

SOUTHERN INYO HEALTHCARE DISTRICT

Notice of a Regular Meeting of the Board of Directors

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 Shahr Ave., Lone Pine, CA 93545

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

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 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, Emergenct Room, Temporary 90 days Medical Staff Privileges

3. Approval of Contracts

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

a. Omnicell Agreement

4. Approval of Policies & Procedures

a. Quality Performance Improvement

b. Monitoring Medication Regimen Review

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

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

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

G. Employee Reimbursement Request (CEO)

III. **REPORTS**

A. Financial Report

B. CEO 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. Approval of ETB Cash Out-Personnel

C. Personnel Evaluation: CEO

VII. **CLOSED SESSION REPORT**

VIII. **ADJOURNMENT**

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

NOTICE TO THE PUBLIC

PUBLIC COMMENT PERIOD FOR REGULAR MEETINGS

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.

COPIES OF PUBLIC RECORDS

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.

COMPLIANCE WITH ADA

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:

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SOUTHERN INYO HEALTHCARE DISTRICT

Regular Meeting of the Board of Directors Minutes

Date: Tuesday, May 14, 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.
5080 Mansfield, San Diego, CA 92116

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

AGENDA

PRESENT

Jaque Hickman, President

Charles Carson, Vice President

Carma Roper, Secretary

Mark Lacey, Director (via phone)

Richard Fedchenko, Treasurer (via phone at 6pm)

OTHERS

Brian Cotter, CEO

Roxanne Culp, HR

Chris Marks, IT

Scott Nave, Attorney (via phone)

Rick Jackson, JWT & Associates Auditor

I. CALL TO ORDER

The meeting was called to order at 4:40 p.m.

Secretary Roper moved to approve the Regular Board Meeting Agenda for May 14, 2019. Vice President Carson seconded all approved.

Roll Call-

Carma Roper "AYE"

Charles Carson "AYE"

Jaque Hickman "AYE"

Mark Lacey "AYE"

Board of Directors:

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President

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II. BUSINESS ITEMS

A. Audit Reports for Fiscal Years 2017 and 2018 (JWT Auditor)

Rick Jackson reported that SIHD's last audit was June 30, 2015. There was about 2.2 million loss in 2015. In 2016 there was a 2 million loss, 2017 there was a 778k loss and in 2018 there was a 1.2 million loss. These numbers may change once JWT receives more information from the bankruptcy attorney.

This is the first year that the state is requiring audited financials when a cost report is filed. SIHD was able to get an extension. State has the authority to withhold so at this time, JWT issued a draft. JWT is waiting for Jeff Golden to catch up on taking over as SIHD's bankruptcy attorney. There will be some fine tuning to this draft audited financials, as soon as JWT is able to contact the new bankruptcy attorney.

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

The court ruled that Foley and Lardner, LLP and Ashley McDow be disqualified from representing SIHD in the bankruptcy case. There is a new counsel, Jeff Golden WG&G. The judge signed an order for Jeff Golden to get up to date. Ashley McDow and Jeff Golden are working together. There is a hearing coming up for the Optum cross motions for summary judgement. Nave will be meeting with Jeff Golden May 20th. Then there will be a general discussion on plan.

President Hickman stated the Ashley McDow served us well and is confident that Jeff Golden will do a good job. The Board has lots of work to do.

C. 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 04/09/2019.
- b. Special Board Meeting Minutes of 04/12/2019.
- c. Special Board Meeting Minutes of 05/01/2019.
- d. Special Board Meeting Minutes of 05/07/2019.

2. Medical Staff Privileges

- a. Nabil H. Abbassi, MD, Clinic Physician, Extended One Year Medical Staff Privileges.
- b. Adria Elene Ottoboni, MD, ER Physician, Extended Two Years Medical Staff Privileges.
- c. Ramesh Pundi, MD, Clinic Physician, Extended One Year Medical Staff Privileges.

Board of Directors:

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3. Approval of Contracts

- a. Neima Ghassemian, Pharmacist

4. Approval of Policies & Procedures

- a. Code of Conduct
- b. Compliance & Privacy Reporting Hotline
- c. Compliance Program Policy

Action: Secretary Roper moved to approve the Minutes for 04/09/2019, 04/12/2019, 05/01/2019, 05/07/2019, the medical staff privileges for Nabil H, Abbassi, MD, Adria Elene Ottoboni, MD, Ramesh Pundi, MD, Contract with Neima Ghassemian, Pharmacist and the Policy and Procedures for Code of Conduct, Compliance & Privacy reporting hotline and Compliance program policy. Vice President Carson seconded.

Roll Call-

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

D. Services with Medsphere Systems Corporation (CEO)

Discussion item only.

Medsphere Systems Corporation provided a list of alternatives in regards to a different relationship with Medsphere and their services (upgrade on Revenue Cycle Management, General Ledger). The list of alternatives were presented at a Special Board meeting. The Board of Directors requested a detailed spreadsheet that shows the amount/cost and how the different options would work on annually and a 5 year bases.

Brian Cotter reviewed the list of alternatives provided by Medsphere and also reviewed the requested detailed spreadsheet.

President Hickman stated that there are concerns from the employees on changing the system again. At this time, SIHD is exploring the options because when HCCA took this on, there was an upfront fee for the software. The fee included putting it all together and a monthly licensing fee. Also, a one-time training for the EHR. None of that was paid so Medsphere came back with instead of paying the total, divide it to 28,800 a month and we will be even at the end of the 5-6 years of contract. By going to the cloud for revenue cycle, SIHD will no longer use Medworxs and they can offer us other services. For example, patient portal and e-scripts.

President Hickman, Brian Cotter and Irv haven been discussing on how SIHD can manage both the Medsphere program and make it work. How do you make the missing pieces appear and how do we manage the costs? SIHD did negotiate away from the 28,800 a month to 12,000.00 with a balloon payment, which was due January 15, 2019 but SIHD could not pay the balloon payment. Irv suggested that

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Medsphere handle the billing and Medsphere can make a percentage. President Hickman stated that there is a lot to consider. What if that doesn't work? How would we get the billing back and get billing back to speed? Does Medsphere know Medical?

SIHD is not ready to make a decision. There will be more discussions on this.

E. American Business Machines (IT)

Chris Marks, IT presented the American Business Machines agreement during the financial meeting. Chet wanted to get more info about the overage before approving this item. Chris found that SIHD already signed the maintenance agreement. Agreement does not include paper.

Chet Beedle is not present. President Hickman requested the Chris Marks contacts Chet and provide the requested info.

Action: Vice President Carson moved to accept the American Business Machines item with subject to Chet Beedle reviewing the overage and approving or revising it. Secretary Roper seconded.

Roll Call-

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

III. REPORTS

A. Financial Report

Chet Beedle, Financial Consultant was not present. Vice President Carson briefly reviewed the Financials presented at Finance Meeting May 7th.

Revenues were down last month. Traci Gilmore, Revenue Cycle Manager stated that the billing was off. The few factors were due to not having Medicare acute and our rate for the clinic has gone down. Medi-cal rate has gone down for long term care. About a 40% drop. Per Brian Cotter, SIHD is seeing the rebound that SIHD would be expecting last year.

B. CEO Report

The roof in skilled nursing was fixed and SIHD can now get more occupancy.

Swing Bed-SIHD is waiting on the licensing for Swing Bed. SIHD should hear back in June. Brian Cotter stated that a skilled nursing patient can go into Acute (3 days) and then be transferred into swing bed (up to 100 days). The skilled nursing patient could lose their skilled nursing bed but SIHD's turnaround of skilled nursing patients would give them a 90% guarantee to return to our skilled nursing. A patient who had surgery at another hospital can be transferred over to SIHD Swing bed, as long as they had their 3 days in Acute.

Michael Floyd stated that if our skilled nursing is full, SIHD can admit patients into the Swing beds.

Brian Cotter reviewed the monthly numbers and graphs presented at the financial meeting May 7th.

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There is a new physician at the Clinic, Dr. Abbassi. Physician Therapist had residency issues and is no longer with SIHD. At this time, HR is trying to get a Physical Therapist. SIHD did find a per diem PT for Saturdays. There is a potential PT coming in part time from Ridgecrest.

Brian Cotter reached out to Sherrita Lane with DHCS. SIHD's check was mailed to the wrong facility. Check was received for 1.185 million. Part of this amount will go towards paying the county back. SIHD has requested the final invoice from Inyo County.

Brian spoke with Amy Sheppard with the county and SIHD is expecting about 142k in tax money. SIHD is also expecting an IGT for 62k.

The hospital had a survey for skilled nursing and the swing bed a couple weeks ago. Great job to the staff. There were very little discrepancies. Having the mock swing bed survey definitely helped.

Prime data was submitted.

National Hospital week May 12-18th. We have a schedule of events and raffles for the employees.

President Hickman stated now that the roof is fixed, SIH can admit new residents.

C. Medical Staff Report (Quarterly Report)
No Medical Staff Report at this time. Only quarterly.

At this time, Treasurer Fedchenko called in.

IV. PUBLIC COMMENTS ON ITEMS NOT ON THE AGENDA

Anita Sonke, Linda Tucker and Anne Bramhall reported that the SIH Salvation Inaugural Show and Shine Car Show was a success. There were raffles. A Membership enrollment by Lynne Bunn. The SIH Salvation would like to give thanks to the sponsors/judges, Boulder Creek for the use of tables and chairs and the Owen's Valley Cruisers. There are other projects to come. There is a quilt raffle still going on that will be announced at the Film Festival.

Linda Tucker mentioned that there are physicians who have student loans, they work at a facility to pay them off. This is a possible option to look at.

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

Secretary Roper stated we need more recruiting. There was a Bishop Job Fair May 4th that she would have liked to see SIHD there.

President Hickman responded to Linda Tucker's comment on the physician and student loans. Inyo Co. Resources is available and President Hickman would like to introduce her to some of the staff at SIHD. Vice President Carson stated that he will contact a previous community member that is now a physician.

President Hickman gave thanks to the hospital staff.

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VI. CLOSED SESSION

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

VII. CLOSED SESSION REPORT

The Board of Directors and the Legal Counsel discussed items A, B and C. At this time, the Board of Directors requested a policy review of the ETB Cash Out before making a decision. No other items were discussed.

VIII. ADJOURNMENT

The open session meeting adjourned at 6:10 pm.

President or Secretary of the Board

Date

Regular Board Minutes of 05/14/2019

Board of Directors:

