

**SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR BOARD MEETING AGENDA
Lake Almanor Clinic Conference Room
199 Reynolds Road, Chester, CA
August 26, 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.

In accordance with CDC and CDPH guidelines and out of an abundance of caution for the safety of all of our patients, visitors, and health care workers, the Regular Meeting of the Seneca Healthcare District Board of Directors for August 26, 2021 will be conducted telephonically through Zoom. Due to the increased risk of the Delta variant, 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:**

<https://us06web.zoom.us/j/87922361925?pwd=TElpRlIwejdJenZwY3pWOG9kYlpHdz09>

Meeting ID: 879 2236 1925

Passcode: 285234

One tap mobile

+12532158782,,87922361925#,,,,*285234# US (Tacoma)

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Dial by your location

+1 253 215 8782 US (Tacoma)

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Meeting ID: 879 2236 1925

Passcode: 285234

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.

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 July 29, 2021 Regular Meeting.
Submitted by Renee Nez, Board Clerk.

- 6) **Policies and Procedures.** **Tab B**
The Board will review and vote to approve the following Board of Directors Policies and Procedures.
(1) BOARD-001.001-Policy & Procedures Governing Bidding for Facility Projects
(2) BOARD-002.001-Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services

- 7) **New Critical Access Hospital Funding.**
The Board will discuss and vote to approve starting and submitting applications for funding for the proposed new CAH facility, both with conventional lenders and via the pre-application to USDA.

- 8) **Board Retreat.**
The Board will continue discussion on the possibility of having a Board retreat this fall.

Agenda items – information only:

- 9) **Healthcare Resource Group.** **Tab C**
CFO Steve Boline will submit HRG's July 2021 Summary Report.

- 10) **Strategic Planning Committee Update.** **Tab D**
CEO Shawn McKenzie will give an update on the New CAH Facility and the Existing Facility Upgrades.

- 11) **CEO Report.** **Tab E**
Shawn McKenzie will give updates on:
A) Dixie Fire Response – Seneca Healthcare Incident Command Center (HICC)
B) Physician & Mid-level Recruitment and Retention
C) Information Technology
D) Operations
E) Marketing and Public Relations

12) Departmental Issues/Reports.

Tab F

- A) **Clinic/Telemedicine** – Ann Holt, Clinic Manager – Report submitted.
- B) **Human Resources** – Jim Kooyman – Reports submitted.

13) Items to be Added to Next Month’s Agenda.

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

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

16) Next Regular Meeting:

- **Date:** September 30, 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.

**SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR BOARD MEETING MINUTES
Thursday, July 29, 2021**

- 1) **Call to Order.** Via Zoom, President Ken Crandall called the Regular Board meeting to order at 3:05 p.m.
- 2) **Members Present/Not Present. Pledge of Allegiance.** Ken Crandall noted Board Members present by roll call: Dr. David Walls, Jerri Nielsen, Ken Crandall. Not present: Kristen Montgomery and Rich Rydell. Quorum established with 3 members present.
- 3) **Public Comment Period.** No comments or questions were submitted in advance and public attendees did not comment.
- 4) **Board Responses to Public Comment.** N/A.

Agenda Items Requiring Action

5) **Approval of Board Meeting Minutes.**

Minutes of the June 24, 2021 Regular meeting were reviewed for approval.

Jerri Nielsen moved to approve the minutes as presented. Second by Dr. David Walls. Motion approved by roll call vote. Walls: Aye; Nielsen: Aye; Crandall: Aye.

6) **Medical Staff Report.**

Tabled until full Board present.

7) **Policies and Procedures.**

- (1) BOARD-001.001-Policy & Procedures Governing Bidding for Facility Projects
- (2) BOARD-002.001-Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services

These policies are pending legal review. Consensus to table to the August Board meeting.

8) **June 2021 Financial Report.**

CFO Steve Boline discussed the June 2021 Financial Report.

- The PPP loan received 100% forgiveness.
- Dixie fire has had a significant impact on revenue.

Rich Rydell and Kristen Montgomery joined the meeting at approximately 3:25 p.m.

Dr. David Walls moved to accept the June 2021 Financial Report as presented. Second by Jerri Nielsen. Motion approved by roll call vote. Montgomery: Aye; Rydell: Aye; Nielsen: Aye; Walls: Aye; Crandall: Aye.

Medical Staff Report.

Chief of Staff, Dr. Dana Ware submitted the following items approved at the July 13, 2021 Medical Staff Meeting requiring Board approval:

(1) Initial Appointment Medical Staff:

- | | |
|---|-------------------------|
| (a) Marc Nielsen, DO, 60 day
Emergency Department/Admitting | 08/01/2021 – 10/01/2021 |
| (b) Marc Nielsen, DO, 1 year provisional
Emergency Department/Admitting | 10/01/2021 – 10/01/2022 |
| (c) Stephen Oljeski, MD, 1 year provisional
Tele-Health Radiologist VRAD | 07/13/2021 – 07/13/2022 |
| (d) Marwah Helmy, MD, 1 year provisional
Tele-Health Radiologist VRAD | 07/13/2021 – 07/13/2022 |
| (e) Jerome Klein, MD, 1 year provisional
Tele-Health Radiologist VRAD | 07/13/2021 – 07/13/2022 |
| (f) Joseph Horner, DO, 1 year provisional
Tele-Health Radiologist VRAD | 07/13/2021 – 07/13/2022 |

(2) Re-Appointment Medical Staff:

- | | |
|---|-------------------------|
| (a) Wojtek Dajnowicz, MD Wound Care, 60 day | 07/25/2021 – 09/25/2021 |
|---|-------------------------|

Dr. David Walls moved to approve the Medical Staff initial appointments for the dates noted. Second by Rich Rydell. Motion approved by roll call vote. Montgomery: Aye; Walls: Aye; Rydell: Aye; Crandall: Aye; Nielsen: Abstain.

Jerri Nielsen moved to approve the Medical Staff re-appointment for the dates noted. Second by Rich Rydell. Motion approved by roll call vote. Rydell: Aye; Montgomery: Aye; Nielsen: Aye; Walls: Aye; Crandall: Aye.

9) APEX Information Technology.

The Board discussed approving an IT contract award for IT infrastructure mitigation and updates to APEX.

Jerri Nielsen moved to approve funding up to \$300,000 for IT infrastructure improvements. Second by Rich Rydell. Motion approved by roll call vote. Walls: Aye; Montgomery: Aye; Rydell: Aye; Nielsen: Aye; Crandall: Aye.

10)Cerner Community Works Contract.

The Board discussed approving the Electronic Health Record contract with Cerner Community works to replace CPSI Evident pending legal review.

Consensus to table to the August Board meeting.

11)Board Retreat.

The Board discussed possibility of having a Board retreat in the fall rather than the summer. Will discuss further at the August Board meeting.

Agenda Items – Information Only:

12)Healthcare Resource Group – June Report.

Steve Boline discussed the June 2021 Summary Report submitted by HRG.

13) Strategic Planning Committee Update.

CEO Shawn McKenzie gave an update on the New Critical Access Hospital and the Existing Facility Upgrades.

A) New CAH Facility –

- Land Purchase and Due Diligence – Escrow closed.
- Zoning and General Plan Amendment – Once we get temporary plot number will work on general plan amendment.
- Project Funding and Budget – Draft base budget is complete. Moving through process to receive USDA funding.
- Public Awareness and Promotion – Campaign to educate public on SB-1953 and our compressed timeline.

B) Existing Facilities Upgrades – All existing projects are still in progress but have faced delays due to the Dixie fire.

14) CEO Report.

Chief Executive Officer, Shawn McKenzie discussed the following:

A) Dixie Fire Incident Response –

- Activated Hospital Incident Command Center (HICC) and Emergency Response Team (ERT)
- Hospital decompression. LTC residents and staff moved to an alternate site.

B) Physician and Mid-Level Recruitment –

- Search for Family Practice Physicians continues. No new submissions from Medicus at this time.
- Dr. Marc Nielsen is on the August Emergency Room schedule.

C) Information Technology –

- IT Infrastructure Assessment – APEX previously discussed.
- IT Managed Services – working on terminating CSI managed services contract.
- EHR Evaluation – previously discussed.

D) Operations –

- Dixie Fire Incident – Hospital decompression – previously discussed.
- Chief Nursing Officer (CNO) – We have had several candidates. Working on making a selection by mid-August.
- Nurse House Supervisor – We have posted the position internally and externally.
- Medical Imaging Manager – We have posted the position internally and externally.

E) Marketing and Public Relations –

- Dixie Fire Incident Communications – PIO Chelssa Outland has done an outstanding job with internal and public updates. Kudos to TK Trumpf as well.

15) Departmental Issues/Reports.

A) IT/Clinical Informatics – TK Trumpf, IT Director – Report submitted.

B) Human Resources – Jim Kooyman, HR Director – Reports submitted.

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

- Board Policies and Procedures: BOARD-001.001-Policy & Procedures Governing Bidding for Facility Projects; and BOARD-002.001-Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services; Pending further review

- Cerner Community Works Contract
- Discussion regarding Board Retreat this fall

- 17) Closed Session.** Meeting adjourned for Closed Session at 4:35 p.m. 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 concerning proposed new facility.

- 18) Report on Closed Session.** Closed Session adjourned at 5:08 p.m.; Open Session reconvened.

No reportable action taken in closed session.

19) Next Regular Meeting:

- **Date:** August 26, 2021
- **Time:** 3:00 p.m.
- **Location:** Lake Almanor Clinic Conference Room and via Zoom.

Meeting Adjourned at 5:09 p.m.

Board President, Ken Crandall

Date



SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: BOARD OF DIRECTORS POLICY TITLE: Bidding Regulations Governing Purchases of Materials, Supplies, and Equipment POLICY NUMBER: BOARD-002.001 COMPLIANCE REQUIREMENT:	Page 1 of 11 Date of Origin: Revision Date: Periodic Review By: Date:
AUTHOR: Shawn Mckenzie, CEO and Renee Nez, Executive Assistant to the CEO and Board REVISED BY:	Policy Rescinded by Policy #: Effective Date:

Policy: Seneca Healthcare District (“District”) shall provide general bidding policy guidelines relating to (a) the procurement of materials and supplies, (b) the purchase of equipment, (c) the procurement of professional services, and (d) contracts for work to be done other than public projects.¹ For guidelines relating to projects involving the construction or improvement of a hospital or health facility, please refer to the District’s Policy and Procedures Governing Bidding for Facility Projects.

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: BOARD-002.001

¹ “Public project” means any construction, erection, alteration, repair or improvement of any public structure, building, road or other public improvement. (*Public Contract Code § 1101*; see also, *Public Contract Code § 22002*.)

PROCEDURE

1. Purpose

The purpose of this policy is to ensure that the Board of Directors (“Board”) of the Seneca Healthcare District shall endeavor to obtain the maximum value for all monies expended, consistent with the District’s responsibility to provide the best health care to its patients.

2. Responsibilities

It is the intent of the Board to provide an equal opportunity to all qualified and responsible parties wishing to participate in the bidding process with respect to the Seneca District Hospital (“Hospital”). Consistent with the District’s obligations, the Board desires to obtain the best value for all expenditures.

Government Code § 54202 requires that local agencies, including healthcare districts, adopt policies and procedures governing purchases of supplies and equipment. In addition, with certain exceptions, *Health and Safety Code § 32132* requires healthcare districts to award to the lowest responsible bidder any contract up to statutorily-established expenditure limits involving (i) materials and supplies furnished to the district and (ii) work to be done for the district.

3. Policy for ‘Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services’

a. *Scope and Application of Policy:*

For purposes of this Policy, “responsible bidder” means a bidder who has demonstrated the attribute of trustworthiness as well as quality, fitness, capacity and experience to perform the contract satisfactorily. (Public Contract Code § 1103.)

i. Materials and Supplies.

1. The Board shall award any contract exceeding twenty-five thousand dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District to the lowest responsible bidder using the “formal” bidding procedures provided in Section 3 [Formal Bidding Procedures]. Alternately, the Board shall reject all bids. (See Health and Safety Code § 32132.)
2. Unless otherwise provided by law or this Policy, any contract for materials and supplies involving an expenditure of \$25,000 or less may be made without soliciting or securing bids.

ii. Work to be Done.

1. The Board shall award any contract exceeding twenty-five thousand dollars (\$25,000) for work to be done for the District, excluding public projects,² to the lowest responsible bidder using the formal bidding procedures provided in Section 3 [Formal Bidding Procedures].

² Please refer to footnote 1.

2. Upon a determination that more than \$25,000 of work to be done in connection with a project involving construction or improvement of a hospital or health facility is required by the necessity or for the convenience of the District, the Board shall follow the procedures set forth in its Policy for Bidding for Public Works Contracts.
 3. Unless otherwise provided by law or this Policy, any contract for work to be done involving an expenditure of \$25,000 or less may be made without soliciting or securing bids.
- iii. **Equipment.** The Board shall award any contract for medical or surgical equipment or supplies in accordance with the procedures set forth in Paragraph 3.d.ii. [Medical Equipment and Supplies].
 - iv. **Professional Services.** The Board shall award any contract for professional services in accordance with Section 3.e. [Professional Services].
 - v. **Authority to Enter into Contract.** Upon awarding a contract pursuant to the provisions of this Policy, the Board shall thereafter authorize the Hospital's Chief Executive Officer ("CEO") to enter into such contract.
 - vi. **Formal and Informal Bidding.** The statutes requiring formal bidding and other competitive procurement requirements are summarized in the table attached hereto and incorporated herein as Exhibit A.
- b. **Formal Bidding Procedures (Lowest Bid Policy):**
 Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid packet.
- i. **Bid Packet.** Where formal bidding is required (or otherwise deemed desirable by the Board), the District shall prepare a bid packet, including a notice inviting formal bids ("Notice Inviting Bids"). The packet shall include a description of the materials or supplies or work in such detail and written with such specificity as may be required ("Description").
 - ii. **Notice Inviting Bids.** The District shall publish the Notice Inviting Bid, as follows:
 1. The first publication or posting of the Notice Inviting Bids shall be at least ten (10) days before the date of opening the bids. Notice shall be published at least twice, not less than five (5) days apart, in a newspaper of general circulation, printed and published in the jurisdiction of the District (or, if there is no such newspaper, then in a newspaper of general circulation which is circulated in the jurisdiction of the District. (Public Contract Code § 20150.8.)
 2. In addition, the District may also publish Notice Inviting Bids in a trade publication, as specified in Public Contract Code § 22036. (Public Contract Code § 20150.8.)
 3. The District may also give such other notice as it deems proper.
 - iii. **Requirements of Notice Inviting Bids.** The Notice Inviting Bids shall:
 1. Describe the item(s) to be bid upon;
 2. State the final date, time and place where bids are to be received (including designation of the appropriate District person or office and address) (*Government Code § 53068; Public Contract Code §§ 4104.5, 22037*);

3. State the date, time and place for opening of bids;
 4. Set forth such other matters, if any, as would reasonably enhance the number and quality of bids.
- iv. **Presentation of Bids.** Each prospective bidder shall submit a written bid under sealed cover. Upon receipt, the bid shall be date and time stamped. All bids shall remain sealed until the date and time set forth in the Notice Inviting Bids. Any bid received by the District after the time specified in the Notice Inviting Bids shall be returned unopened. (Government Code § 53068.)
- v. **Examination and Evaluation of Bids.**
1. On the date provided in the Notice Inviting Bids, the District shall publicly open the sealed bids. A member of the Board, or a person designated by the Board, will attend and officiate over the opening of bids (“Opening”). The bids will be made public for bidders and other properly interested parties who may be present at the Opening.
 2. The Board reserves the right not to determine the low bidder at the Opening, to obtain the opinion of counsel on the legality and sufficiency of all bids, and to determine at a later date which bid to accept. Such determination shall be made within sixty (60) days of the Opening or unless a different period of time is specified in the Notice Inviting Bids.
 3. In the event there are two or more identical lowest bids pursuant to any provision requiring competitive bidding, the District may determine by lot which bid shall be accepted. (Government Code § 53064.)
- vi. **Award of Contract.**
1. The Board shall award the contract to the lowest bidder, provided such bid is responsive and reasonable and meets the requirements and criteria set forth in the Notice Inviting Bids, as determined by the Board. Factors which the District may take into account to determine whether a bidder is “responsible” include prior performance, financial capacity, technical expertise, reputation for reliability and satisfactory service, and other factors that may be set forth in the Description. Notwithstanding anything to the contrary, the Board is under no obligation to accept the lowest responsive and responsible bidder and reserves the right to reject all bids.
 2. If the Board determines that the lowest bidder is not responsible, the Board may award the contract (i) to the next lowest responsible bidder, or (ii) to the lowest bidder on the condition that the lowest bidder furnish security other than or in addition to that set forth in the Description.
 3. If the Board decides to award the contract to a bidder other than the lowest bidder pursuant to subparagraph (b), the Board shall first notify the low bidder of any evidence, either obtained from third parties or concluded as a result of the Board’s investigation, which reflects on such bidder’s responsibility. The Board shall

afford the low bidder an opportunity to rebut such adverse evidence and shall permit such bidder to present evidence that it is qualified. Such opportunity to rebut adverse evidence and to present evidence of qualification may be submitted in writing or at an informal hearing before the awarding body, committee and/or individual, as determined by the Board.

4. Any contract awarded by the Board shall be subject to all applicable provisions of federal, California and local laws. In the event of a conflict between any contract documents and any applicable law, the law shall prevail.
5. Notwithstanding anything to the contrary, the Board is under no obligation to accept the lowest responsive and responsible bidder and reserves the right to reject all bids.

c. ***Bid Conditions:***

All formal bids shall be subject to the following general conditions.

- i. **Three Bids.** The Board shall consider a minimum of three (3) bids whenever possible; however, where the Board cannot obtain three bids or when it decides that time will not permit obtaining three bids, it may consider a minimum of two (2) bids.
- ii. **Reference Check.** Contracts shall be awarded to the lowest responsible bidder meeting the applicable criteria established by the District, subject to a check of references and review of legal counsel, as applicable.
- iii. **Multiple Bids.** When bids for multiple items are solicited at the same time, the Board may accept parts of one or more bids (provided the Notice Inviting Bids so indicates) unless the bidder has specified to the contrary, in which event the District reserves the right to disregard the bid in its entirety.
- iv. **Minor Deviations.** The Board reserves the right to waive inconsequential deviations from the specifications in the substance or form of bids received.
- v. **No Advantage.** No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by the District.

d. ***Exemptions to Formal Bidding Procedures (Lowest Bid Policy):***

The Board shall not be required to apply the lowest bid policy to (a) emergency contracts, (b) contracts for medical or surgical equipment or supplies, (c) electronic data processing and telecommunications goods and services, (d) professional services, (e) energy services contracts, or (f) purchases made through a group purchasing organization, under certain circumstances.

