

**SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR BOARD MEETING AGENDA
Lake Almanor Clinic Conference Room
199 Reynolds Road, Chester, CA
September 30, 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 September 30, 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:**

Join Zoom Meeting

<https://us06web.zoom.us/j/89281263523?pwd=bVlpRGd3VXd3SFBXeFU3ZUI4YUhVUT09>

Meeting ID: 892 8126 3523

Passcode: 729508

One tap mobile

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Meeting ID: 892 8126 3523

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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)(1) – Conference with Legal Counsel-Existing Litigation
2. Government Code §54956.9(d)(2) – Conference with Legal Counsel-Anticipated Litigation (Number of Potential Cases: 3)
3. 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 August 26, 2021 Regular Meeting. Submitted by Renee Nez, Board Clerk.

- 6) **Medical Staff Report.** **Tab B**
Chief of Staff, Dr. Dana Ware submitted the following items approved at the September 14, 2021 Medical Staff Meeting requiring Board approval:

(1) **Initial Appointment Medical Staff:**

- | | |
|---|-------------------------|
| (a) Rafik Ben Abda, DO Initial 60 days
Tele-Health Radiologist (VRAD) | 08/28/2021 – 10/28/2021 |
| (b) Rafik Ben Abda, DO 1 year provisional
Tele-Health Radiologist (VRAD) | 10/28/2021 – 10/28/2022 |
| (c) Scott Kerns M.D. Initial 60 days
Tele-Health Radiologist (VRAD) | 08/28/2021 – 10/28/2021 |
| (d) Scott Kerns M.D. 1 year provisional
Tele-Health Radiologist (VRAD) | 10/28/2021 – 10/28/2022 |
| (e) Eric Kraemer M.D. Initial 60 days
Tele-Health Radiologist (VRAD) | 08/28/2021 – 10/28/2021 |
| (f) Eric Kraemer M.D. 1 year provisional
Tele-Health Radiologist (VRAD) | 10/28/2021 – 10/28/2022 |
| (g) Craig Lum D.O. Initial 60 days
Wound Care (Vohra) | 08/14/2021 – 10/14/2021 |

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

- | | |
|--|-------------------------|
| (a) Priyantha Wijayagunaratne M.D Emergency
Subsequent 60 day | 08/28/2021 – 10/28/2021 |
| (b) Priyantha Wijayagunaratne M.D. Emergency
2 year | 10/28/2021 – 10/28/2023 |
| (c) Daniel Brink M.D. Emergency
Subsequent 60 day | 08/20/2021 – 10/20/2021 |
| (d) Daniel Brink M.D. Emergency 2 year | 10/20/2021 – 10/20/2023 |
| (e) Gregory Taylor M.D. Emergency
Subsequent 60 day | 08/28/2021 – 10/28/2021 |

- | | |
|--|-------------------------|
| (f) Gregory Taylor M.D. Emergency 2 year | 10/28/2021 – 10/28/2023 |
| (g) Peter Magnusson M.D. Cardiology
Subsequent 60 day | 08/28/2021 – 10/28/2021 |
| (h) Peter Magnusson M.D. Cardiology 2 year | 10/28/2021 – 10/28/2023 |
| (3) Re-Appointment Allied Health Practitioner | |
| (a) Lindsey Anderson OTA Subsequent 60 days | 08/28/2021 – 10/28/2021 |
| (b) Lindsey Anderson OTA 2 year | 10/28/2021 – 10/28/2023 |
| (c) Susan Capella OT Subsequent 60 days | 08/28/2021 – 10/28/2021 |
| (d) Susan Capella OT 2 year | 10/28/2021 – 10/28/2023 |

7) Policies and Procedures.

Tab C

The Board will review and vote to approve the following Board of Directors Policies and Procedures. Revised by Jerri Nielsen and Shawn McKenzie.

- (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

8) July 2021 Financial Report.

Tab D

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

9) August 2021 Financial Report.

Tab E

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

10)Cerner Contract Approval.

Board discussion and approval for CEO to Execute the contract with Cerner for replacement of the CPSI Evident EHR with Cerner Community Works EHR.

11)Resolution No. 430 for Annexation from LAFCO.

Tab F

The Board will review and vote to approve Resolution No. 430 for LAFCo parcel annexation application. Submitted by Shawn McKenzie.

12)Discussion AB-361 Brown Act Amendment.

Tab G

The CEO and Board will discuss the Brown Act Amendment and the continuation of virtual public meetings.

13)Board Retreat.

Tab H

The Board with discuss with Marketing Director, Chellssa Outland the Board retreat this fall.

Agenda items – information only:

14)Healthcare Resource Group.

Tab I

CFO Steve Boline will submit HRG's August 2021 Summary Report.

15)Strategic Planning Committee Update.

Tab J

New CAH Facility Presentation - Donna Huntingdale SHD Program Manager
Existing Facility Upgrades – Shawn McKenzie, CEO

16)CEO Report.

Tab K

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

17)Departmental Issues/Reports.

Tab L

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

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

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

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

21)Next Regular Meeting:

- **Date:** October 28, 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, August 26, 2021**

- 1) **Call to Order.** Via Zoom, President Ken Crandall called the Regular Board meeting to order at 3:00 p.m.
- 2) **Members Present/Not Present. Pledge of Allegiance.** Ken Crandall noted Board Members present by roll call: Jerri Nielsen, Kristen Montgomery, Rich Rydell, Dr. David Walls, Ken Crandall.
- 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 July 29, 2021 Regular meeting were reviewed for approval.

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

6) **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 further review. Consensus to table to the September Board meeting.

7) **New Critical Access Hospital (CAH) Funding.**

CFO Steve Boline and the Board discussed submitting applications for funding for the proposed new CAH facility, both with conventional lenders and via the pre-application to USDA.

Rich Rydell moved to authorize the CFO to begin the application process for the new CAH facility funding. Second by Dr. David Walls. Motion approved by roll call vote. Nielsen: Aye; Montgomery: Aye; Walls: Aye; Rydell: Aye; Crandall: Aye.

8) **Board Retreat.**

The Board discussed having a Board retreat in the fall. Will work on possible venues and check on availability of potential facilitators.

Agenda Items – Information Only:

9) **Healthcare Resource Group – June Report.**

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

10) 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 – Temporary plot number issued. Will be requesting easement from Wildwood.
- Zoning and General Plan Amendment – Application submitted and fee paid to begin General Plan Amendment.
- New CAH Project Budget – Funding options are being discussed. Working with OSHPD.
- Public Awareness and Promotion – Second set of renderings completed. Will bring to the September meeting.

B) Existing Facilities Upgrades – Many projects delayed due to the Dixie fire and are being rescheduled.

11) CEO Report.

Chief Executive Officer, Shawn McKenzie discussed the following:

A) Dixie Fire Incident Response –

- The Hospital Incident Command Center (HICC) and Emergency Response Team (ERT) have worked countless hours dealing with this incident. Thanked and acknowledged the skilled nursing staff for being displaced and continuing to care for our residents. We were able to reopen the hospital within a week following inspections from OSHPD, CDPH, etc.

B) Physician and Mid-Level Recruitment –

- Recruitment process has been delayed due to the fire.

C) Information Technology –

- IT Infrastructure Assessment – Once the Apex contract receives legal approval we will bring back to the Board.
- IT Business Continuity – The Dixie fire revealed where our vulnerabilities are. A level of redundancy is needed to maintain business continuity.
- EHR Evaluation – Legal review of the Cerner contract is complete. Will bring a resolution to move forward to the Board in September.
- Seneca Wide Area Network (WAN) – IT Director TK Trumpf continuing research.

D) Operations –

- California COVID Vaccination Mandate for Healthcare Workers – SHD will be complying with state mandates. Staff will be notified and will be provided a declination form if requesting medical or religious exemption.
- COVID 19 Delta Variant Response – Strict requirements as defined by the Executive Order are being followed.
- Re-establishing an Operational Cadence – regaining momentum after Dixie Fire.
- Chief Nursing Officer (CNO) – An offer was made to a CNO candidate and accepted. Working on a transitional work plan.
- Nurse House Supervisor – Position still open. Accepting and reviewing applications.
- Medical Imaging Manager – Position still open. Accepting and reviewing applications.

E) Marketing and Public Relations –

- Post Dixie Fire Incident Marketing – Appreciation and recognition for employees who went above and beyond. Thank you cards will be sent to different organizations. HICC deactivated. Working with charities and non-profits in the community.
- New COVID Restrictions – Working on educating staff and the public regarding new information.
- New Building Campaign – Marketing to launch the new build campaign was on hold due to the Dixie Fire.
- Branding Updates – The work on new signage also on hold due to the fire.
- General Marketing – Continuing.
- Planned Releases – Will be announcing Dr. Marc Nielsen’s arrival as our attending ER physician.

12) Departmental Issues/Reports.

A) Clinic/Telemedicine – Ann Holt, Clinic Manager – Report submitted.

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

13) 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 – Resolution to adopt and move forward
- Fall Board Retreat

14) Closed Session. Meeting adjourned for Closed Session at 4:22 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.

15) Report on Closed Session. Closed Session adjourned at 4:50 p.m.; Open Session reconvened.

No reportable action taken in closed session.

16) Next Regular Meeting:

- **Date:** September 30, 2021
- **Time:** 3:00 p.m.
- **Location:** Lake Almanor Clinic Conference Room and via Zoom.

Meeting Adjourned at 4:51 p.m.

Board President, Ken Crandall

Date

Initial Appointment Medical Staff - Vote required

Rafik Ben Abda D.O. Tele-Health Radiologist (VRAD) Initial 60 days 8-28-2021 to 10-28-2021

Rafik Ben Abda D.O. Tele-Health Radiologist (VRAD) 1 year provisional 10-28-2021 to 10-28-2022.

Scott Kerns M.D. Tele-Health Radiologist (VRAD) Initial 60 days 8-28-2021 to 10-28-2021.

Scott Kerns M.D. Tele-Health Radiologist (VRAD) 1 year provisional 10-28-2021 to 10-28-2022

Eric Kraemer M.D. Tele-Health Radiologist (VRAD) Initial 60 days 8-28-2021 to 10-28-2021.

Eric Kraemer M.D. Tele-Health Radiologist (VRAD) 1 year provisional 10-28-2021 to 10-28-2022

Craig Lum D.O. Wound Care (Vohra) Initial 60 days 8-14-2021 to 10-14-2021

Note: Dr. Lum given emergency privileges during evacuation of L.T.C. due to the Dixie fire. Evacuations in Chester and the Hospital closure (including the L.T.C during that time.)

Reappointment Medical Staff

Priyantha Wijayagunaratne M.D. Emergency Subsequent 60 day 8/28/2021 to 10/28/2021

Priyantha Wijayagunaratne M.D. Emergency 2 year 10-28-2021 to 10-28-2023

Daniel Brink M.D. Emergency Subsequent 60 day 8/20/2021 to 10-/20/2021

Daniel Brink M.D. Emergency 2 year 10-20-2021 to 10-20-2023

Gregory Taylor M.D. Emergency - Subsequent 60 day 8-28-2021 to 10-28-2021

Gregory Taylor M.D. Emergency 2 year 10-28-2021 to 10-28-2023

Peter Magnusson M.D. Cardiology- Subsequent 60 day 8-28-2021 to 10-28-2021

Peter Magnusson M.D. Cardiology-2 year 10-28-2021 to 10-28-2023

Initial Allied Health Practitioner

None

Reappointment Allied Health Practitioner

Lindsey Anderson OTA Subsequent 60 days 8-28-2021 to 10-28-2021

Lindsey Anderson OTA 2 year 10-28-2021 to 10-28-2023

Susan Capella OT Subsequent 60 days 8-28-2021 to 10-28-2021

Susan Capella OT 2 year 10-28-2021 to 10-28-2023

Miscellaneous:

NOTE: Vohra has sent an e mail stating that they do not have a wound care specialist at this time. Dr. Dajnowicz is no longer available for the LTC residents.

**Vohra has sent credentialing packets for Dr. Akunna Ogbu and Dr. Lum
Dr. Lum was approved for emergency care of the Skilled Nursing Residents for wound care during our evacuation status on August 14, 2021 by Dr. Ware and Dr. Walls.**

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

None Note: Privileges are now being approved during the application/re-application process.

JoAnn Mahloch

Medical Staff Administrator
Seneca Healthcare District



**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: Shawn McKenzie, SHD Legal, Jerri Nielsen	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 & Clinics**”). 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 \$25,000 will 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 professionals shall be included. The overhead allocation required

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

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 may 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 *[newspapers of general geographical 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.



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 <hr/> Date of Origin: <hr/> Revision Date: <hr/> Periodic Review By: Date:
AUTHOR: Shawn McKenzie, CEO and Renee Nez, Executive Assistant to the CEO and Board REVISED BY: Shawn McKenzie, SHD Legal, Jerri Nielsen	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.	<p>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></p>

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 <i>Government Code § 4217.10</i> .
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**Seneca Healthcare District
Financial Statements - Board Report
July 2021**

Summary

Seneca Healthcare District had a net loss of \$364k, during the month, compared to budgeted loss of \$147k; for a negative variance of \$217k. This was primarily due to negative variances in gross and net patient revenue (Dixie Fire), operating expenses, and non-operating revenue (LAIF interest rate).

Revenues

Gross patient revenue, for the month, ended at \$1.96M compared to a budgeted amount of \$2.13M, for a negative variance of \$171k; mainly due to the initial impact of the Dixie Fire (smoke/evacuation warnings). Net patient revenue as a percent of gross was 63.2%, compared to a budget of 66.0%.

There were 15 acute inpatient days in the month (budget of 16), and 11 swing bed days (budget of 13), resulting in an average daily census (ADC) of .84 patients per day. The skilled nursing unit had an ADC of 15.29 (budget of 15), resulting in an occupancy percent of 95.56%.

Outpatient revenue was below budget and below the amount for June 2020. It was also well below the amount for June 2019. Lake Almanor Clinic visits were 593 versus a budget of 866.

Expenses

Total operating expenses for the month were \$1.63M, versus a budget of \$1.63M, for a negative variance of \$30k.

Salaries & Wages: Salaries and wages were under budget by \$6k.

FTEs, for the month, were 101.46 versus a budget of 104.05 and the average hourly wage (AHW) was \$35.15 versus a budget of \$36.17.

Contract Labor: Contract labor was over budget by \$17k, this month. FTEs, for the month, were 7.90 versus a budget of 6.70.

Pro Fees Medical: See attached analysis

Pro Fees Other: Over budget \$18k due to legal expenses for one matter under litigation and general legal.

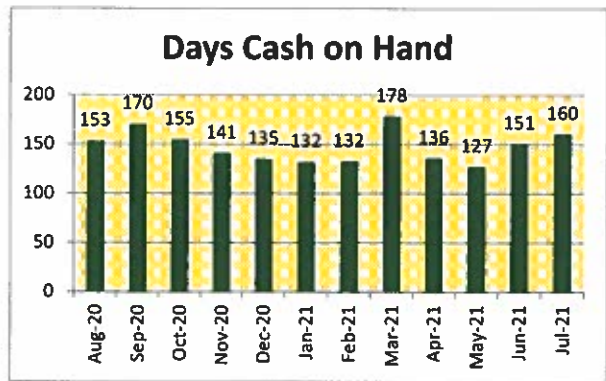
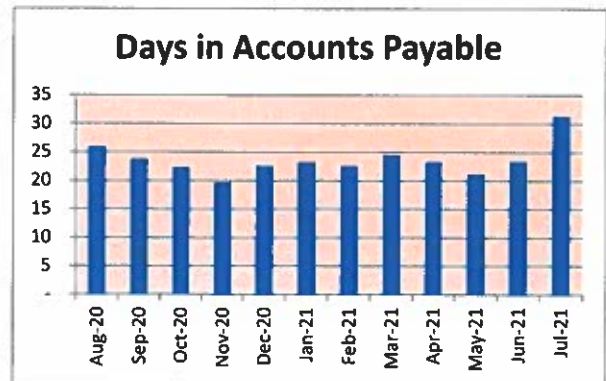
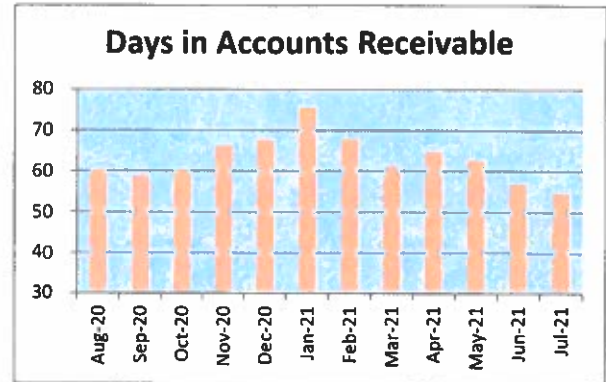
All Other Expense Categories: All categories either slightly above or slightly below the budgeted amount.

Additional Information

Days of cash on hand increased from 150.7 to 160.4 due to the receipt of the FY 19-20 rate range payment (\$1.05M), which was somewhat offset by the net loss for the month.

Revenue Cycle

Gross accounts receivable ended the month at \$3.46M, which is a \$112k decrease over last month. Gross accounts receivable days decreased this month to 54.6 and is just inside the best practices target of 45-55 days.



Current Ratio.....	2.70
Operating Margin.....	-29.1%
Days in Accounts Receivable.....	54.6
Long-Term Debt to Capitalization.....	0.08
Debt Service Coverage.....	-1,085%
Days Cash on Hand Excl. Board Restr.....	160.4

**Seneca Healthcare District
Income Statement
For the Month of July 2021**

	% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
1 REVENUE								
2 Inpatient Revenue - Acute		48,435	50,050	(1,615)		48,435	50,050	(1,615)
3 Inpatient Revenue - Swing Bed		34,969	41,366	(6,397)		34,969	41,366	(6,397)
4 Inpatient Revenue - SNF		293,850	279,000	14,850		293,850	279,000	14,850
5 Inpatient Revenue - Ancillary		89,289	69,956	19,333		89,289	69,956	19,333
6 Inpatient Revenue - Total		466,543	440,371	26,172		466,543	440,371	26,172
7 Outpatient Revenue		1,496,800	1,694,076	(197,276)		1,496,800	1,694,076	(197,276)
8 Total Patient Revenue		1,963,343	2,134,447	(171,104)		1,963,343	2,134,447	(171,104)
9 Contractual Allowances		(662,870)	(613,873)	(48,997)		(662,870)	(613,873)	(48,997)
10 Charity Discount		-	(3,479)	3,479		-	(3,479)	3,479
11 Other Allowances		(42,321)	(64,961)	22,640		(42,321)	(64,961)	22,640
12 Bad Debt		(17,456)	(44,298)	26,842		(17,456)	(44,298)	26,842
13 Total Deductions		(722,647)	(726,611)	3,964		(722,647)	(726,611)	3,964
14 Net Patient Revenue		1,240,697	1,407,837	(167,140)		1,240,697	1,407,837	(167,140)
% of Gross Revenue		63.2%	66.0%	-2.8%		63.2%	66.0%	-2.8%
15 Meaningful Use Revenue		-	-	-		-	-	-
16 Quality Payments		-	-	-		-	-	-
17 Other Operating Revenue		42,772	37,500	5,272		42,772	37,500	5,272
18 Total Operating Revenue		1,283,469	1,445,337	(161,868)		1,283,469	1,445,337	(161,868)
19 EXPENSES								
20 Salaries & Wages	56.8%	(704,446)	(710,335)	5,889	56.8%	(704,446)	(710,335)	5,889
21 Employee Benefits	11.8%	(146,788)	(147,480)	692	11.8%	(146,788)	(147,480)	692
22 Contract Labor	8.4%	(104,300)	(86,960)	(17,340)	8.4%	(104,300)	(86,960)	(17,340)
23 Professional Fees - Medical	18.8%	(233,242)	(240,741)	7,499	18.8%	(233,242)	(240,741)	7,499
24 Professional Fees - Other	3.1%	(38,889)	(21,225)	(17,664)	3.1%	(38,889)	(21,225)	(17,664)
25 Supplies	7.7%	(95,445)	(99,735)	4,290	7.7%	(95,445)	(99,735)	4,290
26 Purchased Services	12.9%	(160,371)	(159,063)	(1,309)	12.9%	(160,371)	(159,063)	(1,309)
27 Insurance	1.0%	(12,291)	(11,684)	(608)	1.0%	(12,291)	(11,684)	(608)
28 Rentals and Leases	1.2%	(14,845)	(15,333)	488	1.2%	(14,845)	(15,333)	488
29 Repairs and Maintenance	2.6%	(31,767)	(24,798)	(6,969)	2.6%	(31,767)	(24,798)	(6,969)
30 Utilities and Telephone	2.2%	(27,166)	(30,590)	3,423	2.2%	(27,166)	(30,590)	3,423
31 Depreciation & Amortization	3.2%	(39,253)	(38,060)	(1,192)	3.2%	(39,253)	(38,060)	(1,192)
32 Other Expenses	3.8%	(47,610)	(40,205)	(7,405)	3.8%	(47,610)	(40,205)	(7,405)
33 Total Operating Expenses	133.5%	(1,656,413)	(1,626,209)	(30,205)	133.5%	(1,656,413)	(1,626,209)	(30,205)
34 Income From Operations	-30.1%	(372,945)	(180,872)	(192,072)	-30.1%	(372,945)	(180,872)	(192,072)
35 Tax Revenue	0.0%	-	-	-	0.0%	-	-	-
36 IGT - Incoming Portion	0.0%	-	-	-	0.0%	-	-	-
37 Non Capital Grants and Donations	0.0%	-	1,667	(1,667)	0.0%	-	1,667	(1,667)
38 Interest Income	0.7%	9,280	33,000	(23,720)	0.7%	9,280	33,000	(23,720)
39 Interest Expense	0.0%	(490)	(393)	(97)	0.0%	(490)	(393)	(97)
40 Non-Operating Income (Expense)	0.0%	-	-	-	0.0%	-	-	-
41 Total Non-Operating Gain (Loss)	0.7%	8,790	34,273	(25,483)	0.7%	8,790	34,273	(25,483)
42 Net Income	-29.4%	(364,154)	(146,599)	(217,556)	-29.4%	(364,154)	(146,599)	(217,556)
43 Operating Margin %		(29.1%)	(12.5%)	-16.54%		(29.1%)	(12.5%)	-16.54%
44 Net Margin %		(28.4%)	(10.1%)	-18.23%		(28.4%)	(10.1%)	-18.23%
45 Payroll as % of Operating Expense		42.53%	43.68%	-1.15%		42.53%	43.68%	-1.15%
46 IGT Transaction Summary								
47 Outgoing		-	-	-		-	-	-
48 Incoming		-	-	-		-	-	-
49 Net Impact		-	-	-		-	-	-

**Seneca Healthcare District
Income Statement**

13-Month Trend Ended July 31, 2021

	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
1 REVENUE													
2 Inpatient Revenue - Acute	77,496	19,374	29,061	32,290	71,038	16,145	106,557	41,977	22,603	54,893	32,290	29,061	48,435
3 Inpatient Revenue - Swing	38,148	69,938	-	-	34,969	98,549	69,938	12,716	-	73,117	73,117	-	34,969
4 Inpatient Revenue - SNF	181,560	173,910	168,300	165,173	145,257	161,295	163,395	156,618	206,507	226,971	248,056	260,459	293,850
5 Inpatient Revenue - Ancillary	81,721	54,313	79,001	38,733	91,538	55,471	197,644	77,018	43,441	89,024	75,018	55,583	89,289
6 Inpatient Revenue - Total	378,925	317,535	276,362	236,196	342,802	331,460	537,534	288,330	272,551	444,005	428,481	345,103	466,543
7 Outpatient Revenue	1,742,465	1,918,405	1,601,549	1,565,601	1,170,695	1,040,219	1,284,479	1,178,183	1,362,672	1,399,187	1,377,827	1,718,620	1,496,800
8 Total Patient Revenue	2,121,390	2,235,940	1,877,911	1,801,797	1,513,496	1,371,679	1,822,013	1,466,512	1,635,223	1,843,193	1,806,309	2,063,723	1,963,343
9 Contractual Allowances	(906,880)	(867,627)	(651,886)	(698,604)	(621,772)	(424,824)	(722,264)	(587,785)	(66,286)	(677,238)	(657,015)	(553,820)	(662,870)
10 Charity Discount	(8)	(489)	(5)	(6,839)	(875)	(3,284)	(6,767)	(1,135)	(1,355)	(7,806)	(1,647)	(1,096)	-
11 Other Allowances	(33,849)	(36,666)	(36,666)	(77,893)	(46,351)	(117,491)	(50,932)	(72,651)	(102,500)	(90,453)	(87,351)	(135,747)	(42,321)
12 Bad Debt	(55,448)	(65,608)	(85,691)	(48,003)	(58,850)	(49,277)	(533)	(3,248)	(2,089)	(37,376)	(22,754)	(47,226)	(17,456)
13 Total Deductions	(996,185)	(969,788)	(774,249)	(831,339)	(727,850)	(594,876)	(780,496)	(664,819)	(192,239)	(812,874)	(778,766)	(737,888)	(722,647)
14 Net Patient Revenue	1,125,204	1,266,152	1,103,662	970,457	785,646	776,803	1,041,517	801,694	1,442,984	1,030,319	1,027,543	1,325,834	1,240,697
% of Gross Revenue	53.0%	56.6%	58.6%	53.9%	51.9%	56.8%	57.2%	54.7%	88.2%	55.9%	56.9%	64.2%	63.2%
15 Meaningful Use Revenue													
16 Quality Payments													
17 Other Operating Revenue	36,966	26,503	30,262	38,184	31,106	39,461	31,096	27,813	39,651	35,808	28,388	33,501	42,772
18 Total Operating Revenue	1,162,170	1,292,655	1,133,924	1,008,641	816,752	816,264	1,072,614	829,506	1,482,634	1,066,127	1,055,930	1,359,335	1,283,469
19 EXPENSES													
20 Salaries & Wages	(584,813)	(754,067)	(538,815)	(607,315)	(594,940)	(615,795)	(715,952)	(599,975)	(653,889)	(689,174)	(657,310)	(629,319)	(704,446)
21 Employee Benefits	(146,766)	(160,395)	(127,810)	(132,340)	(130,880)	(136,718)	(152,893)	(132,652)	(149,689)	(145,476)	(137,385)	(136,531)	(146,788)
22 Contract Labor	(110,794)	(148,844)	(95,214)	(80,650)	(73,221)	(66,976)	(22,231)	(29,627)	(58,958)	(78,023)	(61,434)	(94,163)	(104,300)
23 Professional Fees - Medical	(276,424)	(252,792)	(272,206)	(256,252)	(215,419)	(224,498)	(228,300)	(209,876)	(255,465)	(236,048)	(215,157)	(228,278)	(233,242)
24 Professional Fees - Other	(20,316)	(37,409)	(56,013)	(40,544)	(36,497)	(60,374)	(51,978)	(21,289)	(14,023)	(16,920)	(31,032)	(19,919)	(38,889)
25 Supplies	(98,125)	(112,155)	(103,247)	(120,346)	(105,278)	(149,251)	(90,280)	(114,918)	(90,574)	(114,192)	(88,320)	(101,269)	(95,445)
26 Purchased Services	(134,391)	(165,311)	(145,978)	(163,278)	(150,944)	(182,143)	(168,143)	(145,944)	(206,899)	(143,481)	(146,016)	(160,009)	(160,371)
27 Insurance	(10,475)	(10,722)	(10,091)	(10,209)	(10,360)	(10,662)	(10,313)	(10,440)	(10,446)	(10,446)	(10,376)	(10,038)	(12,291)
28 Rentals and Leases	(13,075)	(13,966)	(13,005)	(13,036)	(13,666)	(14,065)	(14,176)	(14,640)	(15,761)	(14,661)	(15,310)	(14,845)	(14,845)
29 Repairs and Maintenance	(15,425)	(10,872)	(12,029)	(27,052)	(15,305)	(13,898)	(15,179)	(18,458)	(19,806)	(18,394)	(17,885)	(17,409)	(31,787)
30 Utilities and Telephone	(25,278)	(28,338)	(27,549)	(30,085)	(29,732)	(33,531)	(29,979)	(30,572)	(36,061)	(26,433)	(25,040)	(26,984)	(27,166)
31 Depreciation & Amortization	(35,411)	(35,411)	(35,962)	(35,962)	(35,962)	(35,962)	(36,050)	(36,050)	(35,830)	(38,854)	(38,854)	(38,854)	(39,253)
32 Other Expenses	(24,602)	(19,037)	(16,070)	(24,974)	(28,825)	(40,299)	(29,789)	(26,646)	(16,716)	(32,204)	(37,660)	(24,763)	(47,610)
33 Total Operating Expenses	(1,495,895)	(1,749,320)	(1,453,989)	(1,542,041)	(1,441,029)	(1,544,312)	(1,565,063)	(1,395,258)	(1,564,122)	(1,564,308)	(1,471,790)	(1,502,160)	(1,656,413)
34 Income From Operations	(333,725)	(456,666)	(320,065)	(533,400)	(624,277)	(728,048)	(492,449)	(565,751)	(81,488)	(498,181)	(415,850)	(142,824)	(372,945)
35 Tax Revenue							293,428				247,599		
36 IGT - Incoming Portion			838,458			483,447		936,566				3,769,868	
37 Non Capital Grants and Donations	11,866	80	12,420	16,905	419	1,993	11,165		86,317		26,000	53,855	
38 Interest Income	32,591	445	666	25,669	93	288	18,928	73	160	12,407	145	5,999	9,280
39 Interest Expense	(511)	(502)	(847)	(508)	(483)	(518)	(471)	(446)	(435)	(426)	(436)	(432)	(490)
40 Non-Operating Income (Expense)	624,568	73,739	492										
41 Total Non-Operating Gain (Loss)	688,514	73,762	851,189	42,066	29	485,209	323,051	936,193	86,042	11,981	273,309	3,829,289	8,790
42 Net Income	334,789	(382,904)	531,124	(491,335)	(624,248)	(242,839)	(169,398)	370,442	4,554	(486,199)	(142,541)	3,686,465	(364,154)
43 Operating Margin %	(28.7%)	(35.3%)	(28.2%)	(52.9%)	(76.4%)	(89.2%)	(45.9%)	(68.2%)	(5.5%)	(46.7%)	(39.4%)	(10.5%)	(29.1%)
44 Net Margin %	28.8%	(29.6%)	46.8%	(48.7%)	(76.4%)	(29.8%)	(15.8%)	44.7%	0.3%	(45.6%)	(13.5%)	271.2%	(28.4%)
45 Payroll as % of Operating Expense	39.09%	43.11%	37.06%	39.38%	41.29%	39.88%	45.75%	43.00%	41.81%	44.06%	44.66%	41.89%	42.53%
46 IGT Transaction Summary													
47 Outgoing	-	405,000			211,750	292,675			2,877	991,218	303,635	(34,767)	
48 Incoming		-	838,458	-	483,447	483,447	-	936,566	-	-	-	3,769,868	-
49 Net Impact		(405,000)	838,458	-	(211,750)	190,772	-	936,566	(2,877)	(991,218)	(303,635)	3,804,635	-

