

SOUTHERN INYO HEALTHCARE DISTRICT

Notice of a Regular Meeting of the Board of Directors

Date: Tuesday, July 9, 2019

Time: 4:30 p.m.

Location: RCA Church

550 East Post St

Lone Pine, CA 93545

Treasurer Richard Fedchenko will be participating via phone.
1093 Shahr Ave., Lone Pine, CA 93545

AGENDA

I. **CALL TO ORDER**

- A. Pledge of Allegiance
- B. Roll Call
- C. Approval of Agenda

II. **BUSINESS ITEMS**

A. Discussion regarding future of Southern Inyo Hospital facilities.
(President/Attorney)

B. Consent Agenda: These items are considered routine and non-controversial and will be approved by one motion. If a member of the Board or public wishes to discuss an item, it will removed from Consent and considered separately at the end of Business Items.

1. Approval of Minutes

- a. Regular Board Meeting Minutes of 06/11/2019.
- b. Special Board Meeting Minutes of 06/18/2019.
- c. Special Board Meeting Minutes of 07/02/2019.

2. Approval of Medical Staff Privileges

- a. Jasiri Kennedy, MD, ER Physician, Extended Temporary Medical Staff Privileges

3. Approval of Contracts

- a. MModal Renewal Quote

C. ATI Medical Waste Service Agreement (Facility Director)

D. Transfer Agreement-Southern Inyo Healthcare District and Kern Valley Healthcare District. (Interim Administrator)

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

E. ER Physician Agreement- Michael Dillon, MD

III. **REPORTS**

A. Financial Report

- 1. Financial Statement for April 2019
- 2. Cashflow Projections-2020 Budget

B. Interim Administrator Report

C. Medical Staff Report (Quarterly Report)

IV. **PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA**

V. **BOARD OF DIRECTORS COMMENTS ON ITEMS NOT ON THE AGENDA**

VI. **CLOSED SESSION**

- A. Existing Litigation (Govt Code 54956.9): Chapter 9 Bankruptcy
- B. Personnel Appointment-CEO

VII. **CLOSED SESSION REPORT**

VIII. **ADJOURNMENT**

<u>NOTICE TO THE PUBLIC</u>
<u>PUBLIC COMMENT PERIOD FOR REGULAR MEETINGS</u> Members of the public may comment on any item on the agenda before the Board takes action on it. The public may also comment on items of interest to the public that are within the subject matter jurisdiction of the Board; provided, however, the Board may not take action on any item not appearing on the agenda unless the action is otherwise authorized by law. Any person addressing the Board will be limited to a maximum of three (3) minutes so that all interested parties have an opportunity to speak.
<u>COPIES OF PUBLIC RECORDS</u> All writings, materials, and information provided to the Board for their consideration relating to any open session agenda item of the meeting are available for public inspection and copying during regular business hours at the Administration Office of the District at 501 E. Locust Street, Lone Pine, California.
<u>COMPLIANCE WITH ADA</u> This agenda shall be made available upon request in alternative formats to persons with a disability, as required by the Americans with Disabilities Act of 1990 (42 U.S.C. § 12132) and the Ralph M. Brown Act (Cal. Gov't Cod. § 54954.2). Persons requesting a disability related modification or accommodation in order to participate in the meeting should contact the Administrative Office during regular business hours by phone at (760) 876-5501, or in person at the District's Administrative Office at 501 E. Locust St., Lone Pine, California.

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

SOUTHERN INYO HEALTHCARE DISTRICT

Regular Meeting of the Board of Directors Minutes

Date: Tuesday, June 11, 2019

Time: 4:30 p.m.

Location: RCA Church

550 East Post St

Lone Pine, CA 93545

Treasurer Richard Fedchenko will be participating via phone.
1093 Shahar Ave., Lone Pine, CA 93545

Director Mark Lacey will be participating via phone.
571 S. Sierra Hwy, Olancho, CA 93549

AGENDA

PRESENT

Jaque Hickman, President

Richard Fedchenko, Treasurer

Mark Lacey, Director (via phone within the district)

ABSENT

Charles Carson, Vice President

Carma Roper, Secretary

OTHERS

Brian Cotter, CEO

Chet Beedle, Financial Consultant

Chris Marks, IT

Scott Nave, Attorney

Jeff Sheffield, Facility Director

I. CALL TO ORDER

The meeting was called to order at 4:34 p.m.

Treasurer Fedchenko moved to defer item "G" to after the closed session and approve the Regular Board meeting agenda for 06/11/2019. The Board took all items that required action/approval first. It was noted that there is not an item C on the agenda.

Roll Call-

Richard Fedchenko "AYE"

Mark Lacey "AYE"

Jaque Hickman "AYE"

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

II. BUSINESS ITEMS

A. Discussion regarding future of Southern Inyo Hospital facilities.

(President/Attorney)

Item A was discussed after all action items were taken care of.

Audio is available on the court proceedings. SIHD is awaiting the ruling on Optum Bank. The judge stated that he would submit his ruling in writing.

President Hickman stated the Ashley McDow is still able to work on the Optum case.

Jeff Golden is working Ashley McDow. The next hearing will be July 24th.

Jeff Golden will need to provide a report to the judge giving reason(s) to show cause and not to execute the case. The report is due by 07/10/2019.

B. Consent Agenda: These items are considered routine and non-controversial and will be approved by one motion. If a member of the Board or public wishes to discuss an item, it will removed from Consent and considered separately at the end of Business Items.

1. Approval of Minutes

- a. Regular Board Meeting Minutes of 05/14/2019.

2. Medical Staff Privileges

- a. Frank Kadel, DO, Clinic Physician, Temporary 90 days Medical Staff Privileges
- b. Ronald Smith, MD, Emergency Room, Temporary 90 days Medical Staff Privileges
- c. Michael Dillon, MD, Emergency Room, Temporary 90 days Medical Staff Privileges

3. Approval of Contracts

- a. Omnicell Agreement

4. Approval of Policies & Procedures

- a. Quality Performance Improvement
- b. Monitoring Medication Regimen Review

ACTION: Treasurer Fedchenko moved to approve the consent agenda. Director Lacey seconded.

Roll Call-

Richard Fedchenko	"AYE to items B2, B3 & B4, Abstains Item B1"
Mark Lacey	"AYE"
Jaqueline Hickman	"AYE"

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

D. Resolution 19-6 Revolving Loan with Inyo County Treasury (Financial Consultant/CEO)

SIHD is requesting a revolving loan with Inyo Co for the amount of one million dollars. This amount will be for the fiscal year 2019-2020.

Brian Cotter gave a brief background of request for a revolving loan with the county. President Hickman stated that by requesting a revolving loan SIHD will opt out on having to set emergency/special meetings.

Chet Beedle stated that the interest rate is low.

Brian Cotter is to contact Inyo County to obtain the correct wording for the resolution to reflect a “revolving” loan.

Treasurer Fedchenko noted that on Resolution 19-6, Jaque Hickman’s signature is enough to authorize the release of funds for any given IGT without a board meeting.

ACTION: Treasurer Fedchenko moved to approve Resolution 19-6 Revolving loan with Inyo County for the amount of one million for fiscal year 2019-2020. Director Lacey seconded.

Roll Call

Richard Fedchenko	“AYE”
Mark Lacey	“AYE”
Jaque Hickman	“AYE”

E. California Department of Public Health IGT- Execution of Contract Only (Financial Consultant/CEO)

Chet Beedle stated that this is a final IGT contract for a rate range adjustment 2018-2019. Chet stated that most of the money that SIHD gets from IGT’s is from rate range adjustments.

ACTION: Treasurer Fedchenko moved to approve CDPH IGT Contract# 18-95693. Director Lacey seconded.

Roll Call

Mark Lacey	“AYE”
Richard Fedchenko	“AYE”
Jaque Hickman	“AYE”

F. Cummins Pacific Quote for the Hospital’s Generator (Facility Director)

Facility Director Jeff Sheffield stated that he was unsuccessful on getting a voltage regulator due to the year of the generator (1977). At this time, maintenance is unable to notice the voltage fluctuation when the generator is running. Jeff requests that SIHD moves forward with a 2 hour test and full service (oil change, air filters and inspection). Also to fix the voltage regulator.

Currently the generator provides electricity to the Emergency Room, IT Server, hallways, red plugs, red switches and Conference room.

President Hickman stated that repairs and maintenance will not need to come to Board of directors for approval. The testing and inspection is a mandatory item. This is considered

Board of Directors:

Jaqueline Hickman President	Charles Carson Vice President	Carma Roper Secretary	Richard Fedchenko Treasurer	Mark Lacey Director
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to be a budget item and an annual expense. Financial Consultant Chet Beedle can approve. For example, the voltage regulator would need to come to the Board for approval but not the testing and inspection.

G. Employee Reimbursement Request (CEO)

Item G was discussed after the Closed Session. The Board of Directors directed President Hickman to discuss the reimbursement request with Teresa McFarland.

III. REPORTS

A. Financial Report

Financial Consultant Chet Beedle reviewed the financials presented at the Finance Committee meeting on 06/04/2019.

B. CEO Report

Brian Cotter, CEO reviewed the monthly numbers and graphs.

SIHD is waiting on the results of swing bed approval.

SIHD has almost a 100% of independent physicians. This is SIHD's goal.

President Hickman asked why the skilled nursing census did not jump after the roof repair in skilled nursing. Brian stated that it is due to referrals and staffing.

There is a new Per Diem Physical therapist.

George Lahey is working in the lab full time and on standby. The lab is in stable shape but needs to get some help in lab. The renewal of license paperwork was submitted.

RCA volunteered to help SIHD with cleaning the outside of the clinic. A photo showing all their hard work was presented. Thank you to RCA.

There was reporting of residents being sick. No acute admittance required. Tests were done last week and SIHD should have results by tomorrow.

Shannon Jimerson, CNO will be resigning. SIHD will do recruiting for position.

C. Medical Staff Report (Quarterly Report)

The quarterly report from Medical Staff will be scheduled for July Regular Board Meeting.

IV. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

Teresa McFarland had a question on the approval of policies and procedures. Teresa asked if a committee can be created to review and write. Attorney Nave stated that policy and procedures should be drafted by department managers. Nave will review first then the CEO. Once approved by CEO and Nave the policy and procedures will need to be approved by the board.

Medical Staff is different. Nave does not review the medical policies. Medical Staff is its own distinct entity from the district. Medical Staff needs to have their own attorney review their policies and bylaws. Attorney Nave does look at the policies to make sure that the policies do not violate the districts policies and don't implicate the district. Attorney Nave will look into. Any policies that pertains to medical need to go to Chief of Staff.

Board of Directors:

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Secretary

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Treasurer

Mark Lacey
Director

V. BOARD OF DIRECTORS COMMENTS ON ITEMS NOT ON THE AGENDA

None at this time.

VI. CLOSED SESSION

- A. Existing Litigation (Govt Code 54956.9): Chapter 9 Bankruptcy
- B. Approval of ETB Cash Out-Personnel
- C. Personnel Evaluation: CEO

VII. CLOSED SESSION REPORT

The Board discussed the Chapter 9 case, voted unanimously to approve the employee cash out requests, and gave the CEO 30-days notice of termination of his employment contract.

VIII. ADJOURNMENT

The open session meeting adjourned at 5:43 p.m.

President or Secretary of the Board

Date

Regular Board Minutes of 06/11/2019

Board of Directors:

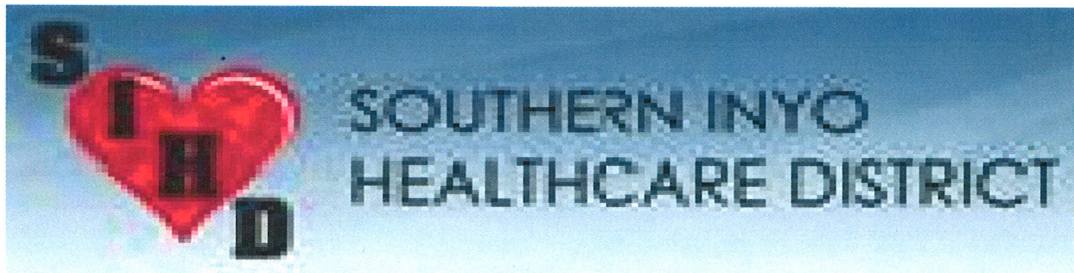
Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director



Unaudited Financial Statements

for

Nine Months Ended March 31, 2019

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:

**Chester Beedle
Chief Financial Officer**

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SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Nine Months Ended March 31, 2019

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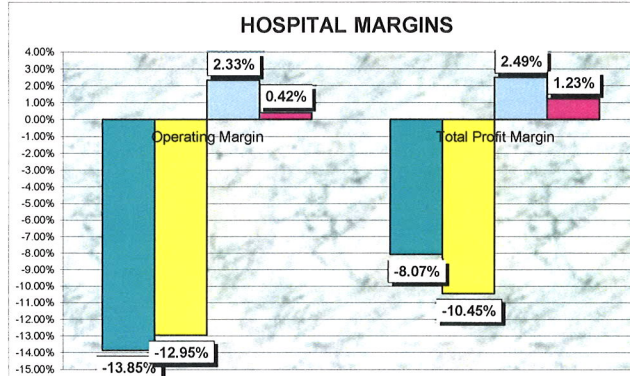
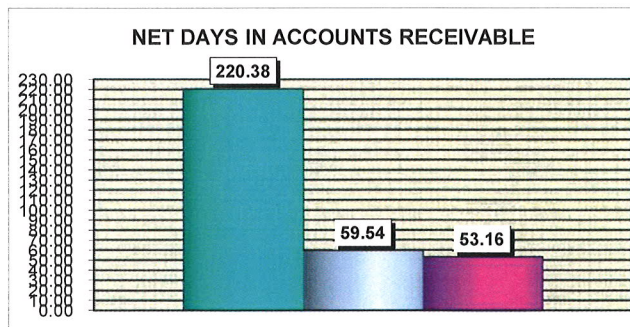
SOUTHERN INYO HEALTHCARE DISTRICT

EXECUTIVE FINANCIAL SUMMARY

Nine Months Ended March 31, 2019

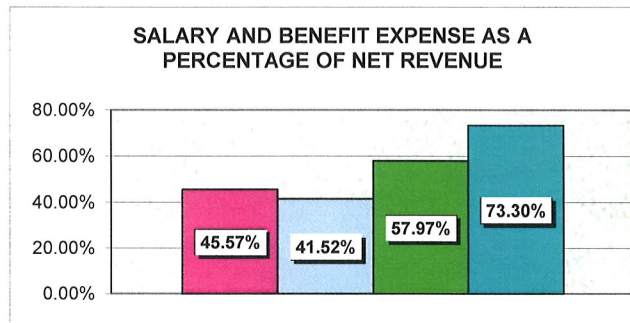
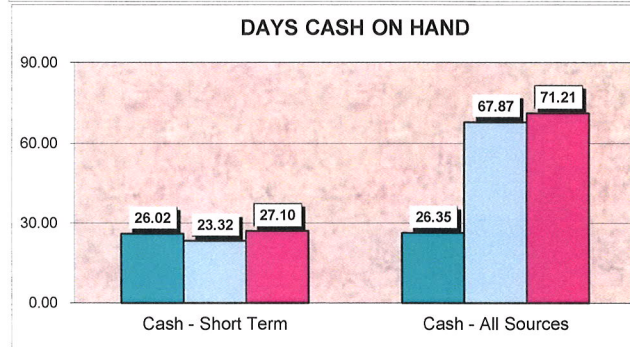
BALANCE SHEET

	3/31/2019	6/30/2018
ASSETS		
Current Assets	\$5,784,612	\$2,540,681
Assets Whose Use is Limited	14,731	8,613
Property, Plant and Equipment (Net)	1,062,364	1,189,917
Other Assets	0	0
Total Unrestricted Assets	6,861,707	3,739,211
Restricted Assets	0	0
Total Assets	\$6,861,707	\$3,739,211
LIABILITIES AND NET ASSETS		
Current Liabilities	\$5,677,705	\$8,354,180
Long-Term Debt	17,260	0
Other Long-Term Liabilities	576,265	0
Total Liabilities	6,271,230	8,354,180
Net Assets	586,118	(4,614,969)
Total Liabilities and Net Assets	\$6,857,347	\$3,739,211



STATEMENT OF REVENUE AND EXPENSES - YTD

	ACTUAL	BUDGET
Revenue:		
Gross Patient Revenues	\$8,253,801	\$6,634,720
Deductions From Revenue	(2,546,231)	(1,828,529)
Net Patient Revenues	5,707,570	4,806,191
Other Operating Revenue	255,983	250,199
Total Operating Revenues	5,963,553	5,056,390
Expenses:		
Salaries, Benefits & Contract Labor	4,371,410	4,172,622
Purchased Services & Physician Fees	930,943	573,170
Supply Expenses	286,533	262,071
Other Operating Expenses	1,142,839	595,039
Bad Debt Expense	0	0
Depreciation & Interest Expense	58,025	108,264
Total Expenses	6,789,749	5,711,165
NET OPERATING SURPLUS	(826,196)	(654,775)
Non-Operating Revenue/(Expenses)	344,977	126,530
TOTAL NET SURPLUS	(\$481,219)	(\$528,245)



KEY STATISTICS AND RATIOS - YTD

	ACTUAL	BUDGET
Total Acute Patient Days	121	40
Average Acute Length of Stay	2.8	1.7
Total Emergency Room Visits	880	744
Outpatient Visits	2,769	2,040
Total Surgeries	0	0
Total Worked FTE's	101.61	96.20
Total Paid FTE's	102.68	107.09
Productivity Index	0.9468	1.0000
EBITDA - YTD	-15.78%	-12.98%
Current Ratio	1.02	
Days Expense in Accounts Payable	254.58	

■	SOUTHERN INYO HEALTHCARE DISTRICT	
■	Budget	03/31/19
■	California	Hospitals
■	CAH Hospitals	Rural
■	Prior Fiscal Year End	06/30/18

FINANCIAL STRENGTH INDEX -		(3.09)
Excellent	Greater than 3.0	Good - 3.0 to 0.0
Fair	0.0 to (2.0)	Poor - Less than (2.0)

Balance Sheet - Assets

SOUTHERN INYO HEALTHCARE DISTRICT LONE PINE, CALIFORNIA Nine Months Ended March 31, 2019

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	Current Month 3/31/2019	Prior Month 2/28/2019	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2018
Current Assets					
Cash and Cash Equivalents	\$639,159	\$925,608	(\$286,449)	-30.95%	\$346,635
Gross Patient Accounts Receivable	8,841,426	8,490,058	351,368	4.14%	6,944,937
Less: Bad Debt and Allowance Reserves	(3,801,813)	(3,650,725)	(151,088)	-4.14%	(5,744,764)
Net Patient Accounts Receivable	5,039,613	4,839,333	200,280	4.14%	1,200,173
Interest Receivable	0	0	0	0.00%	0
Other Receivables	0	0	0	0.00%	688,912
Inventories	98,339	89,894	8,446	9.40%	64,198
Prepaid Expenses	7,500	7,500	0	0.00%	88,409
Due From Third Party Payers	0	0	0	0.00%	152,354
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	5,784,612	5,862,335	(77,723)	-1.33%	2,540,681
Assets Whose Use is Limited					
Cash	8,281	8,288	(6)	-0.08%	8,613
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds	0	0	0	0.00%	0
Funded Depreciation	0	0	0	0.00%	0
Board Designated Funds	0	0	0	0.00%	0
Other Limited Use Assets	6,450	6,450	0	0.00%	0
Total Limited Use Assets	14,731	14,738	(6)	-0.04%	8,613
Property, Plant, and Equipment					
Land and Land Improvements	693,510	693,510	0	0.00%	693,510
Building and Building Improvements	2,587,666	2,587,666	0	0.00%	2,587,666
Equipment	3,041,639	3,041,639	0	0.00%	2,966,485
Construction In Progress	0	0	0	0.00%	0
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	6,322,815	6,322,815	0	0.00%	6,247,661
Less: Accumulated Depreciation	(5,260,451)	(5,260,730)	279	0.01%	(5,057,744)
Net Property, Plant, and Equipment	1,062,364	1,062,085	279	0.03%	1,189,917
Other Assets					
Unamortized Loan Costs	0	0	0	0.00%	0
Assets Held for Future Use	0	0	0	0.00%	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0.00%	0
Other	0	0	0	0.00%	0
Total Other Assets	0	0	0	0.00%	0
TOTAL UNRESTRICTED ASSETS	6,861,707	6,939,158	(77,451)	-1.12%	3,739,211
Restricted Assets	0	0	0	0.00%	0
TOTAL ASSETS	\$6,861,707	\$6,939,158	(\$77,451)	-1.12%	\$3,739,211

Balance Sheet - Liabilities and Net Assets
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Nine Months Ended March 31, 2019

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LIABILITIES AND FUND BALANCE

	Current Month 3/31/2019	Prior Month 2/28/2019	Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2018
Current Liabilities					
Accounts Payable	\$4,569,547	\$4,276,158	(\$293,389)	-6.86%	\$8,163,834
Notes and Loans Payable	590,489	775,093	184,604	23.82%	0
Accrued Payroll	43,929	104,291	60,362	57.88%	190,346
Accrued Payroll Taxes	19,369	45,983	26,614	57.88%	0
Accrued Benefits	190,697	232,876	42,180	18.11%	0
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	43,168	52,637	9,469	17.99%	0
Patient Refunds Payable	2,287	1,245	(1,042)	-83.71%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	12,289	20,813	8,524	40.95%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	0.00%	0
Current Portion of LTD (Leases)	3,640	19,450	15,810	81.29%	0
Other Current Liabilities	202,292	147,316	(54,976)	-37.32%	0
Total Current Liabilities	5,677,705	5,675,861	(1,844)	-0.03%	8,354,180
Long Term Debt					
Bonds/Mortgages Payable	0	0	0	0.00%	0
Leases/Notes Payable	20,900	36,691	15,791	43.04%	0
Less: Current Portion Of Long Term Debt	3,640	19,450	15,810	81.29%	0
Total Long Term Debt (Net of Current)	17,260	17,241	(19)	-0.11%	0
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	576,265	376,725	(199,540)	-52.97%	0
Total Other Long Term Liabilities	576,265	376,725	(199,540)	-52.97%	0
TOTAL LIABILITIES	6,271,230	6,069,827	(201,403)	-3.32%	8,354,180
Net Assets:					
Unrestricted Fund Balance	1,067,337	1,397,576	330,239	23.63%	(4,311,834)
Inter-Departmental Transfer (DSH)	0	0	0	0.00%	0
Restricted Fund Balance	0	0	0	0.00%	0
Net Revenue/(Expenses)	(481,219)	(528,245)	(47,026)	8.90%	(303,135)
TOTAL NET ASSETS	586,118	869,331	283,213	32.58%	(4,614,969)
TOTAL LIABILITIES AND NET ASSETS	\$6,857,347	\$6,939,158	\$81,811	1.18%	\$3,739,211

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Nine Months Ended March 31, 2019

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	CURRENT MONTH				Prior Year 03/31/18
	Actual 03/31/19	Budget 03/31/19	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$42,830	\$21,816	\$21,014	96.32%	\$20,389
Clinic Revenue	65,373	24,749	40,624	164.14%	23,130
Outpatient Revenue	497,101	263,839	233,262	88.41%	246,578
Long Term Care Revenue	328,580	246,091	82,490	33.52%	229,991
Other	0	786	(786)	-100.00%	735
Total Gross Patient Revenue	<u>933,884</u>	<u>557,281</u>	<u>376,603</u>	<u>67.58%</u>	<u>520,823</u>
Deductions From Revenue					
Discounts and Allowances	(261,488)	(141,884)	(119,604)	-84.30%	(132,547)
Bad Debt Expense (Governmental Providers Only)	(28,017)	(11,146)	(16,871)	-151.37%	(15,625)
Charity Care	0	0	0	0.00%	0
Charity Care	(7,500)	(557)	(6,943)	-1245.82%	(5,208)
Total Deductions From Revenue	<u>(297,004)</u>	<u>(153,587)</u>	<u>(143,417)</u>	<u>-93.38%</u>	<u>(153,380)</u>
Net Patient Revenue	<u>636,880</u>	<u>403,694</u>	<u>233,186</u>	<u>57.76%</u>	<u>367,443</u>
Deduction % of Gross Revenue	<u>-31.8%</u>	<u>-27.6%</u>			<u>-29.4%</u>
Other Operating Revenue	<u>6,487</u>	<u>31,982</u>	<u>(25,494)</u>	<u>-79.72%</u>	<u>30,900</u>
Total Operating Revenue	<u>643,367</u>	<u>435,676</u>	<u>207,692</u>	<u>47.67%</u>	<u>398,343</u>
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	467,225	501,199	(33,974)	115.0%	481,923
Fringe Benefits	116,806	125,300	(8,494)	28.8%	120,481
Contract Labor	28,066	12,784	15,281	2.9%	12,292
Physicians Fees	85,280	49,770	35,510	11.4%	47,855
Purchased Services	18,366	789	17,577	0.2%	759
Supply Expense	33,510	29,084	4,427	6.7%	28,237
Utilities	11,212	9,332	1,879	2.1%	8,888
Repairs and Maintenance	10,335	4,598	5,738	1.1%	4,421
Insurance Expense	0	10,366	(10,366)	2.4%	9,872
All Other Operating Expenses	103,966	24,328	79,638	5.6%	23,505
Bad Debt Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Leases and Rentals	4,600	4,652	(52)	1.1%	4,652
Depreciation and Amortization	279	13,533	(13,254)	3.1%	13,533
Interest Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Total Operating Expenses	<u>879,646</u>	<u>785,735</u>	<u>93,911</u>	<u>180.3%</u>	<u>756,418</u>
Net Operating Surplus/(Loss)	<u>(236,278)</u>	<u>(350,059)</u>	<u>113,781</u>	<u>-32.50%</u>	<u>(358,075)</u>
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	55,070	21,967	33,103	150.70%	23,863
Interest Expense (Governmental Providers Only)	(21,624)	(39,183)	(17,559)	44.81%	(5,007)
Other Non-Operating Revenue/(Expenses)	9,048	5,065	3,983	78.65%	14,226
Total Non Operating Revenue/(Expense)	<u>42,494</u>	<u>(12,152)</u>	<u>54,645</u>	<u>-449.70%</u>	<u>33,081</u>
Total Net Surplus/(Loss)	<u>(\$193,785)</u>	<u>(\$362,211)</u>	<u>\$168,426</u>	<u>-46.50%</u>	<u>(\$324,993)</u>
Operating Margin	-36.73%	-80.35%			-89.89%
Total Profit Margin	-30.12%	-83.14%			-81.59%
EBITDA	-40.04%	-86.24%			-87.75%
Cash Flow Margin	-26.72%	-71.04%			-76.93%