- i. **Emergency Contracts.** The Board shall not be required to secure bids for emergency contracts. Notwithstanding anything to the contrary, the Board may award contracts without following the lowest bid policy, if it first determines (i) an emergency exists that warrants such expenditure due to fire, flood, storm, epidemic or other disaster and (ii) it is necessary to protect public health, safety, welfare or property. (See *Health and Safety Code § 32136.*)

ii. **Medical Equipment and Supplies.**

1. For the purposes of this Policy, "Medical Equipment and Supplies" means equipment and/or supplies commonly, necessarily and

directly used by or under the direction of a physician or surgeon in caring for or treating a patient in a hospital. (*Health and Safety Code § 32132(d).*)

2. The Board shall not be required to secure bids for the purchase of Medical Equipment and Supplies. The Board may establish policies with respect to the procurement of Medical Equipment and Supplies without following the lowest bid policy. (*Health and Safety Code §§ 32132(b).*)

iii. Electronic Data Processing and Telecommunications Goods and Services

1. Consistent with Health & Safety Code § 32138, the Board shall employ competitive means to acquire electronic data processing and telecommunications goods and services, where such goods and services exceed a cost of twenty-five thousand dollars (\$25,000). (*See Health and Safety Code §§ 32132(b) and 32138.*)
2. For the purposes of this Paragraph 3.d.iii.2., “competitive means” includes any appropriate means specified by the Board. “Competitive means” may include (i) the preparation and circulation of a request for proposal to a sufficient number of qualified sources to permit reasonable competition consistent with the nature and requirements of the proposed acquisition, as determined by the Board in its reasonable discretion; (ii) the lowest bid policy; and (iii) any other appropriate means determined by the Board in its reasonable discretion. (*Health & Safety Code § 32138(b).*)
3. The Board shall award a contract pursuant to this Paragraph 3.d.iii.3. based on the cost-effectiveness of the proposal as determined by the evaluation criteria specified by the Board. Evaluation criteria shall not be limited to cost but may include other objective bases for selection of a vendor or service provider. (*Health & Safety Code § 32138(c).*)
4. Notwithstanding any provision to the contrary, this Paragraph 3.d.iii.4. shall not apply when the Board determines that (i) the goods and services being considered are the only goods and services that can meet the District’s needs, or (ii) the goods and services are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare or safety. (*Health & Safety Code § 32138(a).*)

iv. Energy Services Contract.

1. For purposes of this Paragraph 3.d.iv.1. “energy service contract” means a contract for providing electrical or thermal energy or conservation services to the District from an energy conservation facility. (*Government Code § 4217.11(f).*)
2. The Board shall not be required to secure bids in connection with an energy service contract or any necessarily related facility ground lease provided (i) the Board determines such contract is in the best interest of the District, and (ii) the determination is made

at a regularly scheduled public hearing of the Board in compliance with the provisions of Government Code § 4217.12.

- v. **Group Purchasing Organizations (GPOs).** The District may participate as a member of any cooperative hospital service organization described in Revenue and Taxation Code § 23704 (“GPO”). Any purchases made or services rendered by the GPO on behalf of the District that is a member of the GPO shall not subject to formal bidding procedures or any other competitive requirements contained herein. (Health & Safety Code § 32132(e).)

e. **Professional Services**

- i. **No Competitive Bidding Required for Professional Services.** *Health and Safety Code § 32121(b)* makes clear that the lowest bidder policy does not apply to any professional services. Upon determination that the District requires either Special Services or Design Services (as those terms are defined, below), the District shall comply with the statutory scheme relating to such services, as set forth in this Section 3.e.

- ii. **Special Services and Advice.**

- 1. Consistent with *Government Code § 53060*, the District may contract with and employ any person(s) to furnish to the District special services and advice in financial, economic, accounting, engineering, legal, architectural or administrative matters (“Special Services”), provided such persons are specially trained and experienced and competent to perform the special services required. (*See Government Code § 53060.*)
 - 2. No competitive bidding shall be required in selecting professionals or firms to provide Special Services. (Health and Safety Code § 32132(b).) The District may compensate such persons as it deems proper for the services rendered. (Government Code § 53060.) The District may establish procedures to assure the persons engaged to provide such services are specially trained and experienced and competent to perform the special services required. (Government Code § 53060.)
- iii. **Design Services.** Upon a determination that the Board needs or desires to enter into a contract for professional services of private architectural, landscape architectural, engineering, environmental, land surveying or construction management firms (“Design Services”), the Board may award contracts for Design Services consistent with Government Code § 4526 and in accordance with the guidelines and procedures set forth in its Policy for Bidding for Public Works Contracts.
 - iv. **Auditor.** At least once each year, the Board shall engage the services of a qualified accountant of accepted reputation to conduct an audit of the books of the Hospital and prepare a report. (*Health and Safety Code § 32133.*)

f. **Miscellaneous Provisions:**

- i. **Authority to Make Purchases.** The District’s CEO or the CEO’s designee are hereby given authority to make all purchases and to execute all purchase orders or contracts for the District duly authorized pursuant to this Policy or other applicable policies referenced herein. All purchases

and contracts shall be upon written order, whenever reasonably possible, and the District shall keep and maintain written records of the same.

- ii. **Right to Direct Competitive Bidding.** The Board reserves the right to direct competitive bidding (including but not limited to lowest bid) for any contract, regardless of whether or not competitive bidding is required by law or required by the terms of this Policy.
- iii. **Flexibility and Waiver of Policy Requirements.** In recognition of the fact that the contracting and procurement needs of the District may, from time to time, render certain procedures or requirements set forth in this Policy impractical, the CEO or his/her designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, in consultation with the District's legal counsel and upon making a written finding that such deviations are in the best interest of the District.
- iv. **Conflict of Interest.** With respect to all contracts covered by this Policy, any practices or procedures which might result in unlawful activity shall be prohibited, including practices which might result in rebates, kickbacks or other unlawful consideration. No employee of the District may participate in any selection process when such employee has a relationship with a person or business entity seeking a contract under this Section which would subject those employees to the prohibition of *Government Code § 87100*.³ (See *Government Code § 4526*.)

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:

Attachment A: Bidding and Competitive Procurement Requirements

³ Section 87100 provides, "No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest."

Attachment A: Bidding and Competitive Procurement Requirements (Page 1 of 3)
Exhibit A

BIDDING AND COMPETITIVE PROCUREMENT REQUIREMENTS

Category	Bidding or Competitive Procurement Requirement
Materials and supplies involving an expenditure of more than \$25,000. ⁴	<p>Formal bidding required. <i>(See H & S Code §32132(a).)</i></p> <p>Exception: Emergency Contracts. Bidding not required if Board first determines (1) that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster, and (2) it is necessary to protect the public health, safety, welfare, or property. <i>(See H & S Code § 32136.)</i></p>
Materials and supplies involving an expenditure less than or equal to \$25,000.	No need to solicit or secure bids.
Work involving an expenditure of more than \$25,000 (including public works and other work such as general maintenance).	<p>Formal bidding required. <i>(See H & S Code §32132(a).)</i></p> <p>Exception: The exception for Emergency Contracts, noted above, is applicable. <i>(See H & S Code § 32136.)</i></p> <p>For work involving public works projects, please refer to the District's Policy and Procedures Governing Bidding For Facility Projects.</p> <p>For contracts involving work other than public works projects, please refer to the District's Policy and Procedures for Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services .</p> <p>The Board shall not be required to secure bids for change orders that do not materially change the scope of work set forth in a contract previously made, provided (i) the contract was made in compliance with bidding requirements, and (ii) no individual change amounts to more than five percent (5%) of the contract. <i>(See H & S Code § 32132(c)).</i></p>
Work involving an expenditure less than or equal to \$25,000.	No need to solicit or secure bids.
Purchase of medical and surgical equipment and supplies.	No formal bidding is required. <i>(See H & S Code §32132(b).)</i> Medical Equipment and Supplies means equipment and/or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital. <i>(See H & S Code § 32132(d).)</i>

⁴ Please refer to footnote 2.

<p>Electronic data processing and telecommunications goods and services.</p>	<p>If expenditure is \$25,000 or less, no formal bidding is required. <i>(See H & S Code § 32132(b).)</i></p> <p>If expenditure is greater than \$25,000, contract must be awarded through competitive means described in <i>H & S Code § 32138.</i></p> <p>Exceptions: The statutory provision requiring “competitive means” is not applicable if the Board determines that the goods and services proposed for acquisition (1) are the only goods and services that can meet the District's need; or (2) are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety. <i>(See H & S Code § 32138(a).)</i></p>
<p>Professional services</p>	<p>Competitive (formal) bidding is not required for the procurement of any professional services. <i>(See H & S Code § 32132(b).)</i></p> <p>For special services and advice in financial, economic, accounting, engineering, legal, architectural or administrative matters, the District may engage professional who are specially trained and experienced and competent to perform the services required. <i>(See Gov. Code § 53060.)</i></p> <p>For services involving architectural, landscape architectural, environmental, land surveying, and construction management firms, the Board shall award contracts based on demonstrated competence and on the professional qualifications necessary for satisfactory performance of the services required. Other requirements are applicable. <i>(See Gov. Code § 4525.)</i></p> <p>Exception: In the event the District determines that the professional services required are more of a technical nature and involve little professional judgment and that requiring bids would be in the public interest, the District may decide that bidding requirements shall apply. <i>(See Gov. Code § 4529.)</i></p> <p>At least once each year, the Board shall engage the services of a qualified accountant of accepted reputation to conduct an audit. <i>(H & S Code § 32133.)</i></p>
<p>Energy services contract or related facility lease</p>	<p>No formal bidding required in connection with an energy service contract or any necessarily related facility ground lease provided (a) the Board determines such contract is in the best interest of the District, and (b) the</p>

determination is made at a regularly scheduled public hearing of the Board in compliance with the provisions of *Government Code § 4217.10*.



SENECA HEALTHCARE DISTRICT POLICY & PROCEDURE

DEPARTMENT: BOARD OF DIRECTORS POLICY TITLE: GOVERNING BIDDING FOR FACILITY PROJECTS POLICY NUMBER: BOARD-001.001 COMPLIANCE REQUIREMENT:	Page 1 of 13 Date of Origin: Revision Date: Periodic Review By: Date:
AUTHOR: Shawn McKenzie, CEO and Renee Nez, Executive Assistant to the CEO and Board. REVISED BY:	Policy Rescinded by Policy #: Effective Date:

Policy: Seneca Healthcare District (SHD) shall clarify the public contracting processes for Facility Projects (as defined in Section 3.d.) and will provide guidance regarding these processes to the District’s Board of Directors (“Board”), President and Chief Executive Officer (“CEO”), and employees.

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: BOARD-001.001

PROCEDURE

1. Purpose

The purpose of this policy is to clarify the public contracting processes of the Seneca Healthcare District (“District”) for Facility Projects (as defined in Section 3.d.) and to provide guidance regarding these processes to the District’s Board of Directors (“Board”), President and Chief Executive Officer (“CEO”), and employees.

2. Responsibilities

The SHD Administration Department is responsible for ensuring this policy is reviewed annually and kept up to date.

3. Policy and Procedures Governing Bidding for Facility Projects

a. Purpose

- i. The District’s public contracting areas include purchasing, professional services, leasing and real estate and facilities construction. This Policy And Procedures Governing Bidding For Facility Projects (this “**Facility Projects Policy**” or this “**Policy**”) contains general bidding policy guidelines and specifically addresses projects relating to the construction or improvement of a hospital or health care facility, including Seneca District Hospital (“**Hospital**”). For guidelines relating to the procurement of materials and supplies, please refer to the District’s Policy And Procedures For Bidding Regulations Governing Purchases of Materials, Supplies And Equipment And Procurement Of Professional Services (“**Procurement Policy**”).
- ii. It is the intent of the Board, consistent with the District’s obligations, to obtain the best value for all expenditures, consistent with the responsibility to provide quality health care to its patients.
- iii. It is the intent of the Board to provide an equal opportunity to all qualified and responsible parties wishing to participate in the bidding process with respect to Facility Projects for the District and the Hospital.
- iv. Any contract awarded by the Board shall be subject to all applicable provisions of federal, California and local laws, including without limitation, laws relating to the performance of work for a public agency. In the event of a conflict between any contract documents and any applicable law, the law shall prevail.
- v. This policy does not address or govern contracting with providers or physicians.

b. Ethics

- i. **Conflict of Interest.** No Board member or employee of the District/Hospital may participate in any selection process when such person has a relationship with a person or business entity seeking a contract which would subject that person to the prohibitions in Government Code (“Govt”) § 87100.
- ii. **No Kickbacks.** With respect to all contracts covered by this Policy, any practices or procedures which might result in unlawful activity are prohibited, including practices which might result in rebates, kickbacks or other unlawful consideration.

- iii. **No Advantage.** No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by the District, a Board member or an employee of the District/Hospital.

c. **Competitive Bidding**

- i. **Contracts above \$25,000 that Otherwise Require Competitive Bidding.** This Facility Projects Policy overrides the requirement of Health & Safety Code (“H&S”) § 32132 that the District shall let any contract for materials and supplies to be furnished, sold, or leased to the District, or any contract for work to be done, involving an expenditure of more than twenty-five thousand dollars (\$25,000), to the lowest responsible bidder. Instead, the provisions of Section 3.d.v. below shall apply for Facility Projects.

- ii. **Exception for Emergency Contracts and Emergency Service Contracts.** In cases of emergency when repair or replacements are necessary, the District may proceed at once to replace or repair any public facility without adopting plans, specifications, strain sheets, or working details, and procure the necessary equipment, services, and supplies for those purposes, without giving notice for bids to let contracts. (Public Contract Code (“PCC”) §§ 22035; 22050(a)(1).) If notice for bids to let contracts will not be given, the District shall comply with the following procedures:

- 1. **Finding of Emergency.** Before emergency procedures may be used, the Board shall make a finding, based on substantial evidence set forth in the minutes of its meeting, that the emergency will not permit a delay resulting from a competitive solicitation for bids, and that the action is necessary to respond to the emergency. (PCC § 22050(a)(2).)
- 2. **Delegation to CEO.** The Board, by a four-fifths vote, may delegate, by resolution or ordinance, to the CEO the authority to order emergency action. (PCC § 22050(b)(1).)
- 3. **Reporting by CEO.** If the CEO orders any emergency action, the CEO shall report to the Board Chair within 24 hours of action, and report to the Board at its next regularly scheduled meeting or at a special session of the Board within 14 days, the reasons justifying why the emergency will not permit a delay resulting from a competitive solicitation for bids and why the action is necessary to respond to the emergency. The CEO must also report on the status of the emergency contracts at each following Board meeting until the action is terminated (contracts completed). (PCC § 22050)
- 4. **Performance of Work.** The work may be done by day labor under the direction of the Board, by contractor, or by a combination of the two.

- iii. **Exception for Change Orders.** The CEO shall not be required to secure bids for change orders that do not materially change the scope of work set forth in a contract previously made pursuant to this policy, provided: (H&S § 32132 (c))

- 1. The contract was made in compliance with bidding thresholds stated in Section 3.d.

2. No individual change order amounts to more than five percent (5%) of the contract.
 3. The total project cost for a negotiated contract project would not exceed the dollar amount for negotiated contracts of sixty thousand dollars (\$60,000).
 4. The total project cost for a contract awarded by informal bidding procedures would not exceed the dollar amount of two hundred thousand dollars (\$200,000).
- iv. **Exception for Facility Project Professional Services**
1. Competitive bidding is not required for contracts over twenty-five thousand dollars (\$25,000) for professional services. (H&S § 32132(b).)
 2. Where required by Facility Projects, the CEO shall award contracts for professional services of private architectural, landscape architectural, engineering, environmental, land surveying or construction management firms on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the types of services to be performed and at fair and reasonable prices. (Govt § 4526; H&S § 32132(b))
 3. For Facility Projects estimated to cost more than \$ _____, the Board's approval of the contracts for professional services shall also be required.
 4. The CEO shall establish procedures for verifying competence and professional qualifications and for determining fair and reasonable benchmark prices for these services (Govt § 4526.).
 5. When bids are solicited for architectural, landscape architectural, engineering, environmental, land surveying or construction management firms, the Notice Inviting Bids for these services shall contain the following statement in boldface type:
“Please be advised that the successful design professional will be required to indemnify, defend and hold harmless the District against liability for claims that arise out of or relate to the negligence, recklessness or willful misconduct of the design professional.” (Civil Code § 2782.8.)
- v. **Exception for Design-Build Projects.** Upon approval by the Board, the Design-Build procedure described in PCC § 22160 *et seq.* may be used to assign contracts for the construction of a building or improvements directly related to construction of a hospital or health facility building. (H&S § 32132.5)¹
1. Notwithstanding anything to the contrary, the Board may elect to use the Design-Build method for bidding on Facility Projects if the project amount will be greater than one million dollars (\$1,000,000). (H&S Code 32132.5; PCC § 22162).
 2. In estimating the cost of a Design-Build Facility Project, the costs for OSHPD and City/County permits and the costs for design

¹ Note that H&S § 32132.5 shall remain in effect only until January 1, 2015, and as of that date is repealed.

professionals shall be included. The overhead allocation required for uniform construction cost accounting procedures shall not be added to the cost of subcontractors and the cost for material purchases.

3. If the Board elects to use the Design-Build method, the Board shall follow the contracting provisions of PCC §§ 22160-22169 and shall award the contract based on “best value” as defined in PCC §§22161.

vi. **Purchasing.** The CEO is authorized by this Policy to make all purchases and to execute all purchase orders or contracts for the District and the Hospital duly authorized by the Board pursuant to this Policy. All purchases and contracts shall be upon written order. (H&S §§ 32132(b); 32121(c). The District’s Procurement Policy should be consulted with respect to such purchasing.

1. Competitive bidding is not required for purchases of medical or surgical equipment or supplies, or for electronic data processing and telecommunications goods and services. The phrase “medical or surgical equipment or supplies” includes only equipment or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital. (H&S § 32132(b), (d).)

vii. **Exception for Leasing and Real Estate.** Contracts regarding land purchases and leases which bind the District to the terms of a contractual agreement shall be approved by the Board and shall be signed by the Chair of the Board unless the Board designates an alternate signer when the contract is approved.

d. **Contracting for Facility Projects (Optional - CFO Should Review)**

i. **Election to Become Subject to the Uniform Public Construction Cost Accounting Act.** The Board hereby elects under PCC § 22030 to become subject to the Uniform Public Construction Cost Accounting Act (the “Act”), codified at PCC §§ 22000 to 22050, and the uniform construction cost accounting procedures adopted by the California Uniform Construction Cost Accounting Commission established under the Act (the “Commission”), as they may each from time to time be amended, and directs that the CEO notify the State Controller forthwith of this election. The management of all District Facility Projects shall meet the requirements prescribed in those provisions, and shall be guided by the Commission’s Cost Accounting Policies and Procedures Manual (the “Manual”). By becoming subject to the Act and as set forth in this policy, the Board clarifies the Board’s legal authority granted by the Board to the CEO with regard to the contracting of Facility Projects for the District and the Hospital, and the legal authority retained by the Board.

ii. **Definitions**

1. **“Facility”** means any plant, building, structure, ground facility, utility system, real property, streets and highways, or other public work improvement. (PCC § 22002).

2. **“Facility Project”** means work relating to projects involving construction, reconstruction, erection, alteration, renovation,

improvement, demolition, and repair work involving the Hospital and any leased or operated facility of the Hospital. Excluded from this definition is routine, recurring, and usual work for the preservation or protection of the facility and minor repainting (“**Facility Maintenance**”). (PCC § 22002).