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

	Unaudited	Unaudited	Audited	Audited	FY 2021-2020	
	FY 2022	FY 2021	FY 2020	FY 2019	\$ Change	% Change
	as of 7/31/2021	as of 6/30/2021	6/30/2020	6/30/2019		
ASSETS						
Current Assets						
Cash	\$ 1,510,943	\$ 3,115,934	\$ 902,195	\$ 18,884	\$ (1,604,991)	-51.51%
Short-term Investments	6,860,144	4,331,817	7,292,277	7,317,637	2,528,327	58.37%
Total Cash and Equivalents	8,371,087	7,447,751	8,194,471	7,336,520	923,336	12.40%
Patient Accounts Receivable	3,458,228	3,570,234	3,600,952	4,582,957	(112,005)	-3.14%
Accounts Receivable Reserves	(2,306,185)	(2,453,764)	(2,495,773)	(3,096,844)	147,579	-6.01%
Net Accounts Receivable	1,152,044	1,116,470	1,105,179	1,486,113	35,574	3.19%
<i>% of Gross Accounts Receivable</i>	<i>33.3%</i>	<i>31.3%</i>	<i>30.7%</i>	<i>32.4%</i>		
Inventory	322,952	325,481	264,374	250,386	(2,529)	-0.78%
Other Assets	(249,355)	797,961	1,346,360	669,462	(1,047,316)	-131.25%
Board Restricted Funds - Facility Capital	1,253,165	1,253,165	1,299,283	513,400	0	
Board Restricted Funds	5,723,469	5,742,822	4,854,496	612,125	(19,352)	-0.34%
Total Other Assets	7,050,231	8,119,429	7,764,513	2,045,374	(1,069,198)	-13.17%
Total Current Assets	16,573,362	16,683,651	17,064,163	10,868,007	(110,289)	-0.66%
Fixed Assets						
Land	90,610	90,610	90,609.80	90,610	0	0.00%
Buildings	5,762,782	5,762,782	5,741,619	5,532,267	0	0.00%
Capital Equipment	5,983,297	5,861,094	5,624,264	5,033,846	122,203	2.08%
Total Plant & Equipment	11,836,688	11,714,485	11,456,492	10,656,723	122,203	1.04%
Accumulated Depreciation	(9,402,576)	(9,363,323)	(8,924,179)	(8,493,946)	(39,253)	0.42%
Net Fixed Assets	2,434,113	2,351,162	2,532,313	2,162,778	82,951	3.53%
TOTAL ASSETS	\$ 19,007,475	\$ 19,034,812	\$ 19,596,476	\$ 13,030,785	\$ (27,338)	-0.14%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 715,566	\$ 491,693	\$ 513,833	\$ 626,379	\$ 223,873	45.53%
Accrued Payroll & Benefits	894,185	779,147	620,243	562,461	115,039	14.76%
Accrued Other Liabilities	4,517,189	4,517,189	4,501,218	207,968	0	0.00%
Total Current Liabilities	6,126,941	5,788,029	5,635,295	1,396,807	338,912	5.86%
Long-Term Liabilities						
Loans	1,508,168	1,508,168	1,508,168	14,250	0	0.00%
Capitalized Leases	84,456	86,552	110,836	133,793	(2,096)	-2.42%
Total Long-Term Liabilities	1,592,624	1,594,720	1,619,004	148,043	(2,096)	-0.13%
TOTAL LIABILITIES	7,719,565	7,382,748	7,254,299	1,544,850	336,817	4.56%
FUND BALANCE	11,287,910	11,652,064	12,342,178	11,485,935	(364,154)	-3.13%
TOTAL LIABILITIES AND FUND BALANCE	\$ 19,007,475	\$ 19,034,812	\$ 19,596,476	\$ 13,030,785	\$ (27,338)	-0.14%

Seneca Healthcare District
 Detail of Long Term Debt
 As of July 31, 2021

<u>Description</u>	<u>Original Amount</u>	<u>Origination Date</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Maturity</u>	<u>Secured By</u>	<u>Balance on July 31, 2021</u>
<u>Loans</u>							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan Draws	1,508,168						<u>1,508,168</u>
<u>Total Loans</u>	<u>2,410,058</u>			<u>0</u>			<u>1,508,168</u>
<u>Capitalized Leases</u>							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	84,456
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
<u>Total Capitalized Leases</u>	<u>672,753</u>			<u>2,492</u>			<u>84,456</u>
<u>Total Long Term Liabilities</u>	<u>3,082,811</u>			<u>2,492</u>			<u>1,592,624</u>

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

	YTD
	7/31/2021
Net Income (Loss)	\$ (364,154)
Changes in:	
Depreciation	39,253
(Increase)/Decrease in Net Accounts Receivable	(35,574)
(Increase)/Decrease in Inventory	2,529
(Increase)/Decrease in Other Assets	1,047,316
Increase/(Decrease) in Accounts Payable	223,873
Increase/(Decrease) in Accrued Payroll & Benefits	115,039
Increase/(Decrease) in Other Accrued Liabilities	-
Net Cash Provided (Used) by Operating Activities	1,392,437
Purchases of Equipment	(122,203)
Net Cash Provided (Used) in Investing Activities	(122,203)
Proceeds from New Loans	-
Principal Payments of Loans	-
Principal Payments under Capital Leases	(2,096)
Principal Payments under Inter-Governmental Transfer Program	-
Net Cash Provided (Used) in Financing Activities	(2,096)
Net Change in Cash and Cash Equivalents	903,983
Cash and Cash Equivalents, Beginning of Period	14,443,739
Cash and Cash Equivalents, End of Period	\$ 15,347,722

*Inclusive of Board Restricted Cash

Cash Detail by Account

Operating Checking - Plumas Bank	\$ 1,490,254
Suspense General Ledger for Receipts Pending R.A.'s	608
Payroll Checking - US Bank	19,736
Business Savings - Plumas Bank	309,566
Petty Cash - Receptionists	645
Local Agency Investment Fund	13,468,293
Series EE Bonds	58,620
Total Cash and Cash Equivalent Detail	\$ 15,347,722

**SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF JULY 2021**

MONTH TO DATE

	CURRENT MONTH JULY 2021	PRIOR MONTH JUNE 2021	PRIOR YEAR MONTH JULY 2020
1. In Patient Stays			
1.a Admissions	5	5	7
1.b Discharges	5	5	8
2. Out Patient Observations	8	11	14
3. Out Patient Surgeries	6	7	5
4. Emergency Visits	288	285	333
5. Lab Procedures	2,407	3,115	3,083
6. Radiology Procedures	293	363	362
6.a X-Ray Procedures	186	211	218
6.b Mammography	0	0	0
6.c MRI	3	9	4
6.d Ultrasound	15	16	17
6.e C T Scan	89	127	123
6.f Dexascanner	0	0	0
7. Respiratory Therapy/ABG/PFT	76	65	106
8. CardioPulmonary EKG/Holter	57	58	13
9. Stress Tests	0	0	0
10. Physical Therapy	214	281	296
11. Lake Almanor Clinic Visits	593	774	880
Dr. Ware	152	193	188
Dr. Walls	109	109	157
Dr. Cooper	106	149	132
NP Office/Nielsen/Troxell	19	86	158
NP Walk-in/Hayden	157	179	164
Specialty/Other	50	58	81

YEAR TO DATE

JULY 2021	JULY 2020
5	7
5	8
8	14
6	5
288	333
2,407	3,083
293	362
186	218
0	0
3	4
15	17
89	123
0	0
76	106
57	13
0	0
214	296
593	880
152	188
109	157
106	132
19	158
157	164
50	81

ACUTE CARE

12. Acute Patient Days	15	9	24
13. Acute ADC	0.48	0.30	0.77
14. % Occupancy	4.84	3.00	7.74
15. Avg Length of Stay	3.00	1.80	3.43
16. Swing Bed Days	11	0	12
17. Swing Bed ADC	0.35	0.00	0.39
18. Total ADC	0.84	0.30	1.16

15	24
0.48	0.77
4.84	7.74
3.00	3.43
11	12
0.35	0.39
0.84	1.16

SKILLED NURSING UNIT

19. Patient Days	474	420	357
20. Average Daily Census	15.29	14.00	11.52
21. % Occupancy	95.56	87.50	71.98

474	357
15.29	11.52
95.56	71.98

TOTALS

22. Patient Days	500	429	393
23. Average Daily Census	16.13	14.30	12.68
24. Total Adjusted Patient Days	2,104	2,565	2,200

500	393
16.13	12.68
2,104	2,200

Seneca Healthcare District
Professional Fees- Medical
July 31, 2021

G/L #	Description	Actual ME 7/31/2021	Budget ME 7/31/2021	(Over)/Under Budget	Actual YTD 7/31/2021	Budget YTD 7/31/2021	(Over)/Under Budget
	Grand Total	233,242.42	240,741.24	7,498.82	233,242.42	240,741.24	7,498.82
41220040	EMERG RM PHYSICIAN FEES	99,736.00	100,440.00	704.00	99,736.00	100,440.00	704.00
	SHD Contracted Physicians	84,360.00	87,480.00	3,120.00	84,360.00	87,480.00	3,120.00
	Locums Physicians	15,376.00	12,960.00	(2,416.00)	15,376.00	12,960.00	(2,416.00)
41220044	SURGERY PHYSICIAN FEES	9,650.20	14,922.08	5,271.88	9,650.20	14,922.08	5,271.88
41220044	Surgery -						
	Surgeries	4,759.30	7,155.41	2,396.11	4,759.30	7,155.41	2,396.11
	Call			-			-
	Clinic	1,290.90	4,166.67	2,875.77	1,290.90	4,166.67	2,875.77
	CRNA	3,600.00	3,600.00	-	3,600.00	3,600.00	-
41220049	LK ALMANOR PHYSICIAN FEES	89,788.65	86,512.50	(3,276.15)	89,788.65	86,512.50	(3,276.15)
41229049							
	SHD Contracted Physicians	61,498.15	57,666.67	(3,831.48)	61,498.15	57,666.67	(3,831.48)
	FNP Supervision	3,600.00	4,112.50	512.50	3,600.00	4,112.50	512.50
	FNP Office	-	-	-	-	-	-
	Walk-In Clinic	20,098.00	20,400.00	302.00	20,098.00	20,400.00	302.00
	Telemedicine	4,592.50	4,333.33	(259.17)	4,592.50	4,333.33	(259.17)
		89,788.65	86,512.50	(3,276.15)	89,788.65	86,512.50	(3,276.15)
	Other Professional Fees- Medical	34,067.57	38,866.67	4,799.10	34,067.57	38,866.67	4,799.10



**Seneca Healthcare District
Financial Statements - Board Report
August 2021**

Summary

Seneca Healthcare District had a net loss of \$682k, during the month, compared to budgeted loss of \$187k; for a negative variance of \$495k. This was primarily due to the impact of the Dixie Fire, including the closure of the hospital (17 days) and clinic (19 days). The lost revenue was somewhat offset by a reduction in operating expenses.

Revenues

Gross patient revenue, for the month, ended at \$923k compared to a budgeted amount of \$2.00M, for a negative variance of \$1.08M. Net patient revenue as a percent of gross was 75.0%, compared to a budget of 66.0%, due to a positive variance in bad debt expense.

There were 11 acute inpatient days in the month (budget of 16), and 0 swing bed days (budget of 13), resulting in an average daily census (ADC) of .35 patients per day. The skilled nursing unit had an ADC of 16.00 (budget of 15), resulting in an occupancy percent of 100.0%.

Outpatient revenue was \$532k versus a budget of \$1.56M for a negative variance of \$1.03M. Lake Almanor Clinic visits were 230 versus a budget of 866.

Expenses

Total operating expenses for the month were \$1.39M, versus a budget of \$1.55M, for a positive variance of \$157k.

Salaries & Wages: Salaries and wages were under budget by \$27k.

FTEs, for the month, were 98.83 versus a budget of 104.05 and the average hourly wage (AHW) was \$34.42 versus a budget of \$36.17.

Contract Labor: Contract labor was over budget by \$1k, this month. FTEs, for the month, were 6.95 versus a budget of 6.70.

Pro Fees Medical: See attached analysis

Supplies: Over budget \$22k due to the cost associated with the replacement of fire damaged supplies for the lab and pharmacy.

Purchased Services: Under budget \$17k due to the reduction of fee for service contracts in lab, radiology, pharmacy, and patient accounting.

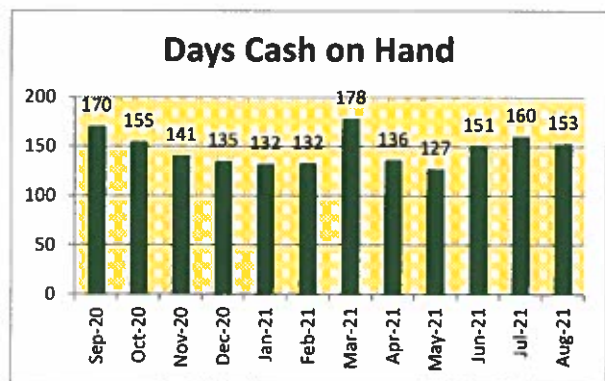
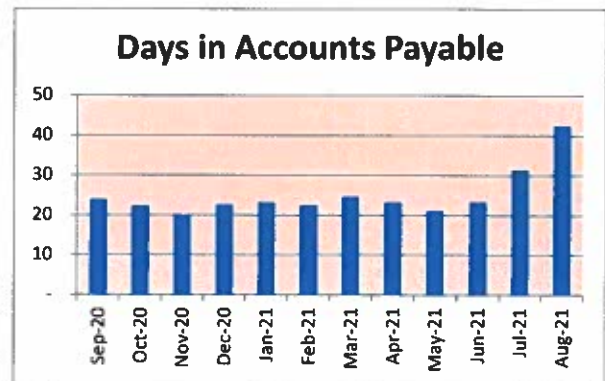
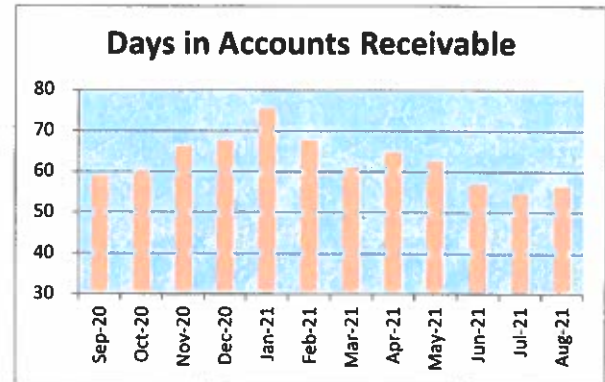
All Other Expense Categories: All categories either slightly above or slightly below the budgeted amount.

Additional Information

Days of cash on hand decreased from 160.4 to 152.9, due to the loss for the month, which was somewhat offset by the increase in the outstanding accounts payable balance.

Revenue Cycle

Gross accounts receivable ended the month at \$3.08M, which is a \$382k decrease over last month. Gross accounts receivable days increased (decrease in average daily revenue) this month to 56.3 and is just outside the best practices target of 45-55 days.



Current Ratio.....	2.03
Operating Margin.....	-52.9%
Days in Accounts Receivable.....	56.3
Long-Term Debt to Capitalization.....	0.04
Debt Service Coverage.....	-3,237%
Days Cash on Hand Excl. Board Restr.....	152.9

**Seneca Healthcare District
Income Statement
For the Month of August 2021**

	% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
1 REVENUE								
2 Inpatient Revenue - Acute		35,519	50,050	(14,531)		83,954	100,099	(16,145)
3 Inpatient Revenue - Swing Bed		-	41,366	(41,366)		34,969	82,732	(47,763)
4 Inpatient Revenue - SNF		307,563	279,000	28,563		601,413	558,000	43,413
5 Inpatient Revenue - Ancillary		47,417	69,956	(22,539)		136,706	139,911	(3,206)
6 Inpatient Revenue - Total		390,499	440,371	(49,873)		857,042	880,743	(23,701)
7 Outpatient Revenue		532,556	1,563,762	(1,031,207)		2,029,356	3,257,838	(1,228,483)
8 Total Patient Revenue		923,054	2,004,134	(1,081,080)		2,886,398	4,138,581	(1,252,184)
9 Contractual Allowances		(194,773)	(576,395)	381,621		(857,643)	(1,190,268)	332,625
10 Charity Discount		-	(3,267)	3,267		-	(6,745)	6,745
11 Other Allowances		(26,421)	(60,995)	34,574		(68,741)	(125,955)	57,214
12 Bad Debt		(9,283)	(41,593)	32,311		(26,739)	(85,891)	59,153
13 Total Deductions		(230,477)	(682,249)	451,773		(953,123)	(1,408,860)	455,737
14 Net Patient Revenue		692,577	1,321,885	(629,307)		1,933,274	2,729,721	(796,447)
% of Gross Revenue		75.0%	66.0%	9.1%		67.0%	66.0%	1.0%
15 Meaningful Use Revenue		-	-	-		-	-	-
16 Quality Payments		-	-	-		-	-	-
17 Other Operating Revenue		16,788	37,500	(20,712)		59,560	75,000	(15,440)
18 Total Operating Revenue		709,365	1,359,385	(650,019)		1,992,834	2,804,721	(811,887)
19 EXPENSES								
20 Salaries & Wages	93.0%	(644,090)	(670,889)	26,799	69.8%	(1,348,536)	(1,381,224)	32,688
21 Employee Benefits	18.5%	(127,903)	(139,350)	11,447	14.2%	(274,691)	(286,831)	12,139
22 Contract Labor	12.7%	(88,280)	(86,960)	(1,320)	10.0%	(192,580)	(173,920)	(18,660)
23 Professional Fees - Medical	18.2%	(125,933)	(243,941)	118,008	18.6%	(359,175)	(484,682)	125,507
24 Professional Fees - Other	2.2%	(15,234)	(22,500)	7,266	2.8%	(54,123)	(43,725)	(10,398)
25 Supplies	20.3%	(140,738)	(118,924)	(21,814)	12.2%	(236,183)	(218,659)	(17,523)
26 Purchased Services	16.3%	(112,826)	(130,063)	17,237	14.1%	(273,197)	(289,125)	15,928
27 Insurance	1.9%	(13,212)	(11,684)	(1,529)	1.3%	(25,503)	(23,367)	(2,136)
28 Rentals and Leases	2.2%	(14,959)	(15,333)	374	1.5%	(29,804)	(30,667)	862
29 Repairs and Maintenance	1.7%	(11,460)	(11,342)	(119)	2.2%	(43,227)	(36,140)	(7,087)
30 Utilities and Telephone	3.4%	(23,511)	(28,590)	5,078	2.6%	(50,678)	(59,179)	8,502
31 Depreciation & Amortization	5.5%	(38,377)	(38,060)	(317)	4.0%	(77,629)	(76,120)	(1,509)
32 Other Expenses	5.0%	(34,915)	(31,205)	(3,710)	4.3%	(82,524)	(71,410)	(11,114)
33 Total Operating Expenses	200.9%	(1,391,438)	(1,548,841)	157,403	157.7%	(3,047,851)	(3,175,050)	127,198
34 Income From Operations	-98.5%	(682,073)	(189,456)	(492,617)	-54.6%	(1,055,018)	(370,328)	(684,689)
35 Tax Revenue	0.0%	-	-	-	0.0%	-	-	-
36 IGT - Incoming Portion	0.0%	-	-	-	0.0%	-	-	-
37 Non Capital Grants and Donations	0.0%	-	1,667	(1,667)	0.0%	-	3,333	(3,333)
38 Interest Income	0.0%	146	600	(454)	0.5%	9,426	33,600	(24,174)
39 Interest Expense	-0.1%	(454)	(393)	(61)	0.0%	(944)	(786)	(158)
40 Non-Operating Income (Expense)	0.0%	-	-	-	0.0%	-	-	-
41 Total Non-Operating Gain (Loss)	0.0%	(308)	1,873	(2,182)	0.4%	8,482	36,147	(27,665)
42 Net Income	-98.5%	(682,381)	(187,583)	(494,798)	-54.1%	(1,046,535)	(334,182)	(712,354)
43 Operating Margin %		(96.2%)	(13.9%)	-82.22%		(52.9%)	(13.2%)	-39.74%
44 Net Margin %		(96.2%)	(13.8%)	-82.40%		(52.5%)	(11.9%)	-40.60%
45 Payroll as % of Operating Expense		46.29%	43.32%	2.97%		44.25%	43.50%	0.74%
46 IGT Transaction Summary								
47 Outgoing		14,043	-	(14,043)		14,043	-	(14,043)
48 Incoming		-	-	-		-	-	-
49 Net Impact		(14,043)	-	(14,043)		(14,043)	-	(14,043)

**Seneca Healthcare District
Income Statement
13-Month Trend Ended August 31, 2021**

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
1 REVENUE													
2 Inpatient Revenue - Acute	19,374	29,061	32,290	71,038	16,145	106,557	41,977	22,603	54,893	32,290	29,061	48,435	35,519
3 Inpatient Revenue - Swing	69,938	-	-	34,969	98,549	69,938	12,716	-	73,117	73,117	-	34,969	-
4 Inpatient Revenue - SNF	173,910	168,300	165,173	145,257	161,295	163,395	156,618	206,507	226,971	248,056	260,459	293,850	307,563
5 Inpatient Revenue - Ancillary	54,313	79,001	38,733	91,538	55,471	197,644	77,018	43,441	89,024	75,018	55,583	89,289	47,417
6 Inpatient Revenue - Total	317,535	276,362	236,196	342,802	331,460	537,534	288,330	272,551	444,005	428,481	345,103	466,543	390,499
7 Outpatient Revenue	1,918,405	1,601,549	1,565,601	1,170,695	1,040,219	1,284,479	1,178,183	1,362,672	1,399,187	1,377,827	1,718,620	1,496,800	532,556
8 Total Patient Revenue	2,235,940	1,877,911	1,801,797	1,513,496	1,371,679	1,822,013	1,466,512	1,635,223	1,843,193	1,806,309	2,063,723	1,963,343	923,054
9 Contractual Allowances	(867,627)	(651,886)	(698,604)	(621,772)	(424,824)	(722,264)	(587,785)	(66,286)	(677,238)	(657,015)	(553,820)	(662,870)	(194,773)
10 Charity Discount	(489)	(5)	(6,839)	(875)	(3,284)	(6,767)	(1,135)	(1,355)	(7,806)	(11,647)	(1,096)	-	-
11 Other Allowances	(36,065)	(36,666)	(77,893)	(46,354)	(117,491)	(50,932)	(72,651)	(102,500)	(90,453)	(67,351)	(135,747)	(42,321)	(26,421)
12 Bad Debt	(65,608)	(85,691)	(48,003)	(58,850)	(49,277)	(533)	(3,248)	(2,099)	(37,376)	(22,754)	(47,226)	(17,456)	(9,283)
13 Total Deductions	(969,788)	(774,249)	(831,339)	(727,850)	(594,876)	(780,496)	(664,819)	(192,239)	(812,874)	(778,766)	(737,888)	(722,647)	(230,477)
14 Net Patient Revenue	1,266,152	1,103,662	970,457	785,646	776,803	1,041,517	801,694	1,442,984	1,030,319	1,027,543	1,325,834	1,240,697	692,577
% of Gross Revenue	56.6%	58.8%	53.9%	51.9%	56.6%	57.2%	54.7%	88.2%	55.9%	56.9%	64.2%	63.2%	75.0%
15 Meaningful Use Revenue													
16 Quality Payments													
17 Other Operating Revenue	26,503	30,262	38,184	31,106	39,461	31,096	27,813	39,651	35,808	28,388	33,501	42,772	16,788
18 Total Operating Revenue	1,292,655	1,133,924	1,008,641	816,752	816,264	1,072,614	829,506	1,482,634	1,066,127	1,055,930	1,359,335	1,283,469	709,365
19 EXPENSES													
20 Salaries & Wages	(754,067)	(538,815)	(607,315)	(594,940)	(615,795)	(715,952)	(599,975)	(653,889)	(689,174)	(657,310)	(629,319)	(704,446)	(644,090)
21 Employee Benefits	(160,395)	(127,810)	(132,340)	(130,880)	(136,718)	(152,693)	(132,652)	(149,689)	(145,476)	(137,365)	(136,531)	(146,788)	(127,903)
22 Contract Labor	(148,844)	(95,214)	(80,650)	(73,221)	(66,976)	(22,231)	(29,827)	(58,958)	(78,023)	(61,434)	(94,163)	(104,300)	(88,280)
23 Professional Fees - Medical	(252,792)	(272,206)	(256,252)	(215,419)	(224,498)	(228,300)	(209,876)	(255,465)	(236,048)	(215,157)	(228,278)	(233,242)	(125,933)
24 Professional Fees - Other	(37,409)	(56,013)	(40,544)	(36,497)	(60,574)	(51,978)	(21,289)	(14,023)	(16,920)	(31,032)	(19,919)	(38,889)	(15,234)
25 Supplies	(112,155)	(103,247)	(120,346)	(105,278)	(149,251)	(90,280)	(114,192)	(90,574)	(114,192)	(88,320)	(101,269)	(95,445)	(140,738)
26 Purchased Services	(165,311)	(145,978)	(163,278)	(150,944)	(142,085)	(168,143)	(145,151)	(206,899)	(143,481)	(146,016)	(160,004)	(160,371)	(112,826)
27 Insurance	(10,722)	(10,091)	(10,209)	(10,360)	(10,662)	(10,313)	(10,440)	(10,453)	(10,446)	(10,376)	(10,038)	(12,291)	(13,212)
28 Rentals and Leases	(13,968)	(13,005)	(13,036)	(13,666)	(14,065)	(14,176)	(19,604)	(15,761)	(14,661)	(15,310)	(14,640)	(14,845)	(14,959)
29 Repairs and Maintenance	(10,872)	(12,029)	(27,052)	(13,898)	(15,305)	(15,179)	(18,458)	(19,806)	(18,394)	(7,885)	(17,409)	(31,767)	(11,460)
30 Utilities and Telephone	(28,338)	(27,549)	(30,085)	(29,732)	(33,531)	(29,979)	(30,572)	(36,061)	(26,433)	(25,040)	(26,964)	(27,166)	(23,511)
31 Depreciation & Amortization	(35,417)	(35,962)	(35,962)	(35,962)	(35,962)	(36,050)	(36,050)	(35,830)	(38,854)	(38,854)	(38,854)	(39,253)	(38,377)
32 Other Expenses	(19,037)	(16,070)	(24,974)	(28,825)	(40,299)	(29,789)	(26,646)	(16,716)	(32,204)	(37,660)	(24,753)	(47,610)	(34,915)
33 Total Operating Expenses	(1,749,320)	(1,453,989)	(1,542,041)	(1,441,029)	(1,544,312)	(1,565,063)	(1,395,258)	(1,564,122)	(1,564,308)	(1,471,780)	(1,502,160)	(1,656,413)	(1,391,438)
34 Income From Operations	(456,666)	(320,065)	(533,400)	(624,277)	(728,048)	(492,449)	(565,751)	(81,488)	(498,181)	(415,850)	(142,824)	(372,945)	(682,073)
35 Tax Revenue						293,428				247,599			
36 IGT - Incoming Portion		838,458			483,447		936,566				3,769,868		
37 Non Capital Grants and Donations	80	12,420	16,905	419	1,993	11,165	86,317	86,317		26,000	53,855		
38 Interest Income	445	666	25,669	93	288	18,928	73	160	12,407	145	5,999	9,280	146
39 Interest Expense	(502)	(847)	(508)	(483)	(518)	(471)	(446)	(435)	(426)	(436)	(432)	(490)	(454)
40 Non-Operating Income (Expense)	73,739	492											
41 Total Non-Operating Gain (Loss)	73,762	851,189	42,066	29	485,209	323,051	936,193	86,042	11,981	273,309	3,829,289	8,790	(308)
42 Net Income	(382,904)	531,124	(491,335)	(624,248)	(242,839)	(169,399)	370,442	4,554	(486,199)	(142,541)	3,686,465	(364,154)	(682,381)
43 Operating Margin %	(35.3%)	(28.2%)	(52.9%)	(76.4%)	(89.2%)	(45.9%)	(68.2%)	(5.5%)	(46.7%)	(39.4%)	(10.5%)	(29.1%)	(96.2%)
44 Net Margin %	(29.6%)	46.8%	(48.7%)	(76.4%)	(29.8%)	(15.8%)	44.7%	0.3%	(45.6%)	(13.5%)	271.2%	(28.4%)	(96.2%)
45 Payroll as % of Operating Expense	43.11%	37.06%	39.38%	41.29%	39.88%	45.75%	43.00%	41.81%	44.06%	44.66%	41.89%	42.53%	46.29%
46 IGT Transaction Summary													
47 Outgoing	405,000			211,750	292,675			2,877	991,218	303,635		(34,767)	14,043
48 Incoming		838,458			483,447		936,566				3,769,868		
49 Net Impact	(405,000)	838,458		(211,750)	190,772		936,566	(2,877)	(991,218)	(303,635)	3,804,635		(14,043)

