The form must be completed by the patient and physician and sent to the WC insurance carried within five days.

ii. A "Primary Treating Physician's Progress Report (PR-2) form will be completed at each additional visit related to the claim.
iii. A "Primary Treating Physician's Permanent and Stationary Report" (PR-3 & 4) is to be completed and sent to the compensation insurance carrier when it has been determined that the patient's condition is permanent and stationary.
iv. The patient must be listed as the guarantor on the account and the employer as subscriber on the insurance screen, with a relationship code of "20" for employee.
v. WC insurance can not be billed until a claim number is issued. Follow-up frequently until a claim number is issued.
    1. Be sure to leave insurance in "unapproved" status until the claim number has been received.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/procedure, CMPL-005.

Attachment List:
Attachment A: Patient Registration Form (2 pages)
Attachment B: Patient Responsibility for Difference Between Estimated and Actual Charges (1 page)

Attachment A: Patient Registration Form (2 pages)

LAKE ALMANOR CLINIC
P.O. Box 1460/199 Reynolds Road, Chester, CA 96020
A Public Entity Providing Health Care Services

PATIENT REGISTRATION FORM
DATE _____
Social Security # _____

Demographics

LEGAL Last Name _____ First Name _____ Middle Name _____
Maiden/Former Name(s) _____ Birth Date _____ City of Birth _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address _____ City _____ State _____ Zip _____
County of Residence _____ Country of Residence _____ Spoken/Written Language _____
Home Phone _____ Cell Phone _____ Email _____
Driver's License _____ State of License _____ OR Passport# _____ Country _____
Religion _____ Church _____ ☐ Decline to State

Gender at Birth
☐ Male ☐ Female

Marital Status
☐ Single ☐ Married
☐ Divorced ☐ Separated
☐ Lifetime Partner
☐ Widowed

Military
☐ Active Duty ☐ Veteran
☐ Not Applicable

Race
☐ Black
☐ White
☐ Native American
☐ Asian and/or Pacific Islander
☐ Other _____
☐ Multiple – check applicable boxes

Ethnicity
☐ Hispanic / Latino
☐ Not Hispanic / Latino

Smokeless Tobacco/Moist Powdered Tobacco/Snuff/Chew
☐ Current ☐ Former
☐ Never

Smoking Status
☐ Current ☐ Former
☐ Heavy ☐ Never
☐ Daily
☐ Light
Start Date _____
Stop Date _____

Current Occupation _____ OR Retired ☐ Yes ☐ No OR Unemployed ☐ Yes ☐ No
Employer's Name _____ Employer's Phone _____
Employer's Mailing Address _____ City _____ State _____ Zip _____

Primary Care Physician

Primary Care Physician _____ City _____ Phone _____
Do you have an Advance Directive? ☐ Yes ☐ No If YES, what type _____
Emergency Contact's Name & Phone # _____ Relation _____

Financially Responsible Party

Person Financially Responsible for Charges (Guarantor) _____ Phone _____
Guarantor's Mailing Address _____ City _____ State _____ Zip _____

I acknowledge full financial responsibility for any services rendered and I understand that the payment of charges incurred in this office is due at time of service. I also understand that the charges not covered by insurance remain my responsibility and assign insurance benefits to this office. In the event that my account is turned over to collection agency, I agree to pay all fare fees, costs of collection fee, attorney's fees and all court fees, if any.

Signature _____ Date _____
Print Name _____ Relationship ☐ Self ☐ Parent ☐ Guardian ☐ Other _____

SHD HIM ONLY

SHD Initial _____
Title _____
EEID# _____
Day/Date/Time _____

Last Revised 03/12/2020

Page 1

Primary Insurance

Insurance Company_____ ID#_____ Group #_____

Subscriber's Name_____ Subscriber's Birth Date_____

Relationship to Subscriber ☐ Self ☐ Spouse/Partner ☐ Child ☐ Adopted Child ☐ Other_____

Subscriber's Mailing Address_____ City_____ State____ Zip_____

Subscriber's Employer_____ Employer's Phone_____

Secondary Insurance

Insurance Company_____ ID#_____ Group #_____

Subscriber's Name_____ Subscriber's Birth Date_____

Relationship to Subscriber ☐ Self ☐ Spouse/Partner ☐ Child ☐ Adopted Child ☐ Other_____

Subscriber's Mailing Address_____ City_____ State____ Zip_____

Subscriber's Employer_____ Employer's Phone_____

Tertiary (third) Insurance

Insurance Company_____ ID#_____ Group #_____

Subscriber's Name_____ Subscriber's Birth Date_____

Relationship to Subscriber ☐ Self ☐ Spouse/Partner ☐ Child ☐ Adopted Child ☐ Other_____

Subscriber's Mailing Address_____ City_____ State____ Zip_____

Subscriber's Employer_____ Employer's Phone_____

Agreement

I authorize Seneca Healthcare District / Lake Almanor Clinic or its representatives to release to my insurance company or its representatives any information including the diagnoses and the records of any treatment or examination rendered to me during the period of such medical or surgical care. I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entities, including Medi-Cal, Medicaid, Medicare, TriWest, private insurance and any other health plan to SHD/LAC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I understand that I will be assessed the bank charge for each check returned due to insufficient funds. In the event of default, I (We) promise to pay legal interest on the indebtedness, together with such collection costs and reasonable attorney fees as may be required to affect collection of this note. I hereby authorize SHD/LAC to release all information necessary to secure payment and treatment.

Signature_____ Date_____

Print Name_____ Relationship ☐ Self ☐ Parent ☐ Guardian ☐ Other_____

SHD HIM ONLY

This Registration Form was completed for a ☐ New Patient OR ☐ Update an Existing Patient Demographic

Patient Medical Record#_____ Account#_____

SHD Representative_____ Title_____

EEID#_____ Day/Date/Time Input into CPSI_____

Completed Form Sent to

☐ Provider

☐ HIM/Medical Records

☐ Other_____

Last Revised 03/12/2020

Page 2

Attachment B: Patient Responsibility for Difference Between Estimated and Actual Charges (1 page)

PATIENT RESPONSIBILITY FOR DIFFERENCE BETWEEN ESTIMATED AND ACTUAL CHARGES

We estimate that your total charges will be $_____ for this visit. The adjusted charges including a 20% discount will be $_____ for this visit. This estimate was made based upon the information available at the time of your service today and may not include all charges associated with this visit. You may, therefore, be billed for the difference between the actual charges and the estimate quoted to you today.

In order to receive a discount on the difference (if any), call Customer Service at (530) 258-3506 immediately upon receipt of your billing statement. If your payment is made in full within thirty (30) days of receipt of your billing statement, the discount will be applied to the balance for that visit.

Patient Name: _____

Patient signature: _____

Date: _____

Copy given to patient: _____ (employee initials)

FORM HMG 060.001 – Patient Responsibility for Difference Between Estimated and Actual Charges Page 1 of 1

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: PATIENT ORIENTATION AND REGISTRATION** **POLICY NUMBER: LAC-042.001** **COMPLIANCE REQUIREMENT: 22 CCR § 70717; 22 CCR § 73523**	**Page 1 of 4** **Date of Origin:** **Revision Date:** **Periodic Review By:** **Date:**
AUTHOR: Ann Holt, RN, Clinic Manager **REVISED BY:**	**Policy Rescinded by Policy #:** **Effective Date:**

Policy: The Seneca Healthcare District's (SHD) Lake Almanor Clinic (LAC) shall inform each patient coming to the Lake Almanor Clinic for their first visit that a written summary of Lake Almanor Clinic's billing, and credit and collection policies are always available to patients at the receptionist desk.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration		
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: LAC-042.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to inform patients of SHD's billing, and credit and collection policies, and of their availability to patients.

2. **Responsibilities**
   The SHD clinic staff is responsible for assisting patients with form completion as needed, and instructing patients of what policies are available upon request.

3. **Policy for Patient Orientation and Registration**
   a. ***Registration***
      i. At the time of a patient's initial visit, a patient registration form will be completed (Attachment A).
         1. When a patient is incapable of completing the registration form, clinic staff will assist the patient.
      ii. Clinic staff will ensure that signed authorizations necessary to bill are properly on file and properly completed.
      iii. A copy of our payment policy will be given to the patient along with the HIPPA packet with the HIPPA acknowledgment.
      iv. A copy of their identification and insurance cards will be taken.
   b. ***Payment for Services***
      All patients or patient representatives are asked and expected to pay at the time of service when appropriate.
      i. If a patient believes that he/she qualifies (or continues to qualify) for special programs, they are required to provide all necessary documents and information for program verification.
      ii. The patient is ultimately responsible for payment of any balance owed to Lake Almanor Clinic.
      iii. Payment will be collected from all appropriate patients, including categories of self-pay, share of cost, copay, co-insurance, and deductible.
         1. The fee is determined from the level of service provided and summarized on the superbill.
         2. Clinic staff determines the patient's financial portion of the total fee that should be paid at the time of service; by reviewing the insurance verification report for share of cost, copay, co-insurance, and deductible.
   c. ***Documentation of Services***
      i. Clinic staff will register and complete all profile information, take copies of insurance (primary and secondary) for every patient.
      ii. Clinic staff will verify address, phone number and insurance information at every visit.
         1. If the information has changed, the changes will be made into the EMR system.
      iii. All services and diagnoses provided for that visit will be recorded on the superbill.
      iv. All patients obligated to pay or have paid at the time of service shall be offered a copy of the superbill detailing charges, diagnosis and payments at the time of the visit.
      v. For all Medicare patients, clinic staff will also obtain a properly completed MSP (Medicare as Secondary Payor) (Reference *Front Office Insurance*

Procedure; LAC-041.) form from every patient. This requirement is necessary to comply with Medicare regulations.

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

REFERENCE
LAC-041- Front Office Insurance Procedure
LAC-032 Appointments
ADMT-017 Admitting Process
ADMT-018 Managing Patient Flow
ADMT-019 Conditions of Admissions
ADMT-020 Patient Satisfaction
ADMT-021 Determining the Primary Payor
ADMT-023 Notice of Privacy Practices

Attachments:
Attachment A: Registration Form (1 page)

AttachmentA: Registration Form

LAKE ALMANOR CLINIC
P.O. Box 1460/199 Reynolds Road, Chester, CA 96020
A Public Entity Providing Health Care Services

REGISTRATION FORM
DATE: _____
Social Security #: _____

Demographics

Legal Last Name:_____ Legal First Name:_____ Middle Name/Initial:_____

Former Last Name(s):_____ Birth Date:_____ Birth Place:_____

Country of Residence:_____ Language:_____ Military: ☐ Active Duty ☐ Veteran ☐ N/A

Mailing Address:_____ City:_____ State:_____ Zip:___

Physical Address:_____ City:_____ State:_____ Zip:___

County:_____ Home Phone:_____ Cell Phone:_____ Email:_____

Gender Assigned at Birth:
☐ Male ☐ Female

Gender Identity:
☐ Male ☐ Female
☐ Transgender Man
☐ Transgender Female
☐ Other: _____
☐ Decline to Answer

Sexual Orientation:
☐ Lesbian/Gay/Homosexual
☐ Straight/Heterosexual
☐ Bisexual
☐ Something Else ☐ Don't Know

Race:
☐ Black ☐ Native American
☐ White ☐ Other ☐ Unknown

Ethnicity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Marital Status:
☐ Single ☐ Married ☐ Divorced
☐ Separated ☐ Life Time Partner
☐ Widowed

Smokeless Tobacco:
Moist Powdered Tobacco/Snuff/Chew:
☐ Never ☐ Ex-User ☐ Current User

Smoking Status:
☐ Current Every Day Smoker
☐ Former Smoker ☐ Never Smoked
☐ Heavy Smoker ☐ Light Smoker

Tobacco Start Date:_____

Tobacco Stop Date:_____

Driver's License #:_____ State of License:_____ Occupation:_____

Employer's Name:_____ Employer's Phone:_____

Employer's Mailing Address:_____ City:_____ State:_____ Zip:___

Employer's Physical Address:_____ City:_____ State:_____ Zip:___

Primary Care Physician: _____Do you have an Advance Directive? ☐ Y ☐ N If YES, what type:_____

Emergency Contact's Name & Phone #:_____ Relation:_____

Billing Information/Primary Insurance

Person Financially Responsible for Charges (Guarantor):_____ Phone:_____

Guarantor's Mailing Address:_____ City:_____ State:_____ Zip:___

Insurance Company:_____ Policy #:_____ Group #:_____

Subscriber's Name: _____Subscriber's Birth Date:_____ Relation:_____

Subscriber's Mailing Address:_____ City:_____ State:_____ Zip:___

Subscriber's Employment: ☐ Full Time ☐ Part Time ☐ Not Employed ☐ Self Employed ☐ Retired (Date):_____ ☐ Active Military

Subscriber's Employer:_____ Employer's Phone:_____

Employer's Mailing Address:_____ City:_____ State:_____ Zip:___

Secondary Insurance

Insurance Company:_____ Policy #:_____ Group #:_____

Subscriber's Name: _____Subscriber's Birth Date:_____ Relation:_____

Subscriber's Mailing Address:_____ City:_____ State:_____ Zip:___

Subscriber's Employment: ☐ Full Time ☐ Part Time ☐ Not Employed ☐ Self Employed ☐ Retired (Date):_____ ☐ Active Military

Subscriber's Employer:_____ Employer's Phone:_____

Employer's Mailing Address:_____ City:_____ State:_____ Zip:___

Revised 4 22 19

March 25th, 2021

MEMORANDUM

From:	**Chelsea Major, Compliance Coordinator**	**To:**	**Seneca Healthcare District Board of Directors**

Topic: **Lake Almanor Clinic Policy-Rescind**

Dear Sirs & Madams,

LAC-PRO-004.002-Front Office Insurance Procedures is being Rescinded and added to a New Policy, LAC-041.001-Front Office Insurance Procedure.

Thank you,

Chelsea Major
Compliance Coordinator

RESCIND

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **PROCEDURE TITLE: FRONT OFFICE INSURANCE PROCEDURES** **PROCEDURE NUMBER: LAC-PRO-004.002**	**Page 1 of 10** **Date of Origin:** 01/22/2002 **Revision Date:** 01/13/2016
AUTHOR: Unknown **REVISED BY: Sarah Timmins, Clinical Informatics**	**Procedure Rescinded by Policy #: LAC-041.001** **Effective Date:**

Procedure: Front office insurance procedures.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Administration		

PROCEDURE NUMBER REFERENCE: LAC-PRO-004.002

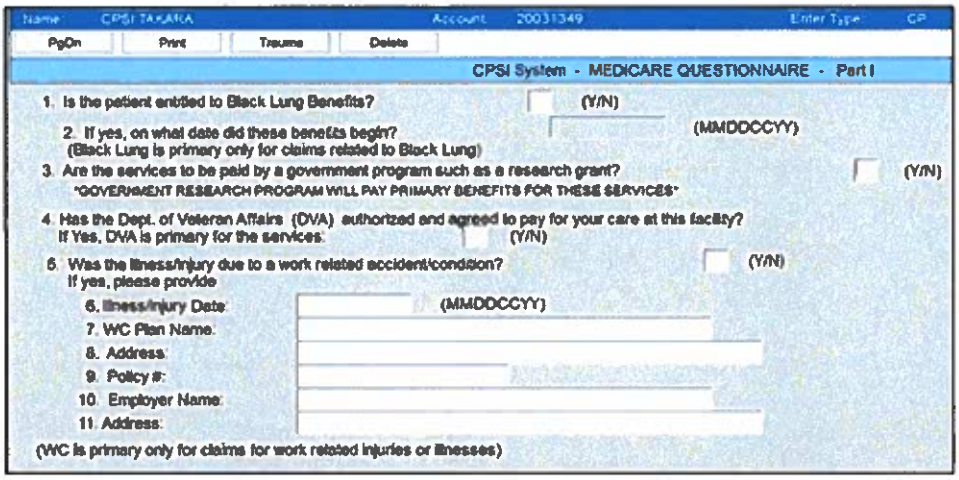
PROCEDURE

1. Receptionist must address payment requirements at the time of making an appointment. Advise the patient that payment of the visit fee or co-pay will be required at the time of visit. If the patient cannot pay, suggest scheduling the appointment when they are able to pay. It is recommended that all patients be called the day before their visit to remind them of their appointment and notify them of payment expectations.

2. A Lake Almanor Clinic Registration form must be in the chart with the most up-to –date information. All patients must sign the Conditions of Service at every visit, and the Privacy notice is to be signed annually. A patient refusing to sign will be handed a self pay form and payment for the visit is due at the time of service. A new registration form is due annually.

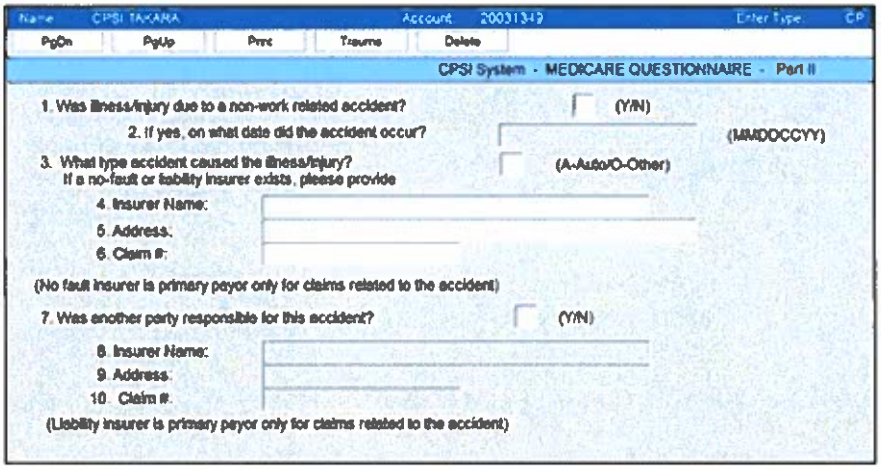
3. Medi-cal:
    a. Obtain a copy of the patient's medi-cal card. Run eligibility on the web site to determine the county in which the medi-cal is active in. If the patient has out of county medi-cal, they will either need to go see a provider in their own county or pay for their visit as self-pay. Special member status can be obtained by the patient but must be verified before the time of service.
    b. Share of Cost (SOC): If a patient has a share of cost with medi-cal they will be required to pay that SOC at the time of service. If the SOC exceeds the amount of the office visit, the patient will only be required to pay for the office visit. The 20% discount does not apply to SOC payments.
    c. No SOC: If the patient has no SOC they will be asked to pay a co-payment of $1 but it is not required.
    d. If the patient's eligibility cannot be verified then the account will be self-pay and payment is required. Eligibility can be verified with either the card number or the social security number, although when verifying with the social security number the account must be updated with the ID number to bill out. Account cannot be billed with social security number as ID. Always scan any website verifications and insurance cards into patients account.

4. Medicare:
    a. Obtain a copy of patients Medicare card and supplemental insurance card (if applicable) scan into patients account. Have patient complete and sign Medicare Secondary Payer Screening form (Attachment A.)
    b. Complete Medicare Secondary Screening Form in Evident. Follow the steps on how to enter answers to ensure clean electronic billing without errors.
        - Screen 1



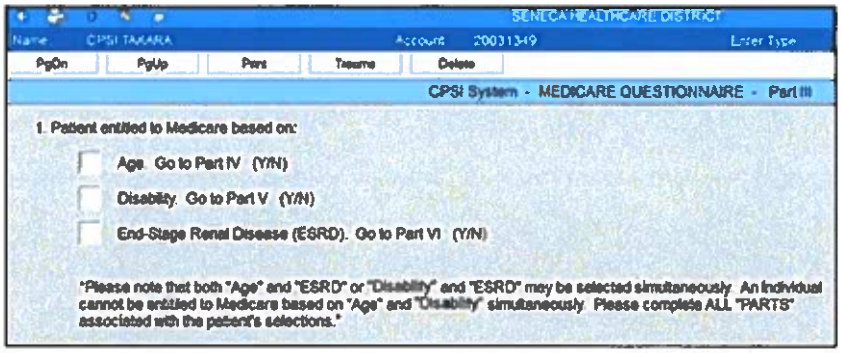
1. Questions 1-5 must be screened to determine if the account should be registered under insurance other than Medicare.
2. If any question 1-5 pertains to patient, Please obtain additional benefit information.
3. If none apply just put an "N" in in 1, 3, 4 and 5.
4. If patient does not know leave blank.
5. Hit PgDn button at top of screen to go to the next page.

- Screen 2



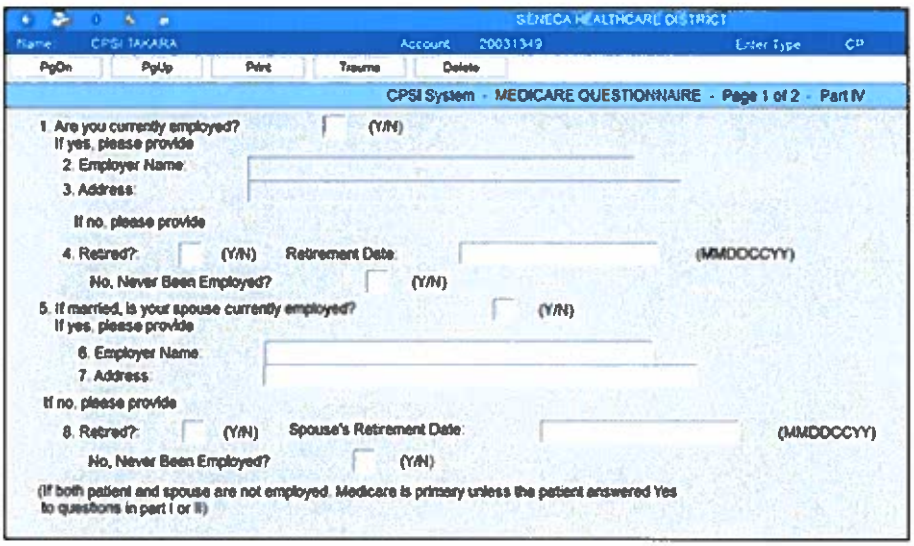
1. This page is to screen for work related/liability insurance. If any pertain to patient, obtain additional benefit information from patient.
2. If none apply to patient put an "N" in 1, 3 and 7.
3. If patient does not know then leave blank.
4. Hit PgDn button at top of screen to go to the next page.

- Screen 3



1. Place a "Y" in the box that pertains to patient.
2. Only one can be selected.
3. Hit PgDn button at top of screen to go to the next page.

- Screen 4



1. Starting with #1- If the patient is employed, employer information must be entered in #2.
2. If the patient does not know employer information leave blank. Do not put a "Y" in #1.
3. If "N" continue to Retirement #4.
4. If a "Y" in place in #4 Retired- a date must be entered. If patient does not know the date leaves both blank. Do not put a "Y" without a date.
5. Continue to #5. If "Y", answer 6 & 7. If patient does not know leave blank.
6. If "N" continue to #8.

7. If "Y" a date must be entered. If date is unknown, leave both blank.
8. Hit PgDn button at top of screen to go to the next page.

- Screen 5

1. Question #9 must be answered with an "N" or "Y"-Please keep in mind that this is for primary insurance not secondary insurance. Patient may have a secondary insurance from old employer, but if the patient is retired, put an "N" in #9.
2. #11-17B is where employer and insurance info should be entered if #9 is a "Y".
3. If patient does not know leave blank.
4. #18 must be answered with an "N" or Medicare claim will be denied.

c. Patients with Medicare and any secondary insurance are not required to pay a co-payment.

5. Commercial Insurance:
   a. Scan a copy of the insurance card into patients account (front and back)if electronic verification cannot be completed through evident, run eligibility on web site or call number on the card.
   b. Seneca Healthcare District is contracted with the following commercial insurances:
      - Advanced Med. Mgmt.
      - Aetna
      - Anthem BC
      - ALLIANCE
      - Beech Street Corporation
      - Beech Street WC
      - Blue Cross CA Exchange
      - Blue Shield of California
      - Blue Shield IPF
      - Blue Shield CA Exchange
      - Blue Shield CA Tricare

- Blue Shield of CA/ VA
- CA Health and Wellness (Centene)
- Celtic
- Cigna
- Community Care Network "CCN"
- Coventry
- Health Net, Inc.
- Integrated HP
- Interplan Corporation
- Medicare
- Multiplan
- Northern Nevada Health Network
- PacifiCare of California
- PHA
- Superior California PPO
- Three Rivers
- Tricare
- United Healthcare Tricare
- United Healthcare
- United Healthcare Medicare Adv.

c. SHD will not bill any commercial insurance company that is not contracted without prior authorization from insurance company first. Unauthorized visits will be billed as self-pay and it is the patient's responsibility to pay for visit.

