SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR BOARD MEETING AGENDA
Lake Almanor Clinic Conference Room
199 Reynolds Road, Chester, CA
October 28, 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, AB-361 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 October 28, 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 (LAC) Conference Room will not be open for the meeting. Board Members will participate telephonically and will not be physically present in the LAC 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/84747672454?pwd=dlh6bFNzT3ZlZjl5NTR2M0dkWXNPQT09

Meeting ID: 847 4767 2454
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One tap mobile
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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 §54957.6 – Update-Conference with Labor Negotiators (Employee Organization: Teamsters Union; District negotiator: Jennie Mathews, HR Director).
3. Government Code §54957(b) – Public Employee Performance Evaluation (CEO)
4. 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 September 30, 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 October 12, 2021 Medical Staff Meeting requiring Board approval:
(1) **Initial Appointment Medical Staff:**
(a) Akunna Ogbu, MD Initial 60 days 09/21/2021 – 11/21/2021
Telehealth Wound care

7) **September 2021 Financial Report.** **Tab C**
The Board will review and vote to accept the financial report for the month of September 2021. Submitted by Shawn McKenzie on behalf of Steve Boline.

8) **Discussion on AB-361 Brown Act Amendment.**
The Board, CEO, and Infection Prevention Manager, Stefanie White, will discuss the Brown Act Amendment and the continuation of virtual public meetings.

Agenda items – information only:

9) **Board Retreat.**
The Board will discuss postponing the Board retreat to the Spring.

10) **Board Vacancy Discussion.** **Tab D**
The Board will discuss the vacancy resulting from the resignation of Kristen Montgomery.

11) **Healthcare Resource Group.** **Tab E**
CEO Shawn McKenzie will submit HRG's September 2021 Summary Report.

12) Strategic Planning Committee Update. **Tab F**

Shawn McKenzie will give an update on the New CAH Facility and the Existing Facility Upgrades.

13) CEO Report. **Tab G**

Shawn McKenzie will give updates on:

A) Dixie Fire Long Term Recovery Group (LTRG)
B) Physician & Mid-level Recruitment and Retention
C) Information Technology
D) Operations
E) Marketing and Public Relations

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

A) Compliance – Charlene Almocera, HIM Director – Reports submitted.
B) Acute/ED – Judy Cline, CNO – Verbal report.
C) Clinic/Telemedicine – JJ Gorbet, Interim Clinic Manager – Report submitted.
D) IT/Clinical Informatics – TK Trumpf, IT Director – Report submitted.
E) Human Resources – Jennie Mathews, HR Director – Reports submitted.

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

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

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

18) Next Regular Meeting:

- **Date:** December 2, 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, September 30, 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: Dr. David Walls, Jerri Nielsen, Kristen Montgomery, Rich Rydell, 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 August 26, 2021 Regular meeting were reviewed for approval.

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

6) **Medical Staff Report.**
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

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

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

Dr. David Walls moved to approve the Allied Health Practitioner re-appointments for the dates noted. Second by Jerri Nielsen. Motion approved by roll call vote. Montgomery: Aye; Rydell: Aye; Nielsen: Aye; Walls: Aye; Crandall: Aye.

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

Kristen Montgomery moved to approve BOARD-001.001 Policy & Procedures Governing Bidding for Facility Projects with noted changes. Second by Rich Rydell. Motion approved by roll call vote. Walls: Aye; Nielsen: Aye; Rydell: Aye; Montgomery: Aye; Crandall: Aye.

Kristen Montgomery moved to approve BOARD-002.001 Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services as presented. Second by Dr. David Walls. Motion approved by roll call vote. Nielsen: Aye; Rydell: Aye; Walls: Aye; Montgomery: Aye; Crandall: Aye.

8) **July 2021 Financial Report.**
CFO Steve Boline discussed the July 2021 Financial Report.
- At the beginning of the month we were looking at being in excess of budget
- Dixie fire resulted in a loss in revenue

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

9) August 2021 Financial Report.

CFO Steve Boline discussed the August 2021 Financial Report.

- Mandatory evacuations on August 3rd, Seneca closed on August 4th, reopened hospital on August 21st and clinic on August 23rd.
- Will be seeking reimbursement for losses from insurance, FEMA, and Cal OES.

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

10) Cerner Contract Approval.

The Board discussed replacing the CPSI Evident Electronic Health Records with Cerner Community Works EHR and approving the CEO to Execute the contract with Cerner.

Dr. David Walls moved to approve CEO Shawn McKenzie to execute contract with Cerner Community Works EHR. Second by Kristen Montgomery. Motion approved by roll call vote. Nielsen: Aye; Rydell: Aye; Montgomery: Aye; Walls: Aye; Crandall: Aye.

11) Resolution No. 430 for Annexation from LAFCO.

The Board reviewed Resolution No. 430 requesting the Plumas Local Agency Formation Commission (LAFCo) to take proceedings for the annexation of two parcels for SHD to the Chester Public Utility District.

Rich Rydell moved to approve Resolution No. 430. Second by Jerri Nielsen. Motion approved by roll call vote. Walls: Aye; Montgomery: Aye; Nielsen: Aye; Rydell: Aye; Crandall: Aye.

12) Discussion on AB-361 Brown Act Amendment.

The CEO and Board discussed the Brown Act Amendment and the continuation of virtual public meetings. This will need to be a standing agenda item. Infection Prevention Manager, Stefanie White will be invited to each meeting to advise the Board on current Covid numbers, so the Board can determine whether to hold the next meeting virtual, in person, or a combination of the two.

13) Board Retreat.

The Board discussed with Marketing Director, Chelssa Outland the Board retreat this fall. The retreat will be held on Saturday, October 23rd, at the Highlands Ranch Resort in Mill Creek. We will contact potential facilitators and draft up the agenda. No actions will be taken at the retreat, but as all Board members will be present and speaking about the hospital, and to keep in compliance with the Brown Act, it will be made available to the public through zoom.

Ken Crandall excused himself from the meeting at 4:04 pm and turned over chairing duties to Jerri Nielsen for the remainder of the meeting.

Agenda Items – Information Only:

14) Healthcare Resource Group – August Report.

Steve Boline discussed the August 2021 Summary Report submitted by HRG. HRG was unable to send out any claims during the fire.

15) Strategic Planning Committee Update.

A) New CAH Facility – Presentation by Donna Huntingdale, SHD Program Manager

- Discussed component build vs. design build.
- "Back the Build" will be our new project slogan which will go out at the end of next month. More information will be available on our website.
- Shawn discussed land due diligence, funding options, and advised the Board that we will be moving forward with an RFP for a Financial Consultant, following district guidelines.

B) Existing Facilities Upgrades – Update by CEO Shawn McKenzie

- Roofing – have had to change some orders to deal with problems but still in progress.
- Painting – in progress.
- Flooring – being scheduled. Working on logistics to keep all areas open.
- Parking – will be completed by first snow.

16) CEO Report.

Chief Executive Officer, Shawn McKenzie discussed the following:

A) Dixie Fire Incident Response –

- A multi-disciplinary debriefing meeting was conducted on September 28th to discuss what went well and areas that need improvement.

B) Physician and Mid-Level Recruitment –

- Continuing the recruitment process and have had some interviews.

C) Information Technology –

- IT Infrastructure Assessment – Awaiting amended proposal from Apex before we begin the contracting process.
- IT Business Continuity – Part of the work that will be conducted by Apex will aid in business continuity along with the transition to Cerner EHR.
- EHR Evaluation – Discussed previously.
- Seneca Wide Area Network (WAN) – No updates since the Dixie fire.

D) Operations –

- California COVID Vaccination Mandate for Healthcare Workers – Have been conducting Interactive Accommodation meetings with employees who have requested exemptions. These are concluded and being processed through HR. We have a high vaccination rate and will not have many losses.
- Chief Nursing Officer (CNO) – Judy Cline will be joining Seneca full time on October 4th after transitioning from Enloe.
- Nurse House Supervisor – Ann Holt, former Clinic Manager has moved into the Nursing House Supervisor position.
- Director, Human Resources – We have received multiple resumes for this position resulting from Jim Kooyman's retirement. We have made an offer that has been accepted. Will introduce the new HR Director at the October Board meeting.

- Director of Operations, RHC – We will be conducting a nation-wide search for a Director of Operations replacing the Clinic Manager position vacated by Ann Holt.
- Medical Imaging Manager – Position still open. Accepting and reviewing applications.

E) Marketing and Public Relations –
- Community Outreach – Attending local events such as the Farmer's Market.
- Post Dixie Fire Incident Marketing – Thank you cards will be going out soon.
- Website Updates – Website is continually being updated.

17) Departmental Issues/Reports.

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

B) Human Resources – Jim Kooyman, HR Director – Reports submitted. This is Jim Kooyman's last meeting. The Board and CEO thanked him for his service.

18) Items to be Added to Next Month's Agenda.
- Discussion on AB-361 Brown Act Amendment – Standing agenda item
- RFP for Financial Consultant

19) Closed Session. Meeting adjourned for Closed Session at 4:56 p.m. 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.

20) Report on Closed Session. Closed Session adjourned at 5:33 p.m.; Open Session reconvened.

No reportable action taken in closed session.

21) Next Regular Meeting:
- **Date:** October 28, 2021
- **Time:** 3:00 p.m.
- **Location:** Lake Almanor Clinic Conference Room and via Zoom.

Meeting Adjourned at 5:34 p.m.

_____ _____

Board President, Ken Crandall **Date**

Initial Appointment Medical Staff

Akunna Ogbu M.D. Telehealth Wound care. 60 days 9-21-2021 to 11-21-2021

Reappointment Medical Staff

None

Initial Allied Health Practitioner

None

Miscellaneous:

Dr. McGroarty has decided not to renew his privileges. He was due to renew by 11/-10-2021.

Dr. Ogbu was approved for 60 days from 9/2021/21 to 11/21/2021

JoAnn Mahloch
Medical Staff Administrator
Seneca Healthcare District

Seneca Healthcare District

Financial Statements - Board Report

September 2021

Summary

Seneca Healthcare District had a net loss of $166k, during the month, compared to budgeted loss of $193k; for a positive variance of $27k. This was primarily due to a large increase in the total inpatient admissions and days (both COVID and non-COVID cases), which was mostly offset by a negative variance in adjustments to revenue.

Revenues

Gross patient revenue, for the month, ended at $2.40M compared to a budgeted amount of $1.92M, for a positive variance of $483k. Net patient revenue as a percent of gross was 53.7%, compared to a budget of 66.0%, due to a change in the patient mix and outstanding A/R.

There were 84 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 2.80 patients per day. The skilled nursing unit had an ADC of 15.50 (budget of 15), resulting in an occupancy percent of 96.88%.

Outpatient revenue was $1.47M versus a budget of $1.48M for a negative variance of $5k (see attached analysis). Lake Almanor Clinic visits were 680 versus a budget of 838.

Expenses

Total operating expenses for the month were $1.50M, versus a budget of $1.50M, for a negative variance of $1k.

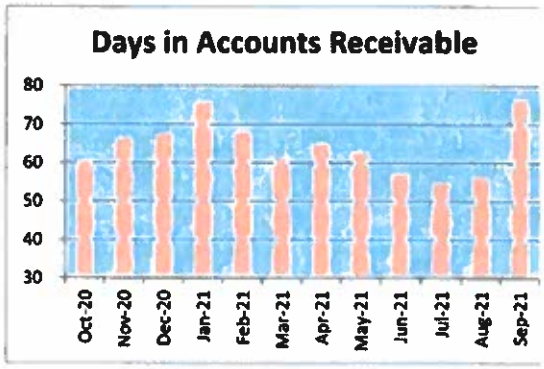
Salaries & Wages: Salaries and wages were under budget by $14k. FTEs, for the month, were 98.96 versus a budget of 104.05 and the average hourly wage (AHW) was $35.86 versus a budget of $36.17.
Contract Labor: Contract labor was over budget by $13k, this month. FTEs, for the month, were 7.28 versus a budget of 6.25.
Pro Fees Medical: See attached analysis
Supplies: Over budget $26k due to costs associated with the continued replacement of fire damaged supplies for the lab and pharmacy.
Purchased Services: Under budget $23k due to the decrease in A/R collections, for the month, and the associated fees paid to HRG.
All Other Expense Categories: All categories either slightly above or slightly below the budgeted amount.

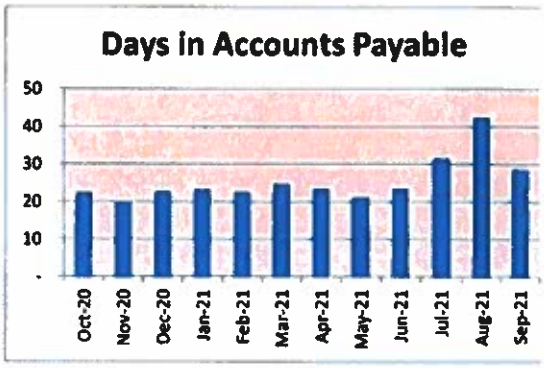
Additional Information

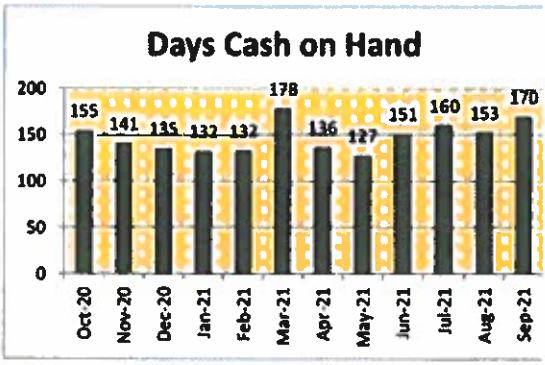
Days of cash on hand increased from 152.9 to 169.9, due to the reclassification of the PPP loan proceeds ($1.5M) to unrestricted, which was somewhat offset by an increase in A/R and a decrease in A/P.

Revenue Cycle

Gross accounts receivable ended the month at $4.38M, which is a $1.3Mk increase over last month (unbilled LTC, I/P, and ER accounts). Gross accounts receivable days increased this month to 76.3 and is well outside the best practices target of 45-55 days.







Key Financial Ratios - YTD

Current Ratio	2.10
Operating Margin	-36.7%
Days in Accounts Receivable	76.3
Long-Term Debt to Capitalization	0.05
Debt Service Coverage	-3,663%
Days Cash on Hand Excl. Board Restr	169.9

Seneca Healthcare District
Income Statement
For the Month of September 2021

		% Net Pt Revenue	Month-to-Date Actual	Budget	$ Variance	% Net Pt Revenue	Year-to-Date Actual	Budget	$ Variar
1	**REVENUE**								
2	Inpatient Revenue - Acute		271,236	48,435	222,801		355,190	148,534	206
3	Inpatient Revenue - Swing Bed		-	40,032	(40,032)		34,969	122,764	(87
4	Inpatient Revenue - SNF		288,208	270,000	18,208		889,621	828,000	61,
5	Inpatient Revenue - Ancillary		372,469	85,243	287,227		509,175	225,154	284,
6	Inpatient Revenue - Total		931,913	443,710	488,203		1,788,955	1,324,453	464,
7	Outpatient Revenue		1,471,385	1,476,887	(5,501)		3,500,741	4,734,725	(1,233,
8	Total Patient Revenue		2,403,298	1,920,596	482,702		5,289,696	6,059,178	(769,
9	Contractual Allowances		(995,754)	(552,369)	(443,385)		(1,853,397)	(1,742,637)	(110,
10	Charity Discount		(4,000)	(3,130)	(870)		(4,000)	(9,876)	5,
11	Other Allowances		(56,652)	(58,452)	1,800		(125,393)	(184,408)	59,
12	Bad Debt		(55,425)	(39,860)	(15,565)		(82,163)	(125,751)	43,
13	Total Deductions		(1,111,831)	(653,811)	(458,020)		(2,064,954)	(2,062,671)	(2,
14	Net Patient Revenue		1,291,467	1,266,785	24,682		3,224,742	3,996,506	(771,
	% of Gross Revenue		*53.7%*	*66.0%*	*-12.2%*		*61.0%*	*66.0%*	
15	Meaningful Use Revenue			-	-		-	-	
16	Quality Payments			-	-		-	-	
17	Other Operating Revenue		42,853	37,500	5,353		102,412	112,500	(10,
18	Total Operating Revenue		1,334,320	1,304,285	30,035		3,327,154	4,109,006	(781,
19	**EXPENSES**								
20	Salaries & Wages	47.9%	(619,099)	(633,236)	14,137	61.0%	(1,987,635)	(2,014,460)	46,
21	Employee Benefits	9.9%	(128,102)	(133,395)	5,293	12.5%	(402,793)	(420,225)	17,
22	Contract Labor	7.2%	(92,392)	(79,040)	(13,352)	8.8%	(284,972)	(252,960)	(32,
23	Professional Fees - Medical	18.6%	(240,346)	(230,701)	(9,645)	18.6%	(599,521)	(715,384)	115,
24	Professional Fees - Other	1.8%	(23,250)	(22,500)	(750)	2.4%	(77,372)	(66,225)	(11,
25	Supplies	11.3%	(145,579)	(119,386)	(26,192)	11.8%	(381,761)	(338,046)	(43,
26	Purchased Services	9.8%	(127,018)	(150,251)	23,234	12.4%	(400,215)	(439,376)	39,
27	Insurance	0.9%	(12,114)	(11,684)	(430)	1.2%	(37,617)	(35,051)	(2,
28	Rentals and Leases	1.2%	(15,573)	(15,333)	(239)	1.4%	(45,377)	(46,000)	
29	Repairs and Maintenance	1.2%	(15,530)	(16,840)	1,310	1.8%	(58,758)	(52,980)	(5,
30	Utilities and Telephone	2.0%	(26,325)	(30,590)	4,264	2.4%	(77,003)	(89,769)	12,
31	Depreciation & Amortization	3.0%	(38,376)	(38,060)	(316)	3.6%	(116,006)	(114,180)	(1,
32	Other Expenses	1.4%	(17,552)	(18,888)	1,336	3.1%	(100,077)	(90,298)	(9,
33	Total Operating Expenses	116.2%	(1,501,255)	(1,499,904)	(1,351)	141.1%	(4,549,107)	(4,674,954)	125,
34	Income From Operations	-12.9%	(166,935)	(195,619)	28,684	-37.9%	(1,221,953)	(565,948)	(656,
35	Tax Revenue	0.0%		-	-	0.0%	-	-	
36	IGT - Incoming Portion	0.0%		-	-	0.0%	-	-	
37	Non Capital Grants and Donations	0.1%	1,029	1,667	(638)	0.0%	1,029	5,000	(3,
38	Interest Income	0.0%	123	600	(477)	0.3%	9,549	34,200	(24,
39	Interest Expense	0.0%	(639)	(393)	(246)	0.0%	(1,583)	(1,180)	(
40	Non-Operating Income (Expense)	0.0%		-	-	0.0%	-	-	
41	Total Non-Operating Gain (Loss	0.0%	512	1,873	(1,361)	0.3%	8,994	38,020	(29,
42	Net Income	-12.9%	(166,423)	(193,746)	27,323	-37.6%	(1,212,958)	(527,927)	(685,
43	Operating Margin %		(12.5%)	(15.0%)	2.49%		(36.7%)	(13.8%)	-22.
44	Net Margin %		(12.5%)	(14.9%)	2.38%		(36.5%)	(12.8%)	-23.
45	Payroll as % of Operating Expense		41.24%	42.22%	-0.98%		43.25%	43.09%	0.
46	IGT Transaction Summary								
47	Outgoing				-		14,043	-	(14,
48	Incoming		-	-	-		-	-	
49	Net Impact		-	-	-		(14,043)	-	(14,

