

**SENECA HEALTHCARE DISTRICT
BOARD OF DIRECTORS REGULAR MEETING MINUTES
Lake Almanor Clinic (LAC) Conference Room, 199 Reynolds Road, Chester, CA
May 25th, 2023 - at 3:00 p.m.**

Board of Directors:

Jerri Nielsen, President
Sherrie Thrall, Vice-President
Rich Rydell, Treasurer
Ken Crandall, Secretary
Shelley Stelzner, Assistant Secretary/Treasurer

- 1) Call to Order.** President Jerri Nielsen called the Regular Board meeting to order at 3:00pm.
- 2) Board Members Roll Call.** The President acknowledged the following Board Members as present/absent:
 - Shelley Stelzner – Assistant Secretary-Treasurer - **Present**
 - Kenneth Crandall – Secretary - **Present**
 - Rich Rydell – Treasurer - **Present**
 - Jerri Nielsen – President - **Present**
 - Sherrie Thrall – Vice President - **Absent**
- 3) Pledge of Allegiance** was led by President, Jerri Nielsen, at 3:01pm.

Closed Session Announcement (held at end of Regular Board Meeting).

The Board will meet in Closed Session pursuant to:

- a. Government Code §54956.9(d)(1))** Conference with Legal Counsel – Existing Litigation.
[Paragraph (1) of subdivision (d) of Section 54956.9]
 - **Velez vs SHD - Case: DFEH #202110-15186025**
- b. Government Code §54956.9(d)(1))** Conference with Legal Counsel – Existing Litigation.
[Paragraph (1) of subdivision (d) of Section 54956.9]
 - **Robles vs SHD - Case: #CV22-00177**
- c. Health and Safety Code §32106** – Report(s) involving Trade Secrets.

4) Public Comment(s) Period.

This is an opportunity for public attendees to address the Board regarding items which are not on the agenda. Please state your name for the record. Comments are limited to three (3) 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 act on any item that is not listed on the agenda. The Board Chair may choose to acknowledge the comment. When appropriate, the Board Chair may briefly answer a question; refer the matter to staff; or move to set the item for discussion at a future meeting.

1. One onsite member of the community approached the Board Members with a question regarding the process of facsimile protocol and how it works.
2. The same present community member inquired about the availability of hospital housing for staff; medical staff recruitment; and daycare for staff member parents.
3. Additionally, the same present community member asked about the training programs involving Lassen and Feather River Colleges.

5) The Board / SHD Executives - Responded to Public Comment(s).

1. Shawn McKenzie, CEO, addressed the matter by explaining how the medical system, as a rule, utilizes fax services as a secure transmitter to send confidential and patient personal medical information to and from outer sources for, i.e., prescriptions, medical records, lab reports, x-rays, etc. Mr. McKenzie shared the ideas of new technology that may be implemented in the near future to transmit confidential records/reports – speeding up the requests/reports processing.
2. Shawn McKenzie, CEO, agreed to the importance of placing medical staff in housing, and shared the steps currently taken to accommodate staffers when possible. Mr. McKenzie, assured the community member of his constant search for medical staff, explaining how the recruitment process is being handled. The question of daycare was acknowledged as something that is being considered and investigated for future consideration.
3. Judy Cline, CNO, explained the process of the training programs partnered with Lassen and Feather River Colleges. LVN students are included in the “on campus” experience, and the SHD Internal CNA Program is a great success, often leading to medical staffing onsite.

Agenda - Items Requiring Action:

6) Review Date for the June 2023 Regular Board Meeting.

Submitted for discussion and approval as presented by Jerri Nielsen.

Jerri Nielsen informed the Board that she will be out of the area at a conference on June 29th, 2023, when the next Regular Board Meeting will take place. A confirmation of the Board Members indicated that a quorum will be present on said date.

7) Approval of Board Meeting Minutes.

Tab A

The Board reviewed and approved, the Minutes of the April 27th, 2023, Regular Board Meeting as submitted by Deborah Housen, Board Clerk.

Rich Rydell motioned to approve the Minutes as presented. Shelley Stelzner seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Abstained, (as he was not present at said meeting); Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

8) Approval of Board Meeting Minutes.

Tab B

The Board reviewed and approved, the Minutes of the May 4th, 2023, Special Board Meeting as submitted by Deborah Housen, Board Clerk.

Kenneth Crandall motioned to approve the Minutes as presented. Shelley Stelzner seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

9) Governance Practices and Performance Self-Assessment Process, Question, and Review.

Tab C

i. *User's Guide*

ii. *Association Member Board Self-Assessment*

iii. *CEO Performance Evaluation User's Guide / District Hospital CEO Performance Evaluation*

Discussion regarding the Self-Assessment Process was led by Jerri Nielsen. She reviewed with the Board Members what the Governing Practices are, and how the self-assessment works. The Board agreed to (individually) review the process. A continued discussion and follow-up conversation will be added to the Regular Board Meeting Agenda, September 28th, 2023.

The Board agreed to use the full CEO evaluation process provided through ACHD. Regarding the CEO Performance Evaluation, Shawn McKenzie, CEO, agreed that he will complete and submit the self-evaluation in August 2023. His Self-Evaluation will be reviewed and discussed in Closed Session at the September 28th, 2023 Regular Board Meeting.

10) The Almanor Foundation Agreement Extension.

Tab D

The Board discussed and approved the agreement extension as presented by Jerri Nielsen and Shawn McKenzie, CEO, and Steve Boline, CFO.

Shelley Stelzner motioned to approve the agreement extension as presented. Kenneth Crandall seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

11) Medical Staff Report.

Requesting Board approval, Dr. Dana Ware, Chief of Staff, submitted the following as approved at the **May 9th, 2023**, Medical Staff Meeting. Credentialing Motion to Approve made by Dr. David Walls. Seconded by Dr. Marc Nielsen.

Initial Appointment Medical Staff:

➤ **Dr. Richard Schilling – 1 Year – 06/24/23 to 6/24/24 Family Medicine Clinic**

Reappointment Medical Staff:

➤ **Dr. Igor Zaytsev – VRAD – 2 Years – 06/27/23 to 06/27/25**

➤ **Dr. Jay Donohoo – VRAD – 2 Years – 06/27/23-06/27/25**

Initial Allied Health Practitioner: N/A

Reappointment Allied Health Practitioner: N/A

Rich Rydell motioned to approve the appointments as presented. Shellie Stelzner seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

12) Policies and Procedures.

Tab E

Submitted for Board approval by Charlene Almocera, RHIA, CHC

Approved at the May 9th, 2023, Medical Staff Meeting:

1. NEW ED-036.001-Handling of Culture Reports
2. NEW ED-037.001-Treatment of Animal Bites
3. RESCIND ED-PRO-007.003-Treatment of Animal Bites
4. REVISED TLH-001.002-Telehealth Privacy and Security
5. REVISED TLH-002.002-Telehealth Cart Set Up Connection and Use
6. REVISED TLH-003.001-Telemedicine Consent
7. REVISED TLH-004.001-Telehealth Cart Set Maintenance
8. NEW HKG-40.001-Handling Lost and Found Items
 - i. Attachment A - Lost and Found Log
 - ii. Attachment B - Lost and Found Reporting Slip

The Policies and Procedures were approved by the Board Members. Kenneth Crandall motioned to approve the P&P's as presented. Shelley Stelzner seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

- 13) BSK Earthwork Observation Proposal.** **Tab F**
Submitted for discussion and approval. Special Inspection and Materials Testing Services.
Presented by Donna Huntingdale, Building Rx.
Rich Rydell motioned to approve the proposal as presented. Kenneth Crandall seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.
- 14) March 2023 Financial Report (in Draft Form).** **Tab G**
Submitted for discussion and acceptance (draft form), the March 2023 Financial Report.
Presented by Steve Boline, CFO.
Rich Rydell motioned to accept the report as presented in draft form. Shelley Stelzner seconded the acceptance of the report. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.
- 15) Selection of Underwriter – General Obligation Bonds, Lease Financings, and Other Related USDA Financings / Piper Sandler & Co. Response to Request.** **Tab H**
Submitted for discussion and approval, the selection of Piper Sandler & Co. as Underwriter.
Presented by Steve Boline, CFO.
Kenneth Crandall motioned to approve the selection of underwriter as presented.
Rich Rydell seconded the motion. Motion approved by roll call vote. Shelley Stelzner: Aye; Kenneth Crandall: Aye; Rich Rydell: Aye; Jerri Nielsen: Aye; Sherrie Thrall: Absent.

Agenda items – Information only:

- 16) Healthcare Resource Group (HRG).** **Tab I**
Steve Boline, CFO, presented the HRG's April 2023 Summary Report.
- 17) SPT (CAH) Report / ENPLAN Statement of Qualifications for Biological Consulting Services / Image Renderings of New Hospital Build (Exterior) / Floorplan.** **Tab J**
Critical Access Hospital (CAH) Information update and discussion led by Shawn McKenzie, CEO, for (absent) Donna Huntingdale, Building Rx.
- 18) Discussion - Labor Day 5K Run.**
Discussion regarding location; SHD staffing, participation; and sponsorship costs - initiated by Jerri Nielsen, with commentary from Rich Rydell and Shawn McKenzie, CEO.
- 19) Investment Policy Review.**
Discussion and update. Presented by Jerri Nielsen and Rich Rydell with input made by Steve Boline, CFO.
- 20) Board Member Education.**
Continued discussion between Board Members. Presented by Jerri Nielsen.
Topics: Education - structure, strategy, whether a facilitator is needed, community survey update. The community survey will be provided to the Board by Chelssa Outland. An updated survey will be presented at a future Regular Board Meeting for Board approval. The Board of Director's Education Strategic Meeting will be scheduled, (tentatively), in September 2023.

- 21) CEO Report.** **Tab K**
Presented by Shawn McKenzie, CEO.
- 22) CNO Report.** **Tab L**
Presented by Judith Cline, CNO.
- 23) Project Manager Report.** **Tab M**
Cerner Report presented by Brian Churchill, PM.
- 24) Departmental Documents/Reports.** **Tab N**
- a. Compliance – Charlene Almocera, HIM Director – **No report submitted.**
 - b. IT/Clinical Informatics – TK Trumpf, IT Director – **No report submitted.**
 - c. Human Resources Job List & Newsletter – Corie Howe, HR Assistant – Report submitted.
 - d. Marketing/PR – Chelssa Outland, PR Manager – Report submitted.

The Regular Board Meeting recessed and transitioned to Closed Session at 5:59pm.

- 25) Closed Session.**
The Board entered Closed Session at 6:00pm.
Closed Session adjourned at 6:26pm.

The Regular Board Meeting was reconvened at 6:26pm.

- 26) Report on Closed Session.** The Board President stated there was no reportable actions taken during the Closed Session.

27) Next Regular Board Meeting Announced.

- **Date:** June 29th, 2023
- **Time:** 3:00 p.m.
- **Location:** LAC-Conference Room

The May 25th, 2023, Regular Board Meeting adjourned at 6:27pm.



Seneca Healthcare: Replacement Hospital & Skilled Nursing Facility
BID TABULATION FOR:
Fire Suppression

COMPANY NAME		PROJECT SF	45,015 sf	Cosco Fire Protection Fire Suppression Kyle Nixon (916) 871-5269 n/a	Overhead Fire Protection Fire Suppression Chris Reyes (775) 842-3444 n/a	Declined to Bid See Attached Report
BASE BID						
1	Fire Suppression			\$ 475,000	\$ 287,350	
2	Submittal Lead Times			4 Weeks	8 Weeks -After Prequal	
3	Procurement Lead Times			n/a	n/a	
4	Procurement Cost for Long Lead Items			n/a	n/a	
BIDDING REQUIREMENTS						
1	Bid Form Complete			Y	Y	
2	Project & Trade Specific Document Acknowledgement			Y	Y	
3	Acknowledgement - Addendums 001			Y	Y	
4	Acknowledgement - Subcontract Draft			Y	N	
5	Acknowledgement - Schedule			Y	Y	
6	Prequal Status			Approved	Not Submitted	
7	Prevailing Wage / Skilled & Trained			Y	Y	
SCOPE CLARIFICATIONS						
Fire Suppression						
1	Wet Systems			Included	Included	
2	Preconstruction & Design			\$ 61,250.00	\$ 12,500.00	
3	BIM Modeling & Management			\$ 23,750.00	\$ 30,000.00	
4	Dry Systems at Exterior Overhangs			\$ 48,500.00	\$ 60,000.00	
5	Preconstruction & Design			\$ 11,500.00	\$ 11,500.00	
6	BIM Modeling & Management			Y	Y	
7	Material Escalation			Y	Y	
8	Freeze Protection @ Canopies			Y	\$ 55,000.00	
9	Caulking & Sealants as required for Scope of work			Y	\$ 12,000.00	
10	Lifts & Scaffolding as required for Scope of Work			Y	\$ 18,000.00	
11	Pipe Fittings level as required			Y	\$ 42,125.00	
12	Fire Pump Required			N - Verified	\$ 100,000.00	
BASE BID				\$ 620,000	\$ 628,475	
TOTAL						
\$ / SF				\$ 13.77	\$ 13.96	
Alternates						
A1	Fire Pump - Design & Construction			\$ 98,500	\$ 100,000	

The Boldt Company

104619

Bidder List

BOLDT

Seneca Healthcare District: Replacement Critical Access Hospital, Skilled Nursing & Outpatient

02 11 00 : Fire Protection Design Build Services

Lead: Kaylee Gathard

Name	Email	Phone	Cell	Status	Bid
BIM Engineering US		--		Not Bidding	--
Chetan Mogal	sales@bimengus.com	+1 703-994-4242	--	Invited	
Cal West Fire Protection		--		Not Bidding	--
GONZALO Pena	gpena@cal-westfire.com	+1 714-912-4552	+1 714-497-7227	Invited	
California Fire Systems, Inc.		--		Not Bidding	--
Rod Stufflebean	rodcsi@yahoo.com	+1 530-888-7004	+1 916-417-6169	Invited	
william mccowan	billmcsi@yahoo.com	+1 530-888-7004	--	Invited	
Complete Fire Solutions Inc		+1 949-302-4259		Not Bidding	--
Matt Bulian	matt@completefiresolutionsinc.net	--	--	Invited	
Consolidated Fire Protection		+1 949-727-3277		Not Bidding	--
Howard Hsu	hhsu@cfpfire.com	+1 949-777-0245	--	Invited	

Cosco Fire Protection, Inc. Estimating Email Kyle Nixon Miles Morris	info@coscofire.com	--	--	Bidding	--
		+1 858-444-2000	--	Invited	
	knixon@coscofire.com	+1 916-871-5269	--	Viewed	
	mmorris@coscofire.com	+1 916-871-0354	--	Invited	
Du-Mor Fire System, Inc. Annie Larsen Walter Morrill	annie@dumorfiresystems.com	+1 530-878-9055	--	Not Bidding	--
	walter@dumorfiresystems.com	--	+1 916-390-7751	Invited	
		--		Viewed	
F.E. Moran Inc. Yolanda Troxell	yolanda.troxell@femor.com	+1 847-421-7929	--	Not Bidding	--
		+1 847-421-7929	--	Invited	
Fault Line Plumbing, Inc. Sean Collins	scollins@faultlineplumbing.com	+1 925-443-6450	--	Not Bidding	--
		+1 925-443-6450	--	Invited	
Firestop Company Richard Binder	richard.binder@firestopco.com	+1 360-718-8604	--	Not Bidding	--
		+1 503-568-6235	--	Invited	
Foothill Fire Protection Greg Stedman	gstedman@ffprotection.com	+1 530-826-3013	--	Not Bidding	--
		+1 916-824-9242	+1 916-824-9242	Viewed	
Frontier Fire Protection Inc. Phil Sawtelle	phil@frontierfp.com	+1 916-488-2052	--	Not Bidding	--
		+1 530-524-1352	--	Invited	
HCI Systems, Inc Daniel Downs	ddowns@hcisystems.net	+1 909-628-7773	+1 909-680-2774	Not Bidding	--
				Invited	
Immoos Fire Protection Todd Immoos Todd Immoos	julia@immoosfire.com	+1 916-714-7307	--	Not Bidding	--
	todd@immoosfire.com	+1 916-714-7307	+1 916-714-7308	Invited	
				Invited	

Jet Industries Estimating Department - Katie Over...estimating@jetindustries.net	+1 503-363-2334		Not Bidding	--
	+1 503-363-2334	+1 503-798-4469	Invited	
Marquee Fire Protection Jeff Awtrey Katie Hintz Theresa Gamble	+1 916-641-7997		Not Bidding	--
	+1 916-641-7997	--	Invited	
	--	--	Invited	
	+1 916-641-7997	--	Invited	
Millennium Fire Protection Corporation Jonathan Mayhew	+1 760-722-2722		Not Bidding	--
	+1 760-889-7260	--	Invited	
Overhead Fire Protection, Inc. Rich Haffke	--		Bidding	--
	+1 775-856-3444	+1 775-856-3555	Viewed	
Pacific Valley Fire Protection Inc Roger Arrieta	+1 916-851-1863		Not Bidding	--
	+1 916-851-1863	+1 916-851-1727	Viewed	
Presidential Fire Protection, Inc. Bill Conrado	+1 916-379-9199		Not Bidding	--
	+1 916-379-9199	+1 916-224-4890	Viewed	
Quick Action Fire Protection Richard Quick	+1 916-612-5910		Not Bidding	--
	+1 916-612-5910	+1 916-612-5910	Invited	
RCM Fire Protection Inc. Glen Austin	+1 209-833-8228		Not Bidding	--
	+1 510-815-5025	--	Invited	
Shambaugh & Son LP Dominic Bosco	+1 702-832-4545		Not Bidding	--
	+1 702-832-4544	+1 714-294-8926	Invited	

Statewide Fire Protection						
David McManus	+1 702-737-1055	+1 702-737-1055	--	Not Bidding	--	
		dave.mcmanus@wsfp.us		Invited		
Thorpe Design						
--	+1 925-634-5758		--	Not Bidding	--	
		info@thorpedesign.com		Invited		
Thorpe Design						
Jose Gonzalez	+1 925-634-5758		--	Not Bidding	--	
		jgonzalez@thorpedesign.com		Viewed		
Top Line Fire Protection, Inc.						
Christian Flores	+1 949-299-7949		+1 949-382-6493	Not Bidding	--	
		tlfp@toplinefireprotection.com		Invited		
West Coast Fire Protection Systems						
Mike Nicholson	+1 530-823-5022		+1 916-215-5861	Not Bidding	--	
		mike@westcoastfire.com		Invited		
Western States Fire Protection Company (nka API Group Life Safety USA, LLC) +1 775-359-0396						
--	--	kasey.thelander@deltafiresystems.us	--	Bidding	--	
Kasey Thelander	--	kasey.thelander@deltafiresystems.com	--	Invited		
darrin tuxon	+1 775-440-6014	darrin.tuxon@deltafiresystems.us	--	Viewed		
				Invited		
Wolverine Fire Protection						
Martin Corcoran	+1 810-686-4630		--	Not Bidding	--	
		marty@wolverinefp.com		Invited		





Seneca Healthcare District
Financial Statements - Board Report (DRAFT)
April 2023

Summary

Seneca Healthcare District had net income of \$3.18M, during the month, compared to budgeted income of \$2.77M; for a positive variance of \$407k. This was due to a positive variance in non-operating income (QIP, Rate Range, and property taxes), which was somewhat offset by negative variances in net patient revenue and total operating expenses.

Revenues

Gross patient revenue, for the month, ended at \$1.72M compared to a budgeted amount of \$1.97M, for a negative variance of \$251k. Both inpatient and outpatient gross revenue were below the budgeted amounts. Net patient revenue as a percentage of gross was 61.6% compared to a budget of 62.8%.

There were 4 acute inpatient days in the month (budget of 22), and 6 swing bed days (budget of 22), resulting in an average daily census (ADC) of .33 patients per day. The skilled nursing unit had an ADC of 12.87 (budget of 15), resulting in an occupancy percent of 80.42%.

Outpatient revenue was \$1.35M versus a budget of \$1.39M for a negative variance of \$43k. Lake Almanor Clinic visits were 397 versus a budgeted amount of 654.

Expenses

Total operating expenses for the month were \$1.77M, versus a budget of \$1.70M, for a negative variance of \$73k.

Salaries & Wages: Salaries and wages were over budget by \$38k.

FTEs, for the month, were 101.59 versus a budget of 100.75 and the average hourly wage (AHW) was \$38.90 versus a budget of \$38.08.

Contract Labor: Contract labor was over budget by \$21k, this month.

FTEs, for the month, were 11.34 versus a budget of 10.10 and the AHW was \$97.83 versus a budget of \$97.65.

Pro Fees Medical: See attached analysis

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

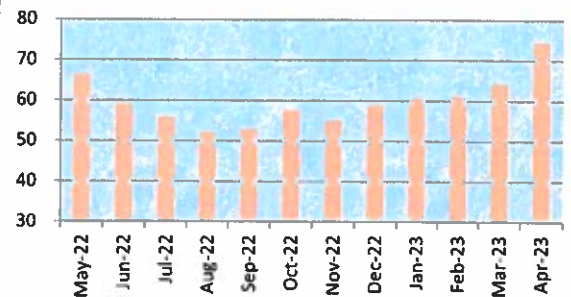
Additional Information

Days of cash on hand increased from 160.5 to 196.38. This was mainly due to the receipts associated with QIP (\$588k), Rate Range (\$2.31M), and property taxes (\$347k).

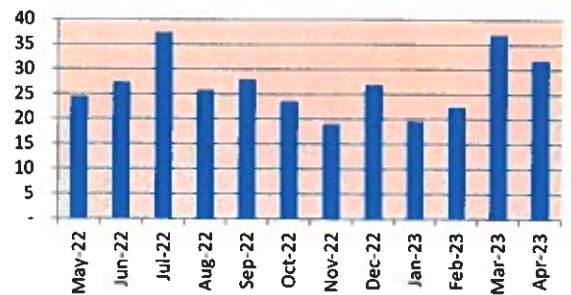
Revenue Cycle

Gross accounts receivable ended the month at \$4.52M, which is a \$398k increase over last month. Gross accounts receivable days increased this month to 74.6 and is now well outside the best practices target of 45-55 days.