6. Worker's Compensation
   a. The patient must present the "Doctor's First Report" Form from the employer in order to create a worker's comp account. The "Doctor's First Report" must be completed by the patient and physician and mailed to the appropriate compensation insurance carrier within five days.
   b. A "Primary Treating Physician's Progress Report (PR-2) form (Attachment C), with a copy placed in the patient's chart.
   c. A "Primary Treating Physician's Permanent and Stationary Report" (Fee Ticket) (Attachment B) is to be completed and mailed to the compensation insurance carrier when it has been determined that the patient's condition is permanent and stationary. Attach a copy to the superbill and place a copy in the chart.
   d. Patients Employer must be listed as the guarantor on the account and in the insurance table's employer must be listed as Subscriber, with a relationship code of 20-for employee. W/C insurance cannot be billed until a claim number is issued. Always be sure to follow up with Work Comp carriers until a claim is issued. Be sure to leave insurance in "unapproved" status until claim number is issued to bill.

Attachments:
Attachment A: Medicare Secondary Payer Screening Form
Attachment B: Fee Ticket
Attachment C: PR2 (2 pages)
Attachment D: Scheduler 5 Appointment Color Key

Attachment A: Medicare Secondary Payer Screening Form

Medicare Secondary Payer Screening Form

Group Health Insurance Questions

Question 1

If you are entitled to Medicare due to your age (65 or greater):

A. Have you or your spouse been employed since you became eligible for Medicare?
Yes No

B. If yes, do you have health insurance benefits from that employment?
Yes No

C. Did or does that employer employ 20 or more people?
Yes No

D. Date this coverage or employment ended (if applicable):_____
If YES, complete the employer and insurance information form on page 3

Question 2

If you are entitled to Medicare due to disability:

A. Have you or a family member been employed since you became eligible for Medicare?
Yes No (

B. If yes, do you have health insurance benefits from that employment?
Yes No (

C. Did or does that employer employ 100 or more people, or belong to an association where at least one employer employs 100 or more people?
Yes No

D. Date this coverage or employment ended (if applicable):_____
If YES, complete the employer and insurance information form on page 3

Question 3

If you are under 65 and entitled to Medicare only because of End Stage Renal Disease:

A. When did you begin dialysis?

B. Do you have health insurance benefits through an employer?
Yes No (
If yes, complete the employer and insurance information form on page 3, plus "C" below.

C. Have you had a kidney transplant? Yes No

If yes, please provide the date of your transplant:_____

Make sure you date and sign this form

Third-Party Liability Questions

Question 1

Are you receiving treatment for an accident or illness related to workers' compensation?
Yes No

Question 2

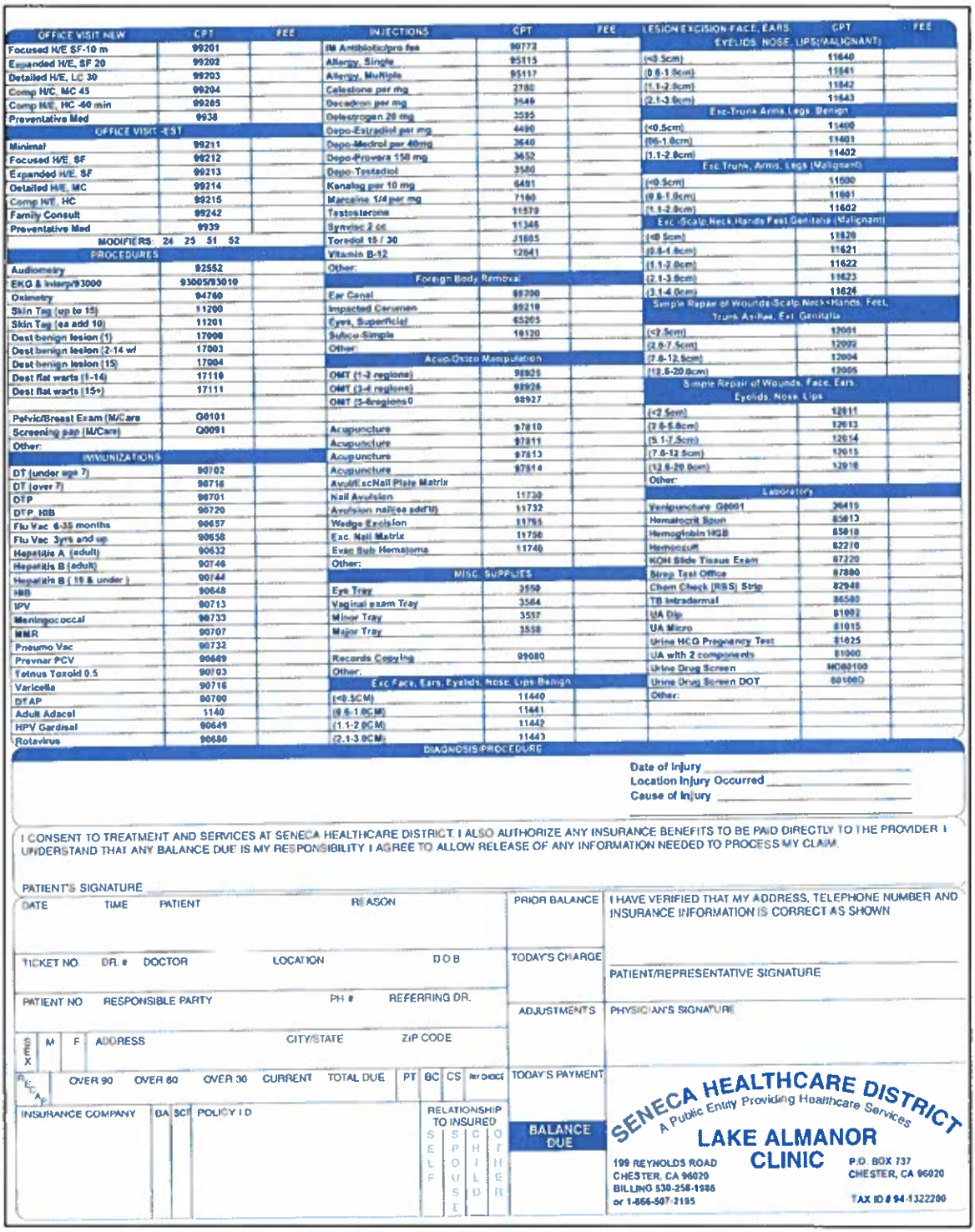
Are you receiving treatment for an accident (automobile or other accident) that is covered by automobile medical payments or automobile liability or other liability insurance?
Yes No

Signature Required For The Completion of this Questionnaire

Signature of Patient: X_____

Date: _____

Attachment B: Fee Ticket



OFFICE VISIT NEW	CPT	FEE
Focused H/E SF-10 m	99201	
Expanded H/E, SF 20	99202	
Detailed H/E, LC 30	99203	
Comp H/C, MC 45	99204	
Comp H/E, HC -60 min	99205	
Preventative Med	9938	
OFFICE VISIT -EST		
Minimal	99211	
Focused H/E, SF	99212	
Expanded H/E, SF	99213	
Detailed H/E, MC	99214	
Comp H/T, HC	99215	
Family Consult	99242	
Preventative Med	9939	
MODIFIERS: 24 25 51 52		
PROCEDURES		
Audiometry	92552	
EKG & Interp/93000	93005/93010	
Oximetry	94760	
Skin Tag (up to 15)	11200	
Skin Tag (ea add 10)	11201	
Dest benign lesion (1)	17000	
Dest benign lesion (2-14 wl	17003	
Dest benign lesion (15)	17004	
Dest flat warts (1-14)	17110	
Dest flat warts (15+)	17111	
Pelvic/Breast Exam (M/Care	G0101	
Screening pap (M/Care)	Q0091	
Other:		
IMMUNIZATIONS		
DT (under age 7)	90702	
DT (over 7)	90718	
DTP	90701	
DTP_HIB	90720	
Flu Vac 6-35 months	90657	
Flu Vac 3yrs and up	90658	
Hepatitis A (adult)	90632	
Hepatitis B (adult)	90746	
Hepatitis B (19 & under)	90744	
HIB	90648	
IPV	90713	
Meningococcal	90733	
MMR	90707	
Pneumo Vac	90732	
Prevnar PCV	90669	
Tetnus Toxoid 0.5	90703	
Varicella	90716	
DTAP	90700	
Adult Adacel	1140	
HPV Gardasil	90649	
Rotavirus	90680	

INJECTIONS	CPT	FEE
IM Antibiotic/pro fee	90772	
Allergy, Single	95115	
Allergy, Multiple	95117	
Celestone per mg	2780	
Decadron per mg	3640	
Delestrogen 20 mg	3595	
Depo-Estradiol per mg	4490	
Depo-Medrol per 40mg	3640	
Depo-Provera 150 mg	3652	
Depo-Testadiol	3580	
Kenalog per 10 mg	6491	
Marcaine 1/4 per mg	7160	
Testosterone	11579	
Synvisc 2 cc	11346	
Toradol 15 / 30	J1885	
Vitamin B-12	12641	
Other:		
Foreign Body Removal		
Ear Canal	69200	
Impacted Cerumen	69210	
Eyes, Superficial	65205	
Sutue-Simple	10120	
Other:		
Acup/Osteo Manipulation		
OMT (1-2 regions)	98925	
OMT (3-4 regions)	98926	
OMT (5-8regions0	98927	
Acupuncture	97810	
Acupuncture	97811	
Acupuncture	97813	
Acupuncture	97814	
Avuls/ExcNail Plate Matrix		
Nail Avulsion	11730	
Avulsion nailfex add'l)	11732	
Wedge Excision	11765	
Exc. Nail Matrix	11750	
Evac Sub Hematoma	11740	
Other:		
MISC. SUPPLIES		
Eye Tray	3550	
Vaginal exam Tray	3584	
Minor Tray	3557	
Major Tray	3558	
Records Copying	99080	
Other:		
Exc Face, Ears, Eyelids, Nose, Lips Benign		
(<0.5CM)	11440	
(0.6-1.0CM)	11441	
(1.1-2.0CM)	11442	
(2.1-3.0CM)	11443	

LESION EXCISION FACE, EARS, EYELIDS, NOSE, LIPS(MALIGNANT)	CPT	FEE
(<0.5cm)	11640	
(0.6-1.0cm)	11641	
(1.1-2.0cm)	11642	
(2.1-3.0cm)	11643	
Exc-Trunk-Arms,Legs, Benign		
(<0.5cm)	11400	
(06-1.0cm)	11401	
(1.1-2.0cm)	11402	
Exc Trunk, Arms, Legs (Malignant)		
(<0.5cm)	11600	
(0.6-1.0cm)	11601	
(1.1-2.0cm)	11602	
Exc -Scalp,Neck,Hands,Feet,Genitalia (Malignant)		
(<0.5cm)	11620	
(0.6-1.0cm)	11621	
(1.1-2.0cm)	11622	
(2.1-3.0cm)	11623	
(3.1-4.0cm)	11624	
Simple Repair of Wounds-Scalp,Neck+Hands, Feet, Trunk-Axillae, Ext. Genitalia		
(<2.5cm)	12001	
(2.6-7.5cm)	12002	
(7.6-12.5cm)	12004	
(12.6-20.0cm)	12005	
Simple Repair of Wounds, Face, Ears, Eyelids, Nose, Lips		
(<2.5cm)	12011	
(2.6-5.0cm)	12013	
(5.1-7.5cm)	12014	
(7.6-12.5cm)	12015	
(12.6-20.0cm)	12016	
Other:		
Laboratory		
Venipuncture G0001	36415	
Hematocrit Spun	85013	
Hemoglobin HGB	85018	
Hemoccult	82270	
KOH Slide Tissue Exam	87220	
Strep Test Office	87880	
Chem Check (RBS) Strip	82948	
TB Intradermal	86580	
UA Dip	81002	
UA Micro	81015	
Urine HCG Pregnancy Test	81025	
UA with 2 components	81000	
Urine Drug Screen	HO80100	
Urine Drug Screen DOT	801000	
Other:		

DIAGNOSIS/PROCEDURE

Date of Injury _____
Location Injury Occurred _____
Cause of Injury _____

I CONSENT TO TREATMENT AND SERVICES AT SENECA HEALTHCARE DISTRICT I ALSO AUTHORIZE ANY INSURANCE BENEFITS TO BE PAID DIRECTLY TO THE PROVIDER I UNDERSTAND THAT ANY BALANCE DUE IS MY RESPONSIBILITY I AGREE TO ALLOW RELEASE OF ANY INFORMATION NEEDED TO PROCESS MY CLAIM.

PATIENT'S SIGNATURE

DATE TIME PATIENT REASON

TICKET NO DR. # DOCTOR LOCATION DOB

PATIENT NO RESPONSIBLE PARTY PH # REFERRING DR.

SEX M F ADDRESS CITY/STATE ZIP CODE

PLACE OVER 90 OVER 60 OVER 30 CURRENT TOTAL DUE PT BC CS Per CHECK

INSURANCE COMPANY DA SCI POLICY I D RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

PRIOR BALANCE

TODAY'S CHARGE

ADJUSTMENTS

TODAY'S PAYMENT

BALANCE DUE

I HAVE VERIFIED THAT MY ADDRESS, TELEPHONE NUMBER AND INSURANCE INFORMATION IS CORRECT AS SHOWN

PATIENT/REPRESENTATIVE SIGNATURE

PHYSICIAN'S SIGNATURE

SENECA HEALTHCARE DISTRICT
A Public Entity Providing Healthcare Services

LAKE ALMANOR CLINIC

199 REYNOLDS ROAD
CHESTER, CA 96020
BILLING 530-258-1986
or 1-866-507-2195

P.O. BOX 737
CHESTER, CA 96020

TAX ID # 94-1322200

PRINT CLEAR

State of California
Division of Workers' Compensation

Additional pages attached ☐

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the boxes which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or PR-4.

☐ Periodic Report (required 45 days after last report) ☐ Change in treatment plan ☐ Released from care
☐ Change in work status ☐ Need for referral or consultation ☐ Response to request for information
☐ Change in patient's condition ☐ Need for surgery or hospitalization ☐ Request for authorization
☐ Other:

Patient:
Last _____ First _____ M.I. _____ Sex _____
Address _____ City _____ State _____ Zip _____
Date of Injury _____ Date of Birth _____
Occupation _____ SS # ___-___-____ Phone (___) _____

Claims Administrator:
Name _____ Claim Number _____
Address _____ City _____ State _____ Zip _____
Phone (___) _____ FAX (___) _____

Employer name: _____ Employer Phone (___) _____

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective complaints:

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Diagnoses:
1. _____ ICD-9 _____
2. _____ ICD-9 _____
3. _____ ICD-9 _____

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?

DWC Form PR-2
(Rev. 06-05)

1

Attachment C: PR2 (Page 2)

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Work Status: This patient has been instructed to:

☐ Remain off-work until_____.

☐ Return to *modified* work on_____ with the following limitations or restrictions

(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

☐ Return to full duty on _____with no limitations or restrictions.

Primary Treating Physician: (original signature, do not stamp) Date of exam: _____

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature: _____ Cal. Lic. # _____
Executed at: _____ Date: _____
Name:_____ Specialty: _____
Address:_____ Phone:_____

Attachment D: Scheduler 5 Appointment Color Key

Schdeuler5 Appointment Color Key

Description	Department	Category	Duration	Color
ACUPUNCTURE	49	CLINIC	15	Purple
CASTING	49	CLINIC	15	Lime
CONSULT	49	CLINIC	15	White
DRUG SCREEN	49	CLINIC	15	Yellow
FOLLOW UP	49	CLINIC	15	Brown
INJECTION	49	CLINIC	15	Maroon
MANIPULATION	49	CLINIC	15	Brown
NAIL CARE	49	CLINIC	15	Navy
NEW PATIENT	49	CLINIC	15	Light Blue
NURSE VISIT	49	CLINIC	15	Fuchsia
OB	49	CLINIC	15	Fuchsia
OFFICE PROCEDURE	49	CLINIC	15	Peach
OFFICE VISIT	49	CLINIC	15	Green
PHYSICAL	49	CLINIC	15	Red
POST OP	49	CLINIC	15	Light Blue
PRE OP	49	CLINIC	15	Blue
TOENAIL REMOVAL	49	CLINIC	15	Brown
WORKERS COMP	49	CLINIC	15	Orange

March 25th, 2021

MEMORANDUM

From:	**Chelsea Major, Compliance Coordinator**	**To:**	**Seneca Healthcare District Board of Directors**

Topic: **Lake Almanor Clinic Policy-Rescind**

Dear Sirs & Madams,

LAC-PRO-011.004-Patient Orientation and Registration is being Rescinded and added to a New Policy, LAC-042.001-Patient Orientation and Registration.

Thank you,

Chelsea Major
Compliance Coordinator

RESCIND

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **POLICY TITLE: PATIENT ORIENTATION AND REGISTRATION** **POLICY NUMBER: LAC-PRO-011.004** 22 CCR § 70717; 22 CCR § 73523	**Page 1 of 3** **Date of Origin:** 07/1996 **Revision Date:** 02/12/2006, 02/24/2016, 08/12/2016
AUTHOR: Unknown **REVISED BY: Anita Dye, Clinic Manager**	**Procedure Rescinded by Policy #: LAC-042.001** **Effective Date:**

Policy: The Seneca Healthcare District's (SHD) Lake Almanor Clinic (LAC) shall inform each patient coming to the Lake Almanor Clinic for their first visit that a written summary of Lake Almanor Clinic's billing, and credit and collection policies is always available to patients at the receptionist desk.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

PROCEDURE NUMBER REFERENCE: LAC-PRO-011.004

PROCEDURE

1. ***Registration:***

   At the time of a patient's initial visit, a patient registration form will be completed (Attachment A). When a patient is incapable of completing the registration form, clinic staff will assist the patient. Clinic staff will insure that signed authorizations necessary to bill are properly on file and properly completed. A copy of our payment policy will be given to the patient along with the HIPPA packet with the HIPPA acknowledgement. A copy of their insurance card will be taken.

2. ***Payment for Services:***

   All patients or patient representatives are asked and expected to pay at the time of service when appropriate. If a patient believes that he/she qualifies (or continues to qualify) for special programs, they are required to provide all necessary documents and information for program verification. The patient is ultimately responsible for payment of any balance owed to Lake Almanor Clinic.

   The fee for services is determined from the level of service provided and summarized on the superbill. Clinic staff determines the patient's financial portion of the total fee that should be paid at the time of service. Payment will be collected from all appropriate patients, including categories of self-pay, share of cost,

   Medicare and commercial insurance and other program co-pays will also be collected at check-in.

3. ***Documentation of Services***

   i. Clinic staff will register and complete all information, take copies of insurance (primary and secondary) for every patient. Clinic staff will verify address, phone number and insurance information. If the information has changed, the changes will be made into the billing system. All services and diagnoses provided for that visit will be recorded on the superbill. All patients obligated to pay or have paid at the time of service shall receive a copy of the superbill detailing charges, diagnosis and payments with the physician's signature at the time of the visit.

   For all Medicare patients, clinic staff will also obtain a properly completed MSP (Medicare as Secondary Payor) (Reference *Front Office Insurance Procedure; LAC-PRO*-004) form from every patient. This requirement is necessary to comply with Medicare regulations.

Attachment A: Registration Form (1 page)

REGISTRATION

(PLEASE PRINT)

LAKE ALMANOR CLINIC
P.O. Box 1460
Chester, CA 96020
A Public Entity Providing Health Care Services

Date: _____

Social Security # _____ Home Phone _____

PATIENT INFORMATION

Name _____ (former last name)
Last Name First Name Initial

Address PO BOX # _____

City _____ State _____ Zip _____

Sex ☐ M ☐ F Age _____ Birthdate _____ ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Whom may we thank for referring you? _____

In case of emergency who should be notified? _____ Phone _____

PRIMARY INSURANCE

Person Responsible for Account _____
Last Name First Name Initial

Relation to Patient _____ Birthdate _____ Soc. Sec. # _____

Address (if different from patient's) _____ Phone _____

City _____ State _____ Zip _____

Person Responsible Employed by _____ Occupation _____

Business Address _____ Business Phone _____

Insurance Company _____

Contract # _____ Group # _____ Subscriber # _____

Names of other dependents covered under this plan _____

ADDITIONAL INSURANCE

Is patient covered by additional insurance? ☐ Yes ☐ No

Subscriber Name _____ Relation to Patient _____ Birthdate _____

Address (if different from patient's) _____ Phone _____

City _____ State _____ Zip _____

Subscriber Employed by _____ Business Phone _____

Insurance Company _____ Soc. Sec. # _____

Contract # _____ Group # _____ Subscriber # _____

Names of other dependents covered under this plan _____

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with _____
Name of Insurance Company(ies).

and assign directly to LAKE ALMANOR CLINIC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____ _____
Responsible Party Signature Relationship Date

March 25th, 2021

MEMORANDUM

From:	**Chelsea Major, Compliance Coordinator**	**To:**	**Seneca Healthcare District Board of Directors**

Topic: **LAC-PRO-015.003-Result Notification to LAC-040.001-Result Notification**

Dear Sirs & Madams,

LAC-PRO-015.003-Result Notification is up to be rescinded and placed in to a new Policy, LAC-040.001-Result Notification.

If you have any questions, please feel free to reach out.

Thank you,

Chelsea Major
Compliance Coordinator

SENECA HEALTHCARE DISTRICT POLICY

DEPARTMENT: LAKE ALMANOR CLINIC **PROCEDURE TITLE: RESULT NOTIFICATION** **PROCEDURE NUMBER: LAC-PRO-015.003**	**Page 1 of 2** **Date of Origin:** unknown **Revision Date:** 03/13/2015, 12/22/2016
AUTHOR: Unknown **REVISED BY: Elizabeth L Steffen, Director of Information Technology; Ann Holt, BSN, RN, PHN, Clinic Manager**	

Policy: Seneca Healthcare District (SHD) Lake Almanor Clinic (LAC) shall mail result notifications to patients, outside of the electronic health record system.

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Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

PROCEDURE NUMBER REFERENCE: LAC-PRO-015.003

PROCEDURE

1. **Purpose**

The purpose of this policy is to ensure patients are notified of diagnostic results.

2. **Responsibilities**

The SHD LAC staff will track referrals for diagnostic testing and mail or phone with results to diagnostic tests.

3. **Policy for Result Notification**

a. Upon receipt of an abnormal test result, a letter containing the following elements will be mailed to the patient to inform him/her of the test results and related values:
   i. Test Name
   ii. Normal Range
   iii. Results Range
   iv. Information on how to contact their physician office
b. A copy of the letter will be filed in the patient's paper chart and scanned into the electronic health record.
c. For results that pose an imminent threat to the patient and whenever the provider deems appropriate, verbal notification shall occur with the verbal notification being documented in the patient's electronic health record.
d. For normal results, a post card is mailed to the patient until the time that the electronic medical record can generate the post cards and/or a letter of normal results.

4. **Enforcement**

Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/procedure, ADMIN28.001.

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March 25th, 2021

MEMORANDUM

From: Chelsea Major, Compliance Coordinator

To: Seneca Healthcare District Board of Directors

Topic: Lake Almanor Clinic Policy-Rescind

Dear Sirs & Madams,

LAC-PRO-017.001-Health Information Exchange Procedure is being Rescinded due to currently having a policy in the HIM department, HIM-008.001-Health Information Exchange policy that covers this procedure.

Thank you,

Chelsea Major
Compliance Coordinator

RESCIND

SENECA HEALTHCARE DISTRICT PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **PROCEDURE TITLE: HEALTH INFORMATION EXCHANGE PROCEDURE** **PROCEDURE NUMBER: LAC-PRO-017.001**	**Page 1 of 2** **Date of Origin:** 07/21/2015 **Revision Date:**
AUTHOR: Elizabeth L Steffen, Director of Information Technology **REVISED BY:**	**Procedure Rescinded by Policy #: HIM-008.** **Effective Date:**

Policy:

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

PROCEDURE NUMBER REFERENCE: LAC-PRO-017.001

Reference Policy HIM-008; Health Information Exchange

PROCEDURE

1.
2. ***At Patient Registration***
    a. Register patient as usual.
    b. Explain HIE, give card unless they would like more info, then give brochure and document.
    c. If the patient states they do not want to participate and have not participated at all yet, Add note to the Profile "HIE OPT OUT" and skip to step 1f.
    d. If the patient has previously participated and now does not want to, give Opt-Out form and they can either fill it out and give it back to registration, or follow instructions on form for sending to SacValley MedShare.
        i. Add note to the account "HIE OPT OUT" and skip to step 1f..
        ii. If the patient gives the form to registration, forward the form to the Director of Information Technology.
    e. On AR Hospital Screen, type "Y" in *HIE Shared Data* field.
    f. Continue to register patient as usual.