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

	Unaudited	Unaudited	Audited	Audited	FY 2022-2021	
	FY 2022	FY 2021	FY 2020	FY 2019	\$ Change	% Change
	as of 8/31/2021	as of 6/30/2021	6/30/2020	6/30/2019		
ASSETS						
Current Assets						
Cash	\$ 1,116,423	\$ 3,115,934	\$ 902,195	\$ 18,884	\$ (1,999,511)	-64.17%
Short-term Investments	6,860,170	4,331,817	7,292,277	7,317,637	2,528,353	58.37%
Total Cash and Equivalents	7,976,593	7,447,751	8,194,471	7,336,520	528,842	7.10%
Patient Accounts Receivable	3,076,243	3,570,234	3,600,952	4,582,957	(493,991)	-13.84%
Accounts Receivable Reserves	(2,061,078)	(2,453,764)	(2,495,773)	(3,096,844)	392,686	-16.00%
Net Accounts Receivable	1,015,165	1,116,470	1,105,179	1,486,113	(101,305)	-9.07%
<i>% of Gross Accounts Receivable</i>	<i>33.0%</i>	<i>31.3%</i>	<i>30.7%</i>	<i>32.4%</i>		
Inventory	322,764	325,481	264,374	250,386	(2,717)	-0.83%
Other Assets	(121,209)	797,961	1,346,360	669,462	(919,170)	-115.19%
Board Restricted Funds - Facility Capital	1,253,165	1,253,165	1,299,283	513,400	0	
Board Restricted Funds	5,723,469	5,742,822	4,854,496	612,125	(19,352)	-0.34%
Total Other Assets	7,178,190	8,119,429	7,764,513	2,045,374	(941,239)	-11.59%
Total Current Assets	16,169,949	16,683,651	17,064,163	10,868,007	(513,702)	-3.08%
Fixed Assets						
Land	90,610	90,610	90,609.80	90,610	0	0.00%
Buildings	5,762,782	5,762,782	5,741,619	5,532,267	0	0.00%
Capital Equipment	6,076,550	5,861,094	5,624,264	5,033,846	215,456	3.68%
Total Plant & Equipment	11,929,941	11,714,485	11,456,492	10,656,723	215,456	1.84%
Accumulated Depreciation	(9,440,953)	(9,363,323)	(8,924,179)	(8,493,946)	(77,629)	0.83%
Net Fixed Assets	2,488,989	2,351,162	2,532,313	2,162,778	137,827	5.86%
TOTAL ASSETS	\$ 18,658,937	\$ 19,034,812	\$ 19,596,476	\$ 13,030,785	\$ (375,875)	-1.97%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 1,041,946	\$ 491,693	\$ 513,833	\$ 626,379	\$ 550,253	111.91%
Accrued Payroll & Benefits	917,798	779,147	620,243	562,461	138,652	17.80%
Accrued Other Liabilities	6,025,357	4,517,189	4,501,218	207,968	1,508,168	0.00%
Total Current Liabilities	7,985,102	5,788,029	5,635,295	1,396,807	2,197,073	37.96%
Long-Term Liabilities						
Loans	0	1,508,168	1,508,168	14,250	(1,508,168)	-100.00%
Capitalized Leases	82,350	86,552	110,836	133,793	(4,201)	-4.85%
Total Long-Term Liabilities	82,350	1,594,720	1,619,004	148,043	(1,512,369)	-94.84%
TOTAL LIABILITIES	8,067,452	7,382,748	7,254,299	1,544,850	684,704	9.27%
FUND BALANCE	10,591,485	11,652,064	12,342,178	11,485,935	(1,060,579)	-9.10%
TOTAL LIABILITIES AND FUND BALANCE	\$ 18,658,937	\$ 19,034,812	\$ 19,596,476	\$ 13,030,785	\$ (375,875)	-1.97%

Seneca Healthcare District
 Detail of Long Term Debt
 As of August 31, 2021

<u>Description</u>	<u>Original Amount</u>	<u>Origination Date</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Maturity</u>	<u>Secured By</u>	<u>Balance on Aug 31, 2021</u>
<u>Loans</u>							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan	1,508,168	May 2020			May 2022		0
<u>Total Loans</u>	<u>2,410,058</u>			<u>0</u>			<u>0</u>
<u>Capitalized Leases</u>							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	82,350
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
<u>Total Capitalized Leases</u>	<u>672,753</u>			<u>2,492</u>			<u>82,350</u>
<u>Total Long Term Liabilities</u>	<u>3,082,811</u>			<u>2,492</u>			<u>82,350</u>

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

	YTD
	8/31/2021
Net Income (Loss)	\$ (1,046,535)
Changes in:	
Depreciation	77,629
(Increase)/Decrease in Net Accounts Receivable	101,305
(Increase)/Decrease in Inventory	2,717
(Increase)/Decrease in Other Assets	919,170
Increase/(Decrease) in Accounts Payable	550,253
Increase/(Decrease) in Accrued Payroll & Benefits	138,652
Increase/(Decrease) in Other Accrued Liabilities	1,508,168
Net Cash Provided (Used) by Operating Activities	3,297,894
Purchases of Equipment	(215,456)
Net Cash Provided (Used) in Investing Activities	(215,456)
Proceeds from New Loans	-
Principal Payments of Loans	(1,508,168)
Principal Payments under Capital Leases	(4,201)
Principal Payments under Inter-Governmental Transfer Program	(14,043)
Net Cash Provided (Used) in Financing Activities	(1,526,413)
Net Change in Cash and Cash Equivalents	509,490
Cash and Cash Equivalents, Beginning of Period	14,443,739
Cash and Cash Equivalents, End of Period	\$ 14,953,228

*Inclusive of Board Restricted Cash

Cash Detail by Account

Operating Checking - Plumas Bank	\$ 812,560
Suspense General Ledger for Receipts Pending R.A.'s	(760)
Payroll Checking - US Bank	304,277
Business Savings - Plumas Bank	309,592
Petty Cash - Receptionists	645
Local Agency Investment Fund	13,468,293
Series EE Bonds	58,620
Total Cash and Cash Equivalent Detail	\$ 14,953,228

**SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF AUGUST 2021**

MONTH TO DATE

	CURRENT MONTH AUG 2021	PRIOR MONTH JULY 2021	PRIOR YEAR MONTH AUG 2020
1. In Patient Stays			
1.a Admissions	5	5	5
1.b Discharges	3	5	5
2. Out Patient Observations	5	8	20
3. Out Patient Surgeries	0	6	14
4. Emergency Visits	102	288	289
5. Lab Procedures	841	2,407	2,738
6. Radiology Procedures	94	293	447
6.a X-Ray Procedures	61	186	230
6.b Mammography	0	0	0
6.c MRI	0	3	4
6.d Ultrasound	5	15	31
6.e C T Scan	28	89	182
6.f Dexascanner	0	0	0
7. Respiratory Therapy/ABG/PFT	50	76	72
8. CardioPulmonary EKG/Holter	25	57	86
9. Stress Tests	0	0	1
10. Physical Therapy	87	214	268
11. Lake Almanor Clinic Visits	230	593	714
Dr. Ware	74	152	160
Dr. Walls	37	109	95
Dr. Cooper	41	106	110
NP Office/Nielsen/Troxell	0	19	145
NP Walk-in/Hayden	62	157	120
Specialty/Other	16	50	84

YEAR TO DATE

JULY 2021 AUG 2021	JULY 2020 AUG 2020
10	12
8	13
13	34
6	19
390	622
3,248	5,821
387	809
247	448
0	0
3	8
20	48
117	305
0	0
126	178
82	99
0	1
301	564
823	1,594
226	348
146	252
147	242
19	303
219	284
66	165

ACUTE CARE

12. Acute Patient Days	11	15	6
13. Acute ADC	0.35	0.48	0.19
14. % Occupancy	3.55	4.84	1.94
15. Avg Length of Stay	2.20	3.00	1.20
16. Swing Bed Days	0	11	22
17. Swing Bed ADC	0.00	0.35	0.71
18. Total ADC	0.35	0.84	0.90

26	30
0.43	0.48
4.26	4.84
2.60	2.50
11	34
0.18	0.55
0.61	1.03

SKILLED NURSING UNIT

19. Patient Days	496	474	341
20. Average Daily Census	16.00	15.29	11.00
21. % Occupancy	100.00	95.56	68.75

970	698
15.90	11.26
99.39	70.36

TOTALS

22. Patient Days	507	500	369
23. Average Daily Census	16.35	16.13	11.90
24. Total Adjusted Patient Days	1,198	2,104	2,598

1,007	762
16.51	12.29
3,391	4,767

Seneca Healthcare District
Professional Fees- Medical
August 31, 2021

G/L #	Description	Actual ME 8/31/2021	Budget ME 8/31/2021	(Over)/Under Budget	Actual YTD 8/31/2021	Budget YTD 8/31/2021	(Over)/Under Budget
	Grand Total	125,932.77	243,941.24	118,008.47	359,175.19	484,682.49	125,507.30
41220040	EMERG RM PHYSICIAN FEES	45,058.00	100,440.00	55,382.00	144,794.00	200,880.00	56,086.00
	SHD Contracted Physicians	37,570.00	86,134.01	48,564.01	121,930.00	173,614.01	51,684.01
	Locums Physicians	7,488.00	14,305.99	6,817.99	22,864.00	27,265.99	4,401.99
41220044	SURGERY PHYSICIAN FEES	-	14,922.08	14,922.08	9,650.20	29,844.16	20,193.96
41220044	Surgery - Surgeries Call	-	7,155.41	7,155.41	4,759.30	14,310.82	9,551.52
	Clinic	-	4,166.67	4,166.67	1,290.90	8,333.33	7,042.43
	CRNA	-	3,600.00	3,600.00	3,600.00	7,200.00	3,600.00
41220049	LK ALMANOR PHYSICIAN FEES	66,914.11	89,712.50	22,798.39	156,702.76	176,225.00	19,522.24
41229049	SHD Contracted Physicians	52,464.11	67,666.67	15,202.56	113,962.26	125,333.33	11,371.07
	FNP Supervision	1,350.00	4,112.50	2,762.50	4,950.00	8,225.00	3,275.00
	FNP Office	-	-	-	-	-	-
	Walk-In Clinic	13,100.00	13,600.00	500.00	33,198.00	34,000.00	802.00
	Telemedicine	-	4,333.33	4,333.33	4,592.50	8,666.67	4,074.17
		66,914.11	89,712.50	22,798.39	156,702.76	176,225.00	19,522.24
	Other Professional Fees- Medical	13,960.66	38,866.67	24,906.01	48,028.23	77,733.33	29,705.10

**BEFORE THE BOARD OF DIRECTORS
OF THE
SENECA HEALTHCARE DISTRICT**

RESOLUTION 2021-428

Resolution of the Board of Directors of the Seneca Healthcare District requesting the Plumas Local Agency Formation Commission (LAFCo) to take proceedings for the annexation of two parcels for Seneca Healthcare District numbered APN 100-230-028 and 100-230-029 to the Chester Public Utility District.

It is hereby resolved by the Board of Directors of the Seneca Healthcare District that:

WHEREAS, the Seneca Healthcare District desires to initiate proceedings pursuant to the Cortese-Knox Local Government Reorganization Act of 2000, commencing with Section 56000 of the California Government Code, for the annexation of two parcels to the Chester Public Utility District ; and

WHEREAS, at the time and in the manner provided by law, the General Manager gave notice of the date, time, and place of a public hearing by the District Board of Directors to initiate these proceedings; and

WHEREAS, a notice of intent to adopt this resolution of application has not been given to each interested and subject agency; and

WHEREAS, there are no affected cities or districts within the meaning of Subdivision (2) of Section 56700 of the Government Code; and

WHEREAS, the territory proposed to be annexed is uninhabited and a map and description of the boundaries of the property are set forth in Exhibits A and B attached hereto and by this reference incorporated herein; and

WHEREAS, this proposal is consistent with the sphere of influence of the Chester Public Utility District; and

WHEREAS, it is desired to provide that the proposed annexation be subject to the following terms and conditions:

1. All costs incurred to complete the annexation including but not limited to Plumas LAFCo and the State Board of Equalization costs will be born by the property owner and district.
2. All impact mitigation fees will be applied to any construction on this property after the completion of the annexation.
3. CEQA requirements will be met by the County through the General Plan Amendment process prior to the LAFCo hearing to consider the annexation.
4. These two (2) APN's will be conjoined upon annexation into one (1) Tax Rate Area.
5. Chester Public Utility District confirm its ability and willingness to serve the property in question with a will serve letter for water, wastewater, and fire services.

WHEREAS, the reasons for the proposed annexation are as follows;

1. The annexation of the above noted parcels to the Chester Public Utility District for the purposes of receiving water, wastewater, and fire services, will allow the Seneca Healthcare District to provide enhanced healthcare services to an inhabited area that has no other means of acquiring such services.

WHEREAS, the Board of the Seneca Healthcare District has made an environmental determination for this project and finds that this land with annexation is suitable for the purpose defined by the Seneca Healthcare District; and

WHEREAS, this Board certifies that, pursuant to Section 56663 of the Government Code:
Because the property in question is currently uninhabited and all of the property owners have consented in writing, the Board of the Seneca Healthcare District wishes to waive the notice and hearing and (or) election; and

WHEREAS, in accordance with Government Code Section 56653, the Board hereby adopts a Plan for Services for this proposed annexation; and

Now, therefore, this Resolution of Application is hereby adopted and approved by the Board of Directors of the Seneca Healthcare District, and the Plumas Local Agency Formation Commission is hereby requested to take proceedings for the property owned by Seneca Healthcare District as shown in Exhibit A according to the terms and conditions stated above and in the manner provided by the Cortese-Knox Local Government Reorganization Act of 2000.

PASSED AND ADOPTED by the Board of Directors as a Resolution of the Seneca Healthcare District at a regular Board Meeting held on the 30th day of September, 2021 by the following vote:

AYES: _____
(name)

(name)

(name)

(name)

(name)

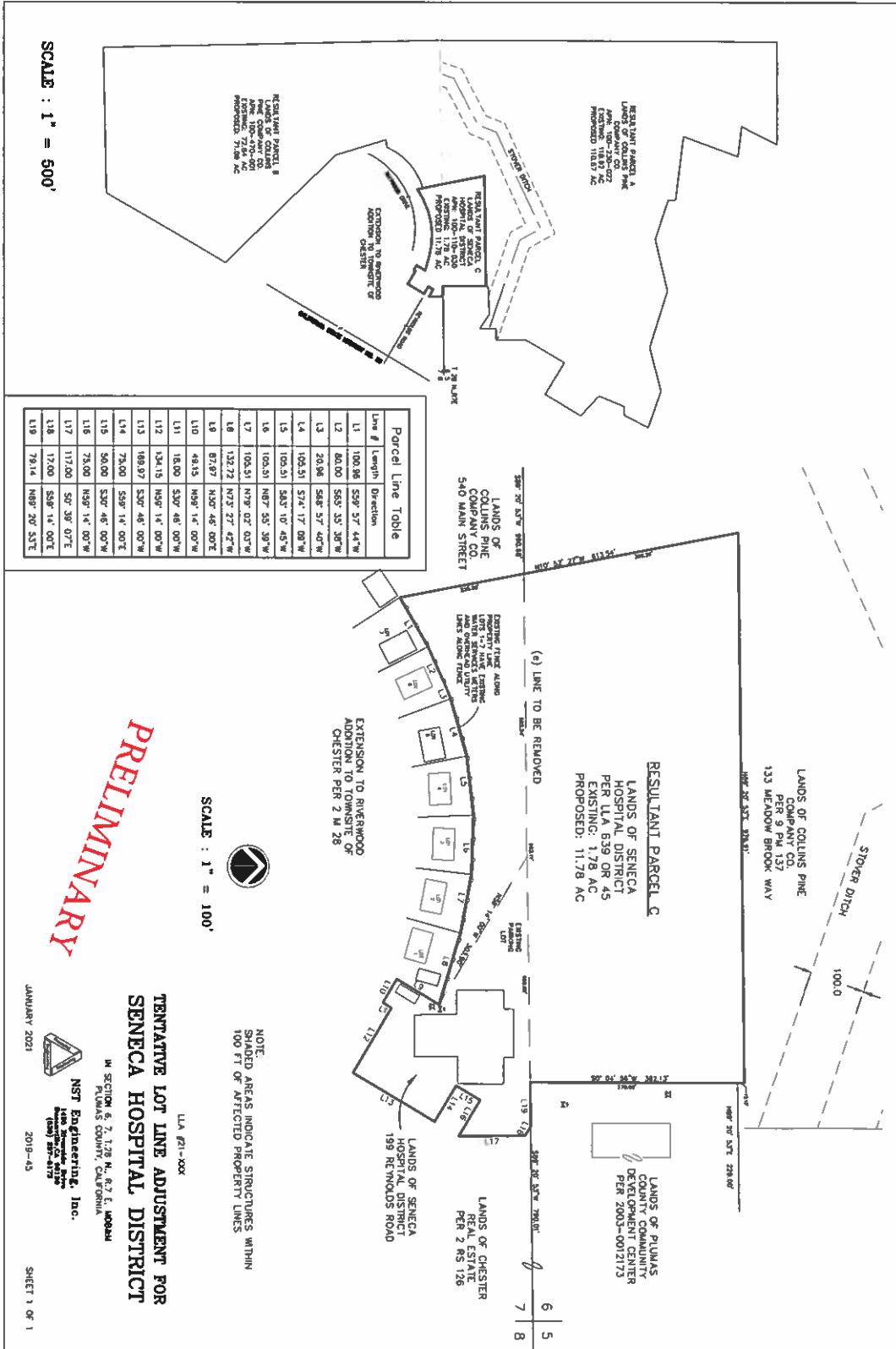
NOES: _____

ABSENT: _____

ABSTAIN: _____

ATTESTED: _____
(name & title)

DATED: _____



[SIGNATURE PAGE TO PURCHASE AND SALE AGREEMENT]

RESULTANT PARCEL C

The land referred to herein is situated in the State of California, County of Plumas, in an unincorporated area, and described as follows:

Section 7, T 28 N, R 7 E, MDB&M

Resultant Parcel 2 described in that Lot Line adjustment filed in Book 639 of Official Records at Page 45, Plumas County Records.

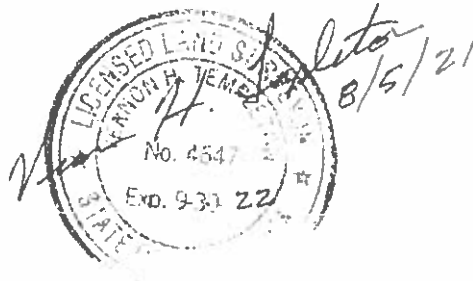
Together therewith that parcel described as follows:

Beginning at the most westerly corner of Resultant Parcel 2 described in that Lot Line Adjustment filed in Book 639 of Official Records at Page 45, Plumas County Records; thence S 59°14'00" E 303.90 feet, more or less, to the northeasterly corner of Lot 1 as shown on that Subdivision Map of Extension to Riverwood Addition to Townsite of Chester filed in Book 2 of Maps at Page 28; thence westerly along the North lines of Lots 1 through 7 as shown on said Riverwood Addition to the northwest corner of said Lot 7; thence leaving said line N 10°52'27" W 225.28 feet to the North line of Section 7, T 28 N, R 7 E, MDB&M; thence along said North line N 89°20'53" E 502.24 feet to the point of beginning.

Also together therewith the following described parcel:

Beginning at a point on the South line of said Section 6 which bears N 89°20'53" E 790.01 feet from the southeast corner of said Section 6 as shown on that Record of Survey Map for the Collins Pine Co. filed in Book 2 of Record of Surveys at Page 126; thence along said south line S 89°20'53" W 903.11 feet; thence leaving said line N 10°52'27" W 388.26 feet; thence N 89°20'53" E 976.71 feet to a point which bears N 00°04'56" E 12.13 feet from the northwest corner of Lands of Almanor Residential Inc., as shown in that document recorded in Official Records Doc. No. 2003-0012173, Plumas County Records; thence S 00°04'56" W 12.13 feet to said northwest corner; thence along the West line of said Lands of Almanor Residential Inc., S 00°04'56" W 370.00 feet to the southwest corner of said Lands of Almanor Residential Inc., and the point of beginning.

Containing 11.8 acres, more or less.



Brown Act Amendment AB 361 Awaits Gov. Gavin Newsom's Signature

Urgency Bill to Allow Continued Virtual Meetings Under Certain Circumstances

As the California State Legislative session drew to a close on September 10, AB 361, one of several bills that had been introduced to deal with the anticipated expiration of [Executive Order N-29-20](#), not only survived, but passed with wide margins with the addition of an urgency clause. If signed into law, AB 361 will allow local government to continue to conduct virtual meetings as long as there is a state-proclaimed state of emergency, but it won't be quite as flexible as it has been under the Executive Order.

The Executive Order allowed for flexible approaches to virtual meetings.

As part of a package of executive orders adopted soon after the beginning of the COVID-19 pandemic, Executive Order N-29-20 allowed local governments to meet remotely without having to adhere to all of the traditional teleconferencing rules that had been part of the Brown Act for decades, including public posting of agendas at the location of remote participation by members of the legislative body and public access to those locations. With the assistance of teleconferencing and remote video technology, local governments statewide have been able to continue the business of the people while following mandated protocols against indoor gatherings. At the same time, interested members of the public could virtually attend meetings safely from home and offer public comment using a variety of methods, from emails to voicemails and video participation, through applications that had previously only been used in corporate boardrooms or for social interactions between friends.

With the end of the Executive Order looming, AB

361 allows for some virtual meetings still, with a few more restrictions.

Executive Order N-29-20 expires on September 30, and with it, local government's authority to continue with this broader remote participation. So the legislature adopted AB 361—as an urgency measure that goes into effect immediately if signed by the governor. The bill amends the Brown Act to allow local legislative bodies to continue using teleconferencing and virtual meeting technology as long as there is a gubernatorial “proclaimed state



of emergency.” But this allowance also depends on state or local officials imposing or recommending measures that promote social distancing or a legislative body finding that meeting in person would present an imminent safety risk to attendees. Though adopted in the context of the pandemic, AB 361 will allow for virtual meetings during other state-proclaimed emergencies, such as earthquakes

(continued from page 1)

or wildfires, where physical attendance may present a risk.

Real-time public comment is required.

The key difference between Executive Order N-29-20 and AB 361 is that AB 361 requires a public comment period where the public can address the legislative body directly. It expressly prohibits councils and boards from limiting public comments to only comments submitted in advance and specifies that the legislative body "must provide an opportunity for the public to ... offer comment in real time." Additionally, the body must allow for public comment up until the public comment period is closed at the meetings. The agenda must include information on the manner in which the public may access the meeting and provide comments remotely, and if technical problems arise that result in the public's access being disrupted, the legislative body may not take any vote or other official action until the technical disruption is corrected and public access is restored.

Watch the sunset.

Finally, AB 361 will sunset on January 1, 2024, and requires the legislative body to make findings by majority vote that the state of emergency still exists and continues to directly impact the ability of the members to meet safely in person, or that officials continue to impose or recommend measures to

promote social distancing.

Takeaway

Local agencies that want to continue holding virtual meetings or allowing remote participation by the public under the Brown Act should ensure that the public can make real-time comments up until the close of the public-comment period. Limiting comment to emails sent at least an hour before the meeting starts will no longer be acceptable. And push pause if there is a technical disruption: Don't hold the vote until the public is back online.

Disclaimer: BB&K Legal Alerts are not intended as legal advice. Additional facts, facts specific to your situation or future developments may affect subjects contained herein. Seek the advice of an attorney before acting or relying upon any information herein. ■



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Board Retreat 2021

- Proposed Dates: Wednesday, October 6th or Tuesday October 12th
- Proposed Location: Highland Ranch Resort
 - *Back up locations: Best Western Conference room or Cravings Café*
- Proposed Agenda – Attached
- General Details
 - The retreat will start at 8:00 am, a light breakfast and lunch will be served.
 - According to the Brown Act, we will need to make the meeting available to the public. We can set up a zoom link where the public can log on to view the meeting.
- Proposed Facilitator: Laurie Wann is not available to facilitate during the week. If we decide to hold the retreat on a weekend, she could facilitate.
 - Reaching out to other potential facilitators.

DRAFT BOD Retreat Agenda

1. Welcome

Set expectations/norms, topics, goals, use of electronics during the sessions, and engagement of entire board in discussions.

2. Introductions and Ice Breakers

Give people an opportunity to share why they joined the board or what they hope to contribute during their board service, and what will make the retreat a success.

(Share something about yourself that very few people know).

3. Roles and Responsibilities of Board Members

This review is a chance for the board members to re-establish their individual and collective responsibilities

4. Big Picture Topics

- Strategic and Master Planning
- Fund Raising
- Organization Culture
- Finance
- Physician and Staff Recruitment

5. Board Meetings

Format, Venue, Equipment

7. Wrap up

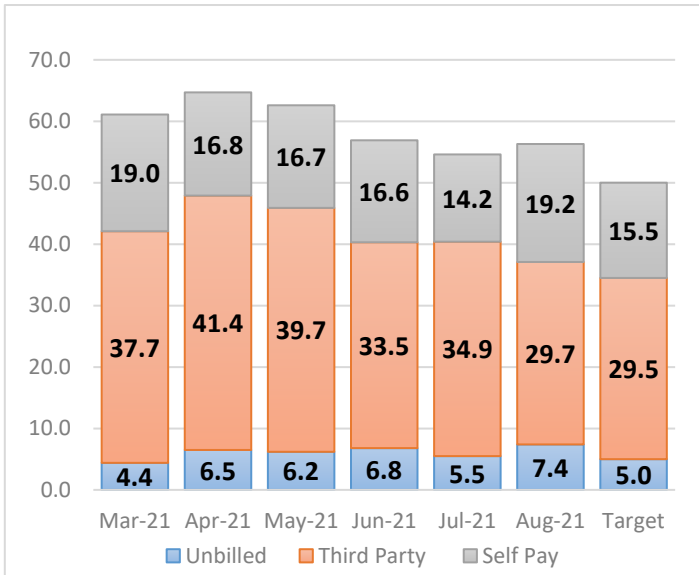
Summarize what has been accomplished, and what follow up items will need to be addressed by committees and the board as whole.