Seneca Healthcare District
Income Statement
13-Month Trend Ended September 30, 2021

		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
1	REVENUE													
2	Inpatient Revenue - Acute	29,061	32,290	71,038	16,145	106,557	41,977	22,603	54,893	32,290	29,061	48,435	35,519	271,236
3	Inpatient Revenue - Swing	-	-	34,969	98,549	69,938	12,716	-	73,117	73,117	-	34,969	-	-
4	Inpatient Revenue - SNF	168,300	165,173	145,257	161,295	163,395	156,618	206,507	226,971	248,056	260,459	293,850	307,563	288,208
5	Inpatient Revenue - Ancillary	79,001	38,733	91,538	55,471	197,644	77,018	43,441	89,024	75,018	55,583	89,289	47,417	372,469
6	Inpatient Revenue - Total	276,362	236,196	342,802	331,460	537,534	288,330	272,551	444,005	428,481	345,103	466,543	390,499	931,913
7	Outpatient Revenue	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	1,471,385
8	Total Patient Revenue	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	2,403,298
9	Contractual Allowances	(651,886)	(698,604)	(621,772)	(424,824)	(722,264)	(587,785)	(86,286)	(677,238)	(657,015)	(553,820)	(662,870)	(194,773)	(995,754)
10	Charity Discount	(5)	(6,839)	(875)	(3,284)	(6,767)	(1,135)	(1,355)	(7,806)	(11,647)	(1,096)	-	-	(4,000)
11	Other Allowances	(36,666)	(77,893)	(46,354)	(117,491)	(50,932)	(72,651)	(102,500)	(90,453)	(87,351)	(135,747)	(42,321)	(26,421)	(56,652)
12	Bad Debt	(85,691)	(48,003)	(58,850)	(49,277)	(533)	(3,248)	(2,099)	(37,376)	(22,754)	(47,226)	(17,456)	(9,283)	(55,425)
13	Total Deductions	(774,249)	(831,339)	(727,850)	(594,876)	(780,496)	(664,819)	(192,239)	(812,874)	(778,766)	(737,888)	(722,647)	(230,477)	(1,111,831)
14	Net Patient Revenue	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	1,291,467
	% of Gross Revenue	*58.8%*	*53.9%*	*51.9%*	*56.6%*	*57.2%*	*54.7%*	*88.2%*	*55.9%*	*56.9%*	*64.2%*	*63.2%*	*75.0%*	*53.7%*
15	Meaningful Use Revenue													
16	Quality Payments													
17	Other Operating Revenue	30,262	38,184	31,106	39,461	31,096	27,813	39,651	35,808	28,388	33,501	42,772	16,788	42,853
18	Total Operating Revenue	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	1,334,320
19	EXPENSES													
20	Salaries & Wages	(538,815)	(607,315)	(594,940)	(615,795)	(715,952)	(599,975)	(653,889)	(689,174)	(657,310)	(629,319)	(704,446)	(644,090)	(619,099)
21	Employee Benefits	(127,810)	(132,340)	(130,880)	(136,718)	(152,693)	(132,652)	(149,689)	(145,476)	(137,385)	(136,531)	(146,788)	(127,903)	(128,102)
22	Contract Labor	(95,214)	(80,650)	(73,221)	(66,976)	(22,231)	(29,627)	(58,958)	(78,023)	(61,434)	(94,163)	(104,300)	(88,280)	(92,392)
23	Professional Fees - Medical	(272,206)	(256,252)	(215,419)	(224,498)	(228,300)	(209,876)	(255,465)	(236,048)	(215,157)	(228,278)	(233,242)	(125,833)	(240,346)
24	Professional Fees - Other	(56,013)	(40,544)	(36,497)	(60,574)	(51,978)	(21,289)	(14,023)	(16,920)	(31,032)	(19,919)	(38,889)	(15,234)	(23,250)
25	Supplies	(103,247)	(120,346)	(105,278)	(149,251)	(90,280)	(114,918)	(90,574)	(114,192)	(86,320)	(101,269)	(95,445)	(140,738)	(145,579)
26	Purchased Services	(145,978)	(163,278)	(150,944)	(142,085)	(168,143)	(145,151)	(206,899)	(143,481)	(146,016)	(160,004)	(160,371)	(112,826)	(127,018)
27	Insurance	(10,091)	(10,209)	(10,360)	(10,662)	(10,313)	(10,440)	(10,453)	(10,446)	(10,376)	(10,038)	(12,291)	(13,212)	(12,114)
28	Rentals and Leases	(13,005)	(13,036)	(13,666)	(14,065)	(14,176)	(19,604)	(15,761)	(14,661)	(15,310)	(14,640)	(14,845)	(14,959)	(15,573)
29	Repairs and Maintenance	(12,029)	(27,052)	(15,305)	(13,898)	(15,179)	(18,458)	(19,806)	(18,394)	(7,885)	(17,409)	(31,767)	(11,460)	(15,530)
30	Utilities and Telephone	(27,549)	(30,065)	(29,732)	(33,531)	(29,979)	(30,572)	(36,061)	(26,433)	(25,040)	(26,984)	(27,166)	(23,511)	(26,325)
31	Depreciation & Amortization	(35,962)	(35,962)	(35,962)	(35,962)	(36,050)	(36,050)	(35,830)	(38,854)	(38,854)	(38,854)	(39,253)	(38,377)	(38,376)
32	Other Expenses	(16,070)	(24,974)	(28,825)	(40,299)	(29,789)	(26,646)	(16,718)	(32,204)	(37,660)	(24,753)	(47,610)	(34,915)	(17,552)
33	Total Operating Expenses	(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)	(1,501,255)
34	Income From Operations	(320,065)	(533,400)	(624,277)	(728,048)	(492,449)	(565,751)	(81,488)	(498,181)	(415,850)	(142,824)	(372,945)	(682,073)	(166,935)
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	12,420	16,905	419	1,993	11,165		86,317	-	26,000	53,855	-	-	1,029
38	Interest Income	666	25,669	93	288	18,928	73	160	12,407	145	5,999	9,280	146	123
39	Interest Expense	(847)	(508)	(483)	(518)	(471)	(448)	(435)	(426)	(436)	(432)	(490)	(454)	(639)
40	Non-Operating Income (Expense)	492	-	-										
41	Total Non-Operating Gain (Loss)	851,189	42,066	29	485,209	323,051	936,193	86,042	11,981	273,309	3,829,289	8,790	(308)	512
42	Net Income	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)	(166,423)
43	Operating Margin %	(28.2%)	(52.9%)	(76.4%)	(89.2%)	(45.9%)	(68.2%)	(5.5%)	(46.7%)	(39.4%)	(10.5%)	(29.1%)	(96.2%)	(12.5%)
44	Net Margin %	46.8%	(48.7%)	(76.4%)	(29.8%)	(15.8%)	44.7%	0.3%	(45.6%)	(13.5%)	271.2%	(28.4%)	(96.2%)	(12.5%)
45	Payroll as % of Operating Expense	37.06%	39.38%	41.29%	39.88%	45.75%	43.00%	41.81%	44.06%	44.66%	41.89%	42.53%	46.29%	41.24%
46	IGT Transaction Summary													
47	Outgoing			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	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 FY 2022 as of 9/30/2021	Unaudited FY 2021 as of 6/30/2021	Audited FY 2020 6/30/2020	Audited FY 2019 6/30/2019	FY 2022-2021 $ Change	FY 2022-2021 % Change
ASSETS						
Current Assets						
Cash	$ 917,846	$ 3,115,934	$ 902,195	$ 18,884	$ (2,198,088)	-70.54%
Short-term Investments	7,371,621	4,331,817	7,292,277	7,317,637	3,039,804	70.17%
Total Cash and Equivalents	**8,289,467**	**7,447,751**	**8,194,471**	**7,336,520**	**841,716**	**11.30%**
Patient Accounts Receivable	4,382,694	3,570,234	3,600,952	4,582,957	812,460	22.76%
Accounts Receivable Reserves	(2,682,007)	(2,453,764)	(2,495,773)	(3,096,844)	(228,243)	9.30%
Net Accounts Receivable	**1,700,687**	**1,116,470**	**1,105,179**	**1,486,113**	**584,217**	**52.33%**
% of Gross Accounts Receivable	*38.8%*	*31.3%*	*30.7%*	*32.4%*		
Inventory	320,157	325,481	264,374	250,386	(5,324)	-1.64%
Other Assets- Due (to)/from gov't payers	(264,902)	797,961	1,346,360	669,462	(1,062,863)	-133.20%
Board Restricted Funds - Facility Capital	1,046,621	1,253,165	1,299,283	513,400	(206,544)	
Board Restricted Funds	4,243,602	5,742,822	4,854,496	612,125	(1,499,220)	-26.11%
Total Other Assets	5,345,478	8,119,429	7,764,513	2,045,374	(2,773,952)	-34.16%
Total Current Assets	**15,335,632**	**16,683,651**	**17,064,163**	**10,868,007**	**(1,348,019)**	**-8.08%**
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	6,108,267	5,861,094	5,624,264	5,033,846	247,173	4.22%
Total Plant & Equipment	11,961,658	11,714,485	11,456,492	10,656,723	247,173	2.11%
Accumulated Depreciation	(9,479,329)	(9,363,323)	(8,924,179)	(8,493,946)	(116,006)	1.24%
Net Fixed Assets	**2,482,330**	**2,351,162**	**2,532,313**	**2,162,778**	**131,168**	**5.58%**
TOTAL ASSETS	**$ 17,817,961**	**$ 19,034,812**	**$ 19,596,476**	**$ 13,030,785**	**$ (1,216,851)**	**-6.39%**
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	$ 594,641	$ 491,693	$ 513,833	$ 626,379	$ 102,948	20.94%
Accrued Payroll & Benefits	692,666	779,147	620,243	562,461	(86,481)	-11.10%
Accrued Other Liabilities	6,025,357	4,517,189	4,501,218	207,968	1,508,168	0.00%
Total Current Liabilities	**7,312,664**	**5,788,029**	**5,635,295**	**1,396,807**	**1,524,635**	**26.34%**
Long-Term Liabilities						
Loans	0	1,508,168	1,508,168	14,250	(1,508,168)	-100.00%
Capitalized Leases	80,235	86,552	110,836	133,793	(6,317)	-7.30%
Total Long-Term Liabilities	**80,235**	**1,594,720**	**1,619,004**	**148,043**	**(1,514,485)**	**-94.97%**
TOTAL LIABILITIES	**7,392,899**	**7,382,748**	**7,254,299**	**1,544,850**	**10,151**	**0.14%**
FUND BALANCE	**10,425,063**	**11,652,064**	**12,342,178**	**11,485,935**	**(1,227,002)**	**-10.53%**
TOTAL LIABILITIES AND FUND BALANCE	**$ 17,817,961**	**$ 19,034,812**	**$ 19,596,476**	**$ 13,030,785**	**$ (1,216,851)**	**-6.39%**

Seneca Healthcare District
Detail of Long Term Debt
As of September 30, 2021

Description	Original Amount	Origination Date	Interest Rate	Monthly Payment	Maturity	Secured By	Balance on Sept 30, 2021
Loans							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan	1,508,168	May 2020			May 2022		0
Total Loans	2,410,058			0			0
Capitalized Leases							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	80,235
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
Total Capitalized Leases	672,753			2,492			80,235
Total Long Term Liabilities	3,082,811			2,492			80,235

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

	YTD 9/30/2021
Net Income (Loss)	$ (1,212,958)
Changes in:	
Depreciation	116,006
(Increase)/Decrease in Net Accounts Receivable	(584,217)
(Increase)/Decrease in Inventory	5,324
(Increase)/Decrease in Other Assets	1,062,863
Increase/(Decrease) in Accounts Payable	102,948
Increase/(Decrease) in Accrued Payroll & Benefits	(86,481)
Increase/(Decrease) in Other Accrued Liabilities	1,508,168
Net Cash Provided (Used) by Operating Activities	2,124,611
Purchases of Equipment	(247,173)
Net Cash Provided (Used) in Investing Activities	(247,173)
Proceeds from New Loans	-
Principal Payments of Loans	(1,508,168)
Principal Payments under Capital Leases	(6,317)
Principal Payments under Inter-Governmental Transfer Program	(14,043)
Net Cash Provided (Used) in Financing Activities	(1,528,528)
Net Change in Cash and Cash Equivalents	(864,048)
Cash and Cash Equivalents, Beginning of Period	14,443,739
Cash and Cash Equivalents, End of Period	$ 13,579,690
*Inclusive of Board Restricted Cash	

Cash Detail by Account	
Operating Checking - Plumas Bank	$ 896,288
Suspense General Ledger for Receipts Pending R.A.'s	(2,561)
Payroll Checking - US Bank	23,775
Business Savings - Plumas Bank	634,631
Petty Cash - Receptionists	645
Local Agency Investment Fund	11,968,293
Series EE Bonds	58,620
Total Cash and Cash Equivalent Detail	$ 13,579,690

SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF SEPTEMBER 2021

		MONTH TO DATE			YEAR TO DATE	
		CURRENT MONTH SEPT 2021	PRIOR MONTH AUG 2021	PRIOR YEAR MONTH SEPT 2020	JULY 2021 - SEPT 2021	JULY 2020 - SEPT 2020
1.	In Patient Stays					
	1.a Admissions	17	5	5	27	17
	1.b Discharges	16	3	5	24	18
2.	Out Patient Observations	15	5	16	28	50
3.	Out Patient Surgeries	13	0	22	19	41
4.	Emergency Visits	285	102	221	675	843
5.	Lab Procedures	2,953	841	2,636	6,201	8,457
6.	Radiology Procedures	363	94	294	750	1,103
	6.a X-Ray Procedures	211	61	140	458	588
	6.b Mammography	0	0	0	0	0
	6.c MRI	9	0	8	12	16
	6.d Ultrasound	16	5	25	36	73
	6.e C T Scan	127	28	121	244	426
	6. f Dexascanner	0	0	0	0	0
7.	Respiratory Therapy/ABG/PFT	242	50	70	368	248
8.	CardioPulmonary EKG/Holter	65	25	62	147	161
9.	Stress Tests	0	0	0	0	1
10.	Physical Therapy	248	87	282	549	846
11.	Lake Almanor Clinic Visits	680	230	720	1,503	2,314
	Dr. Ware	188	74	174	414	522
	Dr. Walls	119	37	143	265	395
	Dr. Cooper	202	41	176	349	418
	NP Office/Nielsen/Troxell	16	0	0	35	303
	NP Walk-In/Hayden	94	62	138	313	422
	Specialty/Other	61	16	89	127	254
	ACUTE CARE					
12.	Acute Patient Days	84	11	9	110	39
13.	Acute ADC	2.80	0.35	0.30	1.20	0.42
14.	% Occupancy	28.00	3.55	3.00	11.96	4.24
15.	Avg Length of Stay	4.94	2.20	1.80	4.07	2.29
16.	Swing Bed Days	0	0	0	11	34
17.	Swing Bed ADC	0.00	0.00	0.00	0.12	0.37
18.	Total ADC	2.80	0.35	0.30	1.32	0.79
	SKILLED NURSING UNIT					
19.	Patient Days	465	496	330	1,435	1,028
20.	Average Daily Census	15.50	16.00	11.00	15.60	11.17
21.	% Occupancy	96.88	100.00	68.75	97.49	69.84
	TOTALS					
22.	Patient Days	549	507	339	1,556	1,101
23.	Average Daily Census	18.30	16.35	11.30	16.91	11.97
24.	Total Adjusted Patient Days	1,416	1,198	2,304	4,601	7,057

Seneca Healthcare District
Gross Outpatient Revenue
September 2021

	Month Ended 9/30/21		
	Actual	Budget	Variance
Acute			-
Swing			-
SNF			-
Observation	54,553.00	27,119.51	27,433.50
ER	251,073.00	235,831.27	15,241.73
ER Phy	99,643.00	83,273.95	16,369.05
Surgery	42,795.00	66,409.91	(23,614.91)
Anesth	4,235.00	3,271.14	963.86
CS	11,306.50	10,023.60	1,282.90
LAC	188,696.12	222,346.54	(33,650.42)
LAB	301,948.64	243,543.05	58,405.59
Blood Gas	6,684.00	2,724.86	3,959.14
Blood Bank	1,754.00	447.27	1,306.73
EKG	31,129.00	30,942.16	186.84
Stress		241.33	(241.33)
Radiology	73,902.90	68,142.83	5,760.07
Mammo			-
MRI	37,193.00	24,189.68	13,003.32
Ultrasound	5,025.00	12,294.95	(7,269.95)
CT Scan	132,133.00	192,922.80	(60,789.80)
OP Proc	3,155.00	-	3,155.00
Pharmacy	128,440.25	155,434.68	(26,994.43)
RT	22,537.00	10,992.22	11,544.78
PT	75,182.00	86,734.94	(11,552.94)
OT			-
Telemed			-
Totals	1,471,385.41	1,476,886.69	(5,501.28)

Seneca Healthcare District
Professional Fees- Medical
September 30, 2021

G/L #	Description	Actual ME 9/30/2021	Budget ME 9/30/2021	(Over)/Under Budget	Actual YTD 9/30/2021	Budget YTD 9/30/2021	(Over)/Under Budget
	Grand Total	240,346.05	230,701.24	(9,644.81)	599,521.24	715,383.73	115,862.49
41220040	EMERG RM PHYSICIAN FEES	96,275.15	97,200.00	924.85	241,069.15	298,080.00	57,010.85
	SHD Contracted Physicians	89,075.15	90,706.47	1,631.32	211,005.15	264,320.48	53,315.33
	Locums Physicians	7,200.00	6,493.53	(706.47)	30,064.00	33,759.52	3,695.52
41220044	SURGERY PHYSICIAN FEES	11,946.27	14,922.08	2,975.81	21,596.47	44,766.23	23,169.76
41220044							
	Surgery -						
	Surgeries	6,776.39	7,155.41	379.02	11,535.69	21,466.23	9,930.54
	Call						
	Clinic	1,569.88	4,166.67	2,596.79	2,860.78	12,500.00	9,639.22
	CRNA	3,600.00	3,600.00	-	7,200.00	10,800.00	3,600.00
41220049	LK ALMANOR PHYSICIAN FEES	98,577.21	79,712.50	(18,864.71)	255,279.97	255,937.50	657.53
41229049							
	SHD Contracted Physicians	66,524.85	57,666.67	(8,858.18)	180,487.11	183,000.00	2,512.89
	FNP Supervision	3,750.00	4,112.50	362.50	8,700.00	12,337.50	3,637.50
	FNP Office	-	-	-	-	-	-
	Walk-In Clinic	21,062.36	13,600.00	(7,462.36)	54,260.36	47,600.00	(6,660.36)
	Telemedicine	7,240.00	4,333.33	(2,906.67)	11,832.50	13,000.00	1,167.50
		98,577.21	79,712.50	(18,864.71)	255,279.97	255,937.50	657.53
Other Professional Fees- Medical		33,547.42	38,866.67	5,319.25	81,575.65	116,600.00	35,024.35

SENECA
HEALTHCARE DISTRICT

BYLAWS

A PUBLIC ENTITY PROVIDING HEALTHCARE SERVICES

Revised 2/27/2020

4.3. RATES. In setting rates the Board shall, insofar as possible, establish such rates as will permit the Facilities to be operated upon a self-supporting basis. The Board may establish different rates for residents of the District than for persons who do not reside within the District.