March 25th, 2021

MEMORANDUM

From:	**Chelsea Major, Compliance Coordinator**	**To:**	**Seneca Healthcare District Board of Directors**

Topic: **Lake Almanor Clinic Policy-Rescind**

Dear Sirs & Madams,

LAC-PRO-018.001-HIE-Upload Documentation is being Rescinded due to currently having a policy in the HIM department, HIM-008.001-Health Information Exchange policy that covers this procedure.

Thank you,

Chelsea Major
Compliance Coordinator

RESCIND

SENECA HEALTHCARE DISTRICT
PROCEDURE

DEPARTMENT: LAKE ALMANOR CLINIC **PROCEDURE TITLE: HEALTH INFORAMTION EXCHANGE- UPLOAD DOCUMENTATION** **PROCEDURE NUMBER: LAC-PRO-018.002**	**Page 1 of 2** **Date of Origin:** 07/20/2015 **Revision Date:** 12/23/2016
AUTHOR: Elizabeth L Steffen, Director of Information Technology **REVISED BY: Elizabeth L Steffen, Director of Information Technology**	**Procedure Rescinded by Policy #: HIM-008** **Effective Date:**

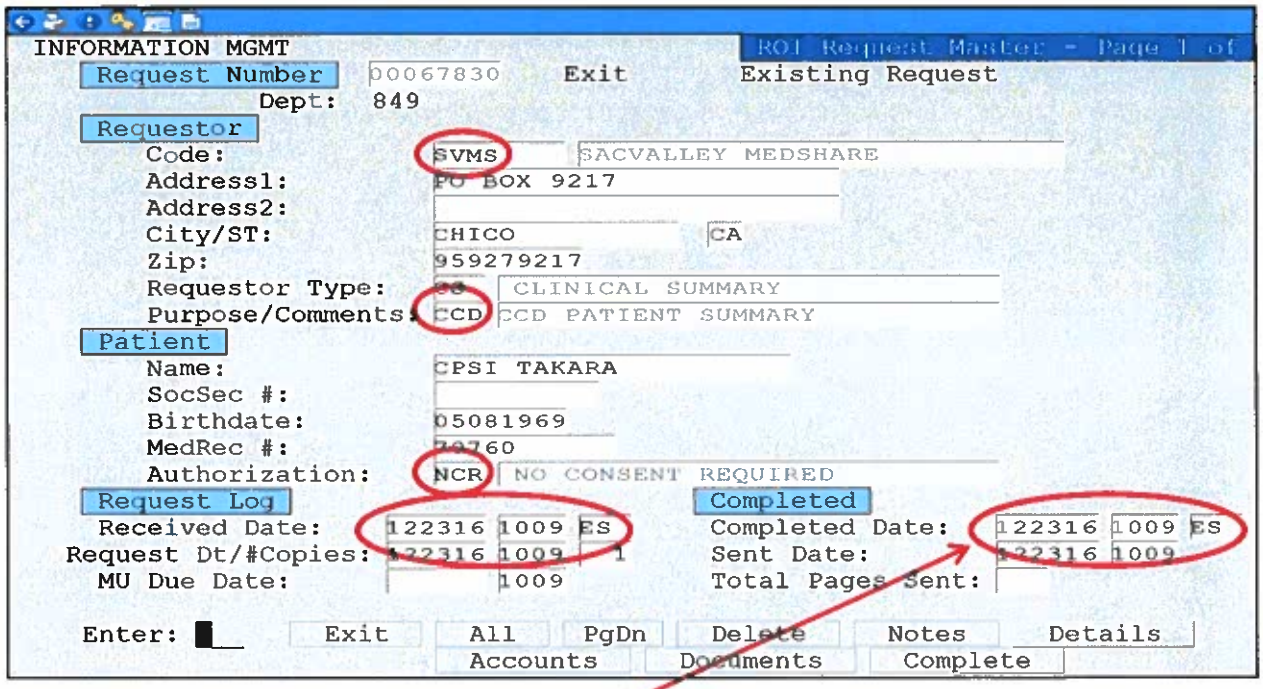
Procedure Only.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Administration		

PROCEDURE NUMBER REFERENCE: LAC-PRO-018.002

PROCEDURE

1. ***Upload Documentation to HIE***
    a. Login in to Evident
    b. Enter patient account number or click on Profile Listing and search for the patient.
    c. Find the correct visit and open it (double-click on it).
    d. Click MEDICAL RECORDS
    e. Click PRINT ELECTRONIC RECORD (lower-right of screen)
    f. Choose ACCOUNT NUMBER from the pop-up box.
    g. Check the box next to PATIENT SUMMARY
    h. Click SUBMIT TO HIE at top of screen
    i. Click YES to update the Release of Information.
    j. Complete the Release of Information Screen.



    k. Click COMPLETE
    l. Fill in the Completed Date Info
    m. Exit

SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: TELEHEALTH **POLICY TITLE: TELEHEATLH PRIVACY AND SECURITY** **POLICY NUMBER: TLH-001.001** **COMPLIANCE REQUIREMENT:**	**Page 1 of 3** **Date of Origin: 09/24/2019** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Shannan Phillips, Telehealth Coordinator and Ann Holt, BSN, RN, PHN, Clinic Manager **REVISED BY:**	**Policy Rescinded by Policy #: Effective Date:**

Policy: Seneca Healthcare District (SHD) shall provide high quality, patient focused care to our community through telemedicine technologies using scientific machinery and equipment to enable secure electronic communication and information exchanged between a healthcare provider and patient in separate locations.

Authorization	Signature	Date
Department Head		
Medical Department Chair	**See, Medical Chief of Staff**	
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration	**See, Governing Board**	
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: TLH-001.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to outline the process of testing call quality and ensuring security and privacy for telehealth patients.

2. **Responsibilities**
   Room set-up, security, and call testing will be performed by the Telehealth Coordinator or Medical Assistant. The Medical Receptionist will ensure proper "Patient Consent/Privacy Settings" are selected for Telehealth Behavioral Health Patients.

3. **Policy for Telehealth Privacy and Securtiy**
   a. ***Telehealth Privacy***
      i. Music will be played outside each door to the telehealth room.
         1. Volume will be loud enough to obscure in-room conversations, but not so loud as to cause a disturbance to surrounding areas.
      ii. The door to the business office will be closed and locked from the business office side.
      iii. The in-room curtain will be extended out.
      iv. Signs will be posted on each door that a telehealth session is in progress and not to enter the room.
   b. ***Telehealth Polycom Security***
      i. Polycom security will be used to prevent accidental entry into the video conference room, such as:
         1. Automatic settings only allowing two connections to the video conference room.
         2. Password entry into a conference room.
      ii. System and software updates will be checked/installed on an as needed basis by IT when notified of updates by the Telemedicine Coordinator or other staff member.
   c. ***Connection Testing***
      i. Call connection and quality will be tested each day of telehealth appointments.
         1. Test calls will be scheduled at a specific time or
         2. Calls will be connected and tested for quality up to 10 minutes prior to the appointment time.
   d. ***Registration of Telehealth Behavioral Health Patients***
      i. Update the Patient Consent/Privacy Settings, located on the "Stay" tab
         1. Check boxes for "Patient" and "Authorized Representative"
         2. Select "Do not share data with HIE"
         3. Data Sensitivity Level "Very Restrictive"
         4. Protect Immunization Data "N – not protected, can be shared"

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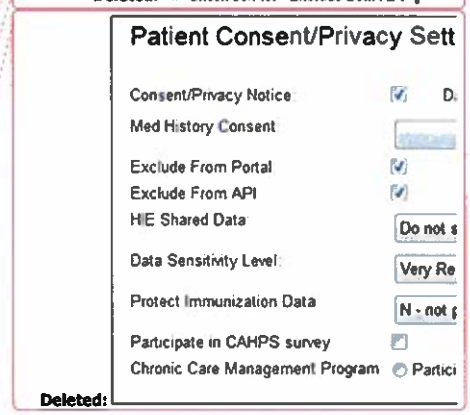

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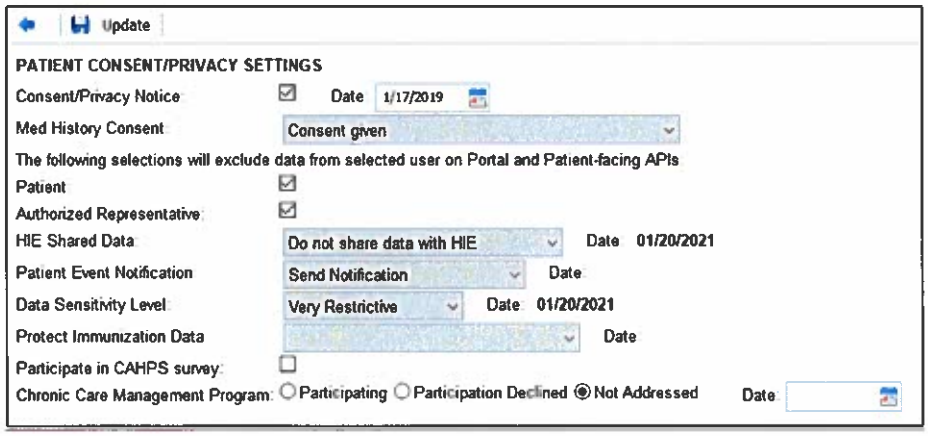

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

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SENECA HEALTHCARE DISTRICT
POLICY & PROCEDURE

DEPARTMENT: TELEHEALTH **POLICY TITLE: TELEHEALTH CART SETUP CONNECTION AND USE** **POLICY NUMBER: TLH-002.001** **COMPLIANCE REQUIREMENT:**	**Page 1 of 5** **Date of Origin: 09/24/2019** **Revision Date:** **Periodic Review By: Date:**
AUTHOR: Shannon Phillips, Telehealth Coordinator.; Ann Holt, BSN, RN, PHN, Clinic Manager **REVISED BY: Ann Holt, BSN, RN, PHN, Clinic Manager**	**Policy Rescinded by Policy #: Effective Date:**

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Policy: Seneca Healthcare District (SHD) shall provide high quality, patient focused care to our community. The Telemedicine Program is designed to increase patient access to specialist care and to facilitate patient self-management and caregiver support through synchronous interactions.

Authorization	Signature	Date
Department Head		
Medical Department Chair	**See, Medical Chief of Staff**	
Compliance Officer		
Chief Nursing Officer		
Director, Human Resources		
Administration	**See, Governing Board**	
Medical Chief of Staff		
Governing Board		

POLICY NUMBER REFERENCE: TLH-002.001

PROCEDURE

1. **Purpose**
   The purpose of this policy is to outline the process of connection with providers, using and cleaning the equipment and providing patient care in a telemedicine environment.

2. **Responsibilities**
   The Telehealth Coordinator will monitor, each day of scheduled appointments, all equipment to make sure it is in working order and ensure all licensing agreements are current. Medical Assistants will room the patients, take vital signs and assist the practitioner in any additional assessments needed.

3. **Policy for Policy Telehealth Cart Setup Connection and Use**
   a. ***Telehealth Cart***
      i. Review the device user manual for instructions on making calls, camera mode selections, and disconnecting calls.
      ii. Document quarterly review of licensing agreements to ensure they are up to date.
   b. ***Accessory Use***
      i. See Attachment A & B for quick reference on accessory use.
      ii. Review the device user manual for detailed instructions.
   c. ***Accessory Cleaning Instructions***
      i. After a patient has been seen:
         1. Wear gloves and use Cavi Wipes to wipe down all used equipment. (Follow packaging directions for proper sterilization time).
            a. Clean all surfaces that come into contact with patients.
               i. Chair/Exam table
               ii. Stethoscope (Global Med, Littmann, or Eko Core)
               iii. Earphones
               iv. Total Exam Camera
                  1. Tongue Depressor Clip
                  2. Dermascope Hood
      ii. Equipment does not require caliberation

4. **Enforcement**
   Violation of this policy may result in disciplinary action, up to and including termination as outlined in the Sanctions Policy/Procedure, CMPL-005.

Attachments:
Attachment A: Global Med Dermascope & Stethoscope/Headphones
Attachment B: Littmann Stethoscope
Attachment C: Eko Core Stethoscope

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Attachment A: Global Med Dermascope & Stethoscope/Headphones *(Page 1 of 1)*

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The Dermascope is attached to the right side of the cart.

1. Power on the Dermascope by pressing the black power button located close to the cable.
2. Adjust the light to the needed brightness by pushing the button in the middle of the handle.
    a. 1 push: dermatology
        i. For use with the Dermatology Hood.
    b. 2 pushes: medical exams
        i. For use with tongue depressor clip.
    c. 3 pushes: for use without attachments
3. Focus the Dermascope by twisting the end of the scope to fine tune the focus area.
4. Make sure the buttons are facing up. If facing down the provider will see an upside-down image.

▲The plug-ins are attached to the left side of the cart.
✧The stethoscope is located in the cart drawer.
☆The headphones are located in the cart drawer.

1. Plug the stethoscope and headphones into the jacks on the plug-ins (▲)mounted on the left of the cart.
    a. Stethoscope goes into the microphone jack.
    b. Headphones go into the headphones jack.
        i. The stethoscope and headphones are used simultaneously with the camera in camera mode.

Attachment B: Littmann Stethoscope *(Page 1 of 1)*

The Littmann Stethoscope is located in the supply cabinet in the telemed room.

1. Double click on the EKO icon on the computer desktop.
    a. Username: Seneca@renown.ekodevices.com
    b. Password: Seneca20
2. Connect the Stethoscope
    a. Power on
    b. Press "M" to enter MENU
    c. Press "M" to select CONNECT
    d. On the Eko Window's Application, click "Connect Core"
        i. Choose "Littmann" from the dropdown devices menu.
3. Initiate Live Stream
    a. Switch the "Live Stream" toggle at the bottom of the windows application to "ON"
4. Turn off and charge the stethoscope at the end of each session.

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Deleted: Connect the Stethoscope¶
Power on¶
Press "M" to enter MENU¶
Press "M" to select CONNECT¶
Open Internet Explorer¶
Go to the Littmann website (address saved to the bookmarks bar).¶
Select "run this time" when asked to update Java¶
Select "Host Session"¶
Provide the Session ID to the provider when they arrive to the telehealth session.¶
The icon between Select Stethoscope and Host Session will turn from red to green when the provider is connected to the session.¶
There is a 15-minute time limit per session on the Littmann website.¶
Always "Log Out" NEVER "X" out of the Littmann website, it will remain logged on for 2 hours and you will not be able to log back in.

Attachment C: Eko Core Stethoscope *(Page 1 of 1)*

The Eko Core Stethoscope is located with the Specialty Medical Assistant plugged in to charge the battery. Ensure the computer is connected so the "Guest" network (this ensures there are no firewall issues blocking the software).

1. Connect the Stethoscope
    a. Power on by sliding the toggle bar
2. Double click on the EKO icon on the computer desktop.
    a. Username: Seneca@renown.ekodevices.com
    b. Password: Seneca20
3. Connect the Stethoscope
    a. Toggle the stethoscope "on"
        i. The indicator light will turn BLUE when the device is on
    b. On the Eko Window's Application, click "Connect Core"
        i. Choose "Eko Core v1.1" or "Eko Core v3.0" from the dropdown devices menu.
        ii. The indicator light will turn GREEN when the device has been paired.
4. Initiate Live Stream
    a. Switch the "Live Stream" toggle at the bottom of the windows application to "ON"
5. Turn off and charge the stethoscope at the end of each session.

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Seneca Healthcare District

Financial Statements - Board Report

February 2021

Summary

Seneca Healthcare District had net income of $370k, during the month, compared to budgeted income of $186k; for a positive variance of $184k. This was primarily due to a positive variance in non-operating revenue (excess HQAF 6 payment), which was somewhat offset by a negative variance in gross patient and total operating revenue.

Revenues

Gross patient revenue, for the month, ended at $1.47M compared to a budgeted amount of $1.60M, for a negative variance of $132k. Net patient revenue as a percent of gross was 54.7%, compared to a budget of 56.9%. There were continued adjustments for non-billable COVID testing, which was somewhat offset by a reduction in bad debt expense.

There were 13 acute inpatient days in the month (budget of 21), and 4 swing bed days (budget of 14), resulting in an average daily census (ADC) of .61 patients per day. The skilled nursing unit had an ADC of 10.71 (budget of 15), resulting in an occupancy percent of 66.96%.

Outpatient revenue was down from January and below budget in most areas except Lab, Radiology, and PT; while remaining lower than the same month 2020 due to the continued impact of COVID-19. Lake Almanor Clinic visits were 566 versus a budget of 832.

Expenses

Total operating expenses for the month were $1.39M, versus a budget of $1.40M, for a positive variance of $8k.

Salaries & Wages: Salaries and wages were over budget by $23k. FTEs, for the month, were 104.07 versus a budget of 103.66 and the average hourly wage (AHW) was $33.91 versus a budget of $33.96.

Contract Labor: Contract labor was under budget by $37k, this month. FTEs for the month were 1.96 (LTC down) versus a budget of 4.90.

Pro Fees Medical: See attached analysis

Pro Fees Other: Over budget $10k due to legal expenses for two matters.

Supplies: Over budget $47k related to Lab (continued COVID related expenses) and Pharmacy (IV therapy and mandated high dollar drugs).

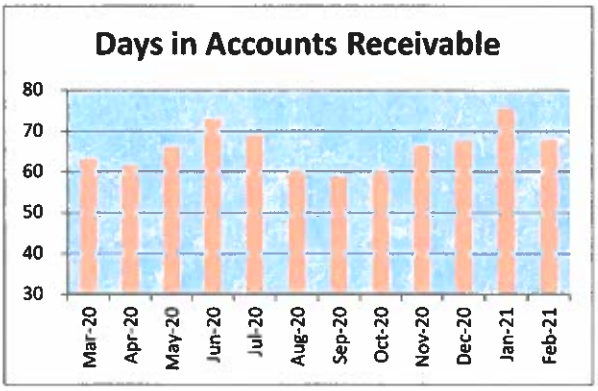
All Other Expense Categories: All categories either slightly above or slightly below the budgeted amount.

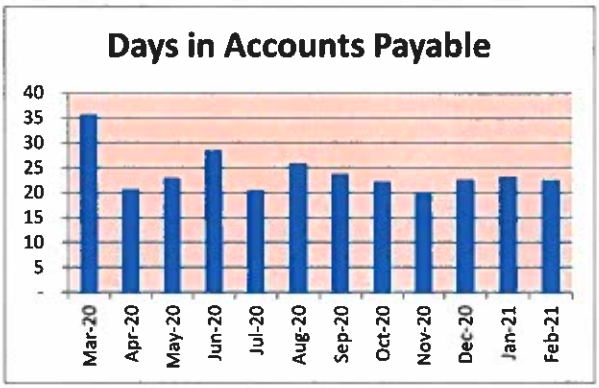
Additional Information

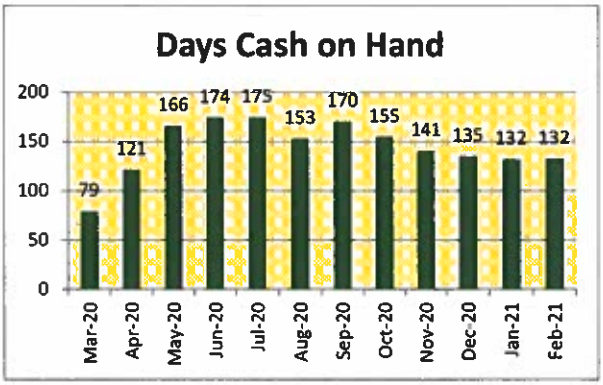
Days of cash on hand increased from 131.9 to 132.4, due to the HQAF 6 payment, which was mostly offset by the operating loss for the month.

Revenue Cycle

Gross accounts receivable ended the month at $3.50M, which is a $363k decrease over last month. Gross accounts receivable days decreased this month to 67.5 and remains well outside the best practices target of 45-55 days.







Key Financial Ratios - YTD

Current Ratio	3.01
Operating Margin	-49.3%
Days in Accounts Receivable	67.5
Long-Term Debt to Capitalization	0.01
Debt Service Coverage	-1,282%
Days Cash on Hand Excl. Board Restr	132.4

Seneca Healthcare District
Income Statement
For the Month of February 2021

		% Net Pt Revenue	Month-to-Date Actual	Budget	$ Variance	% Net Pt Revenue	Year-to-Date Actual	Budget	$ Variance
1	**REVENUE**								
2	Inpatient Revenue - Acute		41,977	70,039	(28,062)		393,938	589,293	(195,355)
3	Inpatient Revenue - Swing Bed		12,716	76,626	(63,910)		324,258	246,298	77,960
4	Inpatient Revenue - SNF		156,618	214,200	(57,582)		1,315,508	1,577,430	(261,922)
5	Inpatient Revenue - Ancillary		77,018	84,875	(7,857)		675,438	561,894	113,545
6	Inpatient Revenue - Total		288,330	445,740	(157,410)		2,709,142	2,974,914	(265,771)
7	Outpatient Revenue		1,178,183	1,152,678	25,505		11,501,596	11,267,845	233,751
8	Total Patient Revenue		1,466,512	1,598,418	(131,906)		14,210,738	14,242,759	(32,020)
9	Contractual Allowances		(587,785)	(608,012)	20,227		(5,481,642)	(5,417,713)	(63,929)
10	Charity Discount		(1,135)	(925)	(210)		(19,402)	(8,245)	(11,157)
11	Other Allowances		(72,651)	(34,964)	(37,687)		(471,901)	(311,545)	(160,356)
12	Bad Debt		(3,248)	(44,535)	41,287		(366,658)	(396,833)	30,175
13	Total Deductions		(664,819)	(688,436)	23,618		(6,339,603)	(6,134,336)	(205,267)
14	Net Patient Revenue		801,694	909,982	(108,288)		7,871,136	8,108,423	(237,287)
	% of Gross Revenue		*54.7%*	*56.9%*	*-2.3%*		*55.4%*	*56.9%*	*-1.5%*
15	Meaningful Use Revenue			-	-		-	-	-
16	Quality Payments			-	-		-	-	-
17	Other Operating Revenue		27,813	35,333	(7,520)		289,848	282,667	7,181
18	Total Operating Revenue		829,506	945,315	(115,809)		8,160,983	8,391,090	(230,106)
19	**EXPENSES**								
20	Salaries & Wages	74.8%	(599,975)	(577,230)	(22,745)	63.7%	(5,011,672)	(4,909,381)	(102,292)
21	Employee Benefits	16.5%	(132,652)	(131,556)	(1,097)	14.2%	(1,120,255)	(1,141,648)	21,393
22	Contract Labor	3.7%	(29,627)	(66,213)	36,587	8.0%	(627,556)	(654,867)	27,311
23	Professional Fees - Medical	26.2%	(209,876)	(251,471)	41,595	24.6%	(1,935,767)	(2,093,744)	157,977
24	Professional Fees - Other	2.7%	(21,289)	(11,743)	(9,545)	4.1%	(324,619)	(206,155)	(118,464)
25	Supplies	14.3%	(114,918)	(67,965)	(46,953)	11.4%	(893,600)	(689,901)	(203,699)
26	Purchased Services	18.1%	(145,151)	(156,344)	11,193	15.4%	(1,215,281)	(1,235,927)	20,646
27	Insurance	1.3%	(10,440)	(12,002)	1,562	1.1%	(83,271)	(96,018)	12,747
28	Rentals and Leases	2.4%	(19,604)	(15,580)	(4,024)	1.5%	(114,595)	(125,807)	11,211
29	Repairs and Maintenance	2.3%	(18,458)	(15,132)	(3,326)	1.6%	(128,216)	(137,448)	9,232
30	Utilities and Telephone	3.8%	(30,572)	(35,229)	4,656	3.0%	(235,064)	(260,343)	25,279
31	Depreciation & Amortization	4.5%	(36,050)	(37,742)	1,692	3.6%	(286,769)	(301,937)	15,168
32	Other Expenses	3.3%	(26,646)	(25,194)	(1,452)	2.7%	(210,242)	(212,555)	2,313
33	Total Operating Expenses	174.0%	(1,395,258)	(1,403,402)	8,145	154.8%	(12,186,907)	(12,065,730)	(121,177)
34	Income From Operations	-70.6%	(565,751)	(458,087)	(107,664)	-51.1%	(4,025,924)	(3,674,640)	(351,283)
35	Tax Revenue	0.0%		-	-	3.7%	293,428	255,000	38,428
36	IGT - Incoming Portion	116.8%	936,566	643,891	292,675	28.3%	2,230,013	1,453,891	776,122
37	Non Capital Grants and Donations	0.0%		-	-	0.7%	54,848	-	54,848
38	Interest Income	0.0%	73	600	(527)	1.0%	78,752	70,200	8,552
39	Interest Expense	-0.1%	(446)	(540)	94	-0.1%	(4,286)	(4,500)	214
40	Non-Operating Income (Expense)	0.0%		-	-	8.9%	698,798	535,467	163,331
41	Total Non-Operating Gain (Loss	116.8%	936,193	643,951	292,242	42.6%	3,351,554	2,310,058	1,041,497
42	**Net Income**	46.2%	370,442	185,863	184,578	-8.6%	(674,369)	(1,364,582)	690,213
43	Operating Margin %		(68.2%)	(48.5%)	-19.74%		(49.3%)	(43.8%)	-5.54%
44	Net Margin %		44.7%	19.7%	25.00%		(8.3%)	(16.3%)	8.00%
45	Payroll as % of Operating Expense		43.00%	41.13%	1.87%		41.12%	40.69%	0.43%
46	IGT Transaction Summary								
47	Outgoing				-		909,425	677,675	(231,750)
48	Incoming		936,566	643,891	292,675		2,230,013	1,453,891	776,122
49	Net Impact		936,566	643,891	292,675		1,320,588	776,216	544,372