Some sample questions include:

- What do you think is working well with our business?
- What would you like to see us do more of, do better or do differently?
- What do you think we should stop doing?
- What are three things we should focus on over the next 12 months?
- What is your vision for our business over the next three years?
- What would help you feel more engaged and useful as a board member?
- What would help our board work even more effectively together?

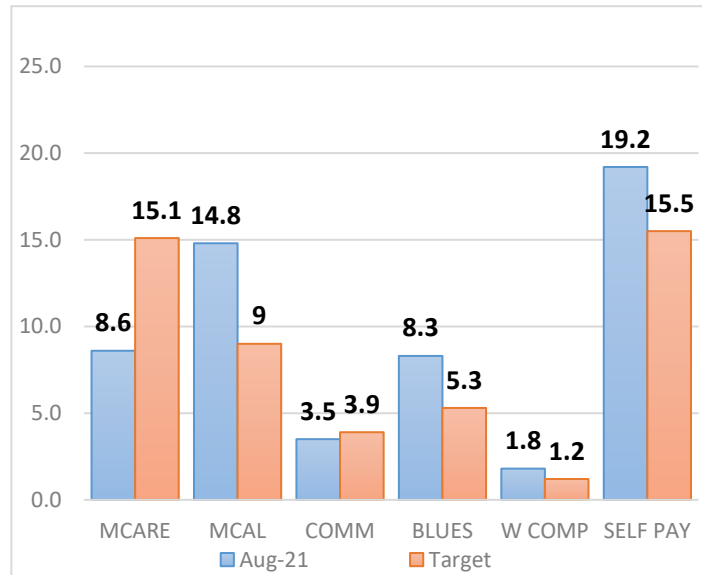
I. AR Days

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	Distance From Goal
Unbilled	4.4	6.5	6.2	6.8	5.5	7.4	5.0	2.4
Third Party	37.7	41.4	39.7	33.5	34.9	29.7	29.5	0.2
Self Pay	19.0	16.8	16.7	16.6	14.2	19.2	15.5	3.7
Total AR Days	61.1	64.7	62.6	56.9	54.6	56.3	50.0	6.3



Summary

- As of August 2021, the total AR days are 6.3 days above the target 50 days in AR
- Unbilled (DNFB & In House) is 2.4 days or \$129K above the target 5 days in AR.
- Third-party AR days decreased by 5.2 or \$280K, closing at 29.7 days. This is 0.2 days or \$11K over goal.
- Self-Pay is 3.7 days or \$199K above the target of 15.5 days in AR. Self-pay revenue decreased \$58K, closing at \$69K.



Summary

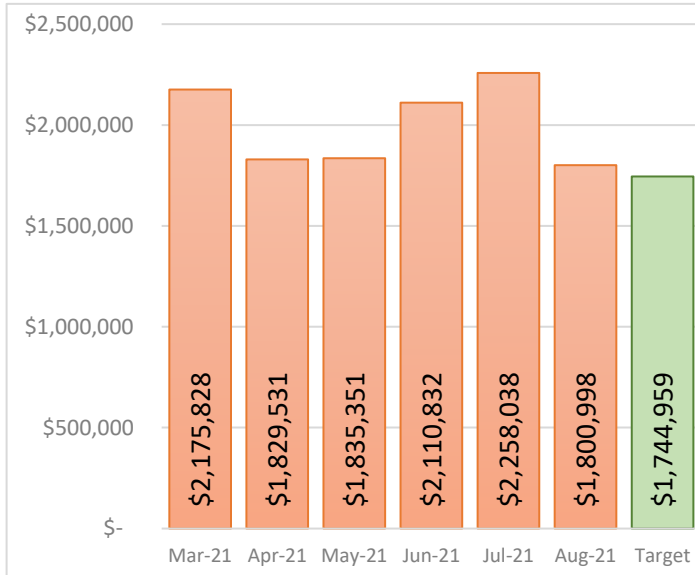
To meet the target 50 days in AR, the financial classes in need of improvement are:

- Medicare is 8.6 days or \$462K over goal.
- Medi-Cal needs to be reduced by 5.8 days or \$312K. There are 14 high dollar accounts for \$617K, or nearly 34% of the overall AR; per Medi-Cal; 1 is set to pay \$6K on 08/27/2021, and 3 have been billed to Medicaid on 09/07/2021. 10 are LTC's which 2 have been billed to PHP and 8 are pending requirements on how to be billed since 7/21/21, when the residents were moved because of the Dixie fire.
- Commercial is 0.4 days or \$22K over goal.
- Blues is 3 days away from the target of 5.3 for \$161K. With that said, Seneca began receiving payments by credit card in July, as of the first week of September, there are 129 payments totaling \$176,618 for 3.28 days in AR. SHD has made the decision not to process this type of payment. They have also initiated the steps to receive these and future payments via a different method.

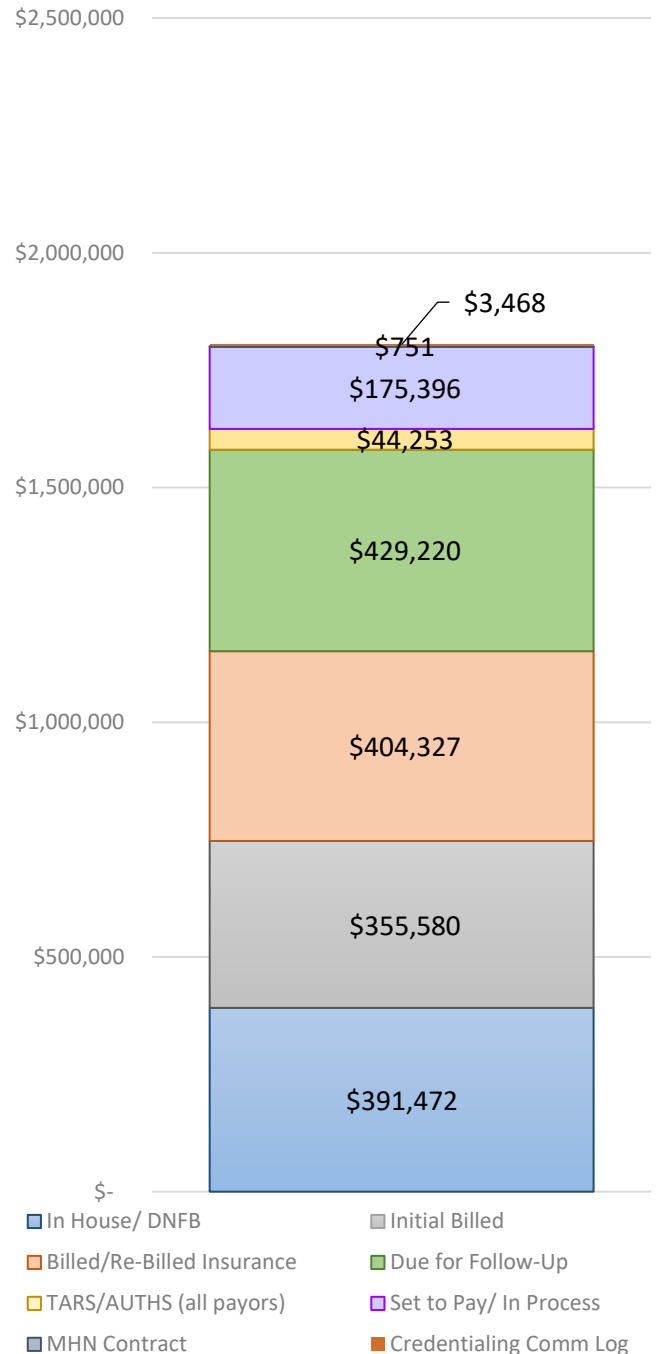
***Detail around these metrics are broken down in the following pages**

II. Third Party Aged 0-90 Days

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	Distance From Goal
Aging < 90 Days %	78.0%	76.0%	79.6%	79.6%	83.3%	86.2%	87.0%	-0.8%
Dollars Aged < 90 Days	\$ 2,175,828	\$ 1,829,531	\$ 1,835,351	\$ 2,110,832	\$ 2,258,038	\$ 1,800,998	\$ 1,744,959	\$ 56,039



Aged Under 90 Days Status



Summary

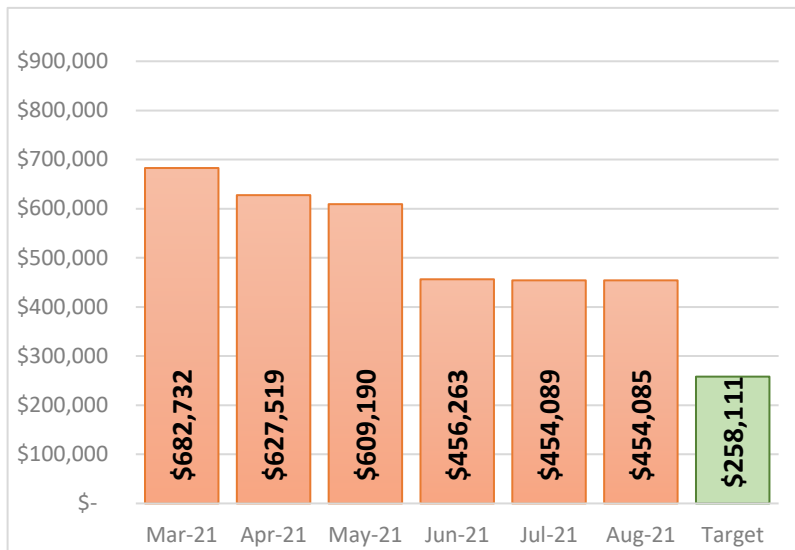
When calculating where the metrics should be to hit our target 50 days in AR and 13% aged over 90 days, I found the following:

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 86.2%, or under goal by 0.8%. The dollars aged < 90 days are \$56K over target.

III. Third Party Aged 90+ Days

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	Distance From Goal
Aging > 90 Days %	23.4%	24.6%	21.5%	16.8%	16.1%	16.1%	13.0%	3.1%
Dollars Aged > 90 Days	\$ 682,732	\$ 627,519	\$ 609,190	\$ 456,263	\$ 454,089	\$ 454,085	\$ 258,111	\$ 195,974



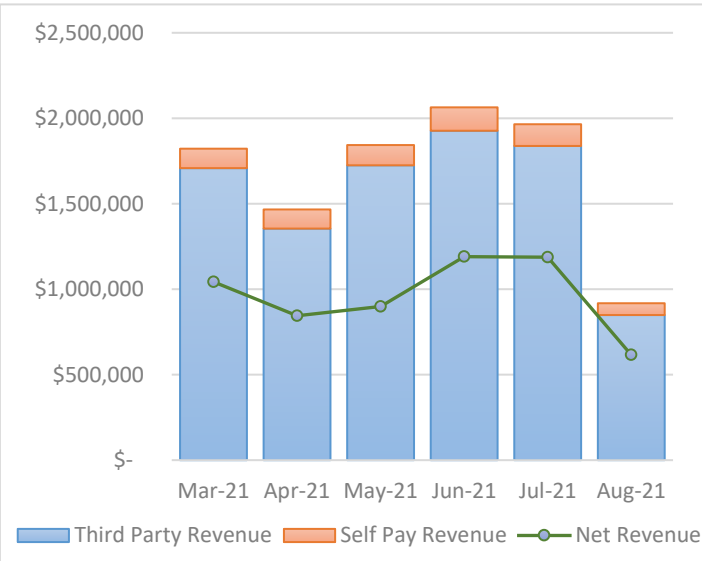
Summary

At August month end, the third party aged over 90 days amount remained the same: however the percentage rose 4%, ending at 20.1%, stemming from lower than normal revenue. Third Party aged over 90 days is \$196K above the \$258K that would achieve the target 13%. The Dixie fire caused a prolonged system access issue for all, thus causing a delay in working all accounts. The graph to the right illustrates the obstacles contributing to the aging.

1. Medicare aged over 90 increased by \$23K or 7.6%, closing at 12.2% or \$58K. There are 3 accounts over \$5K for \$31K or 16% of the aging. 1 account is pending authorization, and 2 claims have been received and are in process.
2. Medi-Cal aged over 90 days decreased by \$62K or 4.6%, closing at 15.8% or \$148K. There are 4 accounts over \$5K for \$48K or 25% of the aging. 1 claim for \$17K is pending authorization, 2 claims are in process with Medi-Cal, and 1 claim was billed to Medi-Cal on 08/24/2021.
3. Commercial aged over 90 decreased by \$6K, concluding at 29.2% or \$68K, of which \$12K is VA. There is 1 VA account in appealed status and 12 others in process. VA has acknowledged that they are running several months behind in processing claims. Outside of the VA, there are 12 accounts over \$1K for \$38K.
4. Blues aged over 90 increased by \$16K, ending 22.4%. There are 2 high dollar accounts that make up \$42K of the \$101K; 1 is pending updated information from the insurance on the status of the appeal and 1 is set to pay \$14K on 08/26/2021.

IV. Revenue

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
Third Party Revenue	\$ 1,708,329	\$ 1,354,668	\$ 1,724,785	\$ 1,926,913	\$ 1,837,969	\$ 848,964	\$ 1,602,404
Self Pay Revenue	\$ 113,730	\$ 111,844	\$ 118,408	\$ 136,845	\$ 127,071	\$ 68,932	\$ 105,166
Total Revenue	\$ 1,822,059	\$ 1,466,512	\$ 1,806,309	\$ 2,063,758	\$ 1,965,040	\$ 917,896	\$ 1,706,570
Average Daily Revenue	\$ 51,166	\$ 51,781	\$ 55,561	\$ 62,783	\$ 63,425	\$ 53,768	\$ 55,970
Net Revenue	\$ 1,042,961	\$ 845,444	\$ 899,865	\$ 1,190,460	\$ 1,186,789	\$ 615,595	\$ 956,017



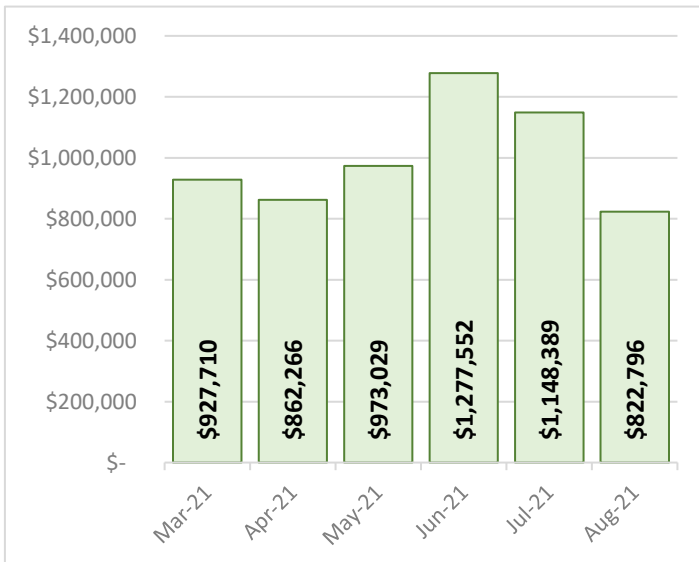
Summary

August's overall revenue decreased \$1M compared to July's, closing at \$917K. This is \$1.3M less than August 2020 and \$799K less than the 13-month average. The average daily revenue decreased \$10K, ending at \$54K. The dramatic drop in revenue is a direct result of the Dixie fire.

The Medicare financial class decreased \$584K, concluding at \$464K; Medi-Cal was down \$17K, ending at \$226K; Commercial fell by \$208K, closing at \$69K; Blues dropped by \$169K, finishing at \$87K; Work Comp decreased by \$12K, closing at \$3K, and Self-pay decreased \$58K, concluding at \$69K.

V. Cash Collections

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
Cash Collections	\$ 927,710	\$ 862,266	\$ 973,029	\$ 1,277,552	\$ 1,148,389	\$ 822,796	\$ 1,020,992
Collection %	56.0%	54.0%	61.0%	60.0%	58.0%	96.0%	54%
% of Net Revenue	89%	102%	105%	135%	97%	134%	104%



Summary

Cash collections for August were \$823K. Cash collections for September are projected to hit \$616K.

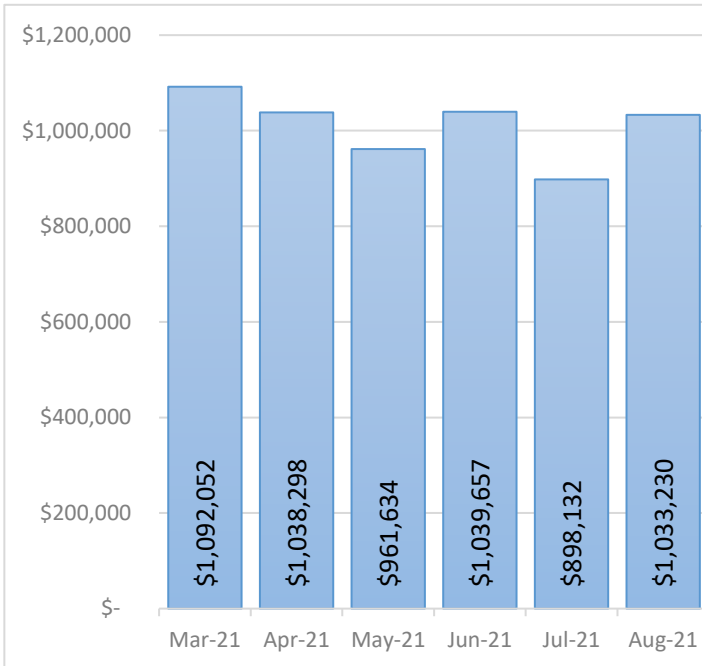
Medicare's decreased \$112K, closing at \$342K; Medi-Cal was down \$101K, concluding at \$222K; Commercial was down by \$10K, ending at \$128K; Blues decreased by \$63K, closing at \$80K; Work Comp increased \$13K, ending at \$23K, and Self-Pay decreased \$49K, ending at \$26K.

Blues cash decreased. However, as of the first week of September, there are 129 credit card payments totaling \$176,618. SHD has made the decision not to process this type of payment. They have also initiated the steps to receive these and future payments via a different method.

Medi-Cal LTC claims have not been submitted since the residents were moved on 07/21/21. We are waiting for Medi-Cal instructions on how to bill them correctly.

VI. Self Pay

	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Self Pay	\$ 1,092,052	\$ 1,038,298	\$ 961,634	\$ 1,039,657	\$ 898,132	\$ 1,033,230

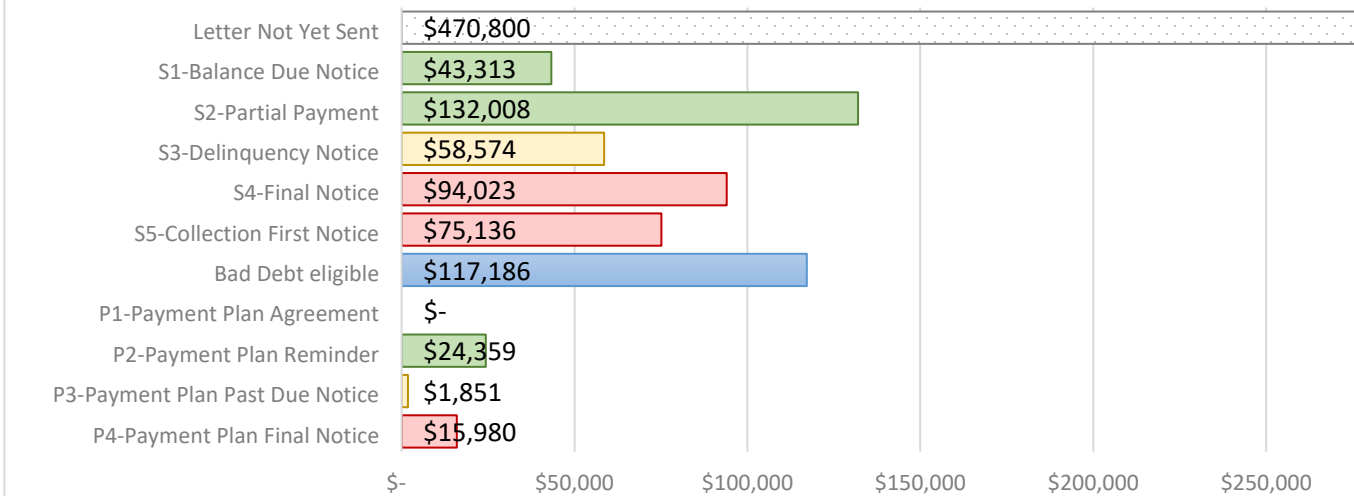


Summary

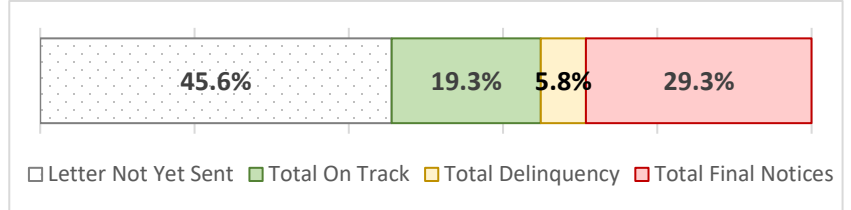
Self-Pay AR increased in August, closing at 19.2 days; this is 3.7 days above the target 15.5 days in AR. However, in light of the Dixie fire situation, Seneca decided not to send statements or turn accounts to bad debt in August.

1. To be eligible for bad debt, a second final notice is sent (S5). Currently, there is \$117K that are eligible for bad debt, outside of the collection first notice of \$75K (S5).
2. The self-pay inventory has \$15K set up on a payment plan.
3. There was \$117K eligible for bad debt in August; of which \$0.00 was sent to collections.

Current Statement Status



Letter Not Yet Sent	\$	470,800
Total Final Notices	\$	302,325
Total Delinquency	\$	60,425
Total On Track	\$	199,680
Total	\$	1,033,230



Seneca Healthcare District MONTH END FINANCE REPORT



August 2021

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	March-21	April-21	May-21	June-21	July-21	August-21
REVENUE							
Net Revenue		\$899,865	\$923,422	\$944,962	\$1,190,460	\$1,186,789	\$615,595
Gross Revenue		\$1,635,223	\$1,843,193	\$1,806,309	\$2,063,758	\$1,965,040	\$917,896
CASH							
Cash Collections as a % of Net Revenue	100%	102%	85%	105%	135%	96%	69%
Cash Collections		\$862,266	\$761,933	\$973,124	\$1,277,552	\$1,148,389	\$822,796
ACCOUNTS RECEIVABLE							
Net AR		\$1,863,903	\$1,842,327	\$1,936,484	\$2,061,477	\$2,095,961	\$1,988,335
Gross AR		\$3,342,850	\$3,593,023	\$3,599,708	\$3,570,234	\$3,459,703	\$3,025,377
Unbilled	5	4.4	6.5	6.2	6.8	5.5	7.4
Third Party	30	37.7	41.4	39.7	33.5	34.9	29.7
Self Pay	15	19.0	16.8	16.7	16.6	14.2	19.2
Total Days in AR	50	61.1	64.7	62.7	56.9	54.5	56.3
Days in AR - Credit Balances	< 1	4.80	4.75	4.91	4.38	6.03	7.28
UNBILLED							
In-house	< 2 Days	0.9	2.3	0.5	1.4	2.4	1.5
DNFB	< 1 Day	2.0	1.6	2.5	5.4	3.1	5.8
Total Unbilled	<3 Days	4.4	6.5	6.2	6.8	5.5	7.4

Third Party

	Target	March-21	April-21	May-21	June-21	July-21	August-21
AGING (excluding credits)							
Medicare Aging > 90 Days	10%	7.4% \$ 53,674	7.7% \$ 73,013	5.4% \$ 48,879	4.2% \$ 38,140	4.6% \$ 34,969	12.2% \$ 57,731
Medi-Cal Aging > 90 Days	13%	24.5% \$ 205,261	26.4% \$ 264,409	31.6% \$ 322,154	24.6% \$ 217,244	20.4% \$ 209,874	15.8% \$ 147,635
Commercial Aging > 90 Days	17%	57.6% \$ 124,382	56.6% \$ 106,476	34.2% \$ 80,660	20.8% \$ 65,555	20.7% \$ 74,166	29.2% \$ 68,391
Blues Aging > 90 Days	16%	20.4% \$ 128,659	23.3% \$ 143,812	32.8% \$ 177,679	19.9% \$ 96,337	18.2% \$ 101,130	22.4% \$ 117,563
Work Comp Aging > 90 Days	26%	28.6% \$ 19,331	27.1% \$ 21,480	23.6% \$ 27,251	26.4% \$ 33,593	27.3% \$ 33,950	63.9% \$ 62,766
Total Third Party Aging > 90 Days	13%	21.5% \$ 531,308	21.5% \$ 609,190	23.3% \$ 656,623	16.6% \$ 450,869	16.1% \$ 454,089	20.1% \$ 454,085
CLAIM SUBMISSION EFFECIENCY							
Claims Submission		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	906 \$ 990,266
Clean Claims	85%	74%	85%	95%	94%	92%	94%
Denial Percent	5%	11%	6%	9%	8%	3%	0%
Total Denial Rate	Count Amt	170 \$ 181,802	117 \$ 112,813	182 \$ 184,108	199 \$ 151,218	131 \$ 60,013	65 \$ -
Communication Log Backlog		69 \$ 91,913	149 \$ 151,388	193 \$ 56,137	219 \$ 152,061	96 \$ 99,294	29 \$ 25,098

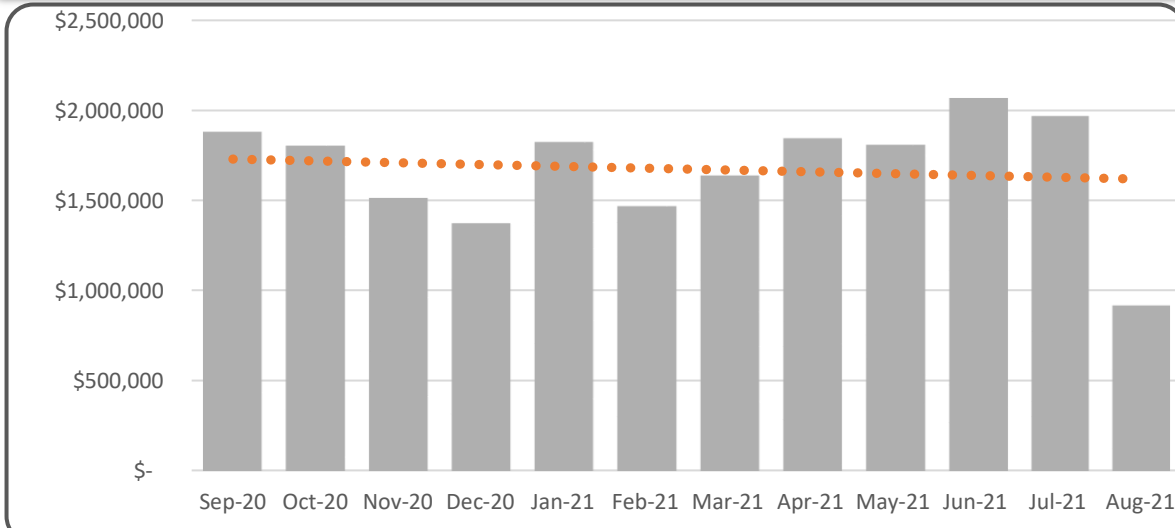
Self Pay

	Target	March-21	April-21	May-21	June-21	July-21	August-21
INVENTORY & QUALITY							
Total Inventory		3,435 \$ 1,038,298	3,353 \$ 930,769	3,451 \$ 961,634	3,482 \$ 1,039,657	3,523 \$ 898,132	3,602 \$ 1,033,230
New		476 \$ 214,828	440 \$ 194,449	374 \$ 178,189	578 \$ 178,650	515 \$ 191,504	311 \$ 115,942
Resolved		470 \$ 169,962	422 \$ 147,392	412 \$ 154,088	475 \$ 187,035	412 \$ 83,647	285 \$ 95,941
Aged >120 days from Assignment	< 25%	67.2% \$ 698,022	66.0% \$ 614,587	61.8% \$ 594,574	49.3% \$ 512,362	55.1% \$ 495,201	55.4% \$ 572,571
Total Payment Plans over 120 days		\$34,247	\$22,478	\$14,752	\$21,088	\$16,307	\$31,742
Average Speed to Answer	< 60 seconds	0	0	0	0	0	0
STATEMENTS & LETTERS							
Statements & Letters		324	681	490	580	566	0
Inbound and Outbound Calls	In Out	92 285	77 165	79 249	78 259	65 218	27 37
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	5.6% \$ 90,927	4.3% \$ 79,383	0.0% \$ -	4.7% \$ 97,716	2.4% \$ 46,893	0.0% \$ -
Charity as a % of Gross Revenue	< 2%	0.1% \$ 1,355	0.0% \$ -	0.6% \$ 11,646	0.1% \$ 1,096	0.0% \$ -	0.0% \$ -