Jaqueline Hickman
President

Charles Carson
Vice President

Carma Roper
Secretary

Richard Fedchenko
Treasurer

Mark Lacey
Director

BOARD OF DIRECTORS MEETING

May 14, 2019

Southern Inyo Healthcare District



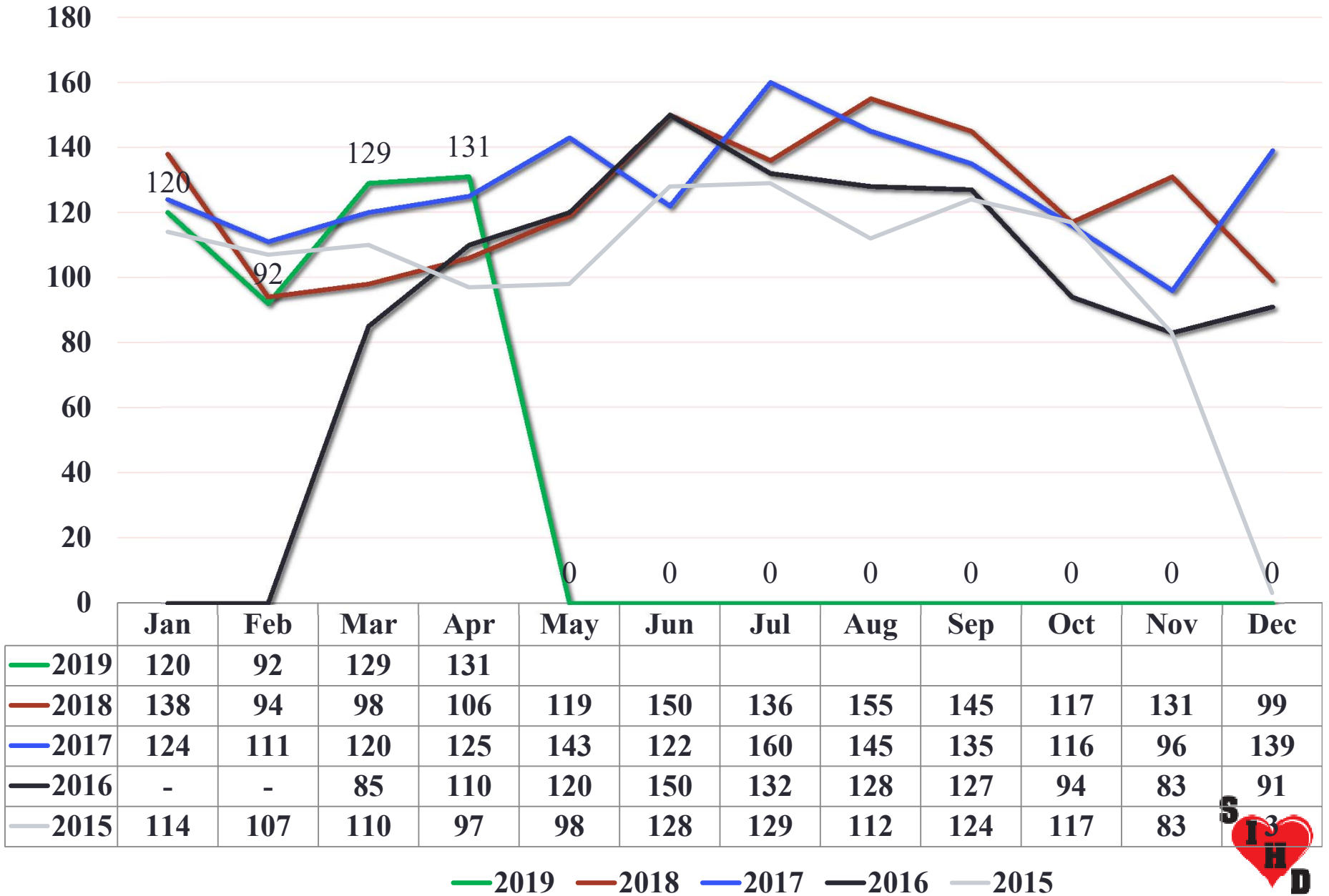
Emergency Room Volume

Average Visits Per Day

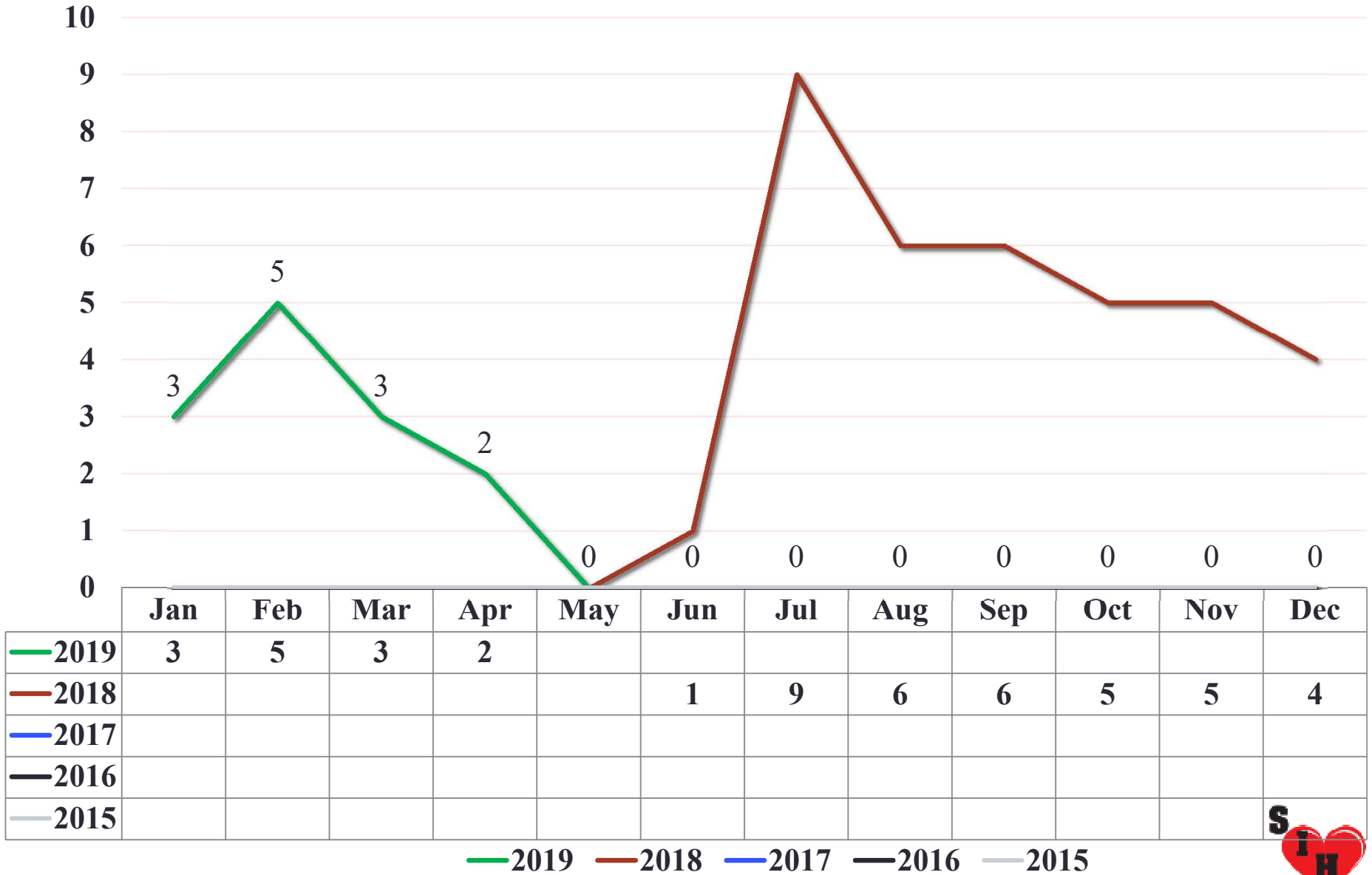
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	3.87	3.28	4.16	4.36								
2018	4.46	3.36	3.17	3.54	3.84	5	4.39	5	4.83	3.78	4.37	4
2017	4.4	3.9	3.8	4.2	4.6	4.1	5.2	4.7	4.5	3.7	3.2	4.49
2016	-	-	2.7	3.7	3.9	5.0	4.3	4.1	4.1	3.0	2.8	2.9
2015	3.7	3.8	3.5	3.2	3.2	4.3	4.2	3.6	4.1	3.8	2.8	0.1
2014	2.7	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