3. “**Responsible bidder**” means a bidder who has demonstrated the attribute of trustworthiness and quality during prior service, a reputation for reliability and satisfactory service with other clients, sufficient financial capacity and the physical capability and the technical and non-technical expertise in order to perform the contract satisfactorily. (PCC § 1103).
- iii. **Pre-Contracting Duties of CEO.** The CEO shall prepare bid packages for any Facility Project contract. The bid packages shall include specifications as follows:
1. **Facility Contract Construction Subcontractors.** The CEO shall include in the Specifications a provision that any prime contractor shall include in his/her bid:
 - a. The name, address and contractor registration number of each subcontractor who will perform labor or render service or fabricate and install a portion of the Facility Project in excess of one-half of one percent (1%) of the total amount of the contract.
 - b. A description of portion of the Facility Project to be performed by each subcontractor listed.
 - c. The bidder shall list only one subcontractor for each portion of the Facility Project as is defined by the bidder in the bid. (PCC § 4104.)
 - d. A prime contractor whose bid is accepted may not substitute a new subcontractor in place of the subcontractor listed in the original bid except as allowed under PCC § 4107. Any work not listed for a specific subcontractor must be done by the prime contractor and shall not be substituted.
 2. **Completion Date.** The CEO shall include in the Specifications a time within which the whole or any specified portion of the Facility Project shall be completed. (Govt § 53069.85.)
 - a. The CEO may include in the Specifications a provision that the contractor shall forfeit a specified sum of money for each day completion is delayed beyond the date stated in the Specifications.
 - b. The Board may include in the Specifications a provision for the payment of a bonus to the contractor for completion of the project prior to the specified date stated in the Specifications when such timely completion would be beneficial to the District. (Govt § 53069.85.)
 3. **Facility Project Cost Estimate.** A project cost estimate shall be prepared by the CEO for each Facility Project. The Cost Estimate, at a minimum, shall contain (see the Manual, Chapter 3):

- a. A description of the project with sufficient detail to allow reasonable accuracy of cost estimates.
 - b. A description of the method used to estimate each cost segment.
 - c. An estimate of all direct and indirect costs for the project.
 - i. A calculated administrative overhead percentage (maximum 30%) shall be added to all estimates for sub-contractor costs and direct material purchases.
 - ii. Prevailing wage rates shall be used in all estimates.
 - iii. The following costs may be excluded from the cost estimate: (1) OSHPD and City/County permits; (2) Facility Project engineering, architectural and construction management services; and (3) Medical equipment. Section 3.c. of this Policy covers the selection process for these services.
 - d. The estimate shall be used to determine the appropriate process for the selection of contractors or sub-contractors.
 - e. The estimate shall be prepared in sufficient specificity to enable comparisons to actual cost when the project is completed.
- iv. **Facility Project File.** After completion of each Facility Project the CEO shall keep and maintain written or electronic records of the Facility Project for the time period required by the administrative retention policy. The Facility Project file, at a minimum, shall include (Manual, Chapter 3.10):
- 1. A copy of the Facility Project cost estimate used to determine the appropriate selection process for the sub-contractors.
 - 2. A description of the method used to select each contractor or service provider, including a copy of the request for proposal (RFP) or other form of solicitation.
 - 3. A copy of all contracts awarded for the project.
 - 4. For projects requiring the Formal Bidding Procedure, the file shall also include a copy of the Notice Inviting Bids and the names of all bidders and their bids/proposals.
 - 5. The contract file for all contracts awarded under the exceptions listed in Section 3.b. shall include a description of the exception and an explanation of the method used to select the contractor or service provider.
 - 6. The contract file shall include the names of any employ of the District, or any Board member who elected to recuse themselves from the award process for any reason, including a conflict of interest.
- v. **Categories of Contracts by Dollar Thresholds.** For purposes of bidding procedures, Facility Projects are divided into three categories by dollar thresholds, as follows:
- 1. **Under \$60,000.** District Facility Projects of sixty thousand dollars (\$60,000) or less may be performed by the employees of the District by force account, by negotiated contract, or by purchase order. (PCC § 22032(a))

2. **Between \$60,000 and \$200,000.** District Facility Projects of two hundred thousand dollars (\$200,000) or less may be let to contract by informal procedures as set forth in this Policy. (PCC § 22032(b))
 3. **Over \$200,000.** District Facility Projects of more than two hundred thousand dollars (\$200,000) shall, except as otherwise provided in this Policy, be let to contract by formal bidding procedure. (PCC § 22032(c))
 4. **Separation of Work Orders of Facility Projects.** Splitting or separating Facility Projects into smaller work orders or projects after competitive bidding for the purpose of evading the provisions of this policy shall be prohibited. (PCC § 22033)
- vi. **Procedures for Contracts Under \$60,000.** The CEO may award contracts for Facility Projects whose total cost is less than sixty thousand dollars \$60,000 by negotiated contract, or by purchase order, and is not bound to accept the bid of the lowest responsible bidder. (PCC § 22032(a))
- vii. **Procedures for Contracts Between \$60,000 to \$200,000 – Informal Bidding Procedure.** For matters of two hundred thousand dollars (\$200,000) or less, the District shall use informal bidding procedures, as follows:
1. **Notice to Contractors.** The CEO shall provide notice to contractors inviting informal bids. This notice shall describe the project in general terms, how to obtain more detailed information about the project, and shall state the time and place for the submission of bids. (PCC § 22034(a)) The notice shall be made as follows:
 - a. The District shall maintain a list of qualified contractors, identified according to categories of work. All contractors on the list for the category of work being bid shall be mailed, faxed, or emailed a notice inviting informal bids unless the product or service is proprietary. All mailing of notices to contractors pursuant to this subdivision shall be completed not less than 10 calendar days before bids are due.
 - b. The District may elect to mail, fax, or email a notice inviting informal bids to all construction trade journals specified in PCC § 22036.
 2. **List of Trade Journals.** The CEO shall use the list of trade journals provided in the Manual, Chapter 1.05 for all mailings to trade journals required by this section.
 3. **List of Registered Contractors.** The CEO shall develop an objective pre-qualification criteria and process for use in the formation and maintenance of the District's contractor's lists. (See the Manual, Chapter 1.04.)
 - a. During November of each year, the CEO shall establish a new or update its existing list of registered contractors by mailing, faxing, or emailing a written notice to all

construction trade journals designated in Section 3.d.vii.2., inviting all licensed contractors to submit the name of their firm to the District for inclusion on the District's list of qualified bidders for the following calendar year. (PCC § 22034(a)(1))

- b. The notice shall require that the contractor provide the name and address, fax number, and email address to which a Notice to Contractors or Proposal should be mailed, faxed, or emailed, a phone number at which the contractor may be reached, the type of work in which the contractor is interested and currently licensed to do (earthwork, pipelines, electrical, painting, general building, etc.) together with the class of contractor's license(s) held and contractor license numbers(s). (PCC § 22034 (a)(1))
- c. The CEO may include any contractor names it desires on the list, but the list must include, at a minimum, all contractors who meet the objective pre-qualification criteria and who have properly provided the District with the information required under (b) above, either during the calendar year in which the list is valid or during November or December of the previous year. (PCC § 22034 (a))
- d. A contractor who supplies the required information and meets the objective pre-qualification criteria may have their firm added to the District's contractors list at any time during the year. (PCC § 22034 (a))

4. Mailing of Notices Inviting Informal Bids

- a. All contractors on the list for the category of work being bid shall be mailed, faxed, or emailed a notice inviting informal bids unless the product or service is proprietary. (PCC § 22034(a))
- b. All trade journals listed in Section 3.d.vii.2. may be mailed, faxed, or emailed a notice inviting informal bids unless the product or service is proprietary. (PCC § 22034 (a))
- c. The mailing, faxing, or emailing of notices to contractors and construction trade journals pursuant to subdivisions (a) and (b) shall be completed not less than 10 calendar days before bids are due. (PCC § 22034 (a))
- d. The notice inviting informal bids shall describe the project in general terms, state how more detailed information about the project may be obtained, state the time and place for the submission of bids and the time and place for opening the bids. (PCC § 22034(b))

viii. Award of Bids

- 1. **Delegation to CEO.** The Board delegates the authority to award informal contracts to the CEO. (PCC § 22034(c))
- 2. **Minimum Number of Informal Bids.** The CEO shall consider a minimum of three (3) informal bids whenever possible; however, where the CEO cannot obtain three informal bids or when the CEO

decides that time will not permit obtaining three informal bids, the CEO may consider a minimum of two (2) informal bids. All bids shall be in writing, sealed, and subject to the following general conditions.

3. **Multiple Informal Bids.** When informal bids for multiple items are solicited at the same time, the CEO may accept parts of one or more bids (provided the Notice Inviting Bids so indicates) unless the bidder has specified to the contrary, in which event the District reserves the right to disregard the bid in its entirety.
 4. **Award of Contracts for Informally Bid Facility Projects**
 - a. The CEO shall award the contracts for each type of work for Informally Bid Facility Projects (\$60,000 to \$200,000) to the lowest responsible bidder who shall give the security the District requires. (PCC §§ 22034(c); 22038(b); H&S § 32132)
 - b. If all bids received are in excess of two hundred thousand dollars (\$200,000), the Board may, by adoption of a resolution by a four-fifths vote, award the contract, at two hundred twelve thousand five hundred dollars (\$212,500) or less, to the lowest responsible bidder, if it determines the cost estimate of the District was reasonable. (PCC § 22034(d))
 - c. For all Informally Bid Projects where the total Project Cost is greater than \$187,500 the Board shall reject all bids and may direct the CEO to rebid the project.
 5. **Minor Deviations.** The CEO reserves the right to waive inconsequential deviations from the specifications in the substance or form of informal bids received.
- ix. **Procedures for Contracts Over \$200,000 – Formal Bidding Procedure.** District Facility Projects of more than two hundred thousand dollars (\$200,000) shall, except as otherwise provided in this Policy, be let to contract by formal bidding procedure as follows.
1. **Plans and Specifications.**
 - a. When the CEO determines that the estimated cost for a Facility Project is more than two hundred thousand dollars (\$200,000), the CEO shall prepare plans, specifications or a description of general conditions (“**Specifications**”) for the project. The Specifications shall be in such detail and written with such specificity as may be required to allow all potential bidders to understand the project and give a level playing field to all bidders. (PCC § 22039)
 - b. The specifications shall include the requirement for bidder’s security, performance bonds and payment bonds. The specifications shall also include the time within which the whole or any specified portion of the Facility Project shall be completed. (Govt § 53069.85.)
 2. **Requirements of Notice Inviting Formal Bids.** The CEO shall prepare a notice inviting formal bids. (PCC § 22037) The CEO

shall at a minimum shall include all of the following in the notice inviting formal bids:

- a. Description of the contemplated Facility Project.
 - b. The procedure by which potential bidders may obtain electronic copies of the Plans and Specifications (or printed copies if not available electronically)
 - c. The final time, date and address (or e-mail address) for receiving and opening of bids (including designation of the appropriate District person or office) (Govt § 53068; PCC §§ 4104.5; 22037)
 - d. The date, time and place, and the name and address of the person responsible for receiving bids;
 - e. The payment and performance bond amounts required by the Specifications (Civil Code § 9550)
 - f. The time within which the whole or any specified portion of the Facility Project shall be completed (Govt § 53069.85)
 - g. The penalty amount, if required by the Specifications, for each day completion is delayed beyond the specified time. (Govt § 53069.85)
 - h. The Board approved bonus amount payable to the contractor for completion of the work prior to the specified completion day if a bonus payment is included in the Specifications. (Govt § 53069.85)
3. **Publication of Notice Inviting Formal Bids.** The notice shall be published at least 14 calendar days before the date of opening the bids in *[a newspaper of general circulation, printed and published in the jurisdiction of the District]*. The notice inviting formal bids shall also be mailed, faxed or emailed to trade journals provided in the Manual, Chapter 1.05. The notice shall be mailed, faxed or emailed at least 15 calendar days before the date of opening the bids. In addition to notice required by this section, the CEO may give such other notice as she/he deems proper. (PCC § 22037)
4. **Prequalification.** The CEO shall prepare a uniform prequalification system using a standard questionnaire to evaluate the ability, competency and integrity of bidders as outlined in the Local Agency Public Construction Act, PCC § 20101 *et seq.* and it shall be used for all projects estimated to cost over \$500,000. In such event, the CEO shall require each prospective bidder to complete and submit a standardized questionnaire and financial statement. The standardized questionnaires and financial statements received from interested contractors are not public documents and shall not be made public. The CEO may use the prequalification procedure for any Facility Project that requires formal bidding.
5. **Submission of Formal Bids.** The Board shall accept only written sealed bids from the prospective bidders. Upon receipt the bid

shall be stamped with the date and time the bid was received. All bids shall remain sealed until the date and time set forth for opening the bids in the Notice Inviting Bids. Any bid received by the District/Hospital after the time specified in the Notice Inviting Bids shall be returned unopened. (Govt § 53068) The CEO may elect to receive bids and supporting materials electronically using procedures in compliance with PCC § 1601.

6. **Examination and Evaluation of Formal Bids.** On the date provided in the Notice Inviting Bids, a person designated by the CEO shall attend and officiate over the opening of bids (“Opening”). The bids shall be made public for bidders and members of the public who may be present at the Opening. The District reserves the right not to determine the low bidder at the Opening, to obtain the opinion of counsel on the legality and sufficiency of all bids, and to determine at a later date which bid to accept. Such determination shall be made within sixty (60) calendar days of the Opening or unless a different period of time is specified in the Notice Inviting Bids.
7. **Award of Contract.** The Board shall award the contract to the lowest Responsible Bidder, as defined in Section 3.d.ii.3., provided the bid is reasonable and meets the requirements and criteria set forth in the notice inviting bids. (PCC § 22038(b))
 - a. If two or more bids are the same and the lowest, the Board may accept the one it chooses. (PCC § 22038(b))
 - b. If the Board determines that the lowest bidder is not responsible, the Board may award the contract to the next lowest responsible bidder.
 - c. If the CEO anticipates that the Board may decide to award the contract to a bidder other than the lowest bidder pursuant to subparagraph (b), the CEO shall, with the assistance of District Counsel, first notify the low bidder of any evidence, either obtained from third parties or concluded as a result of the District’s investigation, which reflects on such bidder’s responsibility. The CEO shall afford the low bidder an opportunity to rebut such adverse evidence and shall permit such bidder to present evidence that it is qualified. The opportunity to rebut adverse evidence and to present evidence of qualification may be submitted in writing or at an informal hearing of the Board, individual and/or committee as determined by the Board.
8. **Minor Deviations.** The Board reserves the right to waive inconsequential deviations from the specifications in the substance or form of formal bids received.
9. **Rejection of Bids.** Notwithstanding anything to the contrary, the District/Hospital is under no obligation to accept the lowest responsible bidder and reserves the right to reject all bids. (PCC § 22038(a); H&S Code § 32132) In its discretion, the District may reject any bids presented, if the District, prior to rejecting all bids

and declaring that the project can be more economically performed by the District's employees, furnishes a written notice to an apparent low bidder. The notice shall inform the bidder of the District's intention to reject the bid and shall be mailed at least two business days prior to the hearing at which the District intends to reject the bid. If after the first invitation of bids all bids are rejected, after reevaluating its cost estimates of the project, the District shall have the option of either of the following:

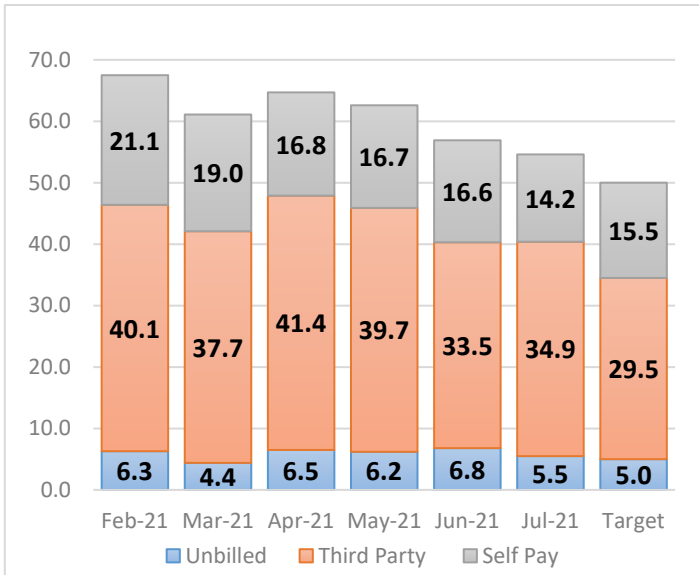
- a. Abandoning the project or re-advertising for bids in the manner described by this article.
 - b. By passage of a resolution by a four-fifths vote of the Board declaring that the project can be performed more economically by the District's employees, may have the project done by force account.
10. **If No Bids Received.** If no bids are received through the formal or informal procedure, the project may be performed by the District's employees by force account, or negotiated contract without further complying with this article. PCC § 22038 (c))

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.

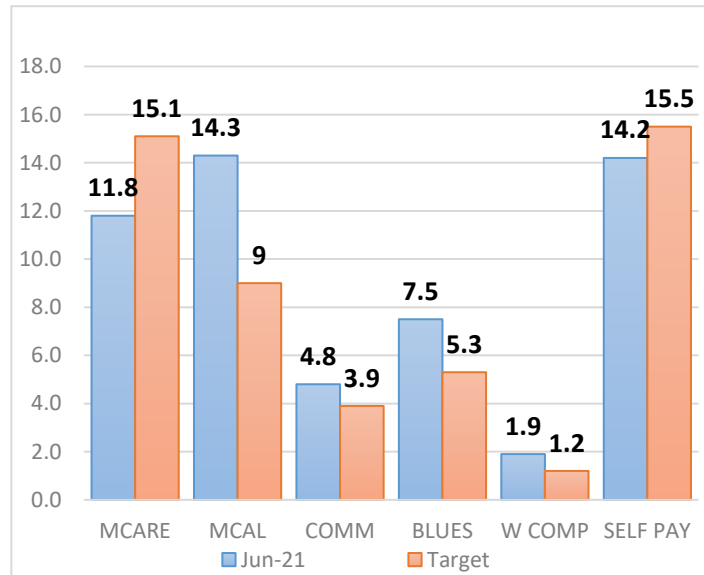
I. AR Days

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target	Distance From Goal
Unbilled	6.3	4.4	6.5	6.2	6.8	5.5	5.0	0.5
Third Party	40.1	37.7	41.4	39.7	33.5	34.9	29.5	5.4
Self Pay	21.1	19.0	16.8	16.7	16.6	14.2	15.5	-1.3
Total AR Days	67.5	61.1	64.7	62.6	56.9	54.6	50.0	4.6



Summary

- As of July 2021, the total AR days are 4.6 days above the target 50 days in AR
- Unbilled (DNFB & In House) is 5.5 days or \$349K above the target 5 days in AR.
- Third-party AR days increased by 1.4 or \$89K, closing at 34.9 days. This is 5.4 days or \$342K over goal.
- Self-Pay is 1.3 days or \$82K below the target of 15.5 days in AR. Self-pay revenue decreased \$10K, closing at \$127K.



Summary

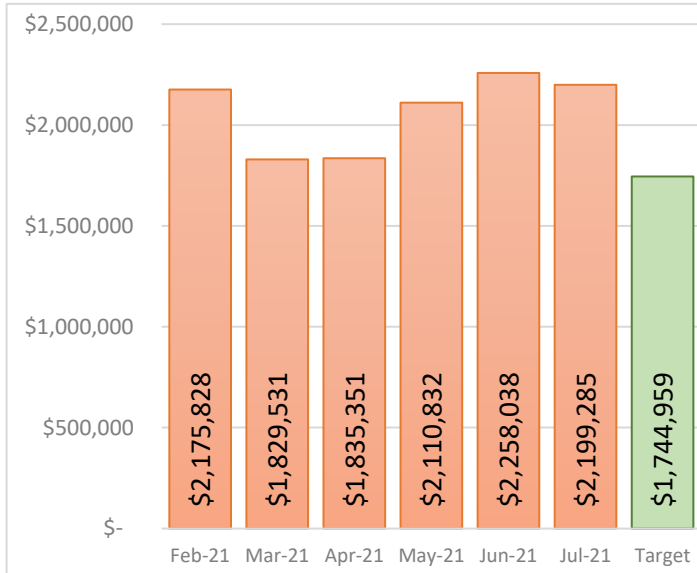
To meet the target 50 days in AR, the financial classes in need of improvement are:

- Medicare is 3.3 days or \$209K over goal.
- Medi-Cal needs to be reduced by 5.3 days or \$336K. There are 20 high dollar accounts for \$665K, or nearly 10% of the overall AR; 6 are in process as of 08/09/21, and 1 was billed to Medi-Cal on 07/19/21; 13 are LTC's- 1 the TAR was requested on 07/19/21, 2 are in process with PHP, 10 are set to pay \$126,508 on 08/09/2021.
- Commercial needs a reduction of 0.9 days or \$57K. 16 accounts are over \$5K for \$125K or 4% of the AR. 12 have been billed as of 07/28/2021 and 4 are in process with the insurance.
- Blues is 2.2 days away from the target of 5.3 for \$140K below goal. In July, Seneca received \$76,518 (1.2 days in AR) in credit card payments from Blue Cross. Seneca did not process the credit card payments because of CPSI's credit card processing limitations and to avoid transaction fees. Checks were requested to replace the card payments; we expect the checks to be received in August.