4.4. NUMBER AND QUALIFICATION. The Board shall consist of five (5) members, each of whom shall be a registered voter residing in the District.

4.5. ELECTION AND TERM OF OFFICE. An election shall be held in the District on the first Tuesday after the first Monday in November in each even-numbered year, at which a successor shall be chosen to each Director whose term shall expire on the first Friday of December following such election. The election of Board members shall be an election at large within the District and shall be consolidated with the statewide general election. The candidates receiving the highest number of votes for the offices to be filled at the election shall be elected thereto. The term of office of each elected Board member shall be four years, or until the Board member's successor is elected and has qualified, except as otherwise provided by law in the event of a vacancy. An orientation shall be provided which familiarizes each new Board member with his or her duties and responsibilities, including the Board's responsibilities for quality care and the Facilities' quality assurance programs. Continuing education opportunities shall be made available to Board members.

4.6. VACANCIES.

4.6.1. When a vacancy occurs on the Board of Directors, and except as otherwise specified by statute, the remaining Board members may fill any vacancy on the Board by appointment as outlined in Government Code Section 1780.

4.7. RESIGNATION OR REMOVAL. Any Board member may resign effective upon giving written notice to the Chairman or the Secretary of the Board, unless the notice specifies a later time for the effectiveness of such resignation. The term of any member of the Board shall expire if the member is absent from three

GOVERNMENT CODE - GOV

TITLE 1. GENERAL [25 - 680.4] *(Title 1 enacted by Stats. 1943, Ch. 134.)*

DIVISION 4. PUBLIC OFFICERS AND EMPLOYEES [1000 - 3599] *(Division 4 enacted by Stats. 1943, Ch. 134.)*

CHAPTER 4. Resignations and Vacancies [1750 - 1782] *(Chapter 4 enacted by Stats. 1943, Ch. 134.)*

ARTICLE 2. Vacancies [1770 - 1782] *(Article 2 added by Stats. 1943, Ch. 134.)*

1780. (a) Notwithstanding any other provision of law, a vacancy in any elective office on the governing board of a special district, other than those specified in Section 1781, shall be filled pursuant to this section.

(b) The district shall notify the county elections official of the vacancy no later than 15 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

(c) The remaining members of the district board may fill the vacancy either by appointment pursuant to subdivision (d) or by calling an election pursuant to subdivision (e).

(d) (1) The remaining members of the district board shall make the appointment pursuant to this subdivision within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later. The district shall post a notice of the vacancy in three or more conspicuous places in the district at least 15 days before the district board makes the appointment. The district shall notify the county elections official of the appointment no later than 15 days after the appointment.

(2) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(3) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(e) (1) In lieu of making an appointment the remaining members of the board may within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(f) (1) If the vacancy is not filled by the district board by appointment, or if the district board has not called for an election within 60 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, then the city council of the city in which the district is wholly located, or if the district is not wholly located within a city, the board of supervisors of the county representing the larger portion of the district area in which the election to fill the vacancy will be held, may appoint a person to fill the vacancy within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, or the city council or board of supervisors may order the district to call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the city council or board of supervisors calls the election.

(g) (1) If within 90 days of the date the district board is notified of the vacancy or the effective date of the vacancy, whichever is later, the remaining members of the district board or the appropriate board of supervisors or city

council have not filled the vacancy and no election has been called for, then the district board shall call an election to fill the vacancy.

(2) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is 130 or more days after the date the district board calls the election.

(h) (1) Notwithstanding any other provision of this section, if the number of remaining members of the district board falls below a quorum, then at the request of the district secretary or a remaining member of the district board, the appropriate board of supervisors or the city council shall promptly appoint a person to fill the vacancy, or may call an election to fill the vacancy.

(2) The board of supervisors or the city council shall only fill enough vacancies by appointment or by election to provide the district board with a quorum.

(3) If the vacancy occurs in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold the office until the next general district election that is scheduled 130 or more days after the date the district board is notified of the vacancy, and thereafter until the person who is elected at that election to fill the vacancy has been qualified. The person elected to fill the vacancy shall hold office for the unexpired balance of the term of office.

(4) If the vacancy occurs in the first half of a term of office, but less than 130 days prior to the next general district election, or if the vacancy occurs in the second half of a term of office, the person appointed to fill the vacancy shall fill the balance of the unexpired term of office.

(5) The election called pursuant to this subdivision shall be held on the next established election date provided in Chapter 1 (commencing with Section 1000) of Division 1 of the Elections Code that is held 130 or more days after the date the city council or board of supervisors calls the election.

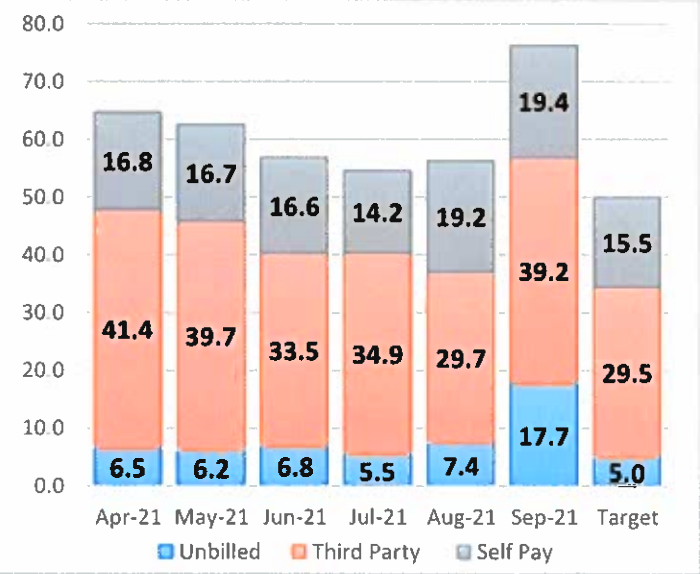
(Amended by Stats. 2007, Ch. 343, Sec. 4. Effective January 1, 2008.)

Seneca Hospital District

Revenue Cycle Status
September 2021

I. AR Days

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Target	Distance From Goal
Unbilled	6.5	6.2	6.8	5.5	7.4	17.7	5.0	12.7
Third Party	41.4	39.7	33.5	34.9	29.7	39.2	29.5	9.7
Self Pay	16.8	16.7	16.6	14.2	19.2	19.4	15.5	3.9
Total AR Days	64.7	62.6	56.9	54.6	56.3	76.3	50.0	26.3



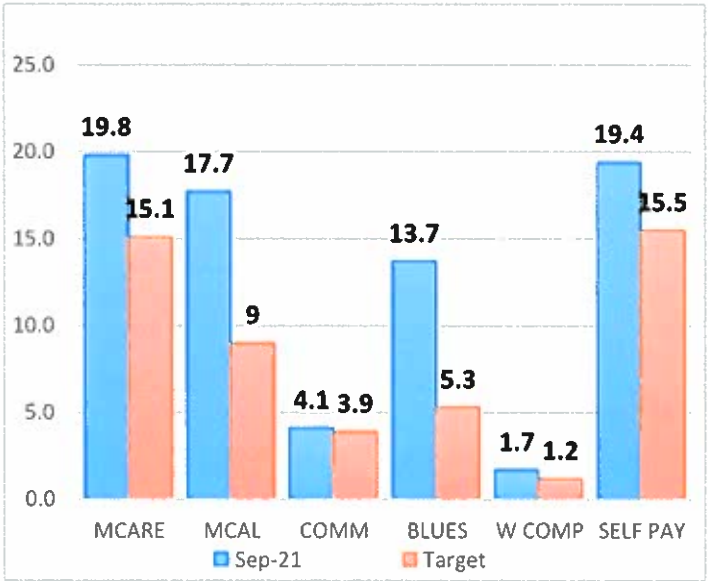
Summary

1. As of September 2021, the total AR days are 26.3 days above the target 50 days in AR

2. Unbilled (DNFB & In House) is 12.7 days or $730K above the target 5 days in AR.

3. Third-party AR days increased by 9.5 or $546K, closing at 39.2 days. This is 9.7 days or $557K over goal.

4. Self-Pay is 3.9 days or $224K above the target of 15.5 days in AR. Self-pay revenue increased $75K, closing at $144K.



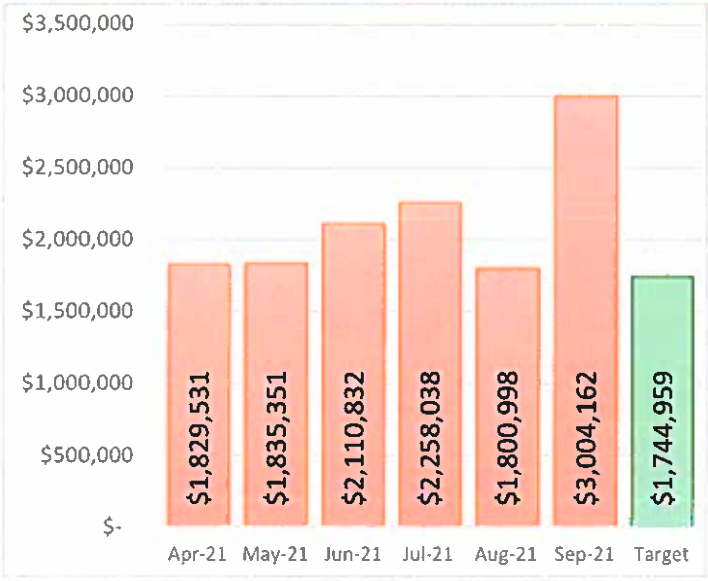
Summary

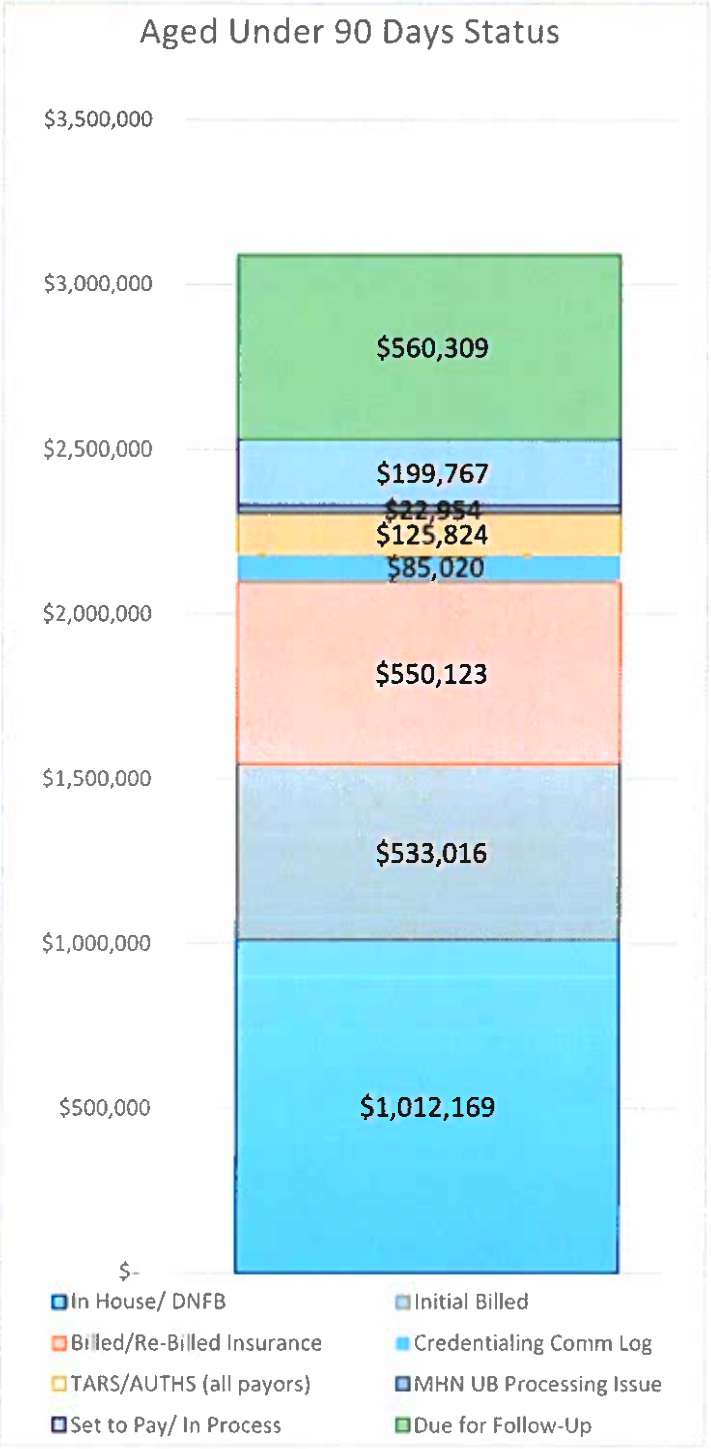
To meet the target 50 days in AR, the financial classes in need of improvement are:
1. Medicare is 4.7 days or $270K away from goal.
2. Medi-Cal needs to be reduced by 8.7 days or $500K. There are 18 high dollar accounts for $788K, for nearly 95% of the overall AR; 4 accounts are waiting for coding in DNFB; 3 are pending client action via authorization/credentialing for a total of $87K; 1 is in process with BCBS Medicaid for $14K; 4 have been billed to Medi-Cal per Medi-Cal; and 6 are LTC's which are pending requirements on how to be billed since 7/21/21, when the residents were moved because of the Dixie fire.
3. Commercial is 0.2 days or $11K under goal.
4. Blues is 8.4 days away from the target of 5.3 or $483K. With that said, SHD began receiving payments by credit card in July, as of the first week of October, there are 95 payments totaling $133K for 2.3 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

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Target	Distance From Goal
Aging < 90 Days %	76.0%	79.6%	79.6%	83.3%	86.2%	58.1%	87.0%	-28.9%
Dollars Aged < 90 Days	$ 1,829,531	$ 1,835,351	$ 2,110,832	$ 2,258,038	$ 1,800,998	$ 3,004,162	$ 1,744,959	$ 1,259,203





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:

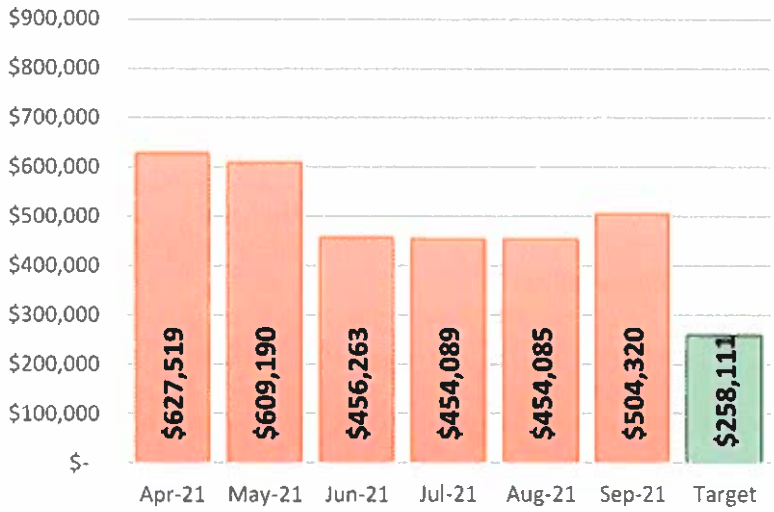
Based on the 13-month average daily revenue of $58K, the total third party AR days under 90 should be at or below $1.7M.

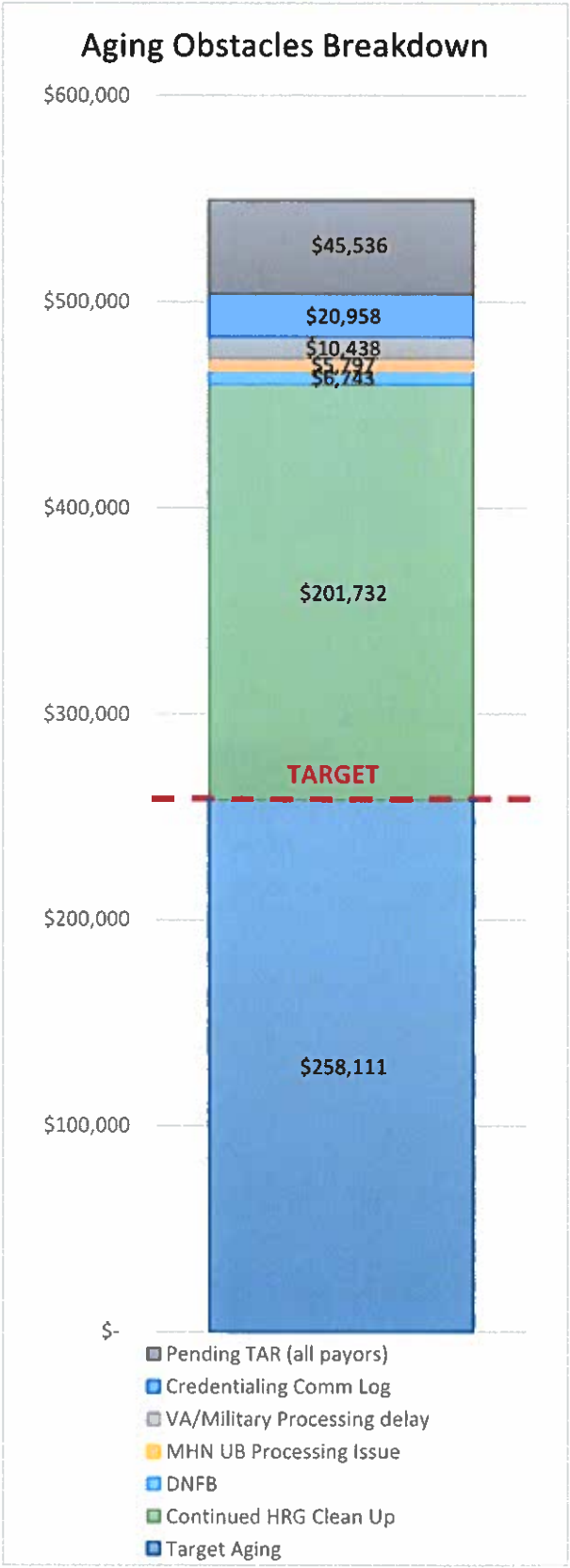
The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 58.1%, or under goal by 28.9%. The dollars aged < 90 days are $1.2M over target.