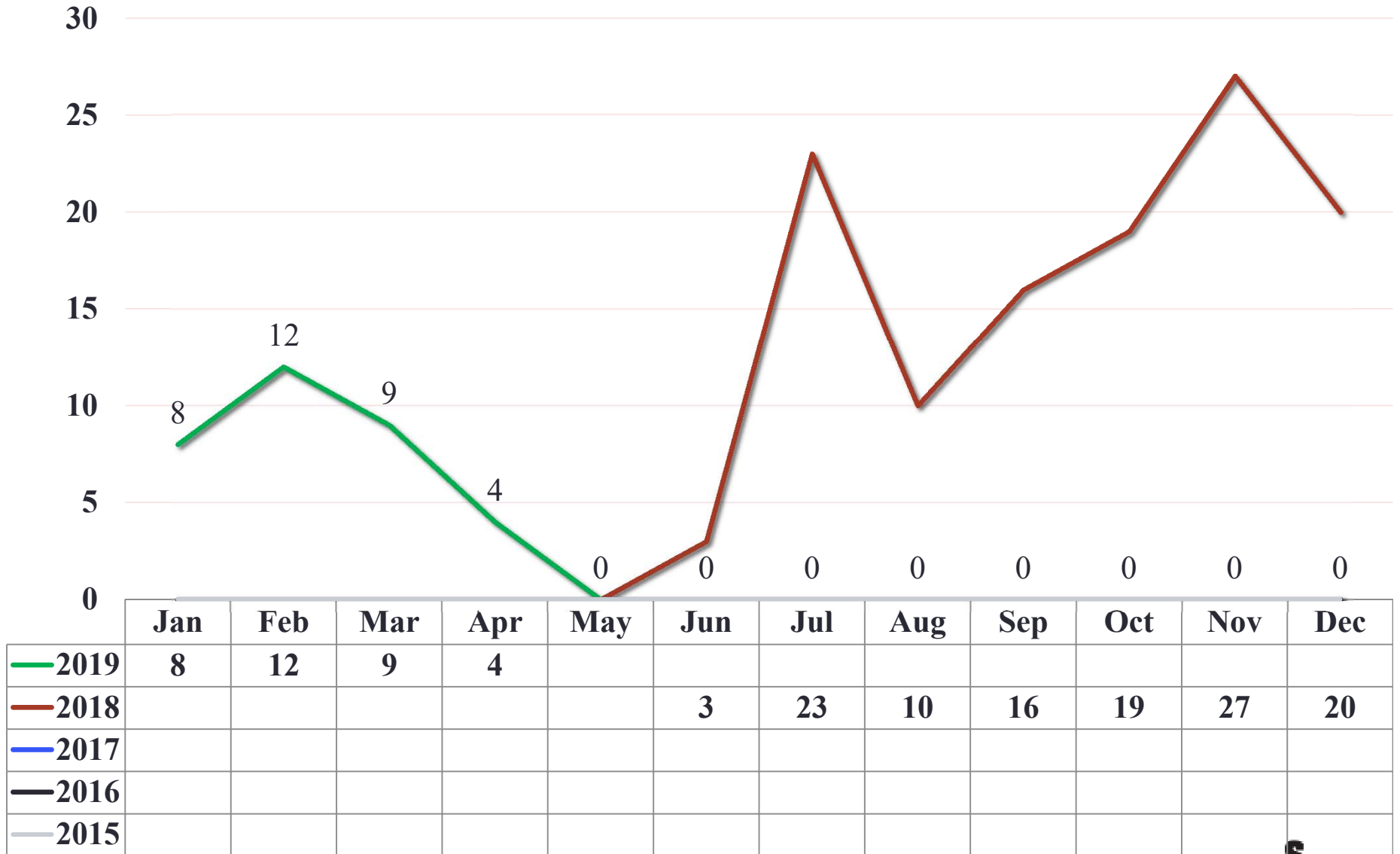
Acute & Swing Room – Patients Per Month



— 2019
 — 2018
 — 2017
 — 2016
 — 2015



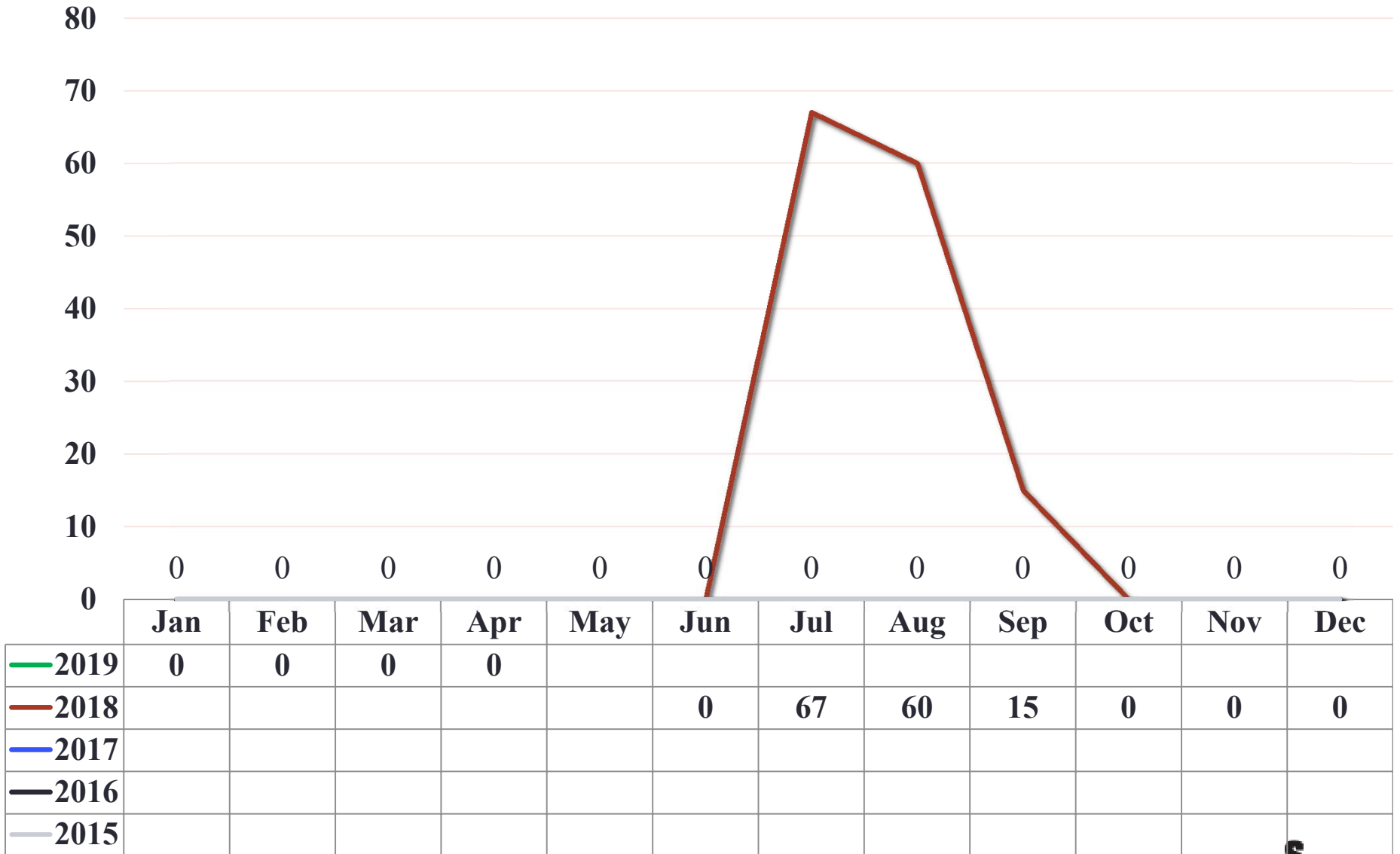
Acute Room – Total Days in Acute



—2019 —2018 —2017 —2016 —2015



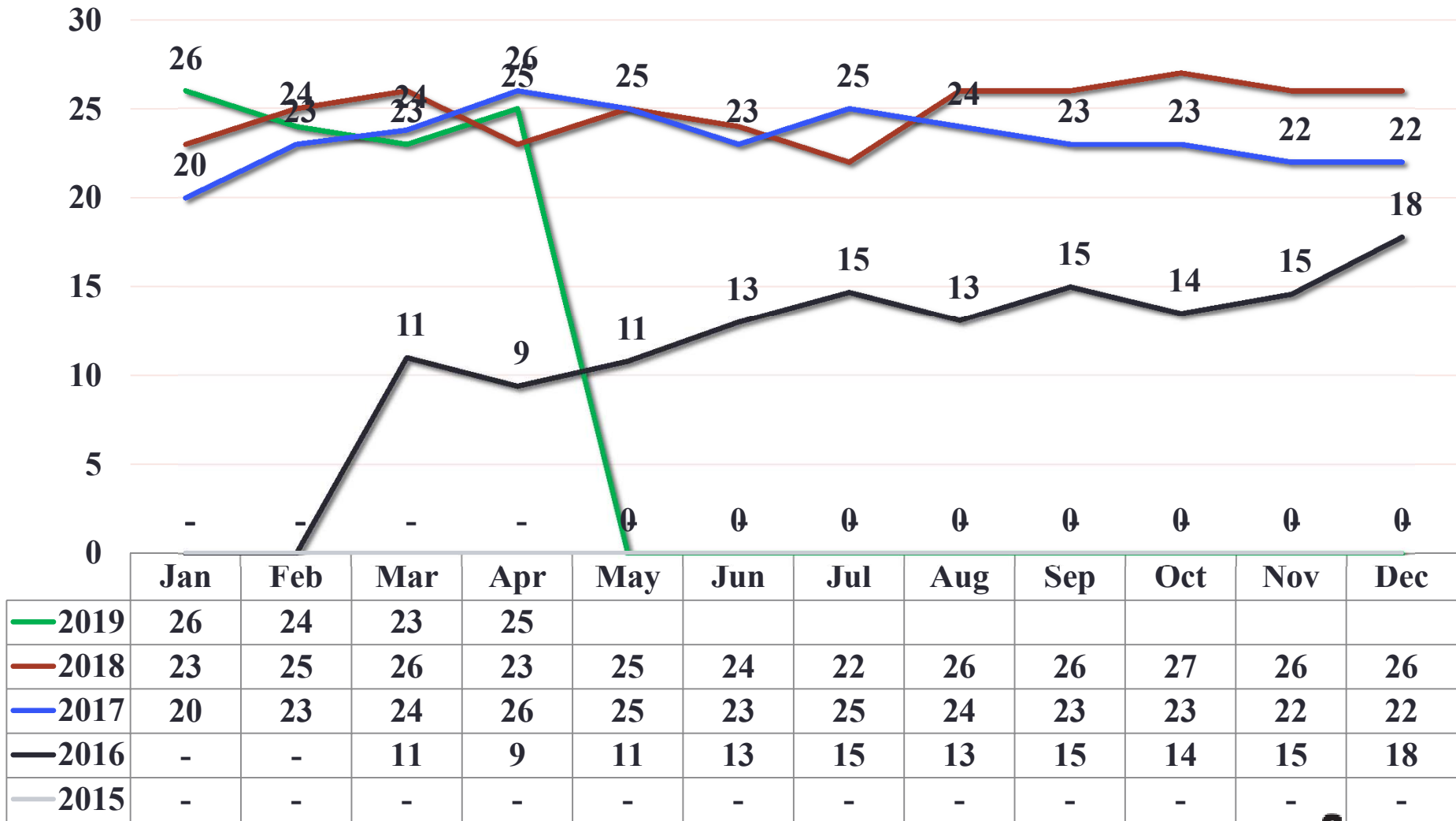
Swing Bed Room – Total Days in Swing Bed



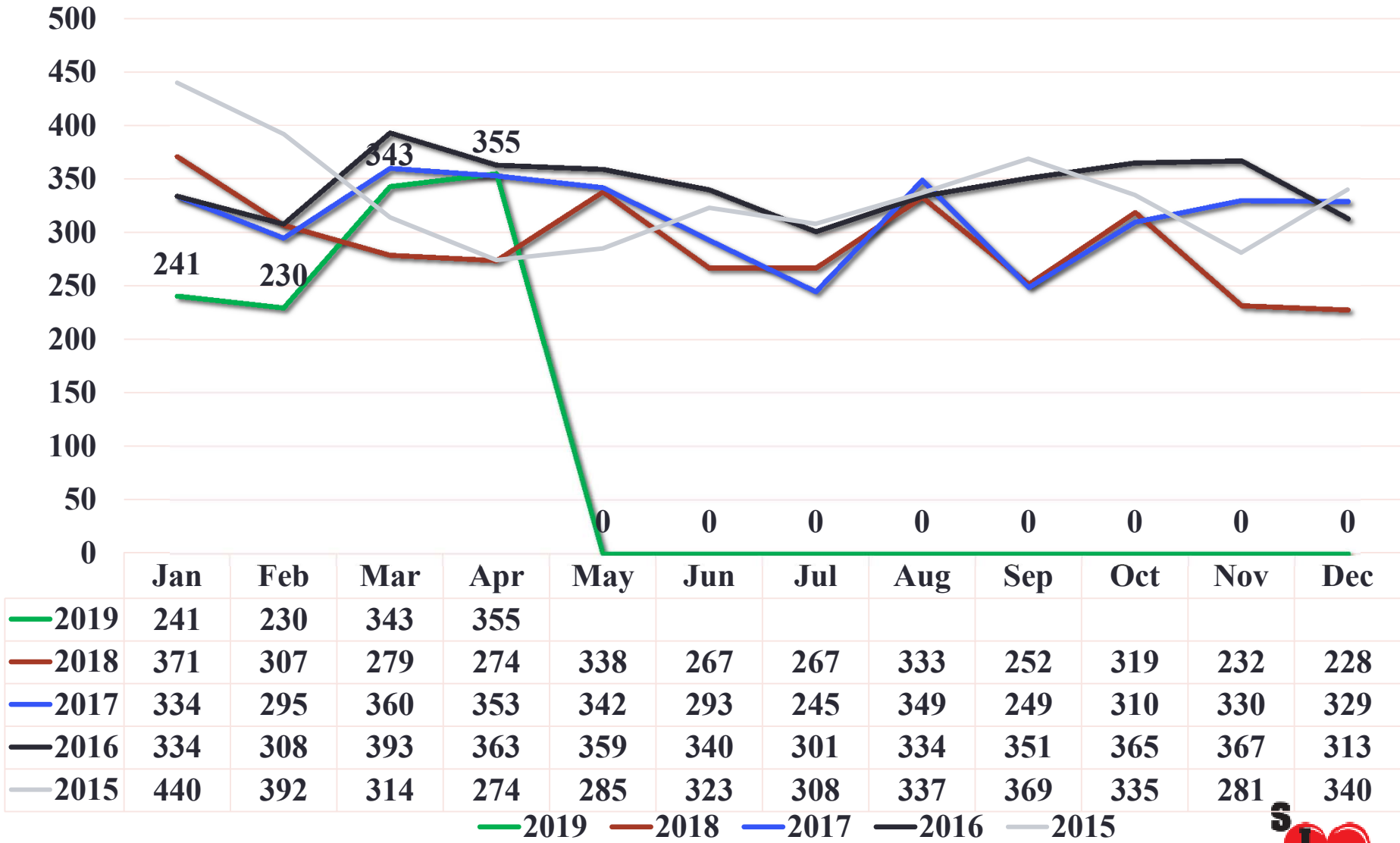
— 2019
 — 2018
 — 2017
 — 2016
 — 2015



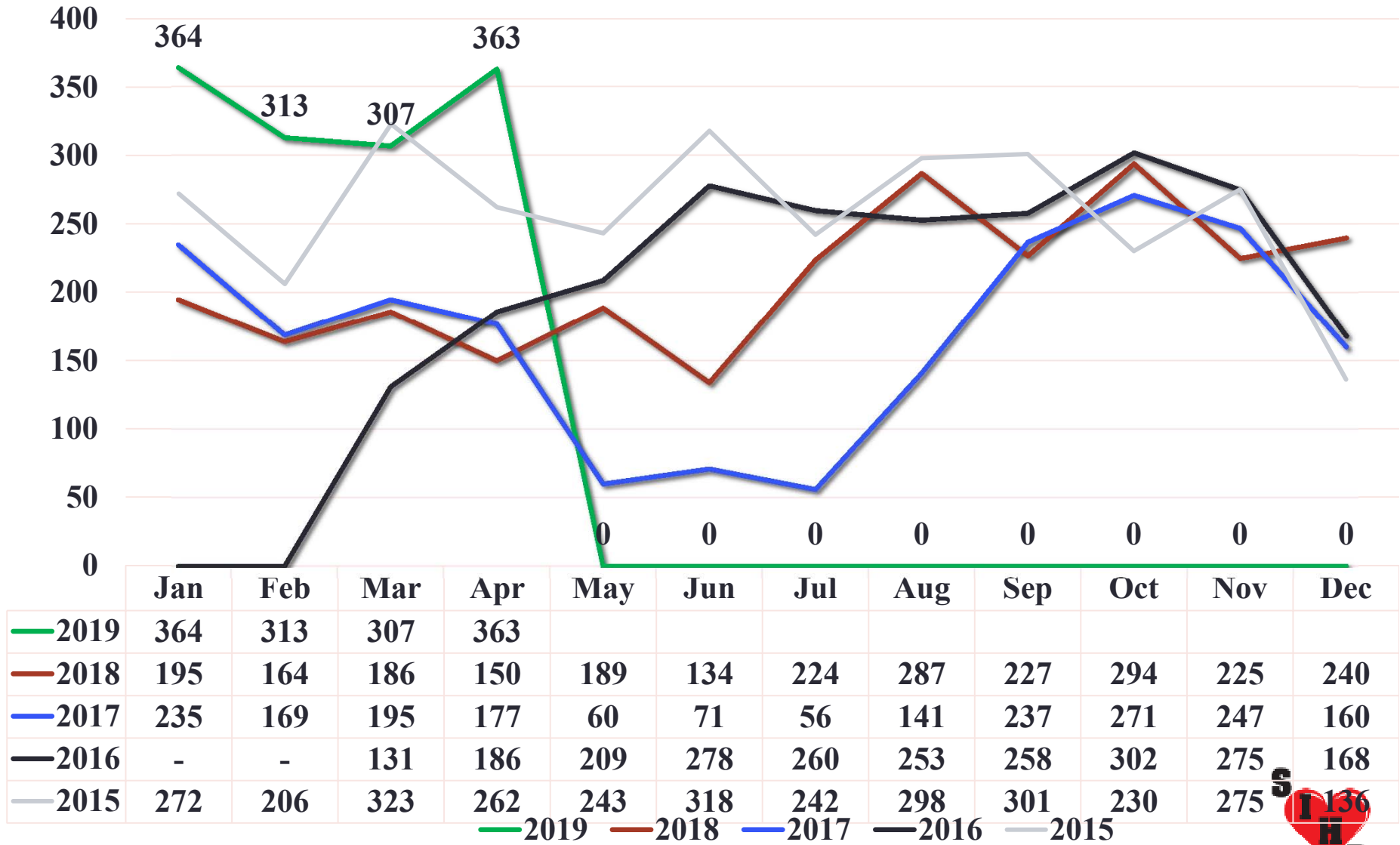
Skilled Nursing Facility Volumes – Monthly Census