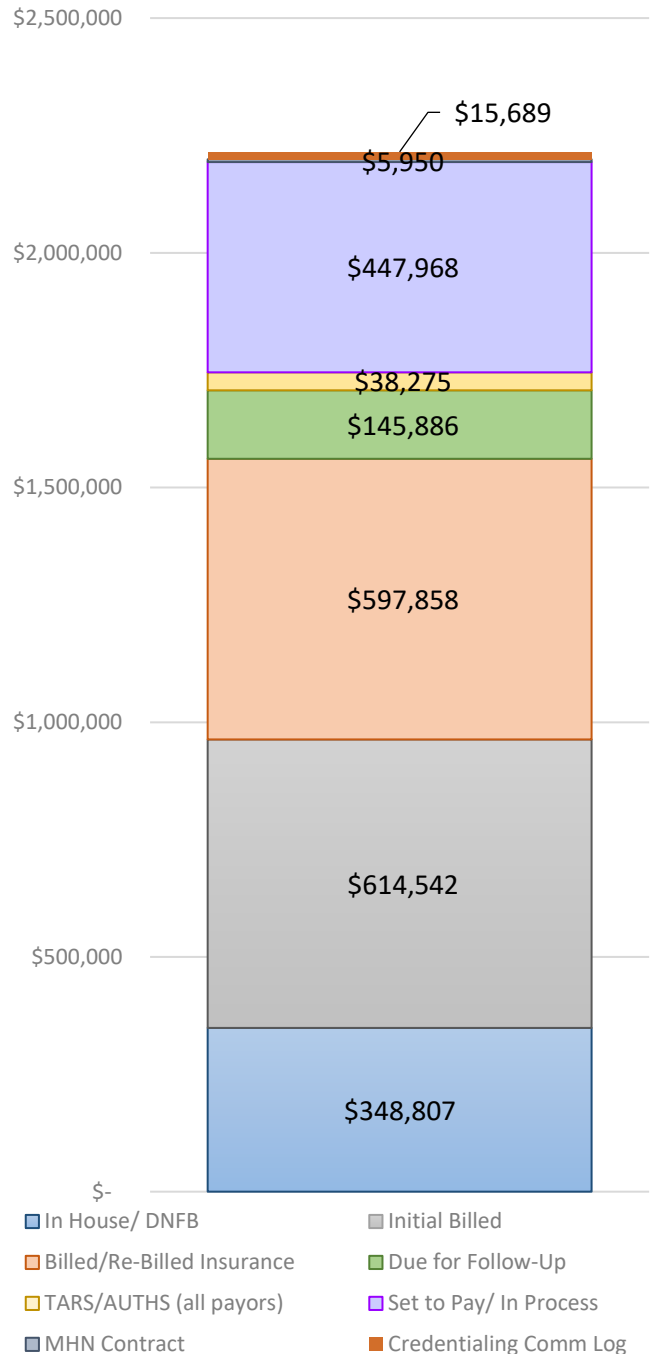
***Detail around these metrics are broken down in the following pages**

II. Third Party Aged 0-90 Days

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target	Distance From Goal
Aging < 90 Days %	78.0%	76.0%	79.6%	79.6%	83.3%	85.8%	87.0%	-1.2%
Dollars Aged < 90 Days	\$ 2,175,828	\$ 1,829,531	\$ 1,835,351	\$ 2,110,832	\$ 2,258,038	\$ 2,199,285	\$ 1,744,959	\$ 454,326



Aged Under 90 Days Status



Summary

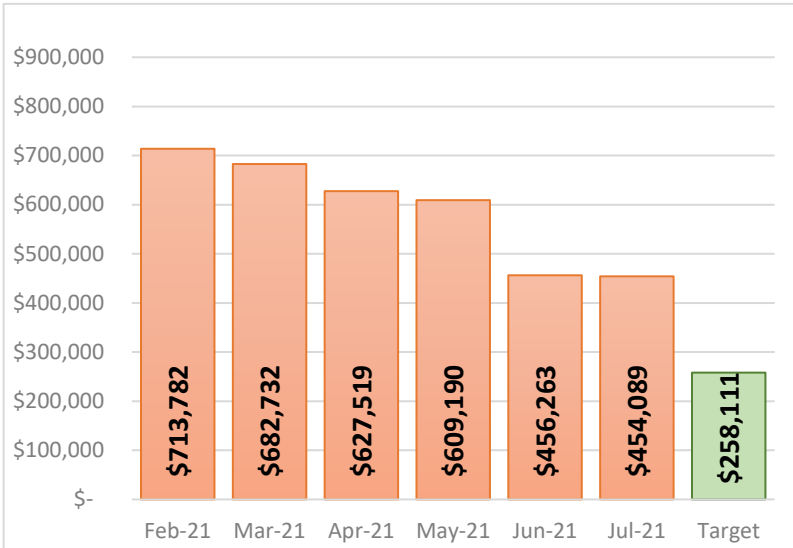
When calculating where the metrics should be to hit our target 50 days in AR and 13% aged over 90 days, I found the following:

Based on the 13-month average daily revenue of \$58K, the total third party AR days under 90 should be at or below \$1.7M.

The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 85.8%, or under goal by 1.2%. The dollars aged < 90 days are \$454K over target.

III. Third Party Aged 90+ Days

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Target	Distance From Goal
Aging > 90 Days %	28.7%	23.4%	24.6%	21.5%	16.8%	16.1%	13.0%	3.1%
Dollars Aged > 90 Days	\$ 713,782	\$ 682,732	\$ 627,519	\$ 609,190	\$ 456,263	\$ 454,089	\$ 258,111	\$ 195,978



Summary

At July month end, the third party aged over 90 days decreased by 0.5%; closing at 16.1%. Third Party aged over 90 days is \$215K above the \$258K that would achieve the target 13%. The graph to the right illustrates the obstacles contributing to the aging.

1. Medicare aged over 90 decreased by \$3K or 0.4%, closing at 4.6% or \$35K. There is 1 account over \$5K for \$7K or 4% of the aging. The account was appealed on 06/28/21 and is still in process on 07/29/21.

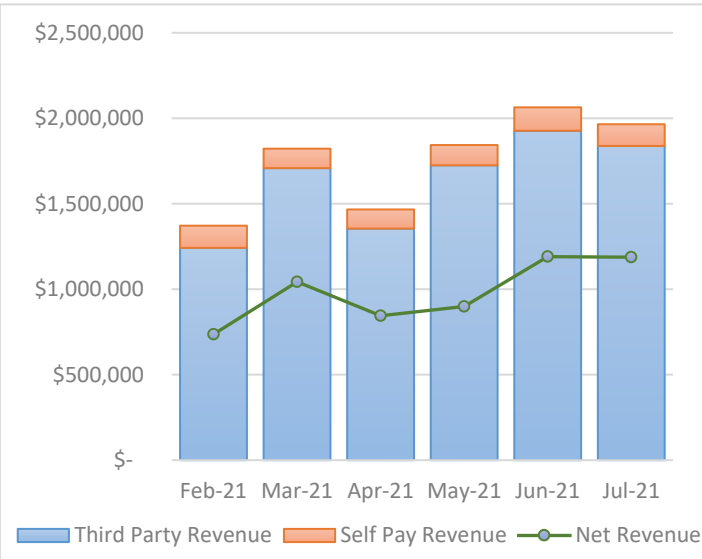
2. Medi-Cal aged over 90 days decreased by \$7K or 4.2%, closing at 20.4% or \$210K. There are 4 accounts over \$5K for \$48K or 23% of the aging. 2 claims are in process with Medi-Cal, and 2 claims were billed to Medi-Cal on 07/28/2021.

3. Commercial aged over 90 increased by \$9K, concluding at 20.7% or \$74K, of which \$20K is VA. There are 3 VA accounts in appealed status and 8 others in process. VA has acknowledged that they are running several months behind in processing claims. Outside of the VA, there are 11 accounts over \$1K for \$38K.

4. Blues aged over 90 increased by \$5K, ending 18.2%. There are 2 high dollar accounts that make up \$42K of the \$101K; 1 was appealed with the new rate letter on 07/12/2021 and 1 is in process as of 07/12/21.

IV. Revenue

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
Third Party Revenue	\$ 1,241,865	\$ 1,708,329	\$ 1,354,668	\$ 1,724,785	\$ 1,926,913	\$ 1,837,969	\$ 1,602,404
Self Pay Revenue	\$ 129,814	\$ 113,730	\$ 111,844	\$ 118,408	\$ 136,845	\$ 127,071	\$ 105,166
Total Revenue	\$ 1,371,679	\$ 1,822,059	\$ 1,466,512	\$ 1,806,309	\$ 2,063,758	\$ 1,965,040	\$ 1,706,570
Average Daily Revenue	\$ 50,945	\$ 51,166	\$ 51,781	\$ 55,561	\$ 62,783	\$ 63,425	\$ 55,970
Net Revenue	\$ 736,105	\$ 1,042,961	\$ 845,444	\$ 899,865	\$ 1,190,460	\$ 1,186,789	\$ 956,017



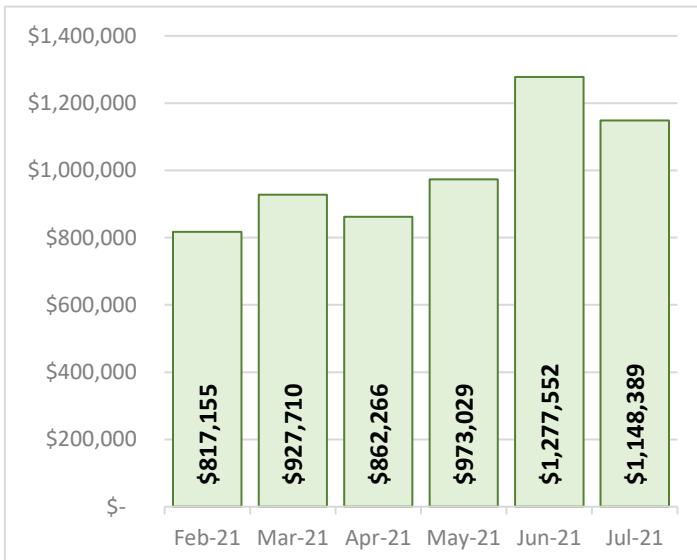
Summary

July's overall revenue decreased \$98K compared to June's, closing at \$2M. This is \$156K less than July 2020 and \$155K above the 13-month average. The average daily revenue increased \$1K, ending at \$63K.

The Medicare financial class increased \$193K, concluding at \$1M; Medi-Cal decreased \$267K, ending at \$243K; Commercial increased by \$24K, closing at \$277K; Blues decreased by \$18K, finishing at \$256K; Work Comp decreased by \$21K, closing at \$15K, and Self-pay decreased \$10K, concluding at \$127K.

V. Cash Collections

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
Cash Collections	\$ 817,155	\$ 927,710	\$ 862,266	\$ 973,029	\$ 1,277,552	\$ 1,148,389	\$ 1,020,992
Collection %	66.0%	56.0%	54.0%	61.0%	60.0%	58.0%	54%
% of Net Revenue	111%	89%	102%	105%	135%	97%	104%



Summary

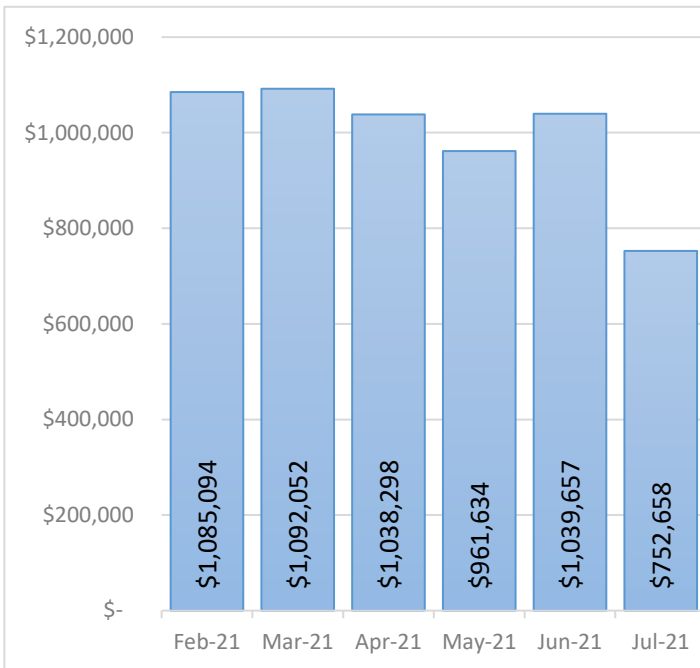
Cash collections for July were \$1.1M. Cash collections for August are projected to hit \$1.1M.

Medicare's cash collections decreased \$175K, closing at \$454K; Medi-Cal increased \$103K, concluding at \$322K; Commercial rose by \$52K, ending at \$138K; concluding at \$143K, Blues decreased by \$97K, closing at \$143K; Work Comp decreased \$11K, ending at \$10K, and Self-Pay cash collections decreased \$3K, ending at \$74K.

The Blues cash decreased, however, Seneca received \$76,518 in credit card payments in July that were not processed/posted because of CPSI's credit card processing limitations and to avoid transaction fees. Replacement checks have been requested, we expect to receive them in August. Medi-Cal LTC claims were successfully submitted electronically through Quadax in July and 10 are set to pay \$126,508 on 08/09/2021.

VI. Self Pay

	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Self Pay	\$ 1,085,094	\$ 1,092,052	\$ 1,038,298	\$ 961,634	\$ 1,039,657	\$ 752,658

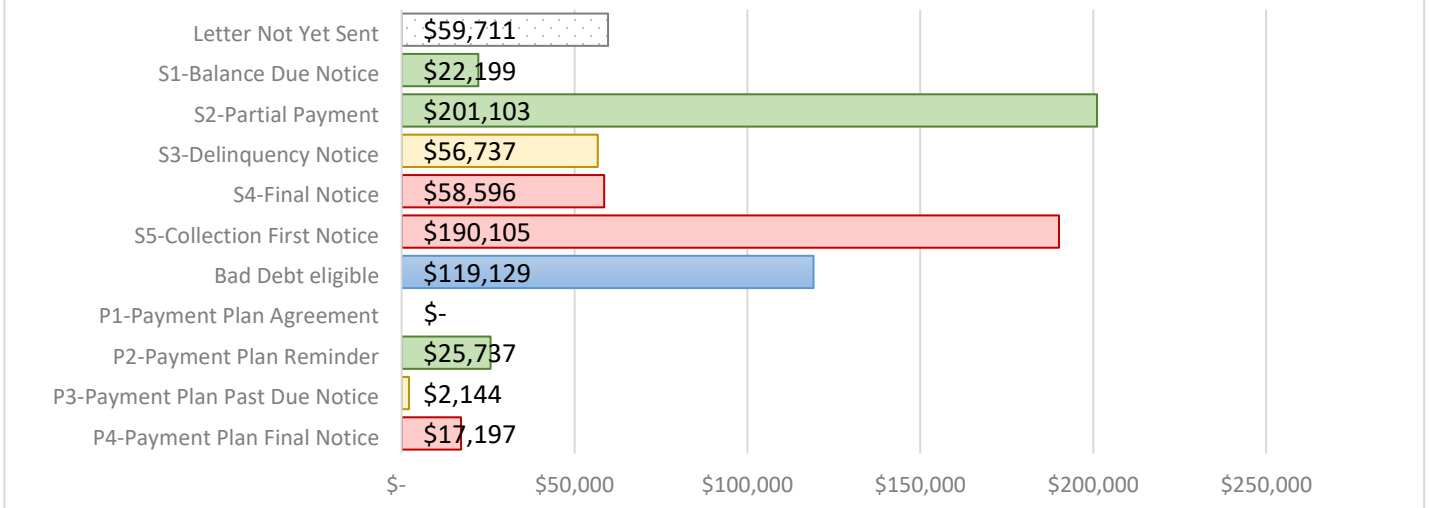


Summary

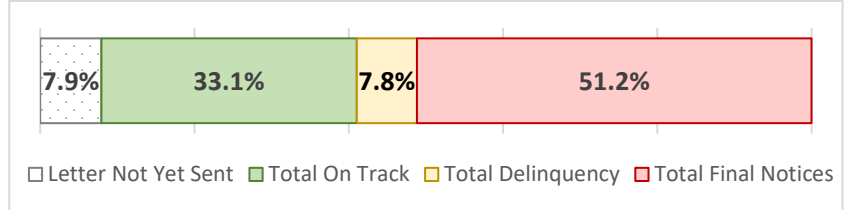
Self-Pay AR decreased July, closing at 14.2 days; this is 1.3 days below the target 15.5 days in AR.

- To be eligible for bad debt, a second final notice is sent (S5). Currently, there is \$119K that are eligible for bad debt, outside of the collection first notice of \$190K (S5).
- The self-pay inventory has \$45K set up on a payment plan.
- There was \$119K eligible for bad debt in July; of which \$47K was sent to collections.