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Nine Months Ended March 31, 2019

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	YEAR-TO-DATE				
	Actual 03/31/19	Budget 03/31/19	Positive (Negative) Variance	Percentage Variance	Prior Year 03/31/18
Gross Patient Revenue					
Inpatient Revenue	\$624,490	\$254,277	\$370,212	145.59%	\$374,490
Clinic Revenue	450,867	292,924	157,943	53.92%	277,991
Outpatient Revenue	3,951,999	3,132,685	819,314	26.15%	2,961,062
Long Term Care Revenue	3,220,365	2,929,967	290,397	9.91%	2,767,019
Other	6,081	24,866	(18,785)	-75.55%	20,194
Total Gross Patient Revenue	8,253,801	6,634,720	1,619,082	24.40%	6,400,757
Deductions From Revenue					
Discounts and Allowances	(2,289,378)	(1,689,200)	(600,178)	-35.53%	(1,629,373)
Bad Debt Expense (Governmental Providers Only)	(219,354)	(132,694)	(86,659)	-65.31%	(164,183)
Charity Care	0	0	0	0.00%	0
Charity Care	(37,500)	(6,635)	(30,865)	-465.21%	(54,728)
Total Deductions From Revenue	(2,546,231)	(1,828,529)	(717,703)	-39.25%	(1,848,283)
Deductions as % of Gross Revenue	-30.8%	-27.6%			-28.9%
Net Patient Revenue	5,707,570	4,806,191	901,379	18.75%	4,552,473
Other Operating Revenue	255,983	250,199	5,783	2.31%	210,092
Total Operating Revenue	5,963,553	5,056,390	907,163	17.94%	4,762,566
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	3,162,206	3,165,506	3,300	62.6%	3,043,755
Fringe Benefits	790,551	791,376	825	15.7%	760,939
Contract Labor	418,652	215,740	(202,913)	4.3%	207,442
Physicians Fees	830,444	554,464	(275,980)	11.0%	533,138
Purchased Services	100,500	18,706	(81,793)	0.4%	17,987
Supply Expense	286,533	262,071	(24,462)	5.2%	254,438
Utilities	133,434	85,666	(47,768)	1.7%	81,587
Repairs and Maintenance	50,007	56,766	6,759	1.1%	54,583
Insurance Expense	152,648	103,537	(49,111)	2.0%	98,607
All Other Operating Expenses	724,311	290,508	(433,804)	5.7%	280,684
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Leases and Rentals	82,438	58,561	(23,877)	1.2%	58,561
Depreciation and Amortization	58,025	108,264	50,240	2.1%	108,264
Interest Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Total Operating Expenses	6,789,749	5,711,165	(1,078,584)	112.9%	5,499,985
Net Operating Surplus/(Loss)	(826,196)	(654,775)	(171,421)	26.18%	(737,419)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	445,587	189,398	256,189	135.26%	190,902
Interest Expense (Governmental Providers Only)	(172,994)	(109,582)	(63,412)	57.87%	(40,806)
Other Non-Operating Revenue/(Expenses)	72,384	46,714	25,670	54.95%	71,002
Total Non Operating Revenue/(Expense)	344,977	126,530	218,447	172.64%	221,098
Total Net Surplus/(Loss)	(481,219)	(528,245)	\$47,026	-8.90%	(\$516,321)
Operating Margin	-13.85%	-12.95%			-15.48%
Total Profit Margin	-8.07%	-10.45%			-10.84%
EBITDA	-15.78%	-12.98%			-14.07%
Cash Flow Margin	-4.20%	-6.14%			-7.71%

Statement of Revenue and Expense - 13 Month Trend
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA

	Actual 6/30/2018	Actual 7/31/2018	Actual 8/31/2018	Actual 9/30/2018	Actual 10/31/2018	Actual 11/30/2018	Actual 12/31/2018	Actual 1/31/2019	Actual 2/28/2019	Actual 3/31/2019	Actual 4/30/2019
Gross Patient Revenue											
Inpatient Revenue	\$155,738	\$144,006	\$126,525	\$56,063	\$58,832	\$59,417	\$81,121	\$37,974	\$60,551	\$42,830	\$947,071
Clinic Revenue	59,053	38,668	41,384	69,875	107,871	\$50,528	50,867	50,599	41,075	65,373	1,212,399
Outpatient Revenue	547,017	489,492	502,826	473,329	401,154	486,424	473,457	585,705	539,612	497,101	4,162,507
Long Term Care Revenue	408,805	331,035	418,027	361,149	458,729	\$335,371	510,328	424,064	381,661	328,580	1,878,074
Other	0	6,081	0	0	0	0	0	0	0	0	125,283
Total Gross Patient Revenue	1,170,613	1,009,282	1,088,762	960,416	1,026,586	931,740	1,115,773	1,098,342	1,022,899	933,884	8,325,334
Deductions From Revenue											
Discounts and Allowances	(327,772)	(260,912)	(304,854)	(268,916)	(287,444)	(\$260,887)	(312,417)	(307,535)	(286,412)	(261,488)	(5,818,673)
Bad Debt Expense (Governmental Providers Only)	(39,185)	(2,019)	(32,663)	(28,812)	(30,798)	(\$27,952)	(33,473)	(32,950)	(30,687)	(28,017)	(222,339)
Prior Year Settlements	0	0	0	0	0	\$0	0	0	0	0	0
Charity Care	(14,427)	24,851	(10,088)	(9,604)	(7,500)	(\$7,500)	(7,500)	(7,500)	(7,500)	(7,500)	0
Total Deductions From Revenue	(381,384)	(238,080)	(347,605)	(307,333)	(325,742)	(296,339)	(353,390)	(347,985)	(324,599)	(297,005)	(6,041,012)
Net Patient Revenue	789,229	771,202	741,157	653,083	700,844	635,401	762,383	750,357	698,300	636,879	2,284,322
Other Operating Revenue	0	192,504	25,000	850	0	\$18,167	6,487	6,487	6,487	6,487	14,318
Total Operating Revenue	789,229	963,706	766,157	653,933	700,844	653,568	768,870	756,844	704,787	643,366	2,298,640
Operating Expenses											
Salaries and Wages	247,247	362,000	326,589	382,500	395,250	\$379,286	442,857	451,714	422,010	467,225	1,053,061
Fringe Benefits	55,573	90,500	81,647	95,625	98,813	\$94,821	110,714	112,929	105,503	116,806	258,449
Contract Labor	31,728	33,097	2,253	24,767	45,502	\$153,788	83,541	45,222	30,484	28,066	89,805
Physicians Fees	116,425	103,963	107,799	78,567	110,089	\$70,690	119,712	165,877	73,748	85,280	290,007
Purchased Services	19,703	18,169	24,891	17,734	19,290	\$6,510	6,461	3,548	3,896	18,366	107,712
Supply Expense	16,131	8,329	14,092	57,110	63,047	\$39,060	29,518	35,977	39,400	33,510	249,604
Utilities	20,856	4,305	14,183	22,639	15,226	\$21,417	22,852	21,810	11,002	11,212	33,269
Repairs and Maintenance	5,636	7,262	1,132	3,745	17,610	\$6,048	4,051	7,742	2,418	10,335	2,782
Insurance Expense	12,507	18,257	18,167	9,097	17,316	\$32,754	19,923	17,317	19,816	0	68,027
All Other Operating Expenses	185,242	311,507	161,149	60,245	20,990	\$16,397	11,245	65,113	77,664	103,966	146,243
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0	\$0	0	0	0	0	0
Leases and Rentals	4,650	8,333	17,175	9,922	19,837	\$9,269	4,167	10,987	2,750	4,600	17,100
Depreciation and Amortization	53,401	27,673	27,673	781	781	\$279	279	279	279	279	37,061
Interest Expense (Non-Governmental Providers)	0	0	0	0	0	\$0	0	0	0	0	0
Total Operating Expenses	769,099	993,395	796,750	762,732	823,751	830,318	855,320	938,515	788,970	879,645	2,353,122
Net Operating Surplus/(Loss)	20,131	(29,689)	(30,593)	(108,799)	(122,907)	(176,750)	(86,450)	(181,671)	(84,183)	(236,279)	(54,482)
Non-Operating Revenue:											
Contributions	\$0	0	0	0	0	0	\$0	\$0	0	\$0	0
Investment Income	0	0	0	0	0	\$0	0	0	0	0	614
Income Derived from Property Taxes	56,327	56,327	56,327	56,327	56,327	\$55,070	55,070	55,070	55,070	55,070	23,863
Interest Expense (Governmental Providers Only)	(5,382)	(5,382)	(5,382)	(5,382)	(5,382)	(\$5,382)	(5,382)	(5,382)	(21,624)	(21,624)	(47,600)
Other Non-Operating Revenue/(Expenses)	0	9,049	9,048	9,048	9,048	\$9,048	9,048	9,048	9,048	9,048	(10,275)
Total Non Operating Revenue/(Expense)	\$50,945	\$59,994	\$59,993	\$9,993	\$9,993	\$8,736	\$8,736	\$8,736	\$8,736	\$8,736	(\$3,398)
Total Net Surplus/(Loss)	\$71,076	\$30,305	\$29,400	(\$48,806)	(\$62,914)	(\$118,015)	(\$27,714)	(\$122,935)	(\$41,689)	(\$193,785)	(\$87,880)
Operating Margin	2.55%	-3.08%	-3.99%	-16.64%	-17.54%	-27.04%	-11.24%	-24.00%	-11.94%	-36.73%	-2.37%
Total Profit Margin	9.01%	3.14%	3.84%	-7.46%	-8.96%	-18.06%	-3.60%	-16.24%	-5.92%	-30.12%	-3.82%
EBITDA	8.63%	-0.77%	-1.08%	-17.34%	-18.19%	-27.82%	-11.91%	-24.68%	-14.97%	-40.04%	-2.83%
Cash Flow Margin	16.45%	6.57%	8.15%	-6.52%	-8.10%	-17.19%	-2.87%	-15.50%	-2.81%	-26.72%	-0.14%

Actual 5/31/2019	Actual 6/30/2019
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\$1,098,894	\$924,063
1,200,065	1,222,595
4,357,690	4,096,937
1,920,982	1,909,800
147,454	121,680
8,725,084	8,275,075

(6,097,683)	(5,880,457)
(172,119)	(124,021)
0	0
(1,601)	0
(6,271,404)	(6,004,478)

2,453,680	2,270,597
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24,742	34,285
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2,478,422	2,304,882
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1,086,188	993,620
258,162	299,007
83,186	104,719
332,687	291,164
103,922	127,814
305,948	252,909
53,725	51,659
5,944	9,990
33,109	47,753
163,082	171,809
0	0
16,663	17,785
42,731	42,731
0	0
2,485,347	2,410,959

(6,925)	(106,077)
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0	\$0
363	17,726
23,863	9,331
(49,961)	(45,935)
10,303	1,224
(15,432)	(\$17,654)

(\$22,357)	(\$123,731)
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-0.28%	-4.60%
-0.90%	-5.37%
-0.57%	-4.74%
2.84%	-1.52%

Patient Statistics

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

Nine Months Ended March 31, 2019

Current Month				Year-To-Date				
Actual 03/31/19	Budget 03/31/19	Positive/ (Negative) Variance	Prior Year 03/31/18	STATISTICS	Actual 03/31/19	Budget 03/31/19	Positive/ (Negative) Variance	Prior Year 03/31/18
Discharges								
5	3	2	2	Acute	44	24	20	12
0	0	0	0	Swing Beds	8	4	4	2
0	0	0	0	Psychiatric/Rehab	0	0	0	0
0	0	0	0	Respite	0	0	0	0
5	3	2	2	Total Adult Discharges	52	28	24	14
0	0	0	0	Newborn	0	0	0	0
5	3	2	2	Total Discharges	52	28	24	14
Patient Days:								
10	8	2	7	Acute	121	40	81	42
0	0	0	0	Swing Beds	12	0	12	0
0	0	0	0	Psychiatric/Rehab	0	0	0	0
0	0	0	0	Respite	0	0	0	0
10	8	2	7	Total Adult Patient Days	133	40	93	42
0	0	0	0	Newborn	0	0	0	0
10	8	2	7	Total Patient Days	133	40	93	42
Average Length of Stay (ALOS)								
2.0	2.7	0.7	3.5	Acute	2.8	1.7	(1.1)	3.5
N/A	N/A	N/A	N/A	Swing Bed	1.5	0.0	(1.5)	0.0
N/A	N/A	N/A	N/A	Psychiatric/Rehab	N/A	N/A	N/A	N/A
2.0	2.7	0.7	3.5	Total Adult ALOS	2.6	1.4	(1.1)	3.0
N/A	N/A	N/A	N/A	Newborn ALOS	N/A	N/A	N/A	N/A
Average Daily Census (ADC)								
0.3	0.3	0.1	0.2	Acute	0.4	0.1	0.3	0.2
0.0	0.0	0.0	0.0	Swing Beds	0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0	All Other Adult	0.0	0.0	0.0	0.0
0.3	0.3	0.1	0.2	Total Adult ADC	0.5	0.1	0.3	0.2
0.0	0.0	0.0	0.0	Newborn	0.0	0.0	0.0	0.0
Long Term Care:								
721	744	(23)	775	SNF/ECF Resident Days	6,195	5,932	263	6,200
2	2	0	2	SNF/ECF Resident Discharges	22	24	(2)	18
0	0	0	0	CBRF/Assisted Living Days	0	0	0	0
23.3	24.0	(0.7)	25.0	Average Daily Census	22.6	21.6	1.0	22.6
Emergency Room Statistics								
2	1	1	0	ER Visits - Admitted	6	3	3	0
168	145	23	140	ER Visits - Discharged	820	731	89	780
15	10	5	8	ER - Urgent Care Visits	54	10	44	8
185	156	29	148	Total ER Visits	880	744	136	788
1.08%	0.64%		0.00%	% of ER Visits Admitted	0.68%	0.40%		0.00%
40.00%	25.00%		0.00%	ER Admissions as a % of Total	12.24%	15.00%		0.00%
Outpatient Statistics:								
460	355	105	350	Total Outpatients Visits	2,769	2,040	729	1,344
1	0	1	0	Observation Bed Days	9	0	9	0
302	375	(73)	371	Clinic Visits - Primary Care	1,989	2,930	(941)	2,904
40	0	40	0	Clinic Visits - Specialty Clinics	71	0	71	0
0	0	0	0	IP Surgeries	0	0	0	0
0	0	0	0	OP Surgeries	0	0	0	0
0	0	0	0	Outpatient Scopes	0	0	0	0
0	0	0	0	Retail Pharmacy Scripts	0	0	0	0
0	0	0	0		0	0	0	0
Productivity Statistics:								
99.79	97.20	(2.59)	96.84	FTE's - Worked	101.61	96.20	(5.41)	90.41
103.58	100.60	(2.98)	102.68	FTE's - Paid	102.68	107.09	4.41	101.27
0.9160	1.0880	0.17	1.0880	Case Mix Index - Medicare	0.9456	0.8430	(0.10)	0.8430
0.8990	0.9910	0.09	0.9910	Case Mix Index - All payers	0.7991	0.8679	0.07	0.8679

Key Financial Ratios

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

Nine Months Ended March 31, 2019

	Prior Year to Date 3/31/2019	Prior Year to Date 7/31/2017	Prior Fiscal Year End 6/30/2018	Peer California Hospitals (See Note 1)	National Rural CAH Hospitals (See Note 2)
Profitability:					
Operating Margin	-13.85%	3.42%	2.66%	2.33%	0.42%
Total Profit Margin	-8.07%	3.75%	2.37%	2.49%	1.23%
Cash Flow Margin	-7.10%	5.13%	3.91%	8.40%	5.91%
Contractual Allowance %	28.19%	48.00%	48.00%	50.62%	39.92%
Inpatient Gross Revenue as a % of Total	47.07%	36.41%	36.74%	38.85%	28.48%
Outpatient Gross Revenue as % of Total	52.93%	63.59%	63.26%	64.83%	74.43%
Average Daily Census Acute Care	0.32	0.00	0.00	5.57	3.22
Average Daily Census Swing Bed	0.00	0.00	0.00	0.37	1.52
Liquidity:					
Days of Cash on Hand, Short Term	26.02	3.64	3.20	23.32	27.10
Days Cash, All Sources	26.35	4.70	3.50	67.87	71.21
Net Days in Accounts Receivable	220.38	85.78	97.15	59.54	53.16
Average Payment Period	183.90	163.13	231.47	56.65	53.00
Current Ratio	1.02	0.69	0.66	2.31	1.12
Medicare Cost to charge ratio	59.08%	52.20%	53.20%	38.00%	47.00%
Capital Structure:					
Average Age of Plant (Annualized)	13.88	13.76	13.87	11.13	11.45
Capital Costs as a % of Total Expenses	3.32%	3.63%	3.58%	7.51%	5.30%
Long Term Debt to Equity	2.9%	-190.6%	-202.7%	53.99%	60.32%
Long Term Debt to Capitalization	2.9%	210.4%	197.3%	20.13%	29.00%
Debt Service Coverage Ratio	(1.42)	1.54	0.92	2.27	3.16
Medicare IN Patient Payer mix	42.98%	37.84%	40.22%	57.90%	73.01%
Medicare Out Patient Payer mix	34.55%	29.68%	33.46%	38.89%	37.90%
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	16.01	9.91	9.42	10.34	5.86
Total Net Revenue per FTE	\$77,368	\$37,092	\$27,279	\$117,848	\$77,243
Salary Expense per Paid FTE	\$44,543	\$54,697	\$50,287	\$59,647	\$50,845
Salary and Benefits as a % of Net Revenue	73.30%	58.21%	57.97%	41.52%	45.57%
Employee Benefits %	25.00%	24.57%	24.02%	41.29%	25.20%
Supply Expense Per Adj. Discharge - CMI Adj	\$521.72	\$499.95	\$791.51	\$2,476.27	\$1,050.00
FTE's Per Occupied Bed	9.20	4.33	4.97	5.31	5.80
YTD - Actual YTD - Actual YTD - Actual YTD - Budget					
	3/31/2019	7/31/2017	6/30/2018	3/31/2019	
Other Ratios:					
Gross Days in Accounts Receivable	266.75	671.65	679.07	60.00	
Net Revenue per Adjusted Discharge	\$8,677	\$9,042	\$9,886	\$6,921	
Operating Expenses per Adj. Discharge	\$9,879	\$14,668	\$16,703	\$7,817	

Note 1 - CHA Financial Indicators Report 2016 (U. of North Carolina)

Note 2 - Per CAH Financial Indicators Report 2016 (U. of North Carolina)

	<i>Actual</i>	<i>Proj</i>
Month of MAY 2019	<i>May-19</i>	<i>May-19</i>
Average Daily Census		
Acute Care	0.6	0.00
Swing	0.0	0.00
SNF	28.0	0.00
Beginning Balance	639,160	606,308
Cash Receipts		
Medicare	142,227	55,243
Medi-Cal	142,852	121,652
Insurance	47,861	97,320
Managed Care	77,567	6,291
Self-Pay Mail	0	4,833
Private Pay	29,426	39,420
Rebates & Refunds/Taxes/IGT	1,166,958	300,000
Miscellaneous Cash	60,811	39,240
Unapplied	0	67,079
Total Cash Received	1,667,702	731,078
Salaries	410,000	318,000
Professional Fees	102,031	86,959
Supplies	15,600	41,090
Other/Purchased Services/Cont Labor	652,595	169,098
Inyo County Treasury Repayment	142,776	97,302
IGT Matching/Hosp Lic./Insurance	0	0
TOTAL EXPENSE	1,353,002	712,449
Return of Medicare/Cal Overpayment	0	0
Investment Account	370,000	0
Ad Valorem Tax Reserve	0	0
Total Payments	1,723,002	712,449
	0	
Cash Over/(Under)	583,860	624,937
Sweep & Prop. Tax Acct	0	0
Patient Trust Account	7,613	7,613
Medicare Overpayment Reserve	0	0
Reserve Add or Transfer	0	0
Net Cash Balance	<u>591,474</u>	<u>632,550</u>

Southern Inyo Healthcare District
Operational Cash Flow Actual w/Projections
Actual/Budget FY 2019

	Actual												FY TOTAL					
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19						
Ave. Daily Census																		
Acute Care	0.7	0.3	1.4	1.1	1.1	0.7	0.4	0.4	0.3	0.2	0.6	0.0	0.0	0.0	0.61			
Swing	2.5	2.1	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.48			
SNF	22	26	24	23.3	23.3	26.5	26.3	26.3	23.3	24.6	28.0	0.0	0.0	0.0	22.80			
Beginning Balance	868,725	438,309	623,316	794,602	759,257	729,079	729,067	882,650	594,724	639,160	606,308	551,009	868,725					
Cash Receipts																		
Medicare	55,305	511,028	161,975	201,526	270,827	380,334	182,702	244,917	346,454	91,878	142,227	51,320	2,840,492					
Medi-Cal	178,834	120,275	186,815	207,235	145,299	166,803	122,648	141,402	209,365	188,737	142,852	112,243	1,922,507					
Insurance	116,252	78,020	263,633	122,590	70,506	40,380	44,151	62,342	72,049	67,077	47,861	94,121	1,078,982					
Bad Debt Recovery	9,035	9,511	9,835	9,061	89,536	62,089	75,203	38,069	38,069	21,077	77,567	4,231	443,282					
Credit Card Payments	3,947	10,789	19,884	18,889	14,913	6,597	3,617	8,654	54,587	15,026	0	5,121	162,025					
Private Pay	18,061	15,216	31,555	16,610	30,842	61,122	55,740	31,427	60,796	25,172	29,426	36,240	412,206					
Rebates & Refunds/Taxes/IGT	0	0	0	0	0	0	773,756	0	0	335,531	1,166,958	75,000	2,351,245					
Miscellaneous Cash	375,887	56,395	850	10,355	73,237	7,466	42,351	51,851	56,114	24,873	60,811	31,258	791,448					
Unapplied/Growth	83,201	888	0	0	0	0	0	3,456	0	0	0	55,581	143,125					
Total Cash Received	840,522	802,122	674,547	586,265	695,159	724,791	1,300,168	582,116	837,433	769,371	1,667,702	465,115	9,945,310					
Salaries	362,000	326,589	216,136	379,393	361,000	519,984	417,488	426,627	431,538	410,000	410,000	341,000	4,601,755					
Professional Fees	83,164	84,870	90,326	102,789	125,512	147,369	128,349	121,657	70,992	69,282	102,031	99,981	1,236,323					
Supplies	38,334	44,507	47,756	32,989	46,762	43,859	53,897	111,859	37,127	18,064	15,600	54,200	544,953					
Other/Purch Serv/Contract Labor	223,205	161,149	125,458	106,439	192,063	13,591	159,899	209,899	253,341	303,467	662,595	35,112	2,436,216					
Inyo County Treas Repay/Medsphere IGT Matching	554,235	0	0	0	0	0	386,953	0	0	1,410	142,776	82,000	1,167,374					
	0	0	23,584	0	0	0	0	0	0	0	0	0	23,584					
TOTAL EXPENSE	1,270,938	617,115	503,261	621,610	725,337	724,803	1,146,585	870,042	792,998	802,222	1,353,002	612,293	10,010,205					
Return of Medicare/Cal Overpmt. Investment Account	0	0	0	0	0	0	0	0	0	0	0	0	0					
	0	0	0	0	0	0	0	0	0	0	370,000	0	370,000					
	0	0	0	0	0	0	0	0	0	0	0	0	0					
Total Payments	1,270,938	617,115	503,261	621,610	725,337	724,803	1,146,585	870,042	792,998	802,222	1,723,002	612,293	10,380,205					
Cash Over/(Under)	438,309	623,316	794,602	759,257	729,079	729,067	882,650	594,724	639,160	606,308	551,009	403,831	403,831					
Operating Reserve Property Tax Fund	0	0	167,079	17,953	0	0	0	-73	0	0	0	0	0					
	167,079	167,079	(149,126)	(17,890)	11,503	5,367	10,193	10,120	8,281	7,466	7,613	7,613	7,613					
Med Ovpmt./IGT/Grants Reserve Add or Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0					
	0	0	0	0	0	0	0	0	0	0	0	0	0					
Net Cash Balance	605,388	790,395	812,555	759,320	740,582	734,435	892,843	604,771	647,441	613,774	558,622	411,444	411,444					

Southern Inyo Healthcare District
Operational Cash Flow Actual w/Projections
Budget 2019