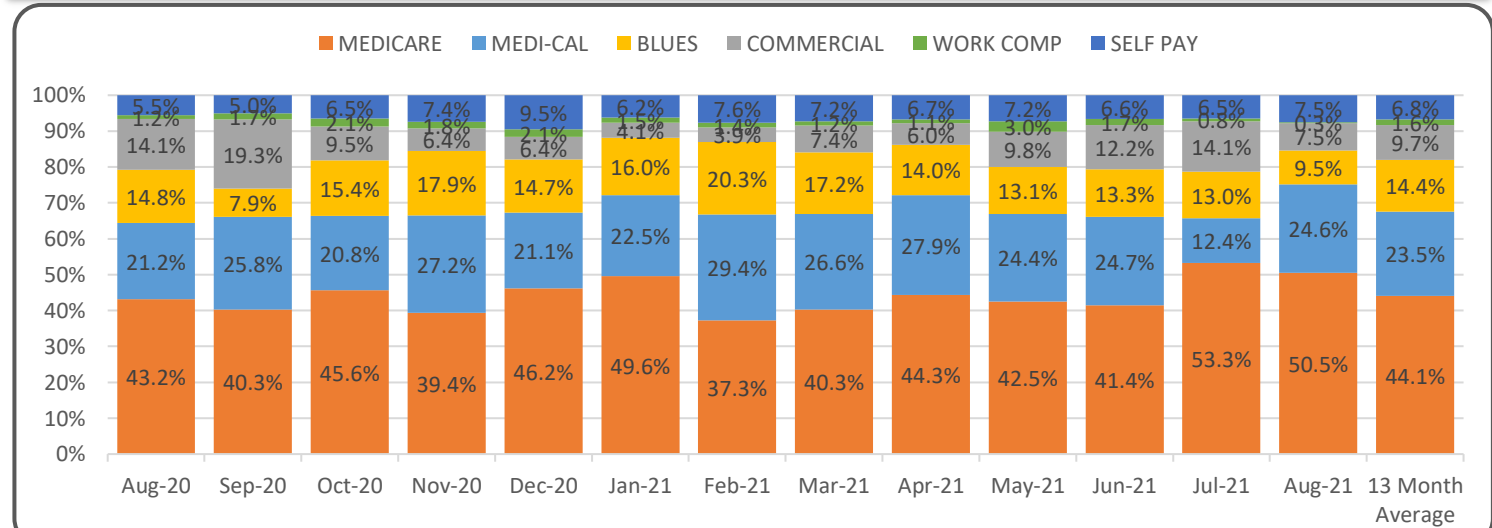
GROSS REVENUE

PAYER	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	\$ 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	\$ 463,631	\$ 756,611
MEDI-CAL	\$ 474,332	\$ 484,887	\$ 375,409	\$ 411,138	\$ 289,406	\$ 410,030	\$ 431,241	\$ 434,830	\$ 513,541	\$ 440,969	\$ 510,177	\$ 242,705	\$ 226,023	\$ 403,438
COMMERCIAL	\$ 316,043	\$ 362,360	\$ 171,261	\$ 96,297	\$ 87,571	\$ 75,162	\$ 57,921	\$ 120,876	\$ 110,153	\$ 176,732	\$ 252,469	\$ 276,559	\$ 69,006	\$ 167,108
BLUES	\$ 330,615	\$ 148,309	\$ 277,658	\$ 270,942	\$ 201,805	\$ 292,303	\$ 297,804	\$ 282,003	\$ 258,074	\$ 236,253	\$ 273,491	\$ 255,898	\$ 87,382	\$ 247,118
WORK COMP	\$ 25,990	\$ 32,322	\$ 37,842	\$ 26,692	\$ 28,760	\$ 26,871	\$ 20,490	\$ 20,355	\$ 19,900	\$ 53,987	\$ 35,969	\$ 15,061	\$ 2,923	\$ 26,705
SELF PAY	\$ 122,895	\$ 93,871	\$ 117,861	\$ 112,051	\$ 129,814	\$ 113,730	\$ 111,844	\$ 118,408	\$ 124,258	\$ 130,494	\$ 136,845	\$ 127,071	\$ 68,932	\$ 116,006
TOTAL	\$ 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	\$ 917,896	\$ 1,716,986
AVERAGE DAILY REVENUE	\$ 66,944	\$ 67,774	\$ 64,301	\$ 57,068	\$ 50,945	\$ 51,166	\$ 51,781	\$ 54,709	\$ 55,561	\$ 57,443	\$ 62,783	\$ 63,425	\$ 53,768	\$ 58,282

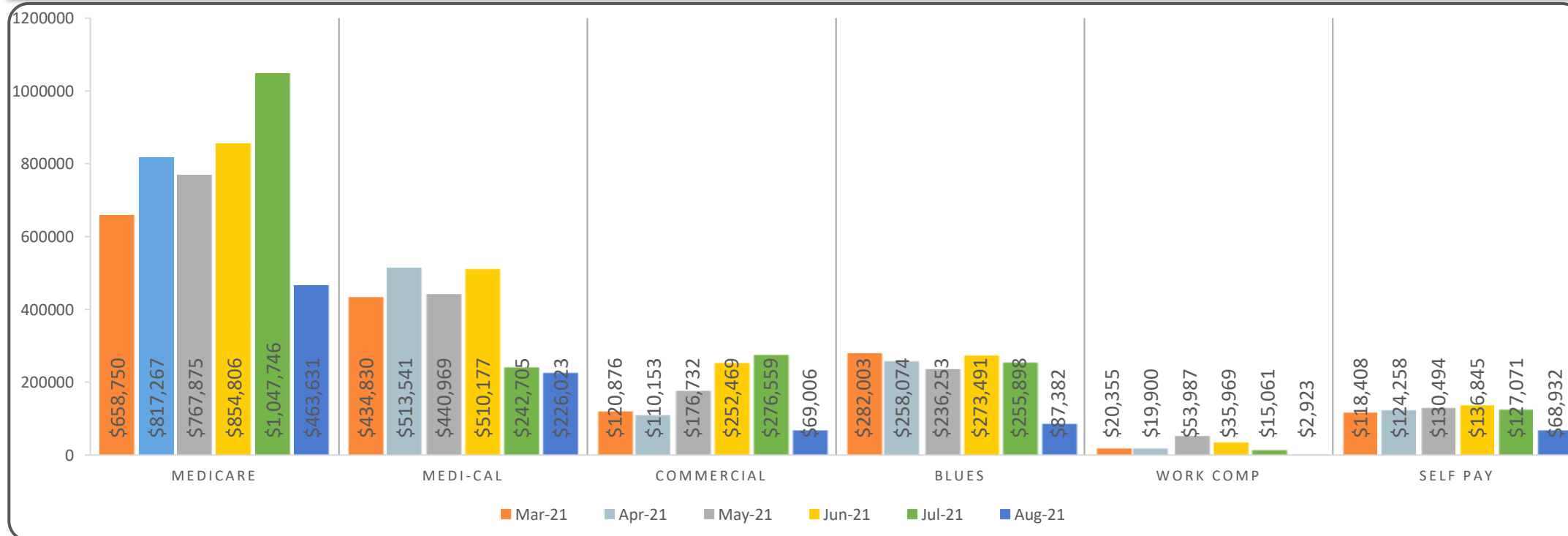
Gross Revenue



Payer Mix



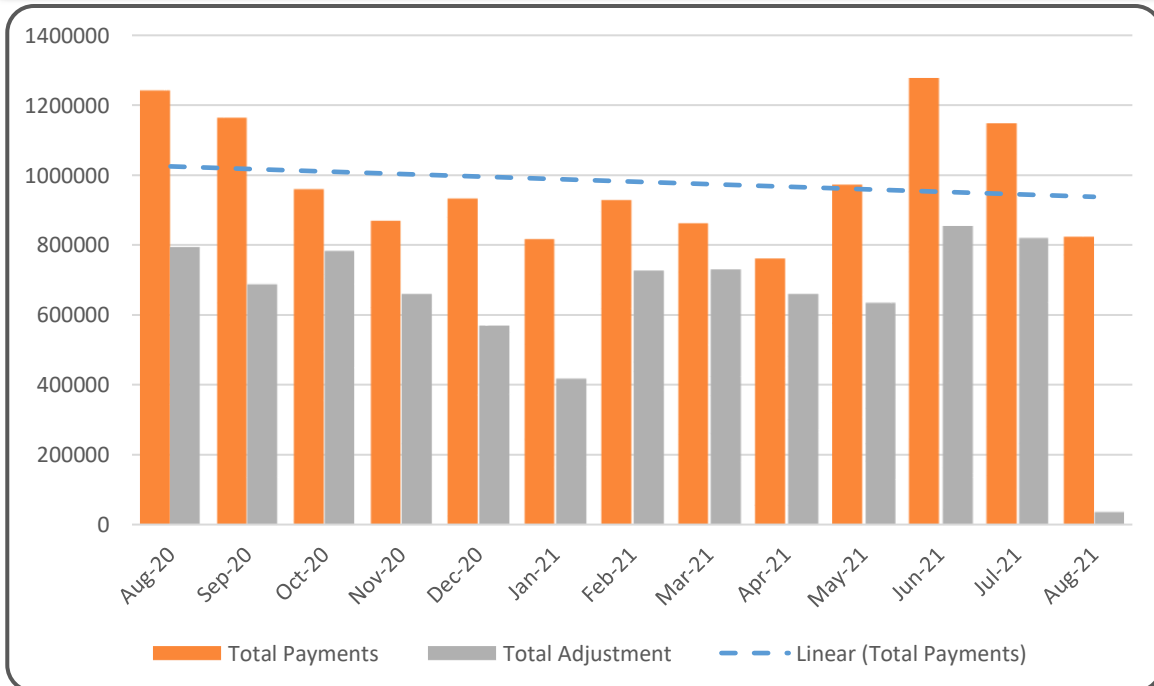
Revenue Trending By Payer



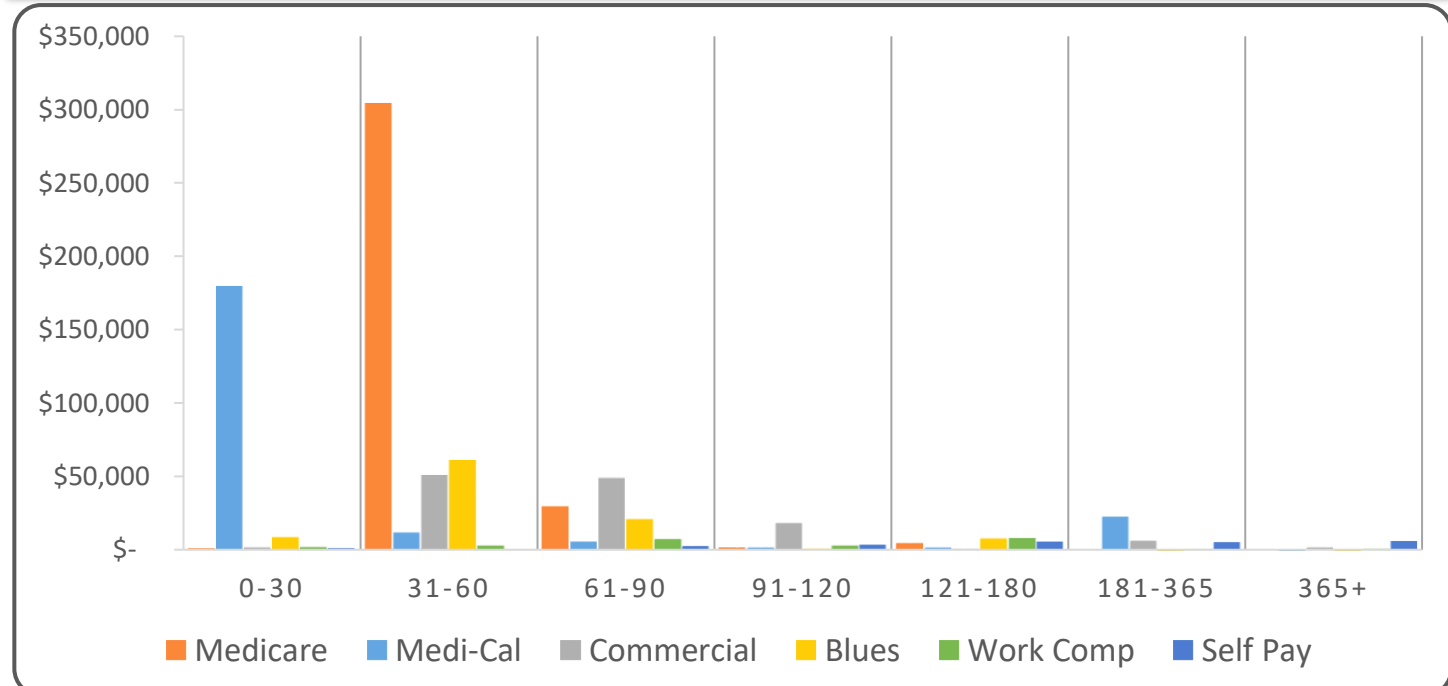
CASH DETAIL

PAYER	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE														
Payments	\$ 415,435	\$ 493,823	\$ 307,420	\$ 260,917	\$ 326,556	\$ 368,904	\$ 493,674	\$ 238,389	\$ 272,238	\$ 425,104	\$ 628,471	\$ 453,518	\$ 341,584	\$ 386,618
Adjustments	\$ 430,674	\$ 347,591	\$ 332,142	\$ 298,785	\$ 244,068	\$ 110,409	\$ 457,375	\$ 316,076	\$ 260,763	\$ 276,358	\$ 507,686	\$ 379,733	\$ 5,682	\$ 305,180
Collection %	49%	59%	48%	47%	57%	77%	52%	43%	51%	61%	55%	54%	98%	58%
MEDI-CAL														
Payments	\$ 318,161	\$ 203,624	\$ 163,883	\$ 178,689	\$ 197,600	\$ 96,480	\$ 157,310	\$ 208,843	\$ 130,119	\$ 139,124	\$ 219,410	\$ 322,368	\$ 221,595	\$ 196,708
Adjustments	\$ 183,020	\$ 156,916	\$ 231,635	\$ 180,797	\$ 189,121	\$ 163,417	\$ 135,385	\$ 205,690	\$ 215,698	\$ 236,704	\$ 283,612	\$ 260,500	\$ 735	\$ 187,941
Collection %	63%	56%	41%	50%	51%	37%	54%	50%	38%	37%	44%	55%	100%	52%
COMMERCIAL														
Payments	\$ 148,954	\$ 158,056	\$ 131,583	\$ 90,371	\$ 83,054	\$ 87,083	\$ 64,957	\$ 93,177	\$ 58,420	\$ 62,336	\$ 87,128	\$ 138,325	\$ 128,443	\$ 102,453
Adjustments	\$ 46,017	\$ 57,270	\$ 38,194	\$ 50,417	\$ 11,702	\$ 31,076	\$ 25,934	\$ 37,557	\$ 24,616	\$ 26,755	\$ 29,498	\$ 61,060	\$ 667	\$ 33,905
Collection %	76%	73%	78%	64%	88%	74%	71%	71%	70%	70%	75%	69%	99%	75%
BLUES														
Payments	\$ 272,550	\$ 239,959	\$ 272,651	\$ 230,595	\$ 211,299	\$ 162,731	\$ 150,273	\$ 223,103	\$ 181,388	\$ 252,927	\$ 240,751	\$ 143,446	\$ 80,299	\$ 204,767
Adjustments	\$ 105,710	\$ 91,710	\$ 115,105	\$ 81,252	\$ 94,846	\$ 74,795	\$ 61,613	\$ 70,576	\$ 76,174	\$ 78,461	\$ (106,285)	\$ 64,461	\$ 694	\$ 62,239
Collection %	72%	72%	70%	74%	69%	69%	71%	76%	70%	76%	179%	69%	99%	82%
WORK COMP														
Payments	\$ 15,295	\$ 15,206	\$ 5,924	\$ 20,780	\$ 33,205	\$ 13,450	\$ 15,026	\$ 13,776	\$ 6,416	\$ 12,065	\$ 21,242	\$ 10,399	\$ 22,983	\$ 15,828
Adjustments	\$ 11,578	\$ 7,751	\$ 5,671	\$ 8,827	\$ 5,752	\$ 10,431	\$ 11,022	\$ 7,891	\$ 4,317	\$ 5,289	\$ 11,344	\$ 6,037	\$ -	\$ 7,378
Collection %	57%	66%	51%	70%	85%	56%	58%	64%	60%	70%	65%	63%	100%	67%
SELF PAY														
Payments	\$ 63,286	\$ 50,587	\$ 74,784	\$ 85,400	\$ 75,312	\$ 84,894	\$ 43,641	\$ 78,027	\$ 105,596	\$ 77,245	\$ 77,529	\$ 74,255	\$ 25,603	\$ 70,474
Bad Debt Recoveries	\$ 8,691	\$ 2,948	\$ 3,212	\$ 2,558	\$ 4,721	\$ 3,612	\$ 2,829	\$ 6,949	\$ 7,757	\$ 4,323	\$ 3,021	\$ 6,079	\$ 2,290	\$ 4,538
Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 28,281	\$ -	\$ 30,293	\$ 4,506
Charity Care	\$ 489	\$ (5)	\$ 6,839	\$ 875	\$ 3,284	\$ 6,767	\$ 1,135	\$ 1,355	\$ -	\$ 11,646	\$ 1,096	\$ -	\$ -	\$ 2,575
Bad Debt	\$ 16,080	\$ 26,135	\$ 52,787	\$ 39,020	\$ 21,567	\$ 21,720	\$ 33,573	\$ 90,927	\$ 79,383	\$ -	\$ 97,716	\$ 46,893	\$ -	\$ 40,446
Total SP Adjustments	\$ 16,569	\$ 26,130	\$ 59,626	\$ 39,895	\$ 24,851	\$ 28,487	\$ 34,709	\$ 92,282	\$ 79,383	\$ 11,646	\$ 127,093	\$ 46,893	\$ 30,293	\$ 47,527
Collection %	79%	66%	56%	68%	75%	75%	56%	46%	57%	87%	38%	61%	46%	62%
TOTAL														
Total Payments	\$ 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	\$ 822,796	\$ 981,386
Total Adjustment	\$ 793,567	\$ 687,368	\$ 782,372	\$ 659,972	\$ 570,339	\$ 418,614	\$ 726,038	\$ 730,072	\$ 660,951	\$ 635,212	\$ 852,947	\$ 818,685	\$ 38,070	\$ 596,643
Total Collection %	61%	63%	55%	57%	62%	66%	56%	54%	54%	61%	60%	58%	96%	62%

Cash & Adjustment Trending

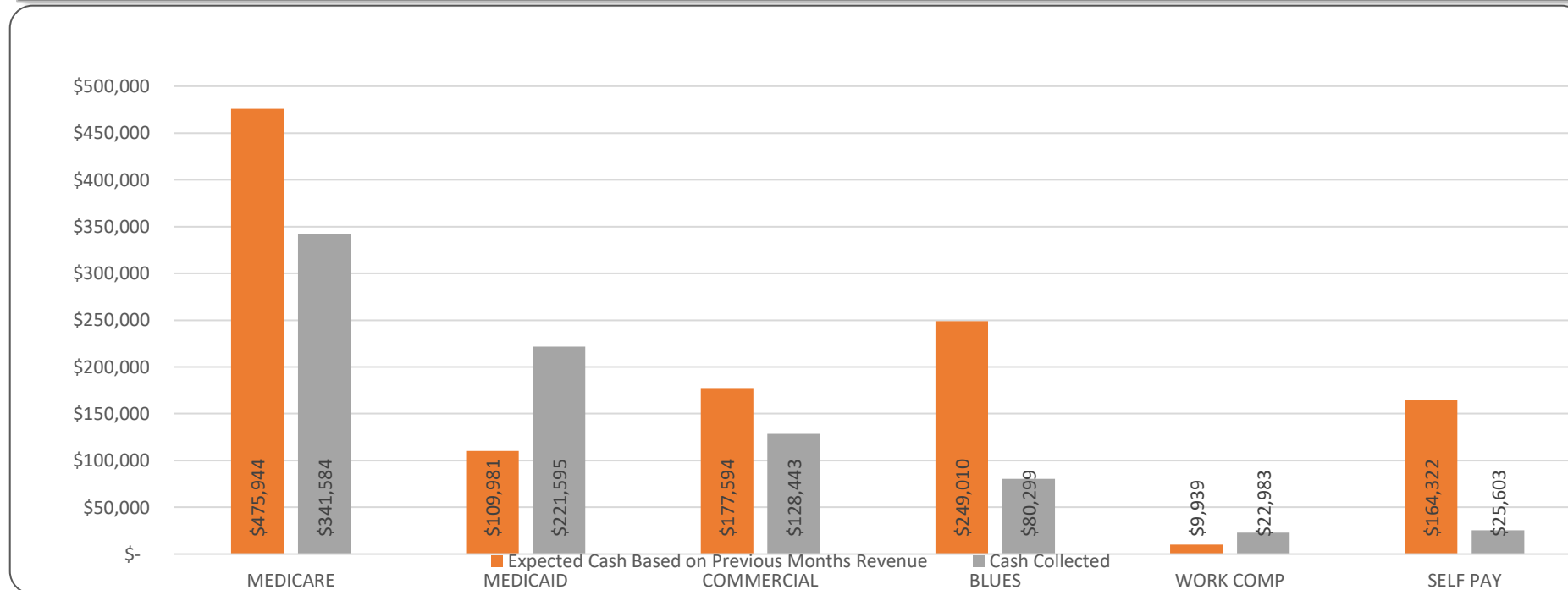


Cash Collections by Discharge Date

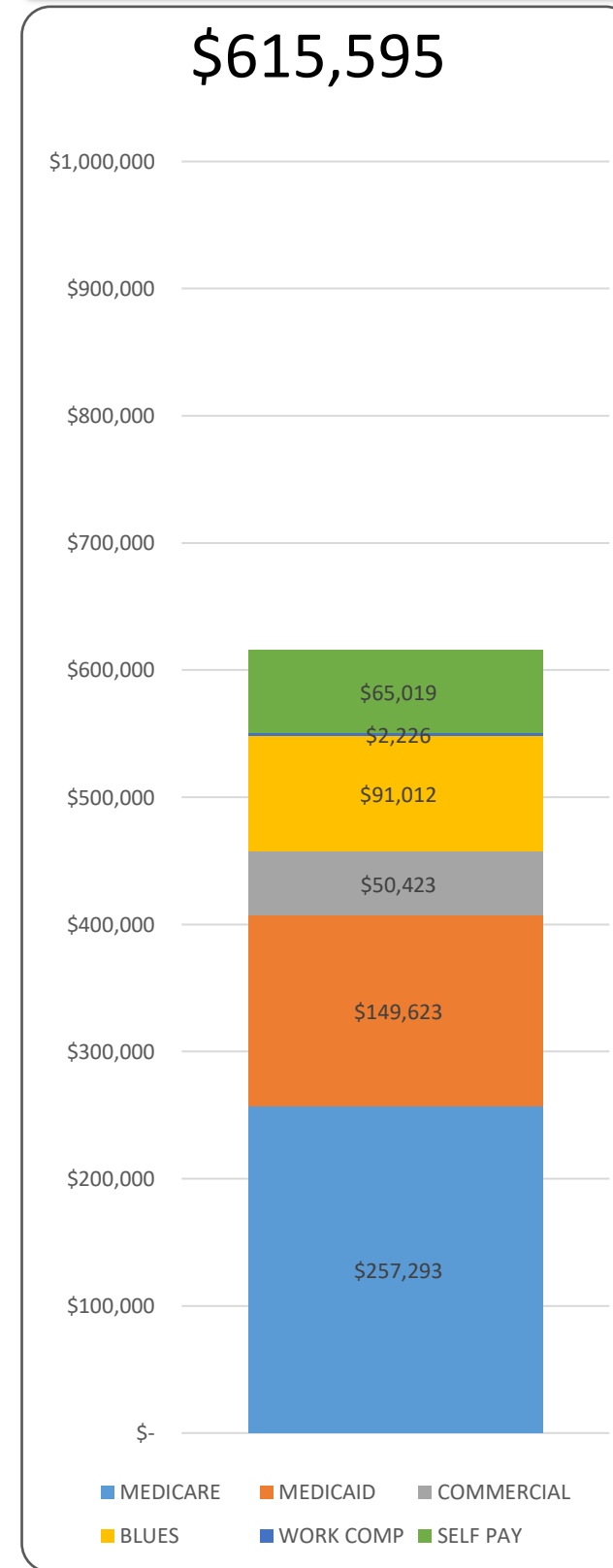


CASH FORECASTING

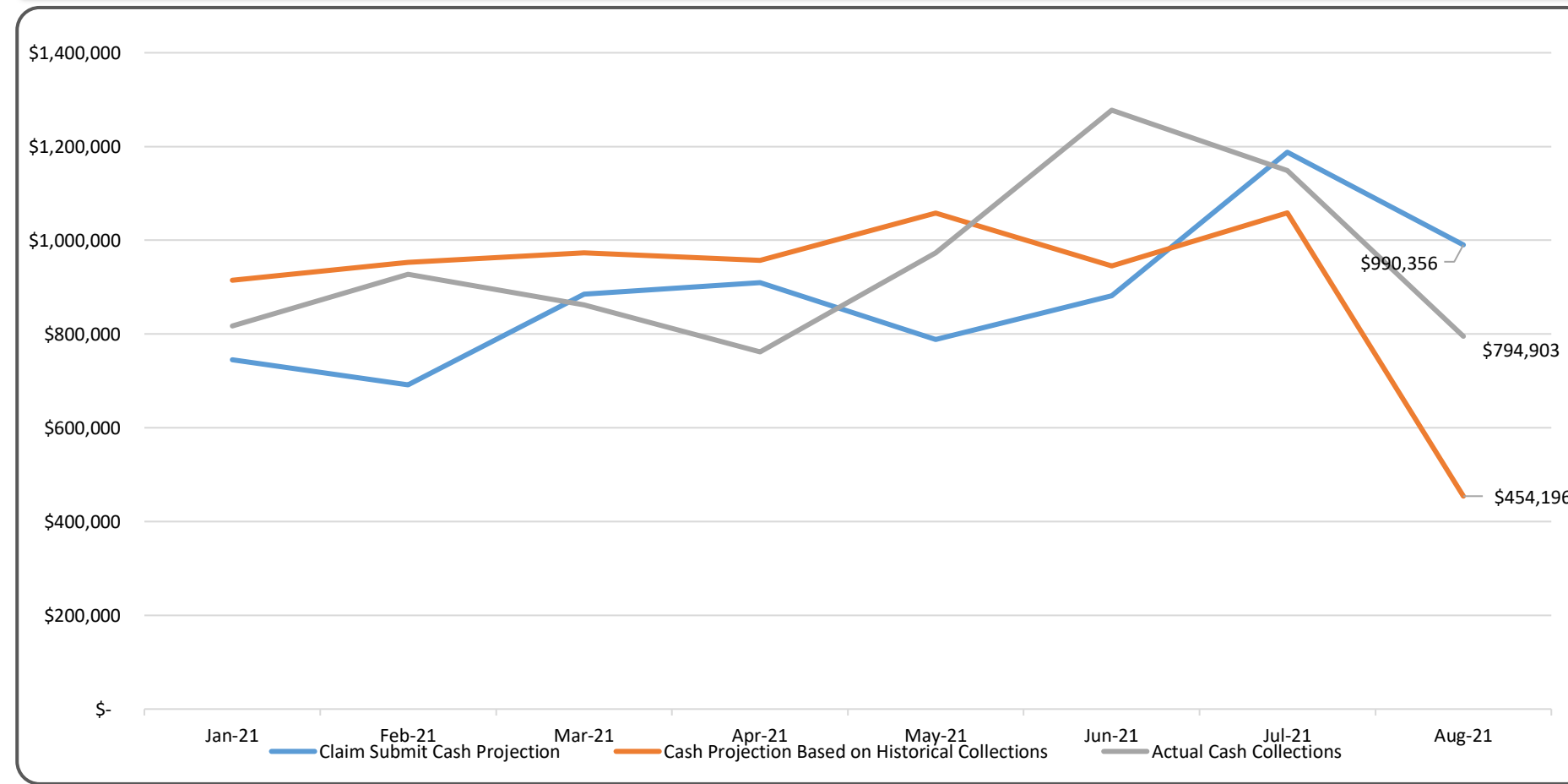
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