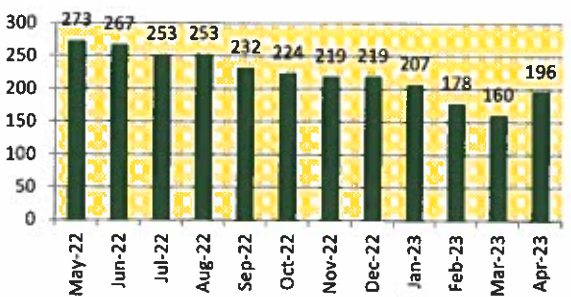
Days in Accounts Receivable



Days in Accounts Payable



Days Cash on Hand



Key Financial Ratios - YTD

Current Ratio.....	3.89
Operating Margin.....	-34.2%
Days in Accounts Receivable.....	74.6
Long-Term Debt to Capitalization.....	0.01
Debt Service Coverage.....	5,160%
Days Cash on Hand Excl. Board Restr.....	196.4

**Seneca Healthcare District
Income Statement (DRAFT)
For the Month of April 2023**

	% Net Pt Revenue	Actual	Month-to-Date Budget	\$ Variance	% Net Pt Revenue	Actual	Year-to-Date Budget	\$ Variance
1 REVENUE								
2 Inpatient Revenue - Acute		12,916	72,653	(59,737)		661,945	736,212	(74,267)
3 Inpatient Revenue - Swing Bed		19,074	71,528	(52,454)		241,604	724,812	(483,208)
4 Inpatient Revenue - SNF		291,569	270,000	21,569		2,677,829	2,625,300	52,529
5 Inpatient Revenue - Ancillary		41,349	159,031	(117,682)		1,200,301	1,567,448	(367,148)
6 Inpatient Revenue - Total		364,908	573,211	(208,303)		4,781,678	5,653,772	(872,094)
7 Outpatient Revenue		1,351,551	1,394,147	(42,596)		15,629,450	14,802,818	826,633
8 Total Patient Revenue		1,716,459	1,967,358	(250,899)		20,411,129	20,456,590	(45,461)
9 Contractual Allowances		(590,480)	(619,094)	28,614		(6,488,974)	(6,437,345)	(51,629)
10 Charity Discount		-	(3,509)	3,509		(78,158)	(36,482)	(41,677)
11 Other Allowances		(20,504)	(65,513)	45,009		(629,483)	(681,206)	51,724
12 Bad Debt		(47,995)	(44,675)	(3,321)		(610,755)	(464,527)	(146,228)
13 Total Deductions		(658,979)	(732,791)	73,812		(7,807,369)	(7,619,560)	(187,809)
14 Net Patient Revenue		1,057,479	1,234,567	(177,088)		12,603,760	12,837,030	(233,270)
% of Gross Revenue	61.6%		62.8%	-1.1%		61.7%	62.8%	-1.0%
15 Meaningful Use Revenue		-	-	-		-	-	-
16 Quality Payments		-	-	-		-	-	-
17 Other Operating Revenue		435	4,167	(3,732)		18,449	41,667	(23,217)
18 Total Operating Revenue		1,057,914	1,238,734	(180,819)		12,622,209	12,878,697	(256,488)
19 EXPENSES								
20 Salaries & Wages	62.9%	(665,543)	(627,549)	(37,994)	55.2%	(6,960,619)	(6,696,227)	(264,392)
21 Employee Benefits	13.3%	(140,854)	(138,012)	(2,842)	10.6%	(1,333,196)	(1,429,935)	96,739
22 Contract Labor	16.9%	(178,649)	(157,800)	(20,849)	9.7%	(1,222,681)	(1,330,800)	108,119
23 Professional Fees - Medical	25.0%	(264,495)	(266,643)	2,148	20.8%	(2,619,349)	(2,629,910)	10,561
24 Professional Fees - Other	1.6%	(16,530)	(22,133)	5,603	1.8%	(226,962)	(202,158)	(24,803)
25 Supplies	9.6%	(102,010)	(109,484)	7,474	8.6%	(1,088,331)	(1,151,976)	63,645
26 Purchased Services	20.4%	(215,565)	(224,762)	9,198	13.8%	(1,739,083)	(1,774,457)	35,374
27 Insurance	2.1%	(22,281)	(16,259)	(6,022)	1.6%	(204,448)	(162,585)	(41,863)
28 Rentals and Leases	1.7%	(17,780)	(15,192)	(2,589)	1.1%	(144,569)	(151,917)	7,348
29 Repairs and Maintenance	3.2%	(33,553)	(24,479)	(9,074)	1.9%	(239,150)	(199,543)	(39,606)
30 Utilities and Telephone	2.7%	(28,947)	(30,110)	1,163	2.6%	(326,080)	(327,852)	1,772
31 Depreciation & Amortization	3.4%	(36,024)	(36,966)	942	2.8%	(356,435)	(369,661)	13,226
32 Other Expenses	5.0%	(53,066)	(33,244)	(19,822)	3.8%	(481,677)	(380,417)	(101,260)
33 Total Operating Expenses	167.9%	(1,775,297)	(1,702,633)	(72,664)	134.4%	(16,942,578)	(16,807,437)	(135,141)
34 Income From Operations	-67.8%	(717,383)	(463,900)	(253,483)	-34.3%	(4,320,369)	(3,928,741)	(391,629)
35 Tax Revenue	32.8%	347,209	290,000	57,209	2.8%	347,209	290,000	57,209
36 IGT - Incoming Portion	331.9%	3,509,348	2,927,614	581,735	37.1%	4,678,960	4,427,614	251,346
37 Non Capital Grants and Donations	0.0%	-	1,667	(1,667)	2.3%	286,228	15,000	271,228
38 Interest Income	7.5%	78,861	14,500	64,361	1.8%	228,029	59,250	168,779
39 Interest Expense	-0.1%	(549)	(274)	(274)	0.0%	(4,867)	(2,891)	(1,976)
40 Non-Operating Income (Expense)	-3.9%	(40,758)		(40,758)	-0.3%	(33,356)	-	(33,356)
41 Total Non-Operating Gain (Loss)	368.2%	3,894,113	3,233,506	660,606	43.7%	5,502,202	4,788,972	713,230
42 Net Income	300.4%	3,176,730	2,769,606	407,123	9.4%	1,181,833	860,232	321,601
43 Operating Margin %		(67.8%)	(37.4%)	-30.36%		(34.2%)	(30.5%)	-3.72%
44 Net Margin %		300.3%	223.6%	76.70%		9.4%	6.7%	2.68%
45 Payroll as % of Operating Expense		37.49%	36.86%	0.63%		41.08%	39.84%	1.24%
46 IGT Transaction Summary								
47 Outgoing		14,820		(14,820)		1,447,325	1,682,127	234,802
48 Incoming		3,509,348	2,927,614	581,735		4,678,960	4,427,614	251,346
49 Net Impact		3,494,528	2,927,614	566,915		3,231,634	2,745,486	486,148

Seneca Healthcare District
Income Statement (DRAFT)
13-Month Trend Ended April 30, 2023

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
1 REVENUE													
2 Inpatient Revenue - Acute	22,603	100,099	22,603	35,519	29,061	119,473	25,832	100,099	142,076	138,847	12,916	45,206	12,916
3 Inpatient Revenue - Swing	-	85,833	114,444	19,074	-	73,117	41,327	-	-	-	-	89,012	19,074
4 Inpatient Revenue - SNF	223,250	230,692	223,250	246,816	249,916	241,855	254,257	260,459	269,141	257,262	287,037	319,517	291,569
5 Inpatient Revenue - Ancillary	51,754	182,592	127,889	57,577	53,728	226,865	50,997	190,696	210,676	186,226	54,007	128,180	41,349
6 Inpatient Revenue - Total	297,607	599,216	488,186	358,986	332,705	661,310	372,414	551,253	621,893	582,335	353,959	581,915	364,908
7 Outpatient Revenue	1,474,168	1,376,426	1,632,779	1,769,547	1,652,746	1,775,759	1,796,058	1,468,780	1,548,012	1,511,744	1,341,411	1,413,841	1,351,551
8 Total Patient Revenue	1,771,775	1,975,643	2,120,965	2,128,533	1,985,451	2,437,069	2,168,472	2,020,034	2,169,904	2,094,079	1,695,371	1,995,757	1,716,459
9 Contractual Allowances	(523,321)	(487,110)	(556,074)	(644,846)	(551,455)	(790,961)	(672,755)	(593,285)	(747,583)	(709,935)	(546,038)	(641,637)	(590,480)
10 Charity Discount	(1,653)	(57,869)	(6,817)	(8,196)	(13,784)	(993)	-	(18,363)	(7,213)	(22,548)	(2,556)	(4,505)	-
11 Other Allowances	(39,638)	(86,522)	(140,779)	(94,463)	(58,286)	(37,429)	(75,926)	(87,935)	(67,310)	(71,204)	(49,272)	(67,155)	(20,504)
12 Bad Debt	(51,476)	(42,060)	(21,438)	(41,917)	(81,238)	(74,468)	(65,357)	(73,368)	(42,859)	(49,265)	(68,155)	(66,331)	(47,995)
13 Total Deductions	(616,088)	(673,561)	(725,107)	(789,422)	(704,763)	(903,851)	(814,038)	(772,952)	(864,765)	(852,952)	(666,021)	(779,628)	(658,979)
14 Net Patient Revenue	1,155,687	1,302,082	1,395,858	1,339,112	1,280,689	1,533,218	1,354,434	1,247,082	1,305,140	1,241,127	1,029,350	1,216,128	1,057,479
% of Gross Revenue	65.2%	65.9%	65.8%	62.9%	64.5%	62.9%	62.5%	61.7%	60.1%	59.3%	60.7%	60.9%	61.0%
15 Meaningful Use Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-
16 Quality Payments	-	-	-	-	-	-	-	-	-	-	-	-	-
17 Other Operating Revenue	377	1,531	2,045,573	1,544	1,626	5,374	3,675	1,578	866	1,165	1,164	1,022	435
18 Total Operating Revenue	1,156,064	1,303,613	3,441,431	1,340,656	1,282,315	1,538,592	1,358,109	1,248,660	1,306,005	1,242,293	1,030,514	1,217,150	1,057,914
19 EXPENSES													
20 Salaries & Wages	(708,102)	(628,460)	(628,378)	(735,926)	(684,412)	(642,354)	(702,357)	(673,881)	(727,030)	(761,394)	(631,624)	(736,097)	(665,543)
21 Employee Benefits	(137,689)	(139,055)	(135,973)	(142,507)	(127,879)	(128,026)	(126,941)	(120,214)	(128,148)	(146,083)	(137,230)	(135,315)	(140,854)
22 Contract Labor	(114,126)	(85,432)	(115,923)	(160,617)	(136,809)	(87,029)	(94,570)	(101,356)	(103,543)	(99,054)	(109,088)	(151,966)	(178,649)
23 Professional Fees - Medical	(272,737)	(239,698)	(242,563)	(240,648)	(248,365)	(279,561)	(293,412)	(250,960)	(242,342)	(266,203)	(246,341)	(287,021)	(264,495)
24 Professional Fees - Other	(34,815)	(42,727)	(35,109)	(26,806)	(33,184)	(18,143)	(18,213)	(12,913)	(40,782)	(22,926)	(16,530)	(22,926)	(16,530)
25 Supplies	(81,811)	(105,371)	(95,121)	(74,673)	(104,109)	(280,006)	(88,996)	(70,029)	(81,127)	(91,570)	(63,100)	(132,711)	(102,010)
26 Purchased Services	(208,954)	(136,131)	(169,742)	(168,873)	(132,700)	(180,888)	(205,636)	(182,950)	(127,581)	(176,901)	(171,516)	(176,472)	(215,565)
27 Insurance	(12,485)	(12,308)	(12,359)	(22,066)	(22,237)	(22,228)	(22,285)	(22,307)	(22,365)	(22,365)	(22,552)	(22,552)	(22,552)
28 Rentals and Leases	(16,312)	(16,128)	(15,470)	(15,412)	(14,636)	(14,119)	(14,119)	(15,101)	(21,381)	(7,358)	(7,088)	(16,274)	(17,780)
29 Repairs and Maintenance	(16,312)	(11,708)	(14,801)	(22,036)	(31,682)	(18,872)	(22,165)	(14,964)	(8,927)	(10,193)	(25,146)	(51,602)	(33,553)
30 Utilities and Telephone	(32,948)	(29,103)	(29,816)	(32,914)	(34,284)	(31,855)	(27,422)	(25,622)	(31,028)	(27,378)	(22,125)	(64,505)	(38,947)
31 Depreciation & Amortization	(35,203)	(35,203)	(35,797)	(36,039)	(36,038)	(32,493)	(36,150)	(36,150)	(35,885)	(35,885)	(35,885)	(35,885)	(36,024)
32 Other Expenses	(31,571)	(43,591)	(34,716)	(41,090)	(51,380)	(32,628)	(59,262)	(39,750)	(62,002)	(49,143)	(45,492)	(47,864)	(53,066)
33 Total Operating Expenses	(1,699,117)	(1,524,915)	(1,554,827)	(1,719,607)	(1,658,508)	(1,768,719)	(1,711,544)	(1,566,175)	(1,622,041)	(1,705,230)	(1,534,267)	(1,881,190)	(1,775,297)
34 Income From Operations	(543,053)	(221,302)	1,886,604	(378,951)	(376,193)	(230,127)	(353,435)	(317,515)	(316,035)	(462,937)	(503,753)	(664,040)	(717,383)
35 Tax Revenue	-	-	265,767	-	-	-	-	-	-	-	-	-	347,209
36 IGT - Incoming Portion	-	-	-	-	-	-	-	-	-	-	-	1,169,611	3,509,348
37 Non Capital Grants and Donations	16,630	-	29,138	2,020	11,855	520	132	130,209	150	4,175	137,167	-	-
38 Interest Income	9,832	1,562	2,391	24,800	2,634	2,040	42,984	2,266	1,975	68,094	4,175	200	78,861
39 Interest Expense	(378)	(326)	(567)	(505)	(328)	(958)	(348)	(362)	(83)	(388)	(691)	(549)	(549)
40 Non-Operating Income (Expense)	-	-	-	-	-	-	-	-	-	-	3,000	4,401	(40,758)
41 Total Non-Operating Gain (Loss)	26,084	1,236	296,729	26,316	14,161	1,601	42,766	132,113	2,043	71,881	143,651	1,173,556	3,894,113
42 Net Income	(516,970)	(220,066)	2,183,332	(352,636)	(362,033)	(228,525)	(310,667)	(185,402)	(313,993)	(391,056)	(360,102)	509,516	3,176,730
43 Operating Margin %	(47.0%)	(17.0%)	54.8%	(28.3%)	(29.3%)	(15.0%)	(26.0%)	(25.4%)	(24.2%)	(37.3%)	(48.9%)	(54.6%)	(67.8%)
44 Net Margin %	(44.7%)	(16.9%)	63.4%	(26.3%)	(28.2%)	(14.9%)	(22.9%)	(14.8%)	(24.0%)	(31.5%)	(34.9%)	41.9%	300.3%
45 Payroll as % of Operating Expense	41.67%	41.21%	40.41%	42.80%	41.27%	36.32%	41.04%	43.03%	44.82%	44.65%	41.17%	39.13%	37.49%
46 IGT Transaction Summary													
47 Outgoing	-	-	19,399	-	-	-	-	-	-	-	-	1,432,505	14,820
48 Incoming	429,153	-	-	-	-	-	-	-	-	-	-	1,169,611	3,509,348
49 Net Impact	429,153	(19,399)	-	-	-	-	-	-	-	-	(1,432,505)	1,169,611	3,494,528

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

	Unaudited FY 2023	Audited FY 2022	Audited FY 2021	Audited FY 2020	FY 2023-2022	
	as of 4/30/2023	6/30/2022	6/30/2021	6/30/2020	\$ Change	% Change
ASSETS						
Current Assets						
Cash	\$ 3,023,902	\$ 747,360	\$ 3,115,934	\$ 18,884	\$ 2,276,541	304.61%
Short-term Investments	7,693,561	12,528,820	7,618,504	7,317,637	(4,835,258)	-38.59%
Total Cash and Equivalents	10,717,463	13,276,180	10,734,438	7,336,520	(2,558,717)	-19.27%
Patient Accounts Receivable	4,517,321	3,826,687	3,570,234	4,582,957	690,634	18.05%
Accounts Receivable Reserves	(2,842,707)	(2,695,705)	(2,453,764)	(3,096,844)	(147,002)	5.45%
Net Accounts Receivable	1,674,614	1,130,982	1,116,470	1,486,113	543,632	48.07%
<i>% of Gross Accounts Receivable</i>	<i>37.1%</i>	<i>29.6%</i>	<i>31.3%</i>	<i>32.4%</i>		
Inventory	445,099	337,226	325,481	250,386	107,873	31.99%
Other Assets- Due (to)/from gov't payers	720,369	202,390	1,540,757	669,462	517,979	255.93%
Board Restricted Funds - Facility Capital	351,545	449,934	1,253,165	513,400	(98,389)	
Board Restricted Funds	1,044,630	1,776,243	2,456,135	612,125	(731,613)	-41.19%
Total Other Assets	2,561,644	2,765,794	5,575,539	2,045,374	(204,150)	-7.38%
Total Current Assets	14,953,720	17,172,955	17,426,447	10,868,007	(2,219,235)	-12.92%
Fixed Assets						
Land	90,610	90,610	90,610	90,610	0	0.00%
Buildings	6,188,081	5,801,899	5,762,782	5,532,267	386,182	6.66%
Capital Equipment	8,136,365	6,905,562	5,861,094	5,033,846	1,230,803	17.82%
Total Plant & Equipment	14,415,056	12,798,071	11,714,485	10,656,723	1,616,985	12.63%
Accumulated Depreciation	(10,142,759)	(9,811,659)	(9,363,323)	(8,493,946)	(331,100)	3.37%
Net Fixed Assets	4,272,297	2,986,411	2,351,162	2,162,778	1,285,885	43.06%
TOTAL ASSETS	\$ 19,226,017	\$ 20,159,367	\$ 19,777,608	\$ 13,030,785	\$ (933,350)	-4.63%
LIABILITIES AND RETAINED EARNINGS						
Current Liabilities						
Accounts Payable	\$ 1,138,649	\$ 1,598,381	\$ 513,833	\$ 626,379	\$ (459,732)	-28.76%
Accrued Payroll & Benefits	747,615	918,467	620,243	562,461	(170,853)	-18.60%
Accrued Other Liabilities	1,956,434	1,956,434	4,501,218	207,968	0	0.00%
Total Current Liabilities	3,842,697	4,473,282	5,635,295	1,396,807	(630,585)	-14.10%
Long-Term Liabilities						
Loans	0	0	1,508,168	14,250	0	#DIV/0!
Capitalized Leases	38,264	60,864	110,836	133,793	(22,600)	-37.13%
Total Long-Term Liabilities	38,264	60,864	1,619,004	148,043	(22,600)	-37.13%
TOTAL LIABILITIES	3,880,961	4,534,146	7,254,299	1,544,850	(653,185)	-14.41%
FUND BALANCE	15,345,055	15,625,220	12,342,178	11,485,935	(280,165)	-1.79%
TOTAL LIABILITIES AND FUND BALANCE	\$ 19,226,017	\$ 20,159,367	\$ 19,596,476	\$ 13,030,785	\$ (933,350)	-4.63%

Seneca Healthcare District
Detail of Long Term Debt
As of April 30, 2023

<u>Description</u>	<u>Original Amount</u>	<u>Origination Date</u>	<u>Interest Rate</u>	<u>Monthly Payment</u>	<u>Maturity</u>	<u>Secured By</u>	<u>Balance on Apr 30, 2023</u>
<u>Loans</u>							
CHFFA Help II Loan	387,890	July 2011	3.00%	0	September 2018	Patient AR	0
CHFFA Help II Loan	400,000	January 2015	3.00%	0	February 2019	Patient AR	0
Evident	114,000	October 2017	0.00%	0	September 2019	Equipment	0
PPP Loan	1,508,168	May 2020			May 2022		0
<u>Total Loans</u>	<u>2,410,058</u>			<u>0</u>			<u>0</u>
<u>Capitalized Leases</u>							
Siemens	172,672	September 2017	5.63%	2,492	August 2024	Equipment	38,264
Jules	500,081	February 2013	5.80%	0	February 2018	Equipment	0
<u>Total Capitalized Leases</u>	<u>672,753</u>			<u>2,492</u>			<u>38,264</u>
<u>Total Long Term Liabilities</u>	<u>3,082,811</u>			<u>2,492</u>			<u>38,264</u>

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

	YTD
	4/30/2023
Net Income (Loss)	\$ 1,181,833
Changes in:	
Depreciation	316,428
(Increase)/Decrease in Net Accounts Receivable	(543,632)
(Increase)/Decrease in Inventory	(107,873)
(Increase)/Decrease in Other Assets	(517,979)
Increase/(Decrease) in Accounts Payable	(459,732)
Increase/(Decrease) in Accrued Payroll & Benefits	(170,853)
Increase/(Decrease) in Other Accrued Liabilities	-
Net Cash Provided (Used) by Operating Activities	<u>(1,483,642)</u>
Purchases of Equipment	(1,616,985)
Net Cash Provided (Used) in Investing Activities	<u>(1,616,985)</u>
Proceeds from New Loans	-
Principal Payments of Loans	-
Principal Payments under Capital Leases	(22,600)
Principal Payments under Inter-Governmental Transfer Program	(1,447,325)
Net Cash Provided (Used) in Financing Activities	<u>(1,469,925)</u>
 Net Change in Cash and Cash Equivalents	 (3,388,719)
Cash and Cash Equivalents, Beginning of Period	<u>15,502,357</u>
 Cash and Cash Equivalents, End of Period	 <u><u>\$ 12,113,638</u></u>
*Inclusive of Board Restricted Cash	

Cash Detail by Account

Operating Checking - Plumas Bank	\$ 3,000,944
Suspense General Ledger for Receipts Pending R.A.'s	(8,123)
Payroll Checking - US Bank	29,796
Business Savings - Plumas Bank	137,899
Petty Cash - Receptionists	1,284
Local Agency Investment Fund	8,890,853
Series EE Bonds	60,984
Total Cash and Cash Equivalent Detail	<u><u>\$ 12,113,638</u></u>

**SENECA HEALTHCARE DISTRICT
ACTIVITY SUMMARY
FOR THE MONTH OF APRIL 2023**

MONTH TO DATE

	CURRENT MONTH APR 2023	PRIOR MONTH MAR 2023	PRIOR YEAR MONTH APR 2022
1. In Patient Stays			
1.a Admissions	2	5	9
1.b Discharges	2	5	10
2. Out Patient Observations	12	15	10
3. Out Patient Surgeries	22	24	31
4. Emergency Visits	204	186	177
5. Lab Procedures	1,882	1,984	1,853
6. Radiology Procedures	230	253	248
6.a X-Ray Procedures	126	148	162
6.b Mammography	0	0	0
6.c MRI	14	0	14
6.d Ultrasound	1	0	0
6.e C T Scan	89	105	72
6.f Dexascanner	0	0	0
7. Respiratory Therapy/ABG/PFT	112	191	70
8. CardioPulmonary EKG/Holter	45	57	18
9. Stress Tests	0	0	0
10. Physical Therapy	323	348	329
11. Lake Almanor Clinic Visits	397	403	677
Dr. Ware	100	104	162
Dr. Walls	42	60	74
Dr. Cooper/Physician Office	105	110	168
NP Office	0	0	0
NP Walk-in/Hayden	96	89	174
Specialty/Other	54	40	99