	Actual	Proj												FY
	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	TOTAL	
Average Daily Census														
Acute Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Swing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SNF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Beginning Balance	-78,791	-509,207	-341,080	-511,242	-687,121	-800,921	-858,850	-894,030	-1,061,532	-1,218,261	-1,420,961	-1,452,332	-78,791	
Cash Receipts														
Medicare	55,305	482,752	55,532	56,057	48,061	67,508	109,575	59,219	56,466	57,230	55,243	51,320	1,154,268	
Medi-Cal	178,834	97,986	122,667	108,775	112,550	134,470	101,852	99,867	118,820	123,240	121,652	112,243	1,432,955	
Insurance	116,252	112,334	109,087	98,676	67,250	45,731	59,191	70,664	99,552	96,325	97,320	94,121	1,066,503	
Bad Debt Recovery	9,035	9,511	7,268	3,258	10,095	5,508	4,446	7,941	6,326	5,521	6,291	4,231	79,431	
Credit Card Payments	3,947	7,992	4,971	2,974	5,509	3,490	9,538	9,867	5,353	4,796	4,833	5,121	68,392	
Private Pay	18,061	14,097	12,531	16,425	26,168	36,943	28,537	21,892	54,017	35,740	39,420	36,240	340,071	
Rebates & Refunds/Taxes/IGT	0	49,422	0	0	0	285,228	43,474	0	0	0	300,000	50,000	728,124	
Miscellaneous Cash	375,887	12,818	90,875	12,284	90,949	1,099	80,900	34,773	81,572	68,320	39,240	31,258	919,974	
Unapplied/Growth	83,201	888	44,817	50,000	55,324	51,026	52,340	53,420	54,320	58,456	67,079	55,581	626,451	
Total Cash Received	840,522	787,798	447,748	348,449	415,907	631,003	489,853	357,643	476,426	449,628	731,078	440,115	6,416,170	
Salaries	362,000	367,282	364,641	365,282	366,321	543,050	362,031	363,240	351,865	313,000	318,000	341,000	4,417,712	
Professional Fees	93,164	85,070	89,117	88,240	87,291	86,050	87,420	85,430	120,844	89,596	86,959	99,981	1,099,162	
Supplies	38,334	35,443	36,889	37,400	36,240	35,420	35,235	35,235	24,234	31,589	41,090	54,200	441,287	
Other	223,205	131,320	127,263	33,406	39,855	24,412	40,359	41,240	136,212	218,143	219,098	35,112	1,269,625	
Inyo County Treasury Repayment	554,235	556	0	0	0	-285,228	0	0	0	0	97,302	132,000	498,865	
IGT Matching	0	0	0	0	0	285,228	0	0	0	0	0	0	285,228	
TOTAL EXPENSE	1,270,938	619,671	617,910	524,328	529,707	688,932	525,033	525,145	633,155	652,328	762,449	662,293	8,011,889	
Return of Medicare/Cal Overpmt. Investment Account	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Payments	1,270,938	619,671	617,910	524,328	529,707	688,932	525,033	525,145	633,155	652,328	762,449	662,293	8,011,889	
Cash Over/(Under)	(509,207)	(341,080)	(511,242)	(687,121)	(800,921)	(858,850)	(894,030)	(1,061,532)	(1,218,261)	(1,420,961)	(1,452,332)	(1,674,510)	(1,674,510)	
Operating Reserve	0	0	0	0	0	0	0	0	0	0	0	0	0	
Property Tax Fund	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	167,079	
Med Ovpmt./IGT/Grants Reserve Add or Transfer	0	0	0	0	0	0	0	0	0	0	0	0	0	
Net Cash Balance	(342,128)	(174,001)	(344,163)	(520,042)	(633,842)	(691,771)	(726,951)	(894,453)	(1,051,182)	(1,253,882)	(1,285,253)	(1,507,431)	(1,507,431)	

BOARD OF DIRECTORS MEETING

June 11, 2019

Southern Inyo Healthcare District



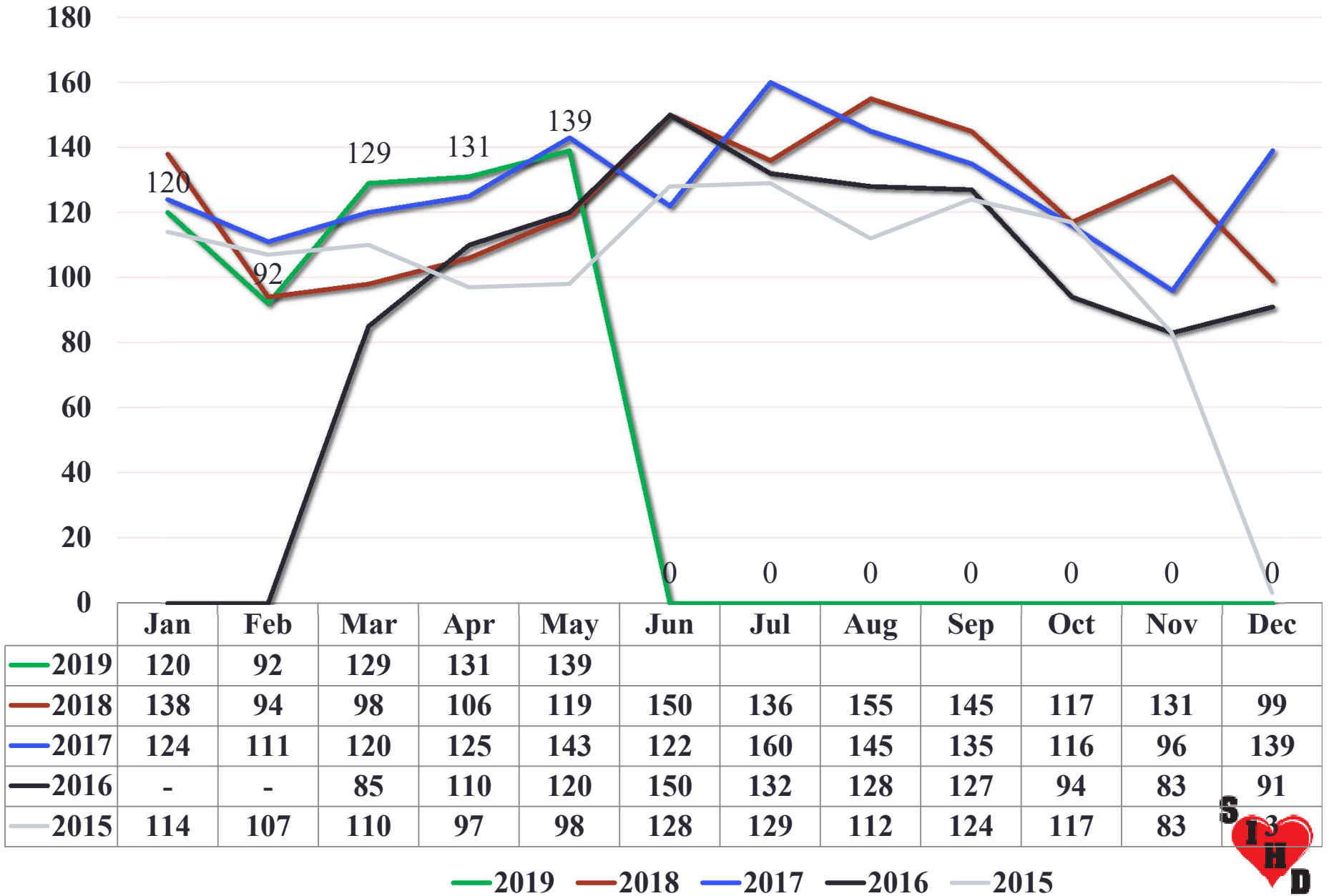
Emergency Room Volume

Average Visits Per Day

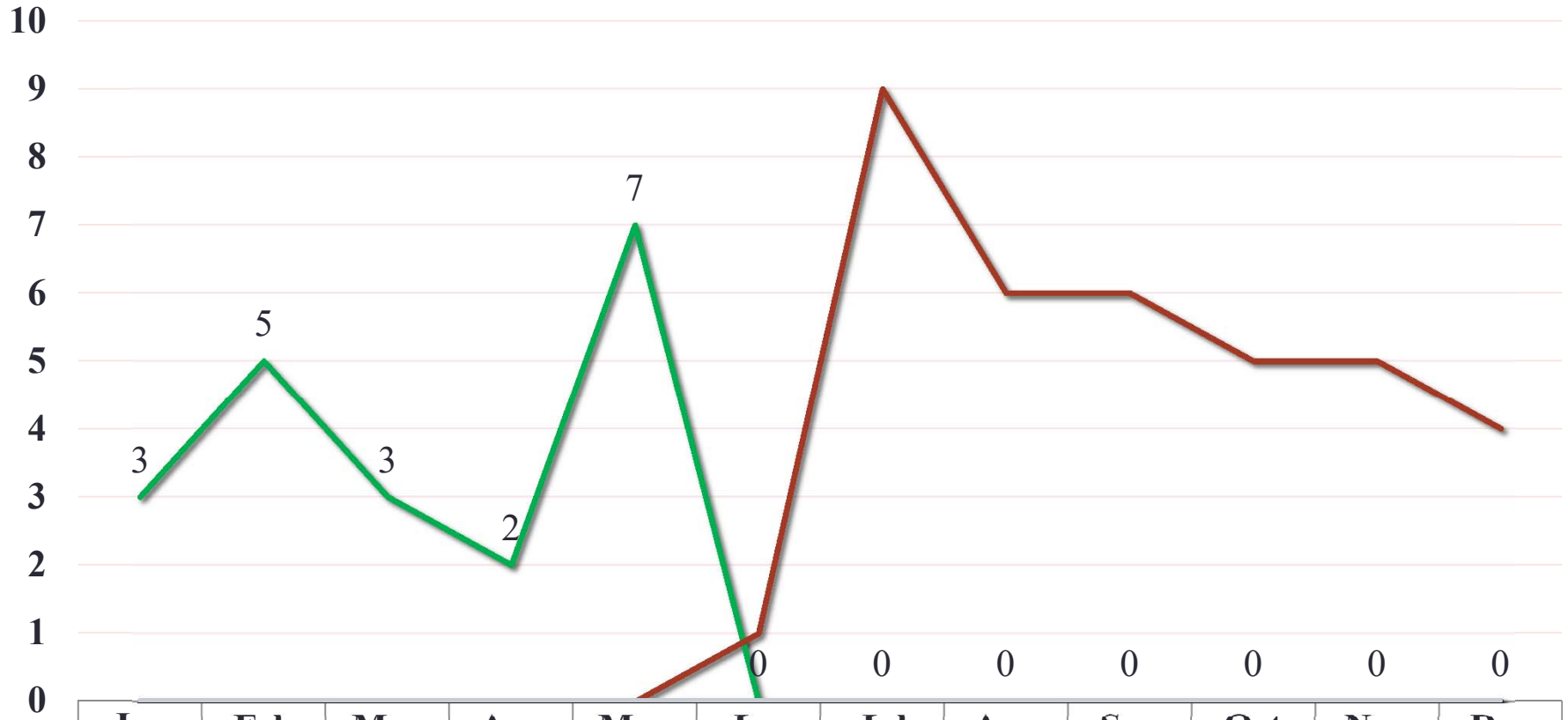
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	3.87	3.28	4.16	4.36	4.48							
2018	4.46	3.36	3.17	3.54	3.84	5	4.39	5	4.83	3.78	4.37	4
2017	4.4	3.9	3.8	4.2	4.6	4.1	5.2	4.7	4.5	3.7	3.2	4.49
2016	-	-	2.7	3.7	3.9	5.0	4.3	4.1	4.1	3.0	2.8	2.9
2015	3.7	3.8	3.5	3.2	3.2	4.3	4.2	3.6	4.1	3.8	2.8	0.1
2014	2.7	2.4	2.1	2.6	2.7	3.1	5.1	4.2	3.2	3.5	2.8	2.9
2013	2.9	2.4	2.5	2.2	2.8	3.3	3.4	3.0	3.3	2.0	2.3	2.1
2012	2.7	2.9	2.7	3.5	3.2	4.2	3.8	3.9	3.2	3.0	2.7	2.9



Emergency Room Volume – Visits Per Month



Acute & Swing Room – Patients Per Month

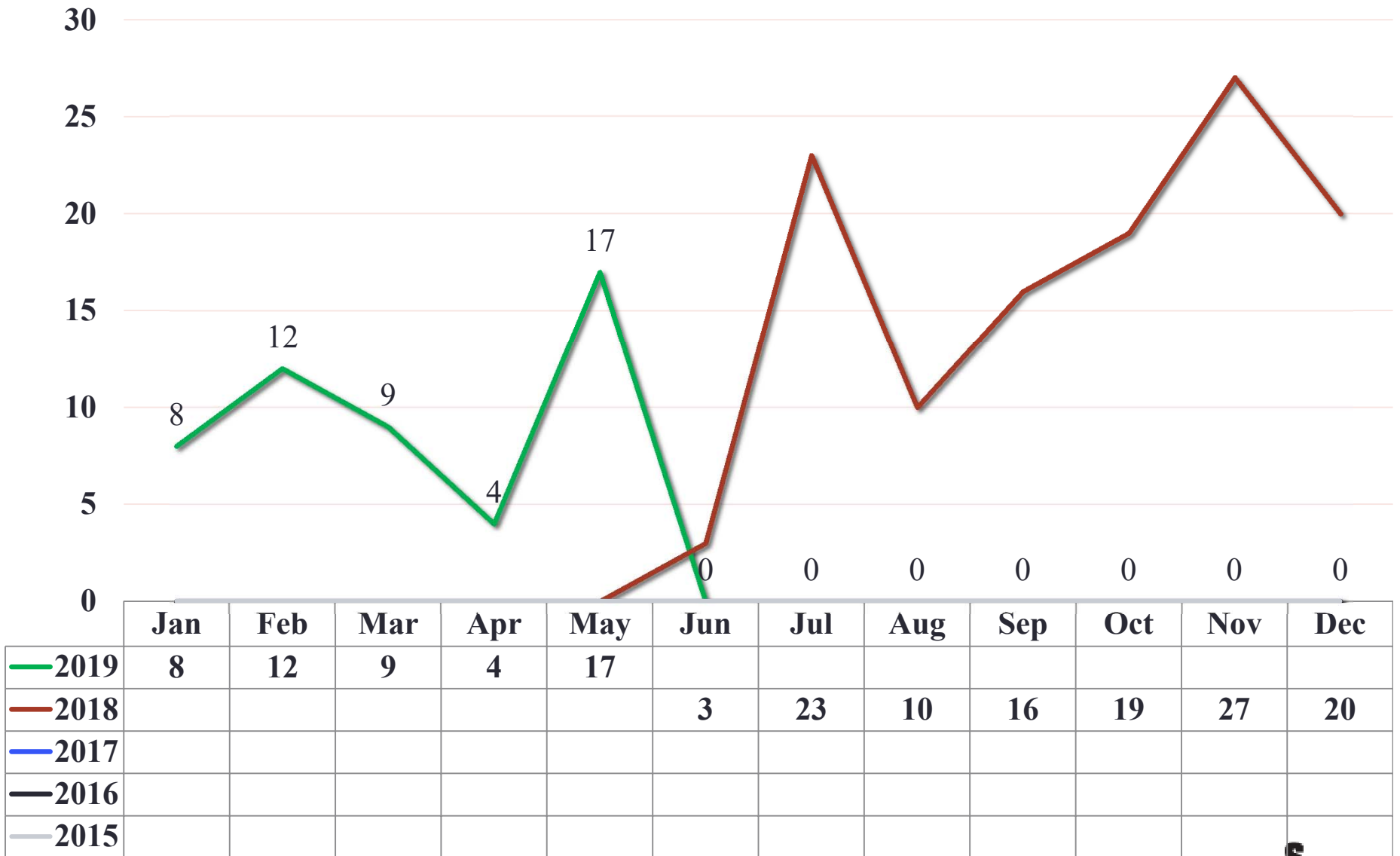


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
—2019	3	5	3	2	7	0	0	0	0	0	0	0
—2018						1	9	6	6	5	5	4
—2017												
—2016												
—2015												

—2019
 —2018
 —2017
 —2016
 —2015



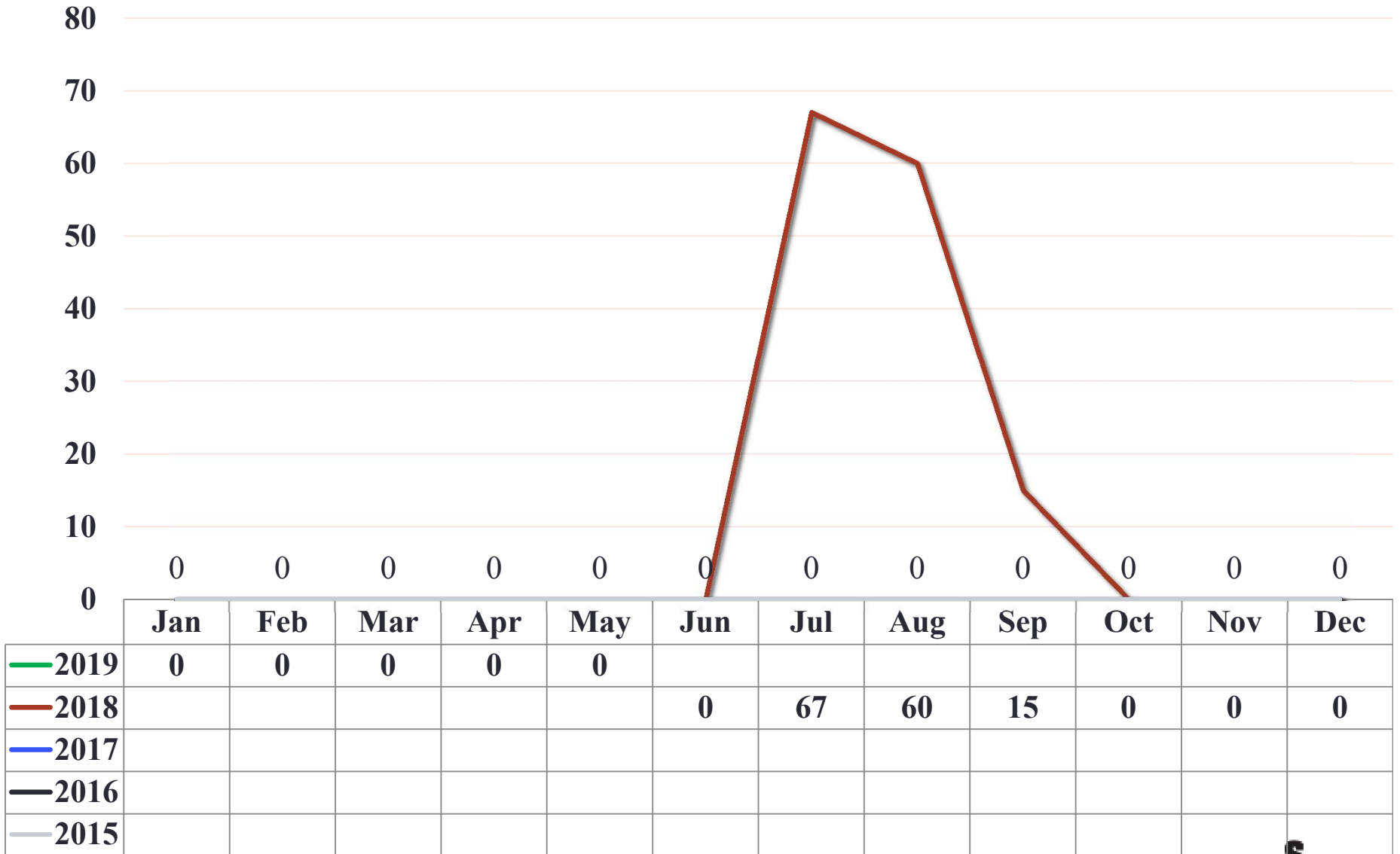
Acute Room – Total Days in Acute



— 2019 — 2018 — 2017 — 2016 — 2015



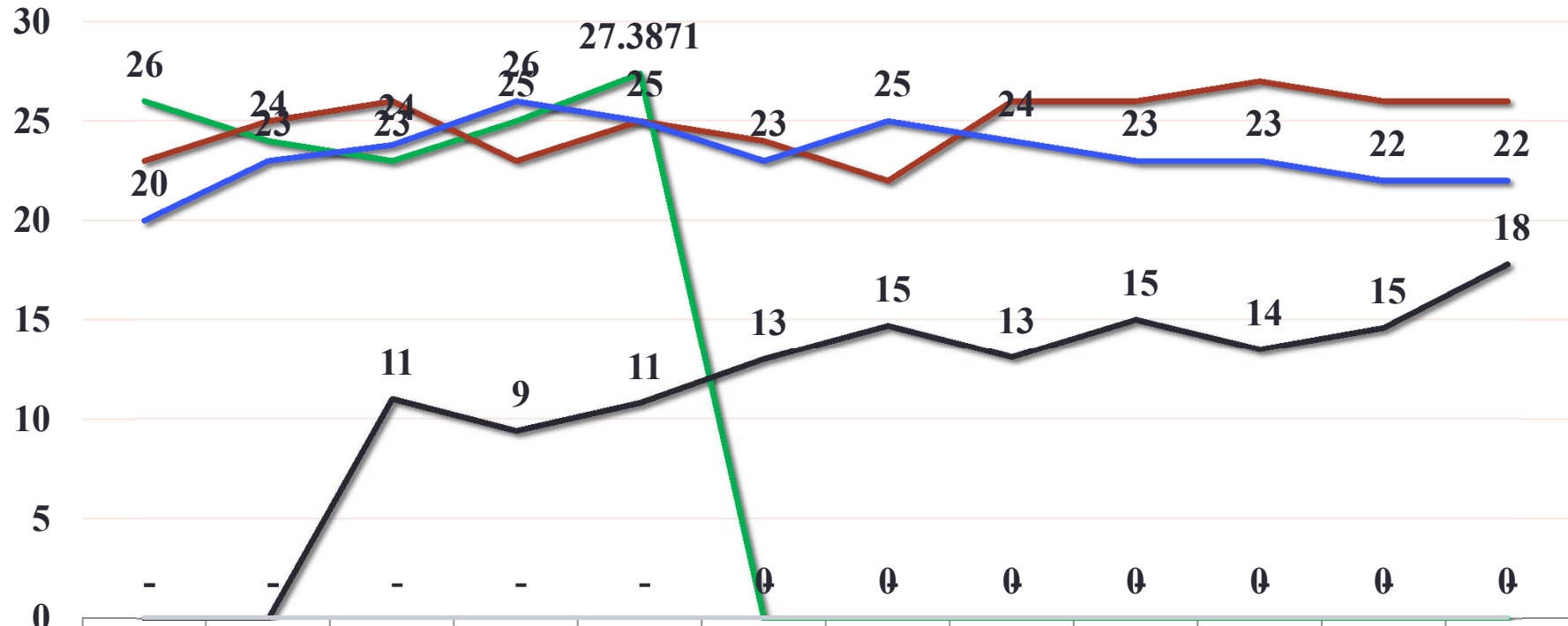
Swing Bed Room – Total Days in Swing Bed



— 2019
 — 2018
 — 2017
 — 2016
 — 2015



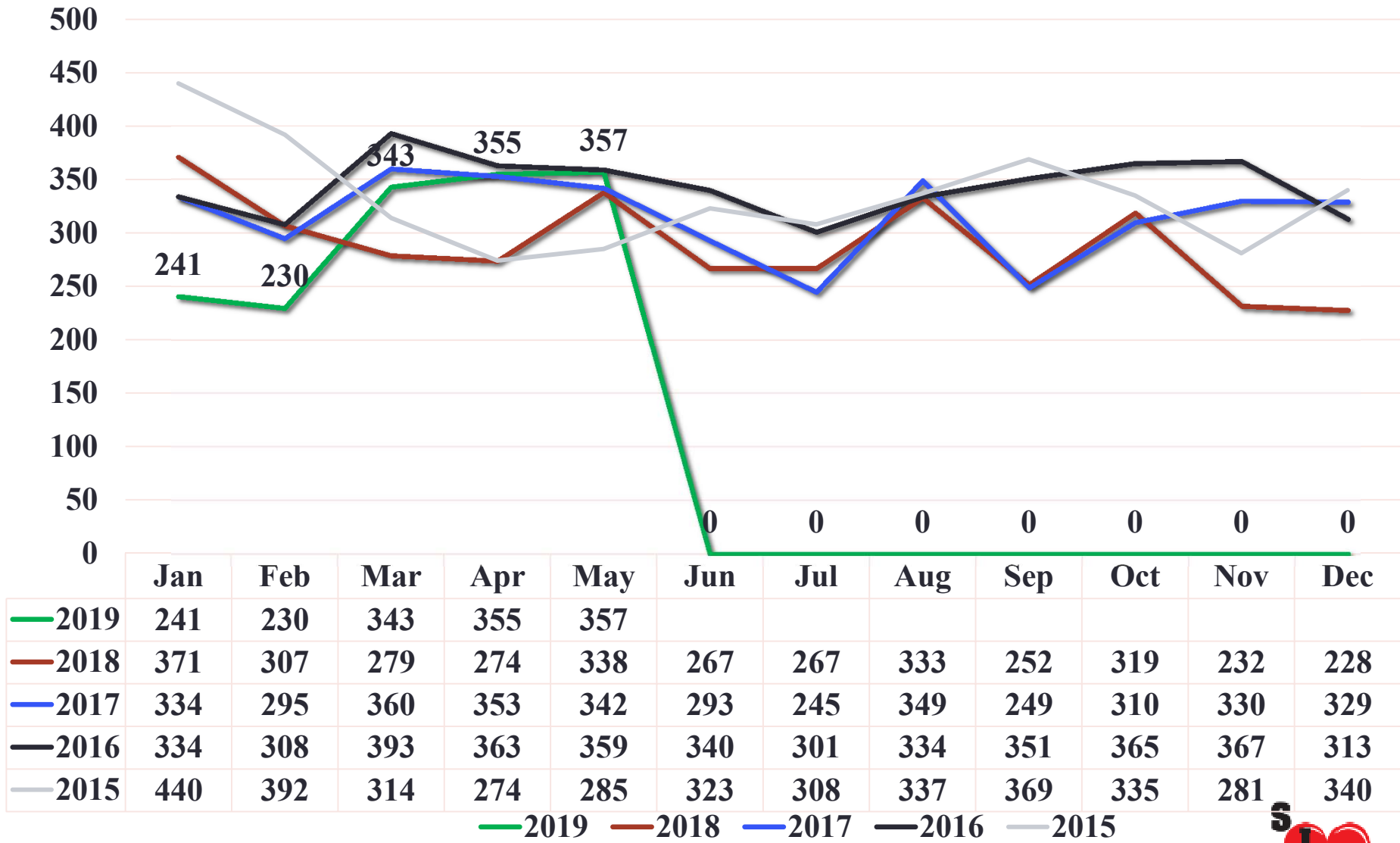
Skilled Nursing Facility Volumes – Monthly Census