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



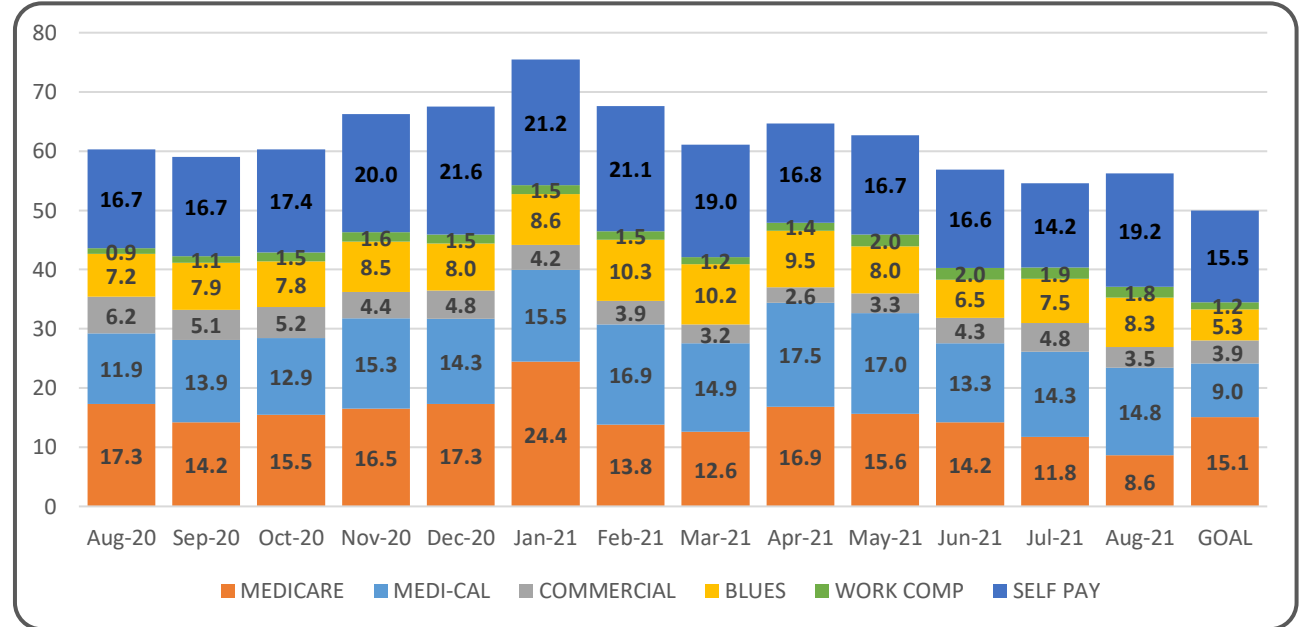
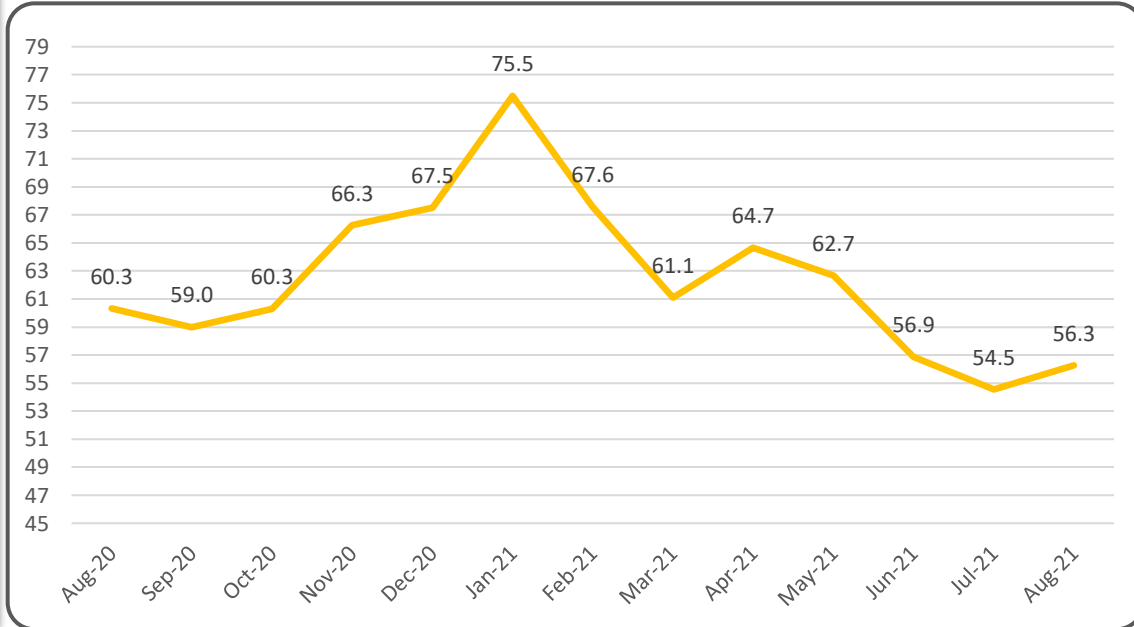
Expected Cash Based on Claim Submissions and Historical Collections



ACCOUNTS RECEIVABLE

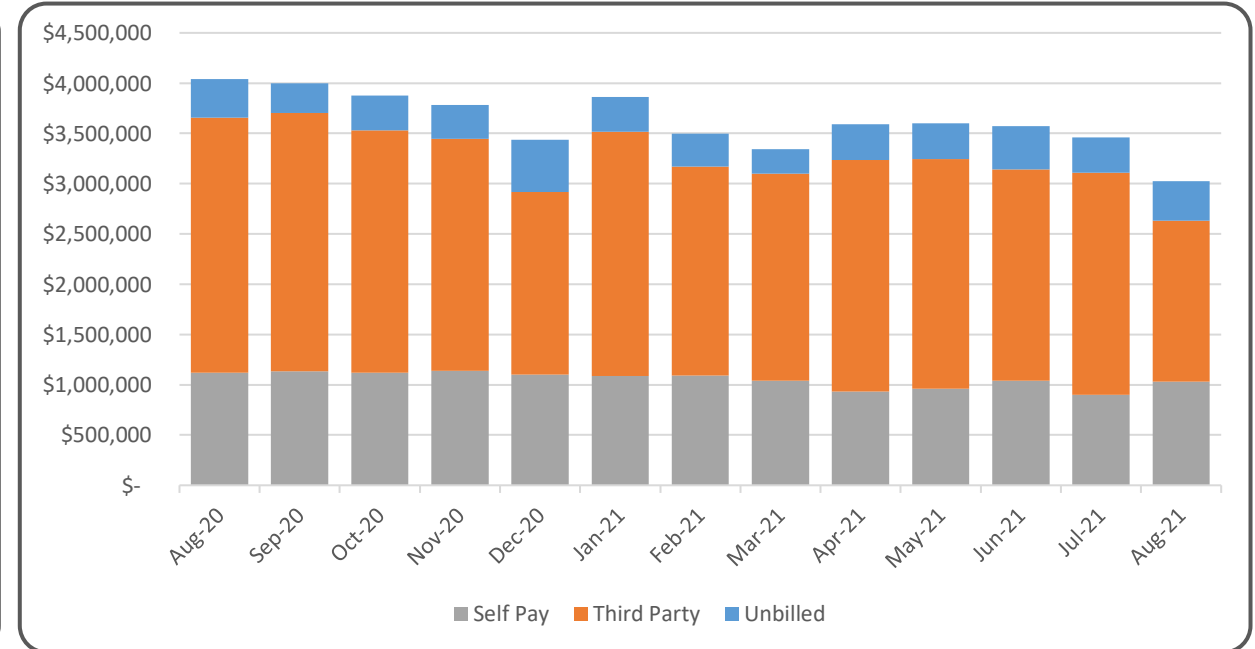
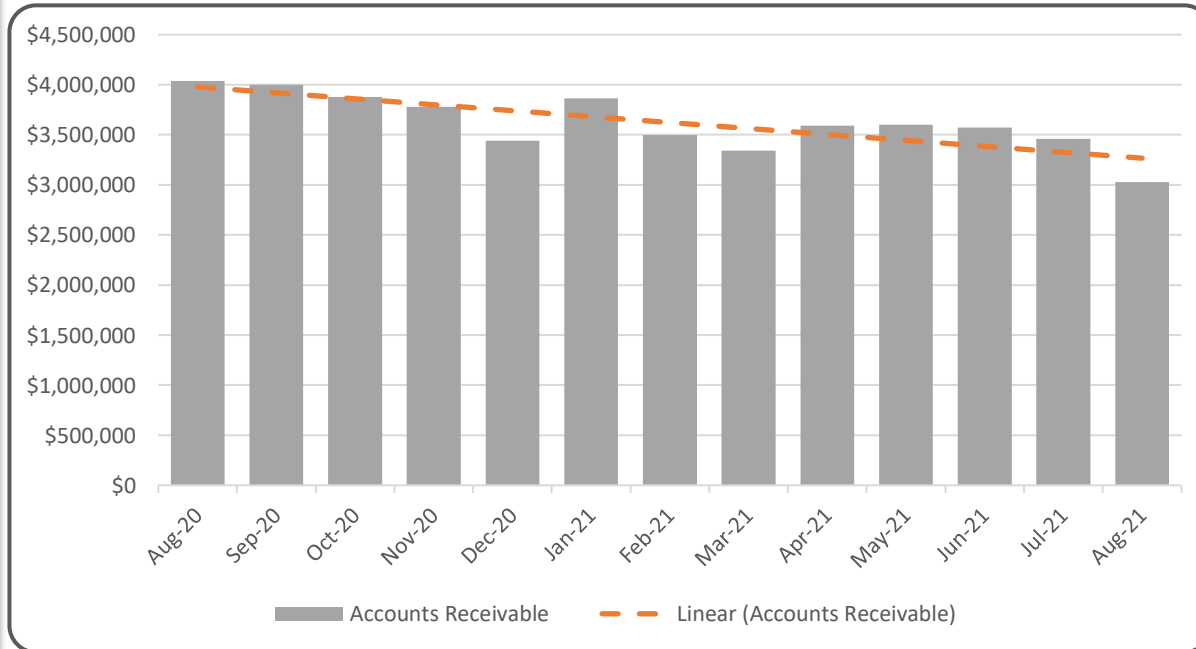
AR Days

PAYER	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	17.3	14.2	15.5	16.5	17.3	24.4	13.8	12.6	16.9	15.6	14.2	11.8	8.6	15.3
MEDI-CAL	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	14.8
COMMERCIAL	6.2	5.1	5.2	4.4	4.8	4.2	3.9	3.2	2.6	3.3	4.3	4.8	3.5	4.3
BLUES	7.2	7.9	7.8	8.5	8.0	8.6	10.3	10.2	9.5	8.0	6.5	7.5	8.3	8.3
WORK COMP	0.9	1.1	1.5	1.6	1.5	1.5	1.5	1.2	1.4	2.0	2.0	1.9	1.8	1.5
SELF PAY	16.7	16.7	17.4	20.0	21.6	21.2	21.1	19.0	16.8	16.7	16.6	14.2	19.2	18.2
TOTAL DAYS	60.3	59.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5	56.3	62.5



AR Balance

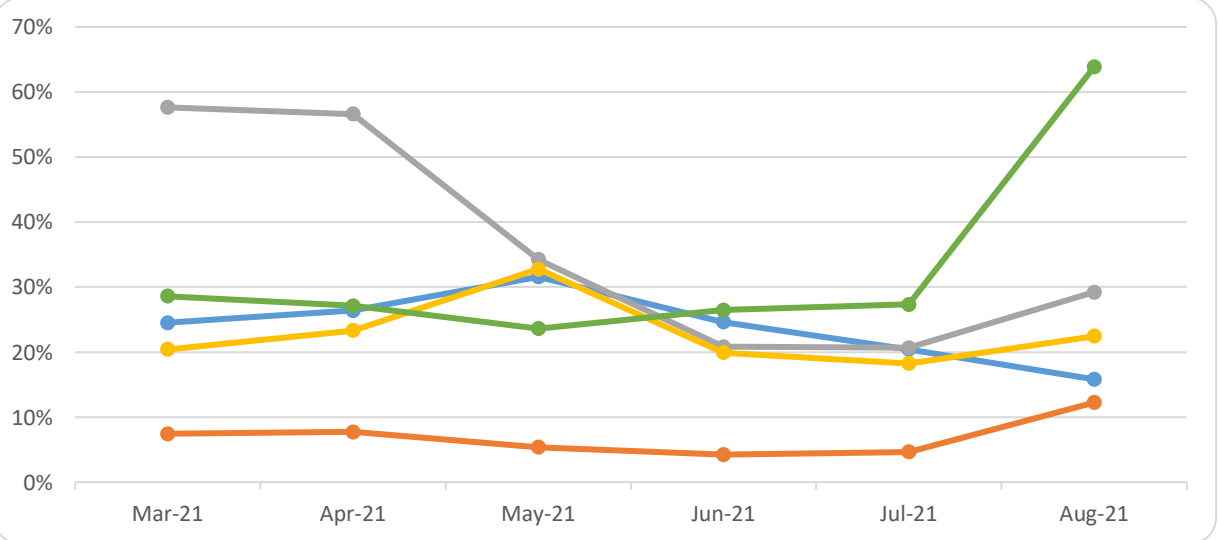
PAYER	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	\$ 1,156,624	\$ 962,019	\$ 994,866	\$ 941,366	\$ 883,215	\$ 1,249,428	\$ 714,694	\$ 691,674	\$ 936,231	\$ 897,372	\$ 890,950	\$ 745,508	\$ 462,908	\$ 886,681
MEDI-CAL	\$ 797,964	\$ 943,855	\$ 831,762	\$ 873,678	\$ 729,286	\$ 794,464	\$ 877,331	\$ 814,373	\$ 973,551	\$ 975,869	\$ 838,030	\$ 909,477	\$ 796,659	\$ 858,177
COMMERCIAL	\$ 417,635	\$ 346,185	\$ 336,700	\$ 253,440	\$ 242,925	\$ 214,871	\$ 204,229	\$ 173,556	\$ 144,903	\$ 192,193	\$ 269,465	\$ 306,957	\$ 189,140	\$ 253,246
BLUES	\$ 484,739	\$ 536,706	\$ 499,384	\$ 482,689	\$ 405,937	\$ 440,648	\$ 534,164	\$ 558,300	\$ 529,360	\$ 458,164	\$ 406,288	\$ 476,338	\$ 446,142	\$ 481,451
WORK COMP	\$ 62,477	\$ 76,682	\$ 94,358	\$ 89,888	\$ 78,799	\$ 78,014	\$ 76,565	\$ 66,649	\$ 78,209	\$ 114,477	\$ 125,844	\$ 123,293	\$ 97,299	\$ 89,427
SELF PAY	\$ 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	\$ 1,033,230	\$ 1,053,133
TOTAL	\$ 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	\$ 3,025,377	\$ 3,622,115



ACCOUNTS RECEIVABLE AGING

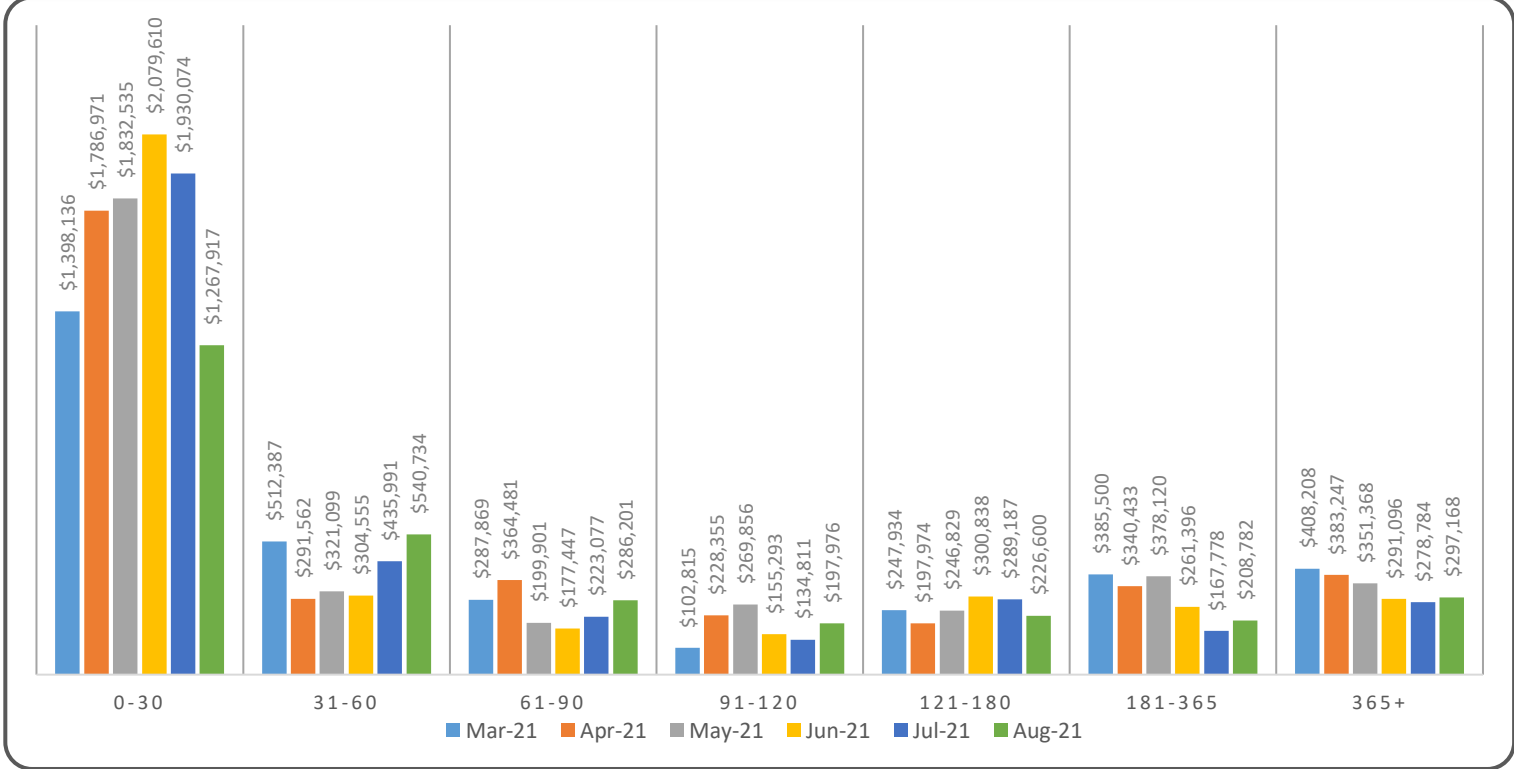
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$	# Acts	\$
MEDICARE																
Non-Credit	209	\$ 312,752	84	\$ 84,106	19	\$ 16,945	38	\$ 37,058	7	\$ 10,132	7	\$ 9,967	1	\$ 573	365	\$ 471,535
Credit	3	\$ (61)	1	\$ (34)	2	\$ (1,743)	1	\$ (1,076)	1	\$ (40)	3	\$ (1,229)	23	\$ (4,444)	34	\$ (8,627)
TOTAL	212	\$ 312,691	85	\$ 84,073	21	\$ 15,202	39	\$ 35,983	8	\$ 10,092	10	\$ 8,739	24	\$ (3,871)	399	\$ 462,908
MEDI-CAL																
Non-Credit	86	\$ 644,363	111	\$ 109,291	103	\$ 32,500	61	\$ 15,431	73	\$ 63,335	106	\$ 66,828	14	\$ 2,042	554	\$ 933,789
Credit	0	\$ -	7	\$ (3,331)	2	\$ (5)	2	\$ (282)	5	\$ (2,035)	42	\$ (118,500)	86	\$ (12,977)	144	\$ (137,130)
TOTAL	86	\$ 644,363	118	\$ 105,961	105	\$ 32,494	63	\$ 15,149	78	\$ 61,299	148	\$ (51,672)	100	\$ (10,935)	698	\$ 796,659
COMMERCIAL																
Non-Credit	34	\$ 50,731	104	\$ 83,821	59	\$ 31,028	15	\$ 13,633	23	\$ 13,561	21	\$ 10,436	29	\$ 30,760	285	\$ 233,972
Credit	3	\$ (125)	0	\$ -	1	\$ (25)	0	\$ -	2	\$ (231)	13	\$ (4,247)	110	\$ (40,203)	129	\$ (44,831)
TOTAL	37	\$ 50,606	104	\$ 83,821	60	\$ 31,003	15	\$ 13,633	25	\$ 13,330	34	\$ 6,189	139	\$ (9,442)	414	\$ 189,140
BLUES																
Non-Credit	119	\$ 127,247	185	\$ 151,228	118	\$ 128,080	26	\$ 16,419	37	\$ 28,883	39	\$ 65,366	9	\$ 6,895	533	\$ 524,118
Credit	24	\$ (695)	1	\$ (575)	1	\$ (10)	5	\$ (95)	9	\$ (1,036)	13	\$ (2,705)	212	\$ (72,861)	265	\$ (77,977)
TOTAL	143	\$ 126,552	186	\$ 150,653	119	\$ 128,070	31	\$ 16,324	46	\$ 27,848	52	\$ 62,661	221	\$ (65,966)	798	\$ 446,142
WORK COMP																
Non-Credit	7	\$ 9,125	11	\$ 8,685	10	\$ 17,700	10	\$ 38,812	2	\$ 1,182	9	\$ 9,966	10	\$ 12,806	59	\$ 98,275
Credit	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	\$ -	4	\$ (977)	4	\$ (977)
TOTAL	7	\$ 9,125	11	\$ 8,685	10	\$ 17,700	10	\$ 38,812	2	\$ 1,182	9	\$ 9,966	14	\$ 11,829	63	\$ 97,299
SELF PAY																
Non-Credit	28	\$ 126,038	179	\$ 107,642	242	\$ 63,795	186	\$ 79,405	293	\$ 114,262	514	\$ 203,740	1008	\$ 460,195	2450	\$ 1,155,078
Credit	14	\$ (1,458)	5	\$ (101)	16	\$ (2,063)	21	\$ (1,329)	35	\$ (1,413)	100	\$ (30,840)	961	\$ (84,643)	1152	\$ (121,848)
TOTAL	42	\$ 124,580	184	\$ 107,541	258	\$ 61,732	207	\$ 78,075	328	\$ 112,849	614	\$ 172,899	1969	\$ 375,553	3602	\$ 1,033,230
ACCOUNTS RECEIVABLE																
Non-Credit	483	\$ 1,270,256	674	\$ 544,774	551	\$ 290,049	336	\$ 200,758	435	\$ 231,355	696	\$ 366,303	1071	\$ 513,271	4246	\$ 3,416,766
Credit	44	\$ (2,339)	14	\$ (4,040)	22	\$ (3,847)	29	\$ (2,782)	52	\$ (4,755)	171	\$ (157,521)	1396	\$ (216,104)	1728	\$ (391,389)
GRAND TOTAL	527	\$ 1,267,917	688	\$ 540,734	573	\$ 286,201	365	\$ 197,976	487	\$ 226,600	867	\$ 208,782	2467	\$ 297,168	5974	\$ 3,025,377

Aged Over 90 Days Trending (excluding Credits)



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Medicare	7.4%	7.7%	5.4%	4.2%	4.6%	12.2%
Medi-Cal	24.5%	26.4%	31.6%	24.6%	20.4%	15.8%
Commercial	57.6%	56.6%	34.2%	20.8%	20.7%	29.2%
Blues	20.4%	23.3%	32.8%	19.9%	18.2%	22.4%
Work Comp	28.6%	27.1%	23.6%	26.4%	27.3%	63.9%

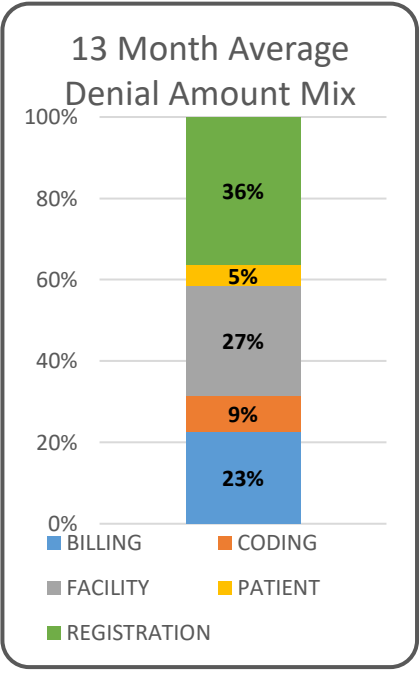
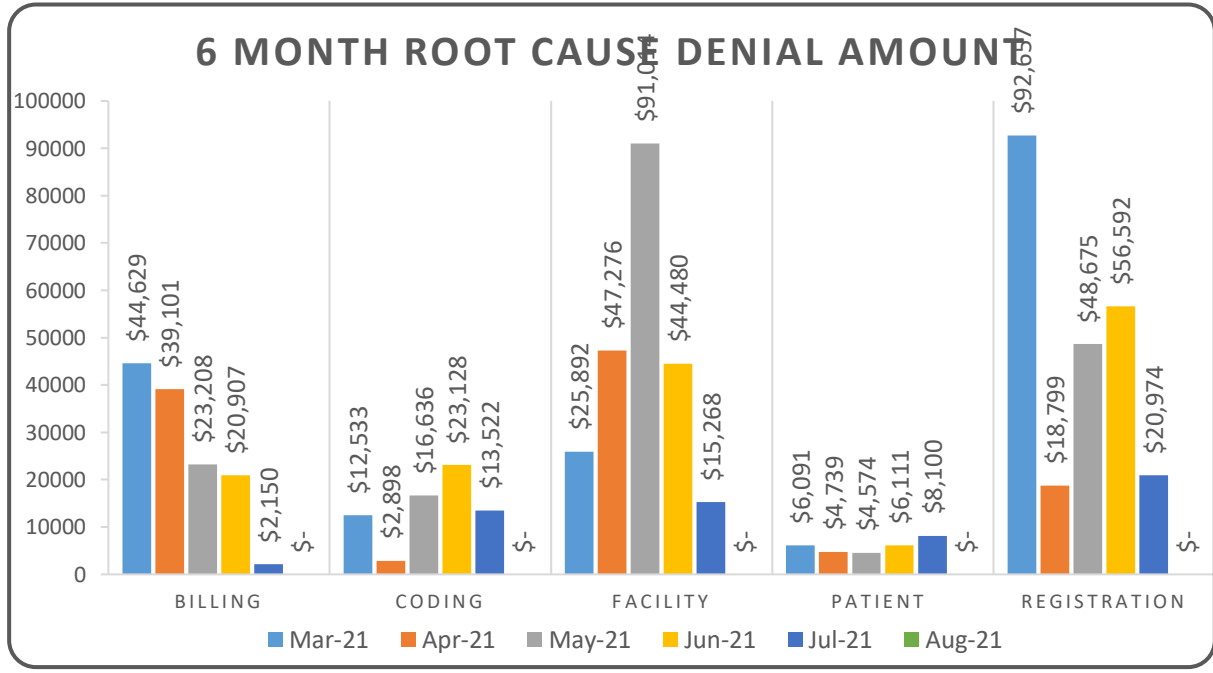
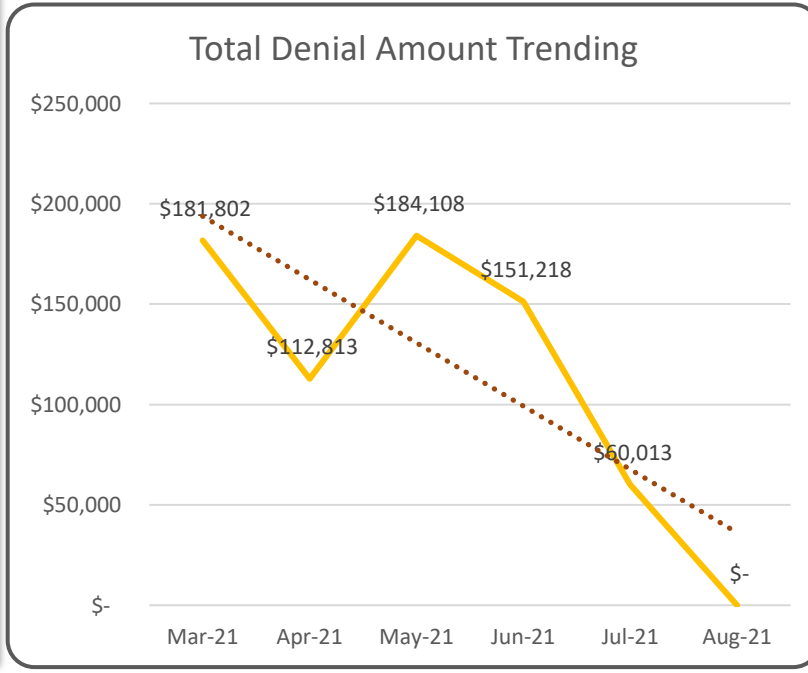
6 Month Aging