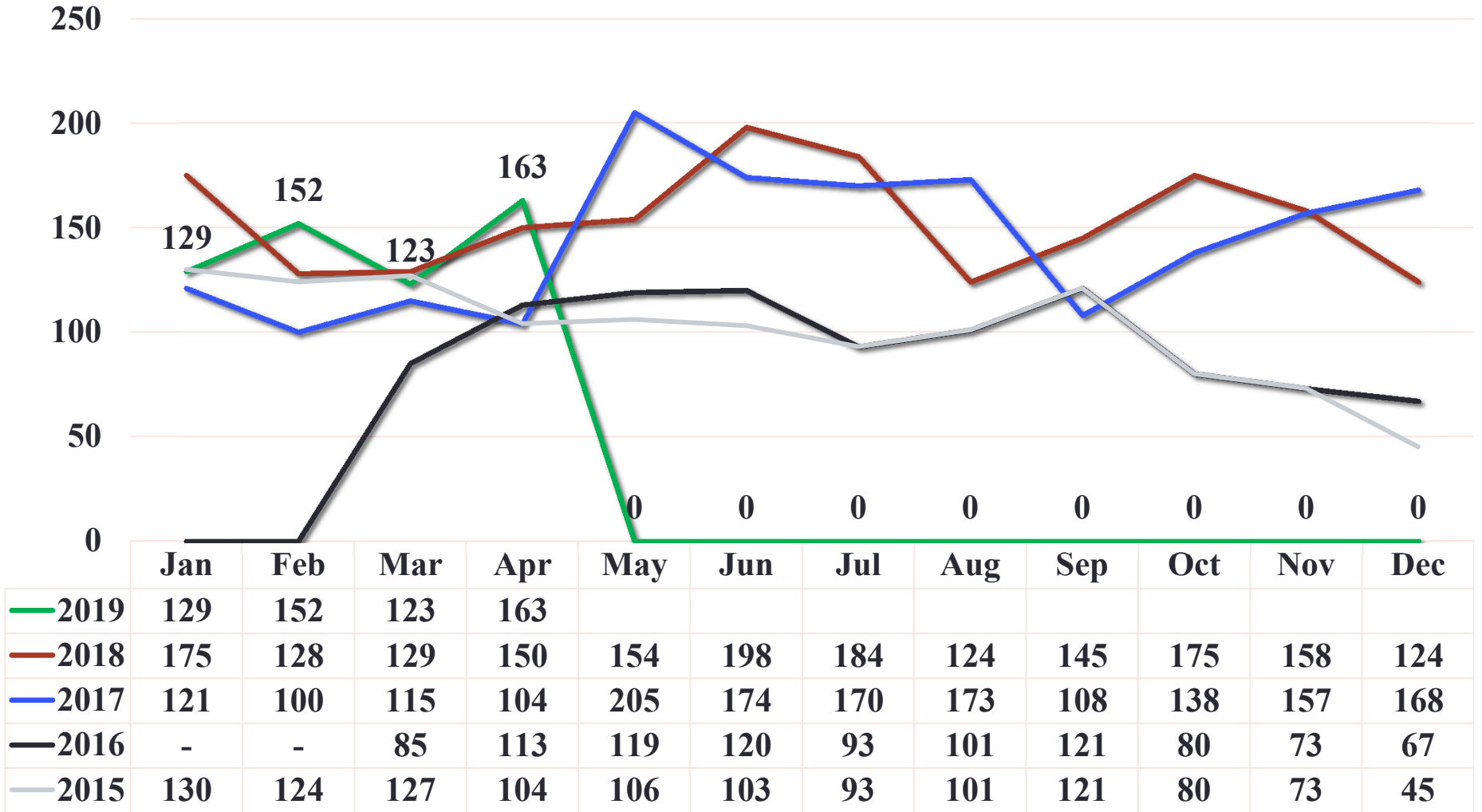
SIHD Rural Clinic Volumes – Visits Per Month



Physical Therapy Volumes



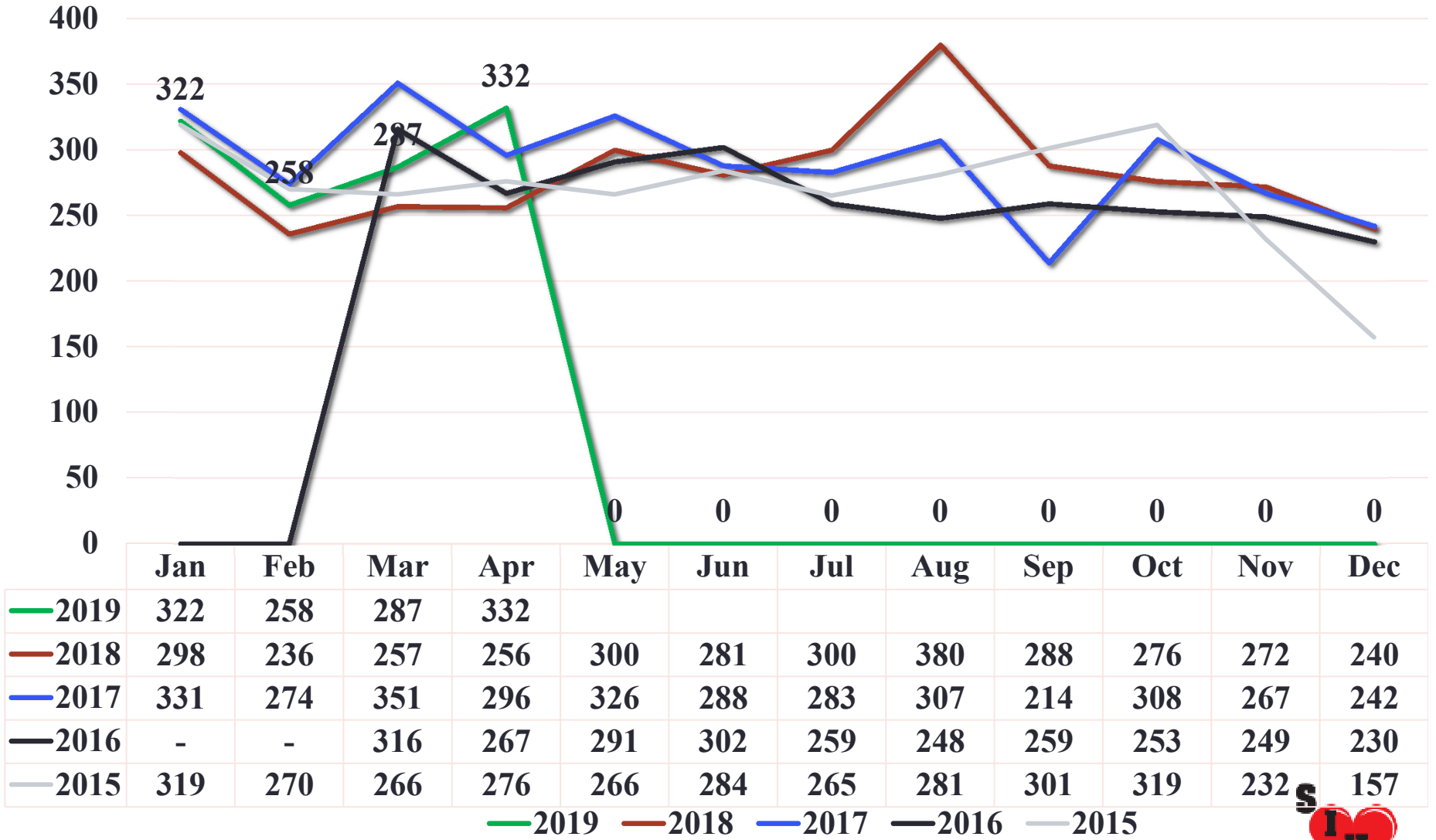
X Ray Volumes – Visits-Exams Per Month



—2019
 —2018
 —2017
 —2016
 —2015



Laboratory Volumes





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 11, 2019

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

It is requested that temporary Medical Staff privileges be granted to Frank Kadel, Clinic 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: _____
Todd Farrer, Medical Director/COS Date



Southern Inyo Hospital

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22

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June 11, 2019

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

It is requested that temporary Medical Staff privileges be granted to Ronald Smith, ER Physician for a period of 90-days to facilitate the Medical Staff credentialing process.

Respectfully,

Vickie Torix
Medical Staff Secretary

Approved: _____
Brian Cotter, CEO Date

Approved: _____
Jaque Hickman, Board President Date

Approved: _____
Ronald Ostrom, ER Medical Director Date



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June 11, 2019

Board of Directors
Southern Inyo Hospital
P.O. Box 1009
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It is requested that temporary Medical Staff privileges be granted to Michael Dillon, ER Physician for a period of 90-days to facilitate the Medical Staff credentialing process.

Respectfully,

Vickie Torix
Medical Staff Secretary

Approved: _____
Brian Cotter, CEO Date

Approved: _____
Jaque Hickman, Board President Date

Approved: _____
Ronald Ostrom, ER Medical Director Date



OMNICELL SERVICE PLAN DETAILS

For domestic non-government facilities

OMNICELL SERVICE PLANS		Domestic Plans for non-government facilities		
Service Attribute	Service Sub-Component	Advantage Plan	Assist Plan	Alliance Plan
Phone Support	Availability	24/7/365	24/7/365	24/7/365
	Live Coverage	Monday - Friday: 24 hours Sat-Sun/Holidays: 6AM-6PM CST		
	Emergency Coverage	Sat-Sun/Holidays: 6PM-6AM CST		
	Call Volume	Unlimited	Unlimited	Unlimited
	Call Back Response Time	30 minutes Monday-Friday 6AM-6PM CST 2 hours Monday-Friday 6PM-6AM CST & Sat-Sun/Holidays		
	Customer Triage Required	No	Yes	Yes
Dial In support	Remote access	Required*	Required*	Required*
Onsite Support	Response Time (<i>Non-Critical</i>)	24 Hours	24 Hours	24 Hours
	Response Time (<i>Disabled</i>)	6 Hours	6 Hours	24 Hours
	Customer Involvement	Escort only	Minor HW Repairs	All HW Repairs
	Dispatch	Unlimited	Limited/Billable	Limited/Billable
	Travel Charges	No	No	Yes
Parts	Service Replacement Parts	Included, except due to misuse	Included, except due to misuse	Included, except due to misuse
	Delivery on Critical Parts	24 hours	24 hours	24 hours
	Service Replacement Parts Source	Illinois Facility TSE Trunk Stock Depot	Illinois Facility TSE Trunk Stock Depot	Illinois Facility TSE Trunk Stock Depot
	Associated Shipping Fees	Included	Included	Included
	Consumable Supplies	Available for purchase	Available for purchase	Available for purchase
	Spare Parts	Available for purchase	Available for purchase	Available for purchase
Systems	Uptime Commitment	96%	96%	None
	Software Upgrades	Included	Included	Included
Prevention	Asset Quality Validation	Wellness Check every three years	Available for purchase	Completed by Customer
	Uptime Analytics	Available on Request	Available on Request	Available on Request
	Pro-active Remote Diagnostics	Included	Included	Included
Repair Training	Online	Online (repair) training videos included	Online (repair) training videos included	Online (repair) training videos included
	Classroom	n/a	Required Training w/ Annual Certification	Required Training w/ Annual Certification
Agreements	Multi-year	Minimum 1 year, Maximum 5 year	Minimum 1 year, Maximum 5 year	Minimum 1 year, Maximum 5 year
Limitations		Available based on location	Not available on all product lines	Not available on all product lines
Notes		* Not permitting remote access will incur additional cost	* Not permitting remote access will incur additional cost	* Not permitting remote access will incur additional cost