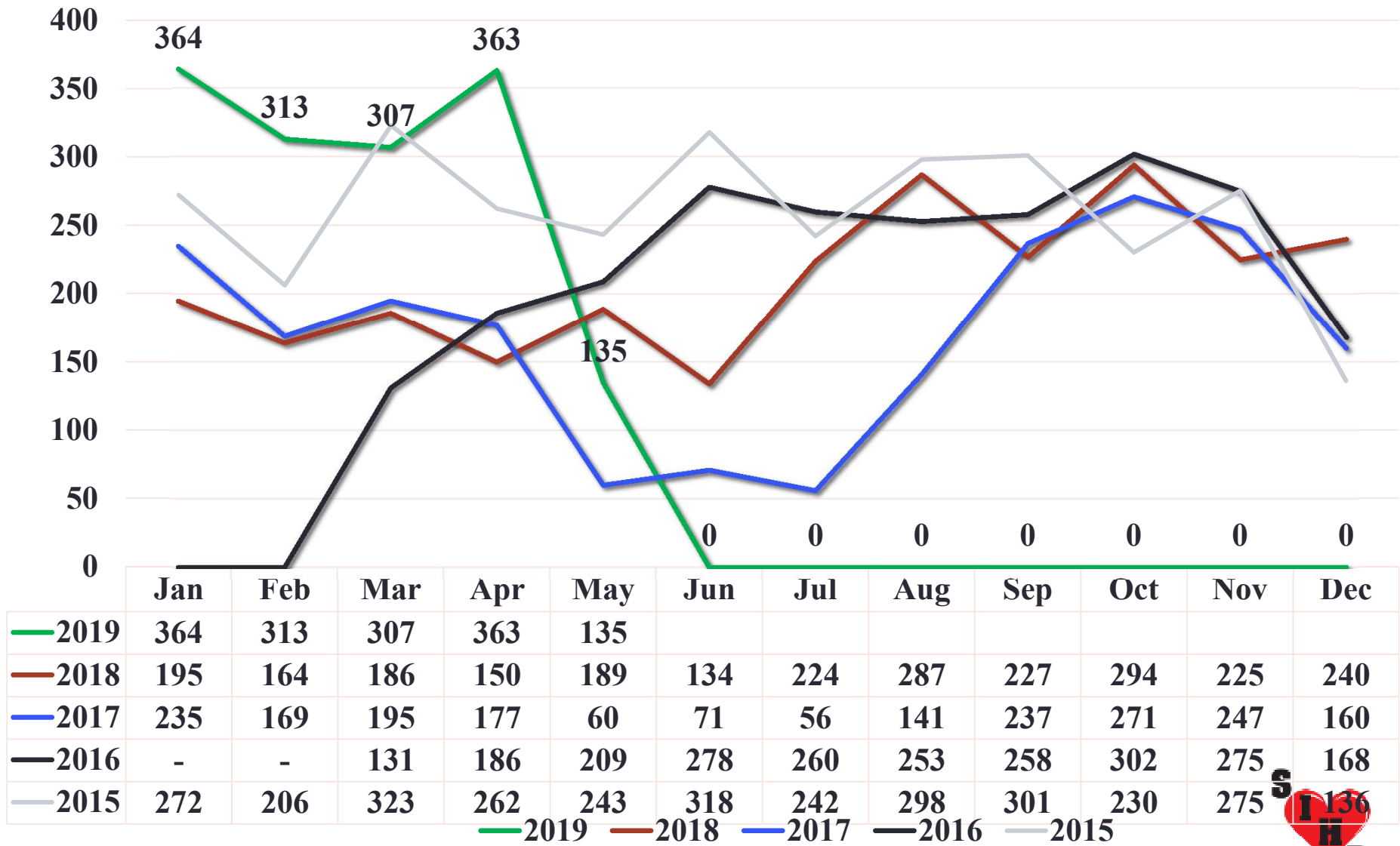
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	26	24	23	25	27.387							
2018	23	25	26	23	25	24	22	26	26	27	26	26
2017	20	23	24	26	25	23	25	24	23	23	22	22
2016	-	-	11	9	11	13	15	13	15	14	15	18
2015	-	-	-	-	-	-	-	-	-	-	-	-



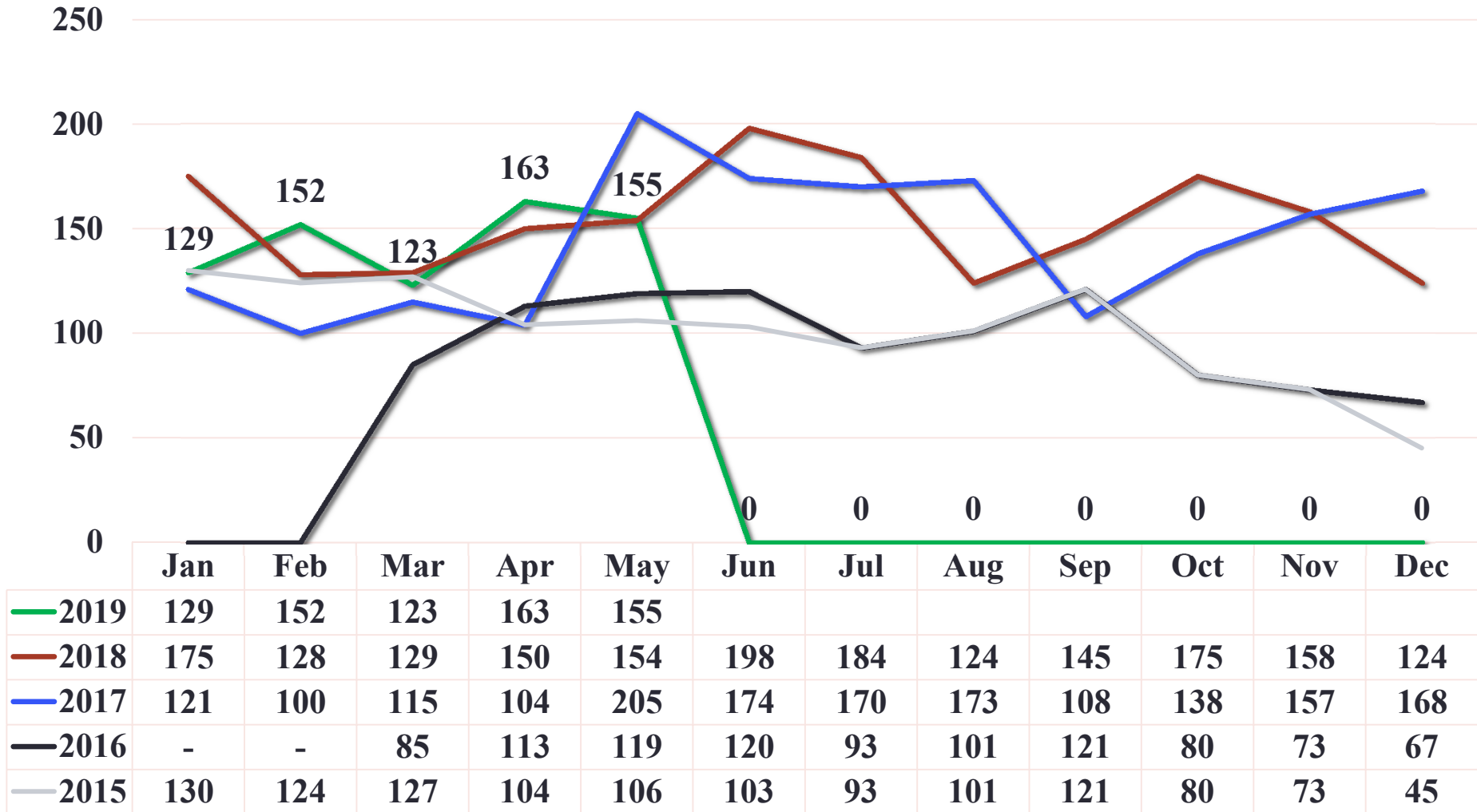
SIHD Rural Clinic Volumes – Visits Per Month



Physical Therapy Volumes



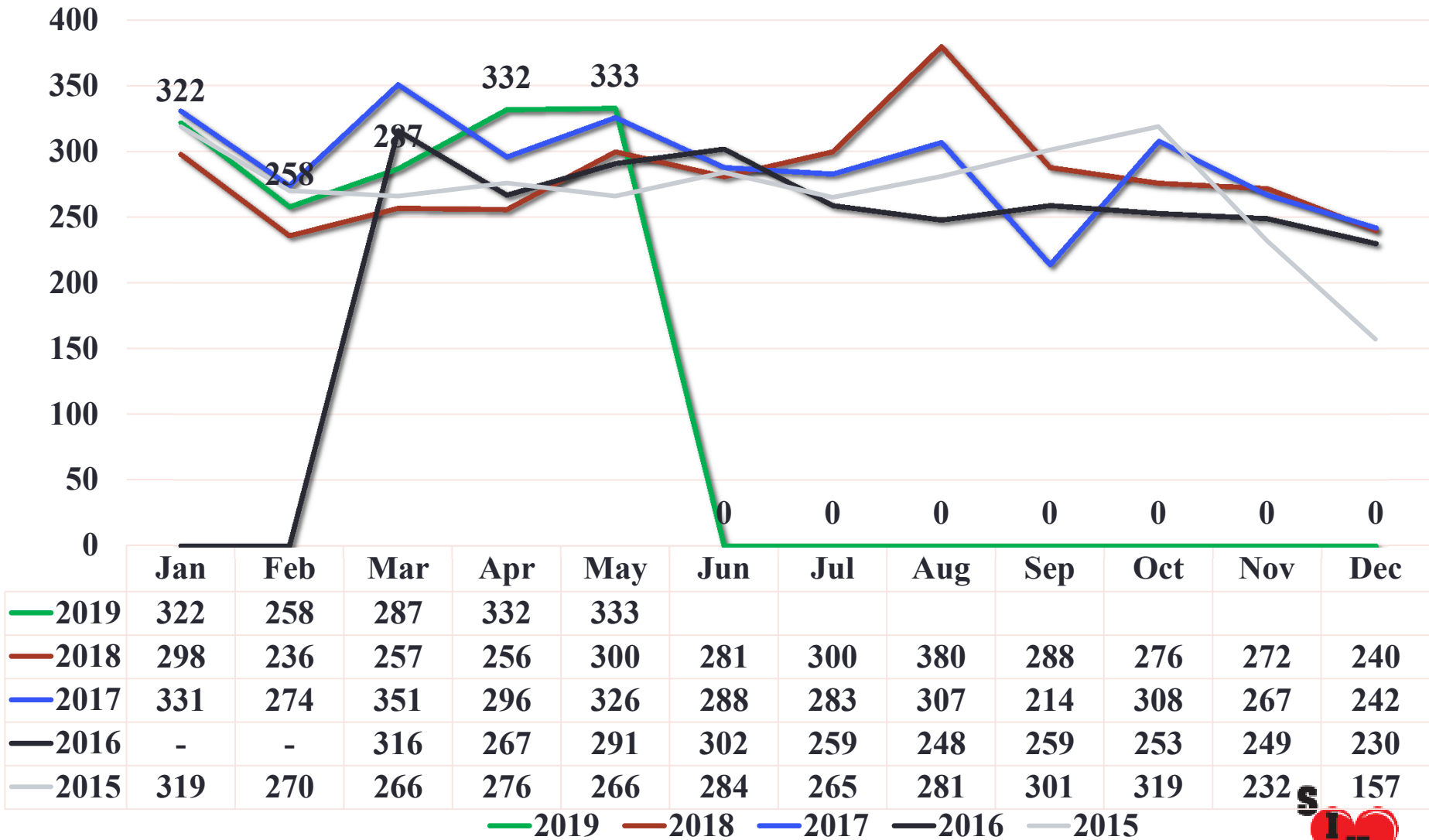
X Ray Volumes – Visits-Exams Per Month



— 2019
 — 2018
 — 2017
 — 2016
 — 2015



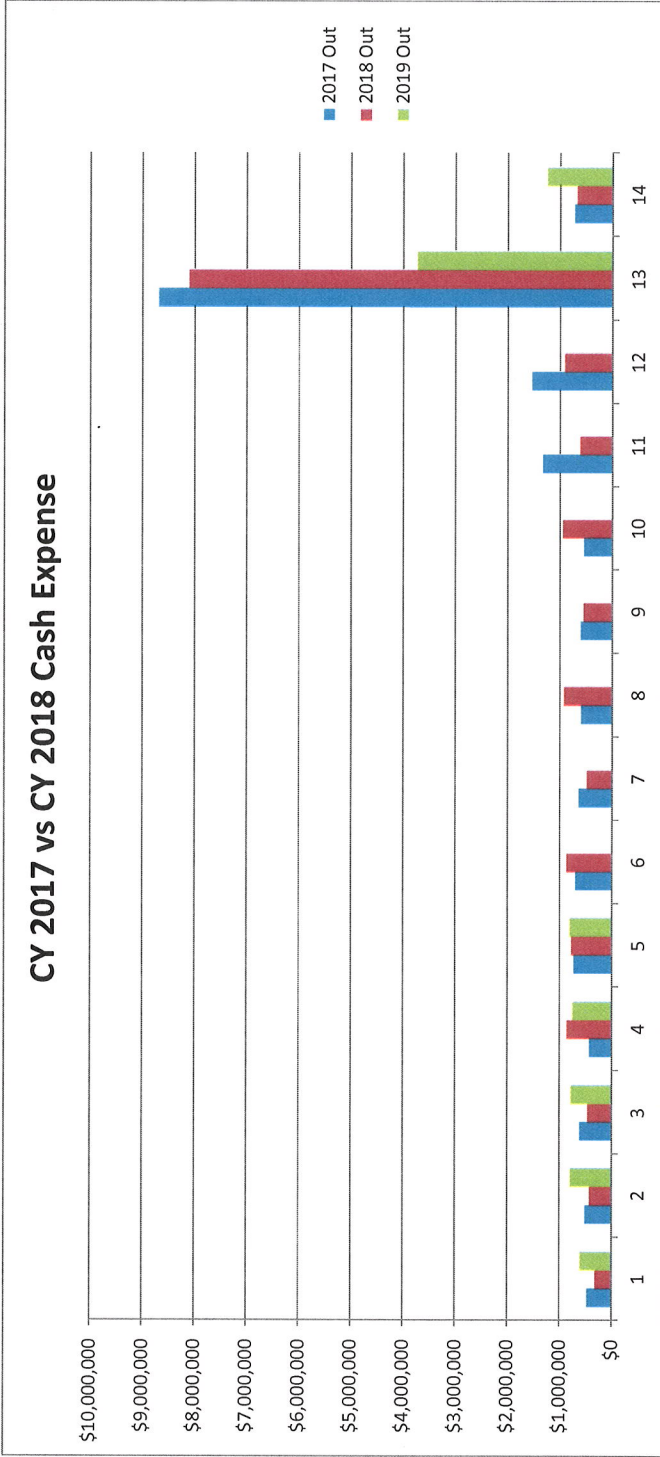
Laboratory Volumes

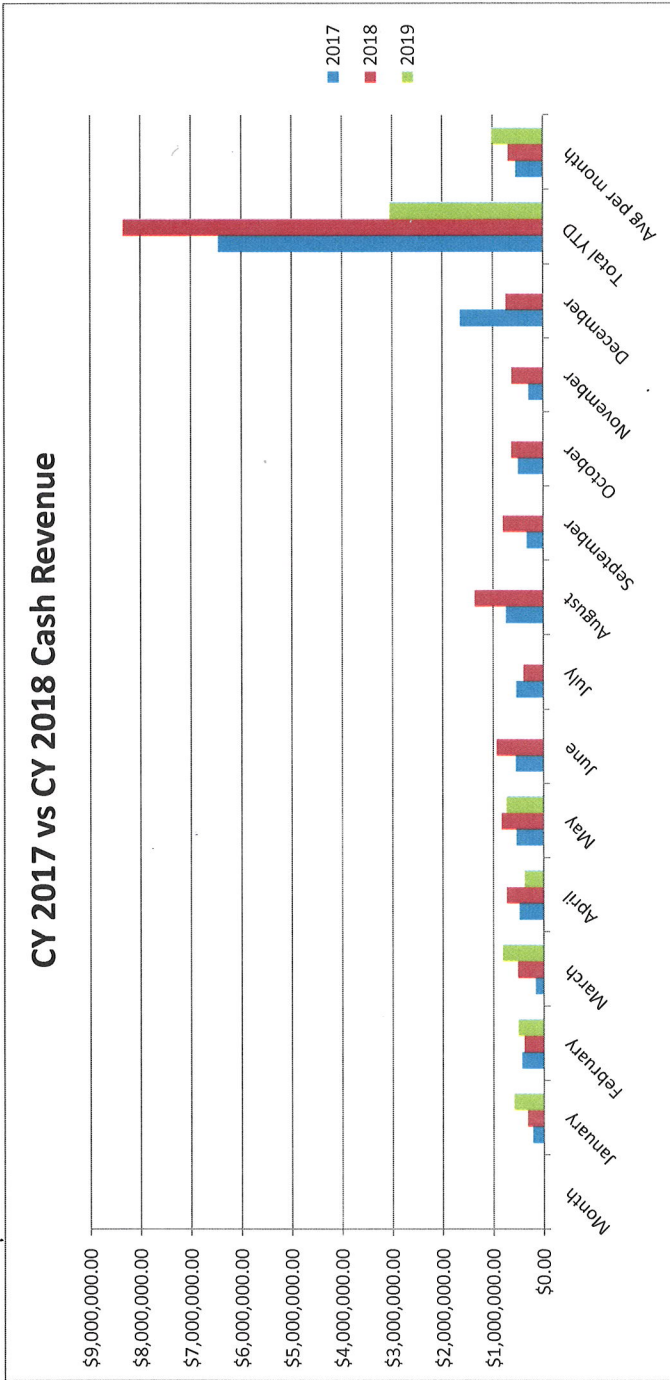


Calendar Years 2017 2018 Cash Revenue and Expense

Month	2017 Out	2018 Out	2019 Out
January	\$476,828	\$317,536	\$605,018
February	\$510,559	\$426,049	\$793,133
March	\$613,992	\$460,422	\$777,553
April	\$428,689	\$855,654	\$751,404
May	\$731,026	\$774,279	\$804,904
June	\$697,022	\$865,755	
July	\$638,898	\$481,547	
August	\$591,725	\$919,194	
September	\$604,046	\$545,545	
October	\$538,715	\$948,227	
November	\$1,329,108	\$611,855	
December	\$1,535,963	\$903,443	
Total YTD	\$8,696,571	\$8,109,506	\$3,732,012
Avg per month	\$724,714	\$675,792	\$1,244,004

Month	2017 In	2018 In	2019 In
January	\$220,057	\$332,781	\$595,827
February	\$436,521	\$395,019	\$506,713
March	\$161,595	\$519,190	\$817,806
April	\$483,870	\$738,592	\$382,328
May	\$536,961	\$840,176	\$744,801
June	\$549,697	\$934,762	
July	\$542,926	\$397,697	
August	\$743,975	\$1,369,716	
September	\$329,209	\$809,298	
October	\$502,823	\$637,583	
November	\$292,577	\$629,401	
December	\$1,647,896	\$742,519	
Total YTD	\$6,448,107	\$8,346,734	\$3,047,475
Avg per month	\$537,342	\$695,561	\$1,015,825





SOUTHERN INYO HEALTHCARE DISTRICT

Special Meeting of the Board of Directors Minutes

Date: Tuesday, June 18, 2019

Time: 6:30 p.m.

Location: Southern Inyo Hospital-Conference Room
501 East Locust St
Lone Pine, CA 93545

Secretary Carma Roper will be participating via phone.
726 North Main Street, Lone Pine, CA 93545

Director Mark Lacey will be participating via phone.
1221 H. Street, Sacramento, CA 95814

AGENDA

PRESENT

Jaque Hickman, President
Richard Fedchenko, Treasurer
Carma Roper, Secretary (via phone)
Mark Lacey, Director (via phone)

ABSENT

Charles Carson, Vice President

OTHERS

Shannon Jimerson, CNO-Interim Administrator
Jeff Sheffield, Facility Director
Scott Nave, Attorney
Maritza Perkins, Administrative Assistant

I. CALL TO ORDER

The meeting was called to order at 6:30 p.m.

Treasurer Fedchenko moved to approve the Special Board Meeting of 06/18/2019 agenda. Secretary Roper seconded. All approved.

Roll Call

Carma Roper	"AYE"
Richard Fedchenko	"AYE"
Jaque Hickman	"AYE"

At this time, Mark Lacey was not participating via phone.

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

II. BUSINESS ITEMS

A. Amended Resolution 19-6 Revolving Loan with Inyo Co. Treasury

There were some changes to Resolution 19-6 that Alisha McMurtrie with Inyo County Treasury needed. Nothing substantial.

Attorney Scott Nave described the revised amount and wording. In the old resolution SIHD referred to a note for a certain amount and a certain time frame. But what SIHD intended to set up is a revolving line of credit that can be drawn on and paid down over a period of time without having to call a special board meeting every time we need a loan for an IGT.

SIHD created a resolution that is general in nature, that allows the district to borrow up to a million as needed for IGT funds for the fiscal year of July 1, 2019-June 30, 2020. The resolution offers authorization for the board chair to complete and sign the documents.

ACTION: Secretary Roper moved to approved Amended Resolution 19-6 Revolving loan with Inyo County. Treasurer Fedchenko seconded.

Roll Call	
Carma Roper	“AYE”
Richard Fedchenko	“AYE”
Jaque Hickman	“AYE”
Mark Lacey	“Abstains”

III. CLOSED SESSION

- A. Existing Litigation (Govt Code 54956.9): Chapter 9 Bankruptcy
- B. Personnel Appointment

IV. CLOSED SESSION REPORT

In closed session, the Board of Directors discussed the status of the Chapter 9 bankruptcy and appointment of a CEO. No other items were discussed.

V. ADJOURNMENT

The Open session adjourned at 6:35pm.

President or Secretary of the Board

Date

Special Board Minutes of 06/18/2019

Board of Directors:

Jaqueline Hickman
President

Mark Lacey
Vice President

Carma Roper
Secretary

Charles Carson
Treasurer

Richard Fedchenko
Director

SOUTHERN INYO HEALTHCARE DISTRICT

Amended Special Meeting of the Board of Directors

Date: Tuesday, July 2, 2019
Time: 3:50 p.m.

Location: Southern Inyo Hospital-Conference Room
501 East Locust St
Lone Pine, CA 93545

Secretary Carma Roper will be participating via phone
230 N. Webster, Independence, CA 93526

AGENDA

PRESENT

Jaque Hickman, President
Charles Carson, Vice President
Carma Roper, Secretary (via phone)

ABSENT

Richard Fedchenko, Treasurer
Mark Lacey, Director

I. CALL TO ORDER

The meeting was called to order at 3:55 p.m.

Vice President Carson moved to approve the Special Meeting agenda of July 2, 2019.
Secretary Roper seconded. All approved.

Roll Call

Jaque Hickman	"AYE"
Carma Roper	"AYE"
Charles Carson	"AYE"

II. Approval of Medical Staff Privileges

a. Tracy Levens, MD, Clinic Physician, One Year Medical Staff Privileges.

ACTION: President Hickman moved to approve the one year medical staff privileges for Tracy Levens, MD. Secretary Roper seconded. All approved.

Roll Call

Jaque Hickman	"AYE"
---------------	-------

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

Carma Roper "AYE"
Charles Carson "AYE"

III. **ADJOURNMENT**

The meeting adjourned at 3:56 p.m.

President or Secretary of the Board

Date

Special Board Minutes of 07/02/2019

Board of Directors:

Jaqueline Hickman
President

Mark Lacey
Vice President

Carma Roper
Secretary

Charles Carson
Treasurer

Richard Fedchenko
Director



Southern Inyo Hospital

501 E. LOCUST ST. • P.O. BOX 1009
LONE PINE, CALIFORNIA 93545

Telephone (760) 876-5501
Fax (760) 876-4388
Admin Fax (760) 876-2268

June 12, 2019

Board of Directors
Southern Inyo Hospital
P.O. Box 1009
Lone Pine, CA 93545

It is requested that extended temporary Medical Staff privileges be granted to Jasiri Kennedy, MD, Emergency Room Physician for a period of 90-days to facilitate the Medical Staff credentialing process.