YEAR TO DATE

JULY 2022 - APR 2023	JULY 2021 - APR 2022
70	87
69	86
157	108
198	163
2,391	1,964
23,897	21,571
2,943	2,308
1,683	1,457
0	0
44	49
76	44
1,140	758
0	0
1,278	1,293
606	456
3	3
2,799	2,422
5,496	5,859
897	1,437
722	1,002
1,256	1,270
133	47
1,809	1,446
679	657

ACUTE CARE

12. Acute Patient Days	4	14	30
13. Acute ADC	0.13	0.45	0.97
14. % Occupancy	1.33	4.52	9.68
15. Avg Length of Stay	2.00	2.80	3.33
16. Swing Bed Days	6	28	0
17. Swing Bed ADC	0.20	0.90	0.00
18. Total ADC	0.33	1.35	0.97

206	360
0.68	1.18
6.78	11.84
2.94	4.14
76	126
0.25	0.41
0.93	1.60

SKILLED NURSING UNIT

19. Patient Days	386	423	372
20. Average Daily Census	12.87	13.65	12.00
21. % Occupancy	80.42	85.28	75.00

4,059	4,042
13.35	13.30
83.45	83.10

TOTALS

22. Patient Days	396	465	402
23. Average Daily Census	13.20	15.00	12.97
24. Total Adjusted Patient Days	1,467	1,130	1,534

4,341	4,528
14.28	14.89
14,189	14,189

Seneca Healthcare District
Gross Outpatient Revenue
April 2023

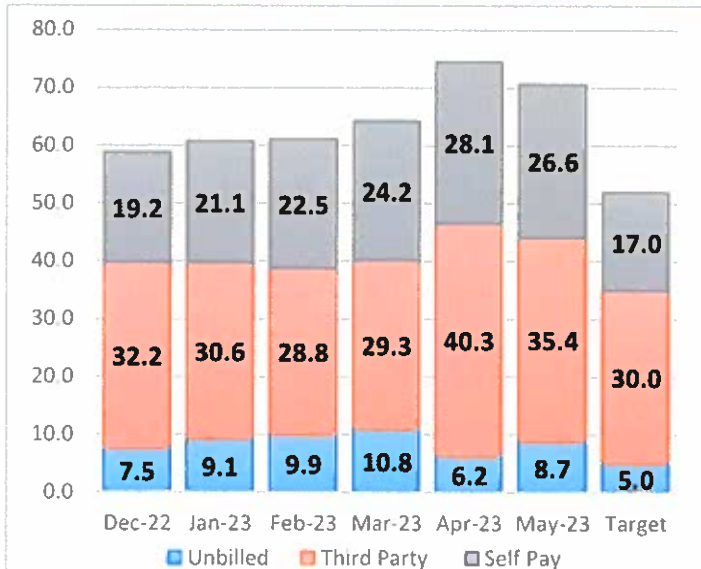
	Month Ended 4/30/23			Year to Date 4/30/23		
	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Acute			-			-
Swing			-			-
SNF			-			-
Observation	43,596.00	39,352.55	4,243.45	534,730.00	417,838.82	116,891.18
ER	205,466.00	239,640.44	(34,174.44)	2,728,246.00	2,544,462.47	183,783.53
ER Phy	91,668.00	87,682.30	3,985.70	1,027,928.00	930,996.16	96,931.84
Surgery	68,571.00	63,035.53	5,535.47	646,860.00	669,300.83	(22,440.83)
Anesth	2,114.00	4,130.20	(2,016.20)	41,727.00	43,853.77	(2,126.77)
CS	8,477.30	10,779.92	(2,302.62)	163,660.78	114,459.39	49,201.39
LAC	184,337.50	178,657.14	5,680.36	1,758,214.32	1,896,951.91	(138,737.59)
LAB	190,696.39	244,114.87	(53,418.48)	2,474,331.53	2,591,971.23	(117,639.70)
Blood Gas	3,342.00	3,077.86	264.14	36,762.00	32,680.26	4,081.74
Blood Bank	1,754.00	1,101.51	652.49	2,631.00	11,695.67	(9,064.67)
EKG	26,813.00	25,550.55	1,262.45	352,314.20	271,291.51	81,022.69
Stress		401.10	(401.10)	3,966.00	4,258.86	(292.86)
Radiology	60,515.00	70,854.65	(10,339.65)	795,377.60	752,322.99	43,054.61
Mammo			-			-
MRI	48,956.00	25,049.29	23,906.71	159,266.00	265,969.24	(106,703.24)
Ultrasound	917.00	-	917.00	66,811.00	-	66,811.00
CT Scan	149,609.00	140,955.55	8,653.45	1,980,497.00	1,496,642.68	483,854.32
OP Proc	1,677.00	3,925.00	(2,248.00)	64,668.00	41,675.00	22,993.00
Pharmacy	121,263.50	144,129.59	(22,866.09)	1,641,508.95	1,530,344.16	111,164.79
RT	17,919.00	14,304.35	3,614.65	209,672.00	151,881.19	57,790.81
PT	123,859.00	97,404.19	26,454.81	940,279.00	1,034,221.58	(93,942.58)
OT		-	-			-
Telemed			-			-
Totals	1,351,550.69	1,394,146.60	(42,595.91)	15,629,450.38	14,802,817.72	826,632.66

Seneca Healthcare District
Professional Fees- Medical
April 30, 2023

G/L #	Description	Actual ME 4/30/2023	Budget ME 4/30/2023	(Over)/Under Budget	Actual YTD 4/30/2023	Budget YTD 4/30/2023	(Over)/Under Budget
	Grand Total	264,495.26	266,642.99	2,147.73	2,619,348.93	2,629,909.86	10,560.93
41220040	EMERG RM PHYSICIAN FEES	112,624.00	111,600.00	(1,024.00)	1,155,206.50	1,130,880.00	(24,326.50)
	SHD Contracted Physicians	90,880.00	93,000.00	2,120.00	808,025.00	815,997.50	7,972.50
	Locums Physicians	21,744.00	18,600.00	(3,144.00)	347,181.50	314,882.50	(32,299.00)
41220044	SURGERY PHYSICIAN FEES	31,754.08	26,373.89	(5,380.19)	271,145.46	263,738.93	(7,406.53)
41220044	Surgery - Surgeries Call	18,907.92	14,173.89	(4,734.03)	135,431.30	141,738.93	6,307.63
	Clinic	6,846.16	7,500.00	653.84	80,514.16	75,000.00	(5,514.16)
	CRNA	6,000.00	4,700.00	(1,300.00)	55,200.00	47,000.00	(8,200.00)
41220049	LK ALMANOR PHYSICIAN FEES	65,604.84	82,370.83	16,765.99	770,848.24	772,308.33	1,460.09
41229049							
	SHD Contracted Physicians	38,105.95	39,166.67	1,060.72	378,807.04	391,666.67	12,859.63
	FNP Supervision	1,500.00	2,937.50	1,437.50	28,950.00	29,375.00	425.00
	Locums Providers	17,618.76	21,666.67	4,047.91	208,504.51	151,666.67	(56,837.84)
	Walk-In Clinic	7,300.13	13,600.00	6,299.87	117,261.69	149,600.00	32,338.31
	Telemedicine (non-physician)	1,080.00	5,000.00	3,920.00	37,325.00	50,000.00	12,675.00
		65,604.84	82,370.83	16,765.99	770,848.24	772,308.33	1,460.09
Note:							
SHD Contracted Physicians includes Dr. Walls, Dr. Ware, ED physician hospitalist services, and Telemedicine							
Other Professional Fees- Medical		54,512.34	46,298.26	(8,214.08)	422,148.73	462,982.59	40,833.86

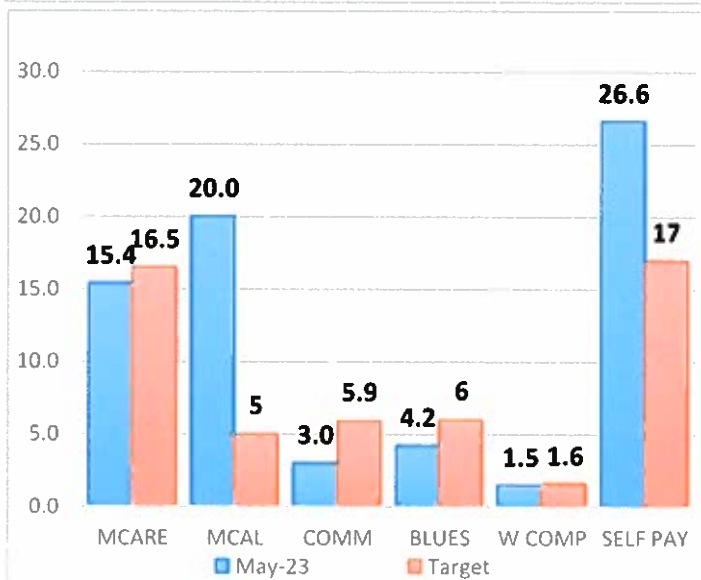
I. AR Days

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Target	Distance From Goal
Unbilled	7.5	9.1	9.9	10.8	6.2	8.7	5.0	3.7
Third Party	32.2	30.6	28.8	29.3	40.3	35.4	30.0	5.4
Self Pay	19.2	21.1	22.5	24.2	28.1	26.6	17.0	9.6
Total AR Days	58.9	60.8	61.2	64.3	74.6	70.7	52.0	18.7



Summary

1. As of May 2023, the total AR days are 18.7 days above the target 52 days in AR.
2. Unbilled (DNFB & In House) is 3.7 days or \$233K above the target 5 days in AR.
3. Third-party AR days decreased by 4.9 or \$309K, closing at 35.4 days. This is 5.4 days or \$340K above goal.
4. Self-Pay was above target of 17 by 9.6 days or \$605K. Self-Pay revenue decreased by \$22K, closing at \$49K.



Summary

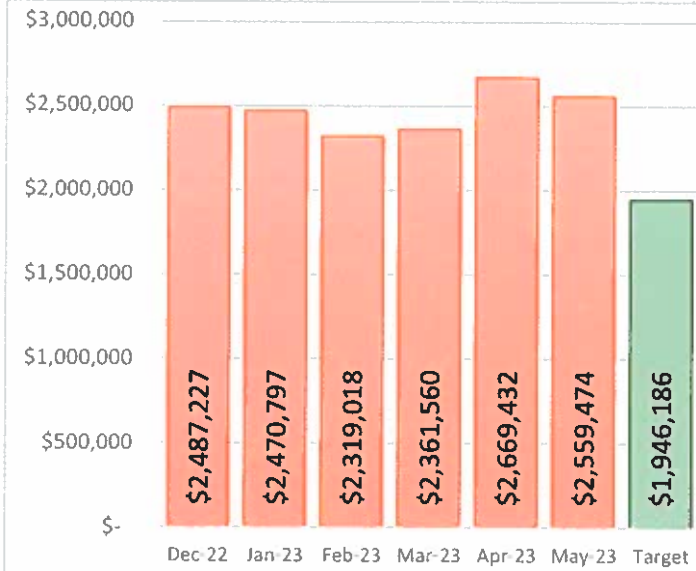
The overall AR days goal of 52 was not met in May. Financial class details are as follows:

1. Medicare is 1.1 days or \$69 below goal.
2. Medi-Cal needs to be reduced by 15 days or \$945K. As of 06/06/2023 there are 18 high dollar accounts for \$818K, for nearly 65% of the Medi-Cal AR. Of the \$818K, 5 for \$71K are ER accounts in process with the payers. 2 LTC accounts for \$84K are in process with PHP, 4 LTC accounts for \$232K are pending TARs, 1 LTC account for \$28K was appealed with PHP, and 6 LTC accounts for \$403K were billed to CHW and are pending internal review from payer for claim rejections.
3. Commercial is 2.9 days under target or \$183K below goal.
4. Blues is \$113K or 1.8 days under the target of 6 days.

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

II. Third Party Aged 0-90 Days

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Target	Distance From Goal
Aging < 90 Days %	91.1%	91.1%	90.9%	91.9%	93.2%	92.0%	87.0%	5.0%
Dollars Aged < 90 Days	\$ 2,487,227	\$ 2,470,797	\$ 2,319,018	\$ 2,361,560	\$ 2,669,432	\$ 2,559,474	\$ 1,946,186	\$ 613,288



Summary

When calculating where the metrics should be to hit our target 52 days in AR and 17.6% aged over 90 days, I found the following:

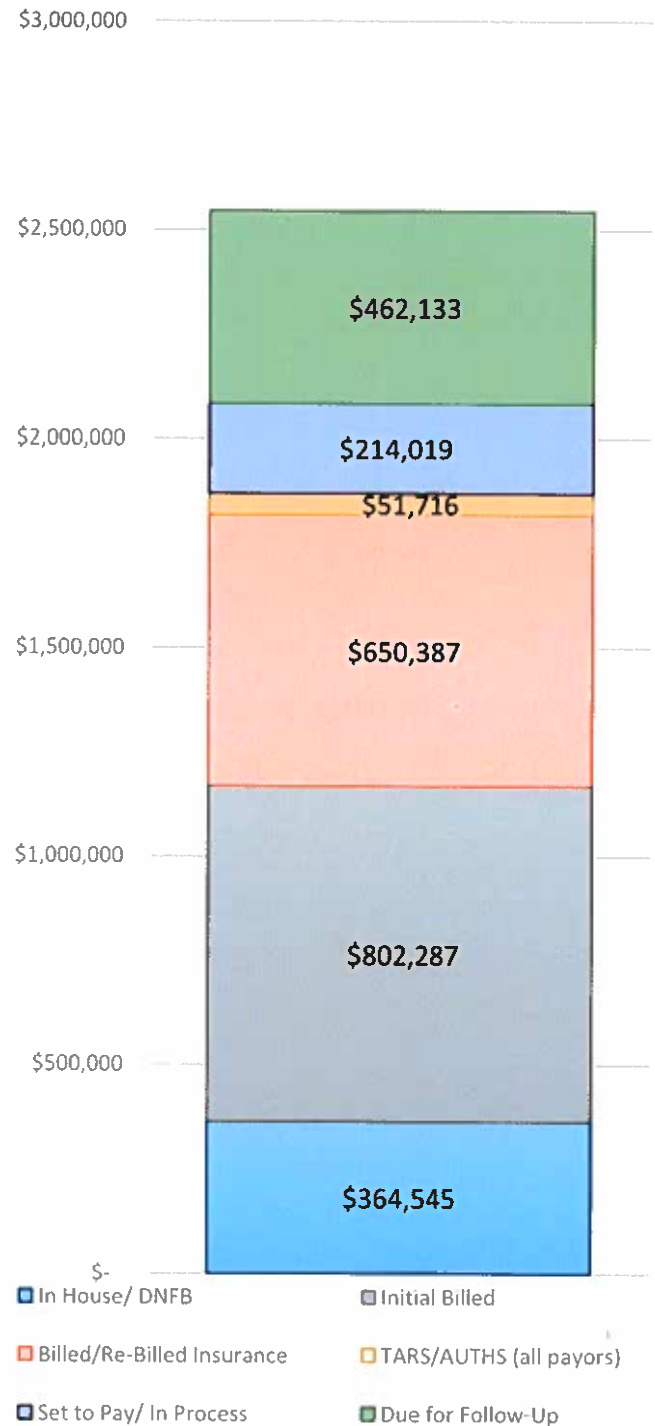
Based on the 13-month average daily revenue of \$66K, the total third party AR days under 90 should be at or below \$1.9M.

The breakdown to the right shows the current status of the services under 90 days. The total under 90 is currently at 92%, or above goal by 5%. The dollars aged under 90 days are \$613K from the target.

In-House increased by \$30K and DNFB increased \$144K, leaving overall unbilled up \$174K from April, closing May at \$549K for 8.7 days in AR.

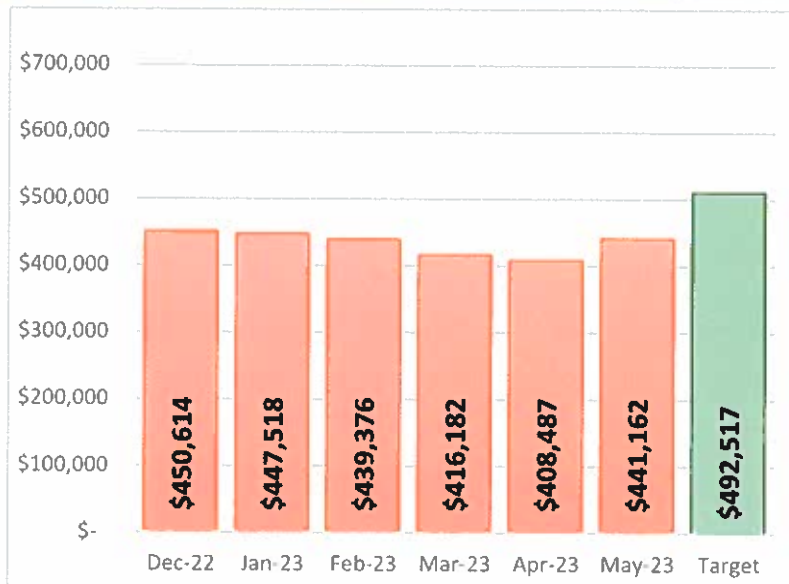
Inpatient admits increased by 4, concluding May at 7. All other service lines experienced an increase besides LTC. Total services were up 345 from April, closing at 1,418.

Aged Under 90 Days Status



III. Third Party Aged 90+ Days

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Target	Distance From Goal
Aging > 90 Days %	15.2%	15.3%	15.9%	14.9%	13.4%	14.7%	17.6%	-2.9%
Dollars Aged > 90 Days	\$ 450,614	\$ 447,518	\$ 439,376	\$ 416,182	\$ 408,487	\$ 441,162	\$ 510,716	\$ (69,554)



Summary

May's third party, aged over 90 days, increased by \$33K; and the percentage increased by 2.9%, ending at 14.7%. Third party aged over 90 days is \$70K below the \$511K that would achieve the target of 17.6%. The graph to the right illustrates the obstacles contributing to the aging.

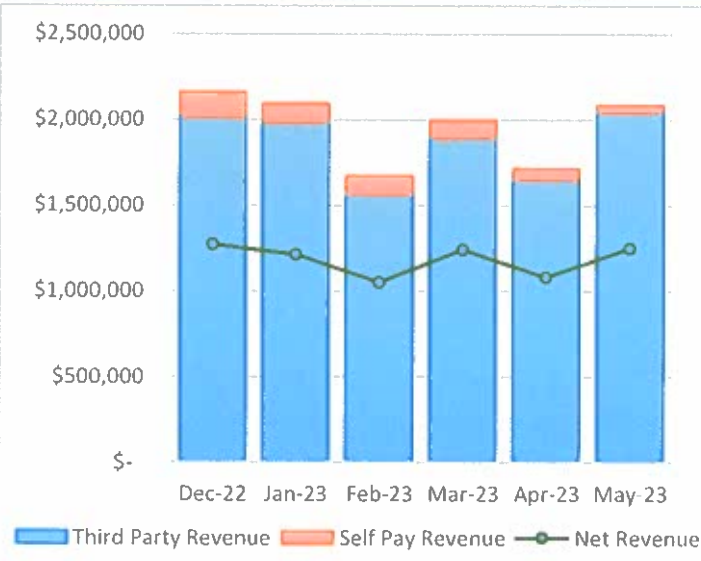
1. Medicare aged over 90 days decreased by \$20K, closing at 2.6% or \$25K.
2. Medi-Cal aged over 90 days increased by \$61K and increased by 2.8%, closing at 18.9% or \$250K. There are 2 accounts greater than \$10K, totaling \$38K or 16% of the total Medi-Cal aging. 1 account is set to pay with MCAL and 1 account was appealed with PHP.
3. Commercial aged over 90 days increased by \$6K, closing at 30.6% or \$75K, of which \$6K is VA. There are 2 VA accounts in appealed status, 4 pending authorization, and 4 are in process. The VA continues to run several months behind in processing claims. The remaining \$69K has 28 claims in process, 19 pending a status update from the payer, and 6 pending authorization.
4. Blues aged over 90 decreased by \$11K, ending at 18.1% or \$65K. There are 16 accounts over \$1K. Of which 3 are being appealed, 1 is pending client review, 7 are pending status update from the payer, 1 is pending authorization and 3 are in process.

Aging Obstacles Breakdown



IV. Revenue

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
Third Party Revenue	\$ 2,010,004	\$ 1,977,931	\$ 1,560,218	\$ 1,887,995	\$ 1,645,363	\$ 2,038,444	\$ 1,921,925
Self Pay Revenue	\$ 150,900	\$ 116,149	\$ 114,251	\$ 107,761	\$ 71,096	\$ 48,876	\$ 120,487
Total Revenue	\$ 2,160,904	\$ 2,094,079	\$ 1,674,470	\$ 1,995,757	\$ 1,716,459	\$ 2,087,320	\$ 2,042,412
Average Daily Revenue	\$ 69,015	\$ 68,207	\$ 65,883	\$ 64,048	\$ 60,525	\$ 63,038	\$ 66,554
Net Revenue	\$ 1,270,728	\$ 1,211,297	\$ 1,048,849	\$ 1,240,363	\$ 1,078,064	\$ 1,249,883	\$ 1,183,197



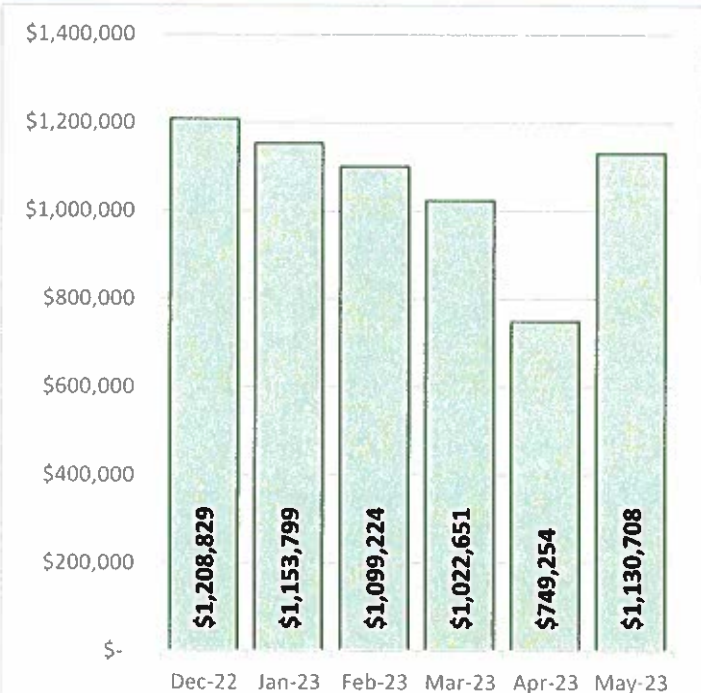
Summary

May's overall total revenue increased by \$371K compared to April's, closing at \$2M. This is \$112K, more than May 2022 and \$45K, more than the 13-month average. The average daily revenue increased by \$3K, ending at \$63K.