**Pricing Supplement - Support Services Renewal
Summary By Product**

Master Agreement ID: 20697-01
Quote: 56878

Issued On: Apr 24, 2019
Quote Expires On: Jul 23, 2019

Ship To ID: 20697
Southern Inyo Hospital
501 East Locust Street
Lone Pine CA 93545
United States

Bill To ID: 20697
Southern Inyo Hospital
501 East Locust Street
Lone Pine CA 93545
United States

Support Services Term: 12 months

Service Effective Dates: May 1, 2019 to Apr 30, 2020

Service Level: Advantage

Products				Monthly Services			
Service Start Date	Product	Description	Qty	Unit Services	Service Term (month)	Extended Services	Service End Date
May 1, 2019	MDA-FRM-001	SERVICE-ONE-CELL RX G4	1.00	\$79.00	12	\$948.00	Apr 30, 2020
May 1, 2019	MDA-FRM-002	SERVICE-TWO-CELL RX G4	1.00	\$86.00	12	\$1,032.00	Apr 30, 2020
May 1, 2019	MDA-FRM-003	SERVICE-THREE-CELL RX G4	1.00	\$106.00	12	\$1,272.00	Apr 30, 2020
May 1, 2019	MSA-OPT-007	SERVICE-FLEXLOCK WITH TEMP CHECK (12FT)	2.00	\$16.00	12	\$384.00	Apr 30, 2020
May 1, 2019	OCRA1	SERVICE OMNICENTER REMOTE ACCESS(SINGLE	2.00	\$43.00	12	\$1,032.00	Apr 30, 2020
May 1, 2019	OMC-PNT-001	SERVICE-SAFETYSTOCK THERMAL PRINTER (SAT	1.00	\$12.00	12	\$144.00	Apr 30, 2020
Grand Total (USD)				\$4,812.00			



Products	Monthly Services		
<p>To continue your Support Services coverage pursuant to the terms and conditions of the mutually negotiated Master Agreement #20697-01. Complete, sign and send this Support Services Renewal Confirmation, along with a copy of your purchase order (if needed) and Tax Exemption Certificate, to your Service Contract Specialist before your expiration date.</p> <p style="text-align: center;">PLEASE NOTE</p> <p>Support Services Coverage is billed as a one time (lump sum) invoice. Please note that Omnicell is hereby relying to its detriment upon customer's representation and certification by its submission of this Renewal that the assets listed are currently in service and in use such that if it is found at a later date not to be the case, the customer has therefore forfeited any claim to a refund, reimbursement or credit based upon such overpayment for service upon assets not in service.</p>			



Pricing Supplement - Support Services Renewal Supplement

Master Agreement ID: 20697-01

Quote: 56878

Ship To ID: 20697

Southern Inyo Hospital
501 East Locust Street
Lone Pine CA 93545
United States

Issued On: Apr 24, 2019

Quote Expires On: Jul 23, 2019

Bill To ID: 20697

Southern Inyo Hospital
501 East Locust Street
Lone Pine CA 93545
United States

Support Services Term: 12 months

Service Effective Dates: May 1, 2019 to Apr 30, 2020

Service Level: Advantage

- 1. The Pricing Supplement is subject to and incorporates by reference all of the terms and conditions as set forth within the Master Agreement identified above.
2. Any terms and conditions on any Purchase Order issued in conjunction with this Pricing Supplement shall be for reference purposes only and shall not become a part of the terms and conditions of this Pricing Supplement.
3. Customer acknowledges and agrees that it is Customer's obligation to pay the amounts as set forth on this Pricing Supplement and that such payment obligations are governed by the terms and conditions of the above referenced Master Agreement including all applicable scheduled, attachments and exhibits.
4. The undersigned hereby acknowledges that he/she has the authority to sign this Pricing Supplement and bind the Customer to the terms and conditions of this Pricing Supplement.

Table with 2 columns: OMNICELL INC. and CUSTOMER. Rows for Signature, Print Name, Title, and Date.

**Please fax all the document pages to
Laura Turner
OMNICELL INC.
3661 BURWOOD DR
WAUKEGAN, IL 60085
(800) 671-0417

Service Start Date	Product Name	Product Description	Age	Qty	Serial Number	Service End Date
May 1, 2019	MDA-FRM-002	2-CELL OMNIRX	6	1	90717	Apr 30, 2020
May 1, 2019	MDA-FRM-003	3-CELL OMNIRX	6	1	90716	Apr 30, 2020
May 1, 2019	MDA-FRM-001	1-CELL OMNIRX	6	1	90715	Apr 30, 2020
May 1, 2019	MSA-OPT-007	FLEXLOCK WITH TEMPCHECK (12FT) INSTL G4		1	OFLUNI018251	Apr 30, 2020
May 1, 2019	MSA-OPT-007	FLEXLOCK WITH TEMPCHECK (12FT) INSTL G4		1	OFLUNI018250	Apr 30, 2020



THIS IS NOT AN INVOICE

Billable Event Report/Quote

**YOU WILL HAVE TO PROVIDE A
PURCHASE ORDER OR WRITTEN AUTHORIZATION SO AN
INVOICE CAN BE GENERATED**

Account Name: Southern Inyo Hospital
CSN: 20697
Caller Name: Daniel Smith
Division: Domestic-West
Dispatch
Authorized By: Daniel Smith

Date Opened: Apr 24, 2019
Service Request Number: 339885
PO# Given:
Contract Status:
Serial Number:
Location:
RMA SO#:

Service Request Details

Description: Service Renewal Reinstatement

Resolution: No Issue found Question

<u>Description</u>	<u>Number</u>	<u>Qty</u>	<u>Fee</u>	<u>Extended Fee</u>
T&M SW UPG FEE/FRAME >90 DAY SRV LAPSE	MSA-LAB-003	3.000	\$1,050.00	\$3,150.00
Total Quote Charges:				\$3,150.00

TITLE: Monthly Medication Regimen Review

DEPARTMENT: Skilled Nursing Facility

PAGE 1 OF 1

SCOPE:

Consultant Pharmacist

POLICY:

The consultant pharmacist performs a comprehensive medication regimen review (MRR) at least monthly. MRR includes evaluating the resident's response to medication therapy, in order to promote the best outcome and prevent or minimize adverse consequences due to medication. Findings and recommendations are reported to director of nurses (DON), physician, and if necessary, the medical director and/or administration.

PROCEDURES:

- A. The facility assures that the consultant pharmacist will have access to resident's medical records and pharmacy's medication profiles.
- B. The consultant pharmacist reviews the medication regimen of each resident at least monthly. A more frequent review may be necessary if there is an acute change that maybe related to medication.
- C. In performing the medication regimen review, the pharmacist incorporates best practices and standards of care, and professional standards.
- D. The pharmacist identifies irregularities through various sources including: Medication Administration Records (MARs), prescriber's progress note, laboratory results, behavior monitoring information, and facility staff assessment and monitoring of residents. The consultant's evaluations include, but are not limited to the following:
 1. A written diagnosis or documented objective findings supporting each medication order including as needed (PRN) medications.
 2. Documentation by medical providers, nurses, and other healthcare professionals.
 3. Laboratory results.
 4. Potential or actual medication errors.
- E. Consultant will monitor for route of administration, time of administration, duration of therapy for the residents, efficacy, and side effects.
- F. Resident-specific irregularities or risk will be documented in the monthly medication regimen review and be reported to SNF medication staff/provider and/or DON (Director of Nurses).
 1. Mode of notification of an irregularity depends on its severity and nature. It can be written note, telephone, or secured text message.
 2. If no irregularities are found, consultant pharmacist will sign and date the MRR. This MRR will be filed under "consult" in resident's medical record.
 3. If a continuing irregularity is deemed to be clinically insignificant or a valid reason for rejecting recommendation is provided, the pharmacist will reconsider this and make a new recommendation on an annual basis.
- G. Recommendations are acted upon and documented by staff and/or the prescriber.
 1. Physician can accept and act upon recommendation or reject recommendation by providing an explanation for disagreeing.

TITLE: Monthly Medication Regimen Review

DEPARTMENT: Skilled Nursing Facility

PAGE 2 OF 2

- 2. If there is a potential for serious harm, and the attending physician does not concur and refuses to document an explanation, the director of nurses and pharmacist consultant will contact the medical chief of staff for resolution.
 - 3. All parties must come to an agreement This process must be completed in a timely manner to minimize actual harm from occurring.
- H. Data collected from MRR will be analyzed and presented to the Skilled Nursing Facility Continuous Quality Improvement (CQI) program.

REFERENCES:

22 CCR § 72355
State Operations Manual Appendix PP § 483.45

APPROVAL	DATE	APPROVAL	DATE
Department/Division Manager	02/19	Interdisciplinary Team	02/19
Unit Medical Director (if applicable)	02/19	Governing Board	
Medical Staff Committee (if applicable)		Administration	02/19
Reviewed By:		Reviewed By:	
Reviewed By:		Reviewed By:	

New: SKN 2/18

File name: SNF MRR

Reviewed 2/19

TITLE: QUALITY PERFORMANCE IMPROVEMENT PLAN**DEPARTMENT: DISTRICT****PAGE 1 OF 15****SCOPE: DISTRICT WIDE****PURPOSE:**

- Southern Inyo Healthcare District Services' performance improvement plan is designed to monitor, evaluate and improve the quality, appropriateness and outcomes of care, treatment and services by:
 - Planning, designing, measuring, assessing, improving new or revised processes of patient care and service
 - Identifying opportunities through continuous assessment of systems and processes of care through a collaborative, interdisciplinary focus
 - Implementing solutions and actions which will bring about the desired change, to
 - Facilitate a positive patient outcome, while
 - Maintaining a safe environment for staff, patients and visitors
- The performance improvement plan, established by the management of the organization and the interdisciplinary Performance Improvement Committee with the support and approval of the Board of Directors provides a vehicle to monitor patient care, treatment and services with the goal of identifying and resolving any processes, functions and services that may adversely impact patient care, treatment and services, while striving to continuously facilitate positive patient outcomes.

POLICY:

- The administration of SIHD is committed to and supports a planned, systematic organization wide performance improvement plan that encompasses well-designed processes and performance measurement, analysis and improvement.
- The performance improvement activities are planned in a collaborative, interdisciplinary manner throughout the organization.
- As organizational performance improvement is a coordinated and collaborative effort, the approach to improving performance involves multiple disciplines in establishing the plans, processes and mechanisms that comprise performance improvement activities.

- In keeping with the organization's mission of providing quality, cost-effective patient care, treatment and services, the performance improvement plan allows for a systematic, coordinated and continuous approach to improving performance, focusing upon the process and functions that address these principles.

GOALS:

- The primary goals of the organizational Performance Improvement Plan are to continually and systematically plan, design, measure, assess and improve performance of critical focus areas relative to outcomes and SIHD services.
- To achieve this goal, the plan strives to:
 - Incorporate quality planning throughout the organization
 - Provide a systematic mechanism for the organization's appropriate individuals, departments and professions, including those services furnished under contract or arrangement, to function collaboratively in their performance improvement efforts providing feedback and learning throughout the SIHD
 - Provide for a program that assures the organization designs processes (with special emphasis on design of new or revisions in established services) well and systematically measures, assesses and improves its performance to achieve optimal patient health outcomes in a collaborative, cross-departmental, interdisciplinary approach. These processes include mechanisms to assess the needs and expectations of the patients and their families, staff and others. Process design contains the following focus elements:
 - Consistency with the organization's mission, vision, values, goals, objectives and plans
 - Meets the needs of individuals served, staff and others
 - Fosters the safety of patients and the quality of care, treatment and services
 - Supports a culture of safety and quality
 - Use of clinically sound and current data sources (i.e., use of practice guidelines, information from relevant literature and clinical standards)
 - Is based upon sound business practices
 - Incorporates available information from internal sources and other organizations about the occurrence of medical errors and sentinel events to reduce the risk of similar events in this organization
 - Utilizes the results of performance improvement, patient safety and risk reduction activities
 - Management of change and performance improvement supports safety and quality throughout the organization

- The organization incorporates information related to these elements, when available and relevant, in the design or redesign of processes, functions or services.
- Assure that the improvement process is organization wide, monitoring, assessing and evaluating the quality and appropriateness of patient care, patient safety practices and clinical performance to resolve identified problems and improve performance.
- Appropriate reporting of information to the Governing Body to provide the leaders with the information they need in fulfilling their responsibility for the quality of patient care and safety is a required mandate of this plan.
- The status of identified problems and action plans is tracked to assure improvement or problem resolution.
- Information and the findings of discrete performance improvement activities and adverse patient events are used to detect trends, patterns, and performance or potential problems that affect more than one department/service.
- The objectives, scope, organization and mechanisms for overseeing the effectiveness of monitoring, assessing, evaluation and problem-solving activities in the performance improvement program are evaluated annually and revised as necessary.
- Treatment and services affecting the health and safety of patients are identified. Included are those that occur frequently or affect large numbers of patients; place patients at risk of serious consequences or deprivation of substantial benefit if care is not provided correctly or not provided when indicated; or care provided is not indicated, or those tending to produce problems for patients, their families or staff.