Seneca Healthcare District
Income Statement
13-Month Trend Ended February 28, 2021

		Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
1	REVENUE													
2	Inpatient Revenue - Acute	35,519	35,519	77,496	38,748	29,061	77,496	19,374	29,061	32,290	71,038	16,145	106,557	41,977
3	Inpatient Revenue - Swing	92,191	15,895	-	-		38,148	69,938	-	-	34,969	98,549	69,938	12,716
4	Inpatient Revenue - SNF	213,180	252,450	236,023	216,240	195,237	181,560	173,910	168,300	165,173	145,257	161,295	163,395	156,618
5	Inpatient Revenue - Ancillary	85,696	86,346	75,966	38,501	41,875	81,721	54,313	79,001	38,733	91,538	55,471	197,644	77,018
6	Inpatient Revenue - Total	426,586	390,210	389,485	293,489	266,172	378,925	317,535	276,362	236,196	342,802	331,460	537,534	288,330
7	Outpatient Revenue	1,293,210	1,306,135	1,010,603	1,001,143	1,535,314	1,742,465	1,918,405	1,601,549	1,565,601	1,170,695	1,040,219	1,284,479	1,178,183
8	Total Patient Revenue	1,719,795	1,696,345	1,400,088	1,294,632	1,801,486	2,121,390	2,235,940	1,877,911	1,801,797	1,513,496	1,371,679	1,822,013	1,466,512
9	Contractual Allowances	(337,559)	(706,520)	(519,366)	(361,002)	(598,181)	(906,880)	(867,627)	(651,886)	(698,604)	(621,772)	(424,824)	(722,264)	(587,785)
10	Charity Discount	(149)	(8)	(211)	(7)	(13,648)	(8)	(489)	(5)	(6,839)	(875)	(3,284)	(6,767)	(1,135)
11	Other Allowances	(17,927)	(50,838)	(32,510)	(47,798)	(97,313)	(33,849)	(36,065)	(36,666)	(77,893)	(46,354)	(117,491)	(50,932)	(71,250)
12	Bad Debt	(48,246)	(53,173)	(48,304)	(44,563)	17,376	(55,448)	(65,608)	(85,691)	(48,003)	(58,850)	(49,277)	(533)	(3,248)
13	Total Deductions	(403,881)	(810,538)	(600,391)	(453,369)	(691,765)	(996,185)	(969,788)	(774,249)	(831,339)	(727,850)	(594,876)	(780,496)	(663,418)
14	Net Patient Revenue	1,315,915	885,807	799,698	841,263	1,109,720	1,125,204	1,266,152	1,103,662	970,457	785,646	776,803	1,041,517	803,094
	% of Gross Revenue	*76.5%*	*52.2%*	*57.1%*	*65.0%*	*61.6%*	*53.0%*	*56.6%*	*58.8%*	*53.9%*	*51.9%*	*56.6%*	*57.2%*	*54.8%*
15	Meaningful Use Revenue													
16	Quality Payments													
17	Other Operating Revenue	21,917	33,981	30,349	34,545	34,797	36,966	26,503	58,720	38,184	31,106	39,461	31,096	27,813
18	Total Operating Revenue	1,337,831	919,787	830,047	875,808	1,144,518	1,162,170	1,292,655	1,162,382	1,008,641	816,752	816,264	1,072,614	830,907
19	EXPENSES													
20	Salaries & Wages	(677,074)	(628,064)	(610,636)	(599,471)	(572,625)	(584,813)	(754,067)	(538,815)	(607,315)	(594,940)	(615,795)	(715,952)	(599,975)
21	Employee Benefits	(159,449)	(159,685)	(143,620)	(139,128)	(136,741)	(146,766)	(160,395)	(127,810)	(132,340)	(130,880)	(136,718)	(152,693)	(132,652)
22	Contract Labor	(80,154)	(77,165)	(73,516)	(112,004)	(109,714)	(110,794)	(148,844)	(95,214)	(80,650)	(73,221)	(66,976)	(22,231)	(29,627)
23	Professional Fees - Medical	(228,565)	(251,390)	(214,004)	(212,392)	(238,119)	(276,424)	(252,792)	(272,206)	(256,252)	(215,419)	(224,498)	(228,300)	(209,876)
24	Professional Fees - Other	(16,828)	(27,889)	(39,045)	(7,223)	(8,397)	(20,316)	(37,409)	(56,013)	(40,544)	(36,497)	(60,574)	(51,978)	(21,289)
25	Supplies	(57,367)	(76,975)	(70,972)	(78,282)	(95,415)	(98,125)	(112,155)	(103,247)	(120,346)	(105,278)	(149,251)	(90,280)	(114,918)
26	Purchased Services	(116,052)	(128,987)	(165,879)	(142,359)	(105,664)	(134,391)	(165,311)	(145,978)	(163,278)	(150,944)	(142,085)	(168,143)	(145,151)
27	Insurance	(13,294)	(12,368)	(12,563)	(12,546)	(12,119)	(10,475)	(10,722)	(10,091)	(10,209)	(10,360)	(10,662)	(10,313)	(10,440)
28	Rentals and Leases	(12,866)	(13,837)	(13,047)	(13,538)	(13,313)	(13,075)	(13,968)	(13,005)	(13,036)	(13,666)	(14,065)	(14,176)	(19,604)
29	Repairs and Maintenance	(8,584)	(16,352)	(16,123)	(13,205)	(12,348)	(15,425)	(10,872)	(12,029)	(27,052)	(15,305)	(13,898)	(15,179)	(18,458)
30	Utilities and Telephone	(16,829)	(42,130)	(24,981)	(28,920)	(26,131)	(25,278)	(28,338)	(27,549)	(30,085)	(29,732)	(33,531)	(29,979)	(30,572)
31	Depreciation & Amortization	(38,741)	(36,436)	(36,429)	(35,725)	(35,813)	(35,411)	(35,411)	(35,962)	(35,962)	(35,962)	(35,962)	(36,050)	(36,050)
32	Other Expenses	(17,113)	(17,497)	(20,210)	(16,753)	(17,986)	(24,602)	(19,037)	(16,070)	(24,974)	(28,825)	(40,299)	(29,789)	(26,646)
33	Total Operating Expenses	(1,442,917)	(1,488,774)	(1,441,025)	(1,411,545)	(1,384,385)	(1,495,895)	(1,749,320)	(1,453,989)	(1,542,041)	(1,441,029)	(1,544,312)	(1,565,063)	(1,395,258)
34	Income From Operations	(105,086)	(568,986)	(610,978)	(535,736)	(239,868)	(333,725)	(456,666)	(291,607)	(533,400)	(624,277)	(728,048)	(492,449)	(564,351)
35	Tax Revenue	-			236,771	-			-	-	-		293,428	
36	IGT - Incoming Portion		569,681	3,252,904	459,000	-			810,000	-	-	483,447		936,566
37	Non Capital Grants and Donations					8,577	11,866	80	12,420	16,905	419	1,993	11,165	
38	Interest Income	304	312	27,718	507	1,473	32,591	445	666	25,669	93	288	18,928	(1,327)
39	Interest Expense	(584)	(548)	(550)	(579)	(551)	(511)	(502)	(847)	(508)	(483)	(518)	(471)	(446)
40	Non-Operating Income (Expense)			415,689	650,550	600,458	624,568	73,739	492	-	-			
41	Total Non-Operating Gain (Loss)	(280)	569,446	3,695,761	1,346,249	609,957	668,514	73,762	822,731	42,066	29	485,209	323,051	934,793
42	**Net Income**	(105,366)	459	3,084,783	810,513	370,089	334,789	(382,904)	531,124	(491,335)	(624,248)	(242,839)	(169,399)	370,442
43	Operating Margin %	(7.9%)	(61.9%)	(73.6%)	(61.2%)	(21.0%)	(28.7%)	(35.3%)	(25.1%)	(52.9%)	(76.4%)	(89.2%)	(45.9%)	(67.9%)
44	Net Margin %	(7.9%)	0.0%	371.6%	92.5%	32.3%	28.8%	(29.6%)	45.7%	(48.7%)	(76.4%)	(29.8%)	(15.8%)	44.6%
45	Payroll as % of Operating Expense	46.92%	42.19%	42.38%	42.47%	41.36%	39.09%	43.11%	37.06%	39.38%	41.29%	39.88%	45.75%	43.00%
46	IGT Transaction Summary													
47	Outgoing		1,035,697	229,575	24,095	-	-	405,000			211,750	292,675		
48	Incoming	-	569,681	3,252,904	459,000	-	-	-	810,000	-	-	483,447		936,566
49	Net Impact	-	(466,016)	3,023,329	434,905	-	-	(405,000)	810,000	-	(211,750)	190,772	-	936,566

Seneca Healthcare District
Comparative Balance Sheets - Board Report
Dates as Indicated

	Unaudited	Audited	Audited	Audited	FY 2021-2020	
	FY 2021	FY 2020	FY 2019	FY 2018	$ Change	% Change
	as of 2/28/2021	6/30/2020	6/30/2019	6/30/2018		
ASSETS						
Current Assets						
Cash	$ 961,320	$ 902,195	$ 18,884	$ 3,049,118	$ 59,126	6.55%
Short-term Investments	5,525,832	7,292,277	7,317,637	1,785,509	(1,766,445)	-24.22%
Total Cash and Equivalents	**6,487,152**	**8,194,471**	**7,336,520**	**4,834,627**	**(1,707,319)**	**-20.84%**
Patient Accounts Receivable	3,498,581	3,600,952	4,582,957	3,690,839	(102,371)	-2.84%
Accounts Receivable Reserves	(2,573,468)	(2,495,773)	(3,096,844)	(2,351,508)	(77,695)	3.11%
Net Accounts Receivable	**925,113**	**1,105,179**	**1,486,113**	**1,339,331**	**(180,066)**	**-16.29%**
% of Gross Accounts Receivable	*26.4%*	*30.7%*	*32.4%*	*36.3%*		
Inventory	282,012	264,374	250,386	271,364	17,638	6.67%
Other Assets	1,730,925	1,346,360	669,462	386,736	384,565	28.56%
Board Restricted Funds - Facility Capital	1,253,165	1,299,283	513,400	500,000	(46,118)	
Board Restricted Funds	4,234,162	4,854,496	612,125	569,274	(620,334)	-12.78%
Total Other Assets	7,500,265	7,764,513	2,045,374	1,727,373	(264,248)	-3.40%
Total Current Assets	**14,912,530**	**17,064,163**	**10,868,007**	**7,901,332**	**(2,151,633)**	**-12.61%**
Fixed Assets						
Land	90,610	90,609.80	90,610	90,610	0	0.00%
Buildings	5,762,782	5,741,619	5,532,267	5,474,869	21,163	0.37%
Capital Equipment	5,752,859	5,624,264	5,033,846	4,551,366	128,596	2.29%
Total Plant & Equipment	11,606,251	11,456,492	10,656,723	10,116,844	149,759	1.31%
Accumulated Depreciation	(9,210,948)	(8,924,179)	(8,493,946)	(8,112,122)	(286,769)	3.21%
Net Fixed Assets	**2,395,302**	**2,532,313**	**2,162,778**	**2,004,722**	**(137,010)**	**-5.41%**
TOTAL ASSETS	**$ 17,307,832**	**$ 19,596,476**	**$ 13,030,785**	**$ 9,906,054**	**$ (2,288,644)**	**-11.68%**
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	$ 389,387	$ 513,833	$ 626,379	$ 459,765	$ (124,446)	-24.22%
Accrued Payroll & Benefits	837,618	620,243	562,461	470,965	217,375	35.05%
Accrued Other Liabilities	3,719,515	4,501,218	207,968	138,836	(781,703)	0.00%
Total Current Liabilities	**4,946,520**	**5,635,295**	**1,396,807**	**1,069,566**	**(688,775)**	**-12.22%**
Long-Term Liabilities						
Loans	1,508,168	1,508,168	14,250	131,633	0	0.00%
Capitalized Leases	94,761	110,836	133,793	155,519	(16,075)	-14.50%
Total Long-Term Liabilities	**1,602,929**	**1,619,004**	**148,043**	**287,152**	**(16,075)**	**-0.99%**
TOTAL LIABILITIES	**6,549,449**	**7,254,299**	**1,544,850**	**1,356,718**	**(704,850)**	-9.72%
FUND BALANCE	**10,758,384**	**12,342,178**	**11,485,935**	**8,549,336**	**(1,583,794)**	**-12.83%**
TOTAL LIABILITIES AND FUND BALANCE	**$ 17,307,832**	**$ 19,596,476**	**$ 13,030,785**	**$ 9,906,054**	**$ (2,288,644)**	**-11.68%**

Seneca Healthcare District
Detail of Long Term Debt
As of February 28, 2021

Description	Original Amount	Origination Date	Interest Rate	Monthly Payment	Maturity	Secured By	Balance on Feb 28, 2021
Loans							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan Draws	1,508,168						1,508,168
Total Loans	2,410,058			0			1,508,168
Capitalized Leases							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	94,761
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
Total Capitalized Leases	672,753			2,492			94,761
Total Long Term Liabilities	3,082,811			2,492			1,602,929

Seneca Healthcare District
Summary Statement of Cash Flows - Board Report
Fiscal Year-to-Date

	YTD 2/28/2021
Net Income (Loss)	$ (674,369)
Changes in:	
Depreciation	286,769
(Increase)/Decrease in Net Accounts Receivable	180,066
(Increase)/Decrease in Inventory	(17,638)
(Increase)/Decrease in Other Assets	(384,565)
Increase/(Decrease) in Accounts Payable	(124,446)
Increase/(Decrease) in Accrued Payroll & Benefits	217,375
Increase/(Decrease) in Other Accrued Liabilities	(781,703)
Net Cash Provided (Used) by Operating Activities	(624,143)
Purchases of Equipment	(149,759)
Net Cash Provided (Used) in Investing Activities	(149,759)
Proceeds from New Loans	-
Principal Payments of Loans	-
Principal Payments under Capital Leases	(16,075)
Principal Payments under Inter-Governmental Transfer Program	(909,425)
Net Cash Provided (Used) in Financing Activities	(925,500)
Net Change in Cash and Cash Equivalents	(2,373,771)
Cash and Cash Equivalents, Beginning of Period	14,348,250
Cash and Cash Equivalents, End of Period	$ 11,974,480
*Inclusive of Board Restricted Cash	

Cash Detail by Account	
Operating Checking - Plumas Bank	$ 945,508
Suspense General Ledger for Receipts Pending R.A.'s	(931)
Payroll Checking - US Bank	16,398
Business Savings - Plumas Bank	9,267
Petty Cash - Receptionists	645
Local Agency Investment Fund	10,947,252
Series EE Bonds	56,340
Total Cash and Cash Equivalent Detail	$ 11,974,480

SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF FEBRUARY 2021

		MONTH TO DATE			YEAR TO DATE	
		CURRENT MONTH FEB 2021	PRIOR MONTH JAN 2021	PRIOR YEAR MONTH FEB 2020	JULY 2020 - FEB 2021	JULY 2019 - FEB 2020
1.	In Patient Stays					
	1.a Admissions	3	7	4	40	50
	1.b Discharges	3	7	3	40	51
2.	Out Patient Observations	11	2	12	78	103
3.	Out Patient Surgeries	15	17	22	101	169
4.	Emergency Visits	142	161	168	1,631	1,862
5.	Lab Procedures	2,373	2,476	1,908	21,610	18,622
6.	Radiology Procedures	225	202	238	2,199	2,222
	6.a X-Ray Procedures	129	105	154	1,173	1,315
	6.b Mammography	0	0	0	0	0
	6.c MRI	11	5	2	51	25
	6.d Ultrasound	14	8	8	121	112
	6.e C T Scan	71	84	74	854	770
	6. f Dexascanner	0	0	0	0	0
7.	Respiratory Therapy/ABG/PFT	29	148	131	559	1,302
8.	CardioPulmonary EKG/Holter	51	32	54	375	487
9.	Stress Tests	0	0	1	1	3
10.	Physical Therapy	231	225	248	2,038	2,095
11.	Lake Almanor Clinic Visits	566	593	656	5,486	7,156
	Dr. Ware	129	150	29	1,288	1,301
	Dr. Walls	87	129	32	1,013	1,197
	Dr. Cooper	137	129	123	1,110	1,060
	NP Office/Nielsen	0	0	231	303	1,692
	NP Walk-in/Hayden	122	118	134	1,134	1,171
	Specialty/Other	91	67	107	638	735
	ACUTE CARE					
12.	Acute Patient Days	13	33	11	122	164
13.	Acute ADC	0.46	1.06	0.38	0.50	0.67
14.	% Occupancy	4.64	10.65	3.79	5.02	6.72
15.	Avg Length of Stay	4.33	4.71	2.75	3.05	3.28
16.	Swing Bed Days	4	22	29	102	115
17.	Swing Bed ADC	0.14	0.71	1.00	0.42	0.47
18.	Total ADC	0.61	1.77	1.38	0.92	1.14
	SKILLED NURSING UNIT					
19.	Patient Days	300	313	418	2,559	3,735
20.	Average Daily Census	10.71	10.10	14.41	10.53	15.31
21.	% Occupancy	66.96	63.10	90.09	65.82	95.67
	TOTALS					
22.	Patient Days	317	368	458	2,783	4,014
23.	Average Daily Census	11.32	11.87	15.79	11.45	16.45
24.	Total Adjusted Patient Days	1,612	1,247	1,846	14,598	16,781

Seneca Healthcare District
Gross Outpatient Revenue
February 2021

	Month Ended 2/28/21		
	Actual	Budget	Variance
Acute			-
Swing			-
SNF			-
Observation	35,461.00	34,255.53	1,205.47
ER	170,395.00	168,348.31	2,046.69
ER Phy	59,031.00	64,231.72	(5,200.72)
Surgery	48,428.00	44,599.32	3,828.68
Anesth	2,114.00	4,761.76	(2,647.76)
CS	5,588.00	11,984.50	(6,396.50)
LAC	126,815.86	182,951.63	(56,135.77)
LAB	231,969.29	185,930.57	46,038.72
Blood Gas	3,342.00	2,439.95	902.05
Blood Bank	-	302.57	(302.57)
EKG	28,290.60	26,296.24	1,994.36
Stress	-	675.90	(675.90)
Radiology	60,319.80	60,553.40	(233.60)
Mammo	-	-	-
MRI	39,905.00	10,775.18	29,129.82
Ultrasound	11,478.00	10,466.47	1,011.53
CT Scan	125,852.00	131,964.16	(6,112.16)
OP Proc	8,401.00	7,038.00	1,363.00
Pharmacy	129,693.06	126,880.28	2,812.78
RT	13,304.00	10,865.11	2,438.89
PT	77,795.00	67,357.39	10,437.61
OT	-	-	-
Telemed			-
Totals	1,178,182.61	1,152,677.99	25,504.62

Seneca Healthcare District
Professional Fees- Medical
February 28, 2021

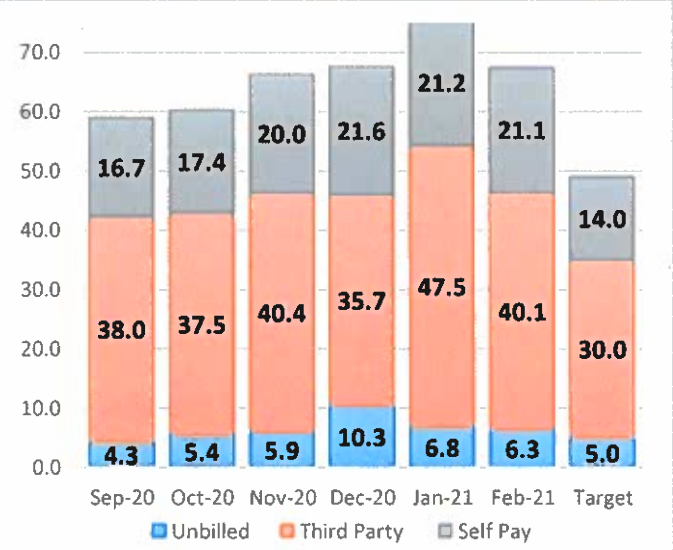
G/L #	Description	Actual ME 2/28/2021	Budget ME 2/28/2021	(Over)/Under Budget	Actual YTD 2/28/2021	Budget YTD 2/28/2021	(Over)/Under Budget
	Grand Total	209,875.97	251,470.50	41,594.53	1,935,767.23	2,093,744.00	157,976.77
41220040	EMERG RM PHYSICIAN FEES	87,493.75	90,720.00	3,226.25	771,398.25	787,320.00	15,921.75
	SHD Contracted Physicians	87,493.75	90,720.00	3,226.25	738,723.00	761,400.00	22,677.00
	Locums Physicians	-	-	-	32,675.25	25,920.00	(6,755.25)
41220044	SURGERY PHYSICIAN FEES	18,194.88	24,065.00	5,870.12	117,791.47	175,740.00	57,948.53
41220044							
	Surgery -						
	Surgeries	9,050.96	14,315.00	5,264.04	57,243.29	97,740.00	40,496.71
	Call				-		
	Clinic	3,143.92	5,416.67	2,272.75	30,548.18	43,333.33	12,785.15
	CRNA	6,000.00	4,333.33	(1,666.67)	30,000.00	34,666.67	4,666.67
41220049	LK ALMANOR PHYSICIAN FEES	69,022.43	95,985.50	26,963.07	738,244.33	805,084.00	66,839.67
41229049							
	SHD Contracted Physicians	47,127.43	57,083.33	9,955.90	469,156.56	466,666.67	(2,489.89)
	FNP Supervision	3,000.00	3,250.00	250.00	25,500.00	26,000.00	500.00
	Open Office	-	13,600.00	13,600.00	77,427.77	122,400.00	44,972.23
	Walk-In Clinic	13,100.00	13,600.00	500.00	119,765.00	122,400.00	2,635.00
	Telemedicine	5,795.00	8,452.17	2,657.17	46,395.00	67,617.33	21,222.33
		69,022.43	95,985.50	26,963.07	738,244.33	805,084.00	66,839.67
Other Professional Fees- Medical		35,164.91	40,700.00	5,535.09	308,333.18	325,600.00	17,266.82

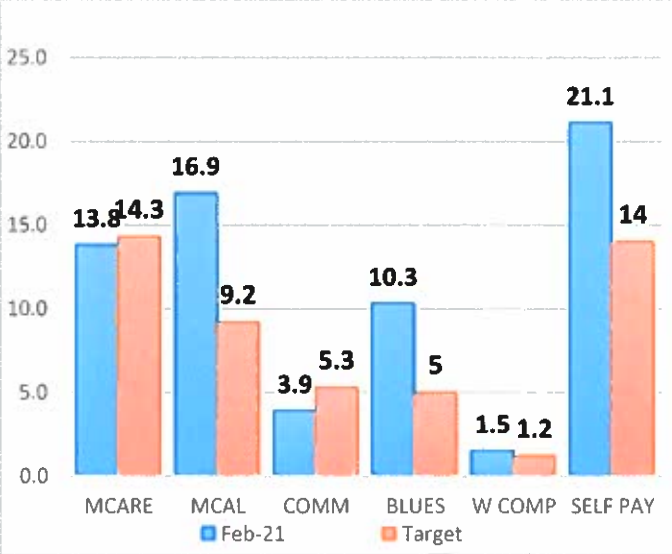
Seneca Hospital District

Revenue Cycle Status
February 2021

I. AR Days

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Target	Distance From Goal
Unbilled	4.3	5.4	5.9	10.3	6.8	6.3	5.0	1.3
Third Party	38.0	37.5	40.4	35.7	47.5	40.1	30.0	10.1
Self Pay	16.7	17.4	20.0	21.6	21.2	21.1	14.0	7.1
Total AR Days	59.0	60.3	66.3	67.6	75.5	67.5	49.0	18.5





*Detail around these metrics are broken down in the following pages

Summary

1. As of February 2021, the total AR days are 18.5 days above the target 49 days in AR

2. Unbilled (DNFB & In House) is 1.3 days or $67K above the target 5 days in AR.

3. Third-party AR days were reduced by 7.4 or $383K, closing at 40.1 days this is 10.1 days or $523K over goal; $209K or 4 of the 10.1 days was in the ready-to-bill status at month end, but did not drop for billing until 3/3/21.