The Medicare financial class increased by \$256K, concluding at \$1.4M; Medi-Cal decreased by \$8K, ending at \$68K; Commercial increased by \$87K, closing at \$236K; Blues was up \$68K, finishing at \$272K; Work Comp was down by \$10K, closing at \$36K, and Self-Pay decreased by \$22K, concluding at \$49K.

V. Cash Collections

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
Cash Collections	\$ 1,208,829	\$ 1,153,799	\$ 1,099,224	\$ 1,022,651	\$ 749,254	\$ 1,130,708	\$ 1,160,519
Collection %	63%	62%	68%	59%	63%	59%	64%
% of Net Revenue	104%	91%	91%	98%	60%	105%	92%



Summary

Cash collections for May were \$1.1M. Cash collections for June are projected to reach \$1.2M.

Medicare increased by \$315K, closing at \$559K; Medi-Cal decreased \$35K, concluding at \$135K; Commercial decreased by \$39K, ending at \$83K; Blues increased by \$100K, closing at \$226K; Work Comp increased \$6K, ending at \$41K, and Self-Pay increased \$35K, concluding at \$85K.

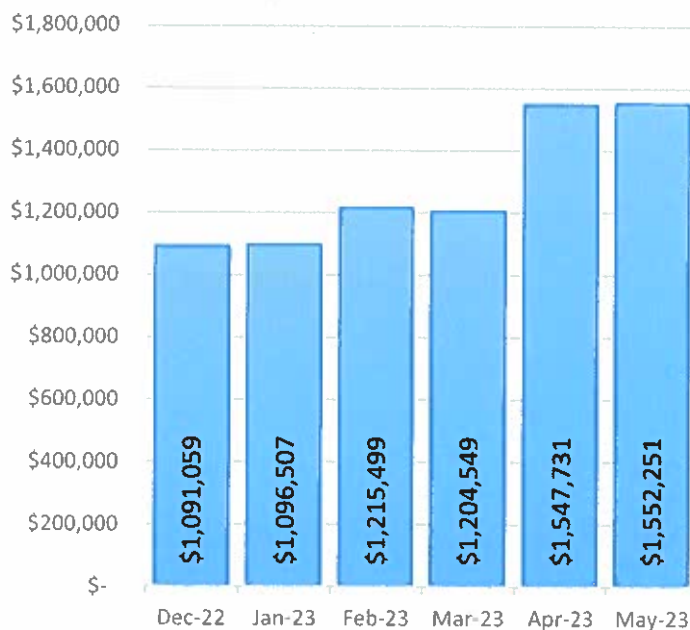
VI. Self Pay

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Self Pay	\$ 1,091,059	\$ 1,096,507	\$ 1,215,499	\$ 1,204,549	\$ 1,547,731	\$ 1,552,251

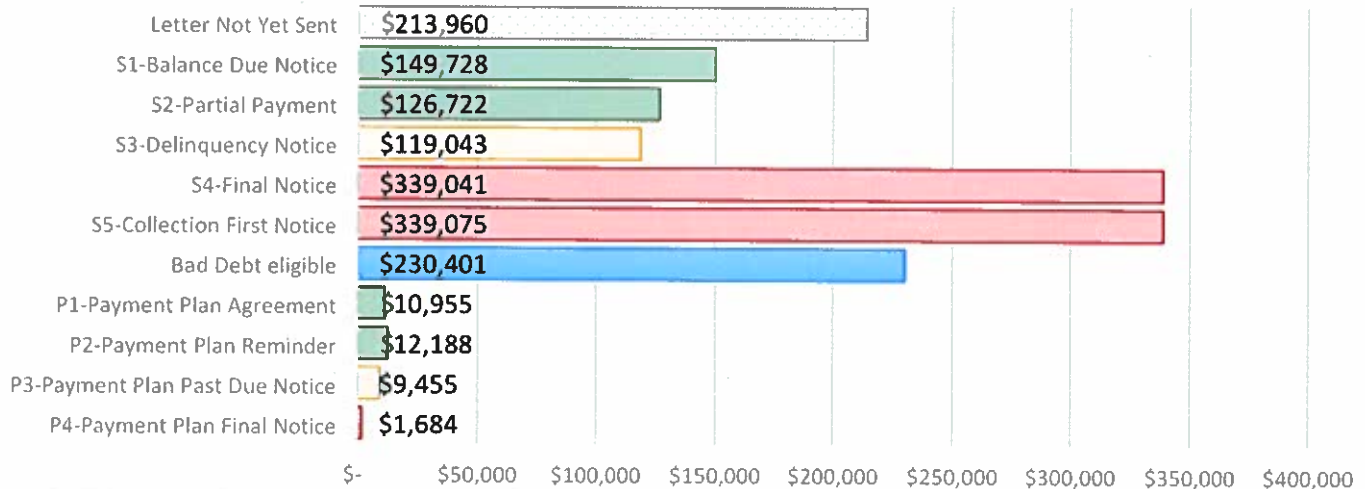
Summary

Self-Pay AR decreased in May, closing at 26.6 days, or above target by 9.6 days.

1. To be eligible for bad debt, a second final notice is sent (S5). There is \$230K eligible for bad debt, outside of the collection first notice of \$339K (S5).
2. The Self-Pay inventory has \$34K set up on a payment plan by HRG.
3. There was \$230K eligible for bad debt in May; however, there was no bad debt sent due to EHR conversion. Bad Debt will continue after the conversion is complete.



Current Statement Status



Letter Not Yet Sent	\$	213,960
Total Final Notices	\$	910,200
Total Delinquency	\$	128,498
Total On Track	\$	299,594
Total	\$	1,552,251



Seneca Healthcare District

MONTH END FINANCE REPORT

May 2023



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FINANCE DASHBOARD

	Target	December-22	January-23	February-23	March-23	April-23	May-23
REVENUE							
Net Revenue		\$1,270,728	\$1,211,297	\$1,048,849	\$1,240,363	\$1,078,064	\$1,249,883
Gross Revenue		\$2,160,904	\$2,094,079	\$1,674,470	\$1,995,757	\$1,716,459	\$2,087,320
CASH							
Cash Collections as a % of Net Revenue	100%	104%	91%	91%	98%	60%	105%
Cash Collections		\$1,208,829	\$1,153,799	\$1,099,224	\$1,022,651	\$749,254	\$1,130,708
ACCOUNTS RECEIVABLE							
Net AR		\$2,528,946	\$2,549,420	\$2,796,117	\$2,862,731	\$3,237,528	\$2,976,956
Gross AR		\$4,065,230	\$4,147,841	\$4,031,109	\$4,119,219	\$4,517,216	\$4,457,487
Unbilled	5	7.5	9.1	9.9	10.8	6.2	8.7
Third Party	30	32.2	30.6	28.8	29.3	40.3	35.4
Self Pay	17	19.2	21.1	22.5	24.2	28.1	26.6
Total Days in AR	52	58.9	60.8	61.2	64.3	74.6	70.7
Days in AR - Credit Balances	< 1	5.48	5.43	5.54	5.93	6.43	6.33
UNBILLED							
In-house	< 2 Days	0.5	0.6	0.3	7.0	3.3	3.7
DNFB	< 3 Day	3.2	4.3	2.6	3.9	2.9	5.0
Total Unbilled	< 5 Days	7.5	9.1	9.9	10.8	6.2	8.7

Revenue Cycle Performance

	Target	December-22	January-23	February-23	March-23	April-23	May-23
AGING (including credits)							
Medicare Aging > 90 Days	12.8%	5.0%	4.6%	6.8%	4.9%	4.0%	2.6%
Medi-Cal Aging > 90 Days	17.9%	18.0%	17.1%	16.5%	16.6%	16.1%	18.9%
Commercial Aging > 90 Days	21.8%	26.4%	45.2%	26.8%	34.0%	27.3%	30.6%
Blues Aging > 90 Days	17.9%	20.8%	23.0%	24.5%	21.3%	20.9%	18.1%
Work Comp Aging > 90 Days	57.5%	21.1%	21.4%	26.7%	20.0%	22.8%	26.1%
Total Third Party Aging > 90 Days	17.6%	15.2%	15.3%	15.9%	14.9%	13.4%	14.7%
CLAIM SUBMISSION EFFICIENCY							
Claims Submission	85%	1,710	1,702	1,581	1,683	1,387	1,978
Clean Claims		\$ 2,737,447	\$ 2,216,486	\$ 2,010,603	\$ 2,357,455	\$ 1,924,598	\$ 2,959,250
Denial Percent	5%	6%	8%	8%	7%	6%	8%
Total Denial Rate		189	189	192	226	205	160
Communication Log Backlog		161	263	284	130	192	28

Third Party

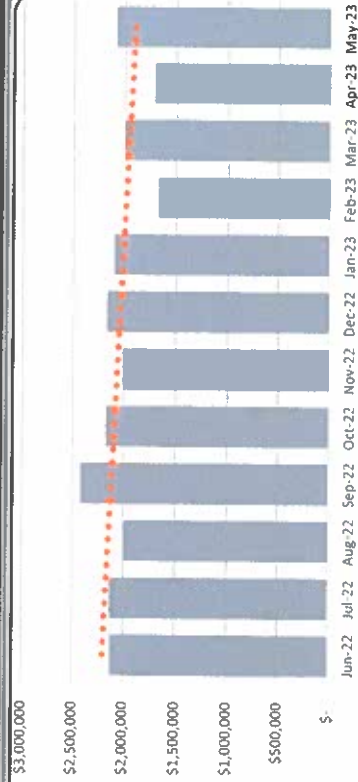
	Target	December-22	January-23	February-23	March-23	April-23	May-23
INVENTORY & QUALITY							
Total Inventory		3,273	3,319	3,356	3,335	3,487	3,680
New		267	303	309	246	293	298
Resolved		289	347	264	300	180	184
Aged > 120 days from Assignment	< 25%	54.2%	58.0%	56.7%	55.6%	53.9%	59.1%
Total Payment Plans over 120 days		\$8,051	\$12,400	\$30,113	\$30,331	\$32,412	\$29,526
Average Speed to Answer	< 60 seconds	53	0	0	0	0	0
STATEMENTS & LETTERS							
Statements & Letters		1,643	1,505	1,296	931	756	859
Inbound and Outbound Calls	In Out	147 221	127 136	123 63	173 289	109 128	0 0
WRITE OFFS							
Bad Debt as a % of Gross Revenue	< 2%	0.8%	0.0%	0.2%	0.0%	0.0%	0.0%
Charity as a % of Gross Revenue	< 2%	0.3%	1.1%	0.2%	0.2%	0.0%	0.8%

Self Pay

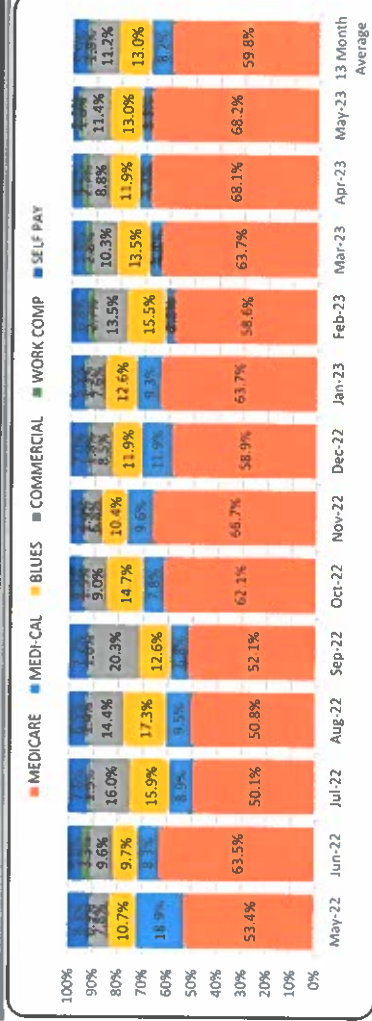
GROSS REVENUE

PAYER	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE	\$ 1,055,154	\$ 1,346,116	\$ 1,066,271	\$ 1,011,502	\$ 1,259,683	\$ 1,345,965	\$ 1,348,173	\$ 1,273,731	\$ 1,333,156	\$ 981,936	\$ 1,271,259	\$ 1,168,255	\$ 1,424,266	\$ 1,221,959
MEDI-CAL	\$ 373,076	\$ 175,404	\$ 189,511	\$ 189,597	\$ 164,820	\$ 170,099	\$ 194,794	\$ 256,814	\$ 194,431	\$ 47,018	\$ 87,690	\$ 76,016	\$ 67,852	\$ 168,240
COMMERCIAL	\$ 154,140	\$ 204,377	\$ 340,087	\$ 286,149	\$ 491,032	\$ 194,712	\$ 136,696	\$ 183,749	\$ 158,729	\$ 226,138	\$ 205,303	\$ 150,536	\$ 237,647	\$ 228,369
BLUES	\$ 212,226	\$ 206,466	\$ 338,470	\$ 345,215	\$ 305,018	\$ 318,814	\$ 210,519	\$ 256,957	\$ 263,961	\$ 260,268	\$ 268,845	\$ 204,126	\$ 271,941	\$ 266,371
WORK COMP	\$ 17,240	\$ 69,772	\$ 32,094	\$ 27,736	\$ 24,220	\$ 32,479	\$ 27,447	\$ 38,753	\$ 28,154	\$ 44,857	\$ 54,898	\$ 46,431	\$ 36,738	\$ 36,986
SELF PAY	\$ 163,226	\$ 118,830	\$ 162,101	\$ 130,222	\$ 174,109	\$ 106,402	\$ 102,405	\$ 150,900	\$ 116,149	\$ 114,251	\$ 107,761	\$ 71,096	\$ 48,876	\$ 120,487
TOTAL	\$ 1,975,062	\$ 2,120,965	\$ 2,128,533	\$ 1,990,421	\$ 2,418,882	\$ 2,168,472	\$ 2,020,034	\$ 2,160,904	\$ 2,094,079	\$ 1,674,470	\$ 1,995,757	\$ 1,716,459	\$ 2,087,320	\$ 2,042,412
AVERAGE DAILY REVENUE	\$ 59,358	\$ 64,481	\$ 67,658	\$ 67,825	\$ 71,063	\$ 71,498	\$ 72,609	\$ 69,015	\$ 68,207	\$ 55,883	\$ 64,048	\$ 60,525	\$ 63,038	\$ 66,554

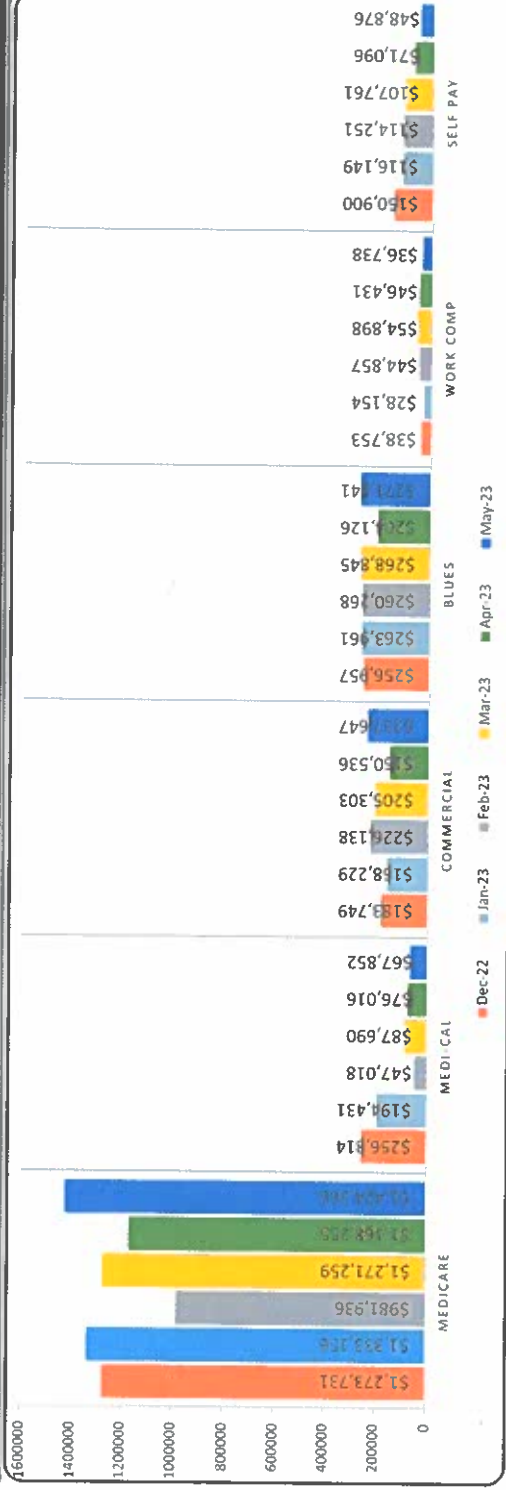
Gross Revenue



Payer Mix



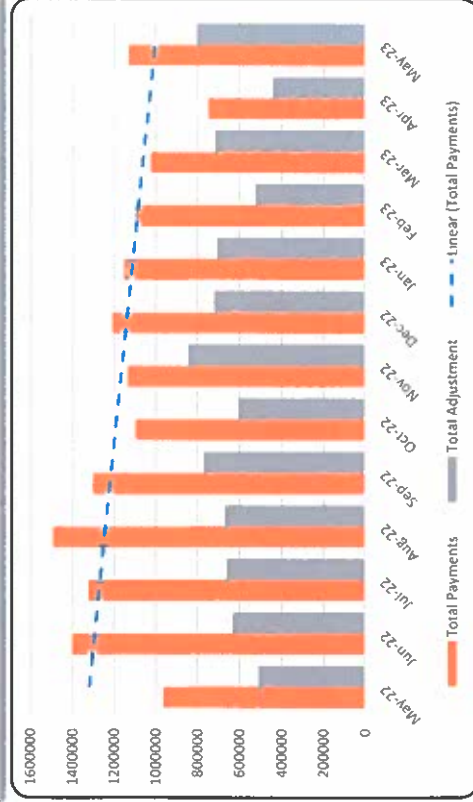
Revenue Trending By Payer



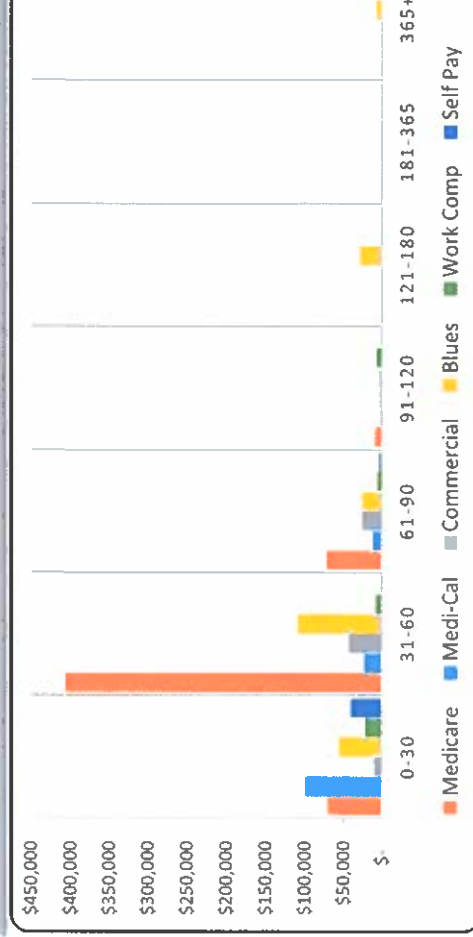
CASH DETAIL

PAVER	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE														
Payments	\$ 289,278	\$ 661,997	\$ 400,060	\$ 712,982	\$ 514,673	\$ 398,232	\$ 500,799	\$ 526,745	\$ 431,347	\$ 409,804	\$ 416,308	\$ 243,325	\$ 558,604	\$ 466,473
Adjustments	\$ 207,209	\$ 271,424	\$ 210,205	\$ 264,500	\$ 361,785	\$ 267,927	\$ 311,422	\$ 403,609	\$ 289,504	\$ 231,715	\$ 281,109	\$ 147,005	\$ 410,403	\$ 281,371
Collection %	58%	71%	66%	73%	59%	60%	62%	57%	60%	64%	60%	62%	58%	62%
MEDICAL														
Payments	\$ 271,733	\$ 273,407	\$ 492,462	\$ 214,068	\$ 260,889	\$ 227,919	\$ 64,174	\$ 250,232	\$ 322,400	\$ 339,160	\$ 152,749	\$ 170,368	\$ 135,300	\$ 244,220
Adjustments	\$ 156,792	\$ 172,665	\$ 282,232	\$ 175,583	\$ 209,302	\$ 208,171	\$ 203,789	\$ 176,423	\$ 254,068	\$ 191,788	\$ 285,490	\$ 173,150	\$ 212,821	\$ 207,898
Collection %	63%	61%	64%	55%	55%	52%	24%	59%	56%	64%	35%	50%	39%	52%
COMMERCIAL														
Payments	\$ 80,764	\$ 105,564	\$ 112,428	\$ 180,875	\$ 149,272	\$ 100,969	\$ 176,084	\$ 137,455	\$ 99,637	\$ 77,884	\$ 89,765	\$ 121,955	\$ 82,984	\$ 116,587
Adjustments	\$ 22,218	\$ 40,324	\$ 44,345	\$ 75,596	\$ 47,853	\$ 29,604	\$ 177,496	\$ 53,480	\$ 55,824	\$ 27,329	\$ 69,355	\$ 36,960	\$ 65,186	\$ 57,352
Collection %	78%	72%	72%	71%	76%	77%	50%	72%	64%	74%	56%	77%	56%	69%
BLUES														
Payments	\$ 195,259	\$ 249,384	\$ 215,412	\$ 245,675	\$ 254,401	\$ 235,271	\$ 253,871	\$ 179,289	\$ 184,883	\$ 165,419	\$ 251,753	\$ 126,373	\$ 226,508	\$ 214,115
Adjustments	\$ 53,139	\$ 68,129	\$ 54,269	\$ 102,535	\$ 87,271	\$ 83,522	\$ 101,731	\$ 59,822	\$ 73,844	\$ 63,812	\$ 63,068	\$ 74,769	\$ 80,600	\$ 74,347
Collection %	79%	79%	80%	71%	74%	74%	71%	75%	71%	72%	80%	63%	74%	74%
WORK COMP														
Payments	\$ 31,920	\$ 12,309	\$ 24,182	\$ 42,760	\$ 33,937	\$ 18,155	\$ 23,021	\$ 10,395	\$ 11,630	\$ 13,592	\$ 33,777	\$ 35,235	\$ 41,556	\$ 25,575
Adjustments	\$ 10,624	\$ 9,009	\$ 3,431	\$ 5,662	\$ 8,419	\$ 6,982	\$ 3,789	\$ 3,396	\$ 10,270	\$ 5,731	\$ 10,734	\$ 11,362	\$ 16,353	\$ 8,135
Collection %	75%	58%	88%	88%	80%	72%	86%	75%	53%	70%	76%	76%	72%	75%
SELF PAY														
Payments	\$ 92,395	\$ 99,384	\$ 78,678	\$ 94,649	\$ 87,331	\$ 114,749	\$ 101,709	\$ 103,333	\$ 102,553	\$ 89,969	\$ 77,181	\$ 50,438	\$ 85,333	\$ 90,592
Bad Debt Recoveries	\$ 2,785	\$ 1,893	\$ 953	\$ 3,746	\$ 3,242	\$ 534	\$ 16,043	\$ 1,381	\$ 1,348	\$ 3,396	\$ 1,118	\$ 1,560	\$ 423	\$ 2,956
Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Charity Care	\$ 57,869	\$ 6,817	\$ 8,196	\$ 13,784	\$ 993	\$ -	\$ 18,363	\$ 7,213	\$ 22,548	\$ 2,556	\$ 4,505	\$ -	\$ 16,738	\$ 12,276
Bad Debt	\$ 2,785	\$ 64,483	\$ 59,901	\$ 32,406	\$ 53,009	\$ 10,669	\$ 27,620	\$ 17,593	\$ -	\$ 2,670	\$ -	\$ -	\$ -	\$ 20,857
Total SP Adjustments	\$ 60,654	\$ 71,300	\$ 68,097	\$ 46,190	\$ 54,002	\$ 10,669	\$ 45,983	\$ 24,806	\$ 22,548	\$ 5,227	\$ 4,505	\$ -	\$ 16,738	\$ 33,132
Collection %	60%	58%	54%	67%	62%	91%	69%	81%	82%	95%	94%	100%	84%	77%
TOTAL														
Total Payments	\$ 964,134	\$ 1,403,938	\$ 1,324,175	\$ 1,494,755	\$ 1,303,746	\$ 1,095,829	\$ 1,135,701	\$ 1,208,829	\$ 1,153,799	\$ 1,099,224	\$ 1,022,651	\$ 749,254	\$ 1,130,708	\$ 1,160,519
Total Adjustments	\$ 510,636	\$ 632,850	\$ 662,578	\$ 670,467	\$ 768,632	\$ 606,877	\$ 844,209	\$ 721,536	\$ 706,057	\$ 525,602	\$ 714,261	\$ 443,245	\$ 802,101	\$ 629,103
Total Collection %	65%	69%	67%	69%	63%	64%	57%	63%	62%	68%	59%	63%	59%	64%