Current Statement Status



Letter Not Yet Sent	\$	59,711
Total Final Notices	\$	385,027
Total Delinquency	\$	58,881
Total On Track	\$	249,039
Total	\$	752,658



Seneca Healthcare District MONTH END FINANCE REPORT



July 2021

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FINANCE DASHBOARD

		Target	February-21	March-21	April-21	May-21	June-21	July-21
Revenue Cycle Performance	REVENUE							
	Net Revenue		\$845,444	\$899,865	\$923,422	\$944,962	\$1,190,460	\$1,186,789
	Gross Revenue		\$1,466,512	\$1,635,223	\$1,843,193	\$1,806,309	\$2,063,758	\$1,965,040
	CASH							
	Cash Collections as a % of Net Revenue	100%	89%	102%	85%	105%	135%	96%
	Cash Collections		\$927,710	\$862,266	\$761,933	\$973,124	\$1,277,552	\$1,148,389
	ACCOUNTS RECEIVABLE							
	Net AR		\$2,098,328	\$1,863,903	\$1,842,327	\$1,936,484	\$2,061,477	\$2,095,961
	Gross AR		\$3,499,034	\$3,342,850	\$3,593,023	\$3,599,708	\$3,570,234	\$3,459,703
	Unbilled	5	6.3	4.4	6.5	6.2	6.8	5.5
Third Party	30	40.1	37.7	41.4	39.7	33.5	34.9	
Self Pay	15	21.1	19.0	16.8	16.7	16.6	14.2	
Total Days in AR	50	67.6	61.1	64.7	62.7	56.9	54.5	
Days in AR - Credit Balances	< 1	4.66	4.80	4.75	4.91	4.38	6.03	
UNBILLED								
In-house	< 2 Days	0.4	0.9	2.3	1.1	1.4	2.4	
DNFB	< 1 Day	2.6	2.0	1.6	5.1	5.4	3.1	
Total Unbilled	<3 Days	6.3	4.4	6.5	6.2	6.8	5.5	

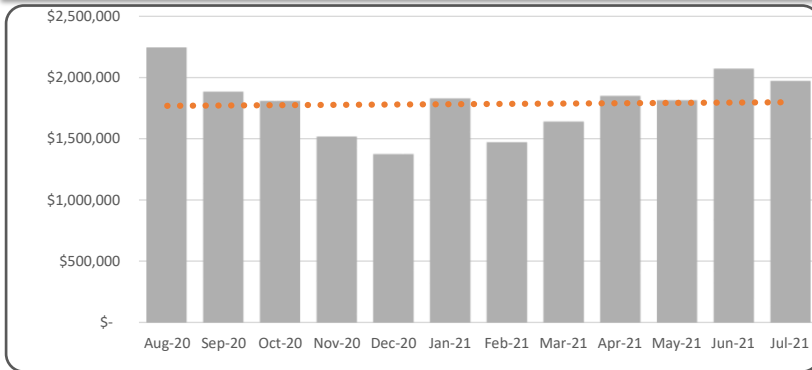
		Target	February-21	March-21	April-21	May-21	June-21	July-21
Third Party	AGING (excluding credits)							
	Medicare Aging > 90 Days	10%	14.0% \$ 101,395	7.4% \$ 53,674	7.7% \$ 73,013	5.4% \$ 48,879	4.2% \$ 38,140	4.6% \$ 34,969
	Medi-Cal Aging > 90 Days	13%	24.5% \$ 220,606	24.5% \$ 205,261	26.4% \$ 264,409	31.6% \$ 322,154	24.6% \$ 217,244	20.4% \$ 209,874
	Commercial Aging > 90 Days	17%	57.2% \$ 140,904	57.6% \$ 124,382	56.6% \$ 106,476	34.2% \$ 80,660	20.8% \$ 65,555	20.7% \$ 74,166
	Blues Aging > 90 Days	16%	22.5% \$ 135,692	20.4% \$ 128,659	23.3% \$ 143,812	32.8% \$ 177,679	19.9% \$ 96,337	18.2% \$ 101,130
	Work Comp Aging > 90 Days	26%	37.3% \$ 28,924	28.6% \$ 19,331	27.1% \$ 21,480	23.6% \$ 27,251	26.4% \$ 33,593	27.3% \$ 33,950
	Total Third Party Aging > 90 Days	13%	24.6% \$ 627,519	21.5% \$ 531,308	21.5% \$ 609,190	23.3% \$ 656,623	16.6% \$ 450,869	16.1% \$ 454,089
	CLAIM SUBMISSION EFFICIENCY							
	Claims Submission		1,109 \$ 1,685,726	1,867 \$ 1,820,939	1,716 \$ 2,028,225	1,695 \$ 1,841,038	2,171 \$ 2,271,676	2,080 \$ 2,711,044
	Clean Claims	85%	91%	74%	85%	95%	94%	92%
Denial Percent	5%	7%	11%	6%	9%	8%	3%	
Total Denial Rate	Count Amt	129 \$ 128,370	170 \$ 181,802	117 \$ 112,813	182 \$ 184,108	199 \$ 151,218	131 \$ 60,013	
Communication Log Backlog		79 \$ 65,698	69 \$ 91,913	149 \$ 151,388	193 \$ 56,137	219 \$ 152,061	96 \$ 99,294	

		Target	February-21	March-21	April-21	May-21	June-21	July-21
Self Pay	INVENTORY & QUALITY							
	Total Inventory		3,521 \$ 1,092,052	3,435 \$ 1,038,298	3,353 \$ 930,769	3,451 \$ 961,634	3,482 \$ 1,039,657	3,523 \$ 898,132
	New		1,124 \$ 89,670	476 \$ 214,828	440 \$ 194,449	374 \$ 178,189	578 \$ 178,650	515 \$ 191,504
	Resolved		1,341 \$ 12,581	470 \$ 169,962	422 \$ 147,392	412 \$ 154,088	475 \$ 187,035	412 \$ 83,647
	Aged >120 days from Assignment	< 25%	72.4% \$ 790,700	67.2% \$ 698,022	66.0% \$ 614,587	61.8% \$ 594,574	49.3% \$ 512,362	55.1% \$ 495,201
	Total Payment Plans over 120 days		\$30,849	\$34,247	\$22,478	\$14,752	\$21,088	\$16,307
	Average Speed to Answer	< 60 seconds	0	0	0	0	0	0
	STATEMENTS & LETTERS							
	Statements & Letters		700	324	681	490	580	566
	Inbound and Outbound Calls	In Out	89 174	92 285	77 165	79 249	78 259	65 218
WRITE OFFS								
Bad Debt as a % of Gross Revenue	< 2%	2.3% \$ 33,573	5.6% \$ 90,927	4.3% \$ 79,383	0.0% \$ -	4.7% \$ 97,716	2.4% \$ 46,893	
Charity as a % of Gross Revenue	< 2%	0.1% \$ 1,135	0.1% \$ 1,355	0.0% \$ -	0.6% \$ 11,646	0.1% \$ 1,096	0.0% \$ -	

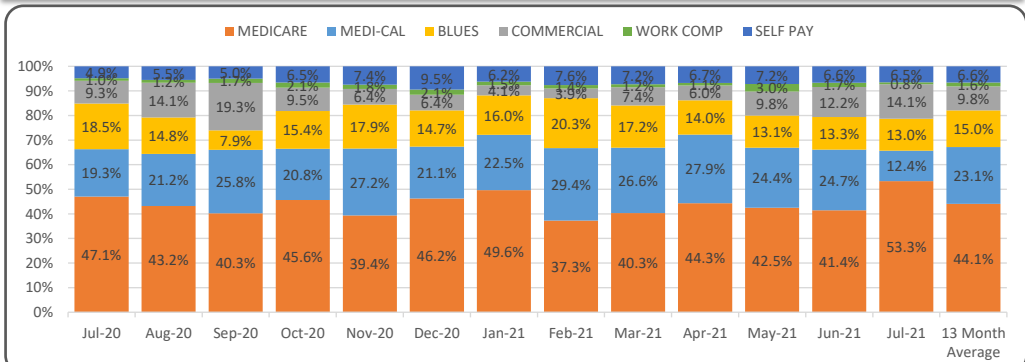
GROSS REVENUE

PAYER	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	\$ 998,143	\$ 966,065	\$ 756,163	\$ 821,766	\$ 596,378	\$ 634,323	\$ 903,963	\$ 547,212	\$ 658,750	\$ 817,267	\$ 767,875	\$ 854,806	\$ 1,047,746	\$ 797,727
MEDI-CAL	\$ 409,440	\$ 474,332	\$ 484,887	\$ 375,409	\$ 411,138	\$ 289,406	\$ 410,030	\$ 431,241	\$ 434,830	\$ 513,541	\$ 440,969	\$ 510,177	\$ 242,705	\$ 417,547
COMMERCIAL	\$ 196,916	\$ 316,043	\$ 362,360	\$ 171,261	\$ 96,297	\$ 87,571	\$ 75,162	\$ 57,921	\$ 120,876	\$ 110,153	\$ 176,732	\$ 252,469	\$ 276,559	\$ 176,948
BLUES	\$ 392,287	\$ 330,615	\$ 148,309	\$ 277,658	\$ 270,942	\$ 201,805	\$ 292,303	\$ 297,804	\$ 282,003	\$ 258,074	\$ 236,253	\$ 273,491	\$ 255,898	\$ 270,572
WORK COMP	\$ 21,494	\$ 25,990	\$ 32,322	\$ 37,842	\$ 26,692	\$ 28,760	\$ 26,871	\$ 20,490	\$ 20,355	\$ 19,900	\$ 53,987	\$ 35,969	\$ 15,061	\$ 28,133
SELF PAY	\$ 103,110	\$ 122,895	\$ 93,871	\$ 117,861	\$ 112,051	\$ 129,814	\$ 113,730	\$ 111,844	\$ 118,408	\$ 124,258	\$ 130,494	\$ 136,845	\$ 127,071	\$ 118,635
TOTAL	\$ 2,121,390	\$ 2,235,940	\$ 1,877,911	\$ 1,801,797	\$ 1,513,496	\$ 1,371,679	\$ 1,822,059	\$ 1,466,512	\$ 1,635,223	\$ 1,843,193	\$ 1,806,309	\$ 2,063,758	\$ 1,965,040	\$ 1,809,562
AVERAGE DAILY REVENUE	\$ 56,712	\$ 66,944	\$ 67,774	\$ 64,301	\$ 57,068	\$ 50,945	\$ 51,166	\$ 51,781	\$ 54,709	\$ 55,561	\$ 57,443	\$ 62,783	\$ 63,425	\$ 58,509

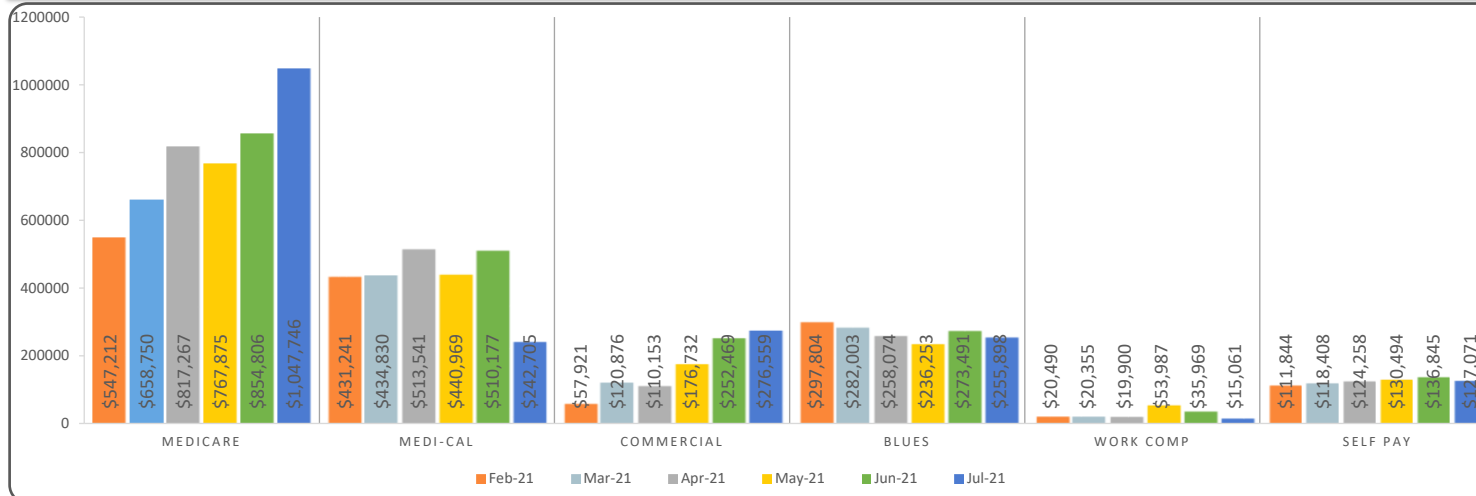
Gross Revenue



Payer Mix



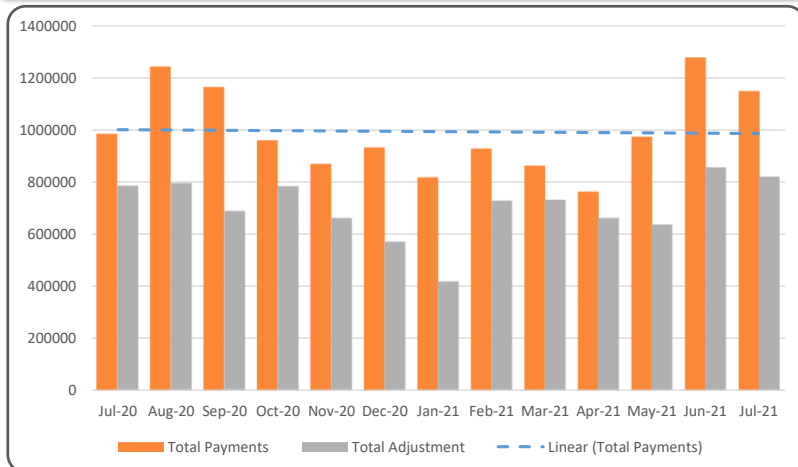
Revenue Trending By Payer



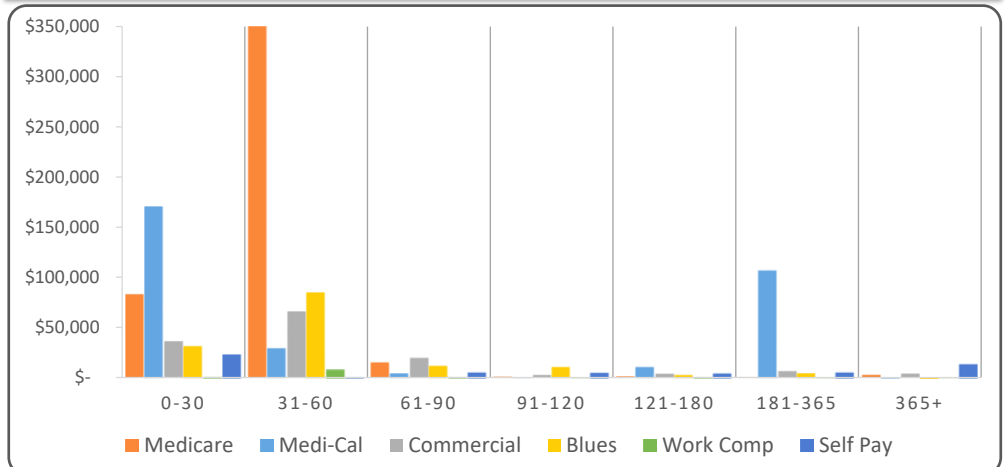
CASH DETAIL

PAYER	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE														
Payments	\$ 359,747	\$ 415,435	\$ 493,823	\$ 307,420	\$ 260,917	\$ 326,556	\$ 368,904	\$ 493,674	\$ 238,389	\$ 272,238	\$ 425,104	\$ 628,471	\$ 453,518	\$ 388,015
Adjustments	\$ 460,340	\$ 430,674	\$ 347,591	\$ 332,142	\$ 298,785	\$ 244,068	\$ 110,409	\$ 457,375	\$ 316,076	\$ 260,763	\$ 276,358	\$ 507,686	\$ 379,733	\$ 340,154
Collection %	44%	49%	59%	48%	47%	57%	77%	52%	43%	51%	61%	55%	54%	54%
MEDI-CAL														
Payments	\$ 261,580	\$ 318,161	\$ 203,624	\$ 163,883	\$ 178,689	\$ 197,600	\$ 96,480	\$ 157,310	\$ 208,843	\$ 130,119	\$ 139,124	\$ 219,410	\$ 322,368	\$ 199,784
Adjustments	\$ 198,094	\$ 183,020	\$ 156,916	\$ 231,635	\$ 180,797	\$ 189,121	\$ 163,417	\$ 135,385	\$ 205,690	\$ 215,698	\$ 236,704	\$ 283,612	\$ 260,500	\$ 203,122
Collection %	57%	63%	56%	41%	50%	51%	37%	54%	50%	38%	37%	44%	55%	49%
COMMERCIAL														
Payments	\$ 90,891	\$ 148,954	\$ 158,056	\$ 131,583	\$ 90,371	\$ 83,054	\$ 87,083	\$ 64,957	\$ 93,177	\$ 58,420	\$ 62,336	\$ 87,128	\$ 138,325	\$ 99,564
Adjustments	\$ 21,049	\$ 46,017	\$ 57,270	\$ 38,194	\$ 50,417	\$ 11,702	\$ 31,076	\$ 25,934	\$ 37,557	\$ 24,616	\$ 26,755	\$ 29,498	\$ 61,060	\$ 35,473
Collection %	81%	76%	73%	78%	64%	88%	74%	71%	71%	70%	70%	75%	69%	74%
BLUES														
Payments	\$ 170,358	\$ 272,550	\$ 239,959	\$ 272,651	\$ 230,595	\$ 211,299	\$ 162,731	\$ 150,273	\$ 223,103	\$ 181,388	\$ 252,927	\$ 240,751	\$ 143,446	\$ 211,695
Adjustments	\$ 64,140	\$ 105,710	\$ 91,710	\$ 115,105	\$ 81,252	\$ 94,846	\$ 74,795	\$ 61,613	\$ 70,576	\$ 81,174	\$ 78,461	\$ (106,285)	\$ 64,461	\$ 67,120
Collection %	73%	72%	72%	70%	74%	69%	69%	71%	76%	70%	76%	179%	69%	80%
WORK COMP														
Payments	\$ 19,347	\$ 15,295	\$ 15,206	\$ 5,924	\$ 20,780	\$ 33,205	\$ 13,450	\$ 15,026	\$ 13,776	\$ 6,416	\$ 12,065	\$ 21,242	\$ 10,399	\$ 15,548
Adjustments	\$ 13,371	\$ 11,578	\$ 7,751	\$ 5,671	\$ 8,827	\$ 5,752	\$ 10,431	\$ 11,022	\$ 7,891	\$ 4,317	\$ 5,289	\$ 11,344	\$ 6,037	\$ 8,406
Collection %	59%	57%	66%	51%	70%	85%	56%	58%	64%	60%	70%	65%	63%	63%
SELF PAY														
Payments	\$ 76,935	\$ 63,286	\$ 50,587	\$ 74,784	\$ 85,400	\$ 75,312	\$ 84,894	\$ 43,641	\$ 78,027	\$ 105,596	\$ 77,245	\$ 77,529	\$ 74,255	\$ 74,422
Bad Debt Recoveries	\$ 5,525	\$ 8,691	\$ 2,948	\$ 3,212	\$ 2,558	\$ 4,721	\$ 3,612	\$ 2,829	\$ 6,949	\$ 7,757	\$ 4,323	\$ 3,021	\$ 6,079	\$ 4,787
Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28,281	\$ -	\$ 2,175
Charity Care	\$ (8)	\$ 489	\$ (5)	\$ 6,839	\$ 875	\$ 3,284	\$ 6,767	\$ 1,135	\$ 1,355	\$ -	\$ 11,646	\$ 1,096	\$ -	\$ 2,575
Bad Debt	\$ 26,799	\$ 16,080	\$ 26,135	\$ 52,787	\$ 39,020	\$ 21,567	\$ 21,720	\$ 33,573	\$ 90,927	\$ 79,383	\$ -	\$ 97,716	\$ 46,893	\$ 42,508
Total SP Adjustments	\$ 26,791	\$ 16,569	\$ 26,130	\$ 59,626	\$ 39,895	\$ 24,851	\$ 28,487	\$ 34,709	\$ 92,282	\$ 79,383	\$ 11,646	\$ 127,093	\$ 46,893	\$ 47,258
Collection %	74%	79%	66%	56%	68%	75%	75%	56%	46%	57%	87%	38%	61%	64%
TOTAL														
Total Payments	\$ 984,383	\$ 1,242,371	\$ 1,164,203	\$ 959,456	\$ 869,311	\$ 931,746	\$ 817,155	\$ 927,710	\$ 862,266	\$ 761,933	\$ 973,124	\$ 1,277,552	\$ 1,148,389	\$ 993,815
Total Adjustment	\$ 783,784	\$ 793,567	\$ 687,368	\$ 782,372	\$ 659,972	\$ 570,339	\$ 418,614	\$ 726,038	\$ 730,072	\$ 660,951	\$ 635,212	\$ 852,947	\$ 818,685	\$ 654,275
Total Collection %	56%	61%	63%	55%	57%	62%	66%	56%	54%	54%	61%	60%	58%	59%