Unbilled rose $624K from August, closing September at $1M for 17.7 days in AR. This spike in unbilled primarily results from two items: the Medi-cal LTC accounts unbilled since 7/21 and one provider with a large amount of incomplete charts. Unbilled will remain high until SHD receives Medi-Cals LTC billing instructions, and the provider completes his charts. We will see a decrease in cash collections and an increase in overall AR days until these items are resolved.

III. Third Party Aged 90+ Days

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Target	Distance From Goal
Aging > 90 Days %	24.6%	21.5%	16.8%	16.1%	20.1%	14.2%	13.0%	1.2%
Dollars Aged > 90 Days	$ 627,519	$ 609,190	$ 456,263	$ 454,089	$ 454,085	$ 504,320	$ 258,111	$ 246,209





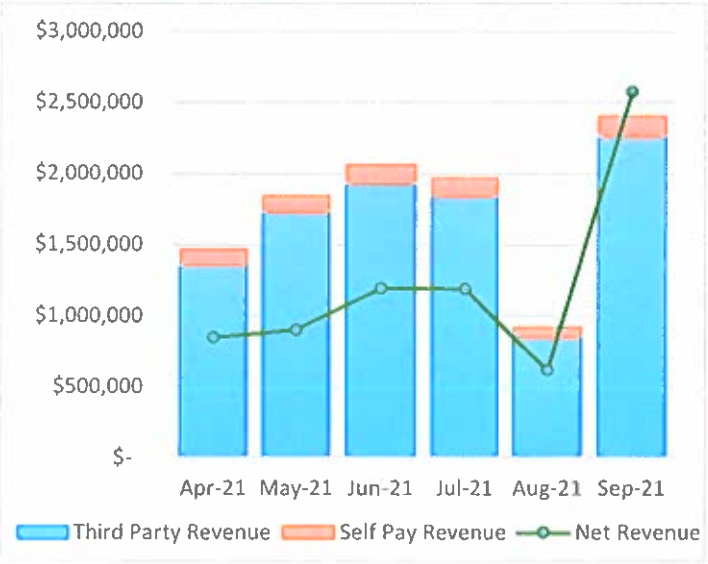
Summary

September's third party aged over 90 days grew by 50K; however, the percentage decreased by 5.9%, ending at 14.2%, stemming from higher than normal revenue. Third party aged over 90 days is $246K 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 decreased by $2K or 7.4%, closing at 4.8% or $55K. There are 2 accounts over $5K for $23K or 10% of the aging. 1 account denied and is being appealed with UHC Medicare, and the other is pending authorization.
2. Medi-Cal aged over 90 days, decreased by $20K or 4.7%, closing at 11.1% or $127K. There are 3 accounts over $5K for $42K or 17% of the aging. 1 claim for $17K is pending authorization, 1 claim is in process with Medi-Cal, and 1 claim is in process with BCBS Medicaid.
3. Commercial aged over 90 increased by $7K, concluding at 26.5% or $75K, of which $25K is VA. There are 2 VA accounts in appealed status, and 21 others in process. VA has acknowledged that they are running several months behind in processing claims. Outside of the VA, there are 15 accounts over $1K for $31K.
4. Blues aged over 90 increased by $68K, ending 21.4%. There are 5 high dollar accounts that make up $76K of the $108K; 2 are in process with the insurance, 1 is being appealed as of 09/30/2021, and 2 are set to pay for a total paid amount of $25K. Payments were made via CC-awaiting check from insurance.

IV. Revenue

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
Third Party Revenue	$ 1,354,668	$ 1,724,785	$ 1,926,913	$ 1,837,969	$ 848,964	$ 2,259,482	$ 1,602,404
Self Pay Revenue	$ 111,844	$ 118,408	$ 136,845	$ 127,071	$ 68,932	$ 143,816	$ 105,166
Total Revenue	$ 1,466,512	$ 1,806,309	$ 2,063,758	$ 1,965,040	$ 917,896	$ 2,403,298	$ 1,706,570
Average Daily Revenue	$ 51,781	$ 55,561	$ 62,783	$ 63,425	$ 53,768	$ 57,459	$ 55,970
Net Revenue	$ 845,444	$ 899,865	$ 1,190,460	$ 1,186,789	$ 615,595	$ 2,577,001	$ 956,017



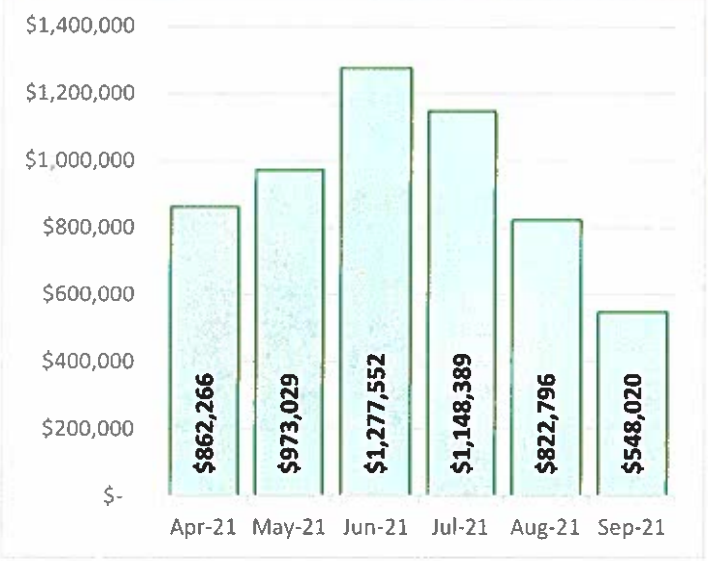
Summary

September's overall revenue increased $1.5M compared to August's, closing at $2.4M. This is $525K more than September 2020 and $673K more than the 13-month average. The average daily revenue increased $4K, ending at $57K.

The Medicare financial class increased $868K, concluding at $1.3M; Medi-Cal increased $34K, ending at $260K; Commercial rose $128K, closing at $197K; Blues increased by $362K, finishing at $449K; Work Comp increased by $19K, closing at $22K, and Self-pay increased $75K, concluding at $144K.

V. Cash Collections

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
Cash Collections	$ 862,266	$ 973,029	$ 1,277,552	$ 1,148,389	$ 822,796	$ 548,020	$ 1,020,992
Collection %	54.0%	61.0%	60.0%	58.0%	96.0%	65.0%	54%
% of Net Revenue	102%	105%	135%	97%	134%	21%	104%



Summary

Cash collections for September were $548K. Cash collections for November are projected to hit $2.6M.

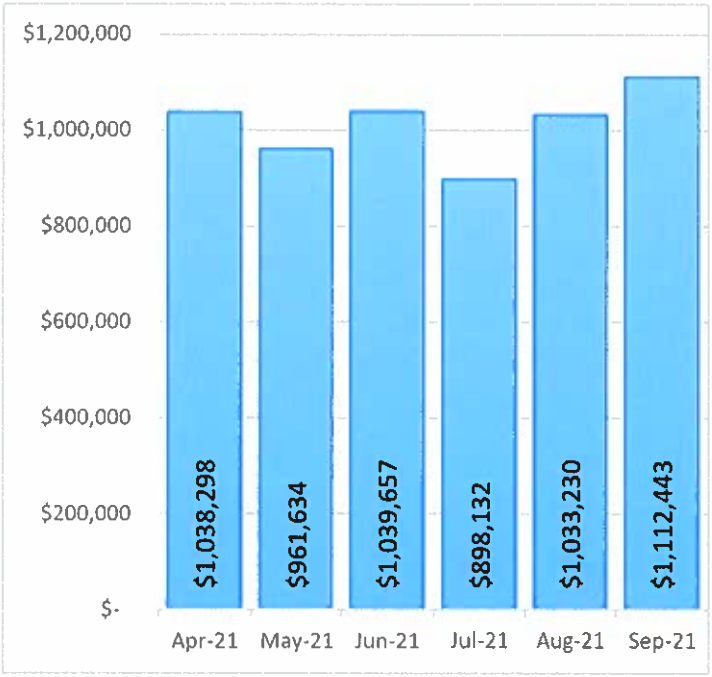
Medicare's decreased $157K, closing at $184K; Medi-Cal was down $144K, concluding at $77K; Commercial was down by $68K, ending at $61K; Blues increased by $36K, closing at $116K; Work Comp decreased $14K, ending at $9K, and Self-Pay increased $73K, ending at $98K.

Blues cash decreased. However, as of the first week of October, there are 95 credit card payment totaling $133K left outstanding. 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 cash continued its downward trends, as LTC claims have not been submitted since the residents were moved on 07/21/21. Seneca is waiting for Medi-Cal instructions on how to bill them appropriately.

VI. Self Pay

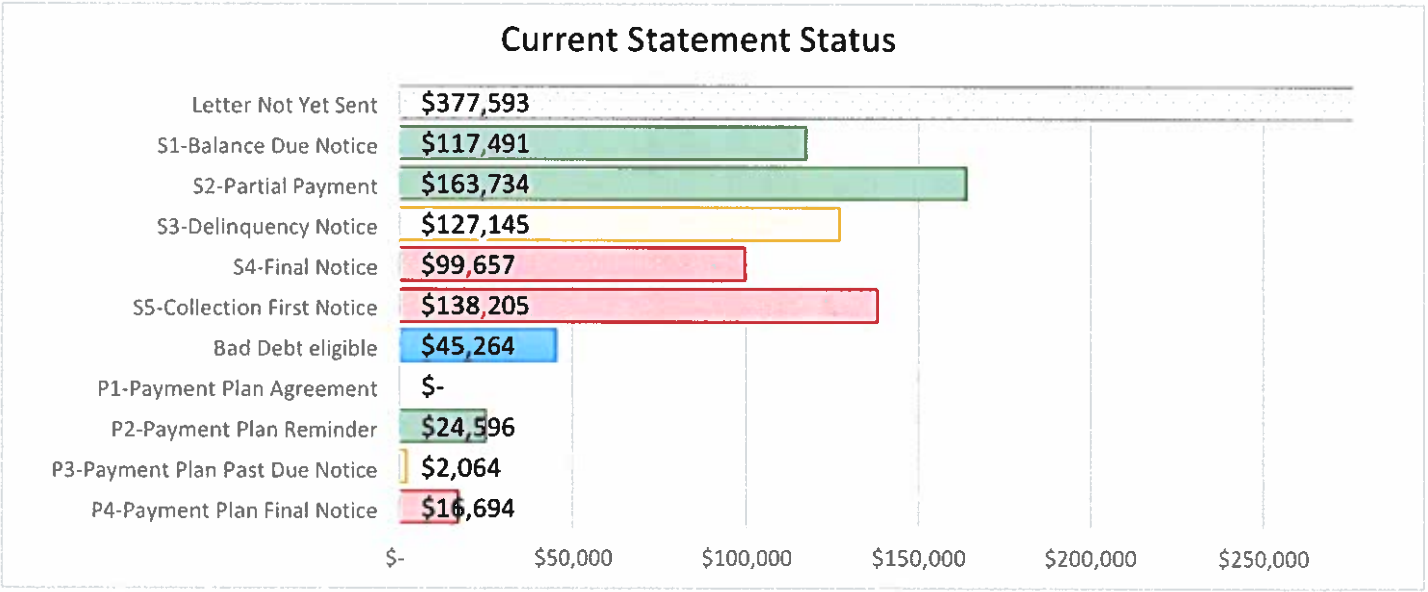
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Self Pay	$ 1,038,298	$ 961,634	$ 1,039,657	$ 898,132	$ 1,033,230	$ 1,112,443



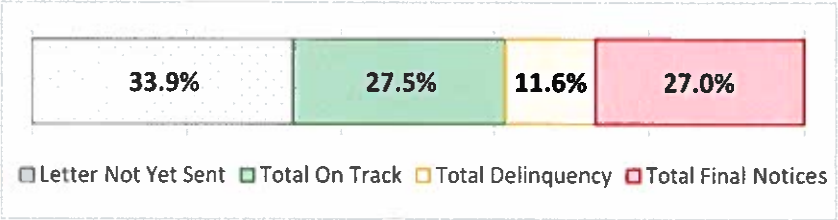
Summary

Self-Pay AR increased in August, closing at 19.4 days; this is 3.9 days above the target 15.5 days in AR. There was $45K eligible for bad debt in September.

1. To be eligible for bad debt, a second final notice is sent (S5). Currently, there is $45K that are eligible for bad debt, outside of the collection first notice of $138K (S5).
2. The self-pay inventory has $16K set up on a payment plan.
3. There was $45K eligible for bad debt in September and $117 from August; of which $64K was sent to collections in September. There was nothing sent to collections in August because of the Dixie fire incident.



Letter Not Yet Sent	$	377,593
Total Final Notices	$	299,820
Total Delinquency	$	129,209
Total On Track	$	305,821
Total	$	1,112,443



Seneca Healthcare District

MONTH END FINANCE REPORT

September 2021

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FINANCE DASHBOARD

Revenue Cycle Performance

	Target	April-21	May-21	June-21	July-21	August-21	September-21
REVENUE							
Net Revenue		$923,422	$944,962	$1,190,460	$1,186,789	$615,595	$2,577,001
Gross Revenue		$1,843,193	$1,806,309	$2,063,758	$1,965,040	$917,896	$2,403,298
CASH							
Cash Collections as a % of Net Revenue	100%	85%	105%	135%	96%	69%	89%
Cash Collections		$761,933	$973,124	$1,277,552	$1,148,389	$822,796	$548,020
ACCOUNTS RECEIVABLE							
Net AR		$1,842,327	$1,936,484	$2,061,477	$2,095,961	$1,988,335	$4,008,278
Gross AR		$3,593,023	$3,599,708	$3,570,234	$3,459,703	$3,025,377	$4,382,694
Unbilled	5	6.5	6.2	6.8	5.5	7.4	17.7
Third Party	30	41.4	39.7	33.5	34.9	29.7	39.2
Self Pay	15	16.8	16.7	16.6	14.2	19.2	19.4
Total Days in AR	50	**64.7**	**62.7**	**56.9**	**54.5**	**56.3**	**76.3**
Days in AR - Credit Balances	< 1	4.75	4.91	4.38	6.03	7.28	6.70
UNBILLED							
In-house	< 2 Days	2.3	0.5	0.5	2.4	1.5	6.4
DNFB	< 1 Day	1.6	2.5	2.4	3.1	5.8	11.4
Total Unbilled	<3 Days	**6.5**	**6.2**	**6.8**	**5.5**	**7.4**	**17.7**

Third Party

	Target	April-21	May-21	June-21	July-21	August-21	September-21
AGING (excluding credits)							
Medicare Aging > 90 Days	10%	7.7% | $ 73,013	5.4% | $ 48,879	4.2% | $ 38,140	4.6% | $ 34,969	12.2% | $ 57,731	4.8% | $ 55,304
Medi-Cal Aging > 90 Days	13%	26.4% | $ 264,409	31.6% | $ 322,154	24.6% | $ 217,244	20.4% | $ 209,874	15.8% | $ 147,635	11.1% | $ 127,327
Commercial Aging > 90 Days	17%	56.6% | $ 106,476	34.2% | $ 80,660	20.8% | $ 65,555	20.7% | $ 74,166	29.2% | $ 68,391	26.5% | $ 74,974
Blues Aging > 90 Days	16%	23.3% | $ 143,812	32.8% | $ 177,679	19.9% | $ 96,337	18.2% | $ 101,130	22.4% | $ 117,563	21.4% | $ 185,412
Work Comp Aging > 90 Days	26%	27.1% | $ 21,480	23.6% | $ 27,251	26.4% | $ 33,593	27.3% | $ 33,950	63.9% | $ 62,766	62.9% | $ 61,303
Total Third Party Aging > 90 Days	13%	21.5% | $ 609,190	23.3% | $ 656,623	16.6% | $ 450,869	16.1% | $ 454,089	20.1% | $ 454,085	14.2% | $ 504,320
CLAIM SUBMISSION EFFECIENCY							
Claims Submission		1,716 | $ 2,028,225	1,695 | $ 1,841,038	2,171 | $ 2,271,676	2,080 | $ 2,711,044	906 | $ 990,266	1,584 | $ 1,831,180
Clean Claims	85%	85%	95%	94%	92%	94%	99%
Denial Percent	5%	6%	9%	8%	3%	2%	8%
Total Denial Rate	Count | Amt	117 | $ 112,813	182 | $ 184,108	199 | $ 151,218	131 | $ 60,013	65 | $ 46,844	103 | $ 77,695
Communication Log Backlog		149 | $ 151,388	193 | $ 56,137	219 | $ 152,061	96 | $ 99,294	29 | $ 25,098	109 | $ 133,104

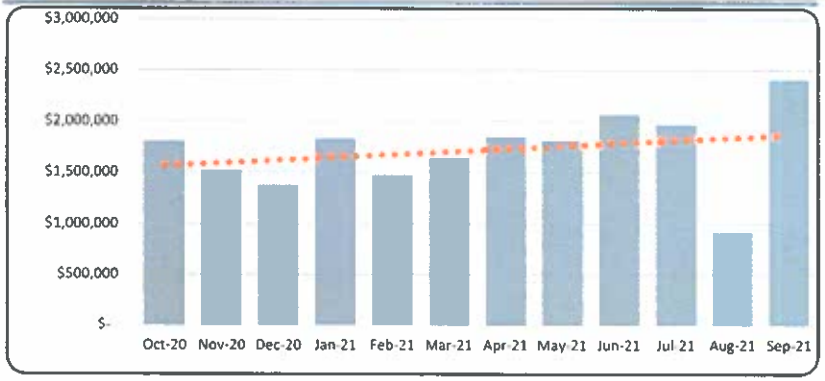
Self Pay

	Target	April-21	May-21	June-21	July-21	August-21	September-21
INVENTORY & QUALITY							
Total Inventory		3,353 | $ 930,769	3,451 | $ 961,634	3,482 | $ 1,039,657	3,523 | $ 898,132	3,602 | $ 1,033,230	3,558 | $ 1,112,443
New		440 | $ 194,449	374 | $ 178,189	578 | $ 178,650	515 | $ 191,504	311 | $ 115,942	115 | $ 42,663
Resolved		422 | $ 147,392	412 | $ 154,088	475 | $ 187,035	412 | $ 83,647	285 | $ 95,941	230 | $ 75,756
Aged >120 days from Assignment	< 25%	66.0% | $ 614,587	61.8% | $ 594,574	49.3% | $ 512,362	55.1% | $ 495,201	55.4% | $ 572,571	49.9% | $ 555,417
Total Payment Plans over 120 days		$22,478	$14,752	$21,088	$16,307	$31,742	$14,126
Average Speed to Answer	< 60 seconds	0	0	0	0	0	0
STATEMENTS & LETTERS							
Statements & Letters		681	490	580	566	0	72
Inbound and Outbound Calls	In | Out	77 | 165	79 | 249	78 | 259	65 | 218	27 | 37	22 | 236
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	4.3% | $ 79,383	0.0% | $ -	4.7% | $ 97,716	2.4% | $ 46,893	0.0% | $ -	2.7% | $ 64,141
Charity as a % of Gross Revenue	< 2%	0.0% | $ -	0.6% | $ 11,646	0.1% | $ 1,096	0.0% | $ -	0.0% | $ -	0.0% | $ -