Respectfully,

A handwritten signature in cursive script that reads 'Vickie Torix'.

Vickie Torix
Medical Staff Secretary

Approved: _____
Brian Cotter, CEO Date

Approved: _____
Jaque Hickman, Board President Date

Approved: _____
Ronald Ostrom, Medical Director of ER Date



5000 Meridian Boulevard
 Ste 200
 Franklin, TN 37067
 Phone: 866-542-7253
 Fax: 866-822-3563
 insidesales@mmodal.com

QUOTE

Quote #	0000041326
Document Date	4/19/2019
Document Total	\$2,308.00
Date Time Printed	04/19/2019 02:13 PM

Bill To:

SOUTHERN INYO HOSPITAL
 PO BOX 1009
 LONE PINE, CA 93545

 Phone: 760-876-2260 ext: CATH

Ship To:

SOUTHERN INYO HOSPITAL
 PO BOX 1009
 LONE PINE, CA 93545

Contact Info: ACCOUNTS PAYABLE

Contract Terms: GMA/SMA

Validity period 5/1/2019 until 4/30/2020

PO No.		Customer Id	Shipping Method	Payment Terms	Incoterms
		81-SOUTINYHOSPI	UPS GND	NET 30	FOB Origin
Quantity	Part No.	DESCRIPTION		Unit Price	Extended Price
1	426-1039	DTX DOCQVOICE SERVER Serial Number: MED1111F00123		237.05	237.05
1	426-3078	DIALOGICS 4 PORT D41JCTLSEW (P		280.95	280.95
1	426-1206	DOCQVOICE LITE 2MT SOFTWARE PA		1,790.00	1,790.00

Billing Period Year

Subtotal	\$2,308.00
Misc	\$0.00
Tax	\$0.00
Shipping/Handling	\$0.00
Further Discount	\$0.00
Period Total	\$2,308.00
Grand Total	\$2,308.00

Customer's Signature _____

Quote is valid for 60 days from the document date.

Terms and Conditions

1.0 Services of ATI. ATI hereby agrees to provide to the Client and the Client agrees to hire from ATI the following services:

Disposal Services. The Client shall provide to ATI and ATI shall collect and remove from the Client's premises, transport, treat by microwaving, or another treatment method approved by all applicable State and Federal laws and regulations governing the disposal of bio-hazardous, Pathological, animal, pharmaceutical and chemotherapeutic medical waste.

Removal Scheduling and Procedures. A schedule for medical waste removal will be established by ATI, which will be subject to the Client's approval. ATI will issue a Tracking Document with each removal and a state-approved Certificate of Destruction will be attached to the invoice when the waste is billed.

2.0 Responsibilities of Client.

The Client is solely responsible for properly and lawfully packaging, labeling and storing medical waste. The Client shall store medical waste in containers supplied or approved by ATI. The Client agrees that all containers supplied to the Client by ATI shall be collected and disposed of only by ATI or its designated representatives. The storage of medical waste shall be confined to an area on the Client's premises to which only authorized personnel shall have access.

ATI reserves the right to decline to accept for collection, transportation, treatment and/or disposal any medical waste which, in ATI's or its designated representative's judgment, it cannot transport, treat or dispose of in a lawful manner or without a risk of harm to public health or the environment. Improperly packaged, leaking, overweight or damaged containers are subject to rejection or to all applicable charges for re-packaging and/or special handling. The maximum weight per container shall not exceed: 30lb/20-gal reusable; 40lb/32-gal reusable; 45lb/38-gal reusable; 50lb/44-gal reusable. If any container exceeds specified weight, that container will be considered to be improperly packaged, and may need to be repackaged by the Client so as to be under the maximum weight allowed.

The Client accepts the responsibility for supplies and or equipment furnished by ATI that are in the custody and control of the Client.

The Client represents and warrants that it will provide the proper operating procedures and training for proper bagging, Packaging, labeling, marking and storage of Medical Waste according to applicable state laws and regulations prior to the arrival of ATI's employees or designated representatives upon the premises for removal for treatment purposes.

Waste Screening. It shall be the responsibility of the Client to ensure that all waste and other materials provided to ATI by the Client for processing are generated by the Client at the Client's "generating facility." Client further agrees that the waste and other materials delivered to ATI by the Client for processing shall not include any "hazardous waste" nor any "hazardous substance" as defined in applicable state laws and regulations. Client further agrees that Client shall not include in the Waste any controlled pharmaceutical waste, bulk amounts of chemotherapeutic, radiologic or radioactive waste in the bags or containers. Client also agrees that the waste and other materials delivered to ATI for processing shall not include metal pieces, such as locks, links of chain, bolts, major ball and socket prosthesis joints, or any like

articles in the bags or containers. All regulated medical waste that by state law must be incinerated must be segregated and labeled in accordance with applicable laws.

Miscellaneous. The Client shall provide all sharps to be stored prior to removal by ATI in approved sharps containers. Sharps containers are to be "snapped shut." No loose sharps will be accepted.

3.0 Responsibilities of ATI. ATI shall be responsible for and shall provide, subject to payment of the fees specified in Section 4 and the other obligations of the Client specified in this Agreement, the following services:

Waste. ATI or ATI's designated representative shall collect, transport, treat and dispose of all Waste provided by the Client to ATI in accordance and compliance with all applicable federal, state and local ordinances, rules and regulations.

Miscellaneous. ATI shall:

(a) Maintain all required records reflecting the treatment and disposal of the Waste provided to ATI by the Client, and provide appropriate copies to the Client.

(b) Obtain and maintain in effect at all times during the terms of this Agreement all licenses, permits and regulatory authorizations required by law in connection with providing medical waste management services contracted herein.

4.0 Fees, Billing and Payment for Services.

Fees. In consideration of the services to be provided by ATI pursuant hereto, the Client shall pay to ATI during the Initial Term (as defined in Section 5 hereof), a fee based on the amount of Waste managed by ATI.

ATI's charges are based in part upon treatment cost, fuel cost, insurance and taxes in effect as of the date of this Agreement. ATI therefore reserves the right to increase charges in an amount equal to any increases in these charges by any outside agencies not under the control of ATI.

The Client will be notified in writing within thirty (30) days prior to any price change(s) and will have the option to accept or reject the price change. If the Client rejects the price change, ATI, at its sole option, may terminate this Agreement.

Billing and Payment. At the end of each billing period, ATI will submit to the Client an invoice detailing services rendered, fees, and the total amount due ATI. The full amount of the invoice shall be due and payable without offset or counterclaim at the office of ATI within **thirty (30) days** of the invoice date, which due date will be shown on the invoice.

If an invoice is not paid within Sixty (60) days of the date of the Invoice, the medical waste treatment services provided under this contract are subject to discontinuation at the discretion of ATI. After Ninety (90) days from date of invoice, service will automatically be discontinued and a fee of Sixty Dollars (\$60.00) will be charged for reactivation of service.

ATI reserves the right to convert this contract to a "COD" basis in the event of continued late payment by Client.

Client agrees to pay all costs of collection, including but not limited to reasonable attorneys' fees.

Terms and Conditions

5.0 Term; Termination.

Terms. This Agreement shall continue in effect for twenty four (24) months, and shall automatically continue thereafter for successive terms of 24 months, unless, a written notice of termination is provided at least thirty (30) days prior to the end of the Term of the Agreement, or until terminated as hereinafter provided. ATI reserves the right, after notice to the Client, to increase the fee for any such extended term. *If Client terminates this agreement prior to termination date, a cancellation fee to be determined by ATI based on the remaining term of the Agreement will be charged and must be paid before Agreement can be terminated.*

Termination. This Agreement may be terminated:

(a) By the Client:

(1) If ATI shall default in the performance of any material covenant, agreement, term or provision of this Agreement and such default shall continue uncorrected for a period of thirty (30) days after written notice to ATI stating the specific default; or

(b) By ATI:

(1) If the Client shall default in the performance of any material covenant, agreement, term or provision of this Agreement and such default shall continue uncorrected for a period of thirty (30) days after written notice to ATI stating the specific default; or

(2) If the Client shall fail to make any payment due to ATI within sixty (60) days after the date the same shall have been due and payable; or

(3) If the Client repeatedly fails to properly screen the materials provided to ATI for processing, as required by Section 2. of this agreement or the Client fails to immediately remove Hazardous Waste, Asbestos, Oil, Hazardous Substance, or Metal Pieces from the Waste provided to ATI for collection after a request for removal of such materials by ATI.

Upon termination of this contract for any reason, any supplies and equipment belonging to ATI in possession of the Client will be returned to ATI.

6.0 Force Majeure. The inability or failure of ATI to timely perform its obligations pursuant to this Agreement shall automatically be deemed excused by the Client if such inability is due to or occasioned by any act or occurrence, directly or indirectly, which is beyond the control of ATI, including, but not limited to, fires, floods, earthquakes, snow disasters, other Acts of God, accidents, riots, wars, operation of law, strikes, government action or regulation.

7.0 Insurance.

ATI shall, at its sole cost and expense, during the term of this Agreement maintain no less than One Million and no/100 Dollars (\$1,000,000) annual aggregate and per occurrence in general liability insurance.

The Client shall, at its sole cost and expense, during the term of this Agreement maintain no less than One Million and no/100 Dollars (\$1,000,000) annual aggregate and per occurrence in general liability insurance.

8.0 Indemnification and Limitation of liability.

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The Client agrees to indemnify and hold ATI, its directors, officers, employees and agents hereunder harmless from and against any and all claims, losses, expenses, penalties, fines, repair costs, lost profits, court costs, liabilities or damages, including but not limited to reasonable attorneys' and consultants' fees, resulting from or arising out of:

(a) The Client's breach of any duty, obligation or representation contained or referred to in this Agreement;

(b) The inclusion of any Hazardous Waste, Asbestos, Oil, Metal Pieces, Hazardous Substance, Unacceptable Waste, controlled pharmaceutical waste, bulk amounts of chemotherapy waste, radiologic waste, or radioactive waste, in the waste to be managed by ATI,

(c) Any spills, leaks or discharges caused by the Client, its employees, its agents or others acting on the Client's behalf.

The indemnification obligations under this Section shall not be affected by the failure of ATI to investigate or check the contents of the Waste and other materials provided to ATI by the Client for processing. The liability of ATI to the Client shall be controlled exclusively by the terms of this Agreement, and in no event shall ATI's liability under this Agreement exceed the greater of the total amount paid to ATI by Client under the terms of this Agreement or the portion of the claim, if any, covered by ATI's insurance. ATI agrees to indemnify and hold Client, its directors, officers, employees and agents hereunder harmless from and against any and all claims, losses, expenses, penalties, fines, repair costs, lost profits, court costs, liabilities or damages, including but not limited to reasonable attorneys' and consultants' fees, resulting from or arising out of:

(a) ATI's breach of any duty, obligation or representation contained or referred to in this agreement;

(b) Any spills, leaks or discharges caused by ATI, its employees, its agents or others acting on its behalf.

9.0 Expenses. The parties hereby agree that in the event it becomes necessary for either party to enforce its rights or remedies hereunder or to enforce any of the terms, conditions or provisions thereof, each party shall bear its own expenses.

10.0 Client's Assignment. Without the prior written consent of ATI, such consent not to be unreasonably withheld, Client shall not assign, transfer, pledge or hypothecate this Agreement.

11.0 ATI's Assignment. This Agreement and the rights and obligations of ATI hereunder may be assigned, pledged, mortgaged, transferred, or otherwise disposed of, either in whole or in part.

12.0 Waiver. No covenant or condition of this Agreement can be waived except by the written consent of ATI. Forbearance and indulgence by ATI in any regard whatsoever shall not constitute a waiver of the covenant or condition to be performed by the Client to which the same may apply, and, until complete performance by the Client of such covenant or condition, or in equity despite such forbearance or indulgence. Upon the Client's failure to perform any of its duties hereunder, ATI may (but shall not be obligated to) perform any or all such duties. Any amount expended by ATI in connection therewith shall be treated as an additional fee pursuant to Section 5 hereof and shall bear interest at the rate set forth therein from the date paid by ATI.

13.0 Amendments. This Agreement shall not be amended, altered or changed except by a written agreement signed by both ATI and the Client.

**KERN VALLEY HEALTHCARE DISTRICT
NETWORK AGREEMENT**

This network agreement, (agreement), entered into this 1st day of June, by Southern Inyo Hospital a Critical Access Hospital (CAH) and Kern Valley Healthcare District, a Critical Access Hospital (CAH), collectively referred to as the parties:

WHEREAS the purpose of the Critical Access Hospital Program is to create options for redesigning the health care delivery system to cope with and prosper in the rural health environment.

WHEREAS Kern Valley Healthcare District, a CAH and Southern Inyo Hospital wish to maintain and promote the availability of a range of high-quality and cost-effective healthcare services in the CAH's service area and to assure the delivery of those healthcare services at a level most appropriate to a patient's identified need;

Therefore, in consideration of the following mutual covenants, Kern Valley Healthcare District and Southern Inyo Hospital agree as follows:

PATIENT REFERRAL AND TRANSFERS:

Patient Transfers: To comply with the requirements of Public law 105-33, ss4201, Southern Inyo Hospital will identify for transfer, patients who require services not offered by at their Hospital, or for access emergencies.

Such patients will be transferred to Kern Valley Hospital or to another hospital that provides the needed services. Kern Valley Hospital is required to accept the patients referred by Southern Inyo Hospital however, this requirement is no greater than that required by the Emergency Medical Treatment and Active Labor Law (EMTALA/COBRA).

Referral protocols: The decision to transfer or refer between the parties' facilities shall be in accord with the established policies and procedures of the transferring facility. The transfer or referral protocol shall be initiated and followed by the patient's attending physician, the emergency room physician on-duty, or the physician assistant or nurse practitioner in consultation with the supervising physician, as the case may be in determining whether a transfer should be made.

Prior Consultations: The referring practitioner will determine if a telephone or other consultation with the potential attending physician is appropriate prior to transfer. Records from the transferring facility will be transmitted to the receiving facility as needed for purposes of the consultation. If a prior consultation between the referring physician and receiving physician is not appropriate or necessary, the referring physician will contact the receiving physician prior to transfer and will provide the receiving physician copies of clinical information appropriate to the patient and the patient's course of treatment.

Effecting Transfers: The parties agree to abide by the requirements of EMTALA/COBRA in effecting transfers between the two facilities. Consequently,

EMTALA/COBRA's requirements for obtaining patient consents, prior notice and acceptance of the transfer by the receiving facility, records to be transmitted, and other requirements for effecting appropriate transfers shall be followed.

Transfers to Other Facilities: The parties recognize that at times Kern Valley Hospital may be unable to accept a patient transfer from the Southern Inyo Hospital. Consistent with EMTALA/COBRA, Kern Valley Hospital may refuse to accept a patient whose transfer has been requested. After consultation with a Kern Valley Hospital physician, a decision may be made by the referring physician to transfer the patient to another facility. The referring physician will contact another facility to provide the required care to the patient and will follow the policies and protocols of the transferring facility.

Communication After Transfer and During and After Hospitalization: Following a transfer, Kern Valley Hospital, agrees to send the Southern Inyo Hospital notice that the patient has been admitted and a confirmation as to the physician who is attending the patient. During a transferred patient's hospitalization, the attending physician will provide updates to the referring physician concerning the patient's diagnosis, treatment, and disposition. If the patient is transferred to another facility for treatment other than back to Southern Inyo Hospital, Kern Valley Hospital will contact the Southern Inyo Hospital as soon as practical. To the extent possible, patients from the Southern Inyo Hospital community whose care needs can be provided by the Southern Inyo Hospital will be offered the opportunity to return to Southern Inyo Hospital for such services;

At the time of discharge, the attending physician will send a copy of the Discharge Summary to the referring physician.

COMMUNICATION SYSTEMS:

The parties agree that they may utilize the following technologies for purposes of transmitting encrypted patient information and other data between their two facilities:

- Fax
- Telephone
- Radio
- ~~E~~Mail

And other technologies as agreed by the parties. The policies and protocols of the respective facilities as amended from time to time will specify the personnel responsible at each facility for the operation of the equipment involved in the technologies listed above. All voice telephonic or radio communications between the facilities shall be documented by the parties in a communication log and medical record as appropriate, and permanent copies of all transmissions by facsimile, electronic medical record, and/or other technologies shall be retained in the patient's medical record to ensure proper documentation of the parties' communications system shall be established and agreed to by the Southern Inyo Hospital and Kern Valley Hospital.

OTHER PROVISIONS:

Term: This agreement shall continue for a period of one year, and thereafter it shall be renewed automatically for successive one (1) year terms, unless sooner terminated as provided below.

Liability: Each facility shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other.

Termination: This agreement may be terminated by either party for any reason, by giving thirty (30) days written notice of it's intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed as of :

This 20th day of June, 2019

Signed:  Timothy McGlew, CEO for Kern Valley Healthcare District

Signed: _____ Jacque Hickman, Board Chair, Southern Inyo Healthcare

EMERGENCY DEPARTMENT PHYSICIAN AGREEMENT

This Emergency Department Physician Agreement (“Agreement”) is made by Southern Inyo Healthcare District (“District”) and Michael Dillon, M.D. (“PHYSICIAN”), as of July 9, 2019.

RECITALS

A. District owns and operates Southern Inyo Hospital (“Hospital”) located in Lone Pine, California, a Critical Access Hospital, and desires to retain Physician to provide emergency medicine services in Hospital’s Emergency Department (“ED”).

A. Physician is a physician duly licensed in California with a background and experience in providing emergency medicine services, and desires to be retained by District.

NOW, THEREFORE, the parties agree as follows:

TERMS

1. SCOPE OF SERVICES

District retains Physician, and Physician agrees, to provide those services identified in Exhibit A, attached hereto and incorporated by reference (the “Services”).

2. PHYSICIAN’S REPRESENTATIONS AND WARRANTIES

Physician represents and warrants at the time of signing this Agreement, and at all times during the term of this Agreement, that:

2.1 Physician is duly licensed, registered and in good standing, or will become duly licensed, registered and in good standing under the laws of the State of California, to engage in the practice of medicine, and that said license and registration have not been suspended, revoked, or restricted in any manner.

2.2 Physician is qualified for and has applied for, or will apply for within a reasonable time after the signing of this Agreement, and has obtained, or will obtain within a reasonable time after the signing of this Agreement, membership (including appropriate clinical privileges) in good standing with the Medical Staff of District.

2.3 Physician has disclosed and will at all times during the term of this Agreement promptly disclose to the District: (a) the existence and basis of any legal, regulatory, professional or other proceeding against Physician instituted by any person, organization, governmental agency, health care facility, peer review organization, or professional society which involves any allegation of substandard care or professional misconduct raised against Physician and (b) any allegation of substandard care or professional misconduct raised against Physician by any person, organization, governmental agency, health care facility, peer review organization or professional society;

2.4 Physician is board certified or board qualified in emergency medicine, or possesses knowledge and skill in emergency medicine comparable to other physicians practicing emergency medicine in the District's service area.

2.5 Physician shall at all times render the Services in a competent, professional, and ethical manner, in accordance with prevailing standards of medical care and practice, and all applicable statutes, regulations, rules, orders, and directives of all applicable governmental and regulatory bodies having competent jurisdiction.

2.6 In connection with the provision of the Services, Physician shall use the equipment, instruments, electronic medical record documentation system and supplies of the District for the purposes for which they are intended and in a manner consistent with sound medical practice and District policies and procedures.

2.7 Physician shall complete and maintain, in a timely manner, adequate, legible and proper medical records, claims and correspondence with respect to the Services.

2.8 Physician shall participate in Medicare, Medi-Cal and other federal and state reimbursement programs, commercial insurance reimbursement programs, health maintenance organization, preferred provider organizations, self-insured employer reimbursement programs and any other health benefit program with which the District may contract for the provision of professional medical services.

2.9 Physician shall abide by the Medical Staff Bylaws, rules, regulations and policies.

2.10 Physician shall participate in continuing medical education and training programs required to maintain skills comparable with the standards of care in emergency medicine in the District's service area.

2.11 Physician shall satisfy all qualifications of insurability for professional liability policy or policies required, maintained or reimbursed by the District.

2.12 Physician shall deliver to the District promptly upon request copies of all certificates, registrations, certificates of insurance and other evidence of Physician's compliance with the foregoing as reasonably requested by the District.

3. RESPONSIBILITIES OF HOSPITAL

3.1 HOSPITAL shall provide appropriate space and necessary equipment within the ED for the use of Physician in the performance of the Services under this Agreement.

3.2 HOSPITAL shall make all reasonable efforts to make available ancillary services necessary for effective operation of the ER, including laboratory, imaging, pharmacy, etc.

3.3 HOSPITAL shall not involve itself in those aspects of Physician's professional practice of medicine for which a license to practice medicine is required.

4. **COVERAGE.**

PHYSICIAN will provide emergency physician coverage in the ED as scheduled by HOSPITAL and MEDICAL DIRECTOR. However, PHYSICIAN will cover no less than N/A shifts per month.

5. **COMPLIANCE WITH LAWS**

PHYSICIAN shall comply with all applicable provisions of law, and other valid rules and regulations of all governmental agencies having jurisdiction over: (i) the operation of the ED; (ii) the licensing of health care practitioners; and (iii) the delivery of services to patients of governmentally regulated third party payers whose members/beneficiaries receive services at HOSPITAL. This shall specifically include, but not by way of limitation (i) compliance with applicable provisions of Title 22, California Administrative Code; and (ii) compliance with Medicare billing, time allocation, record keeping, and record access requirements.

6. **PHYSICIAN COMPENSATION.**

6.1 District agrees to pay the following fees to Physician:

6.1.1 Patient Visits. District will bill patients and their payors for services provided by PHYSICIAN to those patients. Such charges shall be consistent with prevailing community charges.

6.1.2 Emergency Department Patient Visit Fees. District will pay PHYSICIAN \$ N/A per visit for all patients treated with their charts completed by N/A .

6.1.3 Stand-By Hours. In addition to the compensation in 6.1.2, District will compensate PHYSICIAN at \$90.00 per hour for all hours worked on site covering the Emergency Department.

6.1.6 HOSPITAL is responsible for the payments due to PHYSICIAN. Therefore, physician should only look to the HOSPITAL for amounts due and not to MEDICAL DIRECTOR or HOSPITAL'S patients.

6.2 Timing of Payment. HOSPITAL will pay PHYSICIAN monthly by the 15 day of the next month following that month in which the services are rendered.

6.3 Holiday Minimum. The minimum payment for the following holidays will be Time and a Half : New Year's Day, Easter Sunday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas Day.

6.4 Continuing Medical Education. PHYSICIAN shall be entitled to N/A hours of paid continuing medical education time after each six-month period in which PHYSICIAN has worked at least the minimum shifts in the emergency department as required under article 4.0 of this agreement.

6.5 PHYSICIAN will be entitled to purchase group health insurance through the DISTRICT plan at the then current cost of the health insurance to the District or the COBRA rate.

7. INDEPENDENT CONTRACTOR

7.1 PHYSICIAN is an independent contractor, and is not, by virtue of this Agreement, an employee, partner of, or joint venturer with District.

7.2 Physician may not make any claim against District under this Agreement for social security benefits, worker's compensation benefits, unemployment insurance benefits, health benefits, vacation pay, sick leave, or any other employee benefits of any kind.

7.3 District shall not exercise any direct control over any medical decisions made by Physician while performing the Services at the ED.

8. INSURANCE AND INDEMNIFICATION

8.1. Coverage. PHYSICIAN will be covered by the District's Professional and Liability Insurance through BETA Healthcare Group ("BETA") for a minimum of \$1,000,000 per occurrence, \$3,000,000 aggregate, for the Services rendered under this Agreement. It is understood and agreed that BETA provides Continuous Coverage for departed providers, except the coverage is limited to claims made and reported against the provider for Services provided during the term of this Agreement.

8.2. Indemnification. Each party ("Indemnitor") agrees to defend, indemnify and hold the other party ("Indemnitee") and its representatives, agents, successors and assigns harmless from any and all damages, claims, judgments, losses, costs and expenses, including attorney's fees, which may hereinafter at any time be incurred, suffered, sustained by or imposed upon Indemnitee or its representatives, agents, successors or assigns, which may be due or required to be paid or performed by reason of, arising out of, by virtue of, or incident to the performance or the rendering of any of the obligations of Indemnitor hereunder, including but not limited to, any such damages, claims, judgments, losses, costs or expenses attributable to bodily injury, sickness, disease or death or injury or to destruction of tangible property which is caused in whole or in part by the negligent act or omission of Indemnitor, or anyone directly employed by or acting on behalf of Indemnitor but not as a result of the negligence of Indemnitee, its representatives, servants or agents.

9. NONDISCRIMINATION

Services are to be available to all patients, in accordance with District's nondiscrimination policies, and in accordance with any established policies relating to free or charity care. Physician shall not refuse to provide services to any patient at the Hospital, regardless of ability to pay.

10. TERM AND TERMINATION

10.1 Term. This Agreement shall be effective as of July 9, 2019 and shall terminate on July 10, 2020. Upon mutual agreement, not later than 90 days prior to expiration of the current term, the District and Physician may extend this Agreement for two additional one-year terms.

10.2 Termination without cause. During the initial 120 days of this Agreement, either party may, without cause, terminate this Agreement with 10-days written notice to the other party. Thereafter, this Agreement may be terminated upon 60-days written notice to the other party. This agreement may be terminated at any time by the mutual consent of both parties.

10.3 Termination for cause. Either party may terminate this Agreement for cause if the other party is in material breach of this Agreement and the default is not cured within seven days of receipt of written notice specifying the material breach.