Cash & Adjustment Trending

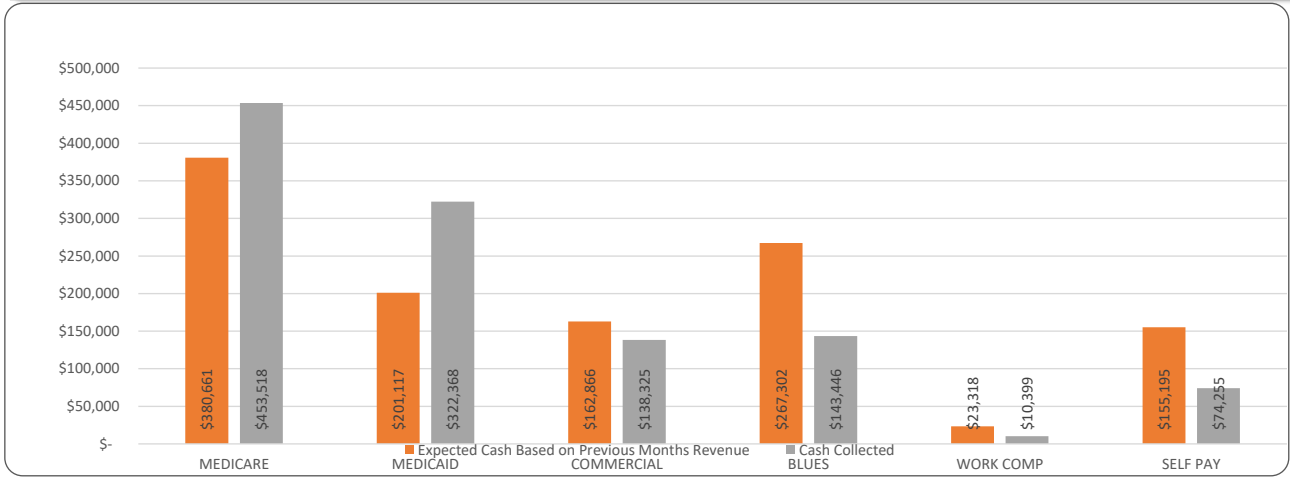


Cash Collections by Discharge Date

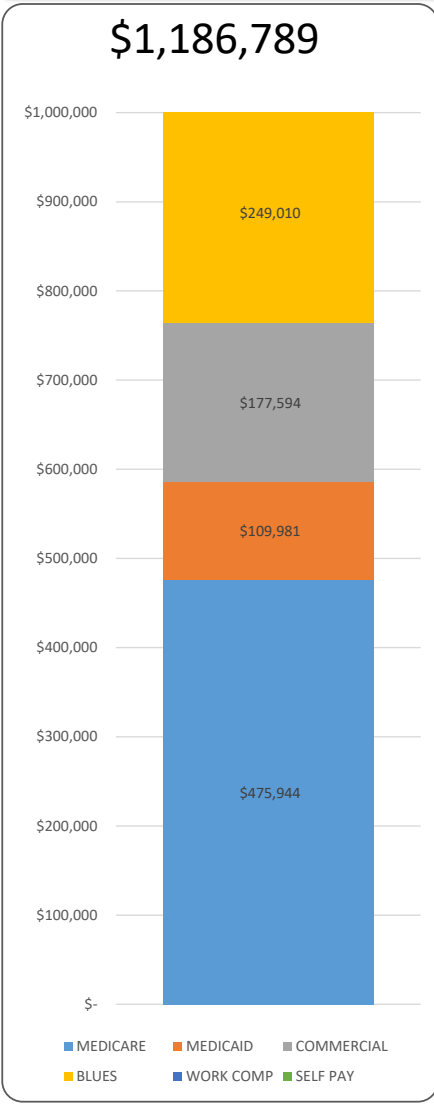


CASH FORECASTING

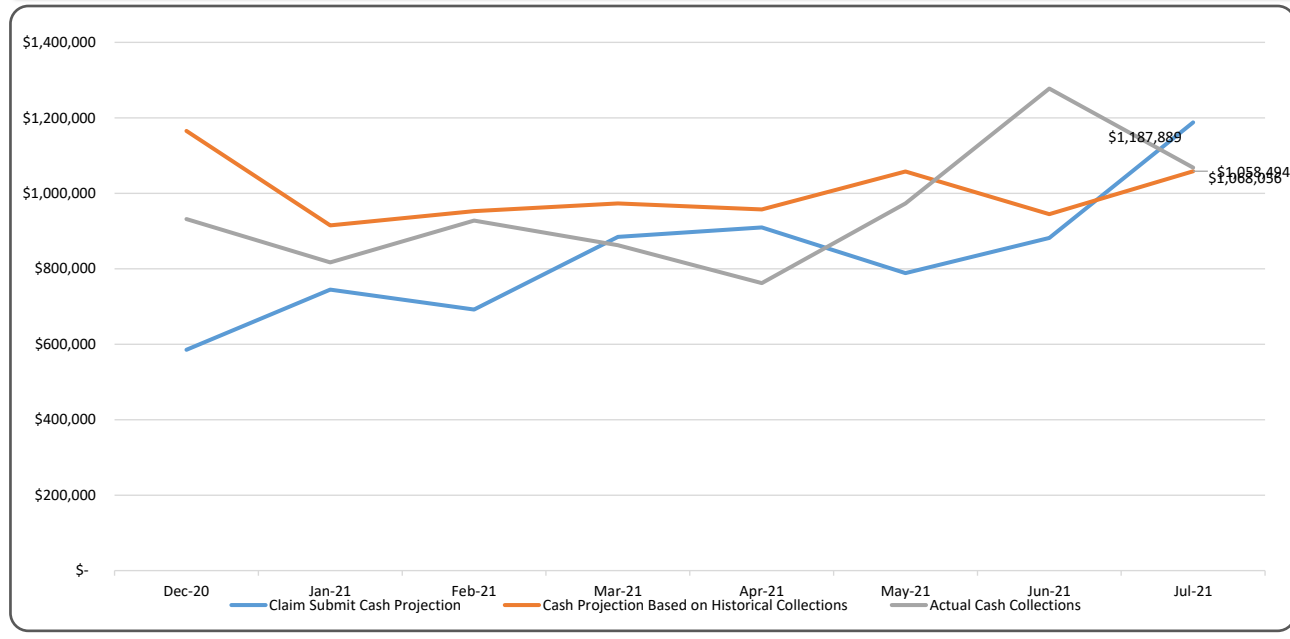
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



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



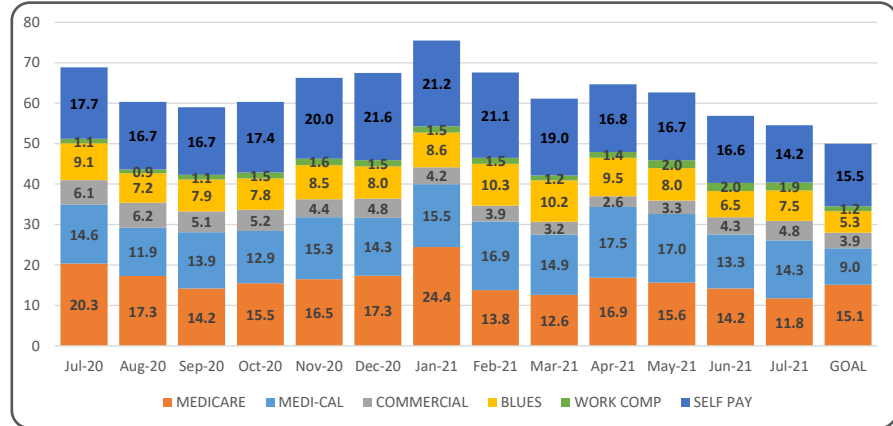
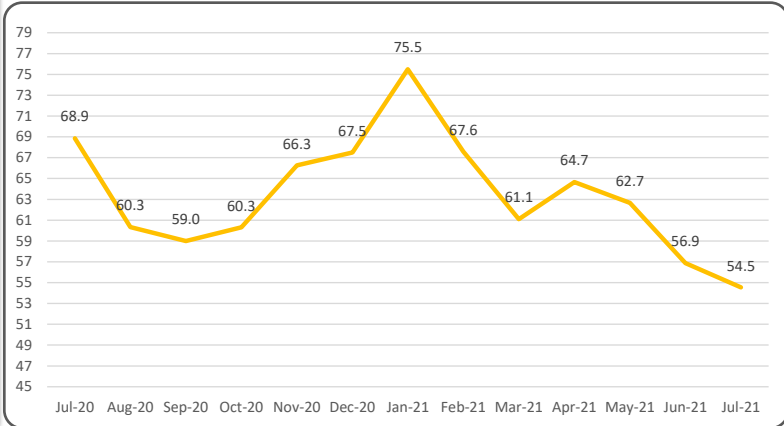
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

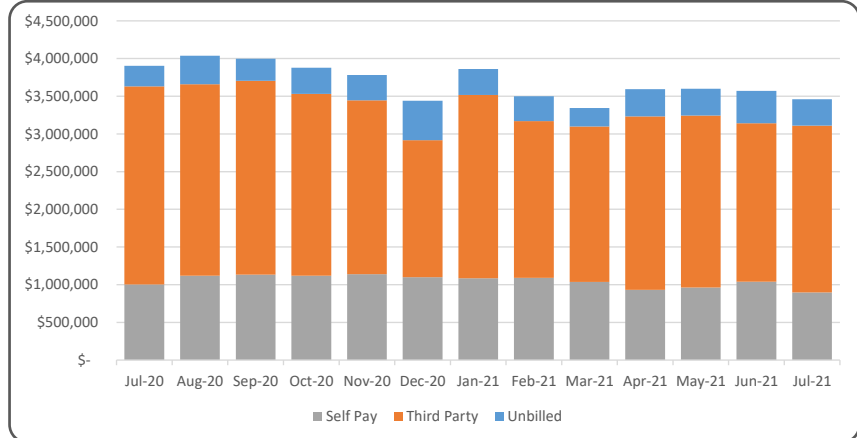
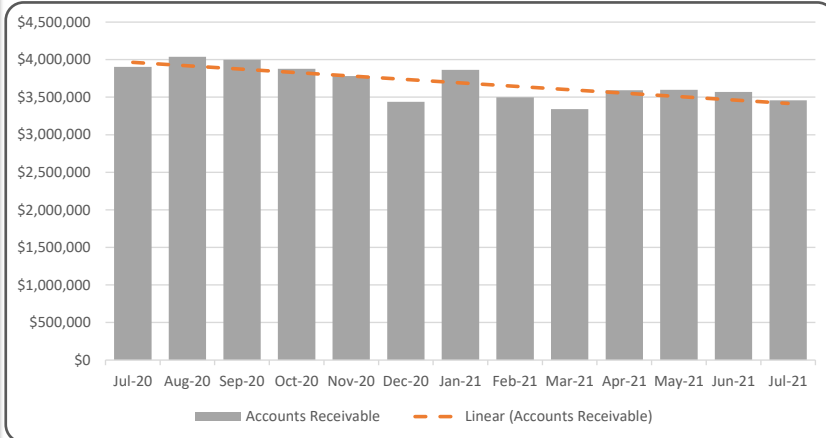
AR Days

PAYER	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	20.3	17.3	14.2	15.5	16.5	17.3	24.4	13.8	12.6	16.9	15.6	14.2	11.8	16.2
MEDI-CAL	14.6	11.9	13.9	12.9	15.3	14.3	15.5	16.9	14.9	17.5	17.0	13.3	14.3	14.8
COMMERCIAL	6.1	6.2	5.1	5.2	4.4	4.8	4.2	3.9	3.2	2.6	3.3	4.3	4.8	4.5
BLUES	9.1	7.2	7.9	7.8	8.5	8.0	8.6	10.3	10.2	9.5	8.0	6.5	7.5	8.4
WORK COMP	1.1	0.9	1.1	1.5	1.6	1.5	1.5	1.5	1.2	1.4	2.0	2.0	1.9	1.5
SELF PAY	17.7	16.7	16.7	17.4	20.0	21.6	21.2	21.1	19.0	16.8	16.7	16.6	14.2	18.1
TOTAL DAYS	68.9	60.3	59.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5	63.5



AR Balance

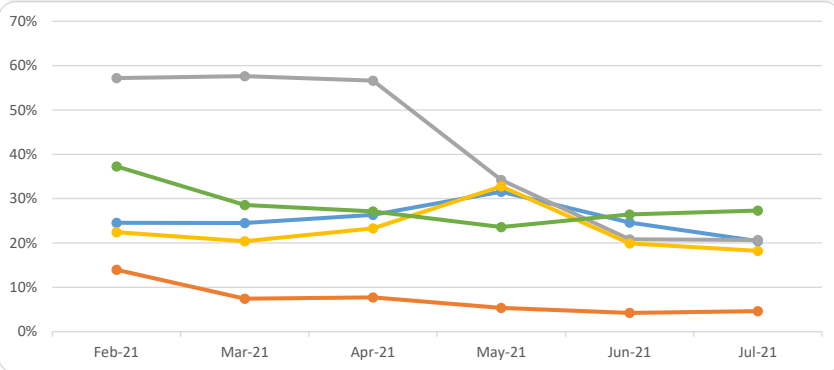
PAYER	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	\$ 1,153,895	\$ 1,156,624	\$ 962,019	\$ 994,866	\$ 941,366	\$ 883,215	\$ 1,249,428	\$ 714,694	\$ 691,674	\$ 936,231	\$ 897,372	\$ 890,950	\$ 745,508	\$ 939,834
MEDI-CAL	\$ 827,018	\$ 797,964	\$ 943,855	\$ 831,762	\$ 873,678	\$ 729,286	\$ 794,464	\$ 877,331	\$ 814,373	\$ 973,551	\$ 975,869	\$ 838,030	\$ 909,477	\$ 860,512
COMMERCIAL	\$ 343,533	\$ 417,635	\$ 346,185	\$ 336,700	\$ 253,440	\$ 242,925	\$ 214,871	\$ 204,229	\$ 173,556	\$ 144,903	\$ 192,193	\$ 269,465	\$ 306,957	\$ 265,122
BLUES	\$ 515,573	\$ 484,739	\$ 536,706	\$ 499,384	\$ 482,689	\$ 405,937	\$ 440,648	\$ 534,164	\$ 558,300	\$ 529,360	\$ 458,164	\$ 406,288	\$ 476,338	\$ 486,791
WORK COMP	\$ 63,324	\$ 62,477	\$ 76,682	\$ 94,358	\$ 89,888	\$ 78,799	\$ 78,014	\$ 76,565	\$ 66,649	\$ 78,209	\$ 114,477	\$ 125,844	\$ 123,293	\$ 86,814
SELF PAY	\$ 1,001,792	\$ 1,119,246	\$ 1,132,653	\$ 1,120,772	\$ 1,140,308	\$ 1,098,885	\$ 1,085,094	\$ 1,092,052	\$ 1,038,298	\$ 930,769	\$ 961,634	\$ 1,039,657	\$ 898,132	\$ 1,050,715
TOTAL	\$ 3,905,135	\$ 4,038,684	\$ 3,998,100	\$ 3,877,841	\$ 3,781,370	\$ 3,439,047	\$ 3,862,520	\$ 3,499,034	\$ 3,342,850	\$ 3,593,023	\$ 3,599,708	\$ 3,570,234	\$ 3,459,703	\$ 3,689,788



ACCOUNTS RECEIVABLE AGING

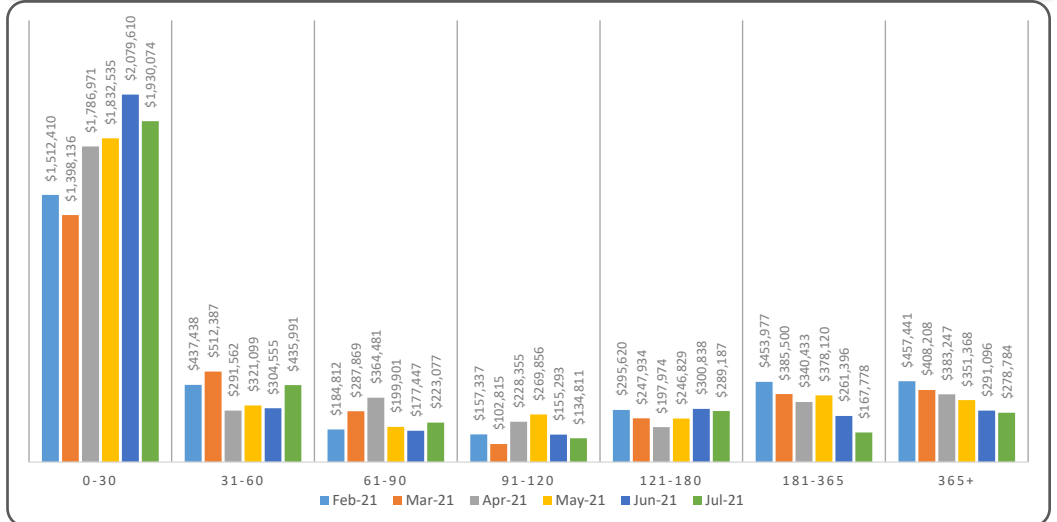
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	501	\$ 630,850	97	\$ 55,628	25	\$ 33,068	20	\$ 12,572	11	\$ 16,740	8	\$ 3,629	6	\$ 2,027	668	\$ 754,515
Credit	5	\$ (153)	2	\$ (1,743)	1	\$ (1,076)	1	\$ (314)	3	\$ (611)	3	\$ (1,177)	22	\$ (3,933)	37	\$ (9,007)
TOTAL	506	\$ 630,698	99	\$ 53,885	26	\$ 31,992	21	\$ 12,258	14	\$ 16,129	11	\$ 2,452	28	\$ (1,906)	705	\$ 745,508
MEDI-CAL																
Non-Credit	156	\$ 733,288	115	\$ 60,752	87	\$ 23,168	82	\$ 51,388	85	\$ 60,595	110	\$ 86,727	20	\$ 11,165	655	\$ 1,027,082
Credit	3	\$ (1,270)	2	\$ (5)	3	\$ (287)	4	\$ (1,283)	2	\$ (937)	45	\$ (102,302)	80	\$ (11,522)	139	\$ (117,605)
TOTAL	159	\$ 732,018	117	\$ 60,747	90	\$ 22,881	86	\$ 50,105	87	\$ 59,657	155	\$ (15,575)	100	\$ (356)	794	\$ 909,477
COMMERCIAL																
Non-Credit	138	\$ 160,270	158	\$ 89,471	35	\$ 34,862	18	\$ 15,016	14	\$ 1,699	28	\$ 25,274	35	\$ 32,178	426	\$ 358,769
Credit	3	\$ (125)	3	\$ (7,007)	0	\$ -	2	\$ (231)	1	\$ (232)	20	\$ (8,404)	102	\$ (35,814)	131	\$ (51,813)
TOTAL	141	\$ 160,145	161	\$ 82,464	35	\$ 34,862	20	\$ 14,784	15	\$ 1,467	48	\$ 16,870	137	\$ (3,636)	557	\$ 306,957
BLUES																
Non-Credit	264	\$ 278,611	147	\$ 155,893	27	\$ 19,004	22	\$ 13,724	26	\$ 46,128	31	\$ 33,575	11	\$ 7,702	528	\$ 554,639
Credit	26	\$ (745)	1	\$ (10)	5	\$ (95)	2	\$ (81)	9	\$ (463)	21	\$ (7,471)	204	\$ (69,436)	268	\$ (78,301)
TOTAL	290	\$ 277,866	148	\$ 155,883	32	\$ 18,909	24	\$ 13,643	35	\$ 45,666	52	\$ 26,103	215	\$ (61,733)	796	\$ 476,338
WORK COMP																
Non-Credit	19	\$ 21,430	21	\$ 28,853	10	\$ 40,038	3	\$ 1,422	6	\$ 17,082	9	\$ 8,057	7	\$ 7,389	75	\$ 124,269
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	4	\$ (977)	4	\$ (977)
TOTAL	19	\$ 21,430	21	\$ 28,853	10	\$ 40,038	3	\$ 1,422	6	\$ 17,082	9	\$ 8,057	11	\$ 6,412	79	\$ 123,293
SELF PAY																
Non-Credit	109	\$ 109,289	215	\$ 55,805	181	\$ 75,690	153	\$ 43,299	315	\$ 157,713	437	\$ 157,561	959	\$ 423,268	2369	\$ 1,022,625
Credit	16	\$ (1,371)	12	\$ (1,645)	20	\$ (1,294)	16	\$ (701)	38	\$ (8,526)	110	\$ (27,691)	942	\$ (83,265)	1154	\$ (124,493)
TOTAL	125	\$ 107,918	227	\$ 54,160	201	\$ 74,396	169	\$ 42,598	353	\$ 149,186	547	\$ 129,871	1901	\$ 340,004	3523	\$ 898,132
ACCOUNTS RECEIVABLE																
Non-Credit	1187	\$ 1,933,738	753	\$ 446,402	365	\$ 225,829	298	\$ 137,421	457	\$ 299,956	623	\$ 314,823	1038	\$ 483,729	4721	\$ 3,841,898
Credit	53	\$ (3,663)	20	\$ (10,410)	29	\$ (2,752)	25	\$ (2,610)	53	\$ (10,769)	199	\$ (147,045)	1354	\$ (204,945)	1733	\$ (382,195)
GRAND TOTAL	1240	\$ 1,930,074	773	\$ 435,991	394	\$ 223,077	323	\$ 134,811	510	\$ 289,187	822	\$ 167,778	2392	\$ 278,784	6454	\$ 3,459,703