Cash & Adjustment Trending

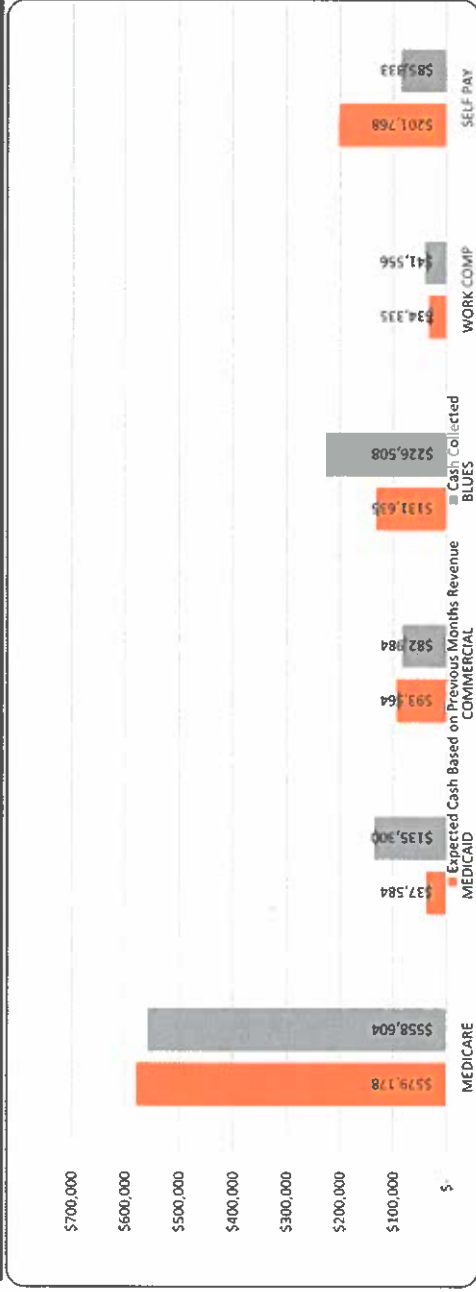


Cash Collections by Discharge Date

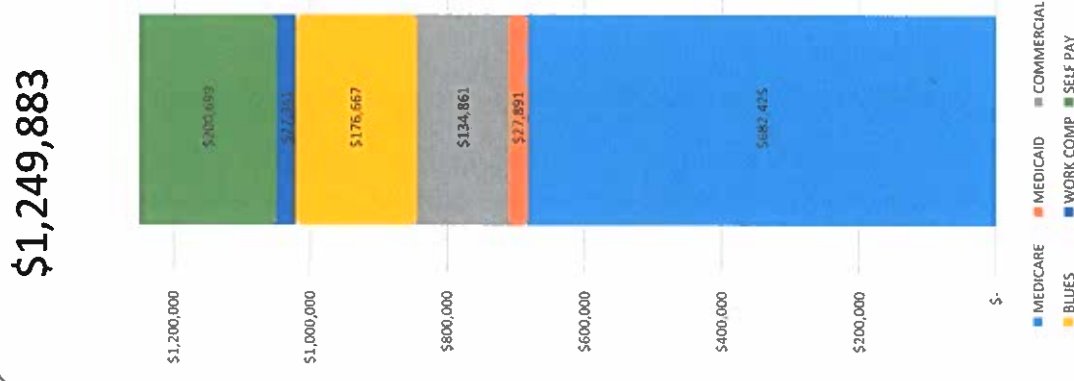


CASH FORECASTING

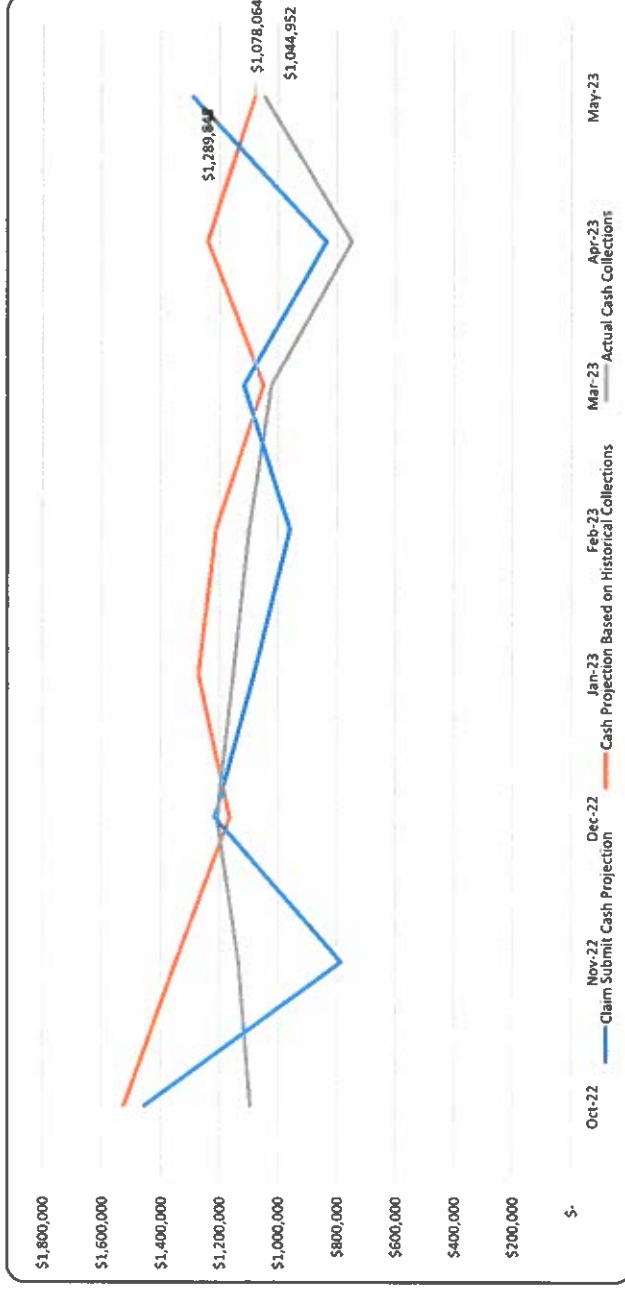
Expected Last Month vs Cash Collected (Based on Previous Months Revenue)



Cash Expected Next Month
(Based on this Month's Revenue)

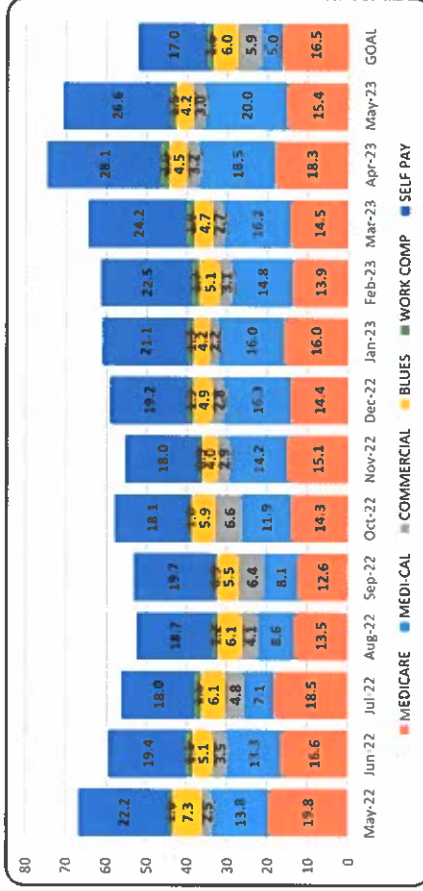
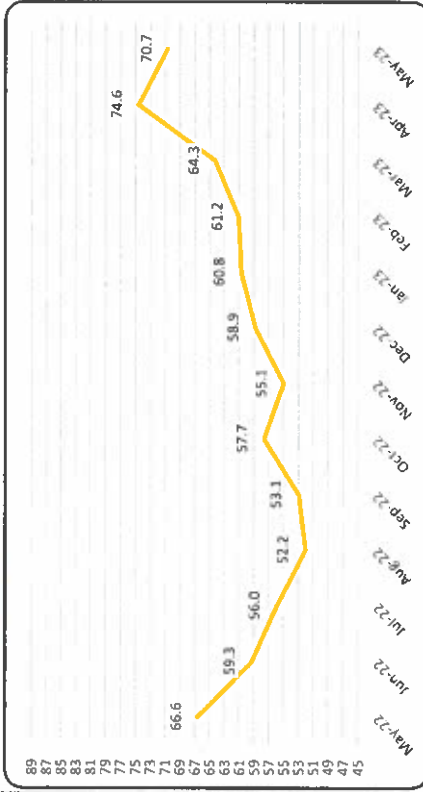


Expected Cash Based on Claim Submissions and Historical Collections

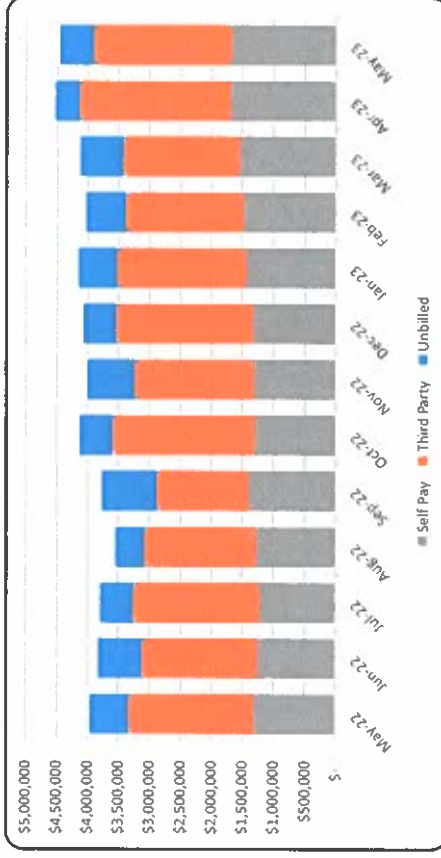
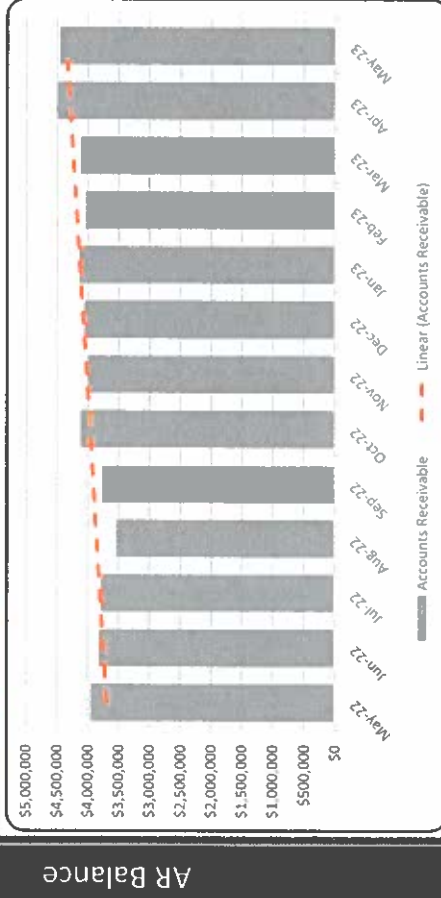


ACCOUNTS RECEIVABLE

PAYER	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE	19.8	16.6	18.5	13.5	12.6	14.3	15.1	14.4	16.0	13.9	14.5	18.3	15.4	15.6
MEDI-CAL	13.8	13.3	7.1	8.6	8.1	11.9	14.2	16.3	16.0	14.8	16.2	18.5	20.0	13.7
COMMERCIAL	2.5	3.5	4.8	4.1	6.4	6.6	2.9	2.8	2.2	3.1	2.7	3.2	3.0	3.7
BLUES	7.3	5.1	6.1	6.1	5.5	5.9	4.0	4.9	4.2	5.1	4.7	4.5	4.2	5.2
WORK COMP	1.0	1.5	1.5	1.2	0.9	1.0	0.9	1.3	1.3	1.7	1.9	2.0	1.5	1.4
SELF PAY	22.2	19.4	18.0	18.7	19.7	18.1	18.0	19.2	21.1	22.5	24.2	24.2	26.6	21.2
TOTAL DAYS	66.6	59.3	56.0	52.2	53.1	57.7	55.1	58.9	60.8	61.2	64.3	74.6	70.7	60.8



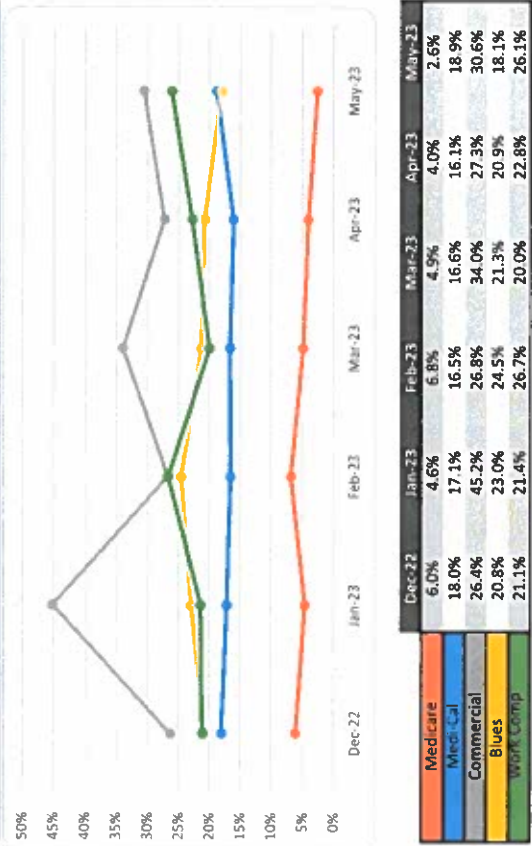
PAYER	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE	\$ 1,176,212	\$ 1,073,167	\$ 1,252,620	\$ 916,722	\$ 895,974	\$ 1,020,321	\$ 1,096,270	\$ 991,439	\$ 1,092,967	\$ 918,752	\$ 929,629	\$ 1,109,360	\$ 969,891	\$ 1,034,102
MEDI-CAL	\$ 819,197	\$ 856,438	\$ 480,599	\$ 581,982	\$ 573,118	\$ 849,344	\$ 1,030,845	\$ 1,177,730	\$ 1,085,526	\$ 976,338	\$ 1,038,747	\$ 1,117,381	\$ 1,262,089	\$ 907,949
COMMERCIAL	\$ 148,961	\$ 223,877	\$ 321,763	\$ 276,349	\$ 452,621	\$ 474,468	\$ 211,850	\$ 195,508	\$ 151,446	\$ 203,820	\$ 171,872	\$ 192,788	\$ 186,182	\$ 247,039
BLUES	\$ 432,966	\$ 327,238	\$ 410,862	\$ 412,990	\$ 389,636	\$ 421,373	\$ 290,029	\$ 335,242	\$ 287,671	\$ 338,597	\$ 303,315	\$ 272,095	\$ 267,902	\$ 345,378
WORK COMP	\$ 61,619	\$ 97,660	\$ 102,056	\$ 82,341	\$ 63,028	\$ 68,450	\$ 64,432	\$ 91,830	\$ 89,511	\$ 111,193	\$ 123,974	\$ 123,457	\$ 93,117	\$ 90,205
SELF PAY	\$ 1,316,325	\$ 1,248,306	\$ 1,220,954	\$ 1,267,468	\$ 1,397,399	\$ 1,291,841	\$ 1,307,592	\$ 1,323,482	\$ 1,436,719	\$ 1,482,410	\$ 1,551,682	\$ 1,702,135	\$ 1,678,307	\$ 1,401,894
TOTAL	\$ 3,955,280	\$ 3,826,687	\$ 3,788,855	\$ 3,537,853	\$ 3,771,777	\$ 4,125,797	\$ 4,001,018	\$ 4,065,230	\$ 4,147,841	\$ 4,031,109	\$ 4,119,219	\$ 4,517,216	\$ 4,457,487	\$ 4,026,567



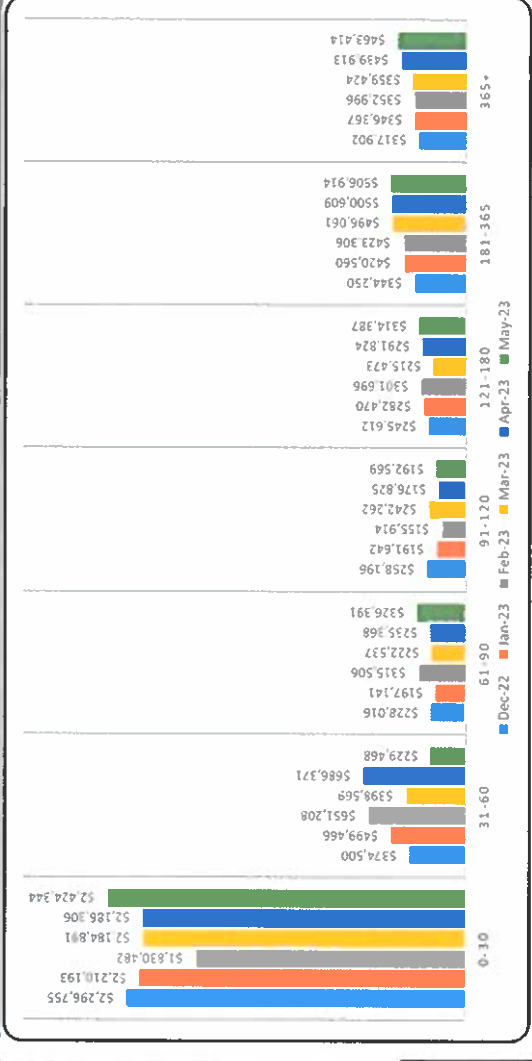
ACCOUNTS RECEIVABLE AGING

	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	553	\$ 896,999	49	\$ 31,814	25	\$ 21,251	9	\$ 4,824	14	\$ 3,024	12	\$ 9,207	5	\$ 8,258	667	\$ 975,377
Credit	9	\$ (294)	0	\$ -	0	\$ -	1	\$ (3,863)	2	\$ (3,863)	2	\$ (34)	7	\$ (1,023)	21	\$ (5,487)
TOTAL	562	\$ 896,705	49	\$ 31,814	25	\$ 21,251	10	\$ 4,551	16	\$ (839)	14	\$ 9,173	12	\$ 7,235	688	\$ 969,891
MEDICAL																
Non-Credit	187	\$ 933,424	109	\$ 83,268	66	\$ 59,871	67	\$ 84,376	90	\$ 46,444	140	\$ 60,967	86	\$ 58,314	745	\$ 1,326,664
Credit	0	\$ -	0	\$ -	3	\$ (3,928)	3	\$ (3,219)	12	\$ (7,292)	33	\$ (10,113)	151	\$ (40,024)	202	\$ (64,575)
TOTAL	187	\$ 933,424	109	\$ 83,268	69	\$ 55,943	70	\$ 81,157	102	\$ 39,153	173	\$ 50,854	237	\$ 18,290	947	\$ 1,262,089
COMMERCIAL																
Non-Credit	105	\$ 132,273	58	\$ 18,311	26	\$ 20,570	14	\$ 16,770	13	\$ 7,226	48	\$ 34,755	20	\$ 16,826	284	\$ 246,731
Credit	0	\$ -	0	\$ -	0	\$ -	2	\$ (1,319)	1	\$ (73)	6	\$ (3,543)	142	\$ (55,615)	151	\$ (60,549)
TOTAL	105	\$ 132,273	58	\$ 18,311	26	\$ 20,570	16	\$ 15,451	14	\$ 7,154	54	\$ 31,212	162	\$ (38,789)	435	\$ 186,182
BLUES																
Non-Credit	219	\$ 251,260	44	\$ 30,582	24	\$ 11,743	20	\$ 21,857	17	\$ 6,165	26	\$ 28,596	16	\$ 8,447	366	\$ 358,652
Credit	20	\$ (1,005)	0	\$ -	1	\$ (25)	1	\$ (100)	1	\$ (882)	12	\$ (1,170)	226	\$ (87,569)	261	\$ (90,750)
TOTAL	239	\$ 250,256	44	\$ 30,582	25	\$ 11,718	21	\$ 21,757	18	\$ 5,283	38	\$ 27,426	242	\$ (79,121)	627	\$ 267,902
WORK COMP																
Non-Credit	33	\$ 60,160	8	\$ 9,431	6	\$ 1,377	2	\$ 667	5	\$ 2,842	15	\$ 10,794	9	\$ 10,802	78	\$ 96,073
Credit	0	\$ -	0	\$ -	0	\$ -	1	\$ -	0	\$ -	2	\$ (1,122)	6	\$ (8,277)	9	\$ (2,955)
TOTAL	33	\$ 60,160	8	\$ 9,431	6	\$ 1,377	3	\$ 667	5	\$ 2,842	17	\$ 9,672	15	\$ 8,975	87	\$ 93,117
SELF PAY																
Non-Credit	151	\$ 163,252	153	\$ 56,368	185	\$ 217,359	156	\$ 69,576	283	\$ 261,457	643	\$ 386,999	1109	\$ 698,151	2680	\$ 1,853,162
Credit	7	\$ (11,725)	8	\$ (307)	10	\$ (1,828)	17	\$ (594)	15	\$ (662)	82	\$ (8,423)	861	\$ (151,327)	1000	\$ (174,855)
TOTAL	158	\$ 151,527	161	\$ 56,061	195	\$ 215,531	173	\$ 68,992	298	\$ 260,794	725	\$ 378,577	1970	\$ 546,825	3680	\$ 1,678,307
ACCOUNTS RECEIVABLE																
Non-Credit	1248	\$ 2,437,367	421	\$ 229,775	332	\$ 332,171	268	\$ 198,071	422	\$ 327,159	884	\$ 531,317	1245	\$ 800,799	4820	\$ 4,856,658
Credit	36	\$ (13,023)	8	\$ (307)	14	\$ (5,780)	25	\$ (5,501)	31	\$ (12,771)	137	\$ (24,404)	1393	\$ (337,384)	1644	\$ (399,171)
GRAND TOTAL	1284	\$ 2,424,344	429	\$ 229,468	346	\$ 326,391	293	\$ 192,569	453	\$ 314,387	1021	\$ 506,914	2638	\$ 463,414	6464	\$ 4,457,487