10.4 Other grounds for termination. This Agreement may be terminated immediately for the following reasons:

10.4.1 Physician's loss or restriction of their license for any reason.

10.4.2 Physician becomes legally incompetent; is convicted of a felony; or uses, possesses, or is found under the influence of alcohol, drugs, or other controlled substances while performing his duties under this Agreement.

10.4.3 Physician fails to maintain a professional standard of conduct in accordance with District policies.

10.4.4 Physician becomes ineligible to participate in the Medi-Cal or Medicare programs for any reason.

10.4.5 A fraud control unit of a state or federal agency determines Medical Director has or may be placing the health and safety of a patient at risk.

10.4.6 Loss or restriction of DISTRICT'S license to operate the Hospital.

10.5 Change in Law. If any federal, state or local law or regulation, or any final, non-appealable interpretation of law or regulations by a court of law or governmental agency, makes or will make substantial performance of this Agreement illegal or renders any provision hereof illegal or unenforceable, the parties shall meet and negotiate and use best efforts to modify the Agreement to resolve the concern. If the parties are unable to resolve the issue within ten (10) days after it arose, either party may elect to terminate this Agreement on ten (10) days prior written notice.

10.6 Rights on Expiration or Termination. Custody of all District records, including patient medical records, equipment, and supplies shall be turned over to District upon termination for any reason. Duplicate copies of records may be retained by PHYSICIAN, at its own expense.

11. GENERAL PROVISIONS

11.1. Other Agreements. No other agreements between the parties exist at this time.

11.2. Assignment. Neither party may assign, delegate or transfer any rights, obligations or duties hereunder without the express written approval of the other party, which approval shall not be unreasonably withheld.

11.3. Notice. All notices required by this Agreement shall be in writing, and shall be deemed effective when personally delivered; when mailed by certified or registered mail, return receipt requested; or when deposited with a comparably reliable postage delivery service (such as Federal Express); addressed to the other party as follows:

IF TO PHYSICIAN:

If TO DISTRICT:

11.4. Records. Until the expiration of four (4) years after the furnishing of any service pursuant to this Agreement, PHYSICIAN shall make available upon written request, to the Secretary of the United States Department of Health and Human Services, or upon written request to the United States Comptroller, or any of their duly authorized representatives, under 42 C.F.R. & 420.300 et seq., or the California Department of Health Services, this Agreement, and such books, documents and records of the Physician that are necessary to certify the nature and extent of the reasonable costs of services.

11.5. No Third-Party Beneficiaries. Nothing contained in this Agreement is intended, nor shall it be construed, to create rights running to the benefit of third parties.

11.6. Attorney's Fees. In the event of a legal action or proceeding between the parties arising from this Agreement, the prevailing party shall be entitled to receive reasonable attorney's fees, costs, and other expenses, including those incurred on appeal and in the enforcement of a judgment, in addition to whatever other relief may be awarded.

11.7. Force Majeure. Neither party shall be liable or deemed in default of this Agreement for any delay or failure to perform caused by acts of God, war, disasters, strikes, or any cause reasonably beyond the control of the non-performing party.

11.8. Severability. In the event any portion of this Agreement is declared invalid or void by a court or arbitrator, such portion shall be severed from this Agreement, and the remaining provisions shall remain in effect, unless the effect of such severance would be to substantially alter the agreement or obligations of the parties, or would place either party in violation of its articles of in District or its bylaws, in which case the Agreement may be immediately terminated.

11.9 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of California, without regard to its conflict of laws principles, and is made and to be performed in the County of Inyo, California.

11.10 No Referrals. Nothing in this Agreement is intended to obligate, and shall not obligate, any party to this Agreement to refer patients to any other party.

11.11 Waiver. Any failure of a party to insist upon strict compliance with any term, undertaking or condition of this Agreement shall not be deemed to be a waiver of such term, undertaking or condition. To be effective, a waiver must be in writing, signed and dated by the parties.

11.12 Entire Agreement; Modification. This Agreement contains the entire agreement of the parties relating to this subject matter. The Agreement may only be modified in writing, signed by both parties, effective on the date set forth therein.

11.13 Execution. By their signatures below, each of the following represent that they have authority to execute this Agreement and to bind the party on whose behalf their execution is made.

Southern Inyo Healthcare District

Physician

By _____

EXHIBIT A

SCOPE OF SERVICES

PHYSICIAN shall devote sufficient time and his or her best abilities to the responsibility of treating patients in the normal and customary hours of operation of the ED.

Patient Transfers. Except in circumstances of immediate jeopardy for the life of the patient, PHYSICIAN shall consult with the hospitalist of the Hospital prior to the permanent transfer of patients from the ED to other hospitals or health care providers.

Medical Care Plan System. PHYSICIAN shall participate in the development and review of a system for providing a medical care plan for ED patient covering medications, nursing care, ancillary services, admission, discharge or transfer planning, and other relevant services.

Medical Records. PHYSICIAN shall be responsible for the development and maintenance of an adequate medical record in the ED. This shall include assuring that the appropriate medical record entries are made by PHYSICIAN concerning all medical procedures and other services performed in the ED on the electronic medical record system of HOSPITAL.

Service and Equipment Adequacy. PHYSICIAN shall advise the Medical Director concerning the adequacy of the patient care services and medical equipment.

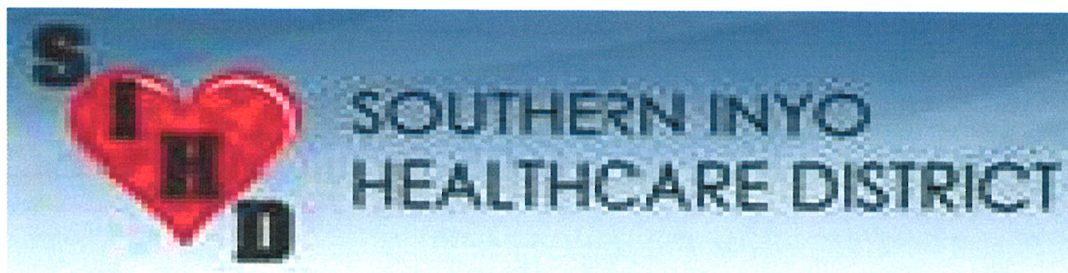
Responses to Administrative Questions. PHYSICIAN shall be available to respond to administrative questions regarding patients, facility bed availability, intra-facility transfer problems, and patient status.

Responses to Nursing Questions. PHYSICIAN shall be available to assist with nursing questions at the ED, including questions regarding patient transfers and patient clinical status.

Responses to Patient Problems. PHYSICIAN, when on duty, shall be available to respond to patient problems in the ED by means of chart review and patient visits, as appropriate, and respond to all in-house patient emergencies when required.

Medical Staff Commitments. Physician shall serve on such committees of Medical Staff of the District as may be appropriate after consultation with the ED Medical Director and Hospital CEO.

Utilization Review Services. Physician shall, as requested by the District, assist in the ED utilization review program of the District.



Unaudited Financial Statements

for

Ten Months Ended April 30, 2019

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

Certified by:


**Chester Beedle
Chief Financial Officer**

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LONE PINE, CALIFORNIA	
Ten Months Ended April 30, 2019	

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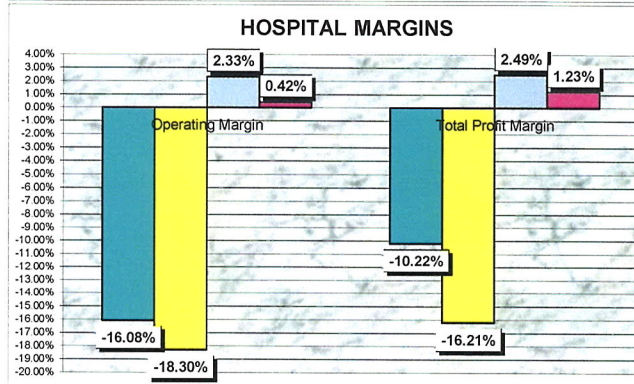
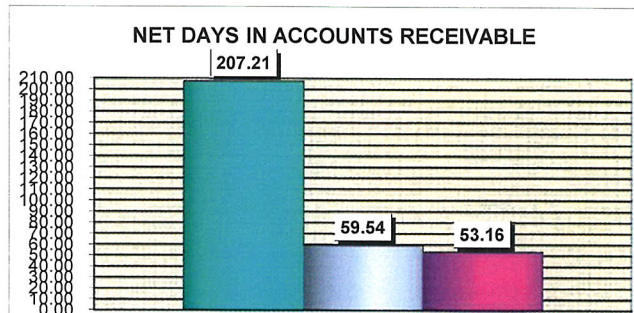


SOUTHERN INYO HEALTHCARE DISTRICT

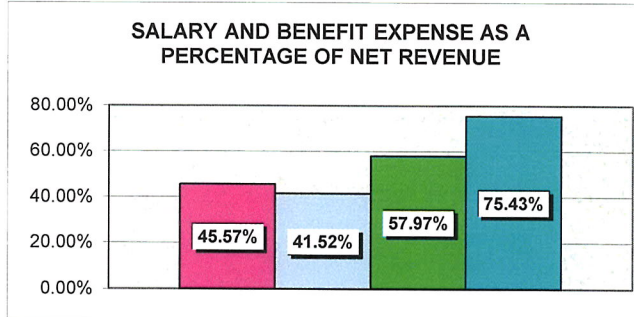
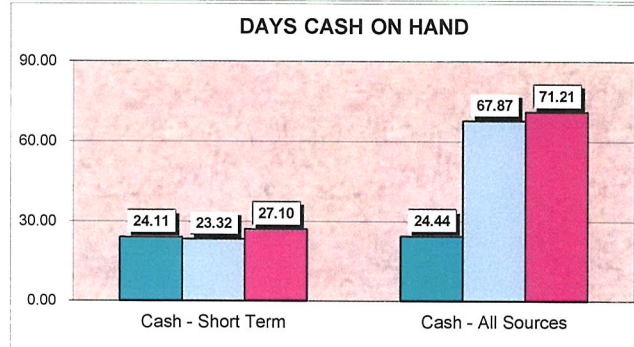
EXECUTIVE FINANCIAL SUMMARY

Ten Months Ended April 30, 2019

BALANCE SHEET		
	4/30/2019	6/30/2018
ASSETS		
Current Assets	\$5,738,719	\$2,540,681
Assets Whose Use is Limited	9,467	8,613
Property, Plant and Equipment (Net)	1,175,648	1,189,917
Other Assets	0	0
Total Unrestricted Assets	6,923,833	3,739,211
Restricted Assets	0	0
Total Assets	\$6,923,833	\$3,739,211
LIABILITIES AND NET ASSETS		
Current Liabilities	\$5,732,669	\$8,354,180
Long-Term Debt	14,209	0
Other Long-Term Liabilities	600,622	0
Total Liabilities	6,347,500	8,354,180
Net Assets	571,974	(4,614,969)
Total Liabilities and Net Assets	\$6,919,474	\$3,739,211



STATEMENT OF REVENUE AND EXPENSES - YTD		
	ACTUAL	BUDGET
Revenue:		
Gross Patient Revenues	\$9,187,685	\$7,192,000
Deductions From Revenue	(2,843,235)	(1,982,115)
Net Patient Revenues	6,344,450	5,209,885
Other Operating Revenue	262,470	282,181
Total Operating Revenues	6,606,920	5,492,066
Expenses:		
Salaries, Benefits & Contract Labor	4,983,507	4,811,905
Purchased Services & Physician Fees	1,034,590	623,729
Supply Expenses	320,043	291,155
Other Operating Expenses	1,272,952	648,314
Bad Debt Expense	0	0
Depreciation & Interest Expense	58,304	121,797
Total Expenses	7,669,395	6,496,900
NET OPERATING SURPLUS	(1,062,475)	(1,004,834)
Non-Operating Revenue/(Expenses)	387,471	114,379
TOTAL NET SURPLUS	(\$675,004)	(\$890,455)



KEY STATISTICS AND RATIOS - YTD		
	ACTUAL	BUDGET
Total Acute Patient Days	131	56
Average Acute Length of Stay	2.7	2.0
Total Emergency Room Visits	1,225	1,407
Outpatient Visits	3,267	2,295
Total Surgeries	0	0
Total Worked FTE's	102.61	97.20
Total Paid FTE's	104.68	108.09
Productivity Index	0.9473	1.0000
EBITDA - YTD	-200.00%	-18.79%
Current Ratio	1.00	
Days Expense in Accounts Payable	245.70	

■	SOUTHERN INYO HEALTHCARE DISTRICT	
■	Budget	04/30/19
■	California	Hospitals
■	CAH Hospitals	Rural
■	Prior Fiscal Year End	06/30/18

FINANCIAL STRENGTH INDEX - (3.66)			
Excellent -	Greater than 3.0	Good -	3.0 to 0.0
Fair -	0.0 to (2.0)	Poor -	Less than (2.0)

Balance Sheet - Assets

SOUTHERN INYO HEALTHCARE DISTRICT LONE PINE, CALIFORNIA Ten Months Ended April 30, 2019

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	Current Month 4/30/2019	Prior Month 3/31/2019	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2018
Current Assets					
Cash and Cash Equivalents	\$603,599	\$639,159	(\$35,560)	-5.56%	\$346,635
Gross Patient Accounts Receivable	8,813,422	8,841,426	(28,004)	-0.32%	6,944,937
Less: Bad Debt and Allowance Reserves	(3,789,771)	(3,801,813)	12,042	0.32%	(5,744,764)
Net Patient Accounts Receivable	5,023,650	5,039,613	(15,963)	-0.32%	1,200,173
Interest Receivable	0	0	0	0.00%	0
Other Receivables	84	0	84	0.00%	688,912
Inventories	103,886	98,339	5,547	5.64%	64,198
Prepaid Expenses	7,500	7,500	0	0.00%	88,409
Due From Third Party Payers	0	0	0	0.00%	152,354
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
Total Current Assets	5,738,719	5,784,611	(45,892)	-0.79%	2,540,681
Assets Whose Use is Limited					
Cash	8,281	8,288	(6)	-0.08%	8,613
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds	0	0	0	0.00%	0
Funded Depreciation	0	0	0	0.00%	0
Board Designated Funds	0	0	0	0.00%	0
Other Limited Use Assets	1,185	6,450	(5,265)	-81.62%	0
Total Limited Use Assets	9,467	14,738	(5,271)	-35.77%	8,613
Property, Plant, and Equipment					
Land and Land Improvements	693,510	693,510	0	0.00%	693,510
Building and Building Improvements	2,587,666	2,587,666	0	0.00%	2,587,666
Equipment	3,041,639	3,041,639	0	0.00%	2,966,485
Construction In Progress	114,120	0	114,120	0.00%	0
Capitalized Interest	0	0	0	0.00%	0
Gross Property, Plant, and Equipment	6,436,936	6,322,815	114,120	1.80%	6,247,661
Less: Accumulated Depreciation	(5,261,288)	(5,260,730)	(558)	-0.01%	(5,057,744)
Net Property, Plant, and Equipment	1,175,648	1,062,085	113,562	10.69%	1,189,917
Other Assets					
Unamortized Loan Costs	0	0	0	0.00%	0
Assets Held for Future Use	0	0	0	0.00%	0
Investments in Subsidiary/Affiliated Org.	0	0	0	0.00%	0
Other	0	0	0	0.00%	0
Total Other Assets	0	0	0	0.00%	0
TOTAL UNRESTRICTED ASSETS	6,923,833	6,861,434	62,400	0.91%	3,739,211
Restricted Assets	0	0	0	0.00%	0
TOTAL ASSETS	\$6,923,833	\$6,861,434	\$62,400	0.91%	\$3,739,211

Balance Sheet - Liabilities and Net Assets
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

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	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2018
	Current Month 4/30/2019	Prior Month 3/31/2019	Positive/ (Negative) Variance	Percentage Variance	
Current Liabilities					
Accounts Payable	\$4,514,569	\$4,569,547	\$54,978	1.20%	\$8,163,834
Notes and Loans Payable	25,870	775,093	749,223	96.66%	0
Accrued Payroll	104,291	104,291	0	0.00%	190,346
Accrued Payroll Taxes	45,983	45,983	0	0.00%	0
Accrued Benefits	34,105	190,697	156,592	82.12%	0
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	2,997	43,168	40,171	93.06%	0
Patient Refunds Payable	2,287	2,287	0	0.02%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	421,531	154,029	(267,502)	-173.67%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	0	0	0	0.00%	0
Current Portion of LTD (Leases)	3,607	3,640	33	0.91%	0
Other Current Liabilities	577,430	202,292	(375,138)	-185.44%	0
Total Current Liabilities	5,732,669	6,091,027	358,357	5.88%	8,354,180
Long Term Debt					
Bonds/Mortgages Payable	0	0	0	0.00%	0
Leases/Notes Payable	17,816	20,900	3,084	14.76%	0
Less: Current Portion Of Long Term Debt	3,607	3,640	33	0.91%	0
Total Long Term Debt (Net of Current)	14,209	17,260	3,051	17.68%	0
Other Long Term Liabilities					
Deferred Revenue	0	0	0	0.00%	0
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	600,622	576,265	(24,357)	-4.23%	0
Total Other Long Term Liabilities	600,622	576,265	(24,357)	-4.23%	0
TOTAL LIABILITIES	6,347,500	6,684,552	337,052	5.04%	8,354,180
Net Assets:					
Unrestricted Fund Balance	1,246,978	1,067,337	(179,641)	-16.83%	(4,311,834)
Inter-Departmental Transfer (DSH)	0	0	0	0.00%	0
Restricted Fund Balance	0	0	0	0.00%	0
Net Revenue/(Expenses)	(675,004)	(890,455)	(215,452)	24.20%	(303,135)
TOTAL NET ASSETS	571,974	176,882	(395,092)	-223.37%	(4,614,969)
TOTAL LIABILITIES AND NET ASSETS	\$6,919,474	\$6,861,433	(\$58,041)	-0.85%	\$3,739,211

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

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	CURRENT MONTH				Prior Year 04/30/18
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$36,939	\$19,800	\$17,139	86.56%	\$18,505
Clinic Revenue	70,205	22,462	47,743	212.55%	20,993
Outpatient Revenue	611,829	239,460	372,369	155.50%	223,794
Long Term Care Revenue	363,234	223,352	139,882	62.63%	208,740
Other	0	714	(714)	-100.00%	667
Total Gross Patient Revenue	<u>1,082,207</u>	<u>505,788</u>	<u>576,419</u>	<u>113.96%</u>	<u>472,699</u>
Deductions From Revenue					
Discounts and Allowances	(303,018)	(128,774)	(174,244)	-135.31%	(120,300)
Bad Debt Expense (Governmental Providers Only)	(32,466)	(10,116)	(22,350)	-220.95%	(14,181)
Charity Care	(7,500)	(506)	(6,994)	-1382.83%	(4,727)
Total Deductions From Revenue	<u>(342,984)</u>	<u>(139,395)</u>	<u>(203,589)</u>	<u>-146.05%</u>	<u>(139,208)</u>
Net Patient Revenue	<u>739,223</u>	<u>366,393</u>	<u>372,830</u>	<u>101.76%</u>	<u>333,492</u>
Deduction % of Gross Revenue	-31.7%	-27.6%			-29.4%
Other Operating Revenue	<u>6,487</u>	<u>31,982</u>	<u>(25,494)</u>	<u>-79.72%</u>	<u>30,900</u>
Total Operating Revenue	<u>745,710</u>	<u>398,374</u>	<u>347,336</u>	<u>87.19%</u>	<u>364,392</u>
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	517,285	526,596	(9,311)	132.2%	506,342
Fringe Benefits	129,321	131,649	(2,328)	33.0%	126,586
Contract Labor	30,875	11,568	19,307	2.9%	11,123
Physicians Fees	143,591	45,036	98,555	11.3%	43,304
Purchased Services	6,382	714	5,668	0.2%	687
Supply Expense	23,737	26,318	(2,581)	6.6%	25,551
Utilities	16,626	8,445	8,182	2.1%	8,043
Repairs and Maintenance	3,064	4,160	(1,097)	1.0%	4,000
Insurance Expense	17,316	9,380	7,936	2.4%	8,933
All Other Operating Expenses	57,293	22,014	35,279	5.5%	21,270
Bad Debt Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Leases and Rentals	4,600	4,210	390	1.1%	4,210
Depreciation and Amortization	279	13,533	(13,254)	3.4%	13,533
Interest Expense (Non-Governmental Providers)	0	0	-	0.0%	0
Total Operating Expenses	<u>950,370</u>	<u>803,623</u>	<u>146,747</u>	<u>201.7%</u>	<u>773,582</u>
Net Operating Surplus/(Loss)	(204,660)	(405,249)	200,589	-49.50%	(409,190)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	55,070	23,536	31,534	133.98%	23,863
Interest Expense (Governmental Providers Only)	(21,624)	(41,982)	(20,357)	48.49%	(5,007)
Other Non-Operating Revenue/(Expenses)	9,048	5,426	3,622	66.74%	14,226
Total Non Operating Revenue/(Expense)	<u>42,494</u>	<u>(13,020)</u>	<u>55,513</u>	<u>-426.39%</u>	<u>33,082</u>
Total Net Surplus/(Loss)	(\$162,166)	(\$418,268)	\$256,102	-61.23%	(\$376,108)
Operating Margin	-27.44%	-101.73%			-112.29%
Total Profit Margin	-21.75%	-104.99%			-103.22%
EBITDA	-30.31%	-108.87%			-109.95%
Cash Flow Margin	-18.81%	-91.06%			-98.13%

Statement of Revenue and Expense
SOUTHERN INYO HEALTHCARE DISTRICT
LONE PINE, CALIFORNIA
Ten Months Ended April 30, 2019

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	YEAR-TO-DATE				
	Actual 04/30/19	Budget 04/30/19	Positive (Negative) Variance	Percentage Variance	Prior Year 04/30/18
Gross Patient Revenue					
Inpatient Revenue	\$667,320	\$276,094	\$391,226	141.70%	\$394,879
Clinic Revenue	516,240	317,673	198,567	62.51%	301,121
Outpatient Revenue	4,449,100	3,396,524	1,052,576	30.99%	3,207,641
Long Term Care Revenue	3,548,945	3,176,058	372,887	11.74%	2,997,010
Other	6,081	25,652	(19,572)	-76.30%	20,929
Total Gross Patient Revenue	<u>9,187,685</u>	<u>7,192,000</u>	<u>1,995,685</u>	<u>27.75%</u>	<u>6,921,580</u>
Deductions From Revenue					
Discounts and Allowances	(2,550,865)	(1,831,083)	(719,782)	-39.31%	(1,761,920)
Bad Debt Expense (Governmental Providers Only)	(247,370)	(143,840)	(103,530)	-71.98%	(179,807)
Charity Care	0	0	0	0.00%	0
Charity Care	(45,000)	(7,192)	(37,808)	-525.70%	(59,936)
Total Deductions From Revenue	<u>(2,843,235)</u>	<u>(1,982,115)</u>	<u>(861,120)</u>	<u>-43.44%</u>	<u>(2,001,663)</u>
Deductions as % of Gross Revenue	-30.9%	-27.6%			-28.9%
Net Patient Revenue	<u>6,344,450</u>	<u>5,209,885</u>	<u>1,134,565</u>	<u>21.78%</u>	<u>4,919,917</u>
Other Operating Revenue	262,470	282,181	(19,711)	-6.99%	240,992
Total Operating Revenue	<u>6,606,920</u>	<u>5,492,066</u>	<u>1,114,854</u>	<u>20.30%</u>	<u>5,160,909</u>
Operating Expenses				Exp %/Net Rev	
Salaries and Wages	3,629,431	3,666,705	37,274	66.8%	3,525,678
Fringe Benefits	907,358	916,676	9,318	16.7%	881,419
Contract Labor	446,718	228,524	(218,194)	4.2%	219,735
Physicians Fees	915,724	604,233	(311,491)	11.0%	580,994
Purchased Services	118,866	19,496	(99,370)	0.4%	18,746
Supply Expense	320,043	291,155	(28,888)	5.3%	282,674
Utilities	144,646	94,998	(49,647)	1.7%	90,475
Repairs and Maintenance	60,343	61,364	1,021	1.1%	59,004
Insurance Expense	152,648	113,903	(38,745)	2.1%	108,479
All Other Operating Expenses	828,277	314,835	(513,442)	5.7%	304,189
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Leases and Rentals	87,038	63,213	(23,824)	1.2%	63,213
Depreciation and Amortization	58,304	121,797	63,494	2.2%	121,797
Interest Expense (Non-Governmental Providers)	0	0	0	0.0%	0
Total Operating Expenses	<u>7,669,395</u>	<u>6,496,900</u>	<u>(1,172,495)</u>	<u>118.3%</u>	<u>6,256,403</u>
Net Operating Surplus/(Loss)	(1,062,475)	(1,004,834)	(57,641)	5.74%	(1,095,494)
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	0	0	0	0.00%	0
Income Derived from Property Taxes	500,657	211,365	289,292	136.87%	214,765
Interest Expense (Governmental Providers Only)	(194,618)	(148,765)	(45,853)	30.82%	(45,813)
Other Non-Operating Revenue/(Expenses)	81,432	51,779	29,653	57.27%	85,228
Total Non Operating Revenue/(Expense)	<u>387,471</u>	<u>114,379</u>	<u>273,092</u>	<u>238.76%</u>	<u>254,180</u>
Total Net Surplus/(Loss)	(\$675,004)	(\$890,455)	\$215,452	-24.20%	(\$841,314)
Operating Margin	-16.08%	-18.30%			-21.23%
Total Profit Margin	-10.22%	-16.21%			-16.30%
EBITDA	-18.14%	-18.79%			-19.75%
Cash Flow Margin	-6.39%	-11.29%			-13.05%