Aged Over 90 Days Trending (excluding Credits)



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Medicare	14.0%	7.4%	7.7%	5.4%	4.2%	4.6%
Medi-Cal	24.5%	24.5%	26.4%	31.6%	24.6%	20.4%
Commercial	57.2%	57.6%	56.6%	34.2%	20.8%	20.7%
Blues	22.5%	20.4%	23.3%	32.8%	19.9%	18.2%
Work Comp	37.3%	28.6%	27.1%	23.6%	26.4%	27.3%

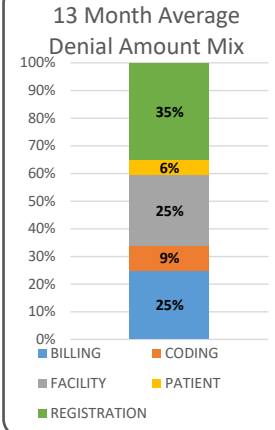
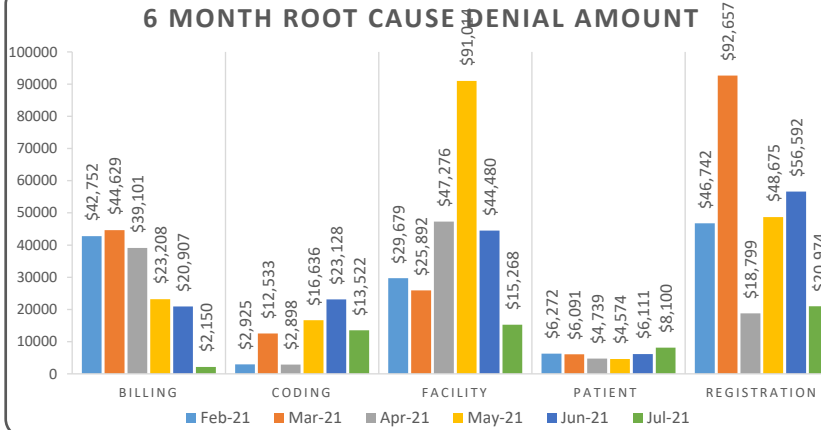
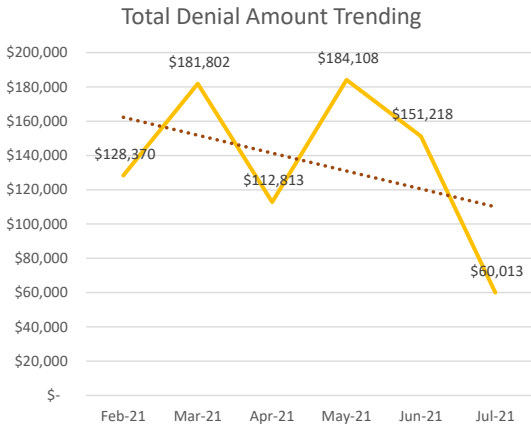
6 Month Aging



DENIAL MANAGEMENT

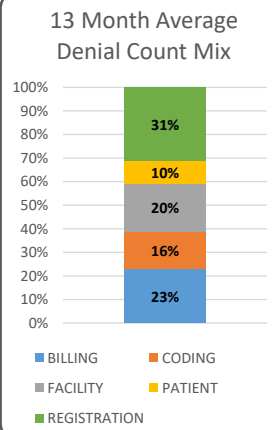
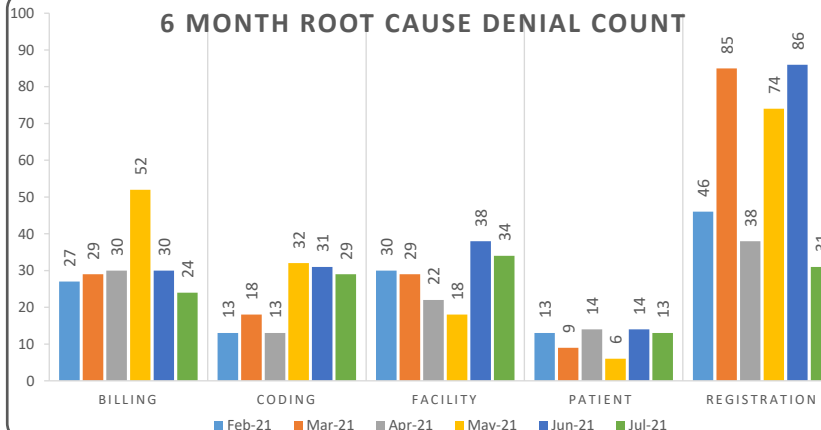
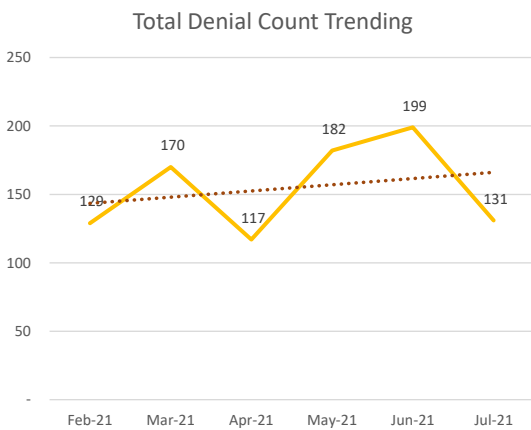
Denial Amount

AMOUNT	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
BILLING	\$ 81,113	\$ 23,497	\$ 46,447	\$ 29,775	\$ 29,513	\$ 57,751	\$ 36,487	\$ 42,752	\$ 44,629	\$ 39,101	\$ 23,208	\$ 20,907	\$ 2,150	\$ 36,718
CODING	\$ 14,591	\$ 9,287	\$ 10,394	\$ 6,458	\$ 26,197	\$ 23,106	\$ 11,076	\$ 2,925	\$ 12,533	\$ 2,898	\$ 16,636	\$ 23,128	\$ 13,522	\$ 13,289
FACILITY	\$ 14,870	\$ 99,766	\$ 20,722	\$ 35,673	\$ 18,725	\$ 25,269	\$ 18,558	\$ 29,679	\$ 25,892	\$ 47,276	\$ 91,014	\$ 44,480	\$ 15,268	\$ 37,476
PATIENT	\$ 13,949	\$ 12,526	\$ 5,517	\$ 10,740	\$ 17,083	\$ 7,720	\$ 3,987	\$ 6,272	\$ 6,091	\$ 4,739	\$ 4,574	\$ 6,111	\$ 8,100	\$ 8,262
REGISTRATION	\$ 32,150	\$ 68,017	\$ 85,265	\$ 41,872	\$ 51,131	\$ 91,369	\$ 13,240	\$ 46,742	\$ 92,657	\$ 18,799	\$ 48,675	\$ 56,592	\$ 20,974	\$ 51,345
TOTAL	\$ 156,673	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 184,108	\$ 151,218	\$ 60,013	\$ 147,090



Denial Count

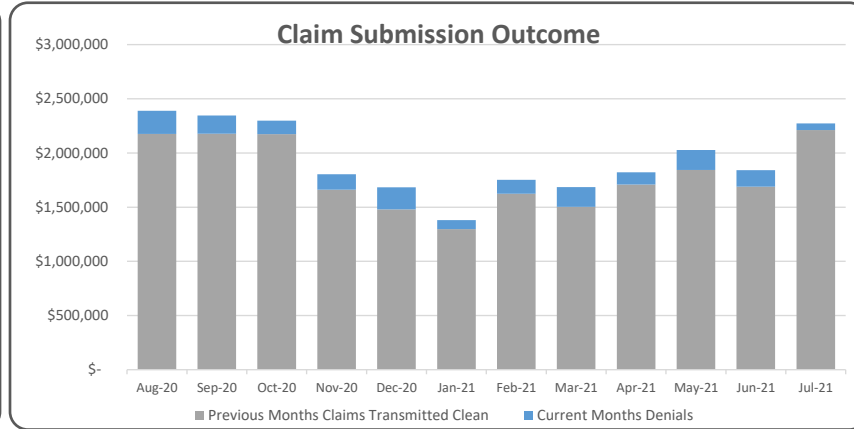
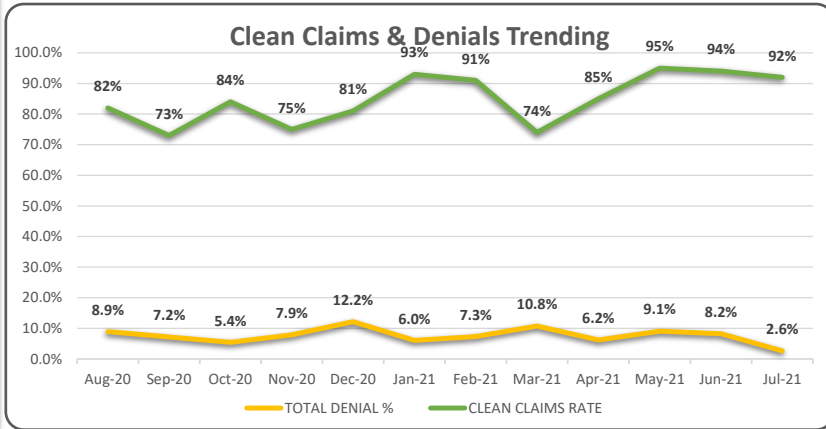
COUNT	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
BILLING	40	39	66	26	37	36	25	27	29	30	52	30	24	35
CODING	23	19	31	22	31	41	12	13	18	13	32	31	29	24
FACILITY	16	25	25	50	56	34	29	30	29	22	18	38	34	31
PATIENT	16	13	13	32	25	14	9	13	9	14	6	14	13	15
REGISTRATION	17	39	36	32	34	65	44	46	85	38	74	86	31	48
TOTAL	112	135	171	162	183	190	119	129	170	117	182	199	131	154



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

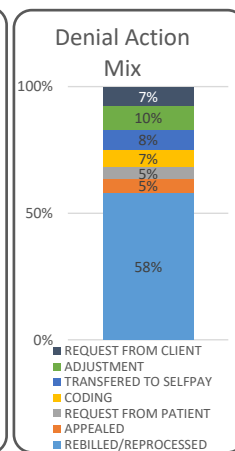
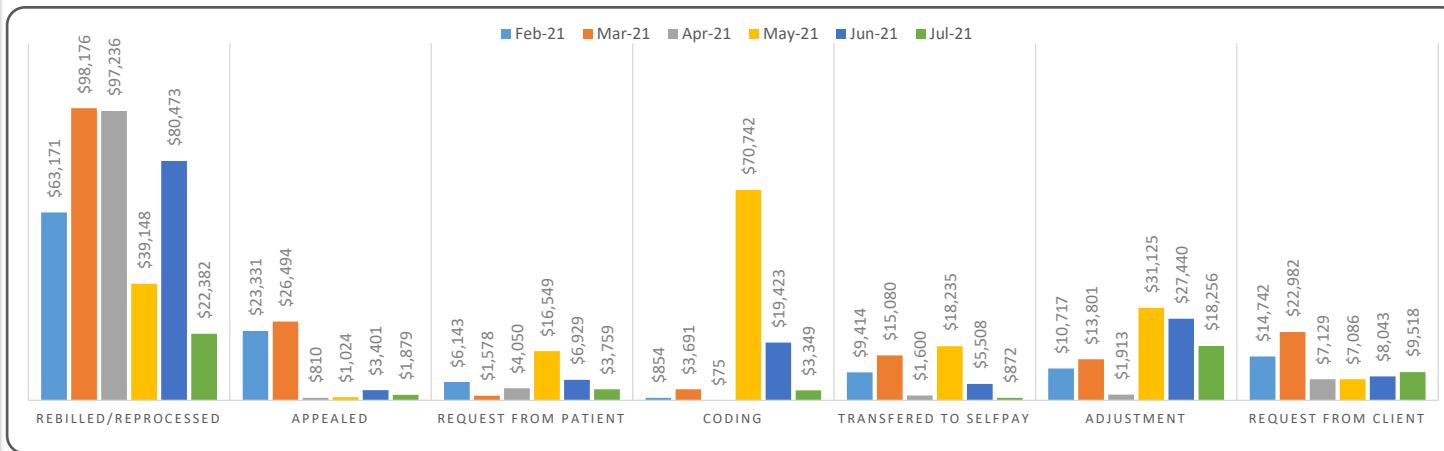
Denial & Clean Claim Trending

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
DENIAL AMOUNT	\$ 156,673	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 184,108	\$ 151,218	\$ 60,013	\$ 147,090
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 1,805,107	\$ 2,389,663	\$ 2,346,189	\$ 2,298,800	\$ 1,803,221	\$ 1,683,880	\$ 1,381,299	\$ 1,751,880	\$ 1,685,726	\$ 1,820,939	\$ 2,028,225	\$ 1,841,038	\$ 2,271,676	\$ 1,931,357
TOTAL DENIAL %	8.7%	8.9%	7.2%	5.4%	7.9%	12.2%	6.0%	7.3%	10.8%	6.2%	9.1%	8.2%	2.6%	7.7%
CLEAN CLAIMS RATE	82%	82%	73%	84%	75%	81%	93%	91%	74%	85%	95%	94%	92%	85%



Action Taken on Denials

DENIAL ACTION	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
REBILLED/REPROCESSED	\$ 71,503	\$ 175,107	\$ 129,124	\$ 64,465	\$ 101,434	\$ 137,294	\$ 31,819	\$ 63,171	\$ 98,176	\$ 97,236	\$ 39,148	\$ 80,473	\$ 22,382	\$ 85,487
APPEALED	\$ 16,235	\$ 480	\$ -	\$ -	\$ 2,802	\$ 8,876	\$ 16,958	\$ 23,331	\$ 26,494	\$ 810	\$ 1,024	\$ 3,401	\$ 1,879	\$ 7,868
REQUEST FROM PATIENT	\$ 8,181	\$ 18,591	\$ 4,311	\$ 7,542	\$ 4,381	\$ 3,132	\$ 2,735	\$ 6,143	\$ 1,578	\$ 4,050	\$ 16,549	\$ 6,929	\$ 3,759	\$ 6,760
CODING	\$ 7,585	\$ 468	\$ 19,983	\$ 2,303	\$ 1,051	\$ 5,587	\$ -	\$ 854	\$ 3,691	\$ 75	\$ 70,742	\$ 19,423	\$ 3,349	\$ 10,393
TRANSFERRED TO SELFPAY	\$ 10,436	\$ 12,342	\$ 6,182	\$ 14,614	\$ 19,068	\$ 30,426	\$ 3,378	\$ 9,414	\$ 15,080	\$ 1,600	\$ 18,235	\$ 5,508	\$ 872	\$ 11,320
ADJUSTMENT	\$ 36,228	\$ 2,401	\$ 7,871	\$ 14,124	\$ 5,942	\$ 8,925	\$ 7,963	\$ 10,717	\$ 13,801	\$ 1,913	\$ 31,125	\$ 27,440	\$ 18,256	\$ 14,362
REQUEST FROM CLIENT	\$ 6,505	\$ 3,704	\$ 876	\$ 21,471	\$ 7,971	\$ 10,975	\$ 20,494	\$ 14,742	\$ 22,982	\$ 7,129	\$ 7,086	\$ 8,043	\$ 9,518	\$ 10,884
TOTAL	\$ 156,673	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 183,908	\$ 151,218	\$ 60,014	\$ 147,074



UNBILLED & INVENTORY

Unbilled

INHOUSE	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	\$ 64,991	\$ 17,874	\$ 12,544	\$ 58,484	\$ 59,764	\$ 205,894	\$ 12,598	\$ 20,416	\$ 46,879	\$ 126,217	\$ 28,605	\$ 29,657	\$ 12,193	\$ 53,547
MEDI-CAL	\$ 25	\$ 870	\$ 36,556	\$ 276	\$ 7,264	\$ 7,609	\$ 57,323	\$ 11,633	\$ 16,036	\$ 25,087	\$ 7,055	\$ 44,302	\$ 122,671	\$ 25,900
COMMERCIAL	\$ (25)	\$ -	\$ 6,110	\$ 2,135	\$ 1,121	\$ -	\$ (15)	\$ (15)	\$ 489	\$ 3,130	\$ 3,318	\$ 339	\$ 7,107	\$ 1,823
BLUES	\$ 5,600	\$ 12,877	\$ 8,025	\$ 11,669	\$ 21,914	\$ 24,278	\$ 11,178	\$ 12,686	\$ 20,394	\$ 12,854	\$ 20,479	\$ 14,503	\$ 9,319	\$ 14,290
WORK COMP	\$ -	\$ 4,494	\$ 130	\$ 4,389	\$ 10,386	\$ 3,463	\$ 2,736	\$ 3,908	\$ 2,159	\$ 1,528	\$ 919	\$ 146	\$ -	\$ 2,635
SELF PAY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 70,590	\$ 36,114	\$ 63,365	\$ 76,953	\$ 100,448	\$ 241,245	\$ 83,819	\$ 48,627	\$ 85,957	\$ 168,815	\$ 60,375	\$ 88,947	\$ 151,290	\$ 98,196

DNFB	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	\$ 116,082	\$ 252,958	\$ 100,971	\$ 157,235	\$ 109,950	\$ 199,266	\$ 182,739	\$ 134,748	\$ 108,486	\$ 88,754	\$ 142,533	\$ 153,055	\$ 67,703	\$ 139,575
MEDI-CAL	\$ 23,100	\$ 27,850	\$ 70,947	\$ 28,325	\$ 52,336	\$ 34,589	\$ 30,912	\$ 27,598	\$ 17,995	\$ 66,992	\$ 41,398	\$ 63,957	\$ 71,997	\$ 42,923
COMMERCIAL	\$ 22,007	\$ 17,996	\$ 5,498	\$ 28,522	\$ 17,097	\$ 9,576	\$ 10,891	\$ 7,868	\$ 10,268	\$ 4,940	\$ 53,192	\$ 41,701	\$ 18,762	\$ 19,101
BLUES	\$ 38,986	\$ 38,782	\$ 45,988	\$ 50,550	\$ 45,393	\$ 37,629	\$ 34,993	\$ 105,431	\$ 19,067	\$ 26,066	\$ 31,165	\$ 53,675	\$ 20,733	\$ 42,189
WORK COMP	\$ 3,993	\$ 6,709	\$ 6,255	\$ 3,941	\$ 10,285	\$ 1,107	\$ 2,757	\$ 4,204	\$ 1,668	\$ 4,007	\$ 26,278	\$ 27,654	\$ 18,321	\$ 9,014
SELF PAY	\$ 169	\$ 169	\$ 298	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 49
TOTAL	\$ 204,336	\$ 344,464	\$ 229,956	\$ 268,573	\$ 235,061	\$ 282,167	\$ 262,291	\$ 279,849	\$ 157,483	\$ 190,759	\$ 294,566	\$ 340,042	\$ 197,517	\$ 252,851