DENIAL MANAGEMENT

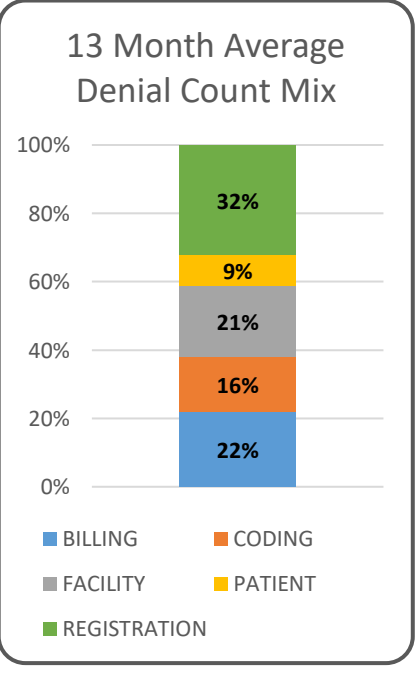
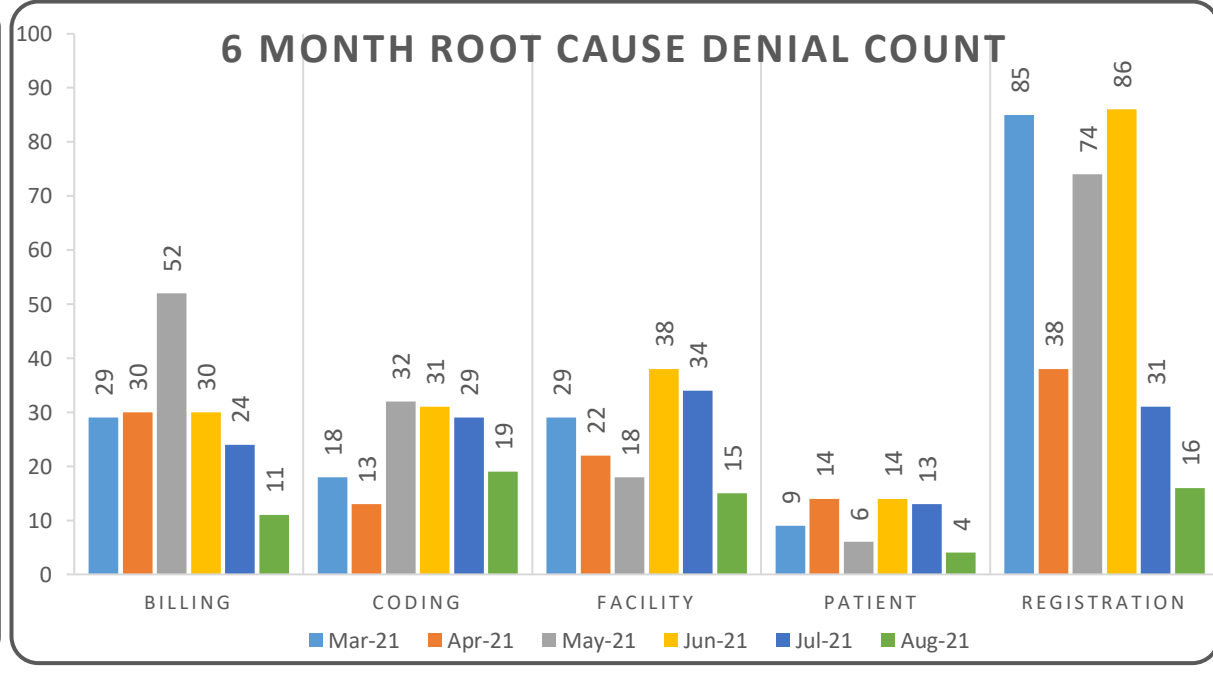
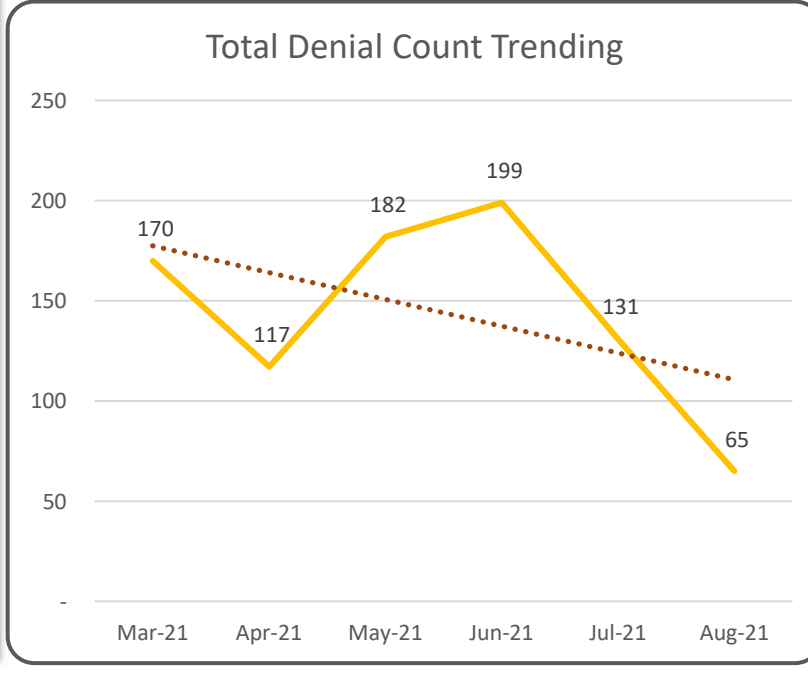
Denial Amount

AMOUNT	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
BILLING	\$ 23,497	\$ 46,447	\$ 29,775	\$ 29,513	\$ 57,751	\$ 36,487	\$ 42,752	\$ 44,629	\$ 39,101	\$ 23,208	\$ 20,907	\$ 2,150	\$ -	\$ 30,478
CODING	\$ 9,287	\$ 10,394	\$ 6,458	\$ 26,197	\$ 23,106	\$ 11,076	\$ 2,925	\$ 12,533	\$ 2,898	\$ 16,636	\$ 23,128	\$ 13,522	\$ -	\$ 12,166
FACILITY	\$ 99,766	\$ 20,722	\$ 35,673	\$ 18,725	\$ 25,269	\$ 18,558	\$ 29,679	\$ 25,892	\$ 47,276	\$ 91,014	\$ 44,480	\$ 15,268	\$ -	\$ 36,332
PATIENT	\$ 12,526	\$ 5,517	\$ 10,740	\$ 17,083	\$ 7,720	\$ 3,987	\$ 6,272	\$ 6,091	\$ 4,739	\$ 4,574	\$ 6,111	\$ 8,100	\$ -	\$ 7,189
REGISTRATION	\$ 68,017	\$ 85,265	\$ 41,872	\$ 51,131	\$ 91,369	\$ 13,240	\$ 46,742	\$ 92,657	\$ 18,799	\$ 48,675	\$ 56,592	\$ 20,974	\$ -	\$ 48,872
TOTAL	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 184,108	\$ 151,218	\$ 60,013	\$ -	\$ 135,038



Denial Count

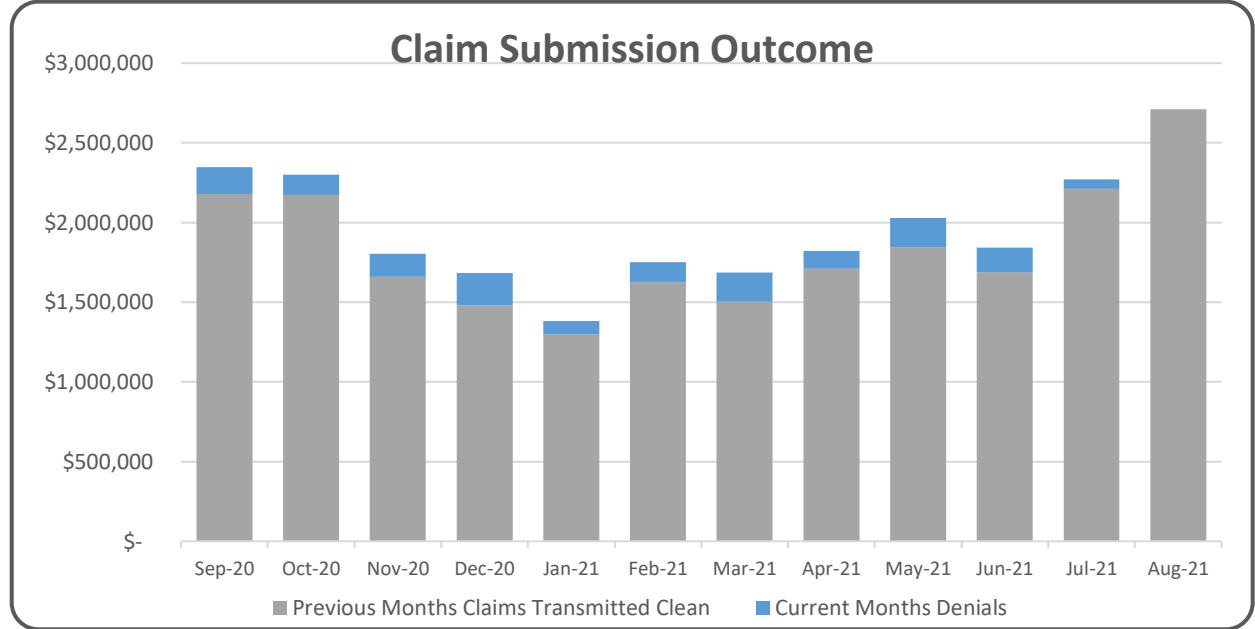
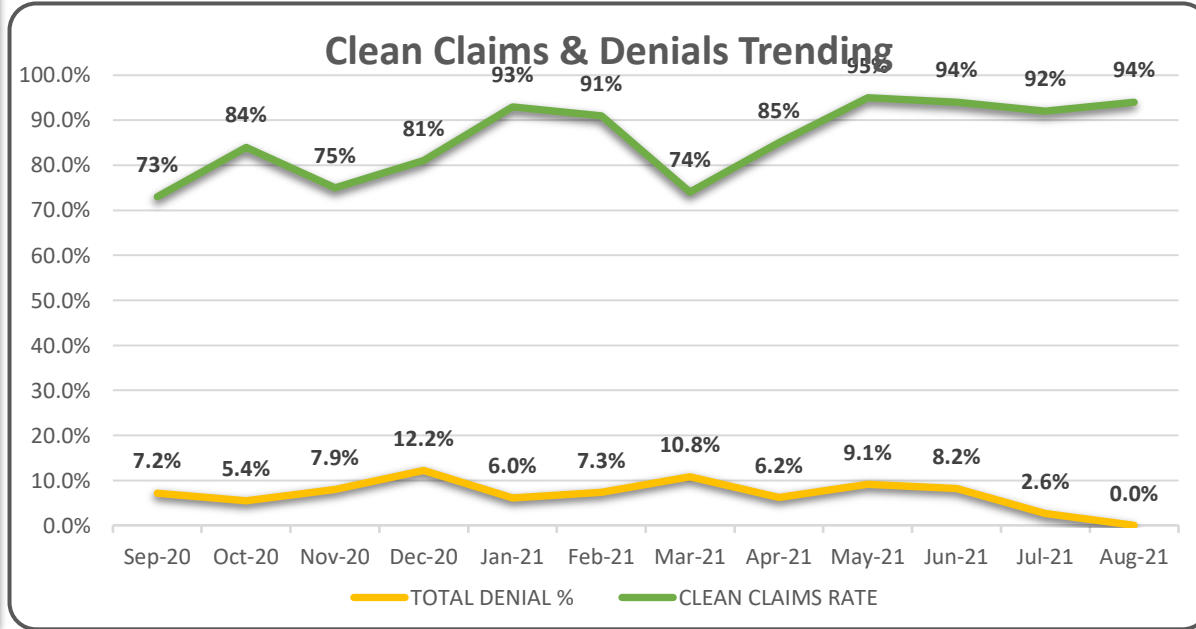
COUNT	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
BILLING	39	66	26	37	36	25	27	29	30	52	30	24	11	33
CODING	19	31	22	31	41	12	13	18	13	32	31	29	19	24
FACILITY	25	25	50	56	34	29	30	29	22	18	38	34	15	31
PATIENT	13	13	32	25	14	9	13	9	14	6	14	13	4	14
REGISTRATION	39	36	32	34	65	44	46	85	38	74	86	31	16	48
TOTAL	135	171	162	183	190	119	129	170	117	182	199	131	65	150



CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

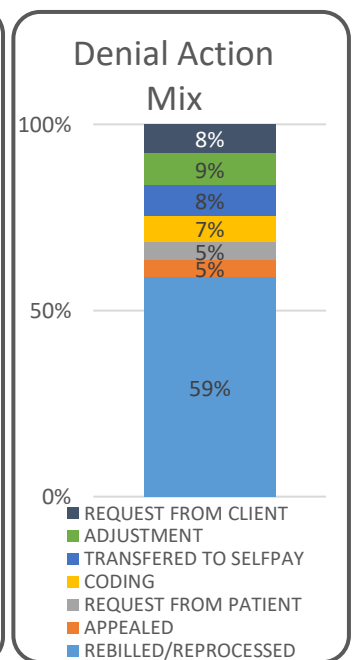
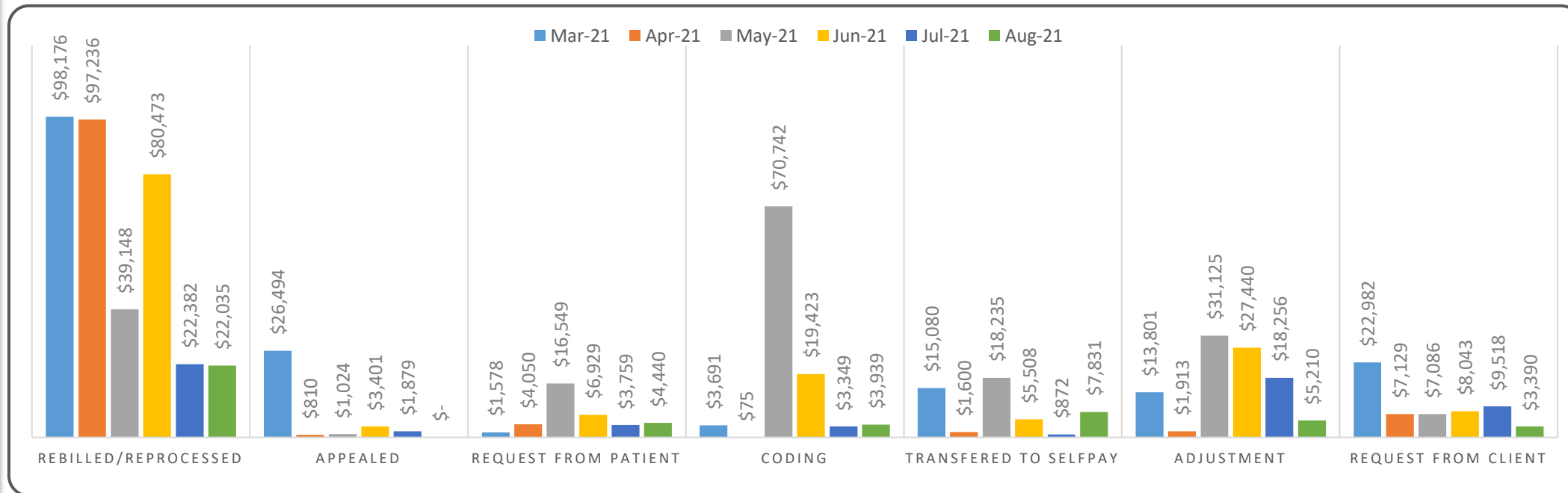
Denial & Clean Claim Trending

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
DENIAL AMOUNT	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 184,108	\$ 151,218	\$ 60,013	\$ -	\$ 135,038
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 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	\$ 2,711,044	\$ 2,001,045
TOTAL DENIAL %	8.9%	7.2%	5.4%	7.9%	12.2%	6.0%	7.3%	10.8%	6.2%	9.1%	8.2%	2.6%	0.0%	7.1%
CLEAN CLAIMS RATE	82%	73%	84%	75%	81%	93%	91%	74%	85%	95%	94%	92%	94%	86%



Action Taken on Denials

DENIAL ACTION	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
REBILLED/REPROCESSED	\$ 175,107	\$ 129,124	\$ 64,465	\$ 101,434	\$ 137,294	\$ 31,819	\$ 63,171	\$ 98,176	\$ 97,236	\$ 39,148	\$ 80,473	\$ 22,382	\$ 22,035	\$ 81,682
APPEALED	\$ 480	\$ -	\$ -	\$ 2,802	\$ 8,876	\$ 16,958	\$ 23,331	\$ 26,494	\$ 810	\$ 1,024	\$ 3,401	\$ 1,879	\$ -	\$ 6,620
REQUEST FROM PATIENT	\$ 18,591	\$ 4,311	\$ 7,542	\$ 4,381	\$ 3,132	\$ 2,735	\$ 6,143	\$ 1,578	\$ 4,050	\$ 16,549	\$ 6,929	\$ 3,759	\$ 4,440	\$ 6,472
CODING	\$ 468	\$ 19,983	\$ 2,303	\$ 1,051	\$ 5,587	\$ -	\$ 854	\$ 3,691	\$ 75	\$ 70,742	\$ 19,423	\$ 3,349	\$ 3,939	\$ 10,113
TRANSFERRED TO SELFPAY	\$ 12,342	\$ 6,182	\$ 14,614	\$ 19,068	\$ 30,426	\$ 3,378	\$ 9,414	\$ 15,080	\$ 1,600	\$ 18,235	\$ 5,508	\$ 872	\$ 7,831	\$ 11,119
ADJUSTMENT	\$ 2,401	\$ 7,871	\$ 14,124	\$ 5,942	\$ 8,925	\$ 7,963	\$ 10,717	\$ 13,801	\$ 1,913	\$ 31,125	\$ 27,440	\$ 18,256	\$ 5,210	\$ 11,976
REQUEST FROM CLIENT	\$ 3,704	\$ 876	\$ 21,471	\$ 7,971	\$ 10,975	\$ 20,494	\$ 14,742	\$ 22,982	\$ 7,129	\$ 7,086	\$ 8,043	\$ 9,518	\$ 3,390	\$ 10,645
TOTAL	\$ 213,093	\$ 168,345	\$ 124,518	\$ 142,648	\$ 205,215	\$ 83,347	\$ 128,370	\$ 181,802	\$ 112,813	\$ 183,908	\$ 151,218	\$ 60,014	\$ 46,844	\$ 138,626



UNBILLED & INVENTORY

Unbilled

INHOUSE	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	\$ 17,874	\$ 12,544	\$ 58,484	\$ 59,764	\$ 205,894	\$ 12,598	\$ 20,416	\$ 46,879	\$ 126,217	\$ 28,605	\$ 29,657	\$ 12,193	\$ 36,931	\$ 51,389
MEDI-CAL	\$ 870	\$ 36,556	\$ 276	\$ 7,264	\$ 7,609	\$ 57,323	\$ 11,633	\$ 16,036	\$ 25,087	\$ 7,055	\$ 44,302	\$ 122,671	\$ 40,452	\$ 29,010
COMMERCIAL	\$ -	\$ 6,110	\$ 2,135	\$ 1,121	\$ -	\$ (15)	\$ (15)	\$ 489	\$ 3,130	\$ 3,318	\$ 339	\$ 7,107	\$ 1,637	\$ 1,950
BLUES	\$ 12,877	\$ 8,025	\$ 11,669	\$ 21,914	\$ 24,278	\$ 11,178	\$ 12,686	\$ 20,394	\$ 12,854	\$ 20,479	\$ 14,503	\$ 9,319	\$ 3,747	\$ 14,148
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	\$ 36,114	\$ 63,365	\$ 76,953	\$ 100,448	\$ 241,245	\$ 83,819	\$ 48,627	\$ 85,957	\$ 168,815	\$ 60,375	\$ 88,947	\$ 151,290	\$ 82,768	\$ 99,133

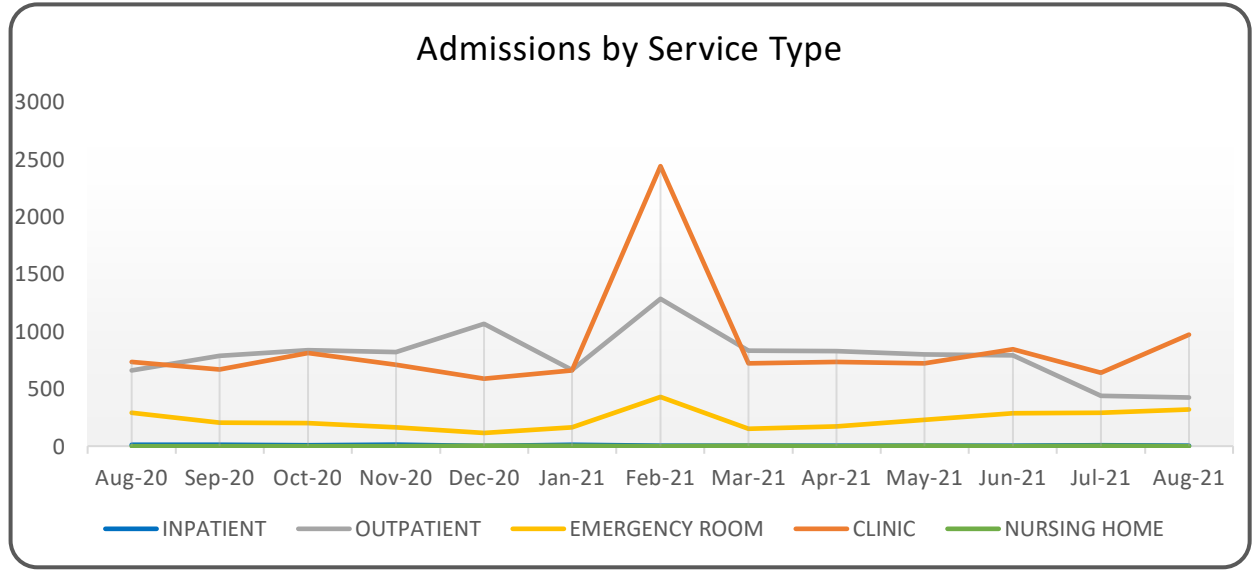
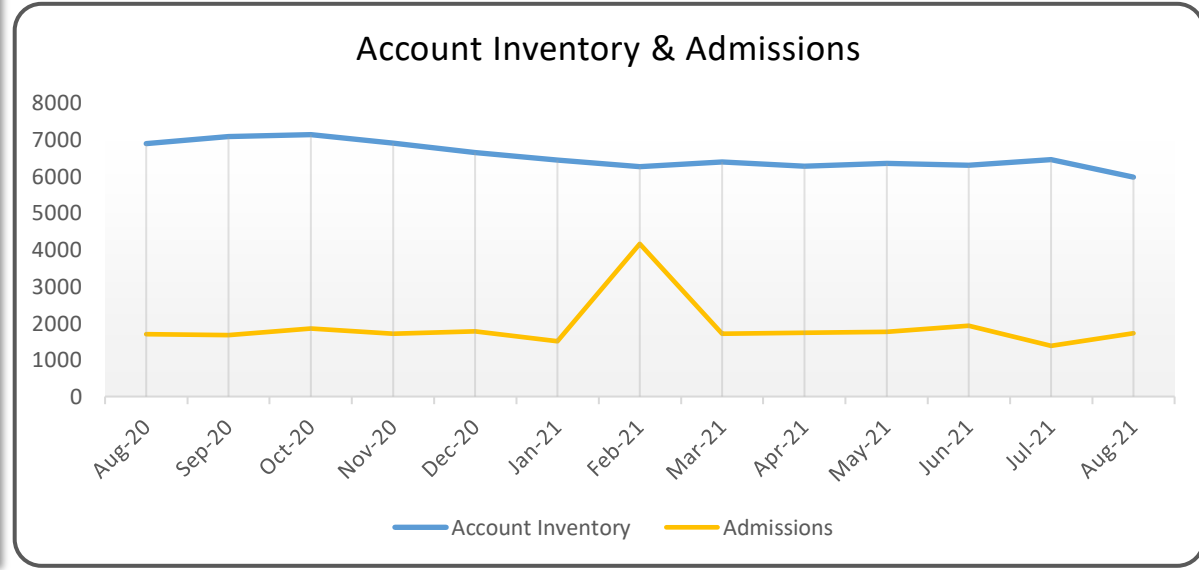
DNFB	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	\$ 252,958	\$ 100,971	\$ 157,235	\$ 109,950	\$ 199,266	\$ 182,739	\$ 134,748	\$ 108,486	\$ 88,754	\$ 142,533	\$ 153,055	\$ 67,703	\$ 157,617	\$ 142,770
MEDI-CAL	\$ 27,850	\$ 70,947	\$ 28,325	\$ 52,336	\$ 34,589	\$ 30,912	\$ 27,598	\$ 17,995	\$ 66,992	\$ 41,398	\$ 63,957	\$ 71,997	\$ 60,091	\$ 45,768
COMMERCIAL	\$ 17,996	\$ 5,498	\$ 28,522	\$ 17,097	\$ 9,576	\$ 10,891	\$ 7,868	\$ 10,268	\$ 4,940	\$ 53,192	\$ 41,701	\$ 18,762	\$ 24,623	\$ 19,303
BLUES	\$ 38,782	\$ 45,988	\$ 50,550	\$ 45,393	\$ 37,629	\$ 34,993	\$ 105,431	\$ 19,067	\$ 26,066	\$ 31,165	\$ 53,675	\$ 20,733	\$ 55,280	\$ 43,442
WORK COMP	\$ 6,709	\$ 6,255	\$ 3,941	\$ 10,285	\$ 1,107	\$ 2,757	\$ 4,204	\$ 1,668	\$ 4,007	\$ 26,278	\$ 27,654	\$ 18,321	\$ 14,984	\$ 9,859
SELF PAY	\$ 169	\$ 298	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 36
TOTAL	\$ 344,464	\$ 229,956	\$ 268,573	\$ 235,061	\$ 282,167	\$ 262,291	\$ 279,849	\$ 157,483	\$ 190,759	\$ 294,566	\$ 340,042	\$ 197,517	\$ 312,594	\$ 261,179

TOTAL UNBILLED	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
TOTAL UNBILLED	\$ 380,578	\$ 293,321	\$ 345,525	\$ 335,509	\$ 523,411	\$ 346,110	\$ 328,476	\$ 243,441	\$ 359,575	\$ 354,941	\$ 428,989	\$ 348,807	\$ 395,362	\$ 360,311
UNBILLED DAYS	5.7	4.3	5.4	5.9	10.3	6.8	6.3	4.4	6.5	6.2	6.8	5.5	7.4	6.3