4. Self-Pay is 7.1 days or $367K above the target of 14 days in AR. Self-pay revenue decreased $2K, closing at $111K for February.

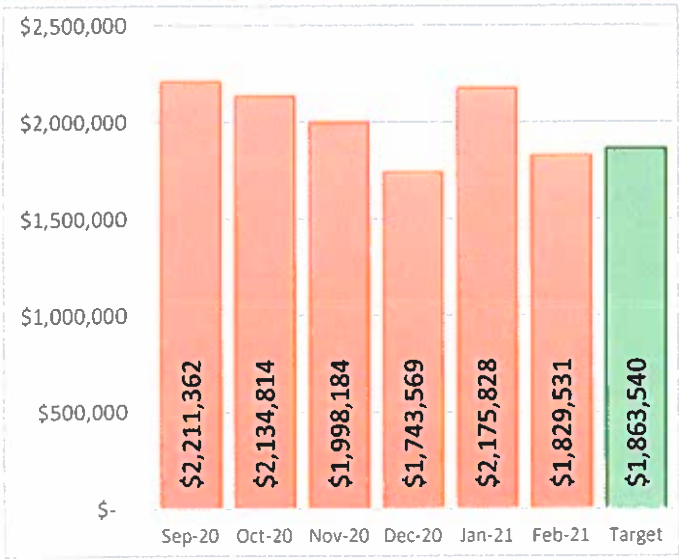
Summary

To meet the target 49 days in AR, the financial classes in need of improvement are:

1. Medicare is exceeding AR days goal at 13.8. There are 13 high dollar accounts for $205K, or 28% of the overall Medicare AR; 2 paid 3/1/21; 1 is set to pay; 4 were billed on 3/2 and 3/5/21; 3 are DNFB and 3 are currently in process.
2. Medi-Cal needs a reduction of 7.7 days or $399K. There are 20 high dollar accounts, for $441K, or nearly 49% of the overall Medi-Cal AR. 10 of these are LTC's, 2 are newer LTC admits that are pending TARS; 7 are currently in process, 2 were billed on 3/4 and 3/5/21, and one inpatient is pending a TAR.
3. Commercial is exceeding goal by 1.4 days or $72K, closing at 3.9 days. There are 8 accounts that are greater than $5K for $49K.
4. Blues needs a reduction of 5.3 days or $274K. There are 9 high dollar accounts for $171K, or 28% of the AR. Of these, 3 are in process; 2 are DNFB; 1 is set to pay; 1 is pending an adjustment; 1 is pending information from the patient and 1 paid on 3/4/21.

II. Third Party Aged 0-90 Days

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Target	Distance From Goal
Aging < 90 Days %	78.5%	77.0%	76.0%	72.0%	78.0%	76.0%	87.0%	-11.0%
Dollars Aged < 90 Days	$ 2,211,362	$ 2,134,814	$ 1,998,184	$ 1,743,569	$ 2,175,828	$ 1,829,531	$ 1,863,540	$ (34,009)

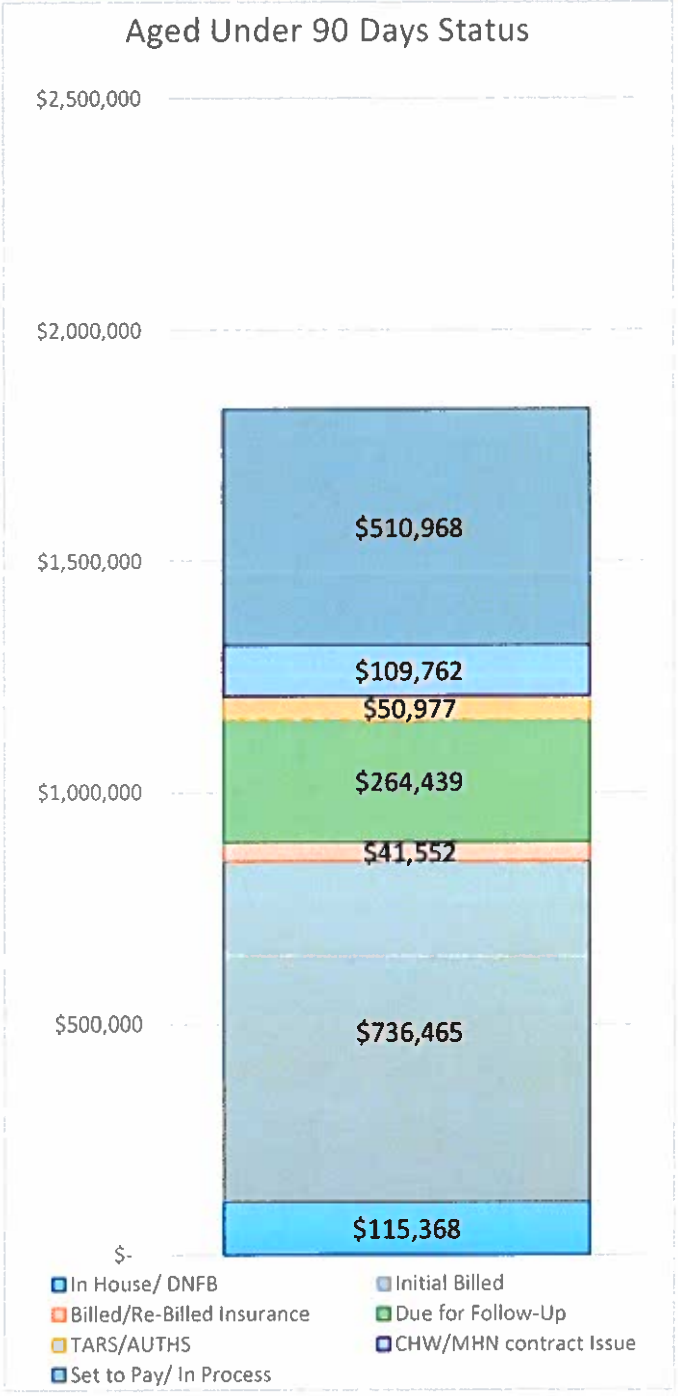


Summary

When calculating where the metrics should be to hit our target 49 days in AR and 13% aged over 90 days, I found the following:

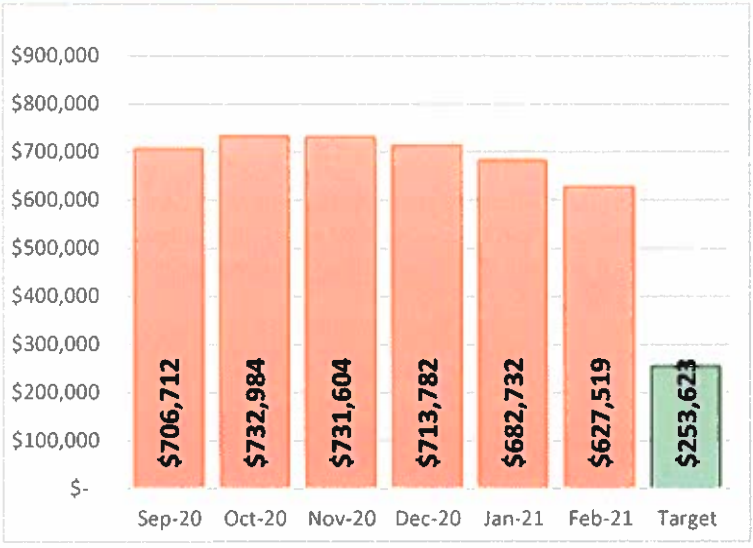
Based on the 13-month average daily revenue of $63K, the total third party AR day's under 90 should be at or below $1.86M.

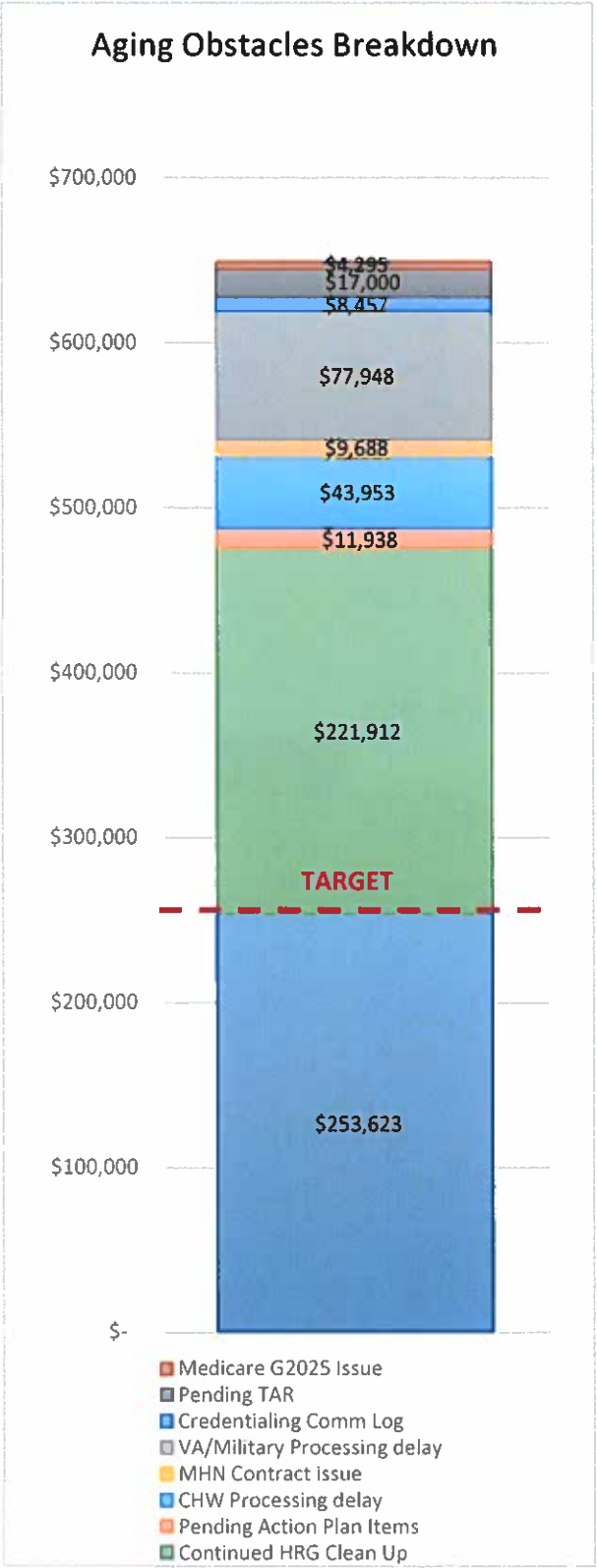
The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 76% and exceeding goal by $34K.



III. Third Party Aged 90+ Days

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Target	Distance From Goal
Aging > 90 Days %	23.5%	25.4%	26.4%	28.7%	23.4%	24.6%	13.0%	11.6%
Dollars Aged > 90 Days	$ 706,712	$ 732,984	$ 731,604	$ 713,782	$ 682,732	$ 627,519	$ 253,623	$ 373,896





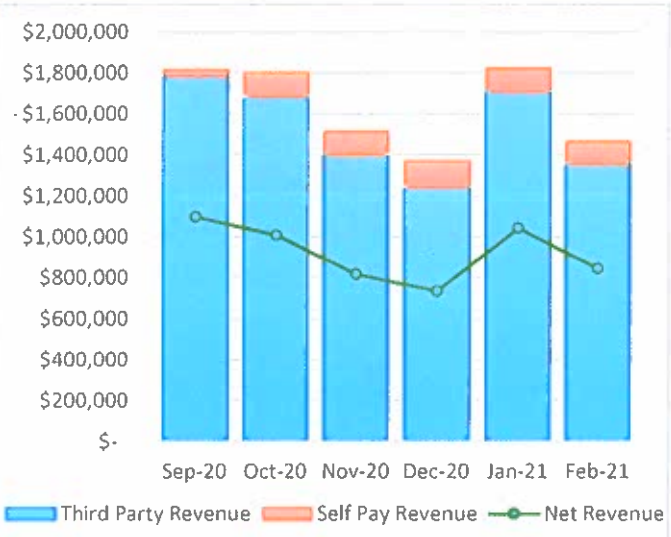
Summary

At February month end closing, the third party aged over 90 days decreased $55K; however, increased by 1.2% from January, closing at 24.6%. Third Party aged over 90 days is $374K above the $254K that would achieve the target 13%. The graph to the right illustrates the obstacles contributing $173K to the aging. HRG has an action plan for Medi-Cal, Commercial, and Blues aged over 90 days.

1. Medicare aged over 90 decreased by $56K, but increased by 1.6% closing at 14% or $101K. There are currently 2 high dollar accounts for $15K, or 14% of the Medicare aged over 90; 1 paid on 3/1/21; and 1 is in process. There are also 23 accounts over $1K for $50K, that we are focusing on.
2. Medi-Cal aged over 90 saw an increase of $9K, yet decreased 1.7%, closing at 24.5% or $221K. There are 8 high dollar accounts for $78K, or 35%, 3 of those are CHW for $17K. There are 3 in process; 1 is pending a TAR; 1 is an LTC account. HRG is performing an audit on all outstanding LTC balances.
3. Commercial aged over 90 decreased by $14K, or 3.1%, concluding at 57.2% or $141K of which $61K is VA. Outside of the VA there are 27 accounts over $1K for $59K.
4. Blues aged over 90 saw a decrease of $1K, or 4.4%, ending 22.5%. There are 6 accounts greater than $5K, that make up nearly 44% of the $136K; 4 are in process; 1 was billed on 2/4/21, and one is pending an adjustment.

IV. Revenue

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
Third Party Revenue	$ 1,784,040	$ 1,683,936	$ 1,401,446	$ 1,241,865	$ 1,708,329	$ 1,354,668	$ 1,607,037
Self Pay Revenue	$ 32,322	$ 117,861	$ 112,051	$ 129,814	$ 113,730	$ 111,844	$ 94,742
Total Revenue	$ 1,877,911	$ 1,801,797	$ 1,513,496	$ 1,371,679	$ 1,822,059	$ 1,466,512	$ 1,701,779
Average Daily Revenue	$ 67,774	$ 64,301	$ 57,068	$ 50,945	$ 51,166	$ 51,781	$ 56,351
Net Revenue	$ 1,097,777	$ 1,007,685	$ 817,989	$ 736,105	$ 1,042,961	$ 845,444	$ 956,017

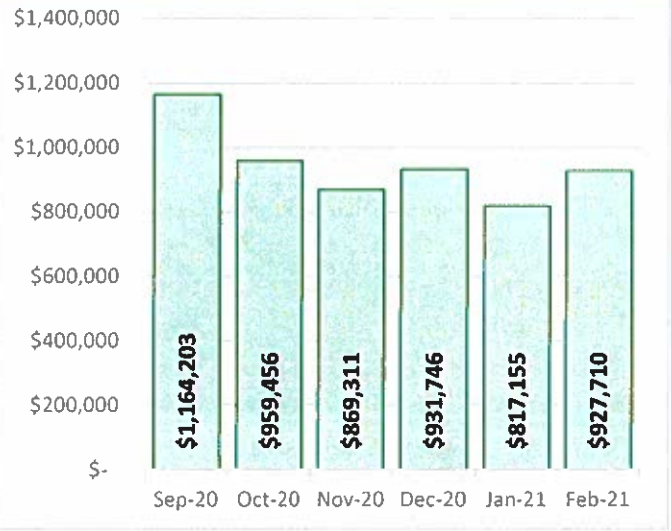


Summary

February's overall revenue decreased $356K compared to January. February's revenue closed at $1.5M; this is $253K less than February 2020 and $235K below the 13-month average. The average daily revenue increased $615.00, ending at $52K.

V. Cash Collections

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
Cash Collections	$ 1,164,203	$ 959,456	$ 869,311	$ 931,746	$ 817,155	$ 927,710	$ 1,020,992
Collection %	63.0%	55.0%	57.0%	62.0%	66.0%	56.0%	54%
% of Net Revenue	90%	87%	86%	114%	111%	89%	104%



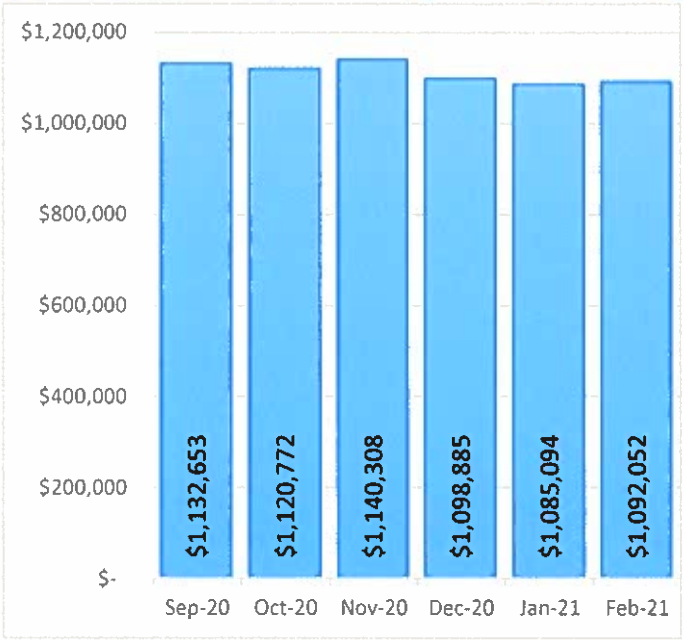
Summary

Cash collections in February were $928K, or 89% of February's net revenue. Cash collections in March are trending to hit $845K.

Medicare saw an increase of cash collections of $125K, closing at $494K; Commercial decreased $22K, ending at $65K; Medi-Cal increased $61K, concluding at $157K, Blues decreased $12K, closing at $150K; Work Comp was increased $20K, ending at $15K, and Self-Pay cash collections decreased $41K, finishing at $44K.

VI. Self Pay

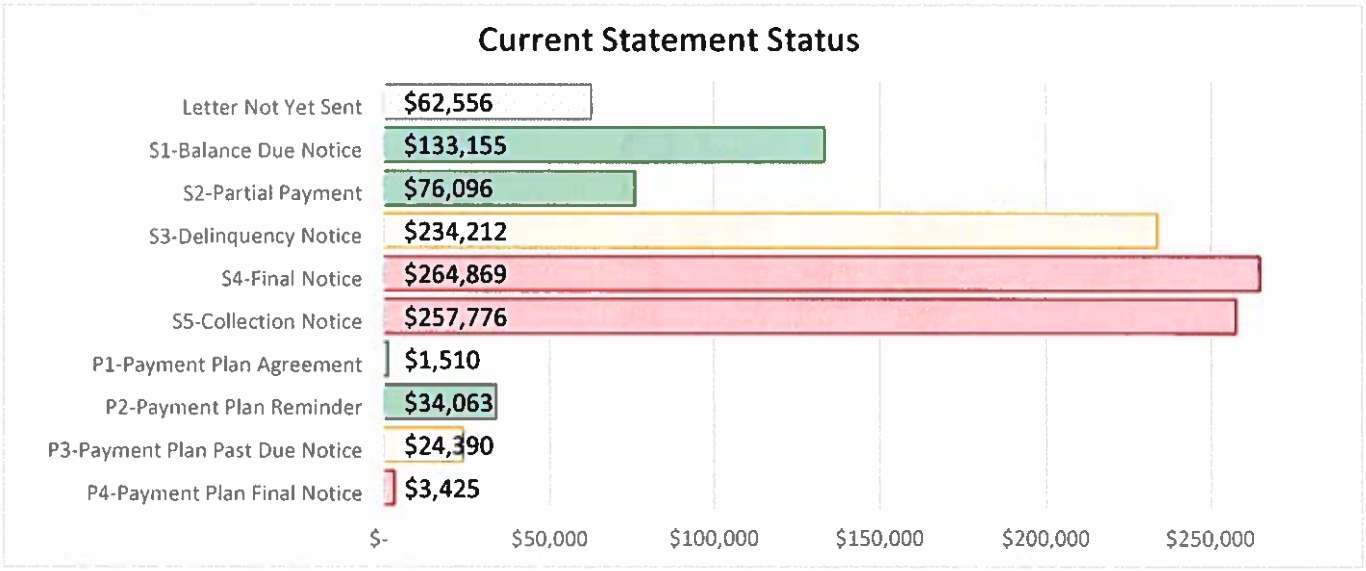
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Self Pay	$ 1,132,653	$ 1,120,772	$ 1,140,308	$ 1,098,885	$ 1,085,094	$ 1,092,052



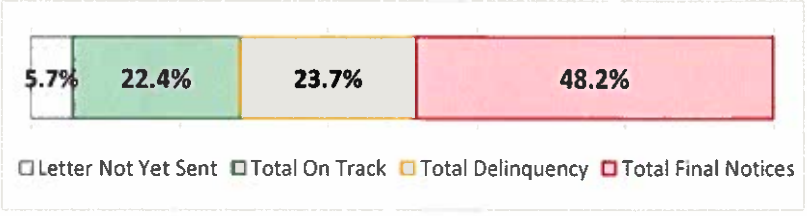
Summary

Self-Pay decreased in February, ending at 21.1 days. Self-Pay is 7.1 days or $368K above the target 14 days in AR.

1. To be eligible for bad debt, a second final notice is sent (S5). Currently, there is $258K awaiting an S5 to become eligible to go to bad debt.
2. The self-pay inventory has $63K set up on a payment plan.
3. Seneca and HRG continue to review the Self-Pay statement process; working together to identify opportunities for improvement.