Aged Over 90 Days Trending (excluding Credits)

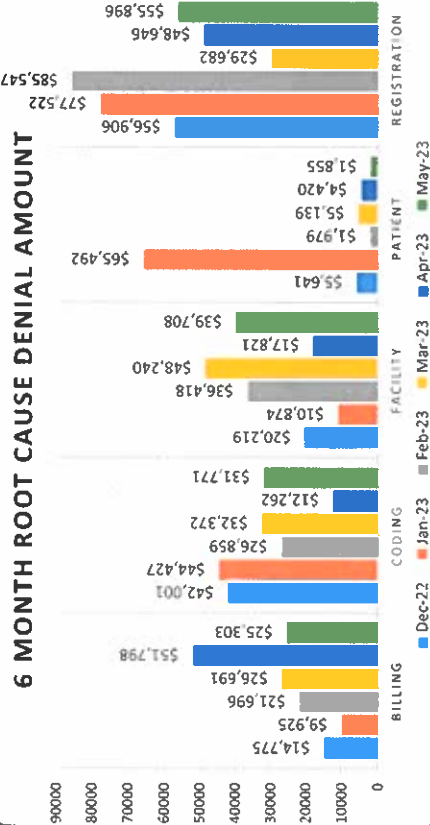
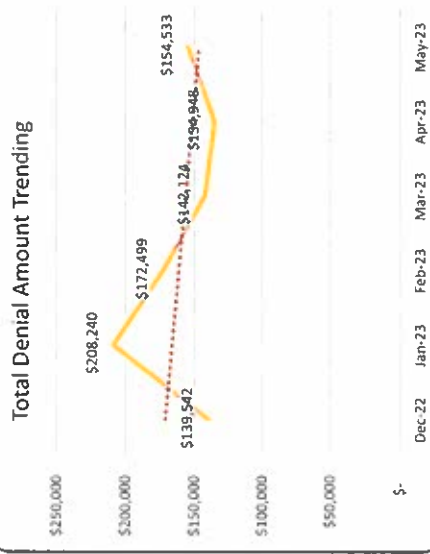


6 Month Aging

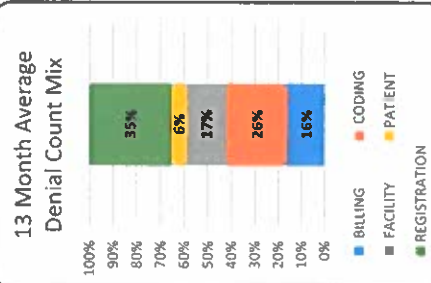
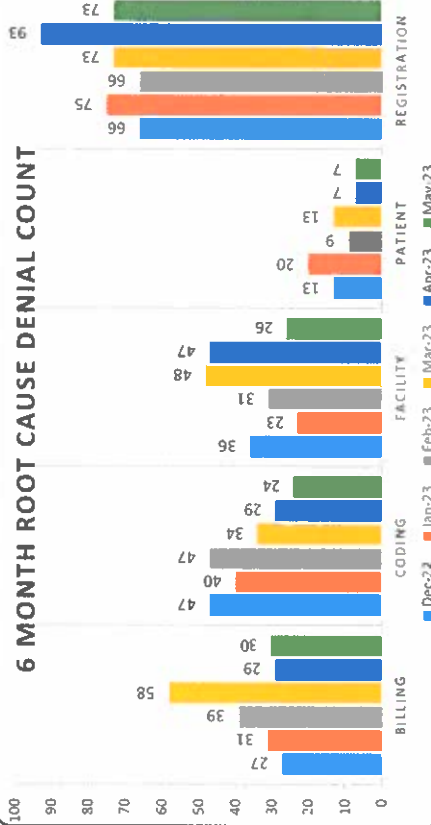


DENIAL MANAGEMENT

AMOUNT	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
BILLING	\$ 10,521	\$ 32,544	\$ 5,238	\$ 19,272	\$ 32,390	\$ 69,107	\$ 30,280	\$ 14,775	\$ 9,925	\$ 21,696	\$ 26,691	\$ 51,798	\$ 25,303	\$ 26,888
CODING	\$ 15,168	\$ 13,026	\$ 28,190	\$ 23,955	\$ 22,778	\$ 39,166	\$ 21,875	\$ 42,001	\$ 44,427	\$ 26,859	\$ 32,372	\$ 12,262	\$ 31,771	\$ 27,219
FACILITY	\$ 19,416	\$ 27,967	\$ 11,961	\$ 35,955	\$ 20,352	\$ 17,873	\$ 46,901	\$ 20,219	\$ 10,874	\$ 36,418	\$ 48,240	\$ 17,821	\$ 39,708	\$ 27,210
PATIENT	\$ 6,999	\$ 9,979	\$ 1,664	\$ 18,055	\$ 7,950	\$ 6,247	\$ 15,858	\$ 5,641	\$ 65,492	\$ 1,979	\$ 5,139	\$ 4,420	\$ 1,855	\$ 11,637
REGISTRATION	\$ 18,669	\$ 51,393	\$ 31,470	\$ 32,316	\$ 41,975	\$ 59,248	\$ 55,316	\$ 56,906	\$ 77,522	\$ 85,547	\$ 29,682	\$ 48,646	\$ 55,896	\$ 49,584
TOTAL	\$ 70,773	\$ 134,909	\$ 78,522	\$ 129,574	\$ 125,445	\$ 191,640	\$ 170,230	\$ 139,542	\$ 208,240	\$ 172,499	\$ 142,124	\$ 134,948	\$ 154,533	\$ 142,537



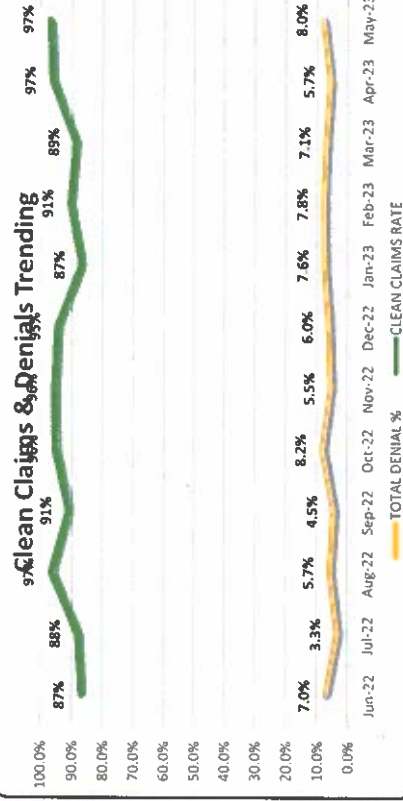
COUNT	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
BILLING	15	26	10	31	24	39	41	27	31	39	58	29	30	31
CODING	104	39	31	57	64	62	72	47	40	47	34	29	24	50
FACILITY	40	28	17	33	34	29	28	36	23	31	48	47	26	32
PATIENT	12	10	6	19	14	11	15	13	20	9	13	7	7	12
REGISTRATION	48	56	59	64	56	75	75	66	75	66	73	93	73	67
TOTAL	219	159	123	204	199	197	231	189	189	192	226	205	160	192



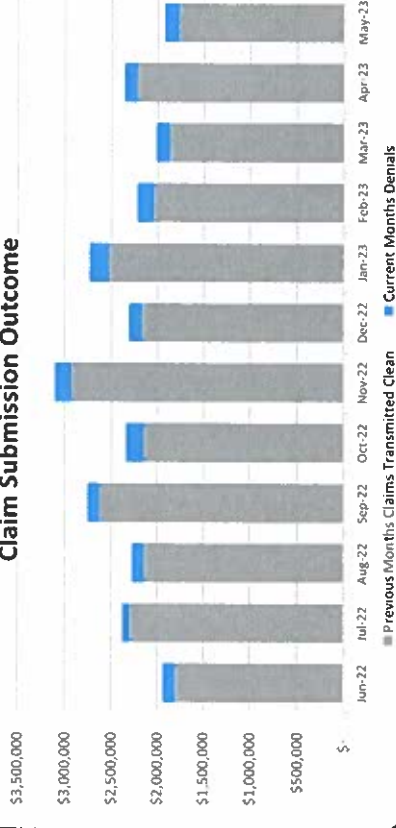
CLAIM SUBMIT EFFICIENCY & DENIAL RESOLUTION

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
DENIAL AMOUNT	\$ 70,773	\$ 134,909	\$ 78,522	\$ 129,574	\$ 125,445	\$ 191,640	\$ 170,230	\$ 139,542	\$ 208,240	\$ 172,499	\$ 142,124	\$ 134,948	\$ 154,533	\$ 142,537
PREVIOUS MONTH'S TRANSMITTED CLAIMS	\$ 2,233,739	\$ 1,940,725	\$ 2,378,628	\$ 2,274,985	\$ 2,759,844	\$ 2,341,328	\$ 3,110,731	\$ 2,307,661	\$ 2,737,447	\$ 2,216,486	\$ 2,010,603	\$ 2,357,455	\$ 1,924,598	\$ 2,353,402
TOTAL DENIAL %	3.2%	7.0%	3.3%	5.7%	4.5%	8.2%	5.5%	6.0%	7.6%	7.8%	7.1%	5.7%	8.0%	6.1%
CLEAN CLAIMS RATE	90%	87%	88%	97%	91%	96%	96%	95%	87%	91%	89%	97%	97%	92%

Denial & Clean Claim Trending

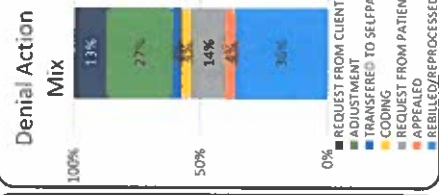
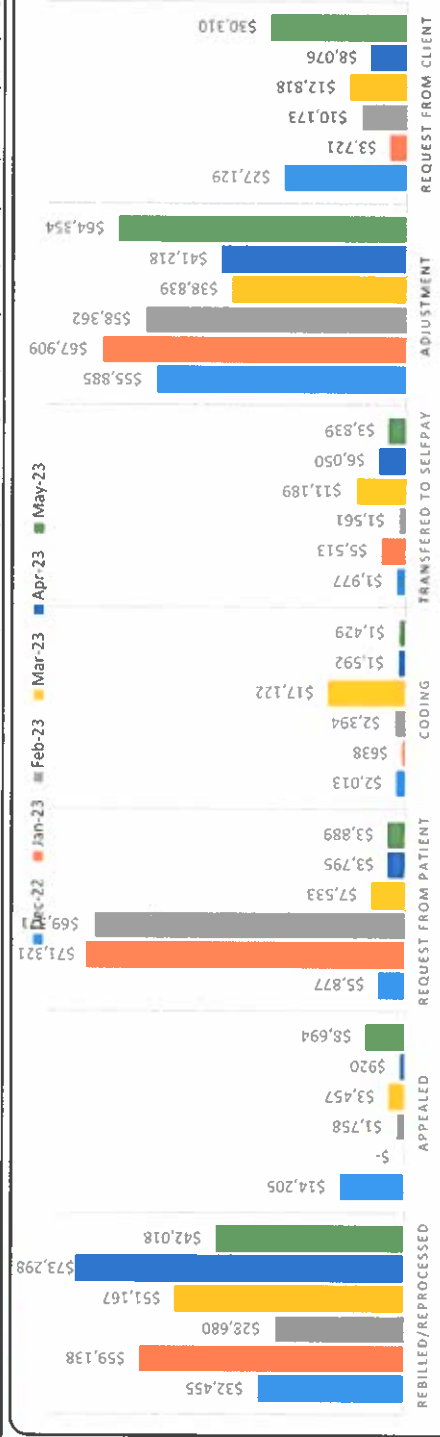


Claim Submission Outcome



DENIAL ACTION	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
REBILLED/REPROCESSED	\$ 18,139	\$ 76,657	\$ 12,844	\$ 42,909	\$ 60,880	\$ 118,644	\$ 54,322	\$ 32,455	\$ 59,138	\$ 28,680	\$ 51,167	\$ 73,298	\$ 42,018	\$ 51,627
APPEALED	\$ 4,799	\$ 6,086	\$ 967	\$ 9,345	\$ 1,297	\$ 10,358	\$ 8,518	\$ 14,205	\$ -	\$ 1,758	\$ 3,457	\$ 920	\$ 8,694	\$ 5,416
REQUEST FROM PATIENT	\$ 4,702	\$ 5,276	\$ 16,353	\$ 16,331	\$ 7,320	\$ 19,231	\$ 26,682	\$ 5,877	\$ 71,321	\$ 69,571	\$ 7,533	\$ 3,795	\$ 3,889	\$ 19,837
CODING	\$ 3,787	\$ 2,459	\$ 3,954	\$ 7,421	\$ 10,523	\$ 7,630	\$ 7,004	\$ 2,013	\$ 638	\$ 2,394	\$ 17,122	\$ 1,592	\$ 1,429	\$ 5,228
TRANSFERRED TO SELF-PAY	\$ 4,576	\$ 5,659	\$ 3,084	\$ 4,540	\$ 6,941	\$ 3,725	\$ 1,788	\$ 1,977	\$ 5,513	\$ 1,561	\$ 11,189	\$ 6,050	\$ 3,839	\$ 4,650
ADJUSTMENT	\$ 19,878	\$ 30,732	\$ 14,735	\$ 33,071	\$ 13,871	\$ 24,344	\$ 28,609	\$ 55,885	\$ 67,909	\$ 58,362	\$ 38,839	\$ 41,218	\$ 64,354	\$ 37,831
REQUEST FROM CLIENT	\$ 14,892	\$ 8,040	\$ 26,585	\$ 15,958	\$ 24,614	\$ 7,709	\$ 43,306	\$ 27,129	\$ 3,721	\$ 10,173	\$ 12,818	\$ 8,076	\$ 30,310	\$ 17,949
TOTAL	\$ 70,773	\$ 134,909	\$ 78,522	\$ 129,574	\$ 125,445	\$ 191,640	\$ 170,230	\$ 139,542	\$ 208,240	\$ 172,499	\$ 142,124	\$ 134,948	\$ 154,533	\$ 142,537

Action Taken on Denials



UNBILLED & INVENTORY

Unbilled

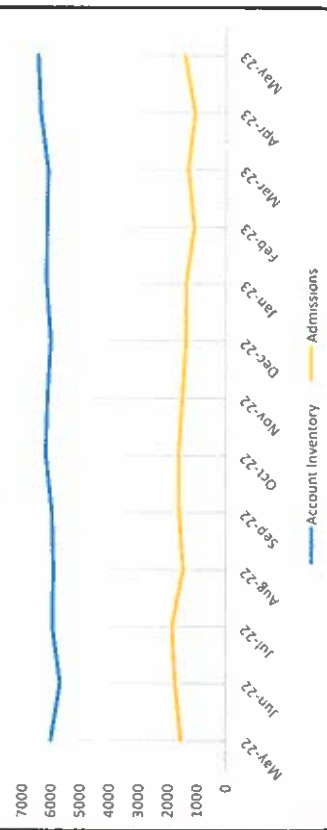
INHOUSE	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE	\$ 118,951	\$ 158,174	\$ 3,538	\$ 46,981	\$ 113,270	\$ 47,611	\$ 102,053	\$ 36,320	\$ 39,825	\$ 18,634	\$ 170,364	\$ 24,638	\$ 55,197	\$ 71,966
MEDI-CAL	\$ 404	\$ 22,082	\$ 25,777	\$ 34,587	\$ 53,236	\$ 77,737	\$ 94,062	\$ 534	\$ 9,697	\$ 191,895	\$ 223,072	\$ 143,462	\$ 134,372	\$ 77,759
COMMERCIAL	\$ 1,075	\$ 2,358	\$ (60)	\$ 2,766	\$ 9,489	\$ 7,376	\$ 1,093	\$ (35)	\$ (35)	\$ 1,039	\$ 8,324	\$ 1,549	\$ 9,405	\$ 3,411
BLUES	\$ 28,868	\$ 23,809	\$ (614)	\$ 32,480	\$ 27,855	\$ 37,599	\$ 44,449	\$ 9,986	\$ 9,973	\$ 14,242	\$ 20,845	\$ 26,586	\$ 23,890	\$ 23,074
WORK COMP	\$ 2,977	\$ 6,903	\$ -	\$ 11,665	\$ 1,120	\$ 978	\$ -	\$ 489	\$ 810	\$ 4,475	\$ 22,679	\$ 5,834	\$ 9,289	\$ 5,171
SELF PAY	\$ -	\$ 206	\$ -	\$ -	\$ 397	\$ 397	\$ 672	\$ -	\$ (587)	\$ -	\$ -	\$ 98	\$ 98	\$ 98
TOTAL	\$ 152,275	\$ 213,531	\$ 28,641	\$ 128,479	\$ 205,367	\$ 171,698	\$ 242,329	\$ 47,293	\$ 59,682	\$ 230,285	\$ 445,283	\$ 202,166	\$ 232,201	\$ 181,479
DNFB														
MEDICARE	\$ 290,329	\$ 264,840	\$ 219,386	\$ 191,308	\$ 340,323	\$ 279,791	\$ 411,859	\$ 221,978	\$ 290,507	\$ 170,723	\$ 142,748	\$ 97,778	\$ 229,537	\$ 242,393
MEDI-CAL	\$ 60,204	\$ 114,328	\$ 89,091	\$ 51,735	\$ 98,422	\$ 18,866	\$ 46,604	\$ 90,660	\$ 162,900	\$ 140,107	\$ 55,847	\$ 31,522	\$ 42,375	\$ 77,128
COMMERCIAL	\$ 52,842	\$ 39,031	\$ 64,191	\$ 12,707	\$ 74,359	\$ 6,569	\$ 12,419	\$ 72,384	\$ 30,442	\$ 50,470	\$ 11,148	\$ 3,897	\$ 11,437	\$ 33,992
BLUES	\$ 57,481	\$ 31,088	\$ 123,620	\$ 69,033	\$ 163,731	\$ 42,718	\$ 25,073	\$ 71,827	\$ 71,827	\$ 46,535	\$ 25,635	\$ 23,567	\$ 25,857	\$ 58,348
WORK COMP	\$ 8,560	\$ 39,526	\$ 6,825	\$ 5,579	\$ 12,415	\$ 6,991	\$ 19,438	\$ 33,516	\$ 7,265	\$ 10,598	\$ 10,596	\$ 14,808	\$ 3,993	\$ 13,859
SELF PAY	\$ 53	\$ -	\$ -	\$ 53	\$ 53	\$ 53	\$ 450	\$ 1,122	\$ 1,122	\$ 1,069	\$ 1,069	\$ 1,069	\$ 3,560	\$ 744
TOTAL	\$ 469,468	\$ 488,812	\$ 502,912	\$ 330,414	\$ 689,303	\$ 354,987	\$ 515,842	\$ 472,018	\$ 564,062	\$ 419,502	\$ 247,043	\$ 172,640	\$ 316,759	\$ 426,443
TOTAL UNBILLED	\$ 621,743	\$ 702,344	\$ 531,553	\$ 458,893	\$ 894,670	\$ 526,685	\$ 758,171	\$ 519,311	\$ 623,744	\$ 649,787	\$ 692,327	\$ 374,806	\$ 548,961	\$ 607,923
UNBILLED DAYS	10.5	10.9	7.9	6.8	12.6	7.4	10.4	7.5	9.1	9.9	10.8	6.2	8.7	9.1

Admissions & Account Inventory

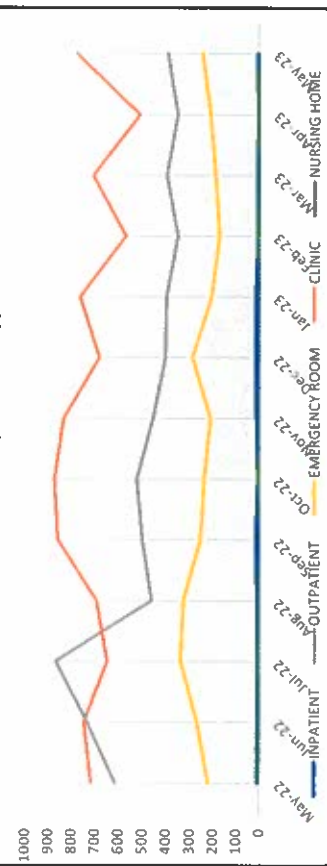
ADMISSIONS	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
INPATIENT	7	7	5	7	12	4	10	14	12	4	6	3	7	8
OUTPATIENT	612	731	866	458	498	522	453	403	398	350	397	351	392	495
EMERGENCY ROOM	219	266	336	325	251	236	209	286	205	170	187	210	242	242
CLINIC	714	744	644	690	857	872	832	679	763	567	707	508	777	720
NURSING HOME	1	0	1	0	0	1	0	0	0	1	0	1	0	0
TOTAL	1,553	1,748	1,852	1,480	1,618	1,635	1,504	1,382	1,378	1,092	1,297	1,073	1,418	1,464