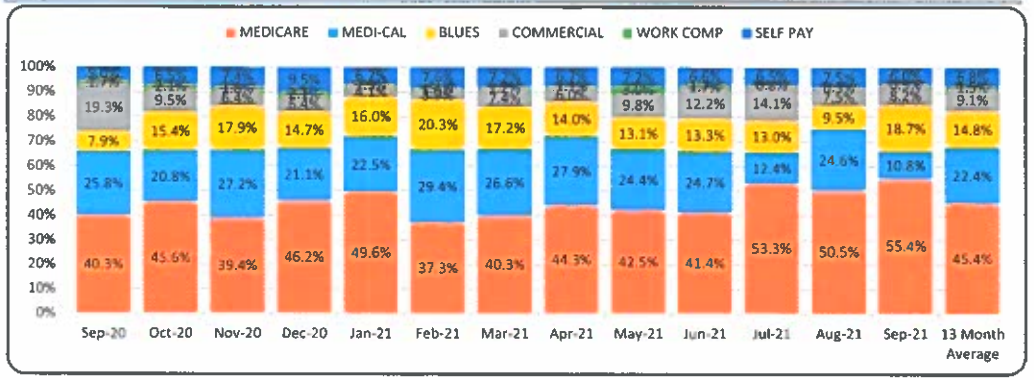
GROSS REVENUE

PAYER	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	$ 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	$ 1,331,214	$ 784,699
MEDI-CAL	$ 484,887	$ 375,409	$ 411,138	$ 289,406	$ 410,030	$ 431,241	$ 434,830	$ 513,541	$ 440,969	$ 510,177	$ 242,705	$ 226,023	$ 260,439	$ 386,984
COMMERCIAL	$ 362,360	$ 171,261	$ 96,297	$ 87,571	$ 75,162	$ 57,921	$ 120,876	$ 110,153	$ 176,732	$ 252,469	$ 276,559	$ 69,006	$ 196,689	$ 157,927
BLUES	$ 148,309	$ 277,658	$ 270,942	$ 201,805	$ 292,303	$ 297,804	$ 282,003	$ 258,074	$ 236,253	$ 273,491	$ 255,898	$ 87,382	$ 449,017	$ 256,226
WORK COMP	$ 32,322	$ 37,842	$ 26,692	$ 28,760	$ 26,871	$ 20,490	$ 20,355	$ 19,900	$ 53,987	$ 35,969	$ 15,061	$ 2,923	$ 22,123	$ 26,407
SELF PAY	$ 93,871	$ 117,861	$ 112,051	$ 129,814	$ 113,730	$ 111,844	$ 118,408	$ 124,258	$ 130,494	$ 136,845	$ 127,071	$ 68,932	$ 143,816	$ 117,615
TOTAL	$ 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	$ 2,403,298	$ 1,729,859
AVERAGE DAILY REVENUE	$ 67,774	$ 64,301	$ 57,068	$ 50,945	$ 51,166	$ 51,781	$ 54,709	$ 55,561	$ 57,443	$ 62,783	$ 63,425	$ 53,768	$ 57,459	$ 57,553

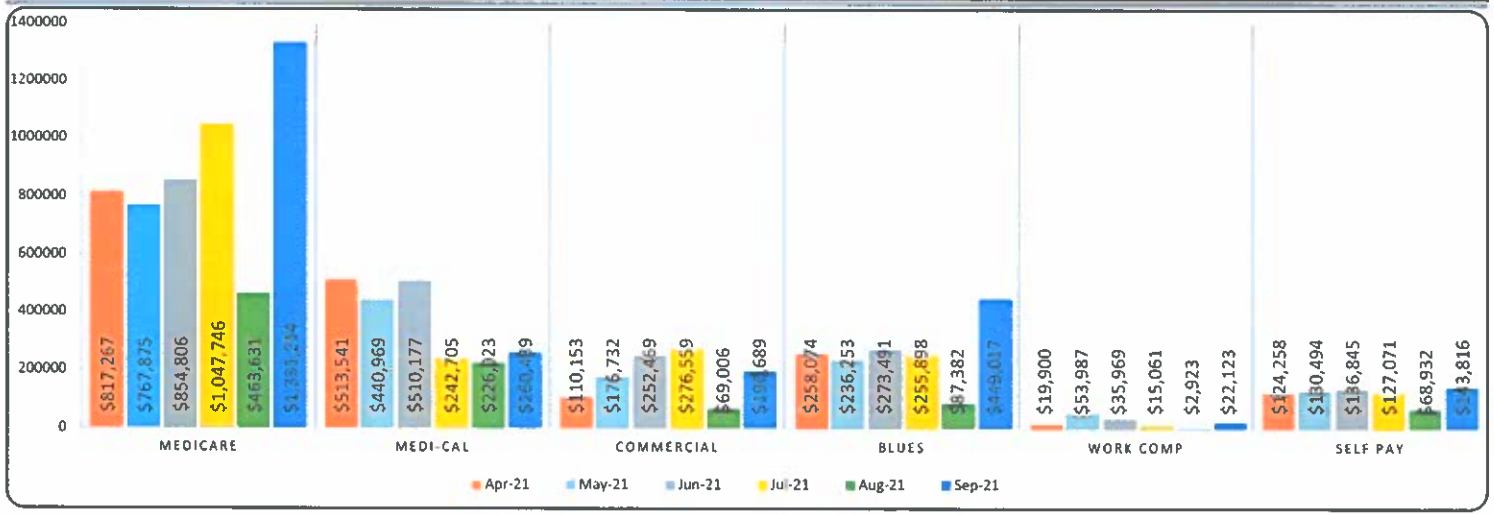
Gross Revenue



Payer Mix



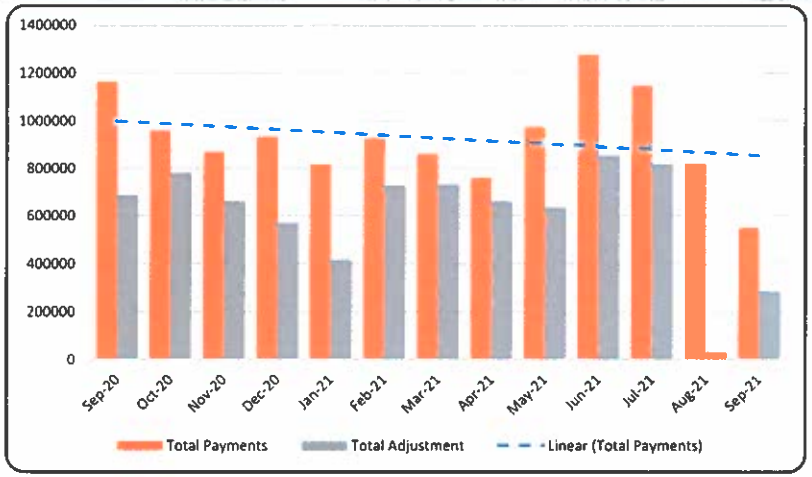
Revenue Trending By Payer



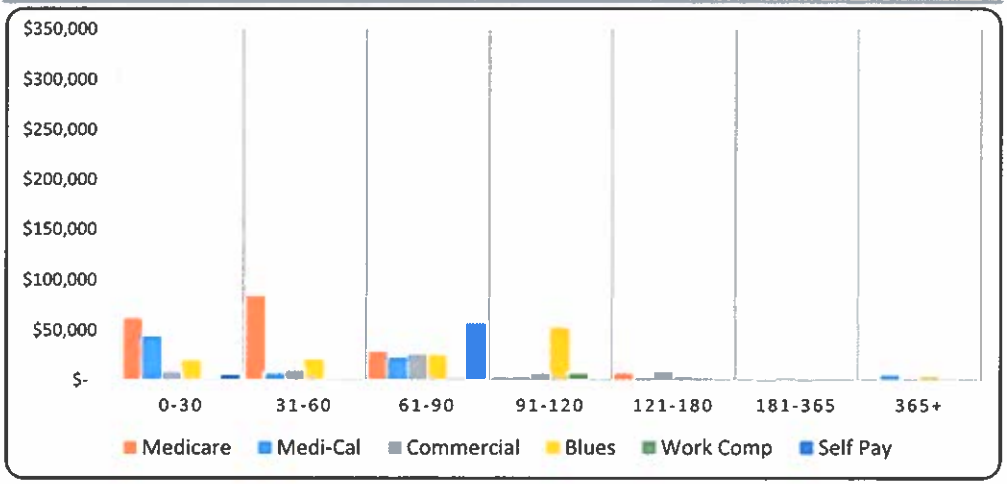
CASH DETAIL

PAYER	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE														
Payments	$ 493,823	$ 307,420	$ 260,917	$ 326,556	$ 368,904	$ 493,674	$ 238,389	$ 272,238	$ 425,104	$ 628,471	$ 453,518	$ 341,584	$ 184,248	$ 368,834
Adjustments	$ 347,591	$ 332,142	$ 298,785	$ 244,068	$ 110,409	$ 457,375	$ 316,076	$ 260,763	$ 276,358	$ 507,686	$ 379,733	$ 5,682	$ 206,083	$ 287,904
Collection %	59%	48%	47%	57%	77%	52%	43%	51%	61%	55%	54%	98%	47%	58%
MEDI-CAL														
Payments	$ 203,624	$ 163,883	$ 178,689	$ 197,600	$ 96,480	$ 157,310	$ 208,843	$ 130,119	$ 139,124	$ 219,410	$ 322,368	$ 221,595	$ 77,209	$ 178,173
Adjustments	$ 156,916	$ 231,635	$ 180,797	$ 189,121	$ 163,417	$ 135,385	$ 205,690	$ 215,698	$ 236,704	$ 283,612	$ 260,500	$ 735	$ 104,536	$ 181,903
Collection %	56%	41%	50%	51%	37%	54%	50%	38%	37%	44%	55%	100%	42%	50%
COMMERCIAL														
Payments	$ 158,056	$ 131,583	$ 90,371	$ 83,054	$ 87,083	$ 64,957	$ 93,177	$ 58,420	$ 62,336	$ 87,128	$ 138,325	$ 128,443	$ 60,748	$ 95,668
Adjustments	$ 57,270	$ 38,194	$ 50,417	$ 11,702	$ 31,076	$ 25,934	$ 37,557	$ 24,616	$ 26,755	$ 29,498	$ 61,060	$ 667	$ (56,979)	$ 25,982
Collection %	73%	78%	64%	88%	74%	71%	71%	70%	70%	75%	69%	99%	1612%	193%
BLUES														
Payments	$ 239,959	$ 272,651	$ 230,595	$ 211,299	$ 162,731	$ 150,273	$ 223,103	$ 181,388	$ 252,927	$ 240,751	$ 143,446	$ 80,299	$ 115,951	$ 192,721
Adjustments	$ 91,710	$ 115,105	$ 81,252	$ 94,846	$ 74,795	$ 61,613	$ 70,576	$ 76,174	$ 78,461	$ (106,285)	$ 64,461	$ 694	$ 466	$ 54,144
Collection %	72%	70%	74%	69%	69%	71%	76%	70%	76%	179%	69%	99%	100%	84%
WORK COMP														
Payments	$ 15,206	$ 5,924	$ 20,780	$ 33,205	$ 13,450	$ 15,026	$ 13,776	$ 6,416	$ 12,065	$ 21,242	$ 10,399	$ 22,983	$ 8,934	$ 15,339
Adjustments	$ 7,751	$ 5,671	$ 8,827	$ 5,752	$ 10,431	$ 11,022	$ 7,891	$ 4,317	$ 5,289	$ 11,344	$ 6,037	$ -	$ 13,519	$ 7,527
Collection %	66%	51%	70%	85%	56%	58%	64%	60%	70%	65%	63%	100%	40%	65%
SELF PAY														
Payments	$ 50,587	$ 74,784	$ 85,400	$ 75,312	$ 84,894	$ 43,641	$ 78,027	$ 105,596	$ 77,245	$ 77,529	$ 74,255	$ 25,603	$ 98,327	$ 73,169
Bad Debt Recoveries	$ 2,948	$ 3,212	$ 2,558	$ 4,721	$ 3,612	$ 2,829	$ 6,949	$ 7,757	$ 4,323	$ 3,021	$ 6,079	$ 2,290	$ 2,602	$ 4,069
Adjustments	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 28,281	$ -	$ 30,293	$ (42,892)	$ 1,206
Charity Care	$ (5)	$ 6,839	$ 875	$ 3,284	$ 6,767	$ 1,135	$ 1,355	$ -	$ 11,646	$ 1,096	$ -	$ -	$ -	$ 2,538
Bad Debt	$ 26,135	$ 52,787	$ 39,020	$ 21,567	$ 21,720	$ 33,573	$ 90,927	$ 79,383	$ -	$ 97,716	$ 46,893	$ -	$ 64,141	$ 44,143
Total SP Adjustments	$ 26,130	$ 59,626	$ 39,895	$ 24,851	$ 28,487	$ 34,709	$ 92,282	$ 79,383	$ 11,646	$ 127,093	$ 46,893	$ 30,293	$ 21,249	$ 47,887
Collection %	66%	56%	68%	75%	75%	56%	46%	57%	87%	38%	61%	46%	82%	63%
TOTAL														
Total Payments	$ 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	$ 548,020	$ 927,974
Total Adjustment	$ 687,368	$ 782,372	$ 659,972	$ 570,339	$ 418,614	$ 726,038	$ 730,072	$ 660,951	$ 635,212	$ 852,947	$ 818,685	$ 38,070	$ 288,875	$ 557,461
Total Collection %	63%	55%	57%	62%	66%	56%	54%	54%	61%	60%	58%	96%	65%	62%