Letter Not Yet Sent	$	62,556
Total Final Notices	$	526,070
Total Delinquency	$	258,601
Total On Track	$	244,824
Total	$	1,092,052



Seneca Healthcare District

MONTH END FINANCE REPORT

February 2021

Table of Contents

Finance Dashboard..... Page 2
Revenue Detail..... Page 3
Cash Detail..... Page 4
Cash Forecasting..... Page 5
Accounts Receivable..... Page 6-7
Denial Management..... Page 8
Claim Submit Efficiency..... Page 9
Admits & Unbilled..... Page 10
Executive Dashboard..... Page 11

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	September-20	October-20	November-20	December-20	January-21	February-21
REVENUE							
Net Revenue		$1,097,777	$1,005,540	$817,898	$736,105	$1,042,961	$845,444
Gross Revenue		$1,877,911	$1,801,797	$1,513,496	$1,371,679	$1,822,059	$1,466,512
CASH							
Cash Collections as a % of Net Revenue	100%	90%	87%	86%	114%	111%	89%
Cash Collections		$1,164,203	$959,456	$869,311	$931,746	$817,155	$927,710
ACCOUNTS RECEIVABLE							
Net AR		$2,470,892	$2,276,372	$2,121,233	$1,963,860	$2,327,736	$2,098,328
Gross AR		$3,998,100	$3,877,841	$3,781,370	$3,439,047	$3,862,520	$3,499,034
Unbilled	5	4.3	5.4	5.9	10.3	6.8	6.3
Third Party	30	38.0	37.5	40.4	35.7	47.5	40.1
Self Pay	14	16.7	17.4	20.0	21.6	21.2	21.1
Total Days in AR	49	59.0	60.3	66.3	67.5	75.5	67.6
Days in AR - Credit Balances	< 1	3.19	3.19	3.53	4.27	4.68	4.66
UNBILLED							
In-house	< 2 Days	0.2	0.9	1.0	4.7	1.6	0.9
DNFB	< 1 Day	1.5	2.4	1.9	5.5	5.1	5.4
Total Unbilled	<3 Days	4.3	5.4	5.9	10.3	6.8	6.3

Third Party

	Target	September-20		October-20		November-20		December-20		January-21		February-21	
AGING (excluding credits)													
Medicare Aging > 90 Days	8%	13.5%	$ 132,534	12.8%	$ 128,656	12.7%	$ 121,382	12.9%	$ 116,866	12.4%	$ 157,172	14.0%	$ 101,395
Medi-Cal Aging > 90 Days	13%	32.0%	$ 308,927	32.9%	$ 281,362	32.5%	$ 287,387	36.7%	$ 274,048	26.2%	$ 212,096	24.5%	$ 220,606
Commercial Aging > 90 Days	26%	37.3%	$ 146,980	50.6%	$ 189,362	59.2%	$ 174,928	60.4%	$ 169,684	60.3%	$ 154,806	57.2%	$ 140,904
Blues Aging > 90 Days	13%	16.5%	$ 97,559	19.6%	$ 109,480	22.2%	$ 120,542	27.1%	$ 128,819	26.9%	$ 137,099	22.5%	$ 135,692
Work Comp Aging > 90 Days	41%	26.5%	$ 20,712	25.3%	$ 24,123	30.1%	$ 27,364	30.6%	$ 24,366	27.3%	$ 21,558	37.3%	$ 28,924
Total Third Party Aging > 90 Days	13%	23.5%	$ 706,712	25.4%	$ 732,984	26.4%	$ 731,604	28.7%	$ 713,782	23.4%	$ 682,732	24.6%	$ 627,519
CLAIM SUBMISSION EFFECIENCY													
Claims Submission		1,964	$ 2,298,800	2,387	$ 1,803,221	1,686	$ 1,683,880	1,511	$ 1,381,299	1,305	$ 1,751,880	1,109	$ 1,685,726
Clean Claims	85%	73%		84%		75%		81%		93%		91%	
Denial Percent	5%	7%		5%		8%		12%		6%		7%	
Total Denial Rate	Count | Amt	171	$ 168,345	162	$ 124,518	183	$ 142,648	190	$ 205,215	119	$ 83,347	129	$ 128,370
Communication Log Backlog		56	$ 61,090	22	$ 6,414	63	$ 45,646	130	$ 93,805	85	$ 70,437	79	$ 65,698

Self Pay

	Target	September-20		October-20		November-20		December-20		January-21		February-21	
INVENTORY & QUALITY													
Total Inventory		3,518	$ 1,132,653	3,511	$ 1,120,772	3,508	$ 1,140,308	3,550	$ 1,098,885	3,525	$ 1,085,094	3,521	$ 1,092,052
New		520	$ 192,668	597	$ 285,559	394	$ 183,857	506	$ 202,461	349	$ 84,150	1,124	$ 89,670
Resolved		452	$ 172,621	532	$ 235,832	454	$ 103,591	442	$ 13,172	317	$ 56,556	1,341	$ 12,581
Aged >120 days from Assignment	< 25%	55.1%	$ 624,465	53.4%	$ 598,077	53.7%	$ 611,919	56.4%	$ 619,993	60.0%	$ 651,413	72.4%	$ 790,700
Total Payment Plans over 120 days		$41,200		$26,429		$17,675		$24,562		$24,218		$30,849	
Average Speed to Answer	< 60 seconds	0		0		0		0		0		0	
STATEMENTS & LETTERS													
Statements & Letters		793		806		556		408		669		700	
Inbound and Outbound Calls	In | Out	102	169	128	425	191	539	136	327	201	217	89	174
WRITE OFFS													
Bad Debt as a % of Gross Revenue	< 2%	1.4%	$ 26,135	2.9%	$ 52,787	2.6%	$ 39,020	1.6%	$ 21,567	1.2%	$ 21,720	2.3%	$ 33,573
Charity as a % of Gross Revenue	< 2%	0.0%	$ (5)	0.4%	$ 6,839	0.1%	$ 875	0.2%	$ 3,284	0.4%	$ 6,767	0.1%	$ 1,135

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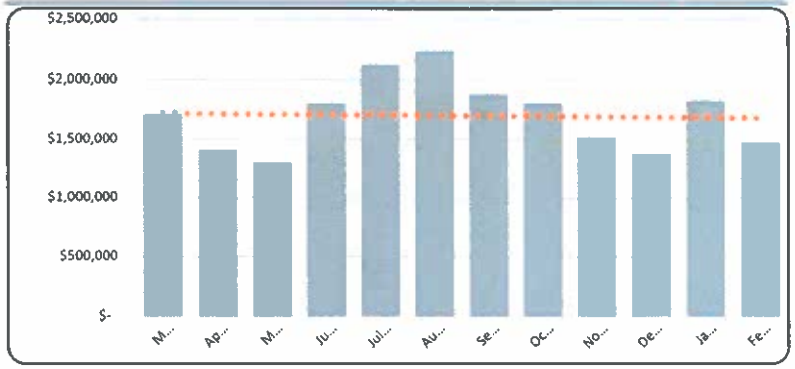
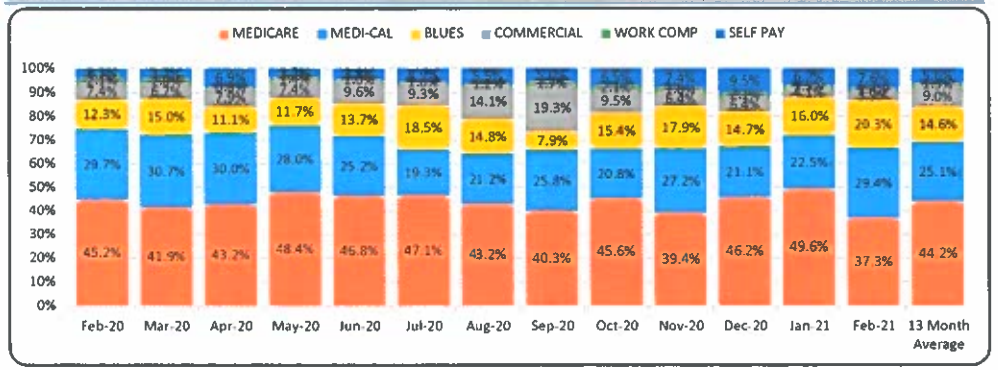
GROSS REVENUE

PAYER	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	$ 777,093	$ 710,290	$ 605,423	$ 626,268	$ 842,451	$ 998,143	$ 966,065	$ 756,163	$ 821,766	$ 596,378	$ 634,323	$ 903,963	$ 547,212	$ 752,734
MEDI-CAL	$ 511,135	$ 521,386	$ 420,057	$ 362,536	$ 453,725	$ 409,440	$ 474,332	$ 484,887	$ 375,409	$ 411,138	$ 289,406	$ 410,030	$ 431,241	$ 427,286
COMMERCIAL	$ 126,420	$ 113,658	$ 110,967	$ 96,050	$ 172,328	$ 196,916	$ 316,043	$ 362,360	$ 171,261	$ 96,297	$ 87,571	$ 75,162	$ 57,921	$ 152,535
BLUES	$ 211,984	$ 253,962	$ 154,965	$ 150,970	$ 247,247	$ 392,287	$ 330,615	$ 148,309	$ 277,658	$ 270,942	$ 201,805	$ 292,303	$ 297,804	$ 248,527
WORK COMP	$ 35,837	$ 34,219	$ 11,642	$ 17,691	$ 17,569	$ 21,494	$ 25,990	$ 32,322	$ 37,842	$ 26,692	$ 28,760	$ 26,871	$ 20,490	$ 25,955
SELF PAY	$ 57,327	$ 62,830	$ 97,035	$ 41,117	$ 68,166	$ 103,110	$ 122,895	$ 93,871	$ 117,861	$ 112,051	$ 129,814	$ 113,730	$ 111,844	$ 94,742
TOTAL	$ 1,719,795	$ 1,696,345	$ 1,400,088	$ 1,294,632	$ 1,801,486	$ 2,121,390	$ 2,235,940	$ 1,877,911	$ 1,801,797	$ 1,513,496	$ 1,371,679	$ 1,822,059	$ 1,466,512	$ 1,701,779
AVERAGE DAILY REVENUE	$ 57,691	$ 57,530	$ 53,514	$ 47,729	$ 49,409	$ 56,712	$ 66,944	$ 67,774	$ 64,301	$ 57,068	$ 50,945	$ 51,166	$ 51,781	$ 56,351

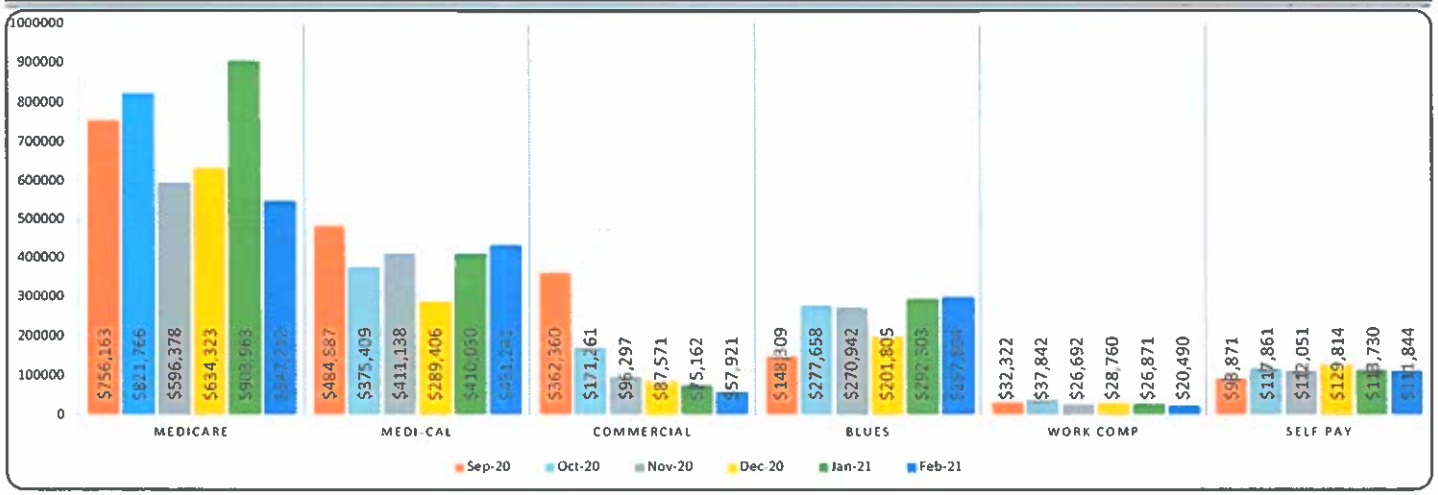
Gross Revenue



Payer Mix



Revenue Trending By Payer



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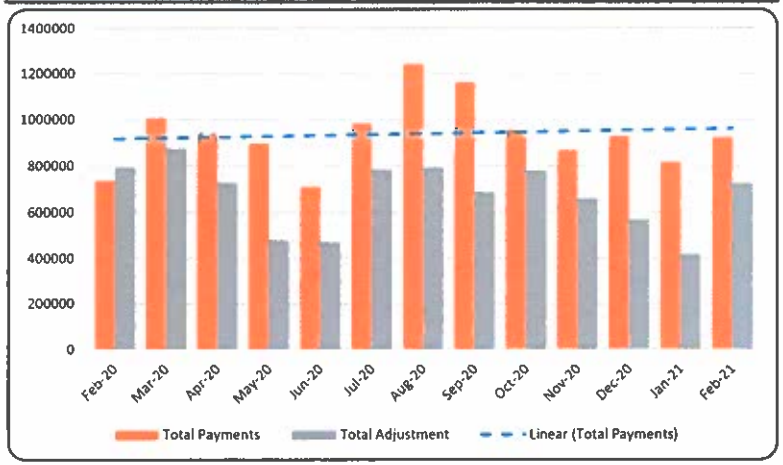
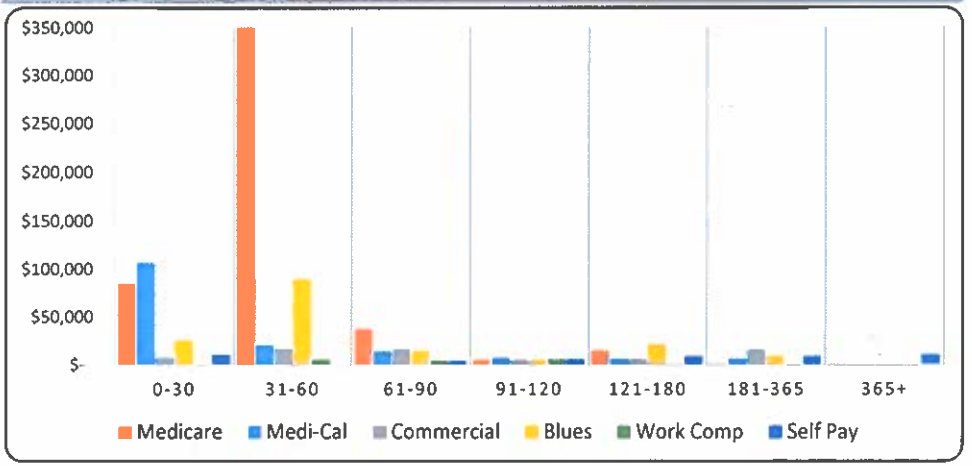
CASH DETAIL

PAYER	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE														
Payments	$ 254,920	$ 294,047	$ 349,026	$ 268,646	$ 228,115	$ 359,747	$ 415,435	$ 493,823	$ 307,420	$ 260,917	$ 326,556	$ 368,904	$ 493,674	$ 340,095
Adjustments	$ 458,292	$ 457,761	$ 390,303	$ 280,482	$ 191,581	$ 460,340	$ 430,674	$ 347,591	$ 332,142	$ 298,785	$ 244,068	$ 110,409	$ 457,375	$ 343,062
Collection %	36%	39%	47%	49%	54%	44%	49%	59%	48%	47%	57%	77%	52%	51%
MEDI-CAL														
Payments	$ 222,402	$ 338,322	$ 231,278	$ 318,601	$ 147,341	$ 261,580	$ 318,161	$ 203,624	$ 163,883	$ 178,689	$ 197,600	$ 96,480	$ 157,310	$ 218,098
Adjustments	$ 191,291	$ 249,727	$ 177,625	$ 70,845	$ 168,736	$ 198,094	$ 183,020	$ 156,916	$ 231,635	$ 180,797	$ 189,121	$ 163,417	$ 135,385	$ 176,662
Collection %	54%	58%	57%	82%	47%	57%	63%	56%	41%	50%	51%	37%	54%	54%
COMMERCIAL														
Payments	$ 66,041	$ 83,333	$ 82,340	$ 62,905	$ 81,459	$ 90,891	$ 148,954	$ 158,056	$ 131,583	$ 90,371	$ 83,054	$ 87,083	$ 64,957	$ 94,694
Adjustments	$ 35,622	$ 24,552	$ 29,964	$ 17,942	$ 4,440	$ 21,049	$ 46,017	$ 57,270	$ 38,194	$ 50,417	$ 11,702	$ 31,076	$ 25,934	$ 30,321
Collection %	65%	77%	73%	78%	95%	81%	76%	73%	78%	64%	88%	74%	71%	76%
BLUES														
Payments	$ 142,185	$ 192,398	$ 191,044	$ 138,303	$ 176,257	$ 170,358	$ 272,550	$ 239,959	$ 272,651	$ 230,595	$ 211,299	$ 162,731	$ 150,273	$ 196,200
Adjustments	$ 64,739	$ 82,011	$ 84,722	$ 55,082	$ 54,678	$ 64,140	$ 105,710	$ 91,710	$ 115,105	$ 81,252	$ 94,846	$ 74,795	$ 61,613	$ 79,262
Collection %	69%	70%	69%	72%	76%	73%	72%	72%	70%	74%	69%	69%	71%	71%
WORK COMP														
Payments	$ 13,377	$ 15,412	$ 11,898	$ 33,108	$ 12,924	$ 19,347	$ 15,295	$ 15,206	$ 5,924	$ 20,780	$ 33,205	$ 13,450	$ 15,026	$ 17,304
Adjustments	$ 5,543	$ 16,032	$ 2,366	$ 8,725	$ 6,715	$ 13,371	$ 11,578	$ 7,751	$ 5,671	$ 8,827	$ 5,752	$ 10,431	$ 11,022	$ 8,753
Collection %	71%	49%	83%	79%	66%	59%	57%	66%	51%	70%	85%	56%	58%	65%
SELF PAY														
Payments	$ 41,189	$ 78,794	$ 76,181	$ 74,473	$ 62,248	$ 76,935	$ 63,286	$ 50,587	$ 74,784	$ 85,400	$ 75,312	$ 84,894	$ 43,641	$ 68,287
Bad Debt Recoveries	$ 331	$ 6,541	$ 4,414	$ 4,066	$ 2,183	$ 5,525	$ 8,691	$ 2,948	$ 3,212	$ 2,558	$ 4,721	$ 3,612	$ 2,829	$ 3,972
Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Charity Care	$ -	$ -	$ -	$ -	$ 13,647	$ (8)	$ 489	$ (5)	$ 6,839	$ 875	$ 3,284	$ 6,767	$ 1,135	$ 2,540
Bad Debt	$ 40,247	$ 44,099	$ 44,322	$ 48,945	$ 33,637	$ 26,799	$ 16,080	$ 26,135	$ 52,787	$ 39,020	$ 21,567	$ 21,720	$ 33,573	$ 34,533
Total SP Adjustments	$ 40,247	$ 44,099	$ 44,322	$ 48,945	$ 47,284	$ 26,791	$ 16,569	$ 26,130	$ 59,626	$ 39,895	$ 24,851	$ 28,487	$ 34,709	$ 37,073
Collection %	51%	64%	63%	60%	57%	74%	79%	66%	56%	68%	75%	75%	56%	65%
TOTAL														
Total Payments	$ 740,446	$ 1,008,847	$ 946,180	$ 900,102	$ 710,527	$ 984,383	$ 1,242,371	$ 1,164,203	$ 959,456	$ 869,311	$ 931,746	$ 817,155	$ 927,710	$ 938,649
Total Adjustment	$ 795,734	$ 874,182	$ 729,302	$ 482,020	$ 473,433	$ 783,784	$ 793,567	$ 687,368	$ 782,372	$ 659,972	$ 570,339	$ 418,614	$ 726,038	$ 638,060
Total Collection %	48%	54%	56%	65%	60%	56%	61%	63%	55%	57%	62%	66%	56%	58%

Cash & Adjustment Trending



Cash Collections by Discharge Date



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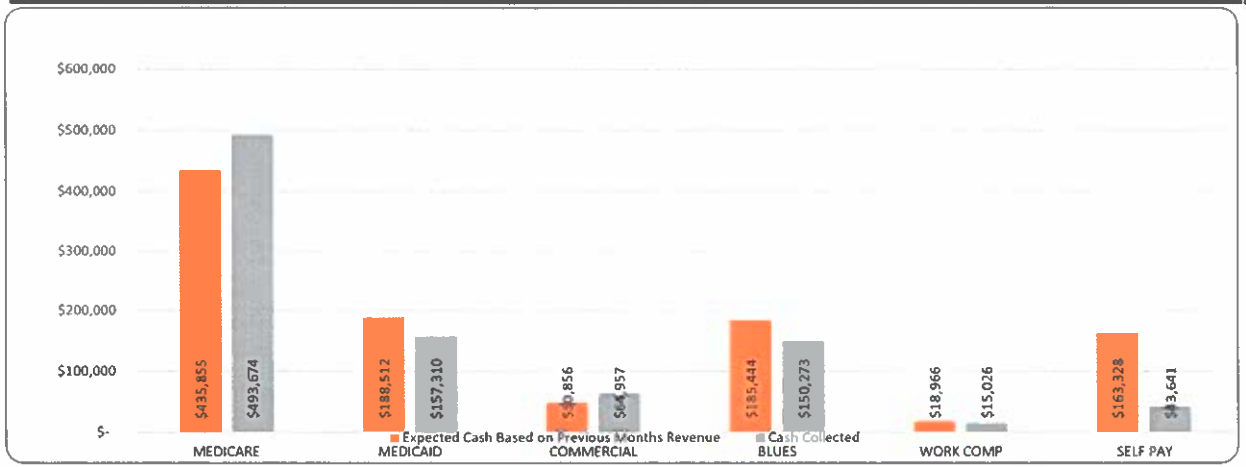
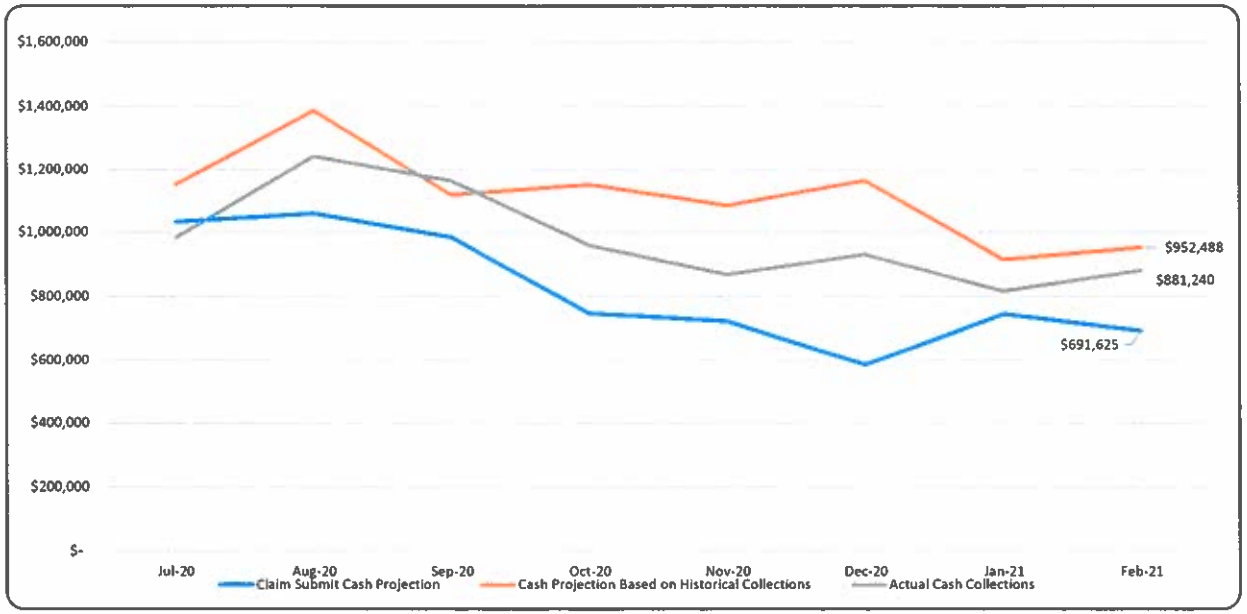
CASH FORECASTING

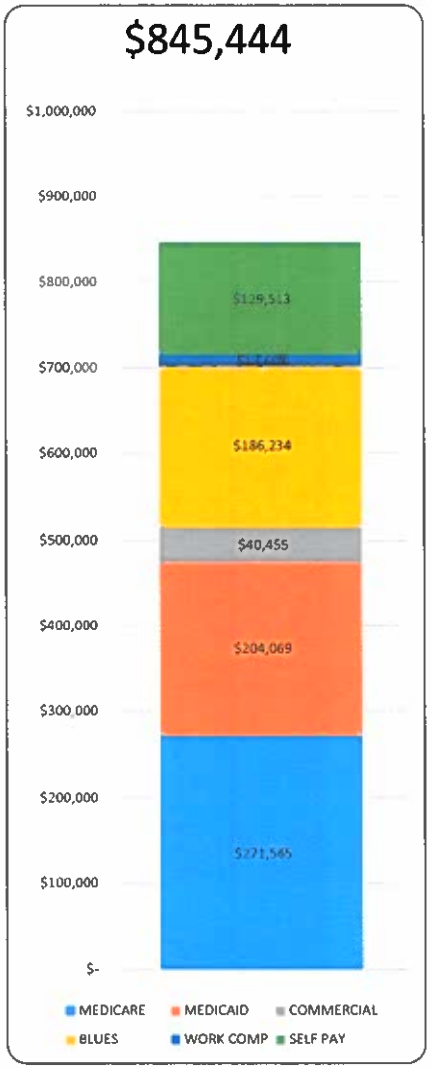
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Expected Cash Based on Claim Submissions and Historical Collections