ACCOUNT INVENTORY	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	13 Month Average
MEDICARE	777	668	788	785	627	891	756	585	688	657	668	728	688	716
MEDI-CAL	774	715	650	761	868	919	958	937	911	907	911	946	947	864
COMMERCIAL	322	405	412	390	426	406	379	401	423	422	391	426	435	403
BLUES	669	660	767	690	692	706	768	766	732	720	717	687	627	708
WORK COMP	62	67	71	73	59	56	50	61	68	90	92	102	87	72
SELF PAY	3,409	3,177	3,275	3,227	3,302	3,217	3,225	3,273	3,319	3,356	3,335	3,487	3,680	3,329
TOTAL	6,013	5,692	5,963	5,926	5,974	6,195	6,136	6,023	6,166	6,152	6,114	6,376	6,464	6,092

Account Inventory & Admissions



Admissions by Service Type

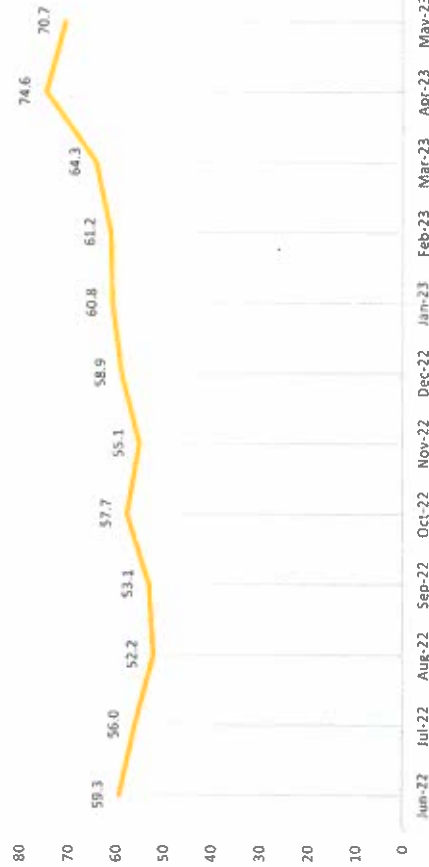


Seneca Healthcare District

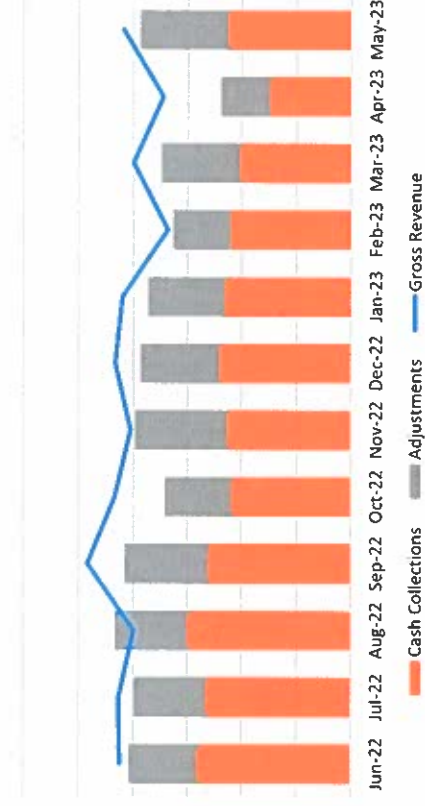
Executive Dashboard

	TARGET	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Days in AR	52.0	59.3	56.0	52.2	53.1	57.7	55.1	58.9	60.8	61.2	64.3	74.6	70.7
Gross AR		3,826,687	3,788,855	3,537,853	3,771,777	4,125,797	4,001,018	4,065,230	4,147,841	4,031,109	4,119,219	4,517,216	4,457,487
Gross Revenue		2,120,965	2,128,533	1,990,421	2,418,882	2,168,472	2,020,034	2,160,904	2,094,079	1,674,470	1,995,757	1,716,459	2,087,320
Cash Collections		1,403,938	1,324,175	1,494,755	1,303,746	1,095,829	1,135,701	1,208,829	1,153,799	1,099,224	1,022,651	749,254	1,130,708
Adjustments		632,850	662,578	670,467	768,632	606,877	844,209	721,536	706,057	525,602	714,262	443,245	802,101
Collection %		68.9%	66.7%	69.0%	62.9%	64.4%	57.4%	62.6%	62.0%	67.7%	58.9%	62.8%	58.5%
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%	3.0%	2.8%	1.6%	2.2%	0.5%	1.4%	0.8%	0.0%	0.2%	0.0%	0.0%	0.0%
Charity Care	3%	0.3%	0.4%	0.7%	0.0%	0.0%	0.9%	0.3%	1.1%	0.2%	0.2%	0.0%	0.8%
Third Party Aged over 90	18%	17.0%	11.1%	13.2%	14.4%	15.1%	12.6%	15.2%	15.3%	15.9%	14.9%	13.4%	16.6%
Self Pay Aged 120 (from assignment)	25%	81.2%	70.3%	70.8%	54.2%	55.8%	55.1%	54.2%	58.0%	56.7%	55.6%	53.9%	59.1%

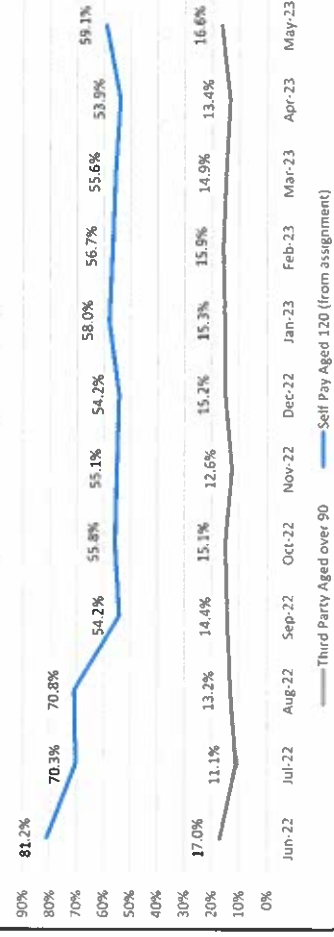
Days in AR



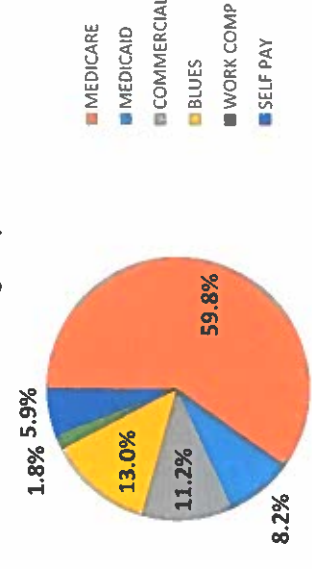
Cash & Adjustments vs Gross Revenue



Third Party & Self Pay Aging



13 Month Average Payer Mix



SPT Report to the SHD Board

6/29/2023

SWIMLANES	SUBCATEGORIES	General Summary	Updates
CEQA	General / SHD approval	For compliance with CEQA (state) environmental requirements, an environmental review is required to evaluate project followed by approval of the GPA/RZ and LAFCO (see below). Sequoia Environmental is the consultant that has been contracted to lead this process. SHD has been identified as the lead agency for the CEQA review/approval.	COMPLETE
	GPA/Rezone	This application has been submitted to the Plumas County Planning	COMPLETE As a responsible agency to the CEQA process, Plumas County Planning and Department of Public Works approved the GPA/RZ based on the IS/MND at the 6/13 BOS meeting.
	LAFCO Annexation	Documentation has been compiled to submit to LAFCO to annex the site for the new CAH into Chester Public Utilities District. That application is being held until it is determined where in the overall project schedule the submittal should be done in order to not need an extension for the application, noting that any LAFCO approval needs to follow Board of Supervisors' approval of the General Plan Amendment/Rezone.	As a responsible agency to the CEQA process, LAFCO will follow SHD and PC/BOS in approving the parcel's annexation to CPUD. County BOS approved the resolution to accept the tax sharing agreement on 6/20. Notice to the public 21 days prior to LAFCO meeting will be facilitated by LAFCO. Date for LAFCO meeting is 7/17/23.
NEPA		For anticipated USDA financing (see below), an environmental review is required to evaluate project compliance with NEPA (federal) requirements. Sequoia Environmental is the consultant that has been contracted to lead this process. USDA is identified as the lead agency for the NEPA review/approval.	CEQA/NEPA consultant Sequoia completed the Environmental Assessment as required by USDA, and that was submitted to USDA on 5/31. Comments were received on 6/15 and Sequoia has been working to address and resubmit. Following re-review by USDA, 3-week period of noticing/public comment will need to occur. USDA will need to approve this document prior to site activities beginning...USDA is also indicating again that full loan approval is required prior to site activities beginning.

Heliport		<p>It is being examined whether a heliport is physically, financially, and regulatorily feasible in order to have the capability to transport patients as needed direct from the future facility in lieu of first transporting to the airport. A heliport consultant provided input in determining the physical feasibility at the site. From there a determination can be made to proceed in full, not at all, or only with the infrastructure so that a helipad can be added at a later date.</p>	<p>Through the Heliport Consultant RFQ/P, only 1 proposal was received for \$90,200. With that, along with aiming to maintain the natural landscape on the West end of the parcel and on the adjacent Collins Pine land by reducing the number of trees needing to be cut, it is being explored whether an Emergency Medical Service Landing Site (see included information) may be more appropriate to SHD's circumstances, in lieu of a heliport. Helipad has been staked by our surveyor and FlightCare pilot from Enloe Medical Center has agreed to fly over to give feedback on what is needed to ensure use is safe.</p>
Harvest Plan		<p>Sierra Timber Services (STS) has been retained to prepare a Timber Harvesting Plan (THP) and associated Timberland Conversion permit (TCP). This is needed in order to clear trees as needed for the development, and will also be a component of the CEQA/NEPA analysis.</p>	<p>CALFIRE has approved Timber Conversion Plan and Timber Harvest Plan is, following closure of public comment on 6/22, pending approval by CALFIRE. We are set to have STS perform onsite post-approval supervision of tree removal, filing of completion reports, Water Quality Monitoring.</p> <p>The RFP for associated tree/stump removal by Licensed Timber Operators (LTO) was re-opened/extended due to the delayed start, wanting to ensure if that change would open up opportunity for more entities to bid. Again, one proposal was received 6/12 and it was out of budget. Given the now anticipated start of work mid July, the RFP was modified to make stump removal an optional add-alternate to the bids (as we understand from discussions that stump removal is one of the reasons many did not bid) and aiming to make clear that the proposed 3 week duration for work can be modified within the proposal if needed. Due date for proposals is 7/7, and we are asking for a 7/12 special BOD meeting to review and select LTO. Will then finalize contract with start date slated for 7/24 or 7/25.</p>

		<p>Contract was executed with the biological consultant and botanical review has completed to ensure review of floristic conditions and nothing to date has been found. Wetland will be corded off and remainder of nesting bird survey by that consultant will be done within the 14 days prior to start of tree harvest, and the selected LTO will also be given a training by the biological consultant in order to ensure compliance with the environmental requirements.</p> <p>Additionally, dust control plan approval through NSAQMD is being reviewed to address that required mitigation management.</p>	
Wildwood Easement		<p>No update from 5/25 BOD meeting re the existing easement. The easement approved by both SHD & PCCDC for potential work at Wildwood's SW corner for main access from Reynolds Rd to the planned new facility has been recorded. Design-Build Entity may have an alternate/more cost-effective solution but if that is the case we can later record a retraction of the easement.</p> <p>The previously-discussed potential secondary emergency access/egress at the North (Meadow Lane) is not anticipated to be needed at this time...site plans have been submitted to the County with alternate secondary access/egress behind the clinic to Brentwood.</p>	
Financing		<p>There is a need for easement across the SW corner of Wildwood in order to properly access the new site. Communications are ongoing with Wildwood for that and for an easement for emergency access only through the North-most drive of Wildwood.</p> <p>Much work has been done to vet various avenues to funding the project, with consideration being given to USDA along with public support via ad valorem tax, potential state/local funding, and philanthropy.</p>	

Ballot Measure	Measure B on the November 2022 Plumas County Ballot to ask voters within the District to support a General Obligation Bond that would provide up to \$42M in support of the hospital's replacement facility passed with 79% approval. Municipal Adviser (MA) Fieldman Rolapp (FR) has been contracted to provide financial/tax information, and Bond Counsel B8K has been contracted for guidance with logistics and communications during the authoring/approval/placement of bonds as applicable.	No update from 5/25 BOD meeting.
USDA Financing	A loan is being pursued from USDA to provide revenue-supported financing for the project.	<p>The majority of required forms and documents have been provided to USDA, and comments have been received on Examined Forecast, PAR, and EA. Ultimately it is determined that the USDA loan will hold up start of construction by a minimum of a month from our original mid-June start...we are working diligently to contain that.</p> <p>SHD has applied for SB395 funding for reimbursement for the fee associated with development of the Criteria Documents (\$280k). We are awaiting feedback on the application. There will be future additional opportunities to apply for future funding under this legislature as well.</p> <p>Philanthropy discussions ongoing. Final architectural renderings have been completed and donor packets are being developed.</p> <p>Application for Federal Community Project Funding is complete...SPT has identified a Medical Equipment package ask to include Mammogram, Ultrasound Butterfly, Ultrasound (to be moved to New CAH), Dexa, c-arm (to be moved to New CAH), and slit lamp (to be moved to New CAH). Awaiting feedback on application/determination.</p>
Other Funding	Anticipating a combination of state/federal funds, Philanthropy and public support.	

Schedule			Design-Build Entity Validation Phase Schedule provided for 1/26/23 meeting. Construction completing 11/25/25, first patient Q1 2026.	The schedule is fully dependent upon maximizing timber removal and grading/site work during the summer of 2023 and resuming building construction Spring of 2024. The effect of the delay of USDA/NEPA has been evaluated by Boldt such that if we are not able to proceed with grading/site work this year, 1st patient pushes from Q1 2026 to Q3 2026. We are working diligently to avoid this.
Budget			Design-Build Entity Validation Phase cost model provided for 1/26/23 meeting. Project budget at \$72M.	Construction costs have been validated at \$55.5M by the Design-Build Entity leading to an overall Project Cost (including soft costs) of \$72M. We anticipated having site work GMP at this BOD meeting, but need to push this report to the July meeting, which due to delay from USDA/NEPA doesn't further impact the schedule.
Design				Note that excluded from these costs is the construction of the Support Services building for which the team is looking at cost efficiencies to have that done by a metal building company.
				Initial comments have been received for the site design that was submitted 5/18 to Plumas County & CPUD for review...these comments are minimal and resubmittal is expected within 2 weeks, resulting in the expected readiness to obtain permit and start grading after tree removal (pending USDA). Design Development has completed and Core & Shell designs were submitted to HCAI on 6/23. Building design interiors will go to HCAI in Nov/Dec.
	Design Documentation		The Boldt Company with HGA Architects have been contracted as the project Design-Build Entity (DBE). Contract has been executed with Ross & Baruzzini (R&B), changing company name to Introba, for Medical Equipment Planning & Procurement services. They will be involved in the project through procurement with a decision at a later point if they will also provide installation management (cost defined within their contract as a potential additional service).	Introba's input on the design has continued, in line with the schedule noted above in the "Design Documentation." Some vendor meetings have occurred, but we are working with Introba to do a more holistic look at which equipment is needed when, and schedule future vendor meetings accordingly.
	Medical Equipment Planning			

Construction	Ground-breaking Ceremony	A ground-breaking ceremony is being planned prior to the tree removal phase of the project.	The timing of the ground-breaking ceremony will depend on when we are able to proceed with timber removal. Potential for 7/24 or 7/25.
	Approval of Fire Sprinkler Subcontractor release	Boldt facilitated a bid to Fire Sprinkler Subcontractors in order to bring on a design-build component to that scope.	We are asking for BOD approval to have Boldt contract this scope to Cosco Fire Protection at a base-bid cost of \$620k (noting that the additional referenced fire pump is currently not anticipated to be needed). This is within the budget for this line item of the upcoming GMP.

EMS Helicopter Landing Site Information

DEPARTMENT OF TRANSPORTATION

DIVISION OF AERONAUTICS – M.S.#40

1120 N STREET

P. O. BOX 942873

SACRAMENTO, CA 94273-0001

PHONE (916) 654-4959

FAX (916) 653-9531

TTY (916) 651-6827

*Flex your power!
Be energy efficient!***INFORMATION CONCERNING HOSPITAL HELIPORTS
AND EMERGENCY MEDICAL SERVICE LANDING SITES**

The following information should be helpful in understanding the difference between a hospital heliport and an emergency medical service helicopter landing site as they relate to State and Federal laws and regulations. The references used include:

- *California Public Utilities Code (PUC), Section 21001, et seq.*
- *California Code of Regulations (CCR's), Title 21, Sections 3525 through 3560.*
- *Federal Aviation Administration (FAA) Advisory Circular 150/5390-2A, Heliport Design.*
- *Federal Aviation Regulation (FAR) Part 157, Notice of Construction, Activation, and Deactivation of Airports.*

California State law (PUC 21663) requires that all heliports have a State Permit to operate unless specifically exempted. One such exemption is an Emergency Medical Service (EMS) Helicopter Landing Site, defined in CCR, Title 21, Section 3527(g) as follows: "A site used for the landing and taking off of EMS helicopters that is located at or as near as practical to a medical emergency or at or near a medical facility and

- (1) *has been designated an EMS landing site by an officer authorized by a public safety agency, as defined in PUC Section 21662.1, using criteria that the public safety agency has determined is reasonable and prudent for the safe operation of EMS helicopters and*
- (2) *is used, over any twelve month period, for no more than an average of six landings per month with a patient or patients on the helicopter, except to allow for adequate medical response to a mass casualty event even if that response causes the site to be used beyond these limits, and*
- (3) *is not marked as a permitted heliport as described in Section 3554 of these regulations and*
- (4) *is used only for emergency medical purposes."*

Examples of public safety agencies could be a fire department, police department, sheriff's department, County EMS Agency, etc.

Not to be confused is the criteria required by the CCR's for a State permitted heliport, which is based on the FAA's Heliport Design guide. Criteria contained in the guide provides the accepted level of safety deemed necessary for a hospital heliport intended for regular medical helicopter operations. Neither the FAA's guide nor Caltrans has established criteria for EMS Helicopter Landing Sites. Therefore, the level of safety of each site is unknown, as each individual public safety agency may have their own criteria, which may or may not be equivalent to established heliport safety standards.

Although PUC Section 21662.1 allows EMS Helicopter Landing Sites to be designated at any medical facility, a review of the history of the legislation indicates that the intent was to allow small or rural medical facilities to accept an occasional emergency patient or transfer a patient to a higher care level hospital. These types of facilities would normally not have the need to establish a heliport for infrequent helicopter operations and we agree should be exempted from the permit requirement.

However, most large hospitals, and certainly trauma centers, are in the emergency care business where patient transfer by helicopter is quite common. In these cases, we feel the helicopter crew, the patient and the public should be afforded the level of safety that a permitted heliport, meeting the established safety standards, would provide. Being designated as an EMS Helicopter Landing Site with the intent of being used on a regular basis seems inappropriate and could be considered an attempt to circumvent the law.

The FAA's *Heliport Design* guide defines medical emergency sites as follows: "An unprepared site at or near the scene of an accident or similar medical emergency on which a helicopter may land to pick up a patient in order to provide emergency medical transport. A designated helicopter landing area located at a hospital or medical facility is a heliport and not a medical emergency site." The guide also refers to FAR Part 157, which requires the filing of a *Notice of Landing Area Proposal* (FAA Form 7480-1) with the FAA. Filing is required if the site is intended to be used 1) for a period of more than 30 days or 2) for more than three days in any one week and more than ten operations will be conducted in any one day.

If a public safety agency decides to designate a site as an EMS Helicopter Landing Site in accordance with PUC Section 21662.1, and accepts the liability for the safety of its use, the following items should be considered:

- Is the approval for one specific operation, or for a specified time period (1 month, 1 year, until a site is permitted, forever?)
- How many operations will be allowed in a given time period? (How much noise will the neighbors tolerate?)
- Does the approval allow night operations? Is the site adequately lighted?
- What size helicopters will be allowed considering the size of the landing site?
- What approach/departure paths will be approved to ensure adequate obstruction clearances? Should the obstructions be marked and/or lighted?
- What type of security and fire protection will be required?
- If the site is in an auto parking lot, is there a planned procedure to have the vehicles moved in a timely manner?
- Will an environmental review be required to comply with the California Environmental Quality Act (CEQA)?

The Department recognizes the importance of EMS helicopters and their ability to quickly transport critically injured people to hospitals for emergency care, and to transfer critical patients to other hospitals where a higher level of emergency care is available. We have always encouraged hospitals to develop a permitted heliport which will ensure its users a safe and dependable facility meeting established safety standards. In fact, there are currently more than 140 permitted hospital heliports in California and that number is rapidly growing as more hospitals are becoming trauma centers and more EMS helicopter providers are becoming available.

We are always available to assist any hospital in developing a heliport and would be pleased to meet with hospital officials to discuss the safety standards and the permitting requirements. For more information contact:

Department of Transportation
Division of Aeronautics, M.S. #40
P.O. Box 942874
Sacramento, CA 94274-0001
(916) 654-4959
FAX (916) 653-9531

May 1997

TAB F

The CEO Report will be
delivered verbally to
the Board.



JUNE 2023

Seneca Healthcare District Board of Directors Meeting

CNO Report

COVID and Other Public Health Updates:

Plumas County COVID-19 By the Numbers:

- CDC now recommends that counties use COVID-19 hospital admission levels to guide prevention decisions. Currently the Plumas County COVID-19 hospital admission level = **LOW**

CDC COVID-19 Hospital Admission Levels	Seneca Masking Requirements
LOW	Masking is not required. Admission COVID testing not required (unless patient to be admitted exhibits s/s of COVID). SHD COVID testing for outpatient endoscopies/colonoscopies will follow the Hospital Admission Level guidelines. SHD will continue pre-procedure COVID testing for general surgery.

Termination of state and federal declaration of emergency:

The Department of Health and Human Services (HHS) ended the federal Public Health Emergency (PHE) for COVID-19, at the end of day on May 11, 2023. Seneca remains committed to taking a very conservative approach to protecting our patients, our residents, and our workforce. The above table will be posted at employee entry sites.

Changes to Employee-required Vaccinations:

Seneca recognizes that vaccines are important for preventing severe illnesses and promoting public health. Our infection prevention team will continue to encourage, offer, and educate regarding the importance of the COVID-19 vaccine, but it is no longer required per new CMS guidelines.

COVID-19 vaccines will continue to be provided at no cost to employees.

General Public demand for COVID-19 Vaccinations:

There has been little to no demand for COVID-19 vaccine in recent months. Vaccines are expiring throughout the county due limited demand.

Cerner Project:

Cerner implementation has been with a variety of issues but ultimately the roll-out has gone better than expected. We continue to perform daily RCAs on all issues identified.