Cash & Adjustment Trending

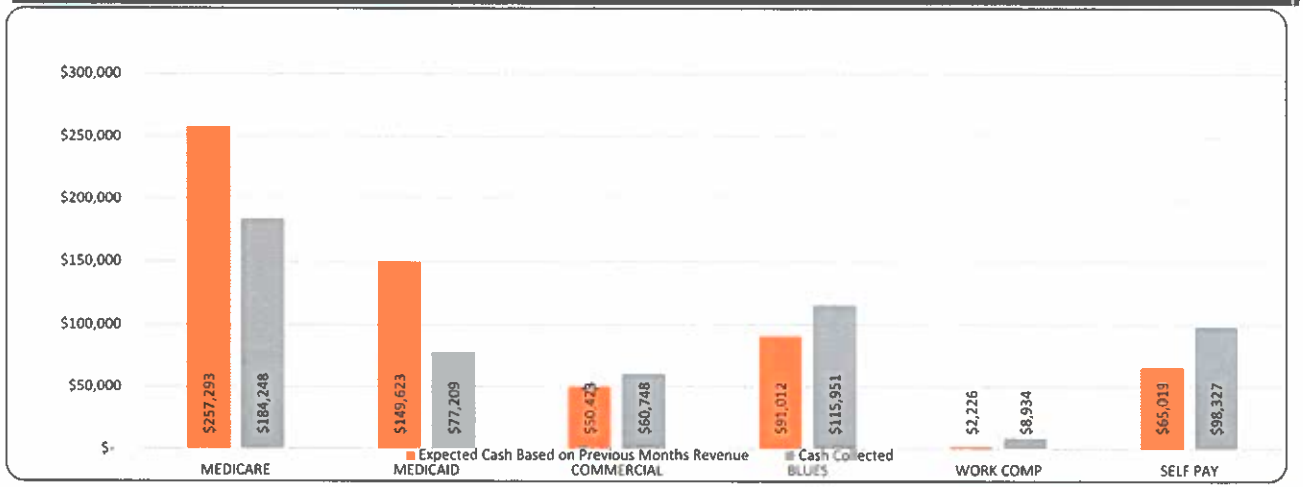


Cash Collections by Discharge Date

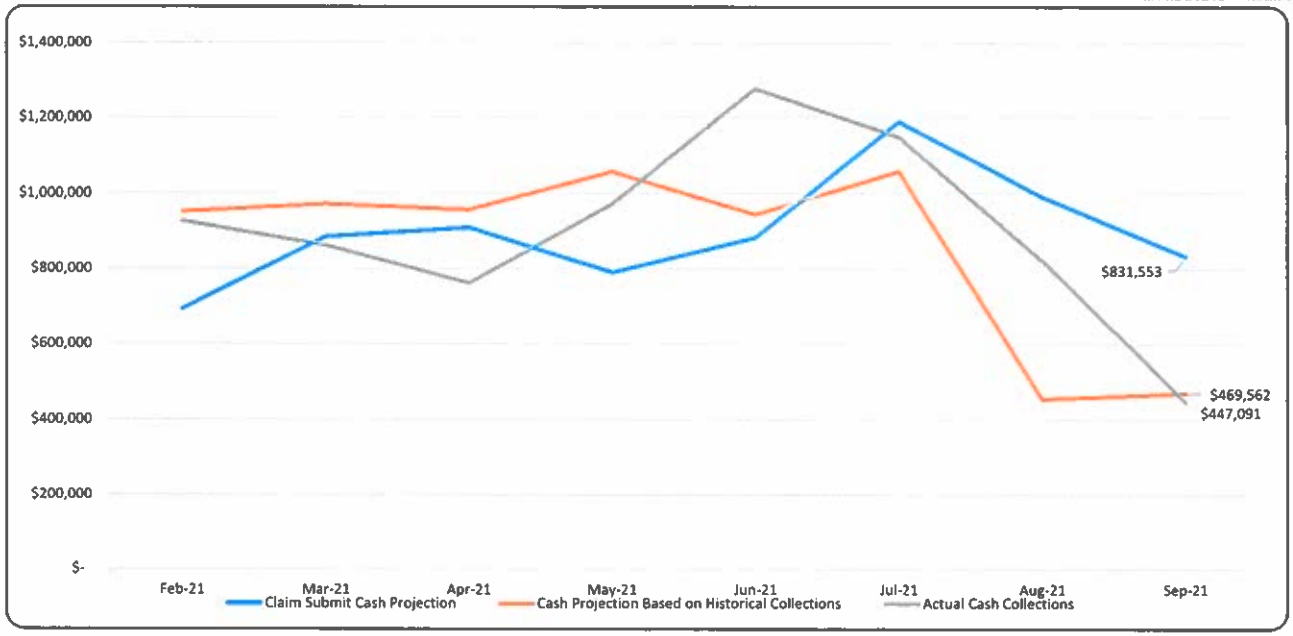


CASH FORECASTING

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

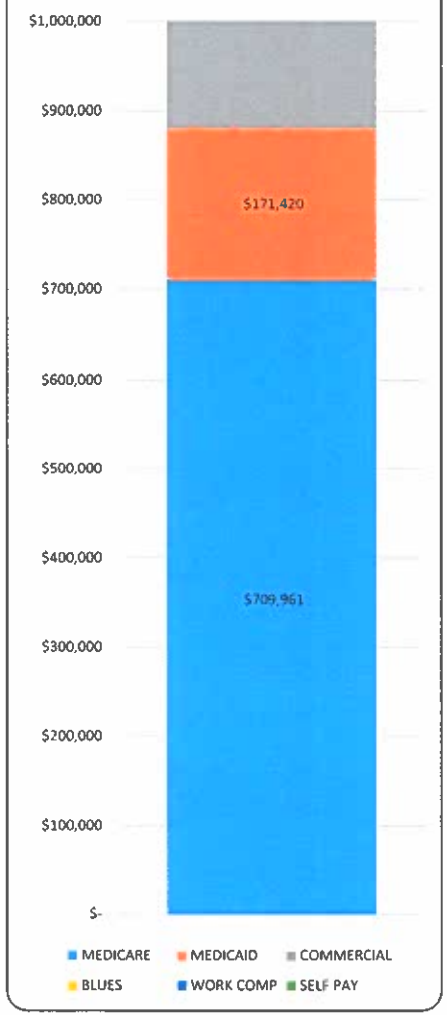


Expected Cash Based on Claim Submissions and Historical Collections



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

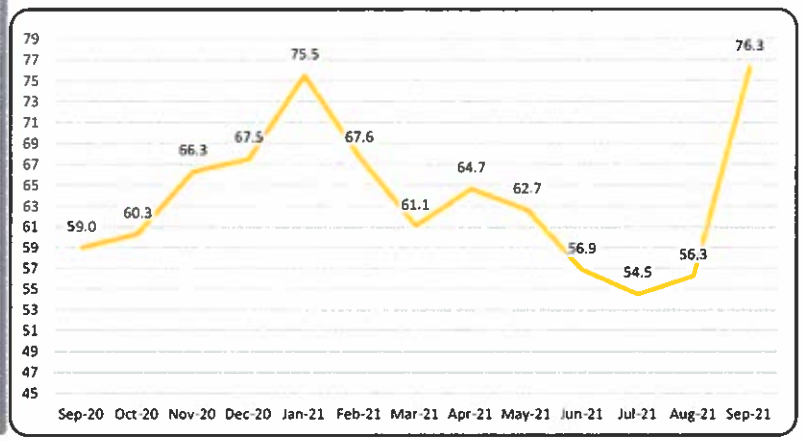
$2,577,001

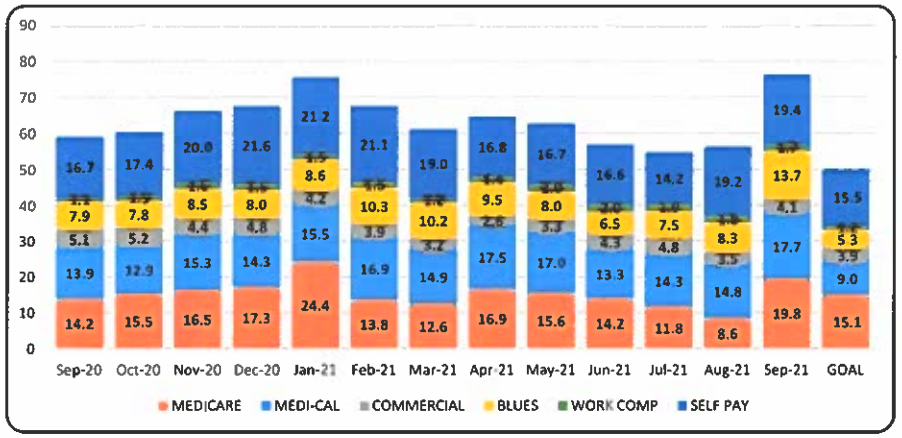


ACCOUNTS RECEIVABLE

AR Days

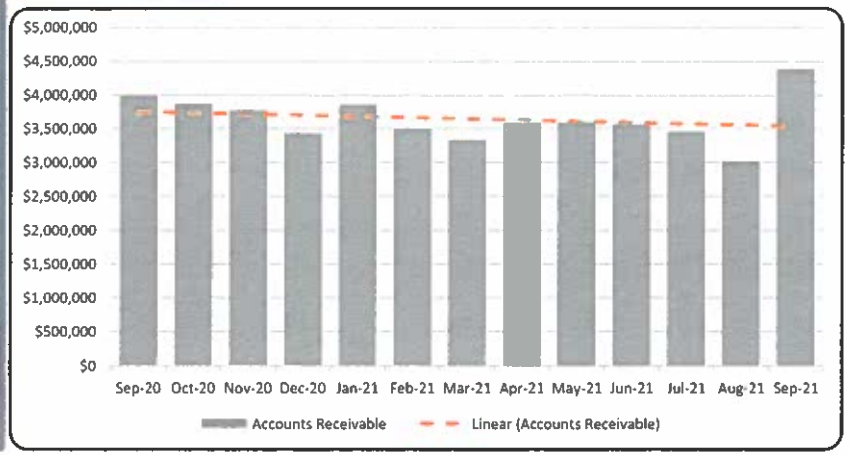
PAYER	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	14.2	15.5	16.5	17.3	24.4	13.8	12.6	16.9	15.6	14.2	11.8	8.6	19.8	15.5
MEDI-CAL	13.9	12.9	15.3	14.3	15.5	16.9	14.9	17.5	17.0	13.3	14.3	14.8	17.7	15.3
COMMERCIAL	5.1	5.2	4.4	4.8	4.2	3.9	3.2	2.6	3.3	4.3	4.8	3.5	4.1	4.1
BLUES	7.9	7.8	8.5	8.0	8.6	10.3	10.2	9.5	8.0	6.5	7.5	8.3	13.7	8.8
WORK COMP	1.1	1.5	1.6	1.5	1.5	1.5	1.2	1.4	2.0	2.0	1.9	1.8	1.7	1.6
SELF PAY	16.7	17.4	20.0	21.6	21.2	21.1	19.0	16.8	16.7	16.6	14.2	19.2	19.4	18.4
TOTAL DAYS	59.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5	56.3	76.3	63.7

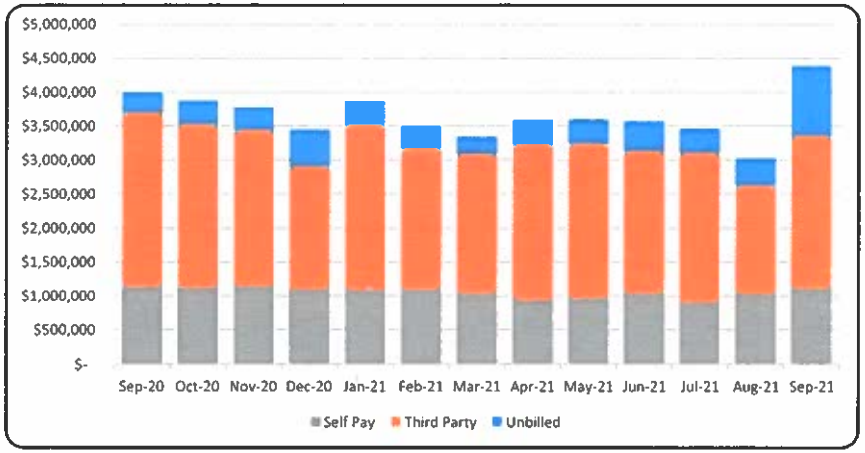




AR Balance

PAYER	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	$ 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	$ 1,134,951	$ 885,014
MEDI-CAL	$ 943,855	$ 831,762	$ 873,678	$ 729,286	$ 794,464	$ 877,331	$ 814,373	$ 973,551	$ 975,869	$ 838,030	$ 909,477	$ 796,659	$ 1,019,026	$ 875,182
COMMERCIAL	$ 346,185	$ 336,700	$ 253,440	$ 242,925	$ 214,871	$ 204,229	$ 173,556	$ 144,903	$ 192,193	$ 269,465	$ 306,957	$ 189,140	$ 233,046	$ 239,047
BLUES	$ 536,706	$ 499,384	$ 482,689	$ 405,937	$ 440,648	$ 534,164	$ 558,300	$ 529,360	$ 458,164	$ 406,288	$ 476,338	$ 446,142	$ 786,705	$ 504,679
WORK COMP	$ 76,682	$ 94,358	$ 89,888	$ 78,799	$ 78,014	$ 76,565	$ 66,649	$ 78,209	$ 114,477	$ 125,844	$ 123,293	$ 97,299	$ 96,523	$ 92,046
SELF PAY	$ 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	$ 1,112,443	$ 1,052,610
TOTAL	$ 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	$ 4,382,694	$ 3,648,577

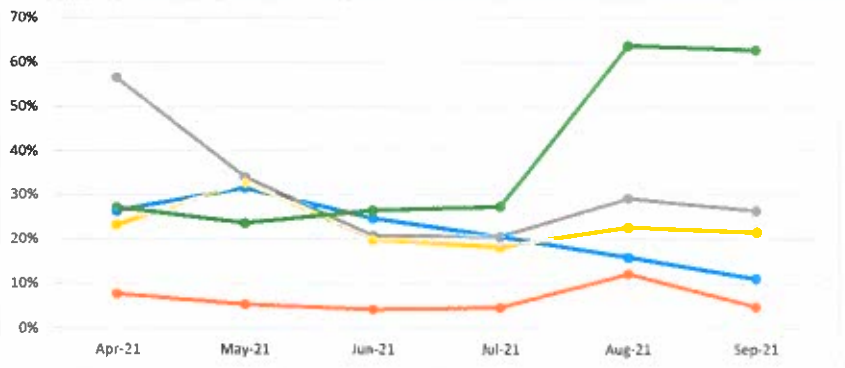




ACCOUNTS RECEIVABLE AGING

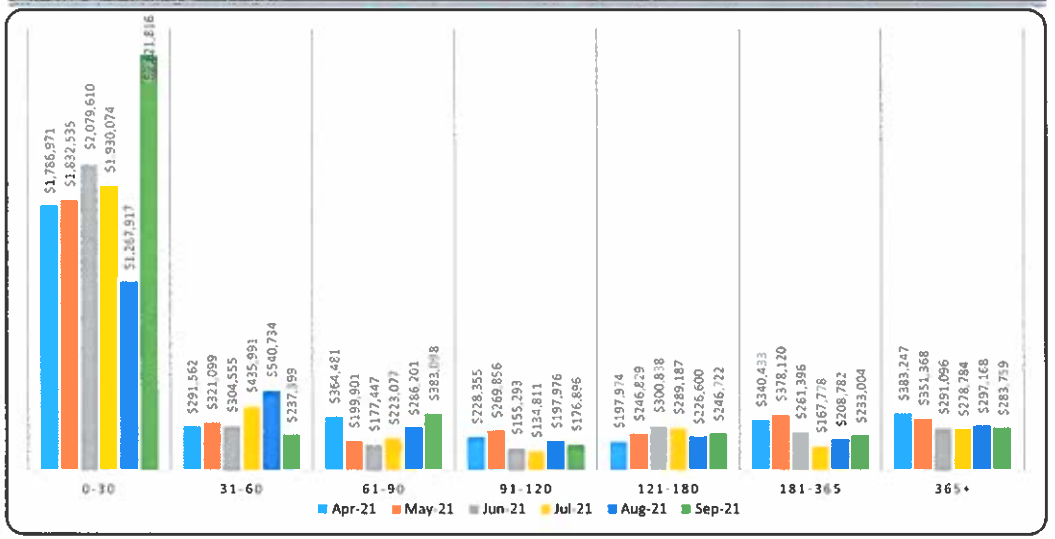
	0-30 Days		31-60 Days		61-90 Days		91-120 Days		121-180 Days		181-365 Days		366+ Days		Grand Totals	
	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$	# Acts	$
MEDICARE																
Non-Credit	611	$ 977,582	56	$ 72,661	26	$ 36,633	35	$ 16,585	18	$ 32,291	7	$ 6,188	1	$ 240	754	$ 1,142,179
Credit	3	$ (61)	0	$ -	0	$ -	0	$ -	1	$ (1,076)	4	$ (936)	24	$ (5,156)	32	$ (7,229)
TOTAL	614	$ 977,521	56	$ 72,661	26	$ 36,633	35	$ 16,585	19	$ 31,215	11	$ 5,253	25	$ (4,916)	786	$ 1,134,951
MEDI-CAL																
Non-Credit	233	$ 921,650	49	$ 49,385	75	$ 52,814	40	$ 9,605	70	$ 38,813	92	$ 70,027	18	$ 8,882	577	$ 1,151,177
Credit	0	$ -	0	$ -	1	$ (38)	2	$ (5)	8	$ (3,164)	35	$ (115,988)	94	$ (12,956)	140	$ (132,151)
TOTAL	233	$ 921,650	49	$ 49,385	76	$ 52,776	42	$ 9,600	78	$ 35,650	127	$ (45,961)	112	$ (4,074)	717	$ 1,019,026
COMMERCIAL																
Non-Credit	98	$ 128,239	43	$ 23,496	65	$ 56,742	32	$ 16,528	22	$ 14,532	20	$ 12,171	29	$ 31,743	309	$ 283,451
Credit	5	$ (527)	2	$ (1,284)	0	$ -	2	$ (263)	2	$ (231)	11	$ (4,401)	117	$ (43,698)	139	$ (50,405)
TOTAL	103	$ 127,712	45	$ 22,212	65	$ 56,742	34	$ 16,266	24	$ 14,300	31	$ 7,770	146	$ (11,956)	448	$ 233,046
BLUES																
Non-Credit	364	$ 498,924	94	$ 77,673	103	$ 104,222	48	$ 53,331	24	$ 22,942	50	$ 101,857	9	$ 7,282	692	$ 866,231
Credit	16	$ (470)	0	$ -	4	$ (2,076)	2	$ (36)	8	$ (319)	13	$ (2,072)	218	$ (74,553)	261	$ (79,526)
TOTAL	380	$ 498,454	94	$ 77,673	107	$ 102,146	50	$ 53,295	32	$ 22,622	63	$ 99,786	227	$ (67,271)	953	$ 786,705
WORK COMP																
Non-Credit	24	$ 27,392	2	$ 1,957	9	$ 6,848	6	$ 10,889	10	$ 28,348	10	$ 10,172	9	$ 11,894	70	$ 97,500
Credit	0	$ -	0	$ -	0	$ -	0	$ -	0	$ -	0	$ -	4	$ (977)	4	$ (977)
TOTAL	24	$ 27,392	2	$ 1,957	9	$ 6,848	6	$ 10,889	10	$ 28,348	10	$ 10,172	13	$ 10,917	74	$ 96,523
SELF PAY																
Non-Credit	113	$ 270,587	53	$ 13,513	213	$ 128,161	264	$ 71,185	315	$ 116,652	494	$ 186,023	972	$ 441,153	2424	$ 1,227,272
Credit	19	$ (1,499)	0	$ -	11	$ (209)	16	$ (923)	38	$ (2,065)	95	$ (30,038)	955	$ (80,094)	1134	$ (114,829)
TOTAL	132	$ 269,088	53	$ 13,513	224	$ 127,952	280	$ 70,261	353	$ 114,586	589	$ 155,985	1927	$ 361,059	3558	$ 1,112,443
ACCOUNTS RECEIVABLE																
Non-Credit	1443	$ 2,824,374	297	$ 238,684	491	$ 385,421	425	$ 178,123	459	$ 253,577	673	$ 386,438	1038	$ 501,193	4826	$ 4,767,810
Credit	43	$ (2,558)	2	$ (1,284)	16	$ (2,323)	22	$ (1,227)	57	$ (6,855)	158	$ (153,434)	1412	$ (217,434)	1710	$ (385,116)
GRAND TOTAL	1486	$ 2,821,816	299	$ 237,399	507	$ 383,098	447	$ 176,896	516	$ 246,722	831	$ 233,004	2450	$ 283,759	6536	$ 4,382,694

Aged Over 90 Days Trending (excluding Credits)



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Medicare	7.7%	5.4%	4.2%	4.6%	12.2%	4.8%
Medi-Cal	26.4%	31.6%	24.6%	20.4%	15.8%	11.1%
Commercial	56.6%	34.2%	20.8%	20.7%	29.2%	26.5%
Blues	23.3%	32.8%	19.9%	18.2%	22.4%	21.4%
Work Comp	27.1%	23.6%	26.4%	27.3%	63.9%	62.9%

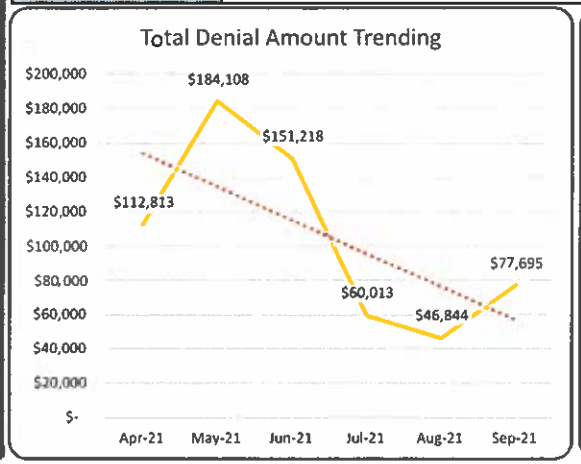
6 Month Aging

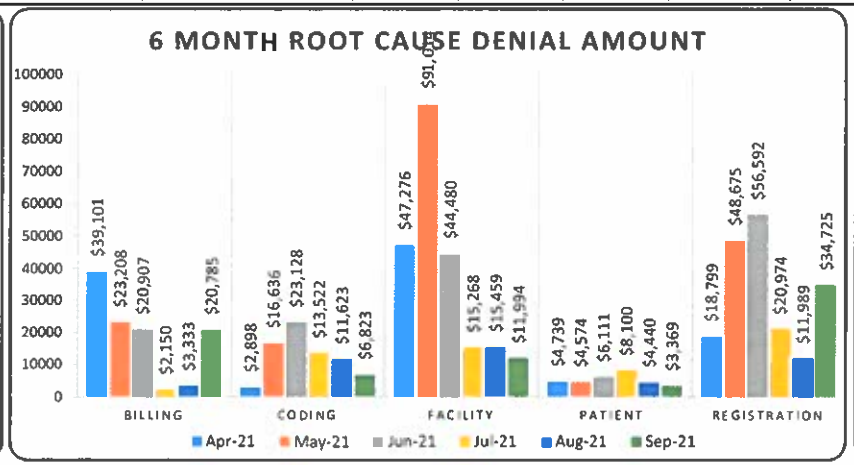


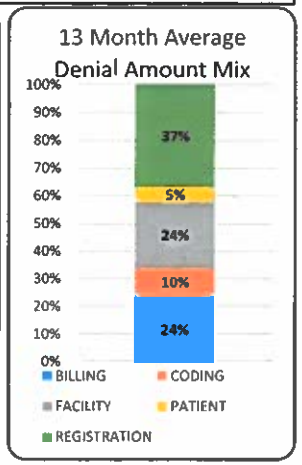
DENIAL MANAGEMENT

Denial Amount

AMOUNT	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
BILLING	$ 46,447	$ 29,775	$ 29,513	$ 57,751	$ 36,487	$ 42,752	$ 44,629	$ 39,101	$ 23,208	$ 20,907	$ 2,150	$ 3,333	$ 20,785	$ 30,526
CODING	$ 10,394	$ 6,458	$ 26,197	$ 23,106	$ 11,076	$ 2,925	$ 12,533	$ 2,898	$ 16,636	$ 23,128	$ 13,522	$ 11,623	$ 6,823	$ 12,871
FACILITY	$ 20,722	$ 35,673	$ 18,725	$ 25,269	$ 18,558	$ 29,679	$ 25,892	$ 47,276	$ 91,014	$ 44,480	$ 15,268	$ 15,459	$ 11,994	$ 30,770
PATIENT	$ 5,517	$ 10,740	$ 17,083	$ 7,720	$ 3,987	$ 6,272	$ 6,091	$ 4,739	$ 4,574	$ 6,111	$ 8,100	$ 4,440	$ 3,369	$ 6,826
REGISTRATION	$ 85,265	$ 41,872	$ 51,131	$ 91,369	$ 13,240	$ 46,742	$ 92,657	$ 18,799	$ 48,675	$ 56,592	$ 20,974	$ 11,989	$ 34,725	$ 47,233
TOTAL	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 181,802	$ 112,813	$ 184,108	$ 151,218	$ 60,013	$ 46,844	$ 77,695	$ 128,226