Admissions & Account Inventory

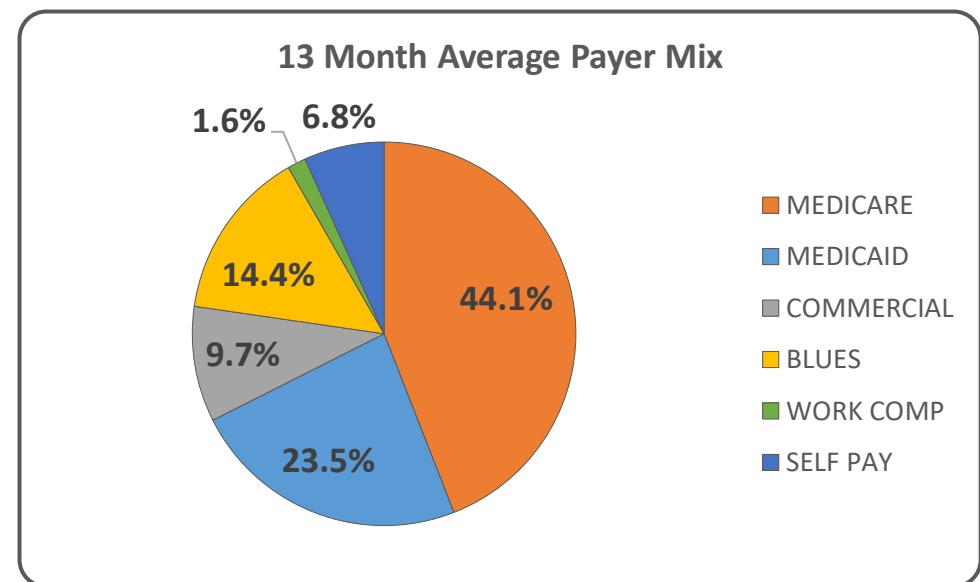
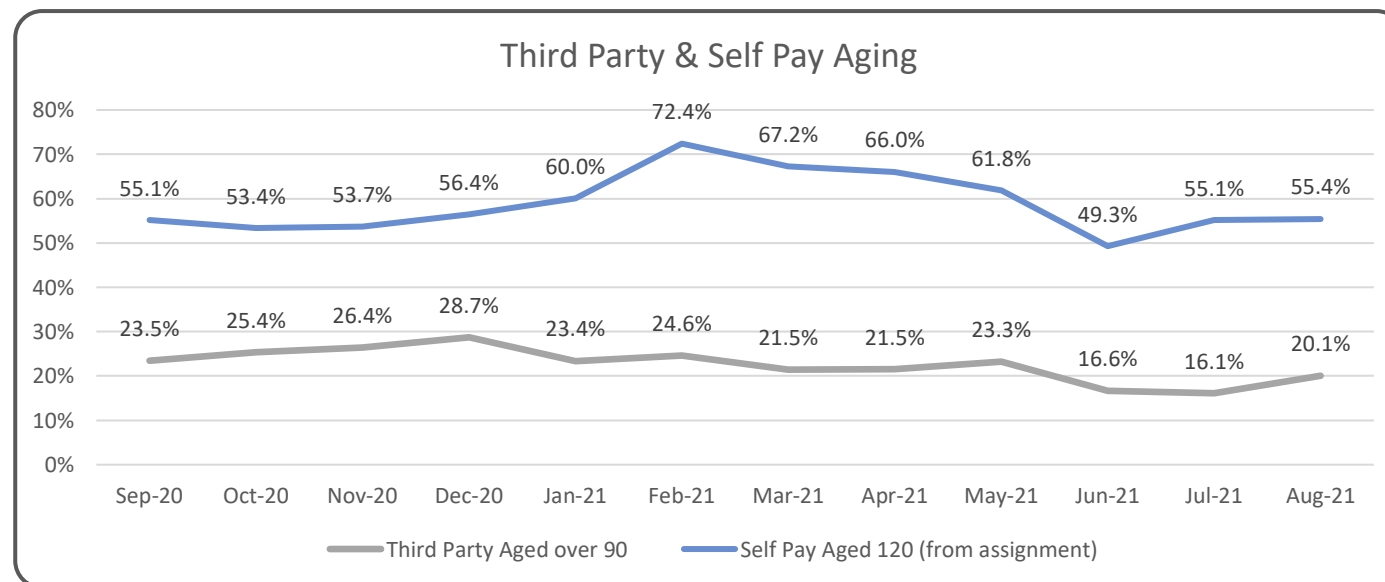
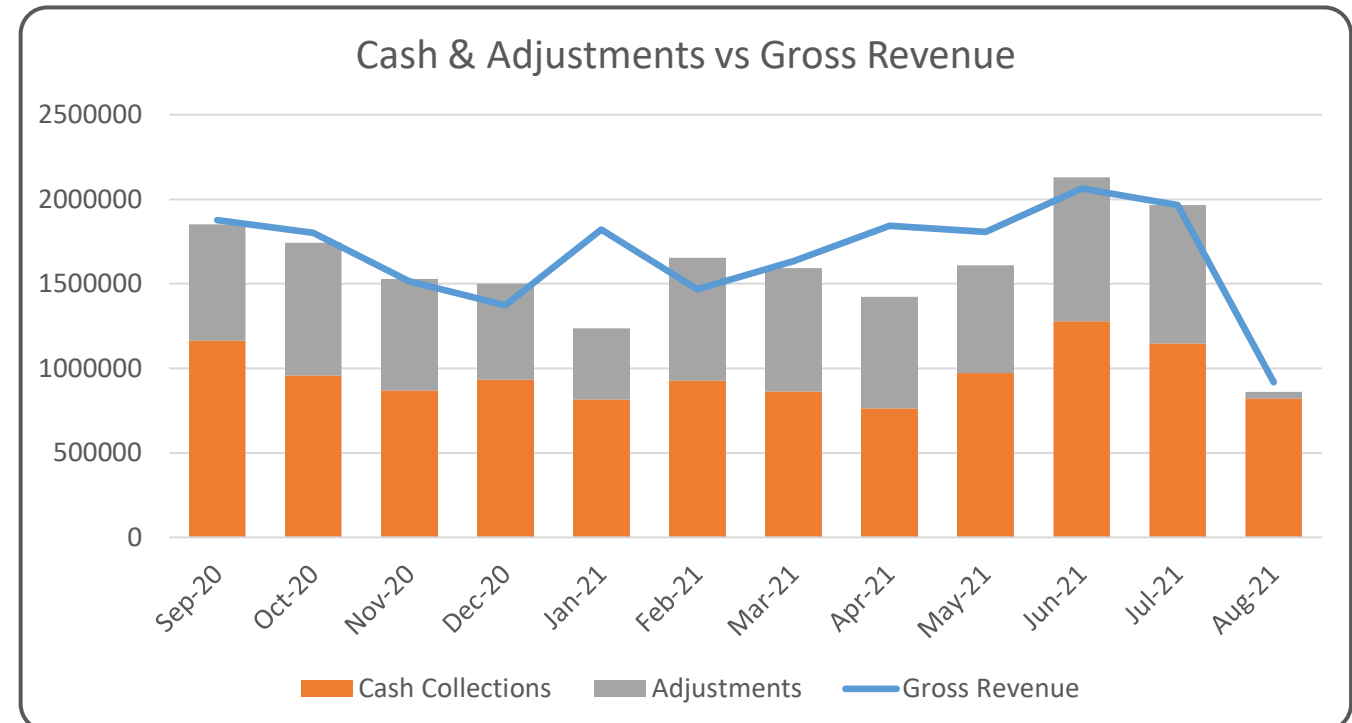
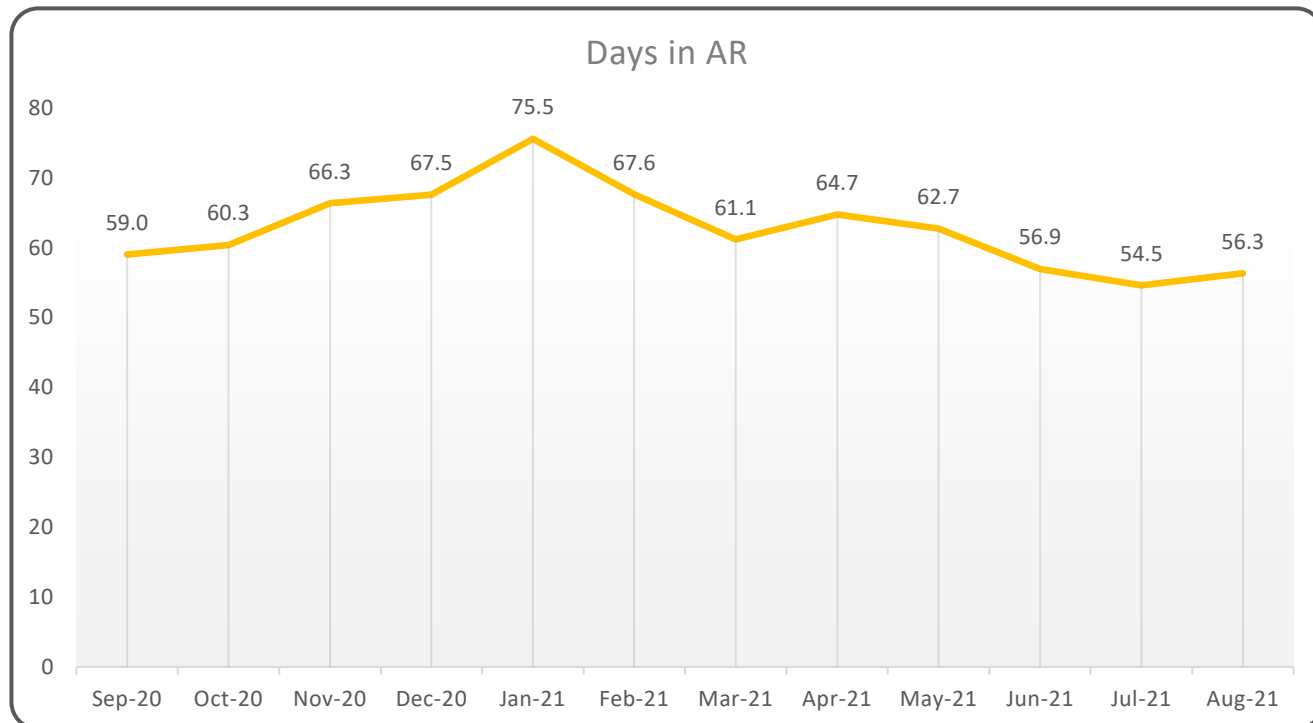
ADMISSIONS	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
INPATIENT	12	12	6	13	2	11	4	4	4	5	5	7	5	7
OUTPATIENT	662	788	836	820	1,064	666	1,284	832	827	799	791	440	424	787
EMERGENCY ROOM	289	203	202	165	115	164	429	152	174	229	287	292	318	232
CLINIC	732	667	812	710	588	659	2,440	722	734	722	844	640	972	865
NURSING HOME	0	0	0	0	2	3	0	2	1	2	0	2	0	1
TOTAL	1,695	1,670	1,856	1,708	1,771	1,503	4,157	1,712	1,740	1,757	1,927	1,381	1,719	1892

ACCOUNT INVENTORY	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	13 Month Average
MEDICARE	907	1,016	979	909	757	866	690	785	686	641	733	705	399	775
MEDI-CAL	796	891	898	906	836	719	731	822	850	884	770	794	698	815
COMMERCIAL	764	672	654	551	515	448	458	404	444	472	468	557	414	525
BLUES	912	891	1,001	952	896	801	772	856	859	810	762	796	798	854
WORK COMP	66	91	88	79	90	85	82	80	85	89	79	79	63	81
SELF PAY	3,440	3,518	3,511	3,508	3,550	3,525	3,521	3,435	3,353	3,451	3,482	3,523	3,602	3494
TOTAL	6885	7079	7131	6905	6644	6444	6254	6382	6277	6347	6294	6454	5974	6544



Seneca Healthcare District Executive Dashboard

	TARGET	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Days in AR	50.0	59.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5	56.3
Gross AR		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	3,025,377
Gross Revenue		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	917,896
Cash Collections		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	822,796
Adjustments		687,368	782,372	659,972	570,339	418,614	726,038	730,072	660,951	635,212	852,947	818,685	38,070
Collection %		62.9%	55.1%	56.8%	62.0%	66.1%	56.1%	54.2%	53.5%	60.5%	60.0%	58.4%	95.6%
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%	1.4%	2.9%	2.6%	1.6%	1.2%	2.3%	5.6%	4.3%	0.0%	4.7%	2.4%	0.0%
Charity Care	3%	0.0%	0.4%	0.1%	0.2%	0.4%	0.1%	0.1%	0.0%	0.6%	0.1%	0.0%	0.0%
Third Party Aged over 90	13%	23.5%	25.4%	26.4%	28.7%	23.4%	24.6%	21.5%	21.5%	23.3%	16.6%	16.1%	20.1%
Self Pay Aged 120 (from assignment)	25%	55.1%	53.4%	53.7%	56.4%	60.0%	72.4%	67.2%	66.0%	61.8%	49.3%	55.1%	55.4%



**SENECA HEALTHCARE DISTRICT
REPLACEMENT CRITICAL ACCESS HOSPITAL, SKILLED
NURSING FACILITY & AMBULATORY SURGERY
CENTER/WALK-IN CLINIC**



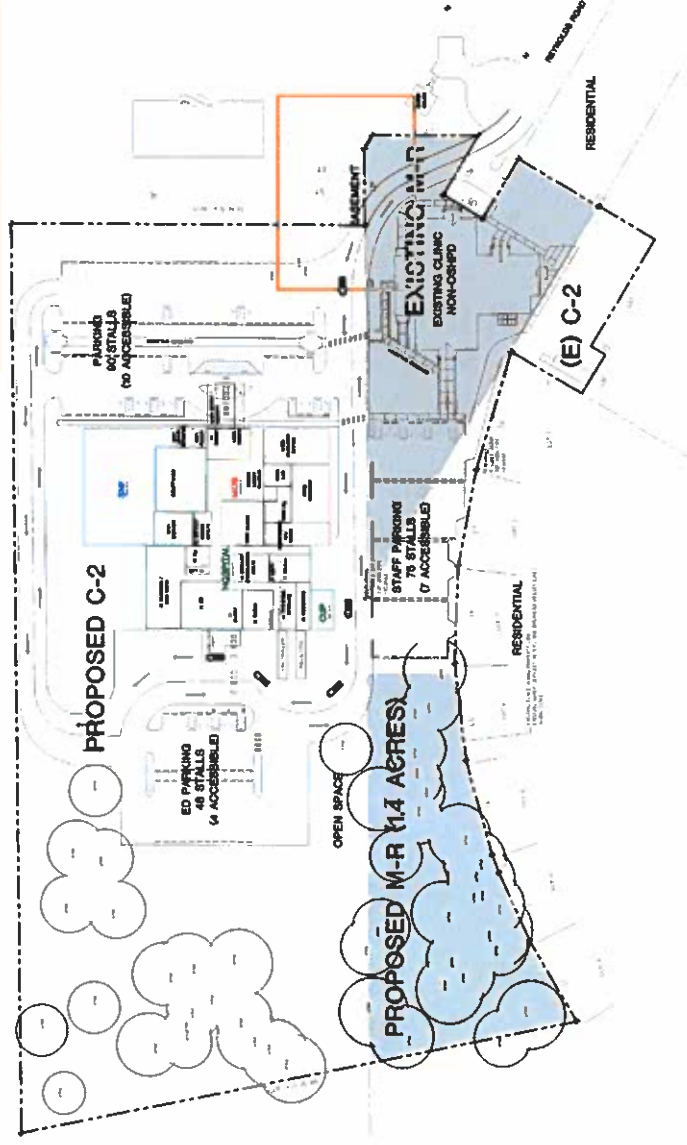
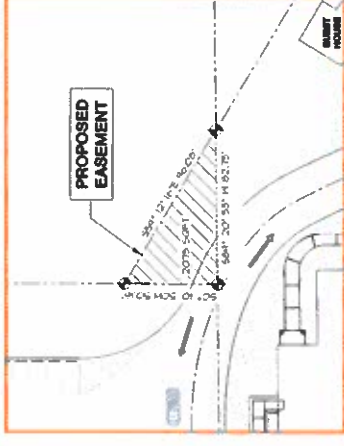
9/30/2021 SHD BOARD MEETING

- General Plan Amendment/Rezzone
- LAFCO Annexation
- Funding/Budget
- CAH Campaign
- Project Delivery
- Schedule



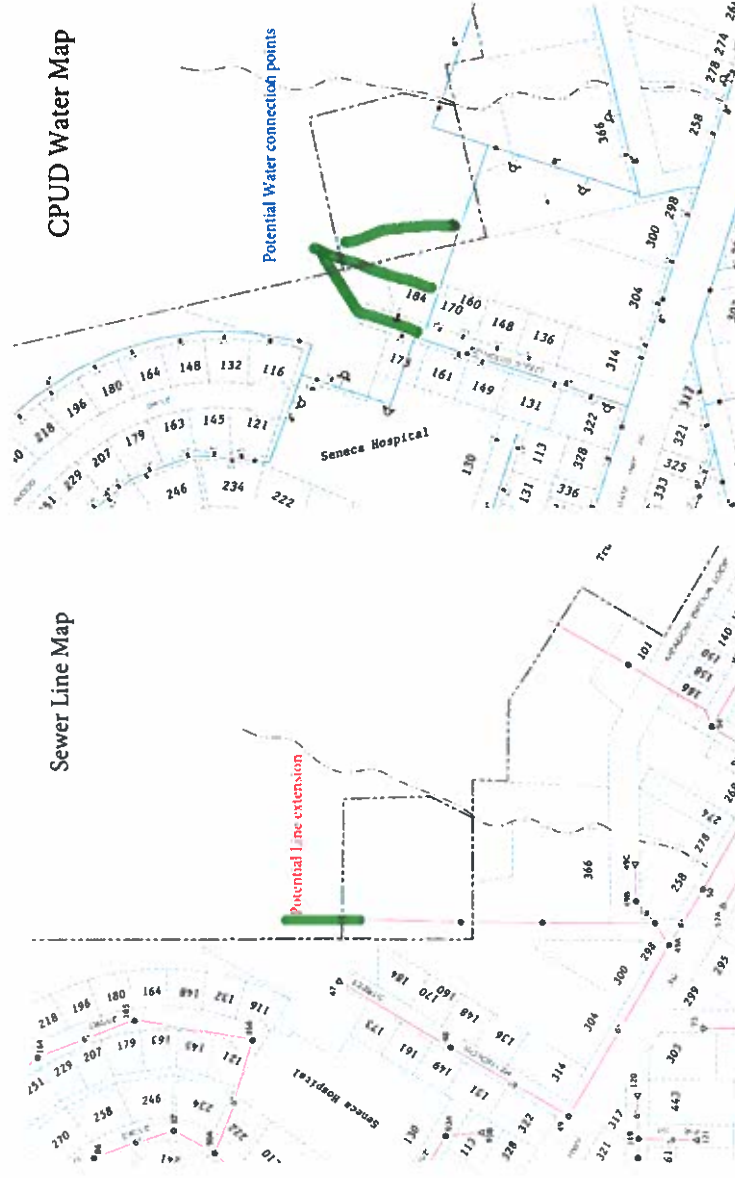
GENERAL PLAN AMENDMENT / REZONE

- ❖ Application and associated documentation from land purchase due diligence was submitted to the County for review
- ❖ Expecting 1st feedback on requirements from various agencies – 10/15/2021
- ❖ In parallel, working to connect with Plumas Community Development Commission to request access easement



LAFCO ANNEXATION

- ❖ Currently the added acreage from the Collins Pine land purchase is intended to have fire/water/sewer provided by County services
- ❖ Need to annex the land to CPUD and Chester Fire, via LAFCO application
- ❖ LAFCO review/approval is aimed to run in parallel with the County GPA/RZ process
- ❖ Following Board approval, application to LAFCO can be submitted to start that process



FUNDING / BUDGET

- ❖ Next steps based on last month's Board approval include development of application for conventional loans in anticipation of getting the denial required to start the USDA pre-application process
- ❖ RFP for financial consultant
- ❖ Anticipating approximately 65% loan-to-cash requirement for a construction loan, equating to approximately \$15M plus \$3M contingency input of cash from SHD
- ❖ Assumes \$36.5M from alternate sources (USDA, other federal, state, local)



CAH CAMPAIGN

- ❖ Renderings / Fly-by complete for conceptual design
- ❖ Website pending launch
 - ❖ Info on Program
 - ❖ Why/When/How Campaign
- ❖ Print material teasers

My Community - My Hospital
Back the Build



PROJECT DELIVERY

- ❖ First determining pros/cons of component construction
- ❖ OSHPD meetings
- ❖ Research via conversations with other component construction hospital projects
- ❖ If component construction, Design-Build model recommended
- ❖ Bridging documents (from ASAI team) for RFQ/P for bid to Design-Build teams



Meeting Agenda

Date / Time: 20 September 2021, 1pm
Project: Seneca Healthcare District – Replacement CAHSMF/ASC
Location: Zoom
Participants: Roy Lobo (OSHPD), Ali Sumar (OSHPD), Diana Scatturo (OSHPD), Joe LaBrie (OSHPD), Mickey Fong (OSHPD), Nate Morgan (ASA), Ezra Ivey (ASA), Shawn McKenzie (SHD), Donna Huntingdale (BRC)

RE: Potential for Modular Construction

- 1) Summary from 8/24 meeting
- 2) SHD findings in research of past modular OSHPD projects
 - a. Projects Researched:
 - i. KP Morse ED Expansion
 - ii. Sierra Kings
 - iii. Heidelberg ED
 - b. General lessons learned:
 - i. Need for climate-controlled fabrication facility
 - ii. Best if fabrication in Northern CA so no division of work between the 2 OSHPD divisions
 - iii. Need evaluation of module height in order to ensure adequate interstitial space
 - iv. Need for coordinated structural members at module joints for floor continuity
 - v. Need consideration of structural design responsibilities for transport & erection vs final condition
 - vi. Need for transport route / limitations to be done early
 - vii. Mock-up is important
 - viii. Need evaluation of tolerances between units/engineering judgements for any gap fire ratings
- 3) OSHPD findings in research of past modular OSHPD projects
- 4) Found items for consideration/OSHPD input
 - a. Ongoing input during design and/or Preliminary review timing
 - b. Inspection requirements (generally)
 - c. Inspection requirements (OSHPD regulations related to inspections anticipated to prevent the incorporation of any specific building system)
 - d. Transport requirements (OSHPD regulations related to transport anticipated to prevent the incorporation of any specific building system)
 - e. Certified labor requirements
 - f. Humidity control in factory & transport

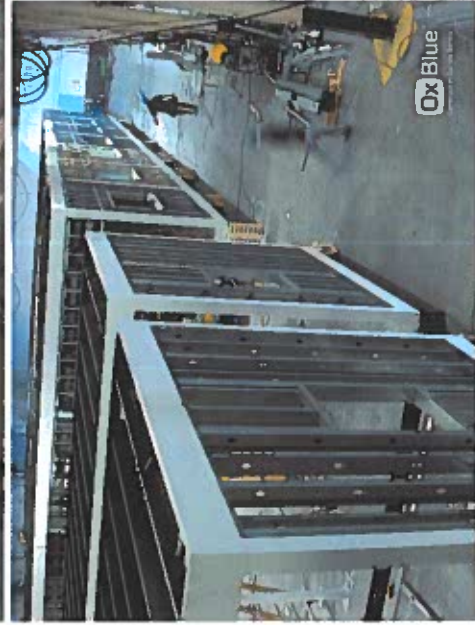
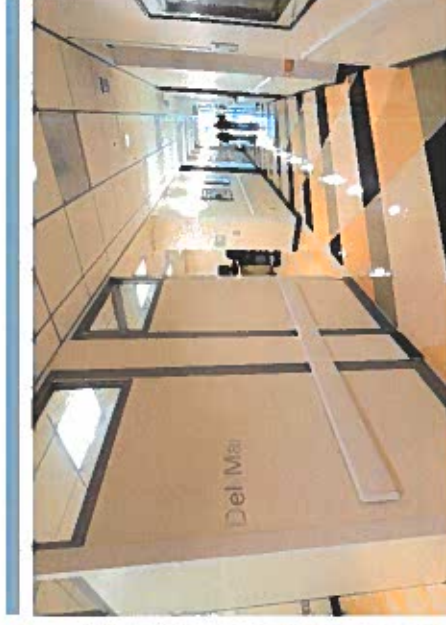
Factory



Installation



Finish



COMPONENT EXAMPLES

COMPONENT CONSIDERATIONS

WHY?

- Leading for the benefit of other Critical Access Hospitals and facilities of the future facing similar time challenges
- Limited construction labor qualified for OSHPD work in the area – located 1-1/2 hour outside of Chico
- Avoids the 2025-2030 Compression Zone
- Provides for concurrent site & factory construction thus expediting construction schedule
- Allows for environmentally-controlled build and resulting flexibility, independent of weather (snow-zone)





PROGRAM – IMPROVING CARE FOR THE COMMUNITY

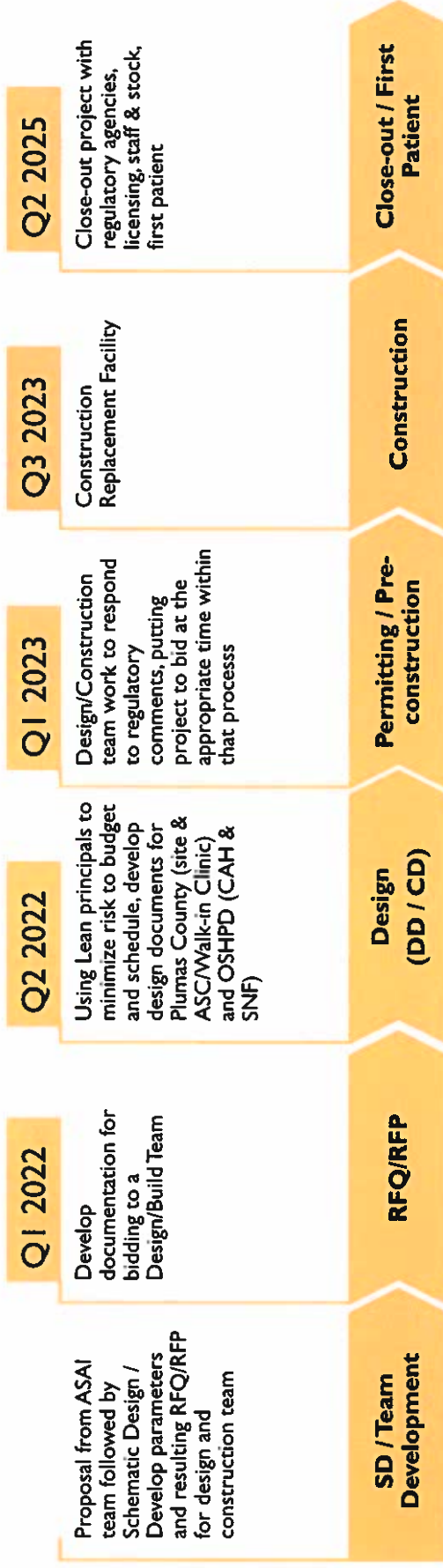
NOW

- 10-bed acute care, no negative pressure
- 2-bed open-bay emergency room
- Trauma/procedure room within ED
- 16-bed skilled nursing facility
- Walk-in clinic in separate building from hospital
- Imaging including x-ray, CT via trailer

PLANNED

- 8-bed acute plus 2-bed negative pressure isolation within ED
- 3-bed private emergency room
- Trauma/procedure room within ED
- 26-bed skilled nursing facility to expand resources for the community & profitability of skilled nursing
- PT/OT/ST within skilled nursing facility
- Relocation of walk-in clinic to allow for transfer of patients based on acuity within one building
- Imaging to include x-ray, mammography, CT, and MRI via trailer
- OR, procedure room, & 4-bed patient recovery in¹⁰ ASC

SCHEDULE



CURRENT NEXT-STEPS

- Applications to conventional lenders & subsequent pre-application to USDA
- Component Construction decision
 - Proposal from ASAI for bridging documents
- Financial Consultant RFP – previously discussed
- LAFCO Application Resolution – previously discussed
- Wildwood Easement
- CAH Campaign launch



Clinic Manager Report September SHD Board Meeting

Survey went really well. Overall we received a 93% on the survey. We will be submitting the plan of correction by the end of the week.

Breakdown by category:

Facility (100%) This includes safety within the patient care areas and available supplies, policies and procedures, required licensing/documentation, etc.

Documentation (100%) Within a medical record are we documenting allergies, emergency contacts, copies of insurance cards, etc.

Pediatric Charting (96%) Items specific to well child visits, screenings, immunizations, etc.

Adult Charting (75%) Items specific to well adult visits, immunizations, screenings, etc.

The Adult Charting category was low mainly because there was a form used that had all the required information, but was not the "state approved form" so it wasn't counted as being completed.

The plan of correction is simply an update to our annual wellness packet forms to include the state approved forms. We will have a virtual meeting with a surveyor in a couple months to review a sample of charts to show we made the change and are collecting the data.

Ann Holt, BSN, RN, PHN, CRHCP

House Supervisor

Seneca Healthcare District

**List of Staff Additions and Deletions
August 27, 2021 to September 30, 2021**

Activity/Event				
ADDED				Start Date
		FT	CNO	9/07/21
CONDITIONAL ADDITIONS				ANTICIPATED START DATE
		PT	CNA	10/01/21
		FT	HIM/Patient Access Representative	10/01/21
		FT	Director of Human Resources	10/11/21
		FT	Family Nurse Practitioner	10/27/21
DELETIONS Exit Interviews Provided to all Exiting employees				Termination Date
		FT	Cook/Dirt Aide	8/31/21
		FT	CNA	9/15/20

James Kooyman, Human Resources Manager

OPEN POSITIONS OCTOBER 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)
Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
Certified Medical Assistant (Per Diem)
Medical Receptionist (Per Diem)
Admissions/HIM Tech (Per Diem)**