Statement of Revenue and Expense - 13 Month Trend

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SOUTHERN INYO HEALTHCARE DISTRICT LONE PINE, CALIFORNIA

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	Actual 6/30/2018	Actual 7/31/2018	Actual 8/31/2018	Actual 9/30/2018	Actual 10/31/2018
Gross Patient Revenue					
Inpatient Revenue	\$155,738	\$144,006	\$126,525	\$56,063	\$58,832
Clinic Revenue	59,053	38,668	41,384	69,875	107,871
Outpatient Revenue	547,017	489,492	502,826	473,329	401,154
Long Term Care Revenue	408,805	331,035	418,027	361,149	458,729
Other	0	6,081	0	0	0
Total Gross Patient Revenue	1,170,613	1,009,282	1,088,762	960,416	1,026,586
Deductions From Revenue					
Discounts and Allowances	(327,772)	(260,912)	(304,854)	(268,916)	(287,444)
Bad Debt Expense (Governmental Providers Only)	(39,185)	(2,019)	(32,663)	(28,812)	(30,798)
Prior Year Settlements	0	0	0	0	0
Charity Care	(14,427)	24,851	(10,088)	(9,604)	(7,500)
Total Deductions From Revenue	(381,384)	(238,080)	(347,605)	(307,333)	(325,742)
Net Patient Revenue	789,229	771,202	741,157	653,083	700,844
Other Operating Revenue	0	192,504	25,000	850	0
Total Operating Revenue	789,229	963,706	766,157	653,933	700,844
Operating Expenses					
Salaries and Wages	247,247	362,000	326,589	382,500	395,250
Fringe Benefits	55,573	90,500	81,647	95,625	98,813
Contract Labor	31,728	33,097	2,253	24,767	45,502
Physicians Fees	116,425	103,963	107,799	78,567	110,089
Purchased Services	19,703	18,169	24,891	17,734	19,290
Supply Expense	16,131	8,329	14,092	57,110	63,047
Utilities	20,856	4,305	14,183	22,639	15,226
Repairs and Maintenance	5,636	7,262	1,132	3,745	17,610
Insurance Expense	12,507	18,257	18,167	9,097	17,316
All Other Operating Expenses	185,242	311,507	161,149	60,245	20,990
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0	0
Leases and Rentals	4,650	8,333	17,175	9,922	19,837
Depreciation and Amortization	53,401	27,673	27,673	781	781
Interest Expense (Non-Governmental Providers)	0	0	0	0	0
Total Operating Expenses	769,099	993,395	796,750	762,732	823,751
Net Operating Surplus/(Loss)	20,131	(29,689)	(30,593)	(108,799)	(122,907)
Non-Operating Revenue:					
Contributions	\$0	0	0	0	0
Investment Income	0	0	0	0	0
Income Derived from Property Taxes	56,327	56,327	56,327	56,327	56,327
Interest Expense (Governmental Providers Only)	(5,382)	(5,382)	(5,382)	(5,382)	(5,382)
Other Non-Operating Revenue/(Expenses)	0	9,049	9,048	9,048	9,048
Total Non Operating Revenue/(Expense)	\$50,945	\$59,994	\$59,993	\$59,993	\$59,993
Total Net Surplus/(Loss)	\$71,076	\$30,305	\$29,400	(\$48,806)	(\$62,914)
Operating Margin	2.55%	-3.08%	-3.99%	-16.64%	-17.54%
Total Profit Margin	9.01%	3.14%	3.84%	-7.46%	-8.98%
EBITDA	8.63%	-0.77%	-1.08%	-17.34%	-18.19%
Cash Flow Margin	16.45%	6.57%	8.15%	-6.52%	-8.10%

Actual 11/30/2018	Actual 12/31/2018	Actual 1/31/2019	Actual 2/28/2019	Actual 3/31/2019	Actual 4/30/2019	Actual 5/31/2019	Actual 6/30/2019
\$59,417	\$81,121	\$37,974	\$60,551	\$42,830	\$36,939	\$1,098,894	\$924,063
\$50,528	50,867	50,599	41,075	65,373	70,205	1,200,065	1,222,595
486,424	473,457	585,705	539,612	497,101	611,829	4,357,690	4,096,937
\$335,371	510,328	424,064	381,661	328,580	363,234	1,920,982	1,909,800
0	0	0	0	0	0	147,454	121,680
931,740	1,115,773	1,098,342	1,022,899	933,884	1,082,207	8,725,084	8,275,075
(\$260,887)	(312,417)	(307,535)	(286,412)	(261,488)	(303,018)	(6,097,683)	(5,880,457)
(\$27,952)	(33,473)	(32,950)	(30,687)	(28,017)	(32,466)	(172,119)	(124,021)
\$0	0	0	0	0	0	0	0
(\$7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(7,500)	(1,601)	0
(296,339)	(353,390)	(347,985)	(324,599)	(297,005)	(342,984)	(6,271,404)	(6,004,478)
635,401	762,383	750,357	698,300	636,879	739,223	2,453,680	2,270,597
\$18,167	6,487	6,487	6,487	6,487	6,487	24,742	34,285
653,568	768,870	756,844	704,787	643,366	745,710	2,478,422	2,304,882
\$379,286	442,857	451,714	422,010	467,225	517,285	1,086,188	993,620
\$94,821	110,714	112,929	105,503	116,806	129,321	258,162	299,007
\$153,788	83,541	45,222	30,484	28,066	30,875	83,186	104,719
\$70,690	119,712	165,877	73,748	85,280	143,591	332,687	291,164
\$6,510	6,461	3,548	3,896	18,366	6,382	103,922	127,814
\$39,060	29,518	35,977	39,400	33,510	23,737	305,948	252,909
\$21,417	22,852	21,810	11,002	11,212	16,626	53,725	51,659
\$6,048	4,051	7,742	2,418	10,335	3,064	5,944	9,990
\$32,754	19,923	17,317	19,816	0	17,316	33,109	47,753
\$16,397	11,245	65,113	77,664	103,966	57,293	163,082	171,809
\$0	0	0	0	0	0	0	0
\$9,269	4,167	10,987	2,750	4,600	4,600	16,663	17,785
\$279	279	279	279	279	279	42,731	42,731
\$0	0	0	0	0	0	0	0
830,318	855,320	938,515	788,970	879,645	950,369	2,485,347	2,410,959
(176,750)	(86,450)	(181,671)	(84,183)	(236,279)	(204,659)	(6,925)	(106,077)
0	\$0	\$0	0	\$0	0	0	\$0
\$0	0	0	0	0	0	363	17,726
\$55,070	55,070	55,070	55,070	55,070	55,070	23,863	9,331
(\$5,382)	(5,382)	(5,382)	(21,624)	(21,624)	(21,624)	(49,961)	(45,935)
\$9,048	9,048	9,048	9,048	9,048	9,048	10,303	1,224
58,736	58,736	58,736	42,494	42,494	42,494	(15,432)	(\$17,654)
(\$118,015)	(\$27,714)	(\$122,935)	(\$41,689)	(\$193,785)	(\$162,165)	(\$22,357)	(\$123,731)
-27.04%	-11.24%	-24.00%	-11.94%	-36.73%	-27.44%	-0.28%	-4.60%
-18.06%	-3.60%	-16.24%	-5.92%	-30.12%	-21.75%	-0.90%	-5.37%
-27.82%	-11.91%	-24.68%	-14.97%	-40.04%	-30.31%	-0.57%	-4.74%
-17.19%	-2.87%	-15.50%	-2.81%	-26.72%	-18.81%	2.84%	-1.52%

Patient Statistics

SOUTHERN INYO HEALTHCARE DISTRICT
 LONE PINE, CALIFORNIA
 Ten Months Ended April 30, 2019

PAGE 9

Current Month									Year-To-Date			
Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18	STATISTICS					Actual 04/30/19	Budget 04/30/19	Positive/ (Negative) Variance	Prior Year 04/30/18
Discharges												
2	3	(1)	2	Acute				48	28	20	14	
0	0	0	0	Swing Beds				8	4	4	2	
0	0	0	0	Psychiatric/Rehab				0	0	0	0	
0	0	0	0	Respite				0	0	0	0	
2	3	(1)	2	Total Adult Discharges				56	32	24	16	
0	0	0	0	Newborn				0	0	0	0	
2	3	(1)	2	Total Discharges				56	32	24	16	
Patient Days:												
5	8	(3)	6	Acute				131	56	75	46	
0	0	0	0	Swing Beds				12	0	12	0	
0	0	0	0	Psychiatric/Rehab				0	0	0	0	
0	0	0	0	Respite				0	0	0	0	
5	8	(3)	6	Total Adult Patient Days				143	56	87	46	
0	0	0	0	Newborn				0	0	0	0	
5	8	(3)	6	Total Patient Days				143	56	87	46	
Average Length of Stay (ALOS)												
2.5	2.7	0.2	3.0	Acute				2.7	2.0	(0.7)	3.3	
N/A	N/A	N/A	N/A	Swing Bed				1.5	0.0	(1.5)	0.0	
N/A	N/A	N/A	N/A	Psychiatric/Rehab				N/A	N/A	N/A	N/A	
2.5	2.7	0.2	3.0	Total Adult ALOS				2.6	1.8	(0.8)	2.9	
N/A	N/A	N/A	N/A	Newborn ALOS				N/A	N/A	N/A	N/A	
Average Daily Census (ADC)												
0.2	0.3	(0.1)	0.2	Acute				0.4	0.2	0.2	0.2	
0.0	0.0	0.0	0.0	Swing Beds				0.0	0.0	0.0	0.0	
0.0	0.0	0.0	0.0	All Other Adult				0.0	0.0	0.0	0.0	
0.2	0.3	(0.1)	0.2	Total Adult ADC				0.5	0.2	0.3	0.2	
0.0	0.0	0.0	0.0	Newborn				0.0	0.0	0.0	0.0	
Long Term Care:												
739	744	(5)	775	SNF/ECF Resident Days				6,916	6,795	121	6,975	
4	2	2	2	SNF/ECF Resident Discharges				30	30	0	24	
0	0	0	0	CBRF/Assisted Living Days				0	0	0	0	
24.6	24.8	(0.2)	25.8	Average Daily Census				22.8	22.4	0.4	22.9	
Emergency Room Statistics												
2	1	1	0	ER Visits - Admitted				9	6	3	0	
114	145	(31)	140	ER Visits - Discharged				1,102	1,311	(209)	1,340	
15	10	5	8	ER - Urgent Care Visits				114	90	24	72	
131	156	(25)	148	Total ER Visits				1,225	1,407	(182)	1,412	
1.53%	0.64%		0.00%	% of ER Visits Admitted				0.73%	0.43%		0.00%	
100.00%	33.33%		0.00%	ER Admissions as a % of Total				17.65%	21.43%		0.00%	
Outpatient Statistics:												
553	355	198	350	Total Outpatients Visits				3,267	2,295	972	2,044	
0	0	0	0	Observation Bed Days				10	0	10	0	
302	375	(73)	371	Clinic Visits - Primary Care				1,989	2,930	(941)	2,904	
40	0	40	0	Clinic Visits - Specialty Clinics				71	0	71	0	
0	0	0	0	IP Surgeries				0	0	0	0	
0	0	0	0	OP Surgeries				0	0	0	0	
0	0	0	0	Outpatient Scopes				0	0	0	0	
0	0	0	0	Retail Pharmacy Scripts				0	0	0	0	
0	0	0	0					0	0	0	0	
Productivity Statistics:												
100.79	97.20	(3.59)	97.84	FTE's - Worked				102.61	97.20	(5.41)	92.41	
105.58	98.60	(6.98)	104.68	FTE's - Paid				104.68	108.09	3.41	103.27	
0.9160	1.2300	0.31	1.2300	Case Mix Index - Medicare				0.9456	0.8675	(0.08)	0.8675	
0.8990	1.1340	0.24	1.1340	Case Mix Index - All payers				0.8091	0.8802	0.07	0.8802	

Key Financial Ratios

SOUTHERN INYO HEALTHCARE DISTRICT

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LONE PINE, CALIFORNIA

Ten Months Ended April 30, 2019

	Year to Date 4/30/2019	Prior Year to Date 7/31/2017	Prior Fiscal Year End 6/30/2018	Peer California Hospitals (See Note 1)	National Rural CAH Hospitals (See Note 2)
Profitability:					
Operating Margin	-16.08%	3.42%	2.66%	2.33%	0.42%
Total Profit Margin	-10.22%	3.75%	2.37%	2.49%	1.23%
Cash Flow Margin	-9.33%	5.13%	3.91%	8.40%	5.91%
Contractual Allowance %	28.25%	48.00%	48.00%	50.62%	39.92%
Inpatient Gross Revenue as a % of Total	47.07%	36.41%	36.74%	38.85%	28.48%
Outpatient Gross Revenue as % of Total	52.93%	63.59%	63.26%	64.83%	74.43%
Average Daily Census Acute Care	0.17	0.00	0.00	5.57	3.22
Average Daily Census Swing Bed	0.00	0.00	0.00	0.37	1.52
Liquidity:					
Days of Cash on Hand, Short Term	24.11	3.64	3.20	23.32	27.10
Days Cash, All Sources	24.44	4.70	3.50	67.87	71.21
Net Days in Accounts Receivable	207.21	85.78	97.15	59.54	53.16
Average Payment Period	179.20	163.13	231.47	56.65	53.00
Current Ratio	1.00	0.69	0.66	2.31	1.12
Medicare Cost to charge ratio	59.08%	52.20%	53.20%	38.00%	47.00%
Capital Structure:					
Average Age of Plant (Annualized)	13.88	13.76	13.87	11.13	11.45
Capital Costs as a % of Total Expenses	3.22%	3.63%	3.58%	7.51%	5.30%
Long Term Debt to Equity	2.5%	-190.6%	-202.7%	53.99%	60.32%
Long Term Debt to Capitalization	2.4%	210.4%	197.3%	20.13%	29.00%
Debt Service Coverage Ratio	(2.14)	1.54	0.92	2.27	3.16
Medicare IN Patient Payer mix	39.69%	37.84%	40.22%	57.90%	73.01%
Medicare Out Patient Payer mix	34.55%	29.68%	33.46%	38.89%	37.90%
Productivity and Efficiency:					
Paid FTE's per Adjusted Occupied Bed	16.16	9.91	9.42	10.34	5.86
Total Net Revenue per FTE	\$75,780	\$37,092	\$27,279	\$117,848	\$77,243
Salary Expense per Paid FTE	\$45,278	\$54,697	\$50,287	\$59,647	\$50,845
Salary and Benefits as a % of Net Revenue	75.43%	58.21%	57.97%	41.52%	45.57%
Employee Benefits %	25.00%	24.57%	24.02%	41.29%	25.20%
Supply Expense Per Adj. Discharge - CMI Adj	\$513.03	\$499.95	\$791.51	\$2,476.27	\$1,050.00
FTE's Per Occupied Bed	9.63	4.33	4.97	5.31	5.80
YTD - Actual YTD - Actual YTD - Actual YTD - Budget					
	4/30/2019	7/31/2017	6/30/2018	4/30/2019	
Other Ratios:					
Gross Days in Accounts Receivable	250.82	671.65	679.07	60.00	
Net Revenue per Adjusted Discharge	\$8,569	\$9,042	\$9,886	\$6,589	
Operating Expenses per Adj. Discharge	\$9,947	\$14,668	\$16,703	\$7,794	

Note 1 - CHA Financial Indicators Report 2016 (U. of North Carolina)

Note 2 - Per CAH Financial Indicators Report 2016 (U. of North Carolina)

SOUTHERN INYO HEALTHCARE DISTRICT

INCOME STATEMENT
BUDGET FY 2020APPROVED FINANCE
BOARD

ALL PATIENT DAYS	13,681	12,437	7,963
ED VISITS	1,291	1,173	992
OUTPT & CLINIC VISITS	6,949	6,317	6,627
ADJUSTED PT DAYS	29,369	26,699	16,591
	2020	2019(MAR)	2019
Patient Revenue/Expense	BUDGET	ANNUALIZED	BUDGET
In Patient Revenue	915,919	832,653	339,036
Long Term Care Revenue	4,723,202	4,293,820	3,906,623
Out Patient Revenue	967,166	903,893	992,493
ED Revenue	4,810,900	4,373,545	3,184,420
Clinic Revenue	661,272	601,156	423,721
Total Patient Revenue	12,078,458	11,005,068	8,846,293
Deductions From Revenue			
Contractual	-3,467,491	(3,052,504)	(2,252,267)
Bad Debts	-332,233	(292,472)	(176,925)
Charity	-56,797	(50,000)	(8,847)
Total Deductions From Revenue	-3,856,522	-3,394,976	-2,438,039
% Of Total Deductions to Revenue	-31.93%	-30.85%	-27.56%
Net Patient Revenue	8,221,936	7,610,092	6,408,254
Other Operating Revenue	353,257	341,311	193,574
Net Revenue	8,575,192	7,951,403	6,601,828
Operating Expenses			
1 Salaries & Wages	4,384,926	4,216,275	4,220,675
3 Benefits	1,439,571	1,054,068	1,055,168
4 Contracted Labor	580,531	558,203	287,653
5 Professional Fees	1,151,549	1,107,259	739,285
6 Purchase Service	139,360	134,000	24,941
7 Supplies	393,505	382,044	349,428
10 Utilities	186,808	177,912	114,221
11 Repairs and Maintenance	69,343	66,676	75,688
12 Insurance / Taxes	211,672	203,531	138,049
13 Other Expenses	996,720	965,748	387,344
15 Rents / Leases	114,314	109,917	78,081
16 Depreciation	80,461	77,367	144,352
Short Term Interest	0	0	-
Total Expense	9,748,760	9,052,999	7,614,887
Net Income / Loss From Operations	(1,173,568)	(1,101,596)	(1,013,058)
18 Interest Income/Donations	0	0	0
9160 Taxes	617,881	594,116	252,531
Deferred Income From GO Bond Taxes	0	0	0
17 Interest	-230,659	(230,659)	-146,109
9290/9550 Donations/Foundation	0	0	0
Other	100,372	96,512	62,285
Total Non Operating	487,594	459,969	168,707
Net Profit / Loss	(685,973)	(641,627)	(844,352)
Other Expense Detail			
Legal Fees	84,460	82,000	34,287
Consulting	302,165	293,364	131,000
Other Professional Fees	173,040	168,000	113,787
Minor Equipment	11,605	11,267	13,057

SOUTHERN INYO HEALTHCARE DISTRICT**INCOME STATEMENT
BUDGET FY 2020**APPROVED FINANCE
BOARD

ALL PATIENT DAYS	13,681	12,437	7,963
ED VISITS	1,291	1,173	992
OUTPT & CLINIC VISITS	6,949	6,317	6,627
ADJUSTED PT DAYS	29,369	26,699	16,591

Patient Revenue/Expense	2020 BUDGET	2019(MAR) ANNUALIZED	2019 BUDGET
Freight	3,297	3,201	-28
Licenses & Taxes	100,906	97,967	22,028
Dues/Subscriptions	12,039	11,688	9,039
Outside Training	17,853	17,333	8,499
Travel	15,729	15,271	9,953
Recruiting	19,227	18,667	3,903
Other Direct Expenses	5,886	5,715	491
IT Licenses & Software	219,846	211,500	2,804
Advertising /Marketing	1,880	1,825	495
Software Purchase	9,593	9,313	32,779
Security	2,699	2,620	1,415
Postage	16,498	16,017	3,837
Total Other Expenses	<u>996,721</u>	<u>965,748</u>	<u>387,344</u>

BOARD OF DIRECTORS MEETING

July 9, 2019

Southern Inyo Healthcare District



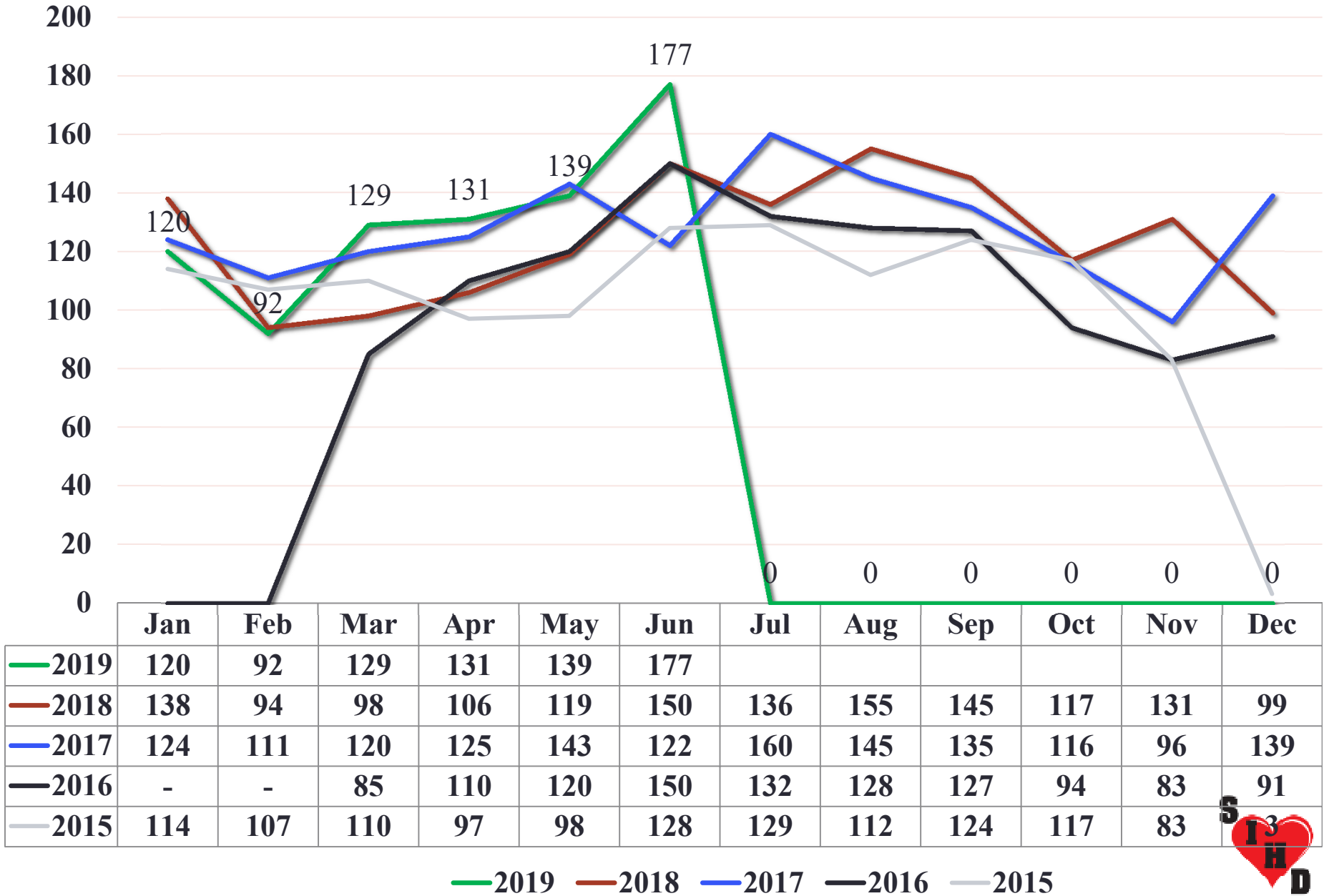
Emergency Room Volume

Average Visits Per Day

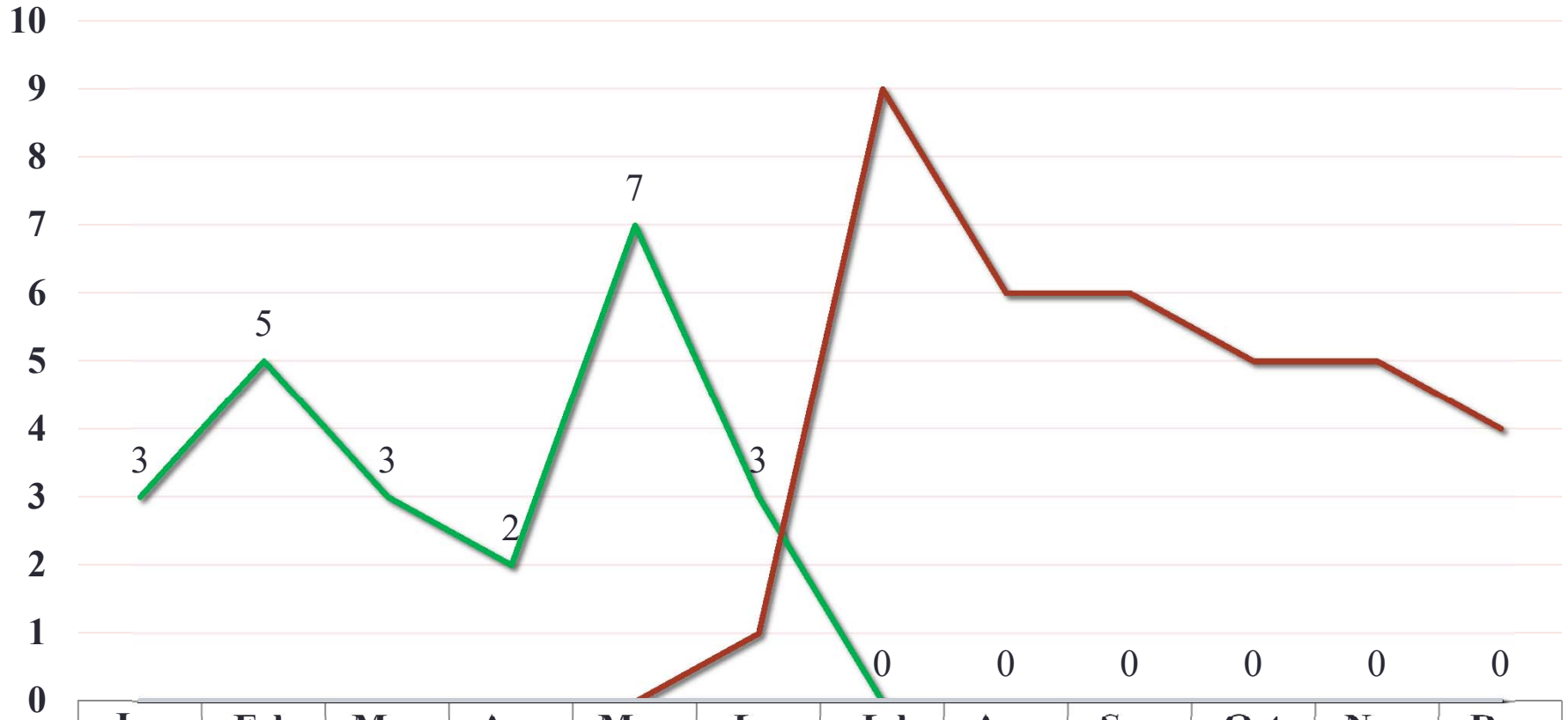
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	3.87	3.28	4.16	4.36	4.48	5.9						
2018	4.46	3.36	3.17	3.54	3.84	5	4.39	5	4.83	3.78	4.37	4
2017	4.4	3.9	3.8	4.2	4.6	4.1	5.2	4.7	4.5	3.7	3.2	4.49
2016	-	-	2.7	3.7	3.9	5.0	4.3	4.1	4.1	3.0	2.8	2.9
2015	3.7	3.8	3.5	3.2	3.2	4.3	4.2	3.6	4.1	3.8	2.8	0.1
2014	2.7	2.4	2.1	2.6	2.7	3.1	5.1	4.2	3.2	3.5	2.8	2.9
2013	2.9	2.4	2.5	2.2	2.8	3.3	3.4	3.0	3.3	2.0	2.3	2.1
2012	2.7	2.9	2.7	3.5	3.2	4.2	3.8	3.9	3.2	3.0	2.7	2.9