SCOPE OF ACTIVITIES:

- The scope of the organizational performance improvement program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided, and patient safety practices conducted, throughout the SIHD. The program consists of these focus components: performance improvement, patient safety, quality assessment/improvement and quality control activities.
- Collaborative and specific indicators of both processes and outcomes of care are designed, measured and assessed by all appropriate departments/services and disciplines of the facility in an effort to improve patient safety and organizational performance. These indicators are objective, measurable, based on current knowledge and experience and are structured to produce statistically valid, data driven, performance measures of care provided. This mechanism also provides for evaluation of improvements and the stability of the improvement over time.
- Assessment of the performance of the following patient care and organizational functions are included:

- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management
- Medical Staff
- Nursing
- Provision of Care, Treatment and Services
- Performance Improvement
- Record of Care, Treatment and Services
- Rights and Responsibilities of the Individual
- Waived Testing, if applicable

ORGANIZATION:

- To achieve fulfillment of the objectives, goals and scope of the organizational performance improvement plan, the organizational structure of the program is designed to facilitate an effective system of monitoring, assessment and evaluation of the care, treatment and services provided within the SIHD.
 - The Board of Directors is responsible for the quality of patient care provided.
 - The Board of Directors requires staff, through the Performance Improvement Committee and Administration, to implement and report on the activities and the mechanisms for monitoring, assessing and evaluating patient safety practices and the quality of patient care, for identifying and resolving problems and for identifying opportunities to improve patient care and service or performance throughout the organization. This process addresses those departments/disciplines that have a direct or indirect effect on patient care, including management, contracted staff and administrative functions.

- The Board of Directors, through the Executive Director/Administrator, provides for resources and support systems for the performance improvement functions and risk management functions related to patient care, treatment and services, and safety.
- The Board of Directors has a responsibility to evaluate the effectiveness of the performance improvement activities performed throughout the SIHD and the organizational performance improvement program as a whole.
- With designated responsibility from the Performance Improvement Committee, the Safety Committee will operate as a standing performance improvement sub-committee dedicated to implementation and monitoring of the effectiveness of the Patient Safety Program. The scope of the Patient Safety Program includes an ongoing assessment, using internal and external knowledge and experience, to prevent error occurrence, and to maintain and improve patient safety.
- Patient safety occurrence information from aggregated data reports and individual incident reports will be reviewed by the Medical Staff Committee to prioritize organizational patient safety activity efforts. Included in the duties of the Medical Staff Committee will be review of these data reports and, through use of performance improvement priority criteria grid, the committee will select at least one high-risk safety process for proactive risk assessment annually. The proactive risk assessment will be performed through the following methodology:
 - Assessment of the intended and actual implementation of the process to identify the steps in the process where there is, or may be, undesirable variation. Identify the possible effects of the undesirable variation on patients and how serious the possible effect on the patient could be.
 - For the most critical effects, conduct a root cause analysis to determine why the undesirable variation leading to that effect may occur.
 - Redesign the process and/or underlying systems to minimize the risk of that undesirable variation or to protect patients from the effects of that undesirable variation.
 - Test and implement the redesigned process.
 - Identify and implement measures of effectiveness of the redesigned process.
 - Implement a strategy for maintaining the effectiveness of the redesigned process over time.
- The Medical Staff Committee will report committee findings, determinations and actions to the Performance Improvement Committee for review. Information reporting will contain concurrent data related to ongoing patient safety and medical error issues, as well as information related to the proactive risk assessment and improvement endeavor. The Performance Improvement Committee will serve as the oversight committee for the Safety Committee, however the two committees will work jointly to provide for optimal patient safety practices throughout the organization.

METHODOLOGY:

- Southern Inyo healthcare District follows the PDSA model.



- The **Plan, Do, Check, Act (PDSA)** is a way to test a change that is implemented. Going through the prescribed four steps guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.
- **Plan:**
 - Objective and statistically valid performance measures are identified for monitoring and assessing processes and outcomes of care including those affecting a large percentage of patients, and/or place patients at serious risk if not performed well, or performed when not indicated, or not performed when indicated; and/or have been or likely to be problem prone.
 - Performance measures are based on current knowledge and clinical experience and are structured to represent cross-departmental, interdisciplinary processes, as appropriate.
 - Data will be collected from internal sources (staff) and external sources (patients, referral sources, etc.). The following data sources will be reviewed for use in the development of performance measures:
 - ◆ Staff opinions and needs
 - ◆ Staff perceptions of risks to patients and suggestions for improving patient safety
 - ◆ Staff willingness to report medical/health care errors
 - ◆ Outcomes of processes or services, including adverse events
 - ◆ Performance measures from organization approved internal and external databases
 - ◆ Infection control surveillance and reporting
 - ◆ Patient and family perceptions of care, treatment and services (satisfaction surveys/ when available)
 - Data collected includes the specific need and expectations of the patients
 - Patients' perceptions on how well the organization meets these needs and expectations
 - Patient suggestions regarding improvement of patient safety
 - Patients' perceptions of effectiveness of pain management

- ◆ Risk management
- ◆ Utilization management
- ◆ Quality control
- ◆ Customer demographics and diagnoses
- ◆ Research, as applicable
- Performance measures for processes that are known to jeopardize the safety of patients or associated with sentinel events will be routinely monitored. At a minimum performance measures related to the following processes, as appropriate to care, treatment and services provided, are monitored with the approval and at the suggested frequency of the Performance Improvement Committee:
 - ◆ Data obtained from the organization's risk management reports
 - ◆ Information about problematic processes generated by field-specific or professional organizations
 - ◆ Medication use, including adverse reactions/errors
 - ◆ Sentinel events
 - ◆ Timeliness of (SIHD) Assessment and evaluation of services
 - ◆ Timeliness of SIHD interventional services, as requested by patient or family and/or determined from any member of the SIHD care team
 - ◆ Appropriateness of treatment
 - ◆ Patient treatment plan toward end of life quality goal setting
 - ◆ Documentation of patient progress
 - ◆ Assessment of the efficacy of treatment administered
 - ◆ Patient/family education
 - ◆ Infection control practices
 - ◆ Staff in-service education and training
 - ◆ Staff willingness to report adverse events
 - ◆ Patient/family/physician and other staff satisfaction

- ◆ The appropriateness and effectiveness of pain management and control
- ◆ Use of blood and blood components
- ◆ Care or services provided to other high-risk populations
- ◆ Appropriateness and adequacy of documentation
- ◆ Management of hazardous conditions
- ◆ Significant medication errors
- ◆ Significant adverse drug reactions
- ◆ Patient outcome measures
- ◆ Medication management
- ◆ Staffing effectiveness
- ◆ Appropriateness of pain management
- ◆ National Patient Safety Goals
- Benchmarks or thresholds that trigger intensive assessment and evaluation are established. Undesirable patterns or trends in performance are analyzed for all of the above; however, an in-depth analysis is conducted for the following when the levels of performance, patterns or trends vary substantially from those expected:
 - **Do:**
 - Carry out the test or change:
 - ◆ Document observations, including any problems and unexpected findings.
 - ◆ Collect data you identified as needed during the ‘plan” stage.
 - **Study:**
 - ◆ Study and analyze the data.
 - ◆ Determine if the change resulted in the expected outcome.
 - ◆ Summarize what was learned.
 - ◆ Look for: unintended consequences, surprises, successes, failures.

- **Act:**
 - ◆ Refine the change, based on what was learned from the study.
 - ◆ Evaluate the effectiveness of the actions taken.
 - ◆ Determine what modifications should be made

- Information Management:
 - Performance improvement activities throughout the organization are dependent upon the management of information function. This function is performed in an interdisciplinary collaborative approach throughout the facility. As the management of information is a function that is comprehensive, impacting all services within the facility, the review of this function is performed as a collaborative process. Outcomes are reflected in the specific departments and organization wide through the auspices of the Performance Improvement Committee's review and analysis of performance improvement data.
 - ◆ This function is performed to obtain, manage and use information to enhance and improve individual and organizational performance in effective communication, patient care and safety, governance, management and support processes. The quality of the medical record is reviewed for accuracy, timeliness, completeness and legibility.

COMMUNICATION/INTEGRATION OF INFORMATION:

- The findings, conclusions, recommendations, actions taken to improve performance and the results of actions taken are documented and reported through established channels.
 - Results of the outcomes of performance improvement activities and patient safety activities will be reported to the Performance Improvement Committee on a monthly/bimonthly/quarterly basis as designated.
 - The Performance Improvement Committee will submit a report of their analysis of the quality of patient care, treatment and services provided to the Executive Director/Administrator and SIHD Clinical Nurse Manager on a monthly basis.
 - The Performance Improvement Committee will provide the Board of Directors with a report of the relevant findings from all performance improvement activities performed throughout the organization at least on a quarterly basis.

- Documentation and reports shall include:
 - Findings from monitoring activities
 - Conclusions regarding identified opportunities for improvement
 - Recommendations concerning potential actions
 - Actions taken to effectuate change
 - Outcome of action effectiveness (results of follow-up monitoring performed to determine extent of effectiveness and that improvements made are sustained)

ANNUAL EVALUATION OF PERFORMANCE IMPROVEMENT PROGRAM:

The SIHD shall evaluate the effectiveness of the performance improvement monitoring and evaluation program at least annually and revised as necessary. Other sources that interact with the SIHD during the course of patient care activities will be encouraged to participate in the evaluation of effectiveness of the program. The evaluation shall be documented and forwarded through the appropriate reporting structure to the Governing Body.

CONFIDENTIALITY:

- All information related to performance improvement activities in accordance with this plan is confidential.
- Confidential information may include but is not limited to: staff committee meetings, Performance Improvement Executive Report, electronic data gathering and reporting, medical record reviews and untoward incident reporting.
- Some information may be disseminated on a “need to know basis” as required by agencies such as federal review agencies, regulatory bodies or any other organization with a proven “need to know basis” as approved by the Administration and/or the Board of Directors.

ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN APPROVAL

ADOPTION:

The organizational performance improvement plan has been reviewed, approved and adopted by the Board of Directors and by the Administration as attested to by the signatures below:

_____ Date _____
Board of Director

_____ Date _____
Medical Director of SIHD Services

_____ Date _____
Executive Director, SIHD Services

_____ Date _____
Chairperson, PI Committee Signature

REFERENCES:

APPROVAL	DATE	APPROVAL	DATE
Department/Division Manager	5/19	Interdisciplinary Team	5/19
Unit Medical Director (if applicable)		Governing Board	
Medical Staff Committee (if applicable)		Administration	
Reviewed By:		Reviewed By:	
Reviewed By:		Reviewed By:	

SIHD#

New: 2019 Revised: _____

File name: Quality Performance Improvement Plan

Southern Inyo Healthcare District
501 E. Locust St. P.O. Box 1009 Lone Pine, CA 93545
Phone: 760-876-5501 Fax: 760-264-4292

June 11, 2019

Inyo County Treasurer- Tax Collector
Attn: Debt Purchase Program
P.O. Drawer O
Independence, CA 93526

To the Loan Review Committee;

This letter is attached in support of our Local Agency Debt Purchase Program Application.

Resolution 19-6, authorizing this application and receiving a loan, is attached. This resolution has been considered and voted on in a special board meeting called for on June 11, 2019. An executed copy will be provided to the County Treasurer/Tax Collector by Wednesday, June 12th.

Please note the letters attesting to the availability of these IGT funds.

Thank you for your consideration of our loan request. Being able to receive the IGT monies of \$1,000,000.00 is crucial to the health and well-being of the citizens of our District.