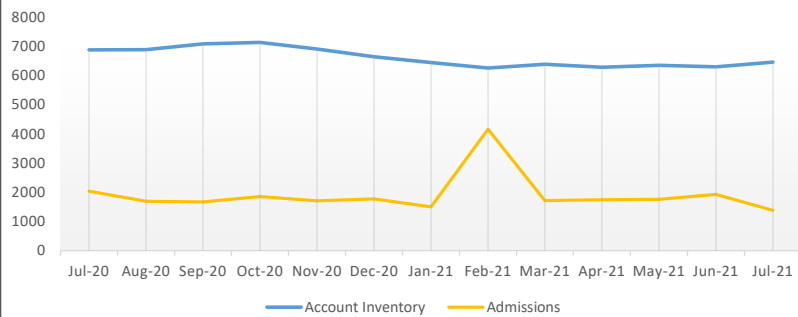
TOTAL UNBILLED	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
TOTAL UNBILLED	\$ 274,927	\$ 380,578	\$ 293,321	\$ 345,525	\$ 335,509	\$ 523,411	\$ 346,110	\$ 328,476	\$ 243,441	\$ 359,575	\$ 354,941	\$ 428,989	\$ 348,807	\$ 351,047
UNBILLED DAYS	4.8	5.7	4.3	5.4	5.9	10.3	6.8	6.3	4.4	6.5	6.2	6.8	5.5	6.1

Admissions & Account Inventory

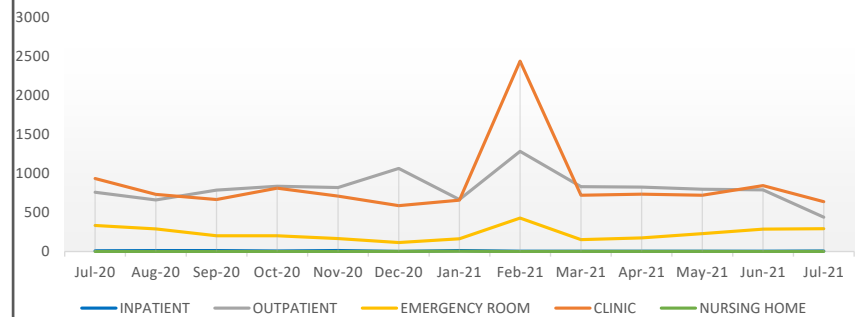
ADMISSIONS	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
INPATIENT	9	12	12	6	13	2	11	4	4	4	5	5	7	7
OUTPATIENT	760	662	788	836	820	1,064	666	1,284	832	827	799	791	440	813
EMERGENCY ROOM	334	289	203	202	165	115	164	429	152	174	229	287	292	233
CLINIC	937	732	667	812	710	588	659	2,440	722	734	722	844	640	862
NURSING HOME	0	0	0	0	0	2	3	0	2	1	2	0	2	1
TOTAL	2,040	1,695	1,670	1,856	1,708	1,771	1,503	4,157	1,712	1,740	1,757	1,927	1,381	1917

ACCOUNT INVENTORY	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	13 Month Average
MEDICARE	1,114	907	1,016	979	909	757	866	690	785	686	641	733	705	830
MEDI-CAL	832	796	891	898	906	836	719	731	822	850	884	770	794	825
COMMERCIAL	705	764	672	654	551	515	448	458	404	444	472	468	557	547
BLUES	999	912	891	1,001	952	896	801	772	856	859	810	762	796	870
WORK COMP	66	66	91	88	79	90	85	82	80	85	89	79	79	81
SELF PAY	3,163	3,440	3,518	3,511	3,508	3,550	3,525	3,521	3,435	3,353	3,451	3,482	3,523	3460
TOTAL	6879	6885	7079	7131	6905	6644	6444	6254	6382	6277	6347	6294	6454	6613

Account Inventory & Admissions

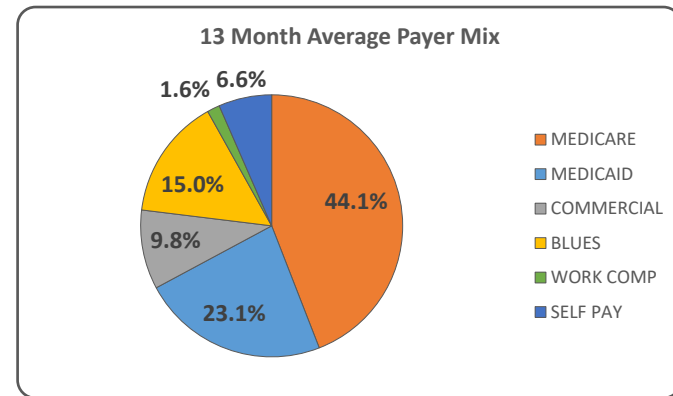
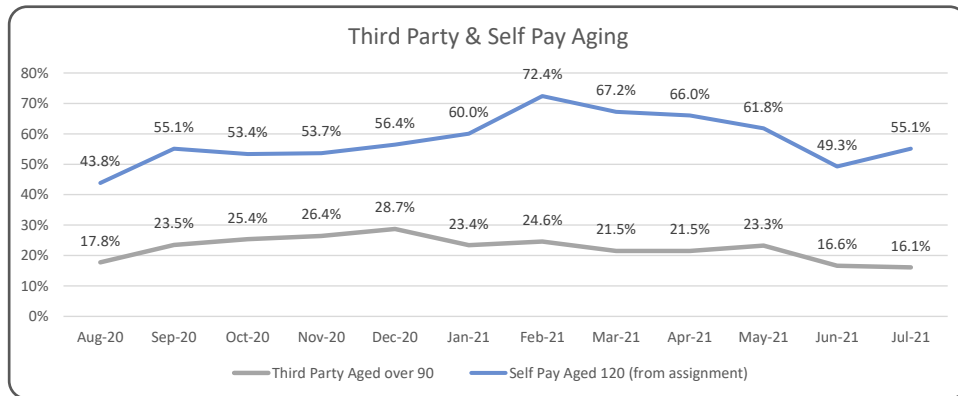
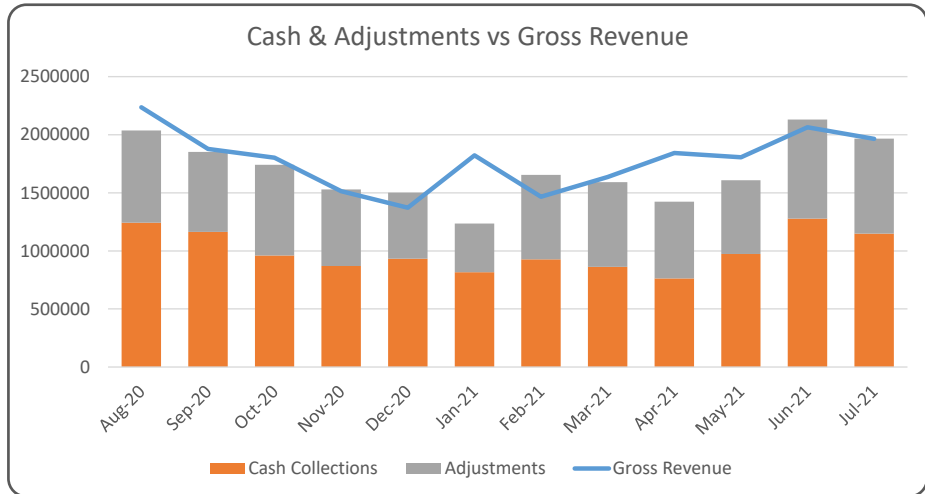
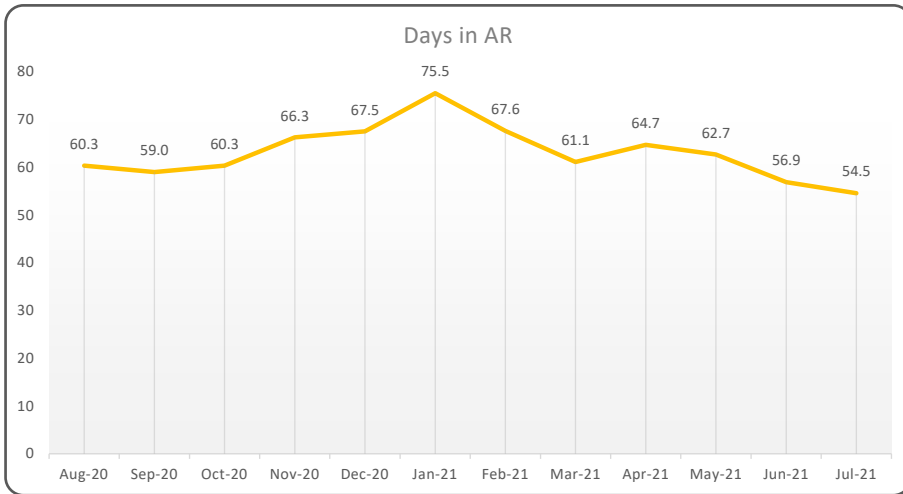


Admissions by Service Type



Seneca Healthcare District Executive Dashboard

	TARGET	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Days in AR	50.0	60.3	59.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5
Gross AR		4,038,684	3,998,100	3,877,841	3,781,370	3,439,047	3,862,520	3,499,034	3,342,850	3,593,023	3,599,708	3,570,234	3,459,703
Gross Revenue		2,235,940	1,877,911	1,801,797	1,513,496	1,371,679	1,822,059	1,466,512	1,635,223	1,843,193	1,806,309	2,063,758	1,965,040
Cash Collections		1,242,371	1,164,203	959,456	869,311	931,746	817,155	927,710	862,266	761,933	973,124	1,277,552	1,148,389
Adjustments		793,567	687,368	782,372	659,972	570,339	418,614	726,038	730,072	660,951	635,212	852,947	818,685
Collection %		61.0%	62.9%	55.1%	56.8%	62.0%	66.1%	56.1%	54.2%	53.5%	60.5%	60.0%	58.4%
Late Charges	1%	0.0%	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%	0.7%	1.4%	2.9%	2.6%	1.6%	1.2%	2.3%	5.6%	4.3%	0.0%	4.7%	2.4%
Charity Care	3%	0.0%	0.0%	0.4%	0.1%	0.2%	0.4%	0.1%	0.1%	0.0%	0.6%	0.1%	0.0%
Third Party Aged over 90	13%	17.8%	23.5%	25.4%	26.4%	28.7%	23.4%	24.6%	21.5%	21.5%	23.3%	16.6%	16.1%
Self Pay Aged 120 (from assignment)	25%	43.8%	55.1%	53.4%	53.7%	56.4%	60.0%	72.4%	67.2%	66.0%	61.8%	49.3%	55.1%





SHD Board of Directors Meeting

August 26, 2021

New Facility Strategic Planning

Existing Facility Planning

New CAH Facility

Land Due Diligence:

Land purchase is completed and title issued and recorded. A temporary plot number has been issued so Seneca will begin the LAFCO process for annexation.

- Discussions with Wildwood for an easement will begin soon.

Zoning and General Plan Amendment:

Seneca has submitted the application and paid the fee to begin the General Plan Amendment.

New CAH Project Budget:

Funding options are being discussed as well defining the overall project budget. The costs associated with this project are in flux based on the build methodology.

Public Awareness and Promotion:

Seneca has been provided with digital renderings of the new facility. The public awareness campaign will begin this fall to include public education, sharing of design characteristics and funding requirements.

Existing Facilities Upgrades

Re-Roofing Project: Dixie Delayed – Rescheduling now

Campus Painting Project: Dixie Delayed – Rescheduling now

Flooring Project/LAC/IP Rooms remodel: Dixie Delayed – Rescheduling now

Security Camera Project: Start waiting on the completion of our IT Network Assessment report due this week

Clinic Parking Lot and Driveway repair project: 90% completed



Campus Cleanup – Train Car: Dixie Delayed – Rescheduling now

New Flagpole: Dixie Delayed – Rescheduling now

Campus Perimeter Fence: Completed



August 26, 2021

Seneca Healthcare Board of Directors Meeting CEO Report

Dixie Fire Response – Seneca Healthcare Incident Command Center (HICC)

The continuing Dixie Fire Incident has consumed the better part of the past five (5) weeks of time at Seneca. The HICC was established immediately upon the Evacuation Advisory Notification and has been in constant operation to assess real time information and create contingency plans around as many known and unknown scenarios associated with the fire for the preservation of healthcare services in the Lake Almanor Basin.

Without going into the day to day details, the Emergency Response Team (ERT) staffed the HICC 24-hours a day since it was activated. This team monitored and evaluated all available information from Law Enforcement and Fire Incident Command to develop multiple layered response strategies. Each response was developed as a series of action items assigned and monitored based on very well defined “Triggering Events”. The planning was well executed and our contingency plans were activated up to complete and emergent evacuation of the Seneca Campus with the preservation of life, critical business and healthcare artifacts, information systems and equipment.

I personally want to thank the countless hours the ERT has spent dealing with this incident. I also want to acknowledge the sacrifice and commitment of the skilled nursing staff for enduring a very difficult time in Seneca’s history and continuing the care of our residents far from home and under disruptive and stressful conditions. We are not yet free from the impact of the Dixie Fire Incident, but we are working to restore a semblance of normal within the coming weeks.

Physician & Mid-level Recruitment and Retention Update

No updates or viable candidates at the time of this report. Efforts following Dixie will be stepped up.

Information Technology

1. **IT Infrastructure Assessment:** We have engaged legal in an evaluation of whether the District requires an RFP for the post-assessment engagement to fix and update our network infrastructure. It appears since the engagement is primarily professional services, the District does not have to go to RFP for the work.
2. **IT Business Continuity -** The Dixie Incident revealed multiple failure points in our ability to remain operational in the event of a failure – Seneca is looking at options where systems redundancy provides a fail over that is more conducive to real time business continuity rather than just a disaster recovery model. Building a business continuity IT plan is expensive. Seneca must weigh the costs of replicated systems against the risk of failure.
3. **Electronic Health Record Evaluation:** Seneca Healthcare has received the Cerner MSA and Sales order pertaining to a full implementation of the Cerner Community Works platform as a replacement to the CPSI Evident system. This document is under Seneca and legal review.



August 26, 2021

4. **Seneca Wide Area Network (WAN):** Takara Trumph continues to research options for redundancy in our Internets Service Provider (ISP) options to provide a secondary “fail over” connectivity service. Dixie proved to be a good example of lack of redundancy

Operations

1. **California COVID Vaccination Mandate for Healthcare Workers:** After much discussion and data gathering pertaining to the Governor and Dr. Aragon’s Executive Order on August 5, 2021, Seneca Healthcare District will be complying with the Mandate that all healthcare workers regardless of licensure must be vaccinated by the date of September 30, 2021. Those not meeting the requirements of either the Medical Exemption or Religious Exemption at the time of the mandate deadline will no longer be put on the schedule to work at Seneca Healthcare District.
2. **COVID 19 Delta Variant Response:** Seneca has put in place strict access and working protocols for staff, patients and visitors. Visitation to the facility will follow all the requirements as defined the Executive Order.
3. **Re-establishing an Operational Cadence:** Working to regain the momentum in our operations following the Dixie Fire Incident.
4. **Chief Nursing Officer (CNO):** Seneca has extended an offer to a candidate for the position of Chief Nursing Officer. The candidate accepted our offer letter and we are now working on a transitional work plan.
5. **Nurse House Supervisor:** Position has been posted internally and externally. Accepting and reviewing applications.
6. **Medical Imaging Manager:** Position has been posted internally and externally. Accepting and reviewing applications.

Marketing and Public Relations

Current Projects

1. **Post Dixie Fire Incident Marketing** is working on the following:
 - Appreciation and recognition for our employees that went above and beyond during this time.
 - Thank you cards for all the different organizations, businesses facilities, etc. that helped Seneca Healthcare District during this incident.
 - Continuing to update the media on HICC and the status of the facility.
 - Coordinating with charities and non-profits to facilitate help in our community.
 - Working on what Seneca can do to help the community after this incident.



August 26, 2021

2. **New COVID Restrictions** - Marketing & PR is working on educating staff and the public of new information that will be important in navigating through the seasons expected COVID surge as well as helping to update the community regarding how new mandates and guidelines are being implemented at Seneca Healthcare District.
 - This is planned to be accomplished through press releases, social media, radio spots as well as a webpage with quick guide resources for the community.

3. **New Build Campaign** – Marketing is gearing up for the new build campaign. Due to the Dixie Fire Incident, we will be rolling this campaign out softly at an appropriate time.
 - Website for campaign is in the works.
 - Marketing is coordinating with finance to create an online donation platform.
 - Digital and print media as well as social meetings are planned to be used with this campaign.
 - Informational for 1953 senate bill prepared to be released

4. **Branding Updates**
 - Branding is progressing and the next planned project is to work on more print marketing, more personalized promotional items to share with the community and a selection of branded clothing to be available for staff to order.
 - Our new logo is starting to be present throughout the basin and community and we will continue efforts to constantly connect with the community
 - Seneca Healthcare District will also be sponsoring more of the youth programs in this community to help facilitate further exposure of our image and our overall connection to the community.

5. **General Marketing**
 - Mailer – planned to go out in September
 - LACC Newsletter
 - The Seneca spot, where LACC newspaper updates their readers on everything that has been going on at Seneca this past month.
 - Wellness Wednesdays
 - Seneca Healthcare District has joined Wellness Wednesdays with JDX and working in filling our next slots.
 - Employee Appreciation
 - Completing plans for employee appreciation lunch/bbq that will take place in October.
 - Assisting HR with job posting
 - Signage for Hospital
 - This process is in progress and we should start to see headway on our exterior signage once the buildings have been roofed and painted.



August 26, 2021

6. Planned Releases

- New ER Physician
 - Marketing will be releasing an expose on Dr. Marc Neilson as our attending ER physician.

Clinic Manager Report for August SHD Board Meeting

The state survey of the clinic is scheduled for 9/15 & 9/16. We are very close to being ready.

Ann Holt, BSN, RN, PHN, CRHCP

Clinic Manager

Seneca Healthcare District

**List of Staff Additions and Deletions
July 30, 2021 to August 26, 2021**

Activity/Event				
ADDED				Start Date
CONDITIONAL ADDITIONS				ANTICIPATED START DATE
		FT	Chief Nursing Officer	9/07/21
DELETIONS Exit Interviews Provided to all Exiting employees				Termination Date

James Kooyman, Human Resources Manager

OPEN POSITIONS SEPTEMBER 2021

**Registered Nurse (Full Time, Part Time, Per Diem)
(Acute & ER experience preferred)
Experience Skilled Nursing Facility RN Weekend Shift
LVN (Part Time, Per Diem)
CNA (Full Time, 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)
Imaging Department Manager (Full Time)
House Supervisor (Full Time)
Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
Certified Medical Assistant (Per Diem)
Medical Receptionist (Per Diem)
Admissions/HIM Tech (Per Diem)
Human Resources Director (Full Time)**