Cash Expected Next Month
(Based on *this Months* Revenue)



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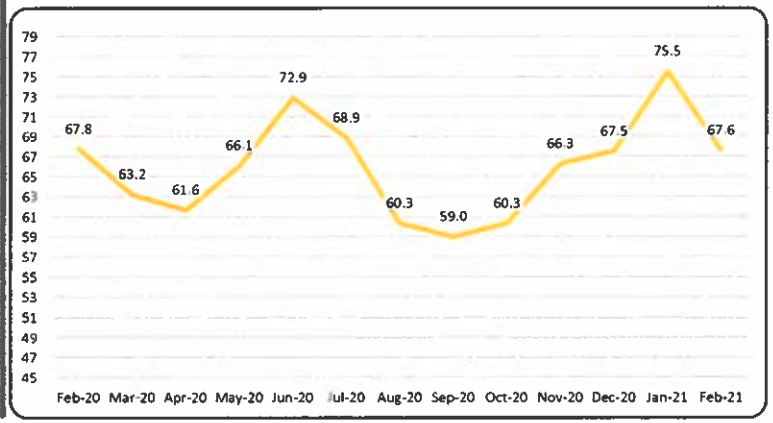
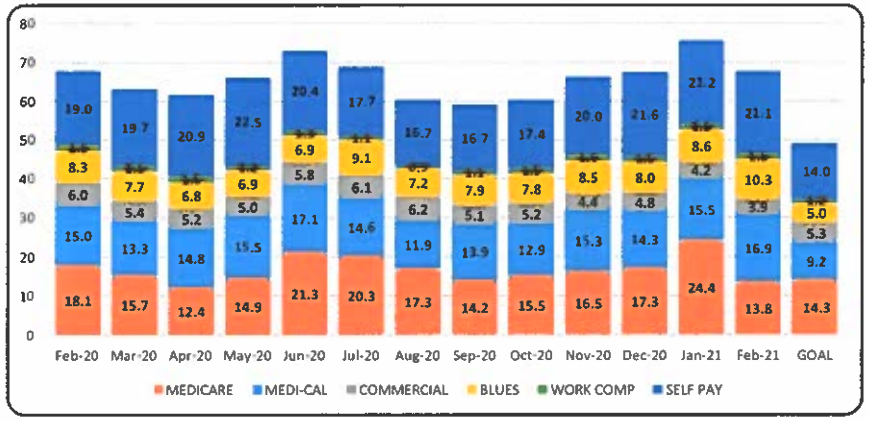
ACCOUNTS RECEIVABLE

AR Days

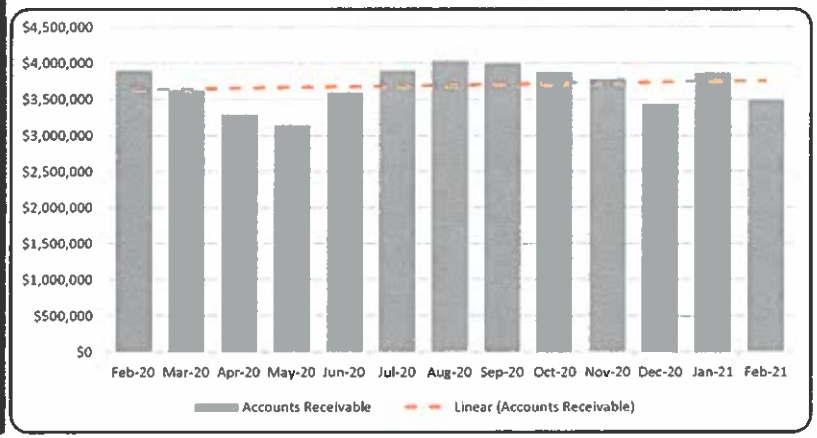
PAYER	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	18.1	15.7	12.4	14.9	21.3	20.3	17.3	14.2	15.5	16.5	17.3	24.4	13.8	17.1
MEDI-CAL	15.0	13.3	14.8	15.5	17.1	14.6	11.9	13.9	12.9	15.3	14.3	15.5	16.9	14.7
COMMERCIAL	6.0	5.4	5.2	5.0	5.8	6.1	6.2	5.1	5.2	4.4	4.8	4.2	3.9	5.2
BLUES	8.3	7.7	6.8	6.9	6.9	9.1	7.2	7.9	7.8	8.5	8.0	8.6	10.3	8.0
WORK COMP	1.5	1.5	1.6	1.2	1.3	1.1	0.9	1.1	1.5	1.6	1.5	1.5	1.5	1.4
SELF PAY	19.0	19.7	20.9	22.5	20.4	17.7	16.7	16.7	17.4	20.0	21.6	21.2	21.1	19.6
TOTAL DAYS	67.8	63.2	61.6	66.1	72.9	68.9	60.3	59.0	60.3	66.3	67.5	75.5	67.6	65.9

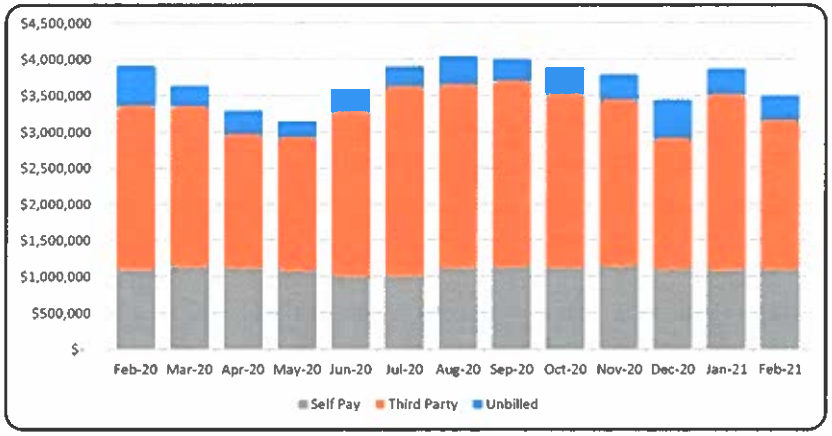




AR Balance

PAYER	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	$ 1,043,239	$ 900,381	$ 663,421	$ 711,546	$ 1,054,660	$ 1,153,895	$ 1,156,624	$ 962,019	$ 994,866	$ 941,366	$ 883,215	$ 1,249,428	$ 714,694	$ 956,104
MEDI-CAL	$ 866,997	$ 767,015	$ 793,154	$ 741,444	$ 843,471	$ 827,018	$ 797,964	$ 943,855	$ 831,762	$ 873,678	$ 729,285	$ 794,464	$ 877,331	$ 822,111
COMMERCIAL	$ 344,108	$ 308,112	$ 276,047	$ 236,815	$ 286,942	$ 343,533	$ 417,635	$ 346,185	$ 336,700	$ 253,440	$ 242,925	$ 214,871	$ 204,229	$ 293,196
BLUES	$ 476,489	$ 441,095	$ 362,911	$ 328,826	$ 340,457	$ 515,573	$ 484,739	$ 536,706	$ 499,384	$ 482,689	$ 405,937	$ 440,648	$ 534,164	$ 449,970
WORK COMP	$ 84,722	$ 86,028	$ 83,971	$ 59,001	$ 66,044	$ 63,324	$ 62,477	$ 76,682	$ 94,358	$ 89,888	$ 78,799	$ 78,014	$ 76,565	$ 76,913
SELF PAY	$ 1,093,576	$ 1,131,408	$ 1,119,140	$ 1,076,145	$ 1,009,378	$ 1,001,792	$ 1,119,246	$ 1,132,653	$ 1,120,772	$ 1,140,308	$ 1,098,885	$ 1,085,094	$ 1,092,052	$ 1,093,881
TOTAL	$ 3,909,132	$ 3,634,038	$ 3,298,644	$ 3,153,777	$ 3,600,952	$ 3,905,135	$ 4,038,684	$ 3,998,100	$ 3,877,841	$ 3,781,370	$ 3,439,047	$ 3,862,520	$ 3,499,034	$ 3,692,175





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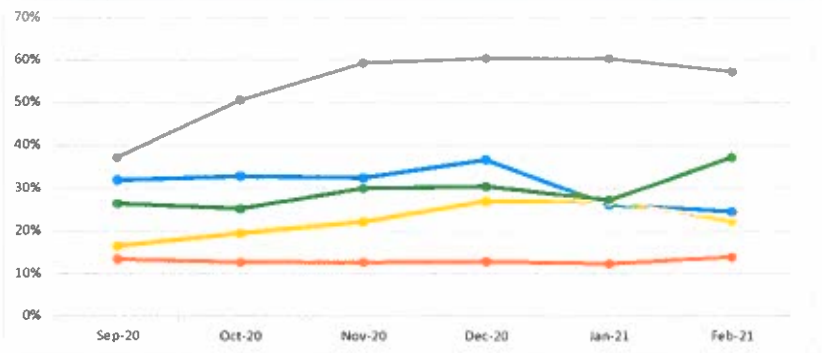
ACCOUNTS RECEIVABLE AGING

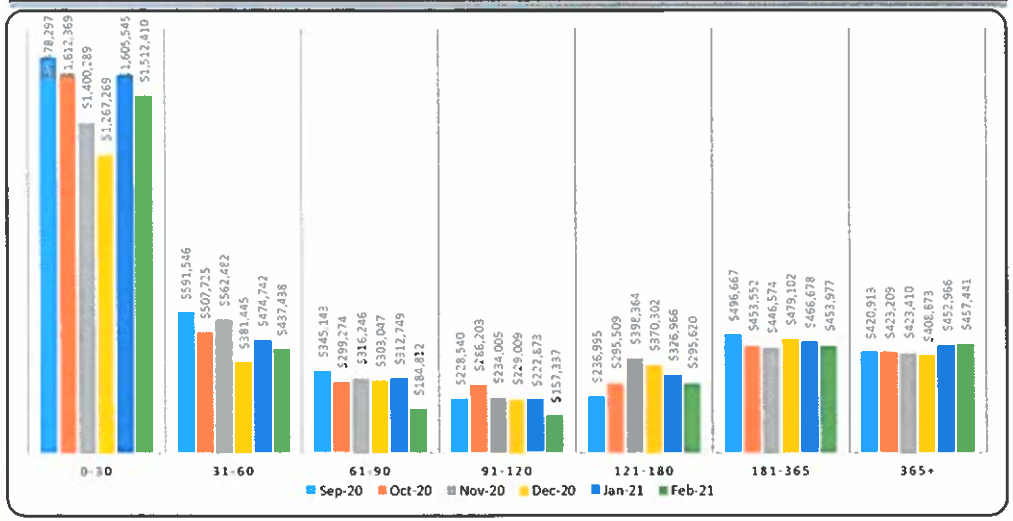
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$
MEDICARE																
Non-Credit	358	$ 530,722	71	$ 65,526	28	$ 28,334	25	$ 14,060	53	$ 34,357	95	$ 40,149	13	$ 12,829	643	$ 725,977
Credit	6	$ (507)	3	$ (390)	2	$ (221)	2	$ (48)	5	$ (884)	17	$ (3,591)	12	$ (5,642)	47	$ (11,283)
TOTAL	364	$ 530,215	74	$ 65,136	30	$ 28,113	27	$ 14,011	58	$ 33,473	112	$ 36,558	25	$ 7,187	690	$ 714,694
MEDI-CAL																
Non-Credit	146	$ 487,375	108	$ 94,297	106	$ 96,480	69	$ 59,365	80	$ 66,164	104	$ 66,162	39	$ 28,914	652	$ 898,758
Credit	1	$ (381)	1	$ (11)	1	$ (1,987)	9	$ (7,843)	13	$ (1,884)	17	$ (3,884)	37	$ (5,437)	79	$ (21,428)
TOTAL	147	$ 486,994	109	$ 94,286	107	$ 94,494	78	$ 51,522	93	$ 64,280	121	$ 62,277	76	$ 23,477	731	$ 877,331
COMMERCIAL																
Non-Credit	42	$ 29,605	120	$ 55,946	28	$ 19,998	27	$ 6,893	37	$ 29,073	74	$ 71,090	33	$ 33,847	361	$ 246,453
Credit	1	$ (15)	0	$ -	1	$ (429)	2	$ (532)	4	$ (491)	21	$ (13,187)	68	$ (27,569)	97	$ (42,224)
TOTAL	43	$ 29,590	120	$ 55,946	29	$ 19,568	29	$ 6,361	41	$ 28,581	95	$ 57,903	101	$ 6,279	458	$ 204,229
BLUES																
Non-Credit	234	$ 304,487	108	$ 136,540	56	$ 27,608	41	$ 30,093	44	$ 41,616	49	$ 35,488	14	$ 28,495	546	$ 604,327
Credit	12	$ (780)	3	$ (105)	1	$ (1,864)	1	$ (0)	5	$ (1,108)	43	$ (20,277)	161	$ (46,029)	226	$ (70,163)
TOTAL	246	$ 303,706	111	$ 136,435	57	$ 25,744	42	$ 30,093	49	$ 40,508	92	$ 15,211	175	$ (17,533)	772	$ 534,164
WORK COMP																
Non-Credit	24	$ 34,152	14	$ 12,123	4	$ 2,380	3	$ 628	8	$ 2,662	19	$ 19,280	6	$ 6,354	78	$ 77,578
Credit	0	$ -	0	$ -	0	$ -	0	$ -	1	$ (120)	1	$ (179)	2	$ (715)	4	$ (1,013)
TOTAL	24	$ 34,152	14	$ 12,123	4	$ 2,380	3	$ 628	9	$ 2,542	20	$ 19,101	8	$ 5,640	82	$ 76,565
SELF PAY																
Non-Credit	53	$ 129,061	190	$ 73,592	120	$ 26,035	141	$ 56,581	283	$ 127,932	672	$ 272,505	973	$ 501,676	2432	$ 1,187,381
Credit	8	$ (1,309)	5	$ (80)	18	$ (11,523)	16	$ (1,860)	42	$ (1,697)	109	$ (9,578)	891	$ (69,283)	1089	$ (95,329)
TOTAL	61	$ 127,752	195	$ 73,512	138	$ 14,512	157	$ 54,721	325	$ 126,235	781	$ 262,927	1864	$ 432,393	3521	$ 1,092,052
ACCOUNTS RECEIVABLE																
Non-Credit	857	$ 1,515,401	611	$ 438,024	342	$ 200,836	306	$ 167,620	505	$ 301,803	1013	$ 504,674	1078	$ 612,115	4712	$ 3,740,474
Credit	28	$ (2,991)	12	$ (586)	23	$ (16,025)	30	$ (10,284)	70	$ (6,183)	208	$ (50,697)	1171	$ (154,674)	1542	$ (241,440)
GRAND TOTAL	885	$ 1,512,410	623	$ 437,438	365	$ 184,812	336	$ 157,337	575	$ 295,620	1221	$ 453,977	2249	$ 457,441	6254	$ 3,499,034

Aged Over 90 Days Trending (excluding Credits)



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Medicare	13.5%	12.8%	12.7%	12.9%	12.4%	14.0%
Medi-Cal	32.0%	32.9%	32.5%	36.7%	26.2%	24.5%
Commercial	37.3%	50.6%	59.2%	60.4%	60.3%	57.2%
Blues	16.5%	19.6%	22.2%	27.1%	26.9%	22.5%
Work Comp	26.5%	25.3%	30.1%	30.6%	27.3%	37.3%

6 Month Aging



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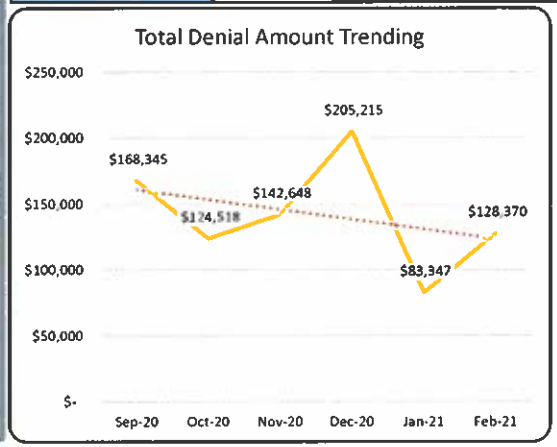
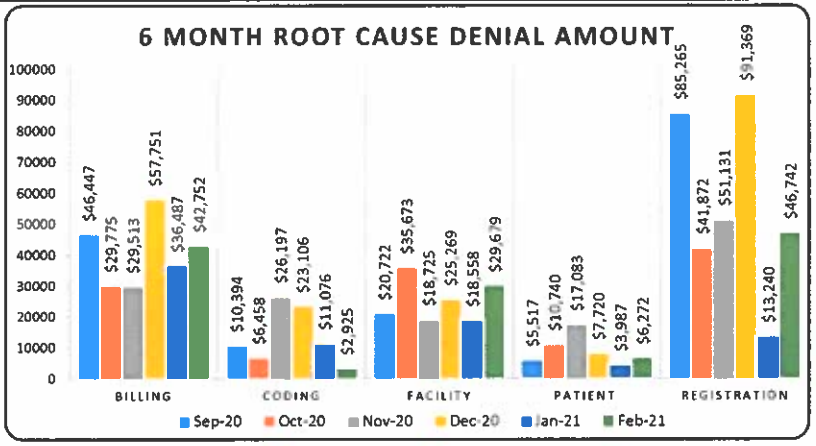
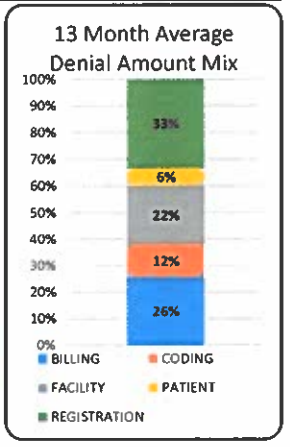
DENIAL MANAGEMENT

Denial Amount

AMOUNT	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
BILLING	$ 22,651	$ 19,185	$ 18,627	$ 38,181	$ 17,095	$ 81,113	$ 23,497	$ 46,447	$ 29,775	$ 29,513	$ 57,751	$ 36,487	$ 42,752	$ 35,621
CODING	$ 24,921	$ 25,002	$ 42,904	$ 24,357	$ 4,132	$ 14,591	$ 9,287	$ 10,394	$ 6,458	$ 26,197	$ 23,106	$ 11,076	$ 2,925	$ 17,335
FACILITY	$ 15,528	$ 34,396	$ 36,284	$ 38,861	$ 12,916	$ 14,870	$ 99,766	$ 20,722	$ 35,673	$ 18,725	$ 25,269	$ 18,558	$ 29,679	$ 30,865
PATIENT	$ 7,009	$ 5,827	$ 4,708	$ 14,298	$ 3,218	$ 13,949	$ 12,526	$ 5,517	$ 10,740	$ 17,083	$ 7,720	$ 3,987	$ 6,272	$ 8,681
REGISTRATION	$ 23,415	$ 63,131	$ 44,714	$ 19,390	$ 22,784	$ 32,150	$ 68,017	$ 85,265	$ 41,872	$ 51,131	$ 91,369	$ 13,240	$ 46,742	$ 46,402
TOTAL	$ 93,523	$ 147,541	$ 147,237	$ 135,087	$ 60,145	$ 156,673	$ 213,093	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 138,903

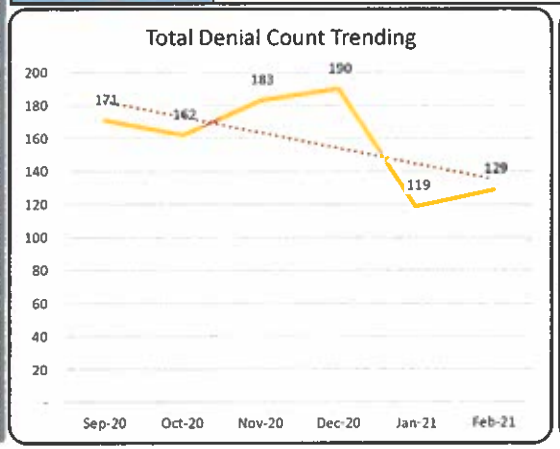


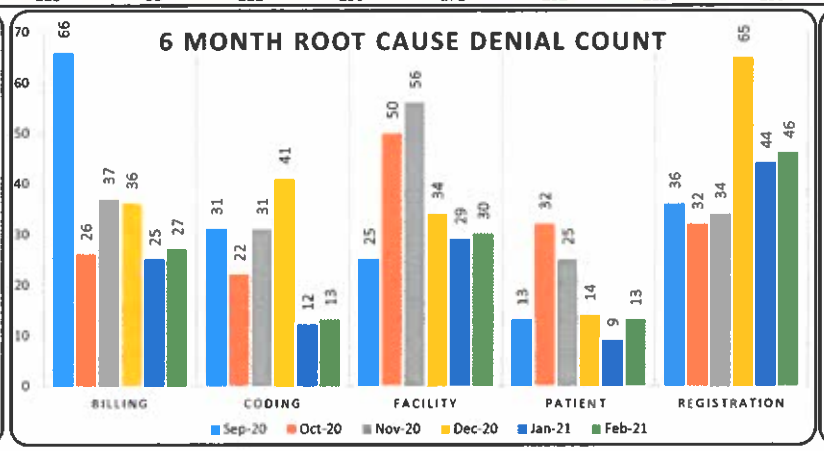


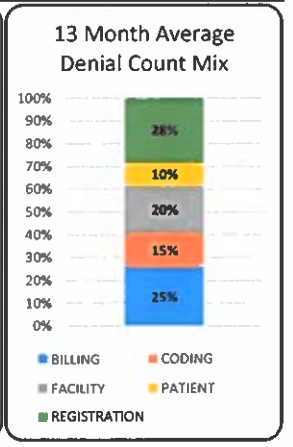


Denial Count

COUNT	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
BILLING	31	28	41	38	28	40	39	66	26	37	36	25	27	36
CODING	29	18	16	13	12	23	19	31	22	31	41	12	13	22
FACILITY	14	30	22	29	10	16	25	25	50	56	34	29	30	28
PATIENT	14	10	10	11	10	16	13	13	32	25	14	9	13	15
REGISTRATION	40	55	49	27	28	17	39	36	32	34	65	44	46	39
TOTAL	128	141	138	118	88	112	135	171	162	183	190	119	129	140







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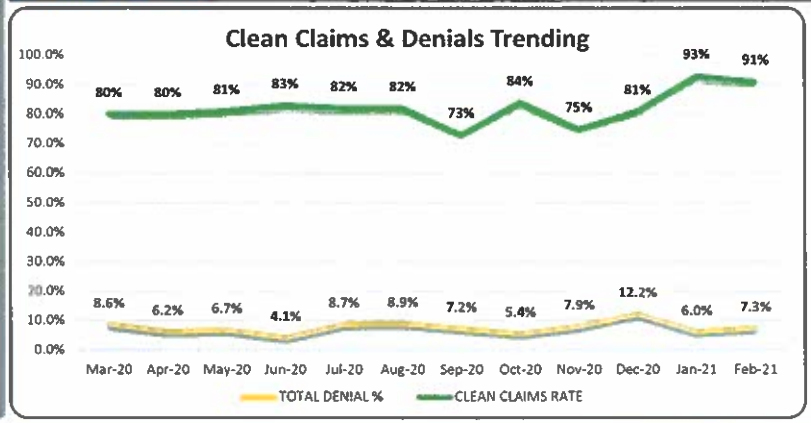
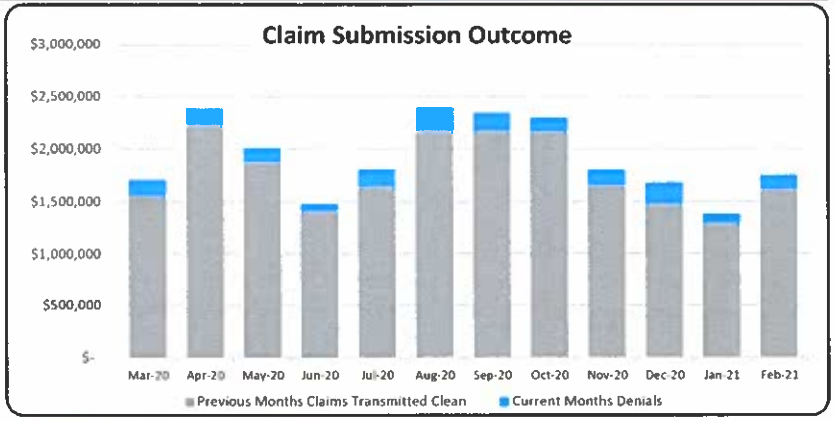
CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