Sincerely yours,

Jaque Hickman
President, SIHD Board of Directors

RESOLUTION NUMBER 19-6**A RESOLUTION OF THE BOARD OF DIRECTORS
OF SOUTHERN INYO HEALTHCARE DISTRICT
AUTHORIZING AND APPROVING AN
INYO COUNTY TREASURY REVOLVING BRIDGE LOAN FOR
THE PURPOSE OF PARTICIPATING IN IGTS**

WHEREAS, Government Code section 53601(e) and the Inyo County Investment Policy authorize the Treasurer-Tax Collector to purchase bonds, notes, warrants or other evidences of debt of any agency formed within Inyo County; and

WHEREAS, it has been determined by the Treasurer-Tax Collector that there are funds available in this investment category to provide short term, low interest bridge loans for local agencies (Bridge Loans);

WHEREAS, Southern Inyo Healthcare District participates in the Inter-Governmental Transfer (IGT) program for health care facilities;

WHEREAS, the District's payment to participate in the IGT in the month of March 2019 is Three hundred eighty-one thousand five hundred ninety-seven dollars (\$381,597.00) and the return payment to the District in the form of a grant is seven hundred sixty-three thousand one hundred ninety-four dollars (\$763,194.00) paid in the month of June 2019, within approximately twelve weeks following deposit of the District funds;

WHEREAS, the District's cash reserves are not sufficient to make the required deposit due to continuing capital expenses;

WHEREAS, The District's cash flow has been negatively impacted by the delay of state and federal payments due in part to the mismanagement of our prior management firm, making it difficult to meet payroll obligations;

WHEREAS, the District has submitted an application to the Treasurer-Tax Collector's Office for a Bridge Loan for One Million Dollars (\$1,000,000.00) from the Inyo County Treasury Pool's Local Debt Purchase Program to be used with the funds held in Trust for participation in the IGT program; and

WHEREAS, the Inyo County Treasury Oversight Committee reviewed the Application, determined the District is a qualified local agency eligible for a Bridge Loan and submitted the Application to the Treasurer-Tax Collector for review with its recommendation for approval; and

WHEREAS, the Treasurer-Tax Collector has determined there are funds available to make a Bridge Loan to the District pursuant to its Application; and

WHEREAS, the Treasurer-Tax Collector approved the Application subject to approval of the District's Board of Directors.

NOW THEREFORE BE IT RESOLVED

- A. The Board of Directors of Southern Inyo Healthcare District approves and authorizes to accept a loan in the amount of \$1,000,000.00 with interest accruing at the now current rate paid by LAIF plus one percent for a term as established in a promissory note, to be paid within 3 days of receipt of the IGT funds, from the Inyo County Treasury Pool's Local Debt Purchase Program (Loan) to provide bridge funding for the IGT; and
- B. The amount of the Loan will be paid in full, plus interest, under the terms and conditions of the Loan Agreement and Promissory Note collectively attached hereto as Exhibits "A;" and
- C. The Signer is authorized to sign for the District all documents needed to implement and carry out the purpose of this Resolution and to undertake all actions needed to undertake and complete the Project for which the Loan is intended.

PASSED AND ADOPTED THIS 11th DAY OF June 2019 by the following vote:

AYES
NOES
ABSTENTION
ABSENT

Jaque Hickman, President

ATTEST:
Vice President

by _____
Charles Carson



COUNTY OF INYO
TREASURER-TAX COLLECTOR
168 NORTH EDWARDS STREET
POST OFFICE DRAWER O
INDEPENDENCE, CA 93526-0614
(760) 878-0312 • (760) 878-0311 FAX
Inyotc@inyocounty.us

ALISHA McMURTRIE
TREASURER-TAX COLLECTOR

LOCAL AGENCY DEBT PURCHASE PROGRAM

APPLICATION

SHORT TERM, LOW INTEREST BRIDGE LOANS FOR
LOCAL AGENCIES.

PUTTING LOCAL TAX DOLLARS TO WORK,
LOCALLY

FINANCING YOUR PROJECT

Who is Eligible?

The Inyo County Treasurer-Tax Collector will accept loan applications on a first-come, first-served basis from all eligible entities. Loans are available to all local agencies, with a priority given to Inyo County Treasury Pool Participants. This includes, but is not limited to, the county, City of Bishop, schools, water districts, fire districts, etc.

When Should You Submit Your Application?

Funds are limited. The maximum dollar amount of all loans available cannot exceed 10% of the portfolio. There is also a limitation of funding available for loans that exceed one year to maturity. Please contact the Treasurer-Tax Collector to determine availability of funds before completing your application. Again, applications will be processed on a first-come, first-served basis and reviewed by the Inyo County Treasury Oversight Committee before submission to the Treasurer-Tax Collector.

Interest Rate.

The interest rate is fixed for the term of the loan. The rate will be the current Local Agency Investment Fund (LAIF) rate at the time of financing, plus 100 Basis Points (BPS).

Loan Security Requirements.

It's simple. A promissory note and a loan agreement between you and the County Treasurer-Tax Collector are all that is required to secure the loan.

How Are Funds Dispersed?

The funds are available upon presentation of the executed promissory note and loan agreement. Funds will be transferred via wire transaction, or if a pool participant, journal entry.

Repayment Terms.

There are several repayment terms available.

- Monthly
- Quarterly
- Bi-annually
- Annually
- Principal and interest due at maturity

ATTACHMENTS

Attachment A: Loan Agreement

THE APPLICATION

Attach to Application	Copies Needed
Completed and signed loan Application	Original plus one copy

Where Do I Submit My Application?

Send you application package with the specified copies to: Inyo County Treasurer-Tax Collector Attn: Debt Purchase Program P.O. Drawer O Independence, CA 93526	Questions? Call or email: (760) 878-0312 inyottc@inyocounty.us
---	--

1. APPLICANT INFORMATION

Applicant Name:SOUTHERN INYO HEALTHCARE DISTRICT		
Tax ID #:95-6005450		
Mailing Address:PO BOX 1009, LONE PINE, CA 93545		
Street Address:501 E LOCUST STREET, LONE PINE, CA 93545		
Contact Person:BRIAN COTTER		
Title:CEO, SOUTHERN INYO HEALTHCARE DISTRICT		
E-Mail: BCOTTER@SIHD.ORG	Phone: 760-876-2210	Fax: 760-264-4292

2. PROJECT INFORMATION

A. Has any funding been previously committed or approved for this project?

Yes. Please complete Section B:

No.

B. Source of Funds approved/committed:

IGT PROGRAM: DEPARTMENT OF HEALTHCARE SERVICES-
USED AS A PORTION OF THE NON-FEDERAL SHARE OF
ACTUARIALLY SOUND MEDICAL MANAGED CARE
CAPITATION BASE RATE INCREASES FOR NON-
DESIGNATED PUBLIC HOSPITALS.

Provide Details:We participate in several IGT programs, all of which require that the District to deposit with the State of California an amount approx. equal to the grant payment which is due. Typical response in receiving the payments has been within 12 weeks. The amount of this grant to be paid; when we deposit our contribution of \$ with the California Department of Health Care Services, we will receive a check for \$ to be used for Hospital operating needs. The loan require to be able to make the deposit will be paid off as soon as the funds are received.

Amount of funding approved:

3. PROJECT SCHEDULE

Estimated Start Date:SIHD has participated in these IGT programs for more than two years.
Estimated Completion Date:2019 for this round.

4. PROJECT BUDGET

Total Project Costs:\$
Amount requested from Treasury:\$1,000,000.00
Revenue Source for repayment of loan: Payment of IGT Funds to the hospital from one IGT program: Non-federal share of actuarially sound MEdi-Cal managed care capitation base rate increases for non-designated public hospitals.
Term of Loan:12 weeks
Requested Payment Schedule:Principle and interest payable in 12 weeks of each IGT.

5. CERTIFICATION

To the best of my knowledge and belief, the data in this application are correct and complete.

Name of Authorized Representative: Brian Cotter		
Title: CEO, Southern Inyo Healthcare District		
Signature of Authorized Representative:		
Date: 06/11/2019	Phone: 760-876-2210	Email: bcotter@sihd.org

EXHIBIT C

CONTACTS

<p>TREASURY MANAGER:</p> <p>Alisha McMurtrie Inyo County Treasurer-Tax Collector 168 N. Edwards Street PO Drawer O Independence, CA 93526 Phone: 760-878-0310 Fax: 760-878-0311 Email: amcmurtrie@inyocounty.us</p>	<p>BORROWER PROJECT MANAGER:</p> <p>Brian Cotter, CEO Southern Inyo Healthcare District 501 E. Locust Street PO Box 1009 Lone Pine, CA 93545 Phone: 760-876-5501 Fax: 760-264-4292 Email: bcotter@sihd.org</p>
	<p>BORROWER ADMINISTRATOR:</p> <p>Brian Cotter, CEO Southern Inyo Healthcare District 501 E. Locust Street PO Box 1009 Lone Pine, CA 93545 Phone: 760-876-5501 Fax: 760-264-4292 Email: bcotter@sihd.org</p>
	<p>BORROWER'S ACCOUNTING OFFICER:</p> <p>Chester Beedle, Financial Consultant Southern Inyo Healthcare District 501 E. Locust Street PO Box 1009 Lone Pine, CA 93545 Phone: 760-876-5501 Fax: 760-264-4292 Email: chesterbeedle@kvhd.org</p>

**INTERGOVERNMENTAL AGREEMENT REGARDING
TRANSFER OF PUBLIC FUNDS**

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (“DHCS”) and the SOUTHERN INYO HOSPITAL (GOVERNMENTAL FUNDING ENTITY) with respect to the matters set forth below.

The parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The GOVERNMENTAL FUNDING ENTITY agrees to make a transfer of funds to DHCS pursuant to sections 14164 and 14301.4 of the Welfare and Institutions Code. The amount transferred shall be based on the sum of the applicable rate category per member per month (PMPM) contribution increments multiplied by member months, as reflected in Exhibit 1. The GOVERNMENTAL FUNDING ENTITY agrees to initially transfer amounts that are calculated using the Estimated Member Months in Exhibit 1, which will be reconciled to actual enrollment for the service period of July 1, 2018 through June 30, 2019 in accordance with Sub-Section 1.3 of this Agreement. The funds transferred shall be used as described in Sub-Section 2.2 of this Agreement. The funds shall be transferred in accordance with the terms and conditions, including schedule and amount, established by DHCS.

1.2 The GOVERNMENTAL FUNDING ENTITY shall certify that the funds transferred qualify for Federal Financial Participation pursuant to 42 C.F.R. part 433, subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, Federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-

related donations. Impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

1.3 DHCS shall reconcile the “Estimated Member Months,” in Exhibit 1, to actual enrollment in HEALTH PLAN(S) for the service period of July 1, 2018 through June 30, 2019 using actual enrollment figures taken from DHCS records. Enrollment reconciliation will occur on an ongoing basis as updated enrollment figures become available. Actual enrollment figures will be considered final two years after June 30, 2019. If this reconciliation results in an increase to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, the GOVERNMENTAL FUNDING ENTITY agrees to transfer any additional funds necessary to cover the difference. If this reconciliation results in a decrease to the total amount necessary to fund the nonfederal share of the payments described in Sub-Section 2.2, DHCS agrees to return the unexpended funds to the GOVERNMENTAL FUNDING ENTITY. If DHCS and the GOVERNMENTAL FUNDING ENTITY mutually agree, amounts due to or owed by the GOVERNMENTAL FUNDING ENTITY may be offset against future transfers.

2. Acceptance and Use of Transferred Funds

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to this Agreement as IGTs, to use for the purpose set forth in Sub-Section 2.2.

2.2 The funds transferred by the GOVERNMENTAL FUNDING ENTITY pursuant to Section 1 and Exhibit 1 of this Agreement shall be used to fund the non-federal share of Medi-Cal Managed Care actuarially sound capitation rates described in section 14301.4(b)(4) of the Welfare and Institutions Code as reflected in the contribution PMPM and rate categories

reflected in Exhibit 1. The funds transferred shall be paid, together with the related Federal Financial Participation, by DHCS to HEALTH PLAN(S) as part of HEALTH PLAN(S)' capitation rates for the service period of July 1, 2018 through June 30, 2019, in accordance with section 14301.4 of the Welfare and Institutions Code.

2.3 DHCS shall seek Federal Financial Participation for the capitation rates specified in Sub-Section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge that DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services.

2.5 DHCS shall not direct HEALTH PLAN(S)' expenditure of the payments received pursuant to Sub-Section 2.2.

3. Assessment Fee

3.1 DHCS shall exercise its authority under section 14301.4 of the Welfare and Institutions Code to assess a 20 percent fee related to the amounts transferred pursuant to Section 1 of this Agreement, except as provided in Sub-Section 3.2. GOVERNMENTAL FUNDING ENTITY agrees to pay the full amount of that assessment in addition to the funds transferred pursuant to Section 1 of this Agreement.