Certified Nurse Assistant (CNA) Program:

The CNA program kicked off on Tuesday, June 13th, with four students enrolled. The course lasts 12 weeks, with final certification testing expected in September.

Education:

While much of the educational focus has been on Cerner in recent months, Seneca has continued to offer on site courses such as CPR, ACLS, and PALS. Once Cerner becomes more “comfortable”, and now with the new Simulation manikin furnished by our Auxiliary, mock codes and other drills are being planned. The hope is to not only test our clinical skills and emergency response, but to also test our new phone system and documentation within Cerner. Stay tuned...

New Critical Access Hospital:

Design Development phase has concluded. Medical equipment planning is still in progress. Exterior hardware and security is near completion.

Regulatory Updates:

No Regulatory Updates.

Seneca Auxiliary Luncheon:

The Annual Seneca Auxiliary Luncheon was held on Wednesday, June 14th at 11:00 am. The Auxiliary presented Seneca with a very large check for \$33,000. This offset the expenses for new equipment requested for Education, the ED, laboratory, and long-term care unit.

Respectfully submitted,

Judy Cline, MSN, RN, PHN

Chief Nursing Officer

TAB H.a
Compliance
Report
No Report
Submitted

TAB H.b
IT Report
Verbal Report
will be
presented at
Meeting

TAB H.c.

- HR List of Staff Changes
- SHD June 2023 Newsletter

List of Staff: Additions & Deletions

April 1-30, 2023

Activity/Event	Status	Job Title	Start/End Date
ADDITIONS	PT	Kitchen Helper/Diet Aid	05/03/2023
CONDITIONAL ADDITIONS			
DELETIONS	FT	LVN	05/08/2023
	FT	Kitchen Helper	05/09/2023
	PD	Kitchen Helper	05/12/2023
	PD	RN	05/25/2023

Open Positions for April 2023:

- Registered Nurse (Full Time, Part Time, Per Diem) (Acute & ER experience preferred)
- LVN (Full Time, Part Time, Per Diem)
- CNA (Full Time, Part Time, Per Diem)
- Respiratory Therapist (Per Diem)
- Clinic Director (Full Time)
- Clinic Coordinator/Administrative Assistant (Full Time)
- Clinical Laboratory Scientist (Full Time, Part Time, Per Diem)
- Housekeeper (Per Diem)
- Surgical Technician (Part Time, Per Diem)
- Diet Aide/Kitchen Helper (Per Diem)
- Maintenance Worker (Full Time)
- Materials Mgmt. and Plant Ops Assistant (Full Time)
- Ultrasound Technician (Full Time)

Corie Kribs, HR Assistant

Seneca Healthcare District

NEWSLETTER

Team Care - Self Care

BY SHAWN MCKENZIE, CEO

In my 42 years of working in healthcare, I have seen many changes as the industry bends and twists to meet the needs of an ever-changing environment of regulation, medical and information technology, social conditions, and cultural shift. Some changes have been incredibly positive as the science of medicine is constantly innovating and making lasting differences in the lives of patients.

The one thing that has changed over the years that is impacting our lives and our mission of care is the changing societal culture. The now very common inward-looking trend of focusing on "ME" and "I" have slowly replaced the "US" and "WE" in society and it has created gaps in the way people interact, solve problems, collaborate and yes, work together. This culture is one that impacts every corner of our individual lives and the social construct of how we interact face to face.

Like it or not, engage in it or not, social media in all forms reigns as the great equalizer, the all-knowing, factually questionable narcissistic key to the galaxy. It gives us hours of stimulus (good and bad) both sharing the positive, but also, in a cynical way, gives us abundant, secretive, and often incorrect license to judge others with damaging results. Like most addictive things, our bodies get a little bump of endorphins from the blinking light and fun little notifications we have constantly feeding our minds. So much so, that a good part of our society suffers from a depressive state when the stimulus goes away. So, what happens when the buzz goes away? We Find it or Create it. We get hooked into the drama and wait impatiently for the next person to get voted off the island or hold our breath to see who gets the rose, (or not).

IMHO, the negative culture of the media world has leaked into our physical lives and affects how we act and react with each other. We are in the people business, and sometimes it gets messy whether we want it to or not. We cannot control the "uncontrollable" constant feed, but we can control what we do with it and how we react to it.

What I am trying to say is that we are getting programmed 24 hours a day to feed into drama at a level never seen. Be kind to each other. Never talk about someone if you would not say it directly to them. If you hear a person gossiping or spreading inaccurate information, immediately but professionally challenge their statements. Live into the Seneca Core Value of "Courage" and nip it in the bud.

Individually commit to making Seneca a "drama free zone." Enter every workday with positive intent and support each other so that we can create a healing place where we take care of patients, while, at the same time, taking care of our teams and ourselves.

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NOTES & NEWS



DID YOU KNOW?

Seneca Healthcare District has an online pricing estimator and chargemaster resources available for patients to understand pricing expectations at Seneca Healthcare District better.



PRICING RESOURCES



JUNE WORK ANNIVERSARIES

1 Year

June 6th - Olivia Van Hussen
June 20th - Jay Badeker
June 21st - Tiffany Braninburg
June 21st - Janessa Jaimes

2 Years

June 3rd - Kimberly Jaimes

4 Years

June 10th - Britnie Mooney

5 Years

June 11th - Jennifer Hall
June 11th - Heather Hemping
June 27th - Jenna Kister

6 Years

June 12th - Chris Matthews

9 Years

June 27th - Lori Ridenour

10 Years

June 18th - Tiffany Paffenroth
June 28th - Jovy Longacre

12 Years

June 16th
Pamela Valencia

CONGRATULATIONS



We're transitioning!

We are upgrading to **Cerner**, a new medical records software, to better serve you. You may experience longer wait times as we transition. Thank you for your patience!



CERNER GO-LIVE

Thanks!

Seneca Healthcare District



The PHESI final presentations was held on May 30th. It was great to see what the students like & disliked and how observing the medical field live in action to help determine what career path's they may want to take. Thank you for those that came.

Centralization is going great! We are getting great patient feedback with regard to our centralization of the clinic. Thank you to all of the employees that have worked hard to complete this centralization project!

The Staff Corner

Employees of the

Month: Irene, Renee, & Olivia



JUNE EMPLOYEES OF THE MONTH

I commend Renee Marino, Irene Urata, and Olivia Van Husen for their invaluable contributions to the clinic centralization process. Their collaborative approach, positive feedback, and instrumental efforts have been exceptional. They have played a crucial role, offering indispensable insights and fostering a culture of collaboration. Their dedication and facilitative contributions have streamlined the process, making them invaluable to our team. I am sincerely grateful for their remarkable work as we continue to strive to achieve our clinic centralization goals.

Nominated by: Charlene Almocera, HIM Director

*I & A with
Irene, Renee, & Olivia*

Irene
Q- What have been your biggest accomplishments on our team?

A- I have had many roles here and have enjoyed each of them as I keep learning more to advance myself.

Q- Why do you love working at Seneca Healthcare District?

A- I enjoy working here as I feel we are very family orientated. I've seen a lot of changes over the years and I am very excited to see the new hospital.

Renee
Q- What qualities do you possess that make you stand out as an excellent team member at Seneca?

A- I stand out as an excellent team member here at Seneca because I give everything 100% and continue to spread positivity throughout the workplace.

Q- What have been your biggest accomplishments on our team?

A- Switching to Cerner.

Olivia
Q- What is the most unique part about working here?

A- The most unique part about working at Seneca is definitely the people. Interacting with everybody and seeing how different yet similar everyone is really special. Every day is an unknown and it always keeps you guessing.

Q- Why do you love working at Seneca Healthcare District?

A- I love working at Seneca because I get to interact with our community daily. I get to form relationships with coworkers and patients alike which then translates into a better health care experience for patients.

SLOW
DOWN



SLOW YOUR ROLL!!!

ON THE WAY TO WORK, PLEASE SLOW YOUR ROLL!!!

LEAD FEET ARE NOT APPRECIATED IN THE PARKING LOT, AND BEAT THE CLOCK CAN BE A DANGEROUS GAME FOR PEDESTRIANS AND DRIVERS.

I WANT TO LOOK OUT FOR EVERYONE'S SAFETY, AND WE NEED TO LOOKOUT FOR EACHOTHER. THANK YOU ALL! LINDA MCCURDY

SLOW
DOWN

Departmental Updates

SNF Bi-Weekly BBQ

\$8.00 a person every payday Friday on the SNF patio. Donations go to the SNF residents activities fund.

BBQ sign-up sheet is by the time clocks at the clinic and hospital. If the sign-up sheets are gone, please ask the kitchen staff to add you to the list no later than 10:00 am Friday morning of the BBQ.

You pay the day of the BBQ when you get your plate. There will be a donation jar on the table.

BBQ Dates: 6/9, 6/23, 7/7, 7/21, 8/4, & 8/18 (unless otherwise noted).



ASK THE EXECUTIVES!

Do you have a burning question for our Executive Team?

Maybe something that you've always wondered about, but never got a chance to ask?

Now's your chance: your CEO/CNO/CFO will be answering YOUR questions each newsletter, you just need to submit them!

Send any questions to Deborah in Administration before the 1st of the month: dhousen@senecahospital.org



Take the Time to Introduce yourself!

*This one is so important... we decided to share it again!
(It might come back next month too!)*



Don't forget to introduce yourself, look patients in the eyes and say "Hi, my name is _____ and I will be your _____ today."

That one sentence can help many patients feel more at ease and welcomed to our facility.

We want to encourage ALL employees to practice using AIDET. AIDET is a useful strategy to improve communication for the healthcare team. Studies show that using AIDET helps to increase overall patient satisfaction

Community Survey going out soon!

We are currently working on a community survey that will be released soon. We hope to obtain feedback from the community on how Seneca is doing as an organization.

CNA TRAINING PROGRAM

STARTS THE WEEK OF JUNE 12, 2023

Be ready to see this semester's students onsite.

Good luck to Ashli and Tiffany who will once again be facilitating with instruction of our new CNA Students.

Share the word, people can start applying for our next program now. We will add them to a list and call them when we are closer to the next start date.



Departmental Updates Continued...

Compliance or Privacy Reporting

If you have privacy or compliance concerns to report, please call:

Charlene Almocera

(833) 227-3743/Internal Ext. 1516

To report anonymously, please leave a message at:

Compliance Hotline

(833) 227-3743 / Internal Ext. 1525

We also have blank compliance forms for you to complete and drop into one of the Compliance Drop Boxes next to each Time Clock. Concerns or reports submitted are all investigated without fear of retaliation to the reporting employee. We prefer that you leave your name so that Compliance can respond to you timely with the status of your report as some issues may take longer to investigate and work through remediation.

2023 Bandshell

“Music Under the Stars”

Sunday, June 25	7pm - Jimi James Band
Saturday, July 1	7pm - Decades
Saturday, July 8	7pm - Freshmakers
Saturday, July 15	7pm - Maria Muldaur
Thursday, July 20	4pm - * California Country
Saturday, July 22	7pm - Whiskey River
Sunday, July 30	7pm - Big Mo Blues
Saturday, August 5	6pm - Joni Morris
Saturday, August 12	6pm - Tom Rigney & Flambeau
Saturday, August 19	6pm - Summer of Love
Saturday, August 26	6pm - Thunder Cover
Saturday, September 2	6pm - California Country

Concerts are at Lake Almanor Country Club – Rec 1 Bandshell

*Chester Community Park Farmers Market 4:00 to 7:00pm



Music Coordinator: Dave May
Sponsored by



Seneca at Bandshell

Seneca will have a table at the Bandshell on August 19th and be helping with the raffle and donating a fun raffle prize.

Thank you Staff...

Hawaiian Lunch - Thank you to the staff in LTC, the dietary staff, and all those that helped make the Hawaiian lunch day special for our residents. The food and decorations were amazing!



FYI: Make sure to compliment the residents on the planter beds. Several of them worked hard on it.

Luncheon for Auxiliary

The annual lunch for our Auxiliary volunteers is coming up on June 14th. We host a small lunch for them each year to thank them for all their work. If you have time to stop by for a photo, we will be taking a photo around 11:30.

Thank you!



HEALTHCARE DISTRICT

General Updates

Student Ads

As part of the PHESI program, each student created a radio ad. Students with the best 3 ads were given prizes and their ads will air on the radio station for the months of June and July. Below are our winning ads!

SENECA HEALTHCARE DISTRICT INVITES YOU TO CELEBRATE NATIONAL HYDRATION DAY, JUNE 23, 2023! STAY HEALTHY AND HYDRATED THIS SUMMER! COUNT ON SENECA FOR QUALITY HEALTHCARE. SCHEDULE AN APPOINTMENT! CALL THE CLINIC AT 1-833-CARE SHD THAT'S 1(833) 227-37-43. OUR EMERGENCY ROOM LOCATED IN CHESTER IS OPEN 24/7 SENECA HOSPITAL - HERE AND READY TO SERVE. SENECA HEALTHCARE - COMPASSIONATE CARE FOR THE LAKE ALMANOR BASIN. (THIS AD WAS CREATED BY GENESEE WITH WESTWOOD HIGH SCHOOL)

JULY IS NATIONAL UV SAFETY AWARENESS MONTH DON'T GET DISTRACTED FROM STAYING HYDRATED AND WEARING SUNSCREEN. APPLY SUNSCREEN OFTEN - SKIP THE SUNBURN AND DODGE THE DAMAGING UV RAYS. AT SENECA HEALTHCARE DISTRICT, WE CARE AND WANT TO KEEP YOU INFORMED. OUR EMERGENCY ROOM IS ALWAYS OPEN - 130 BRENTWOOD DRIVE IN CHESTER. ENJOY A SAFE SUMMER HERE AT LAKE ALMANOR! (THIS AD WAS CREATED BY HARLIE WITH CHESTER PLUMAS CHARTER SCHOOL)

JUNE IS MEN'S HEALTH MONTH! SENECA HEALTHCARE DISTRICT IS COMMITTED TO QUALITY HEALTHCARE IN CHESTER AND THE LAKE ALMANOR BASIN. MAKE AN APPOINTMENT TODAY! CALL 1(833) CARE SHD, THAT'S 1(833)-227-37-43. SENECA HEALTHCARE DISTRICT, 199 REYNOLDS ROAD IN CHESTER. LAKE ALMANOR WALK-IN CLINIC - OPEN MONDAY THROUGH FRIDAY - FROM 8AM TO 5PM, CLOSED NOON TO 1 FOR LUNCH. SENECA HEALTHCARE - COMPASSIONATE CARE FOR THE LAKE ALMANOR BASIN. (THIS AD WAS CREATED BY GIANNA WITH CHESTER HIGH SCHOOL)

Coffee with Seneca

We will be starting up Coffees with Seneca again this summer season to help update the community on the status of the new build. If you would like to be involved with a coffee, lunch, or something else, please reach out to Chelssa at Coutland@senecahospital.org.

Currently, there is a coffee scheduled for Tuesday, June 27th at 11:00 am at the Unity Grill on the West Shore.



New Provider Starting in July!

Our New provider Heather Smith, PA-C is scheduled to start July 3rd as a family care provider. Spread the word!

Joke for the CEO



My boss just texted me: "Send me one of your funny jokes!"

I texted her back: "I'm busy working... I'll send one later."

"That's hilarious," she said. "Send another one!"

Did You Know?

Did you know that Seneca Healthcare District tries to sponsor many of our local sports teams and youth programs, including booster, little league, ARPD, sober grad, kindergarten round-up and more?

We care for our community and want to show it!

July Holidays:

- July 4th - Independence Day!



Fun Days~

- July 1 - International Joke Day
- July 2 - I Forgot Day/World UFO Day
- July 3 - compliment your mirror day
- July 11 - Cheer Up the Lonely Day

Current Projects Update June 2023

- **New Build Campaign /Philanthropy**

- Donor Tree/Heavy Timber
 - I have just received wall sizes from our design build team and will be scheduling a meeting with Collins to review this further.
 - We have also spoken with Eric about the possibility of Collins milling some of the heavy timber for the new build. We are waiting for specification for this from Boldt as well and then we will meet with Collins and talk more about this.
 - Eric has given us the information of the forester we will need to work with. Collins has requested a takeoff sheet with the list of needs so they can see what they can help us with.
- Continuing tracking donations and what donors will be eligible for bricks and leaves.
- Donor Brief: Draft of the graphics has been given to Shawn and is attached at the end of this report. I am waiting on more renderings/images and feedback to complete this and order professional briefs.

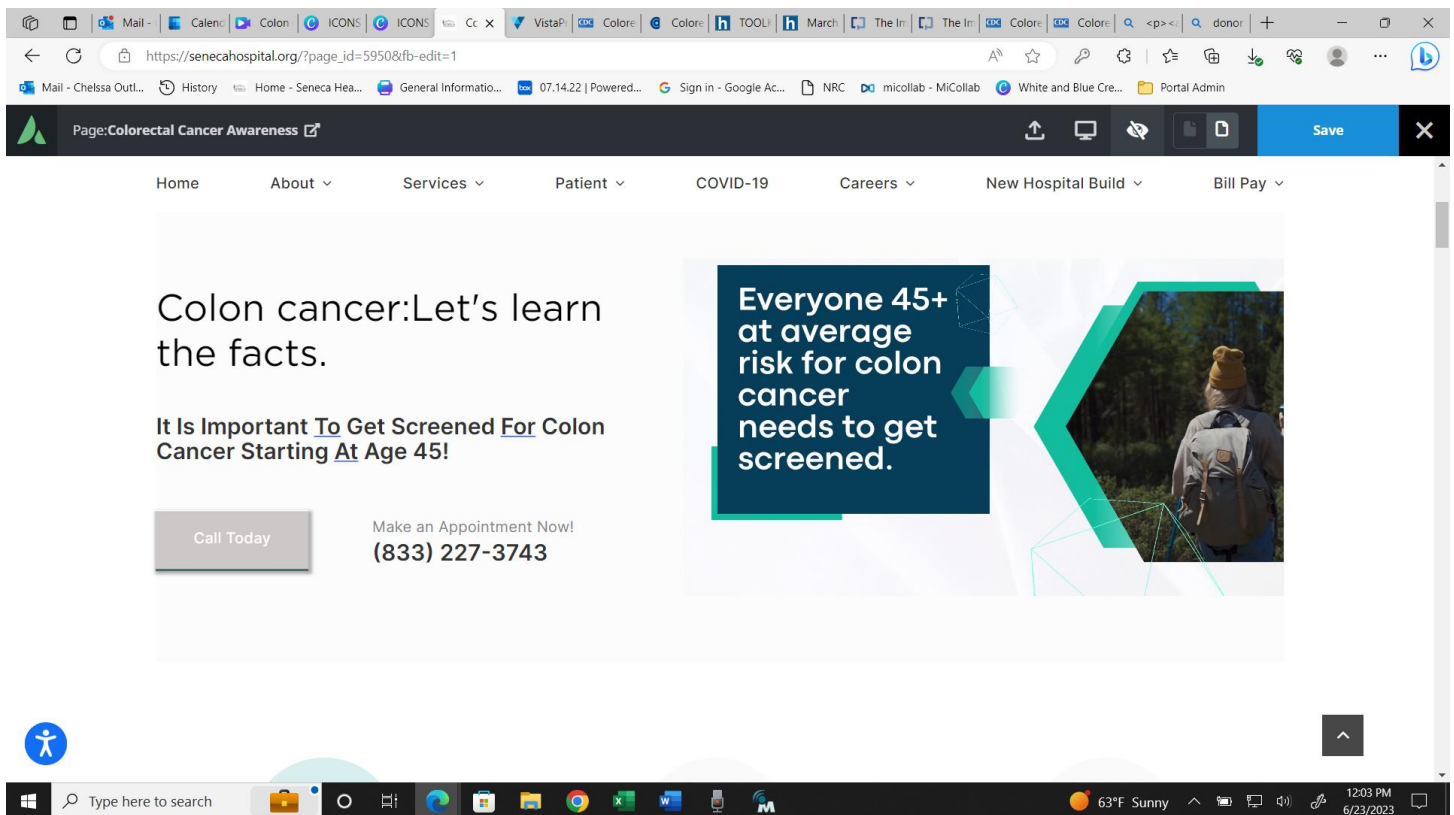
- **General Marketing**

- Radio Ads: We are rotating through the top 3 radio ads from the students last month and working on new ad for next month and august.
- LACC Newsletter - Continual updates are released and ads in the LACC, we are also advertising in the highlife magazine.
- Highlife magazine – new ad is being finalized for July.
- MVL Magazine – quarterly ads are going out with them, and we also have a banner ad on their website.
- Ravenlight Productions: The first video is complete and is being added to our website and marketing campaigns.
- New Build Update
 - Planning for the shovel ceremony has been paused we are waiting on information back from USDA before proceeding with this further
 - We are working with Boldt to get logo hardhats for this and the job site.
 - We will invite the board members & community to join us for the shovel ceremony and we will also reach out to leaders of the community, county and more to invite them.
 - Looking into shovels for the ceremony
 - Planning for the 25th of July (Tentative)
 - We will continue to update the community on the timeline of the build and our progress.
- Website Updates
 - New Patient Portal Information is complete and fully live.
 - Colon Cancer Awareness page is being completed to promote our colonoscopy service. www.senecahospital.org/colonhealth
 - See attachment 2

- **Signage for Hospital**

- Exterior signs Installed – in progress
- Interior Signage

- Additional signage has been requested for patients exiting from our specialty office.
- **Provider Recruitment**
 - Working on back-end website updates, and position description updates as well as scheduling social media posts.
- **Patient/Public Relations**
 - **AA information**
 - We have added AA information to our lobbies and provided resources to our providers. At the request of the local group that provides support for all types of additions.
 - **NRC Comments**
 - Marketing continually works with Care Coordination and Department Managers to help address NRC comments and concerns.
- **Community Wellness Screenings:**
 - More information is coming soon. The screenings are tentatively set for the second and third week of September.
 - Flyers and website will be updated and released once the dates are confirmed by the managers.
- **Phone Book 2024 –**
 - work on ads for 2024 Due August
- **Coffees**
 - working to schedule more coffees to provide current build updates. One is scheduled on the 27th, please see the attachment 3 for flyer.
-



The screenshot shows a web browser window displaying the Seneca Hospital website. The address bar shows the URL: https://senecahospital.org/?page_id=5950&fb-edit=1. The website has a navigation menu with links: Home, About, Services, Patient, COVID-19, Careers, New Hospital Build, and Bill Pay. The main content area features a large banner for colon cancer awareness. The banner includes the text: "Colon cancer: Let's learn the facts." and "It Is Important To Get Screened For Colon Cancer Starting At Age 45!". There is a call to action button that says "Call Today" and another that says "Make an Appointment Now! (833) 227-3743". The banner also features a graphic with the text: "Everyone 45+ at average risk for colon cancer needs to get screened." and an image of a person wearing a backpack and a hat, walking in a forest.

Marketing Report



Attachment 3