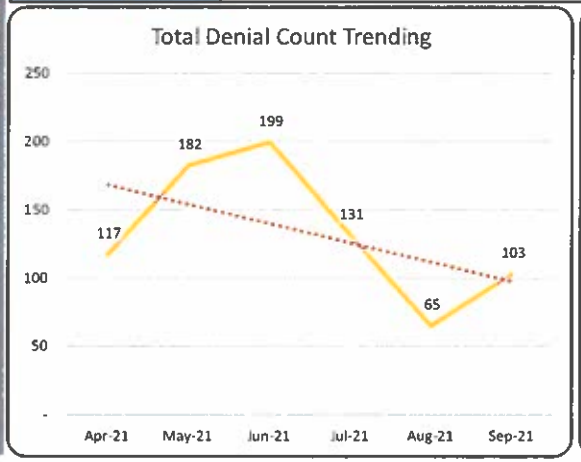


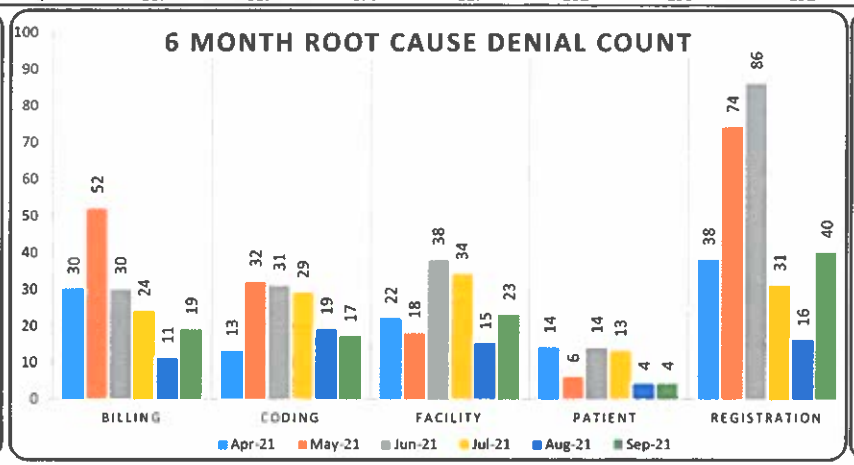


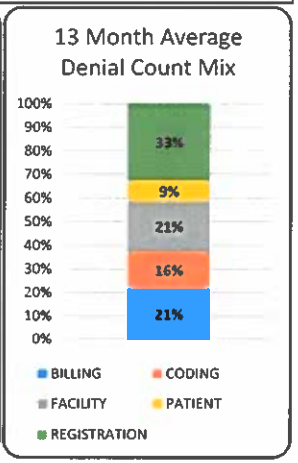


Denial Count

COUNT	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
BILLING	66	26	37	36	25	27	29	30	52	30	24	11	19	32
CODING	31	22	31	41	12	13	18	13	32	31	29	19	17	24
FACILITY	25	50	56	34	29	30	29	22	18	38	34	15	23	31
PATIENT	13	32	25	14	9	13	9	14	6	14	13	4	4	13
REGISTRATION	36	32	34	65	44	46	85	38	74	86	31	16	40	48
TOTAL	171	162	183	190	119	129	170	117	182	199	131	65	103	148



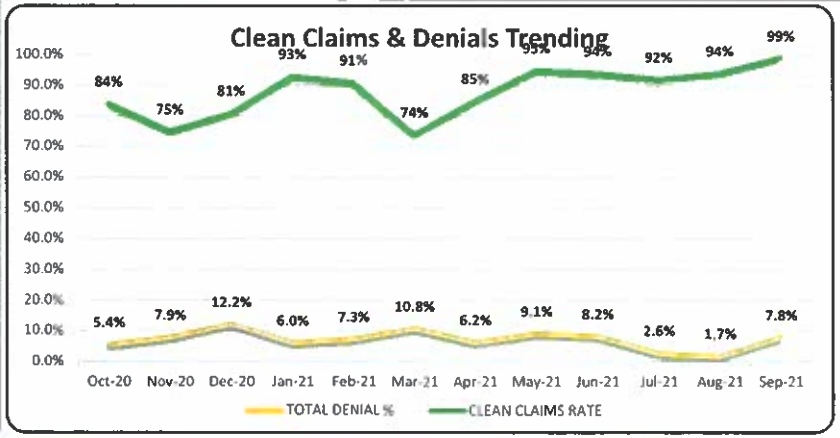


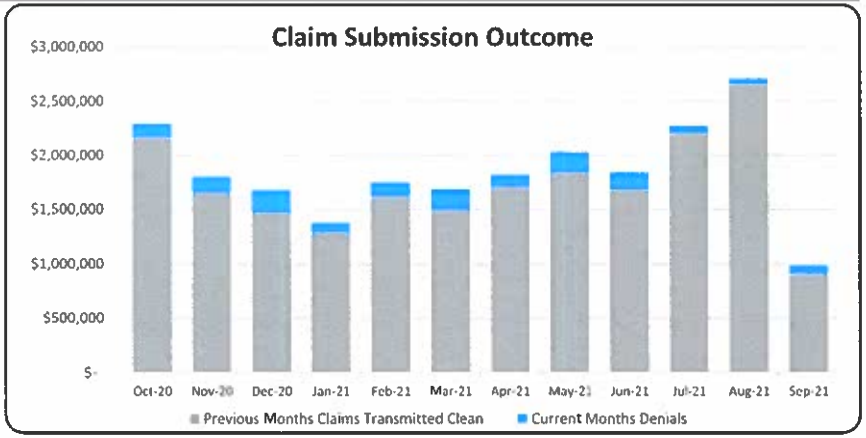


CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

Denial & Clean Claim Trending

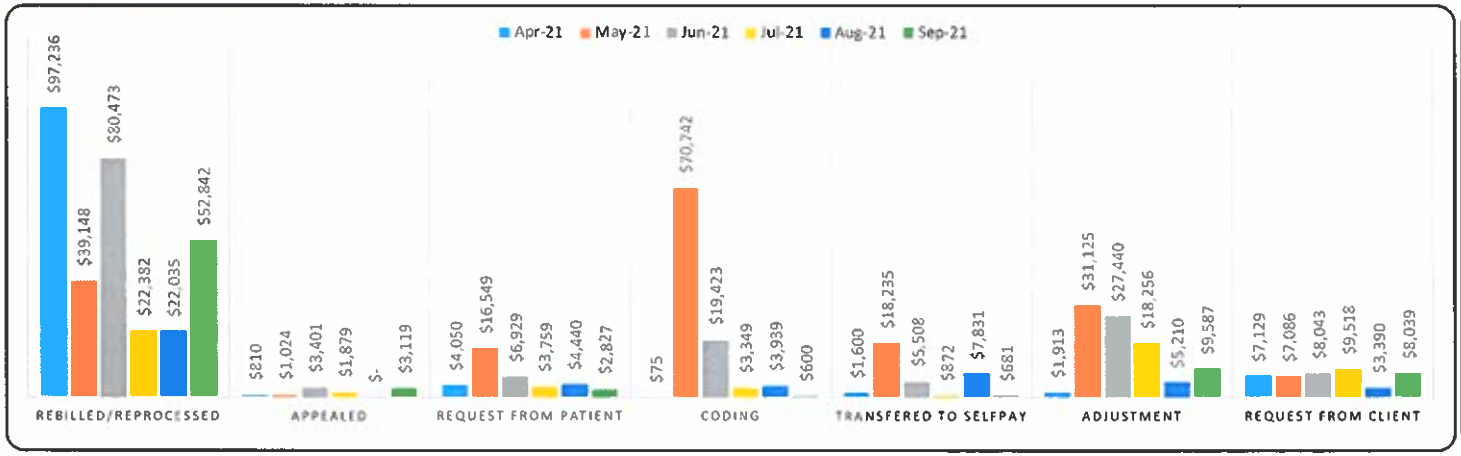
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
DENIAL AMOUNT	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 181,802	$ 112,813	$ 184,108	$ 151,218	$ 60,013	$ 46,844	$ 77,695	$ 128,226
PREVIOUS MONTH'S TRANSMITTED CLAIMS	$ 2,346,189	$ 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	$ 990,266	$ 1,893,399
TOTAL DENIAL %	7.2%	5.4%	7.9%	12.2%	6.0%	7.3%	10.8%	6.2%	9.1%	8.2%	2.6%	1.7%	7.8%	7.1%
CLEAN CLAIMS RATE	73%	84%	75%	81%	93%	91%	74%	85%	95%	94%	92%	94%	99%	87%

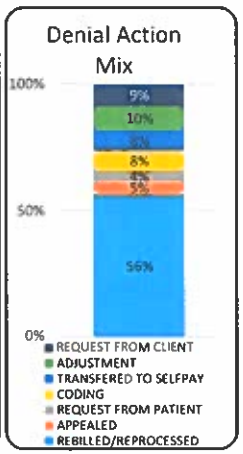




Action Taken on Denials

DENIAL ACTION	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
REBILLED/REPROCESSED	$ 129,124	$ 64,465	$ 101,434	$ 137,294	$ 31,819	$ 63,171	$ 98,176	$ 97,236	$ 39,148	$ 80,473	$ 22,382	$ 22,035	$ 52,842	$ 72,277
APPEALED	$ -	$ -	$ 2,802	$ 8,876	$ 16,958	$ 23,331	$ 26,494	$ 810	$ 1,024	$ 3,401	$ 1,879	$ -	$ 3,119	$ 6,823
REQUEST FROM PATIENT	$ 4,311	$ 7,542	$ 4,381	$ 3,132	$ 2,735	$ 6,143	$ 1,578	$ 4,050	$ 16,549	$ 6,929	$ 3,759	$ 4,440	$ 2,827	$ 5,260
CODING	$ 19,983	$ 2,303	$ 1,051	$ 5,587	$ -	$ 854	$ 3,691	$ 75	$ 70,742	$ 19,423	$ 3,349	$ 3,939	$ 600	$ 10,123
TRANSFERED TO SELFPAY	$ 6,182	$ 14,614	$ 19,068	$ 30,426	$ 3,378	$ 9,414	$ 15,080	$ 1,600	$ 18,235	$ 5,508	$ 872	$ 7,831	$ 681	$ 10,222
ADJUSTMENT	$ 7,871	$ 14,124	$ 5,942	$ 8,925	$ 7,963	$ 10,717	$ 13,801	$ 1,913	$ 31,125	$ 27,440	$ 18,256	$ 5,210	$ 9,587	$ 12,529
REQUEST FROM CLIENT	$ 876	$ 21,471	$ 7,971	$ 10,975	$ 20,494	$ 14,742	$ 22,982	$ 7,129	$ 7,086	$ 8,043	$ 9,518	$ 3,390	$ 8,039	$ 10,978
TOTAL	$ 168,345	$ 124,518	$ 142,648	$ 205,215	$ 83,347	$ 128,370	$ 181,802	$ 112,813	$ 183,908	$ 151,218	$ 60,014	$ 46,844	$ 77,695	$ 128,211





UNBILLED & INVENTORY

Unbilled

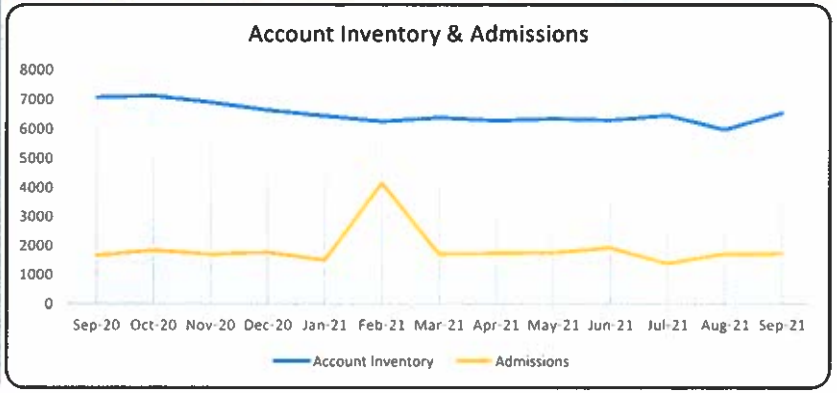
INHOUSE	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	$ 12,544	$ 58,484	$ 59,764	$ 205,894	$ 12,598	$ 20,416	$ 46,879	$ 126,217	$ 28,605	$ 29,657	$ 12,193	$ 36,931	$ 29,340	$ 52,271
MEDI-CAL	$ 36,556	$ 276	$ 7,264	$ 7,609	$ 57,323	$ 11,633	$ 16,036	$ 25,087	$ 7,055	$ 44,302	$ 122,671	$ 40,452	$ 308,377	$ 52,665
COMMERCIAL	$ 6,110	$ 2,135	$ 1,121	$ -	$ (15)	$ (15)	$ 489	$ 3,130	$ 3,318	$ 339	$ 7,107	$ 1,637	$ 2,582	$ 2,149
BLUES	$ 8,025	$ 11,669	$ 21,914	$ 24,278	$ 11,178	$ 12,686	$ 20,394	$ 12,854	$ 20,479	$ 14,503	$ 9,319	$ 3,747	$ 24,133	$ 15,014
WORK COMP	$ 130	$ 4,389	$ 10,386	$ 3,463	$ 2,736	$ 3,908	$ 2,159	$ 1,528	$ 919	$ 146	$ -	$ -	$ 2,308	$ 2,467
SELF PAY	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 63,365	$ 76,953	$ 100,448	$ 241,245	$ 83,819	$ 48,627	$ 85,957	$ 168,815	$ 60,375	$ 88,947	$ 151,290	$ 82,768	$ 366,739	$ 124,565

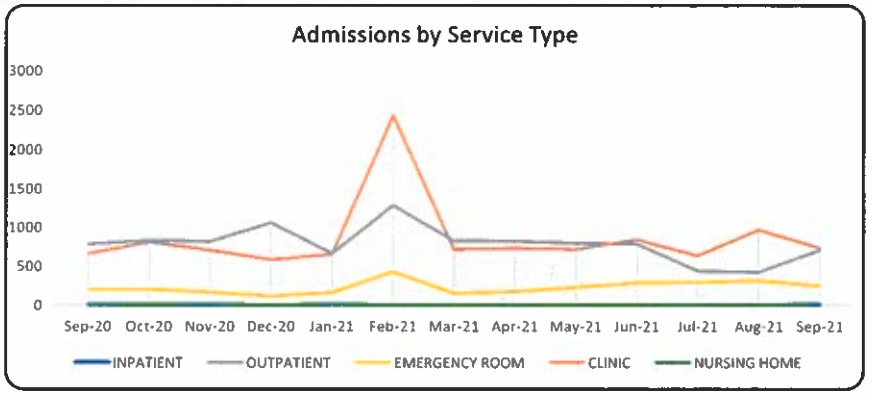
DNFB	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	$ 100,971	$ 157,235	$ 109,950	$ 199,266	$ 182,739	$ 134,748	$ 108,486	$ 88,754	$ 142,533	$ 153,055	$ 67,703	$ 157,617	$ 343,306	$ 149,720
MEDI-CAL	$ 70,947	$ 28,325	$ 52,336	$ 34,589	$ 30,912	$ 27,598	$ 17,995	$ 66,992	$ 41,398	$ 63,957	$ 71,997	$ 60,091	$ 99,974	$ 51,316
COMMERCIAL	$ 5,498	$ 28,522	$ 17,097	$ 9,576	$ 10,891	$ 7,868	$ 10,268	$ 4,940	$ 53,192	$ 41,701	$ 18,762	$ 24,623	$ 35,644	$ 20,660
BLUES	$ 45,988	$ 50,550	$ 45,393	$ 37,629	$ 34,993	$ 105,431	$ 19,067	$ 26,066	$ 31,165	$ 53,675	$ 20,733	$ 55,280	$ 150,161	$ 52,010
WORK COMP	$ 6,255	$ 3,941	$ 10,285	$ 1,107	$ 2,757	$ 4,204	$ 1,668	$ 4,007	$ 26,278	$ 27,654	$ 18,321	$ 14,984	$ 23,087	$ 11,119
SELF PAY	$ 298	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23
TOTAL	$ 229,956	$ 268,573	$ 235,061	$ 282,167	$ 262,291	$ 279,849	$ 157,483	$ 190,759	$ 294,566	$ 340,042	$ 197,517	$ 312,594	$ 652,172	$ 284,849
TOTAL UNBILLED	$ 293,321	$ 345,525	$ 335,509	$ 523,411	$ 346,110	$ 328,476	$ 243,441	$ 359,575	$ 354,941	$ 428,989	$ 348,807	$ 395,362	$ 1,018,912	$ 409,414
UNBILLED DAYS	4.3	5.4	5.9	10.3	6.8	6.3	4.4	6.5	6.2	6.8	5.5	7.4	17.7	7.2

Admissions & Account Inventory

ADMISSIONS	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
INPATIENT	12	6	13	2	11	4	4	4	5	5	7	5	17	7
OUTPATIENT	788	836	820	1,064	666	1,284	832	827	799	791	440	424	711	791
EMERGENCY ROOM	203	202	165	115	164	429	152	174	229	287	292	318	248	229
CLINIC	667	812	710	588	659	2,440	722	734	722	844	640	972	740	865
NURSING HOME	0	0	0	2	3	0	2	1	2	0	2	0	2	1
TOTAL	1,670	1,856	1,708	1,771	1,503	4,157	1,712	1,740	1,757	1,927	1,381	1,719	1,718	1894

ACCOUNT INVENTORY	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	13 Month Average
MEDICARE	1,016	979	909	757	866	690	785	686	641	733	705	399	786	766
MEDI-CAL	891	898	906	836	719	731	822	850	884	770	794	698	717	809
COMMERCIAL	672	654	551	515	448	458	404	444	472	468	557	414	448	500
BLUES	891	1,001	952	896	801	772	856	859	810	762	796	798	953	857
WORK COMP	91	88	79	90	85	82	80	85	89	79	79	63	74	82
SELF PAY	3,518	3,511	3,508	3,550	3,525	3,521	3,435	3,353	3,451	3,482	3,523	3,602	3,558	3503
TOTAL	7079	7131	6905	6644	6444	6254	6382	6277	6347	6294	6454	5974	6536	6517