Denial & Clean Claim Trending

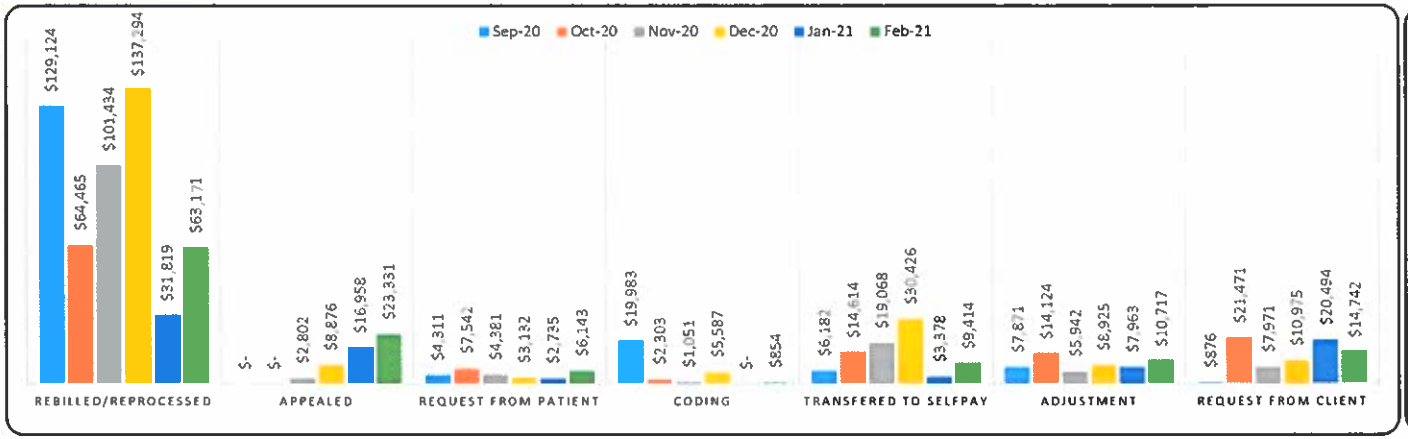
	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
DENIAL AMOUNT	$ 93,523	$ 147,541	$ 147,237	$ 135,087	$ 60,145	$ 156,673	$ 213,093	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 138,903
PREVIOUS MONTH'S TRANSMITTED CLAIMS	$ 1,845,541	$ 1,711,247	$ 2,381,687	$ 2,012,148	$ 1,475,508	$ 1,805,107	$ 2,389,663	$ 2,346,189	$ 2,298,800	$ 1,803,221	$ 1,683,880	$ 1,381,299	$ 1,751,880	$ 1,914,321
TOTAL DENIAL %	5.1%	8.6%	6.2%	6.7%	4.1%	8.7%	8.9%	7.2%	5.4%	7.9%	12.2%	6.0%	7.3%	7.3%
CLEAN CLAIMS RATE	65%	80%	80%	81%	83%	82%	82%	73%	84%	75%	81%	93%	91%	81%

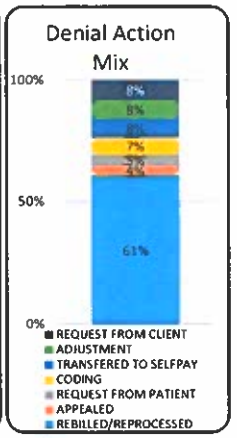




Action Taken on Denials

DENIAL ACTION	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
REBILLED/REPROCESSED	$ 71,514	$ 100,134	$ 57,268	$ 61,494	$ 32,048	$ 71,503	$ 175,107	$ 129,124	$ 64,465	$ 101,434	$ 137,294	$ 31,819	$ 63,171	$ 84,336
APPEALED	$ -	$ 1,928	$ 169	$ 4,664	$ -	$ 16,235	$ 480	$ -	$ -	$ 2,802	$ 8,876	$ 16,958	$ 23,331	$ 5,803
REQUEST FROM PATIENT	$ 7,301	$ 1,865	$ 2,583	$ 12,251	$ 3,665	$ 8,181	$ 18,591	$ 4,311	$ 7,542	$ 4,381	$ 3,132	$ 2,735	$ 6,143	$ 6,360
CODING	$ 3,784	$ 16,313	$ 49,131	$ 9,282	$ 4,833	$ 7,585	$ 468	$ 19,983	$ 2,303	$ 1,051	$ 5,587	$ -	$ 854	$ 9,321
TRANSFERED TO SELFPAY	$ 953	$ 9,873	$ 19,781	$ 2,762	$ 5,015	$ 10,436	$ 12,342	$ 6,182	$ 14,614	$ 19,068	$ 30,426	$ 3,378	$ 9,414	$ 11,096
ADJUSTMENT	$ 9,492	$ 6,173	$ 8,495	$ 13,267	$ 5,155	$ 36,228	$ 2,401	$ 7,871	$ 14,124	$ 5,942	$ 8,925	$ 7,963	$ 10,717	$ 10,519
REQUEST FROM CLIENT	$ 481	$ 11,256	$ 9,810	$ 31,367	$ 9,428	$ 6,505	$ 3,704	$ 876	$ 21,471	$ 7,971	$ 10,975	$ 20,494	$ 14,742	$ 11,468
TOTAL	$ 93,523	$ 147,541	$ 147,237	$ 135,087	$ 60,145	$ 156,673	$ 213,093	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 138,903





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UNBILLED & INVENTORY

Unbilled

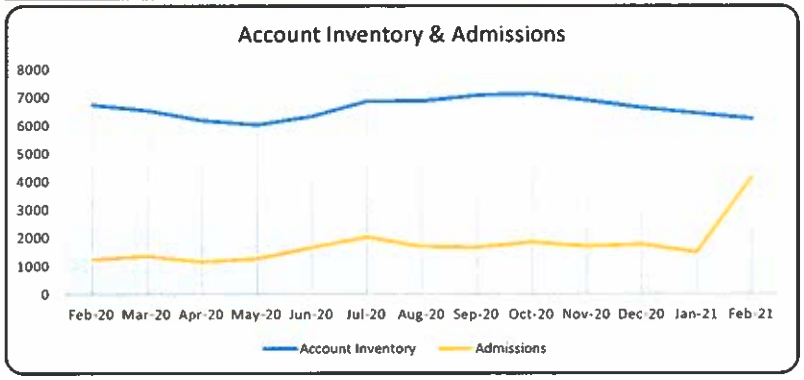
INHOUSE	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	$ 38,983	$ 21,900	$ 38,567	$ 17,469	$ 6,108	$ 64,991	$ 17,874	$ 12,544	$ 58,484	$ 59,764	$ 205,894	$ 12,598	$ 20,416	$ 44,276
MEDI-CAL	$ 47,337	$ 13,400	$ 30,732	$ 49,446	$ 869	$ 25	$ 870	$ 36,556	$ 276	$ 7,264	$ 7,609	$ 57,323	$ 11,633	$ 20,257
COMMERCIAL	$ 33,414	$ 5,904	$ -	$ 2,786	$ (75)	$ (25)	$ -	$ 6,110	$ 2,135	$ 1,121	$ -	$ (15)	$ (15)	$ 3,949
BLUES	$ 38,983	$ 11,091	$ 9,952	$ 5,126	$ (280)	$ 5,600	$ 12,877	$ 8,025	$ 11,669	$ 21,914	$ 24,278	$ 11,178	$ 12,686	$ 13,315
WORK COMP	$ 83,535	$ -	$ -	$ -	$ -	$ -	$ 4,494	$ 130	$ 4,389	$ 10,386	$ 3,463	$ 2,736	$ 3,908	$ 8,695
SELF PAY	$ 36,199	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,785
TOTAL	$ 278,451	$ 52,295	$ 79,251	$ 74,826	$ 6,622	$ 70,590	$ 36,114	$ 63,365	$ 76,953	$ 100,448	$ 241,245	$ 83,819	$ 48,627	$ 93,277

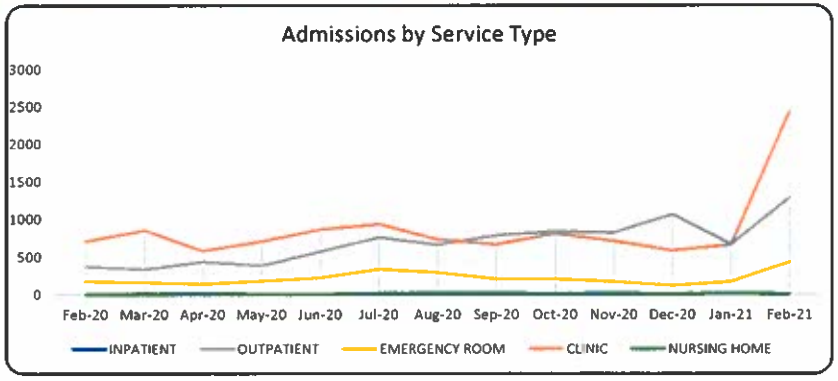
DNFB	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	$ 37,029	$ 141,240	$ 165,183	$ 94,854	$ 210,003	$ 116,082	$ 252,958	$ 100,971	$ 157,235	$ 109,950	$ 199,266	$ 182,739	$ 134,748	$ 146,328
MEDI-CAL	$ 44,964	$ 60,123	$ 29,880	$ 16,946	$ 27,195	$ 23,100	$ 27,850	$ 70,947	$ 28,325	$ 52,336	$ 34,589	$ 30,912	$ 27,598	$ 36,520
COMMERCIAL	$ 31,739	$ 871	$ 16,872	$ 2,556	$ 32,096	$ 22,007	$ 17,996	$ 5,498	$ 28,522	$ 17,097	$ 9,576	$ 10,891	$ 7,868	$ 15,661
BLUES	$ 37,029	$ 14,535	$ 28,957	$ 24,824	$ 23,709	$ 38,986	$ 38,782	$ 45,988	$ 50,550	$ 45,393	$ 37,629	$ 34,993	$ 105,431	$ 40,524
WORK COMP	$ 79,348	$ 1,432	$ 2,366	$ 206	$ 3,572	$ 3,993	$ 6,709	$ 6,255	$ 3,941	$ 10,285	$ 1,107	$ 2,757	$ 4,204	$ 9,706
SELF PAY	$ 34,384	$ 361	$ (170)	$ -	$ -	$ 169	$ 169	$ 298	$ -	$ -	$ -	$ -	$ -	$ 2,709
TOTAL	$ 264,493	$ 218,562	$ 243,089	$ 139,386	$ 296,575	$ 204,336	$ 344,464	$ 229,956	$ 268,573	$ 235,061	$ 282,167	$ 262,291	$ 279,849	$ 251,446
TOTAL UNBILLED	$ 542,944	$ 270,857	$ 322,340	$ 214,212	$ 303,197	$ 274,927	$ 380,578	$ 293,321	$ 345,525	$ 335,509	$ 523,411	$ 346,110	$ 328,476	$ 344,724
UNBILLED DAYS	9.4	4.7	6.0	4.5	6.1	4.8	5.7	4.3	5.4	5.9	10.3	6.8	6.3	6.2

Admissions & Account Inventory

ADMISSIONS	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
INPATIENT	4	6	9	4	4	9	12	12	6	13	2	11	4	7
OUTPATIENT	374	337	439	387	577	760	662	788	836	820	1,064	666	1,284	692
EMERGENCY ROOM	169	159	133	174	216	334	289	203	202	165	115	164	429	212
CLINIC	709	852	583	708	865	937	732	667	812	710	588	659	2,440	866
NURSING HOME	2	1	0	1	2	0	0	0	0	0	2	3	0	1
TOTAL	1,258	1,355	1,164	1,274	1,664	2,040	1,695	1,670	1,856	1,708	1,771	1,503	4,157	1778

ACCOUNT INVENTORY	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	13 Month Average
MEDICARE	760	731	623	776	1,049	1,114	907	1,016	979	909	757	866	690	860
MEDI-CAL	1,007	876	848	728	725	832	796	891	898	906	836	719	731	830
COMMERCIAL	605	546	587	486	564	705	764	672	654	551	515	448	458	581
BLUES	1,023	947	824	792	813	999	912	891	1,001	952	896	801	772	894
WORK COMP	62	64	75	79	75	66	66	91	88	79	90	85	82	77
SELF PAY	3,284	3,383	3,239	3,170	3,113	3,163	3,440	3,518	3,511	3,508	3,550	3,525	3,521	3379
TOTAL	6741	6547	6196	6031	6339	6879	6885	7079	7131	6905	6644	6444	6254	6621





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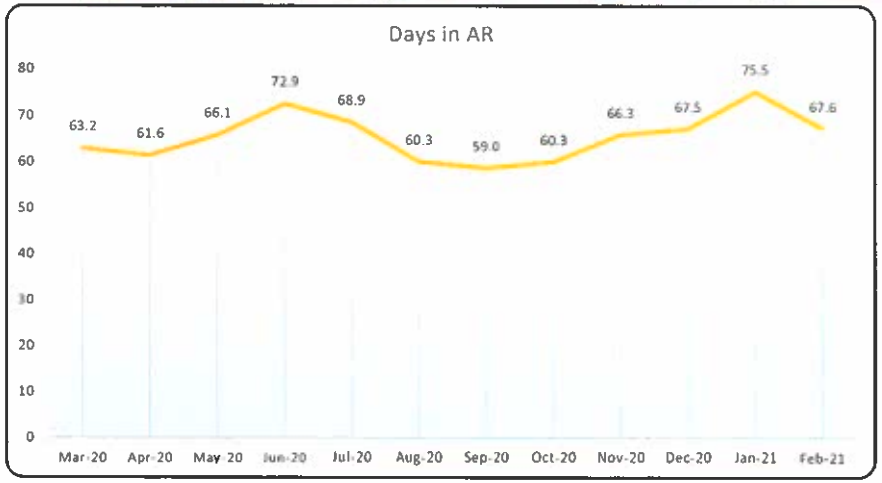
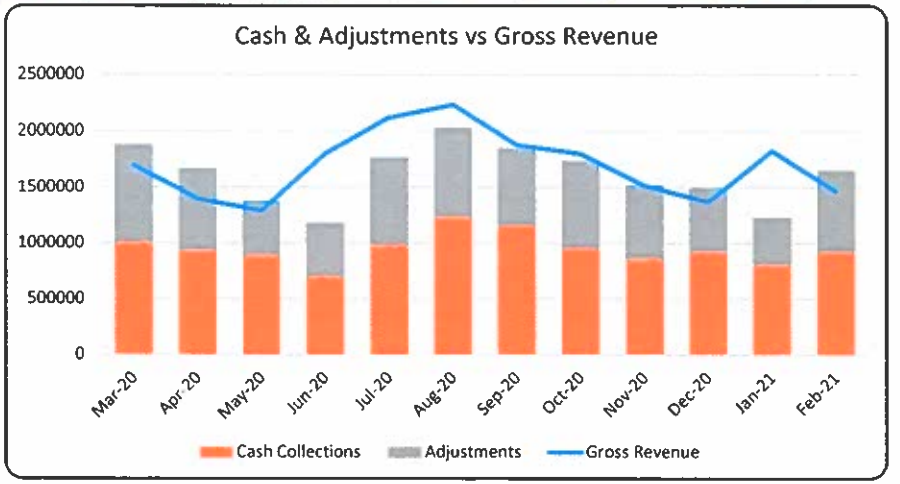
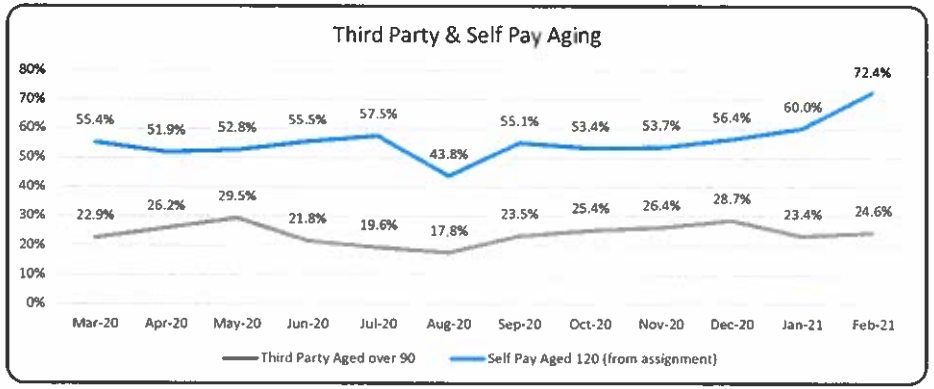
Seneca Healthcare District

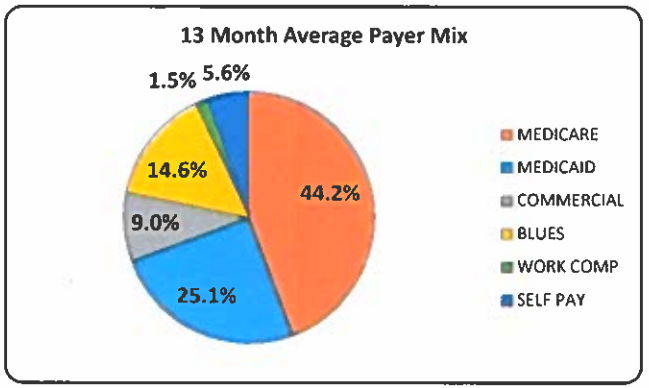
Executive Dashboard

	TARGET	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Days in AR	49.0	63.2	61.6	66.1	72.9	68.9	60.3	59.0	60.3	66.3	67.5	75.5	67.6
Gross AR		3,634,038	3,298,644	3,153,777	3,600,952	3,905,135	4,038,684	3,998,100	3,877,841	3,781,370	3,439,047	3,862,520	3,499,034
Gross Revenue		1,696,345	1,400,088	1,294,632	1,801,486	2,121,390	2,235,940	1,877,911	1,801,797	1,513,496	1,371,679	1,822,059	1,466,512
Cash Collections		1,008,847	946,180	900,102	710,527	984,383	1,242,371	1,164,203	959,456	869,311	931,746	817,155	927,710
Adjustments		874,182	729,302	482,020	473,433	783,784	793,567	687,368	782,372	659,972	570,339	418,614	726,038
Collection %		53.6%	56.5%	65.1%	60.0%	55.7%	61.0%	62.9%	55.1%	56.8%	62.0%	66.1%	56.1%
Late Charges	1%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bad Debt	3%	2.6%	3.2%	3.8%	1.9%	1.3%	0.7%	1.4%	2.9%	2.6%	1.6%	1.2%	2.3%
Charity Care	3%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.4%	0.1%	0.2%	0.4%	0.1%
Third Party Aged over 90	13%	22.9%	26.2%	29.5%	21.8%	19.6%	17.8%	23.5%	25.4%	26.4%	28.7%	23.4%	24.6%
Self Pay Aged 120 (from assignment)	25%	55.4%	51.9%	52.8%	55.5%	55.5%	43.8%	55.1%	53.4%	53.7%	56.4%	60.0%	72.4%









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SENECA
HEALTHCARE DISTRICT

SHD Board of Directors Meeting

March 25, 2021
CEO Report

COVID-19

Seneca Hospital and the Lake Almanor Clinic remain COVID free and surveillance continues as needed.

Vaccinations continue under guidelines of Phase 1C, Tier 1 - (Ages 18-64 with underlying health conditions). Vaccine has been plentiful to fulfill both first and second dose requirements.

Physician & Mid-level Recruitment and Retention Update

Medicus has submitted four (4) physician candidates for review. SHD Administration has conducted phone interviews with all four and have invited two (2) for visitation and medical staff meet and greet.

Existing Facilities Upgrades

Several companies have shown interest in bidding both the main hospital re-roofing and the campus painting projects. Bidders are required to complete a job walk. Linda McCurdy is facilitating these vendors.

Seneca has selected the vendor to provide and install area security cameras on the campus. The vendor will be conducting a job walk on Thursday, March 25, 2021 to begin their work.

Campus cleanup is continuing as we work to declutter. We will be seeking a vendor or interested parties with the desire and capability of removing the train car from our campus later this spring.

Strategic Planning – New Facility:
Update:
Strategic planning committee met with our CAH replacement Program Manager Donna Huntingdale. We discussed multiple subjects related to the Master Plan – meetings will be ongoing.

Operations

SHD held three (3) mandatory staff town halls the week of March 8, 2021. These meetings outlined the changes that SHD will be undertaking in the areas of organizational culture, expectations related to our work and the overall future of SHD.

Marketing and Public Relations

Community Forums:
To be schedule

Clinic Manager Report for March SHD Board Meeting

We are working on the last few details in preparation of our new provider including revamping how required signage is posted. We are also working on contacting and scheduling our patients who deferred preventative care during COVID last year.

Ann Holt, BSN, RN, PHN, CRHCP
Clinic Manager
Seneca Healthcare District

Compliance Department Report for the March SHD Board of Directors Meeting

The Medicare Secondary Payer Audit is continuing to be reviewed. In February, 470 accounts should have had a completed MSP. Out of the 470 accounts, 41 accounts did not have an MSP done at all. The solution is to continue with education.

There is continued improvement with the InterQual Audit. The Compliance Committee agreed to review the current process with potential modification, at the next compliance committee meeting (on April 12th).

The QA/PI meeting minutes are continuing to be reviewed for informational purposes. There were no questions or needed corrections for the February meeting minutes.

The Compliance Committee discussed the review of the Incident Report Table. The Compliance Coordinator reported that she is collaborating with the Department Managers to get a more efficient process in place in order to compile all Incident Report data in a timely manner.

During the Round Table portion of the Compliance Committee Meeting, the Compliance Committee reviewed the revised Code of Conduct. The Compliance Coordinator will revise the Code of Conduct with the suggestions made at the Compliance Committee. The Code of Conduct will be brought back to the April Compliance Committee for a final review.

There were no other discussions and/or reports at the March Compliance Committee meeting.

The next Compliance Committee meeting is scheduled for Monday, April 12th, 2021 at 12:30 pm in the Lake Almanor Clinic Conference room.

Compliance Officer Report for the March SHD Board of Directors Meeting

There were no Compliance reports/investigations during the month of February 2021.

Privacy Officer Report for the February SHD Board of Directors Meeting

There were no Privacy reports/investigations during the month of February 2021.

List of Staff Additions and Deletions
February 26, 2021 to March 25, 2021

Activity/Event				
ADDED				**Start Date**
		FT	Medical Receptionist	3/01/21
CONDITIONAL ADDITIONS				**ANTICIPATED START DATE**
		FT	Physician Assistant - Clinic	3/31/21
DELETIONS Exit Interviews Provided to all Exiting employees				**Termination Date**

James Kooyman, Human Resources Manager

OPEN POSITIONS APRIL 2021

Registered Nurse (Full Time, Part Time, Per Diem)
(Acute & ER experience preferred)
Experience Skilled Nursing Facility RN Weekend Shift
LVN (Per Diem)
CNA (Full Time, Part Time, Per Diem)
Certified Medical Assistant (Per Diem)
Medical Receptionist (Per Diem)
Admissions/HIM Tech (Part Time, Per Diem)
Housekeeper (Full Time, Part Time, Per Diem)
Maintenance Worker (Full Time, Part Time, Per Diem)
Kitchen Helper/Cook (Part Time, Per Diem)
IT Technician (Full Time)

IT Department Report for March 2021 SHD Board of Directors Meeting

- Evident updates have been received and deployed since the last meeting; an additional update is currently under review within the Test System. Notes still contains known issues with filter functions. Despite these known issues, we are moving forward with ED transition from Physdoc to Notes as Evident still plans to sunset Physdoc.

- Apex Technology will be performing a Network Assessment, planning and scheduling is under way. The project is based on three phases: On-Site Assessments, Data Analysis and Report Compilation, and Presentation of Results and Recommendations. Technology Assessment will investigate, assess, and record the Seneca's current state of I.T. across four areas: Inventory, Security, Reliability and Sustainability. Information is then compared to and contrasted with I.T. industry standard best practices.

- We are working with Sonia Troxell, PA-C on workflow preparations and templates; one-to-one training is scheduled for April, 7. We are also training a new Telehealth physician who is taking over for Dr. Kovacs.

- Network Technologies will be onsite on 3/26/2021 for security camera assessment; this includes outdoor and indoor cameras as related to the Pyxis.