Emergency Room Volume – Visits Per Month



Acute & Swing Room – Patients Per Month

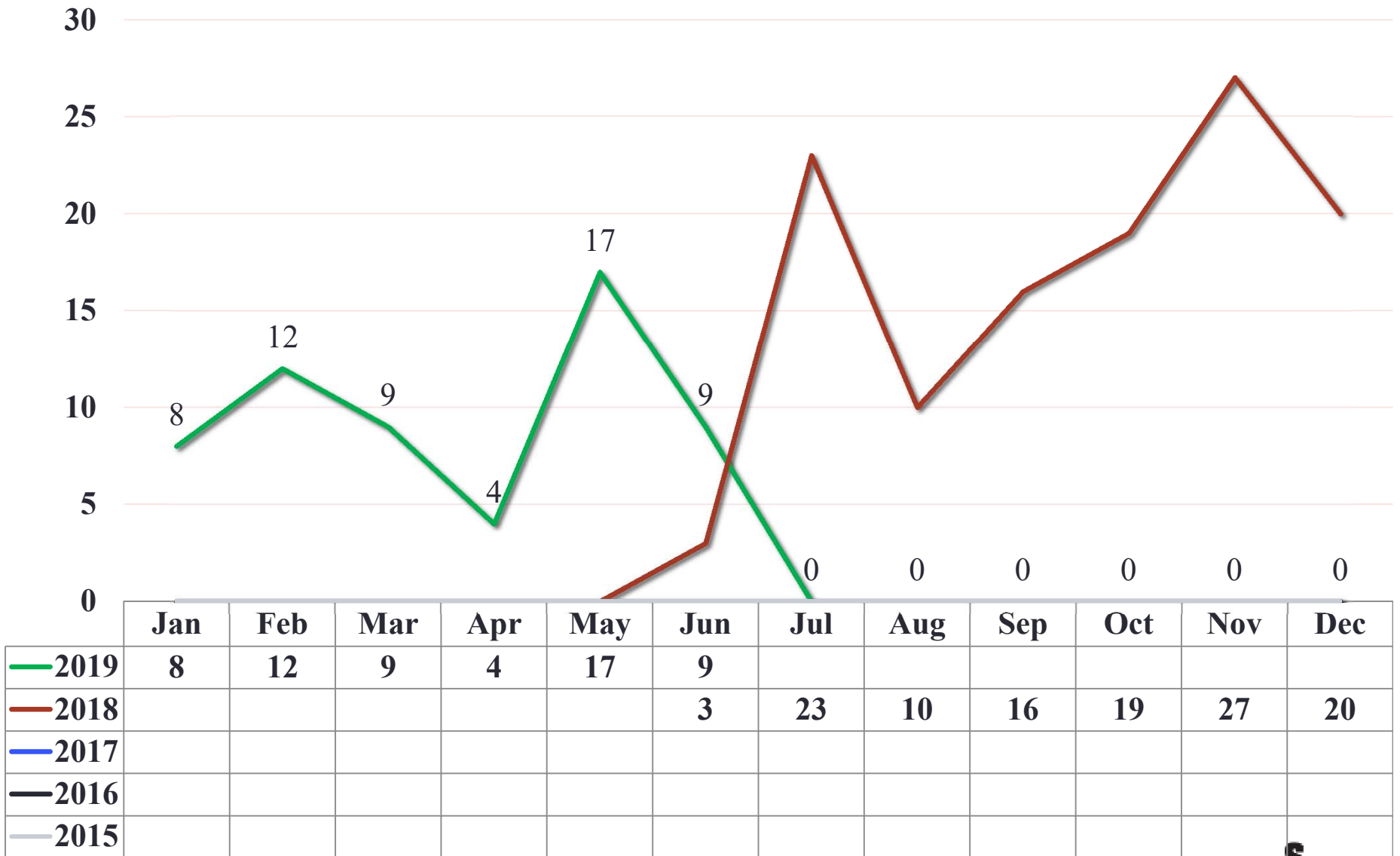


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	3	5	3	2	7	3						
2018						1	9	6	6	5	5	4
2017												
2016												
2015												

— 2019
 — 2018
 — 2017
 — 2016
 — 2015



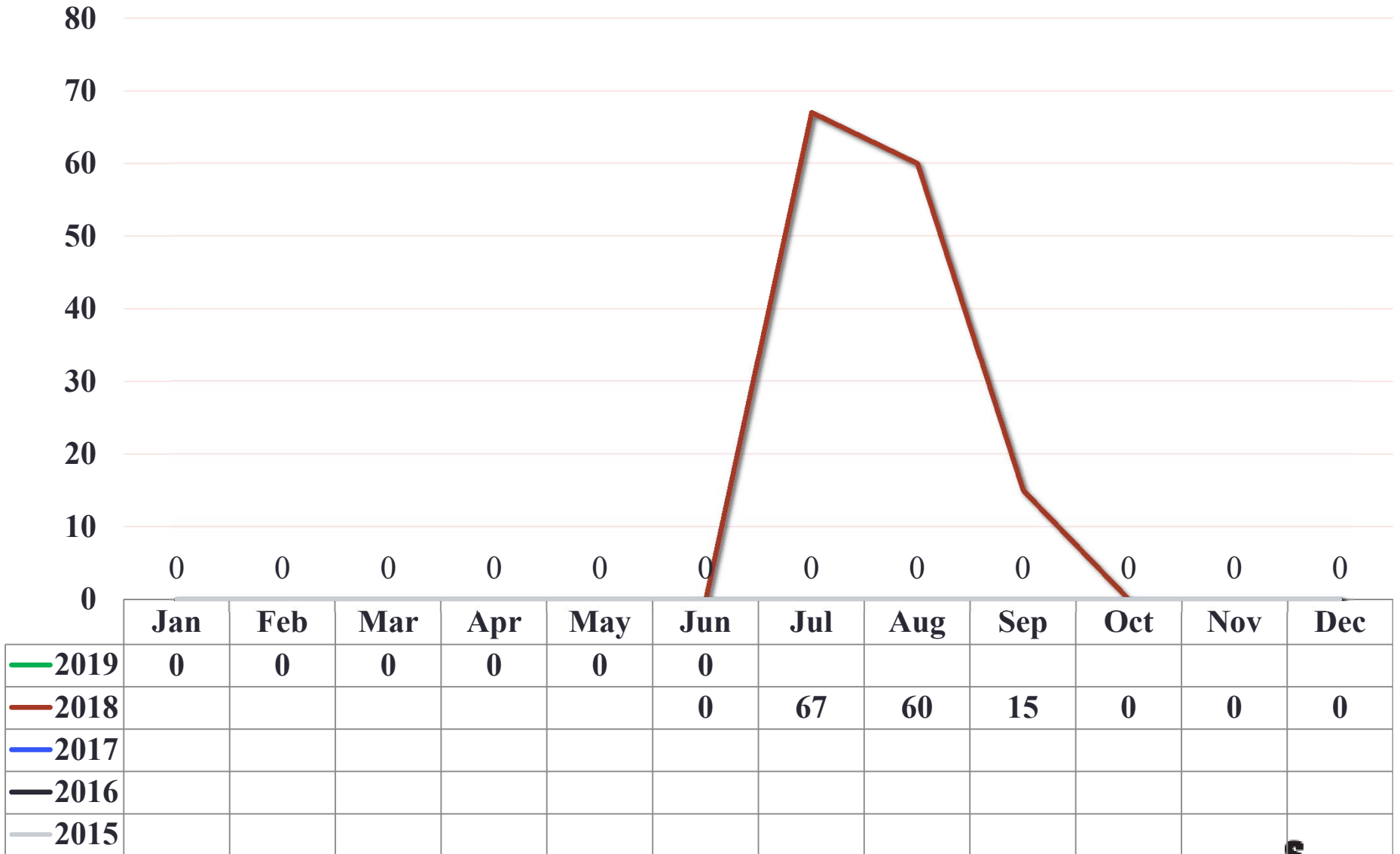
Acute Room – Total Days in Acute



—2019 —2018 —2017 —2016 —2015



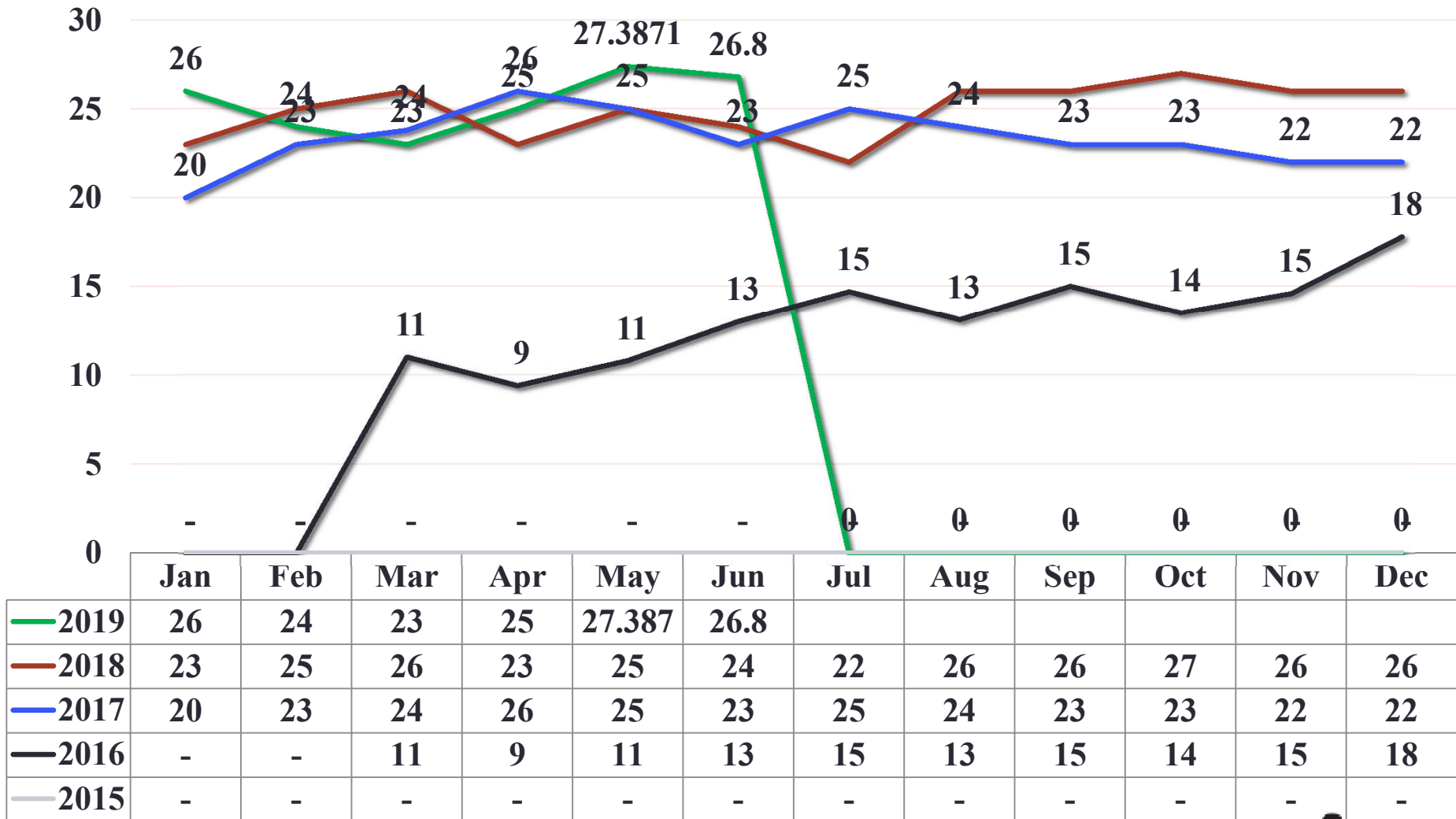
Swing Bed Room – Total Days in Swing Bed



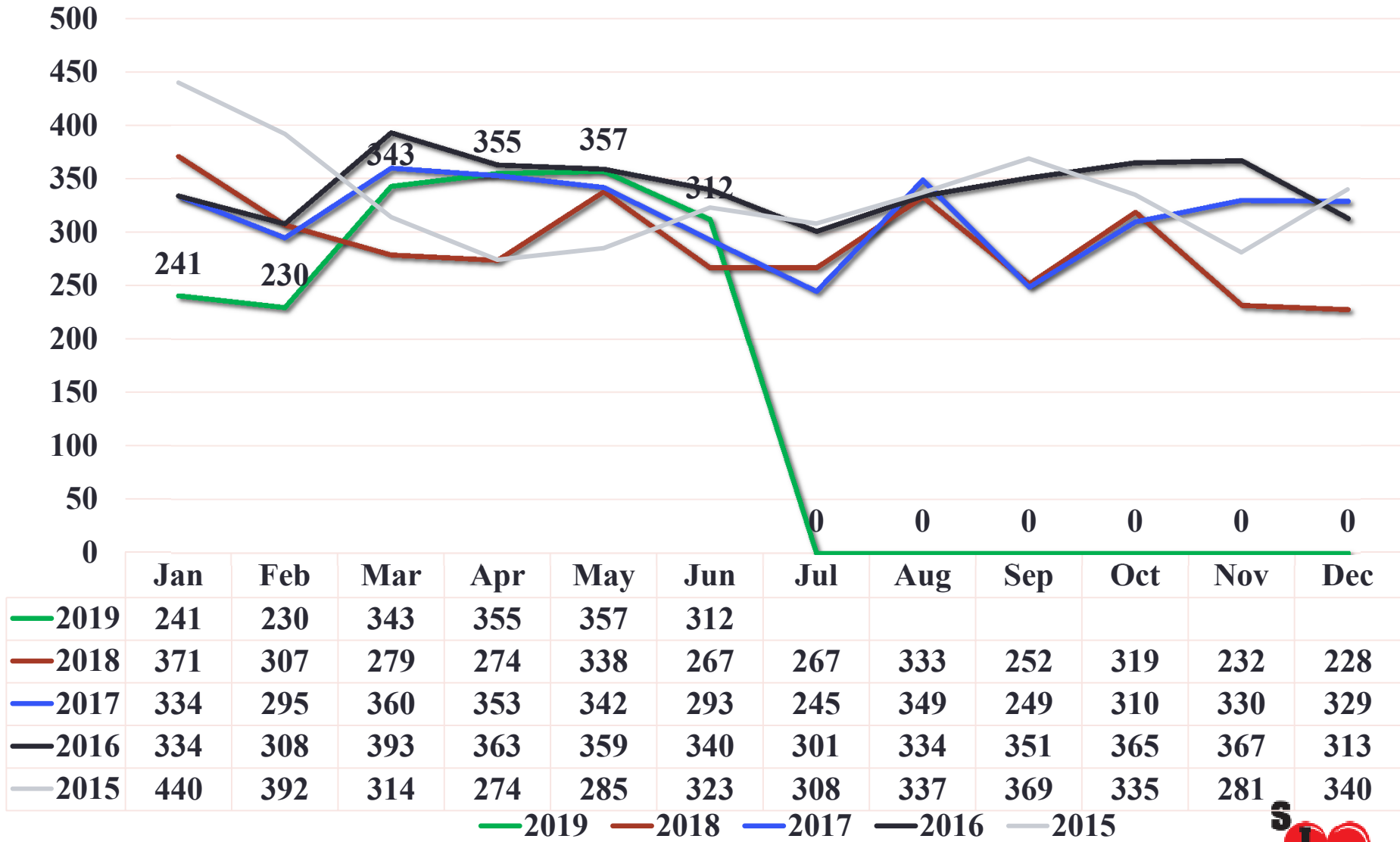
— 2019
 — 2018
 — 2017
 — 2016
 — 2015



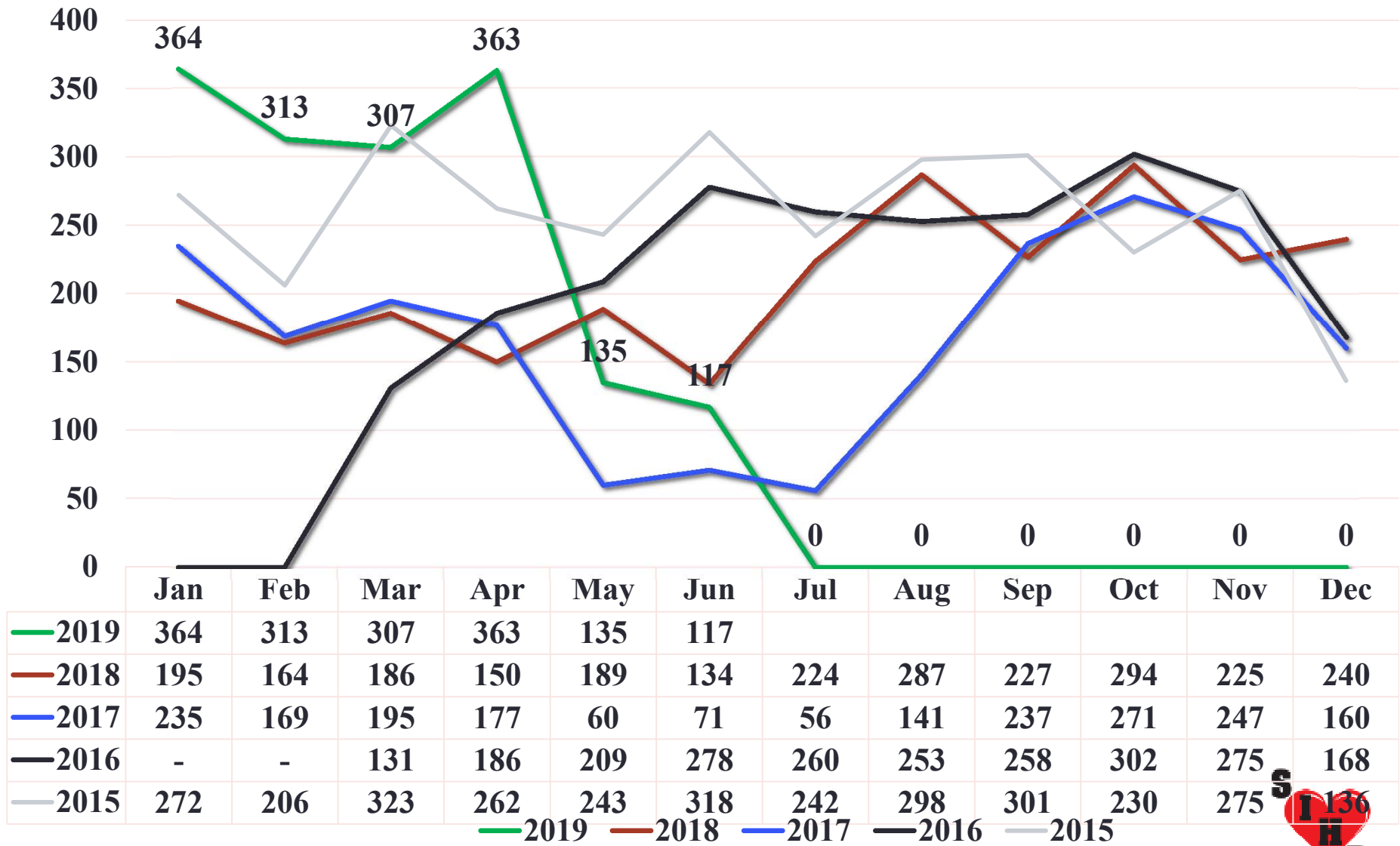
Skilled Nursing Facility Volumes – Monthly Census



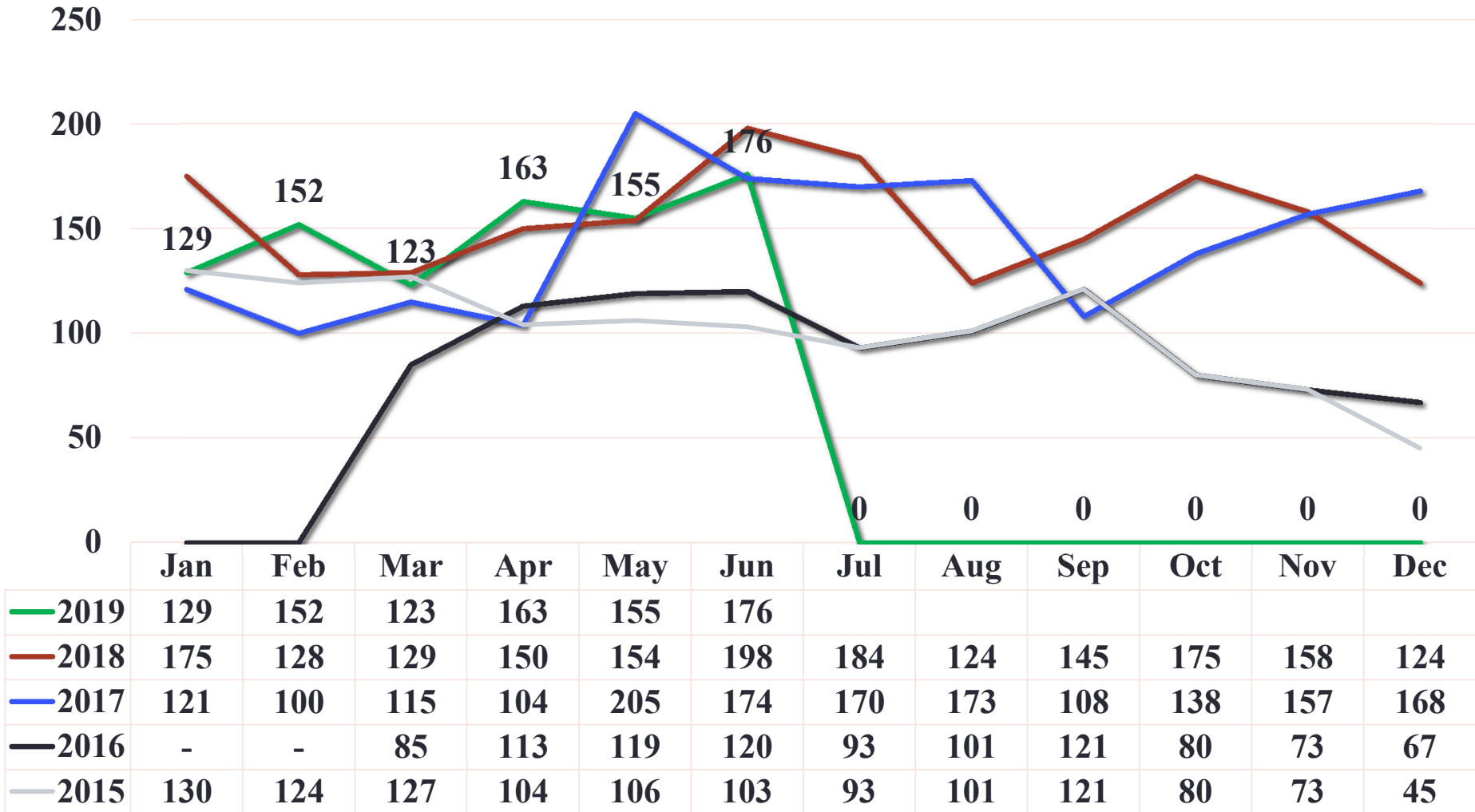
SIHD Rural Clinic Volumes – Visits Per Month



Physical Therapy Volumes



X Ray Volumes – Visits-Exams Per Month



—2019
 —2018
 —2017
 —2016
 —2015



Laboratory Volumes