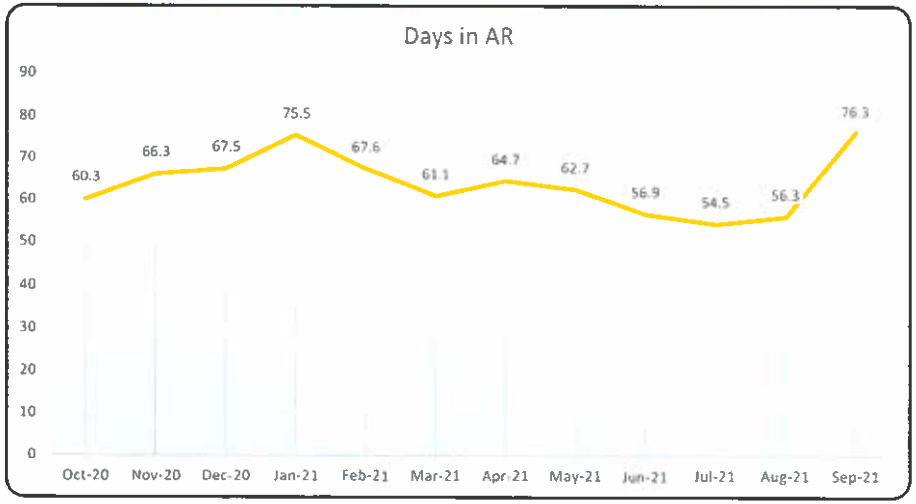


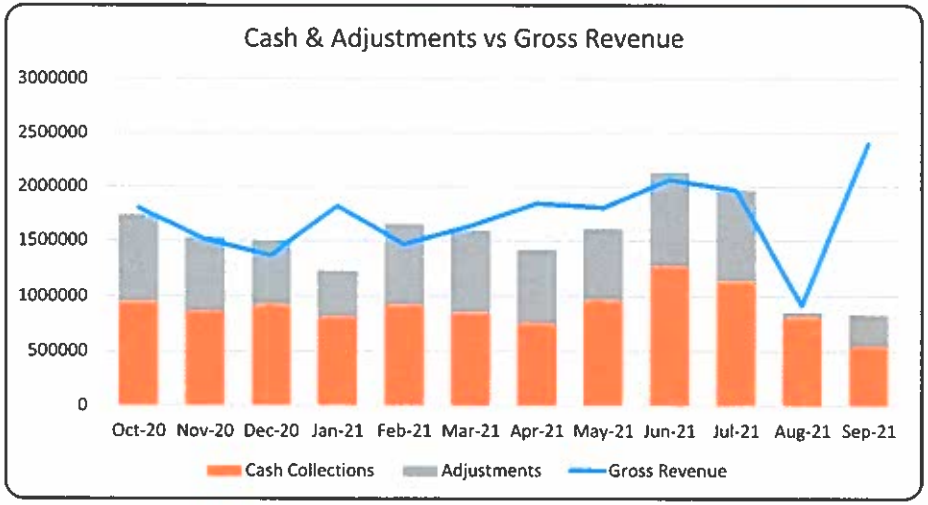


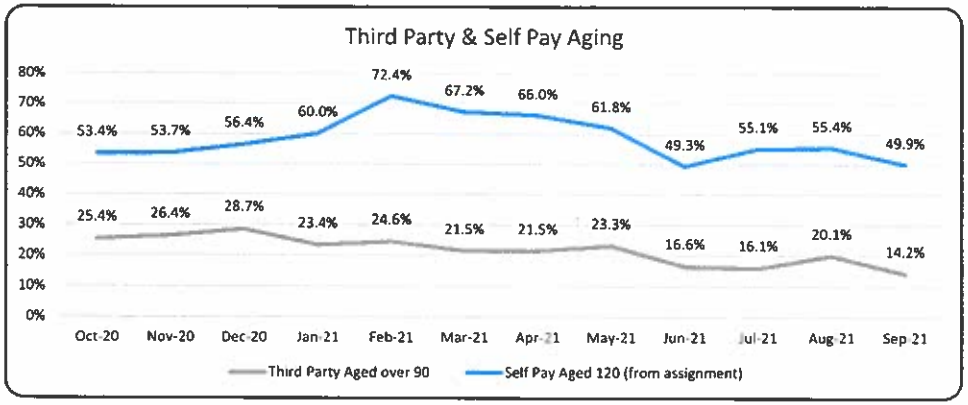
Seneca Healthcare District

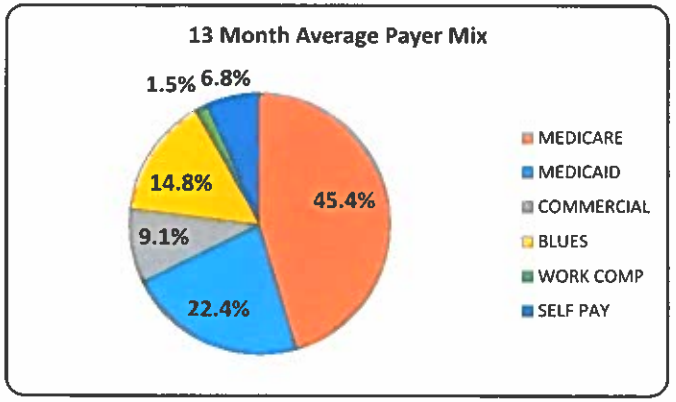
Executive Dashboard

	TARGET	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Days in AR	50.0	60.3	66.3	67.5	75.5	67.6	61.1	64.7	62.7	56.9	54.5	56.3	76.3
Gross AR		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	4,382,694
Gross Revenue		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	2,403,298
Cash Collections		959,456	869,311	931,746	817,155	927,710	862,266	761,933	973,124	1,277,552	1,148,389	822,796	548,020
Adjustments		782,372	659,972	570,339	418,614	726,038	730,072	660,951	635,212	852,947	818,685	38,070	288,875
Collection %		55.1%	56.8%	62.0%	66.1%	56.1%	54.2%	53.5%	60.5%	60.0%	58.4%	95.6%	65.5%
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%	2.9%	2.6%	1.6%	1.2%	2.3%	5.6%	4.3%	0.0%	4.7%	2.4%	0.0%	2.7%
Charity Care	3%	0.4%	0.1%	0.2%	0.4%	0.1%	0.1%	0.0%	0.6%	0.1%	0.0%	0.0%	0.0%
Third Party Aged over 90	13%	25.4%	26.4%	28.7%	23.4%	24.6%	21.5%	21.5%	23.3%	16.6%	16.1%	20.1%	14.2%
Self Pay Aged 120 (from assignment)	25%	53.4%	53.7%	56.4%	60.0%	72.4%	67.2%	66.0%	61.8%	49.3%	55.1%	55.4%	49.9%









SENECA
HEALTHCARE DISTRICT

SHD Board of Directors Meeting

October 28, 2021
New Facility Strategic Planning
Existing Facility Planning

New CAH Facility

Land Due Diligence:

1. LAFCo application is process
2. Wildwood Easement in process – Requires Wildwood Board Approval
3. Neighbors meeting regarding proposed build being scheduled - (Required)

New CAH Project Budget:
Multiple funding options are still being considered. RFP for Public Funding Consultant released.

Public Awareness and Promotion:
Seneca has launched the New Seneca Build Campaign with a public announcement at the last chamber hosted Town Hall. Promotional flyers and full brochures packets are in production. Seneca has received multiple inquiries for additional information.

Existing Facilities Upgrades

Re-Roofing Project: Repairs completed – Roofing material is going on this week

Campus Painting Project: Near Completion – Quality control meeting to be scheduled

Flooring Project/LAC/IP Rooms remodel: Scheduled – Work begins in November

Security Camera Project: Camera install pending – connectivity to follow

Clinic Parking Lot and Driveway repair project: 100% completed

Campus Cleanup – Train Car: Several interested parties

New Flagpole: In progress

Campus Perimeter Fence: Completed

MRI Power: Rescheduled for Spring 2022

SENECA
HEALTHCARE DISTRICT

October 28, 2021

Seneca Healthcare Board of Directors Meeting
CEO Report

Dixie Fire Long Term Recovery Group -

The Dixie Fire LTRG is formed and functioning to provide immediate and sustainable infrastructure to the Plumas County communities. This unit will continue to function for many years and will focus on both immediate needs not covered by CAL OES, FEMA or Private Insurance. Ultimately, the group will focus on economic development in the region post fire incident. I have been asked to serve as the executive for the Lake Almanor Basin and have accepted this volunteer position.

Physician & Mid-level Recruitment and Retention Update

No update

Information Technology

1. **IT Infrastructure Assessment:** Apex has begun the IT infrastructure work effort – This project will be continuous through the first of the year with an expected completion in February 2022. We expect our network to be much more stable and accessible from wireless points across the campus. Security and user profile stabilization will also be enhanced. Seneca considers this effort to be paramount and a precursor to the Cerner Community Works EHR implementation.

2. **IT Business Continuity:** Seneca has activated a secondary back up of our EHR data and other business applications using a cloud service called "Digital Umbrella".

3. **Cerner Community Works Project:** Seneca is awaiting our official project start date from Cerner. We anticipate it may be February 2022. I believe it is in the best interest of Seneca to hire a Consulting PM for the work effort and project tracking on our part. This engagement will be strictly Professional Services.

4. **Seneca Wide Area Network (WAN):** There is much interest since the Dixie Fire for improvement to the basin broadband network bandwidth. I met with Representative Doug LaMalfa earlier this month to discuss, among other things, the need for the basin to have access to high speed and consistent internet options. This is a repeated topic of discussion among many of the community leadership in the Lake Almanor Basin.

Operations

1. **Lake Almanor Clinic – Director of Operations:** Seneca has posted the position on national job boards and have received upward of 12 resumes. We are conducting initial phone interviews and will be moving forward with three (3) Zoom Interviews. This is a critical higher to the organization.
2. **Negative Pressure – Isolation:** Seneca has purchased two (2) Aerobiotix High Air Exchangers to be used in rooms requiring Negative Airflow for Isolation precautions. These devices create in-room negative pressure and high flow air scrubbing. This is our solution vs. punching a hole in the wall or window of the patient rooms.

SENECA
HEALTHCARE DISTRICT

October 28, 2021

Marketing and Public Relations

Post Dixie Fire Incident Marketing completed the following:

- Thank you cards for all the different organizations, businesses facilities, etc. that helped Seneca Healthcare District during this incident. – ***Digital and paper copies were sent out.***
- Coordinating with Enloe Philanthropy and Communications Department– ***Seneca received 10,000k from Enloe***

Website Updates

- Careers Page is continually updated.
- Leadership page is currently being updated to reflect new employees and new roles as well as appear more user friendly.
- Covid Page is currently continually being updated to reflect the most recent information to go out to the public.
- Donations and Giving pages being updated and reworked. Marketing is working with Finance to develop a user friendly page that allows for donations to all Hospital projects and the new build.
- All other pages are updated as needed or by request.

New Build Campaign – Marketing campaign has launched

- Website is launched, constant updates are being made as the campaign progresses.
- Print media packets are being ordered
- Flyers in circulations ***(See attached)***
    - Important information you should know
    - How to Donate
- Online Donation platform is launched.

General Marketing

- **LACC Newsletter** - The Seneca spot, where LACC newspaper updates their readers on everything that has been going on at Seneca this past month.
- **Wellness Wednesdays** - Seneca Healthcare District has joined Wellness Wednesdays with JDX and working in filling our next slots. Working on scheduling spots for November with JDX
- **Radio Ads**- radio ads have been updated for the fall season and we are working on a recording that will go live during the winter months.
- **Print Marketing** – We have updated ads for the fall season and preparing ads for the winter season.

SENECA
HEALTHCARE DISTRICT

October 28, 2021

- **Assisting HR with social media job posting** - Working to create an online application process as well as up restart employee appreciation programs.
- **Signage for Hospital** – Material for large sign on building has been ordered, Exterior signs for the hospital are in production.
- **Employee Appreciation** – Gifts have been ordered and we are waiting on their arrival.
- **Board Retreat planning** - Postponed until spring
- **Project Botox** – This project is well in way and we are starting to receive great feedback from community members regarding this project at the improvements internally and externally.
- **Content Marketing:** Marketing is working to order to promotional and content for

SENECA HOSPITAL
BUILD CAMPAIGN GIVING

INFORMATION FOR ADVISORS AND DONORS

Legal Name	Seneca Healthcare District
Tax ID Number	94-1322200
Tax Exempt Status	Please note that charitable contributions to Seneca Healthcare District, a political subdivision of the State of California, are tax-deductible under Section 170 (c) (1) of the Internal Revenue Code.

CONTACT INFORMATION

Mailing Address	Seneca Healthcare District PO Box 737 Chester, Ca 96020
Phone	(530) 258-2067
Website	*www.senecahospital.org/give-now/*
Email	Info@senecahospital.org

GIFT INFORMATION

Cash	Please make checks payable to Seneca Healthcare District and mail to the address above.
Credit Card	Credit card gifts may be made online at http://www.senecahospital.org/give-now/ or by contacting Seneca Administrative Offices at (530) 258-2067.
Estate Gifts	Please use the following sample language as a guide for gifts by will, trust or beneficiary designation: *"I give $ (amount) to Seneca Healthcare District, Tax ID Number 94-1322200, 199 Reynolds Road, Chester California 96020, to be used for (purpose)."* Additional information is available by contacting the Seneca Healthcare District or by visiting http://www.senecahospital.org/give

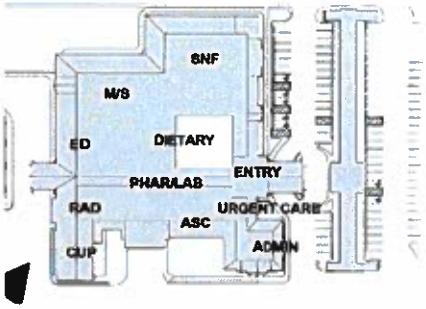
SENECA HEALTHCARE DISTRICT

WWW.SENECAHOSPITAL.ORG

Seneca Hospital New Build

My Community ~ My Hospital ~ Back the Build

SENECA
HEALTHCARE DISTRICT



Information You Should Know:

- The land purchase has been completed and zoning is in progress.
- The General Design is completed and the planning team is moving into the schematic design phase.
- A Public Funding Option is highly improbable due to the expected post dixie fire economy.
- $ 50,000,000 is needed to build this hospital, with a total of 4 million needed by 2022 to continue progress.
- California Senate Bill 1953 is an unfunded mandate that requires all California Hospitals to reach specific seismic standards.
- Prices will go up as we enter the Construction Compression Zone (2025 – 2030).

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WHY BUILD?

- Seneca Healthcare District is the ONLY healthcare facility in Northwestern Plumas County.
- The current facility does not comply with SB 1953 Seismic Requirements.
- There is no retrofit option and the hospital will shutter in 2030 if we do not build.

OUR ASK...

- Support your hospital!
  - Donate through www.almanorfoundation.com Seneca District Hospital Build Fund.
  - Donate on our website at www.senecahospital.org
  - Utilize your local hospital for your healthcare needs.

LEARN MORE!

- Visit our website at www.senecahospital.org/new-hospital-build-campaign/
- Call us at 530.258.2085
- Email us at info@senecahospital.org

Thank You!

SENECA HEALTHCARE DISTRICT

Compliance Department Report for the October SHD Board of Directors Meeting

The Compliance/Privacy Officer reported that in July, staff had been given education on the MSP. Percentages seem to have improved since then, but we will continue to keep an eye on this.

There is continued improvement with the InterQual Audit. The Compliance Committee agreed that the Medical Chief of Staff should be appraised on this weekly, along with taking this to the Medical Staff meetings.

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

The Compliance Committee reviewed the data of the January-September 2021 Incident Report table. There were no questions or needed actions.

The May-September OIG Work Plan was reviewed. The Compliance Committee would like to look further into the Audit of Medicare Emergency Department Evaluation and Management Services. The CEO also suggested that we identify the top 5 most common diseases in the hospital. He also suggested that we should have charts audited, possibly by an outside service, for documentation improvement

One new item was added to the agenda on Admissions and Transfers. The CFO reported that there has been an increase in our census during the Covid pandemic. The Case Manager and Care Coordination Manager were consulted, there seems to be a problem with transferring patients who historically would have been transferred out, but that we end up admitting, as other hospitals will not take them in. The Compliance Committee discussed how all transfers are reviewed. The Case Manager stated that they report in MBQIP the documentation aspect; and the rest are reviewed through peer review. ED transfers are not reviewed. The Compliance Committee discussed if we should put a review in place. It was decided that after Wednesday, that if we have a new Med Director for the ED, this will be brought to their attention and something will be decided then and brought back to the next Compliance Committee.

The Compliance Committee also announced that Charlene Almocera, HIM/Admissions Director has accepted the Compliance Officer position.

Clinic Manager Report
October SHD Board Meeting

The Survey Plan of Correction was accepted, changes are being implemented, the follow up will be in December.

Jessica Gorbet, LVN
Clinic LVN / Emp Health Nurse

IT Department Report for October SHD Board of Directors Meeting

- Board Request - Please add to the next, December 2, 2021, meeting agenda a Request for Proposal vote. Proposed timeline anticipates bids will be received and ready for decision.

- Seneca Healthcare District is live with SAFR EMR interface project. There have been issues with late registration accounts created by EMS. This has been reported to Sac Valley. No known technical issue is the cause. Currently these late accounts are being monitored and removed by HIM to ensure patients are not being billed and to ensure the integrity of our business reporting.

- Speed dials were successfully updated to incorporate the "1 (530)". A reminder was sent to all users.

- Evident updates are ongoing.

- Evident back-up server has been relocated to reduce disaster recovery downtime.

- Wiring and Wi-Fi corrective actions are in planning stage.

- Revised power surge and back-up solutions related to servers are in planning stage. Revised power surge and back-up solutions related to Pyxis have been implemented, no further device interruptions reported.

List of Staff: Additions & Deletions

October 1-28, 2021

Activity/Event	Status	Job Title	
ADDED			**Start Date**
	PT	CNA	10/01/21
	FT	HIM/Patient Access Representative	10/01/21
	FT	Director of Human Resources	10/11/21
	FT	RN	10/21/21
CONDITIONAL ADDITIONS			**Start Date**
DELETIONS			**Termination Date**
Exit Interview provided to all exiting employees	PT	Certified Medical Assistant	9/29/21
	FT	Staff RN	9/30/21
	FT	Dietary Lead/Cook	10/9/21
	PD	Staff RN	10/12/21
	FT	HIM/Patient Access Representative	10/19/21

Jennie Mathews, Director of Human Resources

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, Temporary)**
- **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 (Full Time, 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 (Full Time, Per Diem)**
- **Director of Rural Healthcare Clinic**