3.2 The 20-percent assessment fee shall not be applied to any portion of funds transferred pursuant to Section 1 that are exempt in accordance with sections 14301.4(d) or 14301.5(b)(4) of the Welfare and Institutions Code. DHCS shall have sole discretion to determine the amount of the funds transferred pursuant to Section 1 that will not be subject to a 20 percent fee. DHCS has determined that \$61,550 of the transfer amounts, as shown in the table below, will not be assessed a 20 percent fee, subject to Sub-Section 3.3.

Health Plan	Rating Region	Transfer Amount
Anthem Blue Cross	18 Rural	\$ 61,550
		\$ 61,550

3.3 The 20-percent assessment fee pursuant to this Agreement is non-refundable and shall be wired to DHCS separately from, and simultaneous to, the transfer amounts made under Section 1 of this Agreement. If, at the time of the reconciliation performed pursuant to Sub-Section 1.3 of this Agreement, there is a change in the amount transferred that is subject to the 20-percent assessment in accordance with Sub-Section 3.1, then a proportional adjustment to the assessment fee will be made.

4. Amendments

4.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

4.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in Section 2 of this Agreement.

5. Notices. Any and all notices required, permitted or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States First Class, Certified or Registered mail with postage prepaid, addressed to the other party at the address set forth below:

To the GOVERNMENTAL FUNDING ENTITY:

Brian Cotter, Chief Executive Officer
 Southern Inyo Healthcare District
 PO Box 1009
 Lone Pine, CA 93545
bcotter@sihd.org

With copies to:

Maritza Perkins, Administrative Assistant
Southern Inyo Healthcare District
PO Box 1009
Lone Pine, CA 93545
mperkins@sihd.org

To DHCS:

Sandra Dixon
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., Suite 71-4002
MS 4413
Sacramento, CA 95814
Sandra.Dixon@dhcs.ca.gov

6. Other Provisions

6.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal payments described in Sub-Section 2.2 of this Agreement that are funded by the GOVERNMENTAL FUNDING ENTITY, and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the GOVERNMENTAL FUNDING ENTITY and DHCS relating to the subject matter of this Agreement. This Agreement is not, however, intended to be the sole agreement between the parties on matters relating to the funding and administration of the Medi-Cal program. This Agreement shall not modify the terms of any other agreement, existing or entered into in the future, between the parties.

6.2 The non-enforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

6.3 Sections 2 and 3 of this Agreement shall survive the expiration or termination of this Agreement.

6.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals. Accordingly, there shall be no third party beneficiary of this Agreement.

6.5 Time is of the essence in this Agreement.

6.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

7. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under Federal and State law and regulations.

8. Approval. This Agreement is of no force and effect until signed by the parties.

9. Term. This Agreement shall be effective as of July 1, 2018 and shall expire as of December 31, 2021 unless terminated earlier by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on
the date of the last signature below.

THE SOUTHERN INYO HOSPITAL:

By: _____ Date: _____
Brian Cotter, Chief Executive Officer

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____ Date: _____
Jennifer Lopez, Division Chief, Capitated Rates Development Division

Exhibit 1

Funding Entity:	Southern Inyo Hospital		
Health Plan:	Anthem Blue Cross		
Rating Region:	18 Rural		
Rate Category	Contribution PMPM	Estimated Member Months	Estimated Contribution (Non-Federal Share)
Child - non MCHIP	\$ 0.02	546,047	\$ 10,921
Adult - non MCHIP	\$ 0.06	308,464	\$ 18,508
Adult - MCHIP	\$ 0.01	6,263	\$ 63
SPD	\$ 0.18	139,065	\$ 25,032
SPD/Full-Dual	\$ 0.02	48,808	\$ 976
BCCTP	\$ 0.21	47	\$ 10
Optional Expansion	\$ 0.01	618,041	\$ 6,180
Estimated Total		1,666,735	\$ 61,690



BAR ARD Number: ARD00293086 EPA: CAL00038978963
 Remit to:
 Cummins Sales and Service
 P.O. Box 848731
 Los Angeles, CA 90084-8731

BAKERSFIELD CA BRANCH
 4601 EAST BRUNDAGE LANE
 BAKERSFIELD, CA 93307-
 (661)325-9404

INVOICE NO
ESTIMATE
 Payment is due 30 days from invoice date unless agreed upon in writing

BILL TO

JEFF SHEFFIELD
 501 E LOCUST
 LONE PINE, CA 93545-

OWNER

LONE PINE
 501 E LOCUST
 LONE PINE, CA 93545-
 JEFF SHEFFIELD - 661 305-1405

PAGE 1 OF 2

*** COD ***

DATE	CUSTOMER ORDER NO.	DATE IN SERVICE	ENGINE MODEL	PUMP NO.	EQUIPMENT MAKE
13-MAY-2019		13-MAY-2019	NH/NT 855		KATO LIGHT
CUSTOMER NO.	SHIP VIA	FAIL DATE	ENGINE SERIAL NO.	CPL NO.	EQUIPMENT MODEL
276986		13-MAY-2019	10651313		D105FRZ4
REF. NO.	SALESPERSON	PARTS DISP.	MILEAGE.HOURS	PUMP CODE	UNIT NO.
235223					CHECK 54

QUANTITY ORDERED	BACK ORDERED	QUANTITY SHIPPED	PART NUMBER	DESCRIPTION	PRODUCT CODE	UNIT PRICE	AMOUNT
------------------	--------------	------------------	-------------	-------------	--------------	------------	--------

OSN/MSN/VIN XXXXXX

COMPLAINT

SERVICE
 2 HOUR LOAD BANK

1	0	DF-9	KIT, FUEL	P2-OTHER	97.50	97.50
1	0	LF516	LF PKGA	FLG	13.94	13.94
2	0	FF105-D	FF PKG	FLG	13.37	26.74
8	0	875539	OIL.M85 GEO 15W40 1 GAL	P2-	17.51	140.08
8	0	CORF GAL	CAL OIL RECYCLE FEE GAL	VALVOLINE P2-NSPART1	.29	2.32

PARTS:	280.58
PARTS COVERAGE CREDIT:	0.00CR
TOTAL PARTS:	280.58
SURCHARGE TOTAL:	0.00
LABOR:	1,507.00
LABOR COVERAGE CREDIT:	0.00CR
TOTAL LABOR:	1,507.00
TRAVEL:	685.00
TRAVEL COVERAGE CREDIT:	0.00CR
TOTAL TRAVEL:	685.00
MISC.:	1,085.00
MISC. COVERAGE CREDIT:	0.00CR
TOTAL MISC.:	1,085.00
ROAD MILEAGE FS PG	885.00
TECHNICIAN LODGING FSPG	200.00
LOCAL STATE	4.91
	16.83

Completion date : 14-May-2019 02:21PM. Estimate expires : 12-Jun-2019 02:21PM.

Billing Inquiries? Call (877)480-6970

THERE ARE ADDITIONAL CONTRACT TERMS ON THE REVERSE SIDE OF THIS DOCUMENT, INCLUDING LIMITATION ON WARRANTIES AND REMEDIES, WHICH ARE EXPRESSLY INCORPORATED HEREIN AND WHICH PURCHASER ACKNOWLEDGES HAVE BEEN READ AND FULLY UNDERSTOOD.

AUTHORIZED BY (print name) _____

SIGNATURE _____

DATE _____



Sales and Service

BAR ARD Number: ARD00293086 EPA: CAL000389789
Remit to:
Cummins Sales and Service
P.O. Box 848731
Los Angeles, CA 90084-8731

64

BAKERSFIELD CA BRANCH
4601 EAST BRUNDAGE LANE
BAKERSFIELD, CA 93307-
(661)325-9404

INVOICE NO
ESTIMATE
Payment is due 30 days from invoice date unless agreed upon in writing.

BILL TO

JEFF SHEFFIELD
501 E LOCUST
LONE PINE, CA 93545-

OWNER

LONE PINE
501 E LOCUST
LONE PINE, CA 93545-
JEFF SHEFFIELD - 661 305-1405

PAGE 2 OF 2
*** COD ***

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CUSTOMER NO.	SHIP VIA	FAIL DATE	ENGINE SERIAL NO.	CPL NO.	EQUIPMENT MODEL
276986		13-MAY-2019	10651313		D105FRZ4
REF. NO.	SALESPERSON	PARTS DISP.	MILEAGE HOURS	PUMP CODE	UNIT NO.
235223					CHECK 54

QUANTITY ORDERED	BACK ORDERED	QUANTITY SHIPPED	PART NUMBER	DESCRIPTION	PRODUCT CODE	UNIT PRICE	AMOUNT
			OSN/MSN/VIN	XXXXXX			

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SUB TOTAL:	3,557.58
TOTAL TAX:	21.74
TOTAL AMOUNT: US \$	3,579.32

AUTHORIZED BY (print name) _____ SIGNATURE _____ DATE _____

To: Human Resources
Southern Inyo Hospital
Lone Pine, CA 93545

From: Teresa McFarland, FNP-C
Southern Inyo Rural Health Clinic
510 East Locust Street
Lone Pine, CA 93545

Re: Request for Reimbursement to be deducted from \$15,000 sign-on bonus

Enc: Reimbursement Request Pri-Med West Conference 2019
Receipts

Date: 5/29/2019

I respectfully request reimbursement for my expenses to attend the recent Pri-Med Conference in Anaheim totaling \$365.43. I drove myself, and stayed with a friend in Buena Park so gas, food, conference fee, parking, and a text are listed; but no hotel costs.

I have attached a Reimbursement Request form with supporting documentation/receipts.

I don't expect to be reimbursed out of the Clinic's or general budget, especially since I didn't request pre-approval for reimbursement of my expenses to attend this CE conference. However, Southern Inyo Hospital has \$15,000 which is due for my sign-on bonus per the February 9, 2017 SIH offer of employment letter that I accepted on February 17, 2019. Therefore, I would like \$365.43 to be paid from these funds.

In the past I have made several formal and informal requests to discuss alternative methods of payment, and I have proposed some generous and creative ideas to SIH Administration and to the Board of Directors in an effort to spark a conversation on this topic, yet no meaningful action has been taken on this matter.

After two years it is reasonable to accept my reimbursement request as submitted, to receive a small incremental payment rather than one lump sum. This alternative will benefit both SIH and me in the following ways:

- a) effectively reducing the income tax burden to me of lump sum bonus
- b) reimburse my professional CE expenses to maintain license (not deductible on income taxes)
- b) minimize the financial impact to SIH of \$15,000 lump sum payout from limited funds
- c) Community Value; Clinic has NP with current knowledge to improve patient care

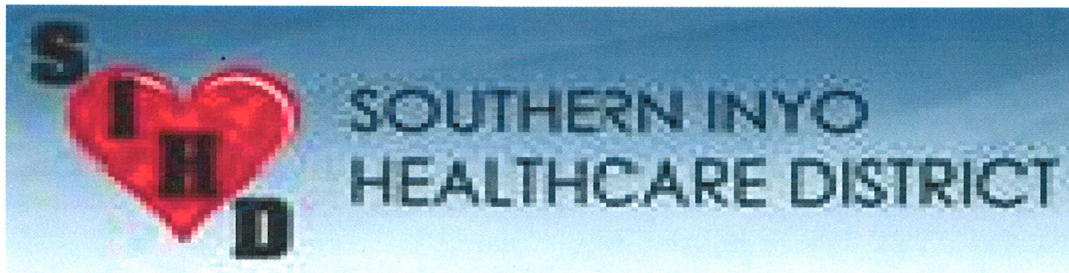
Please respond by June 10.

Sincerely,



Tereša McFarland, FNP-C

CC: Brian Cotter, CEO
Board of Directors



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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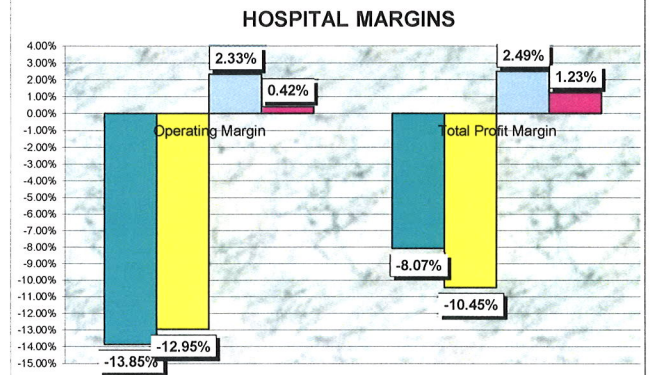
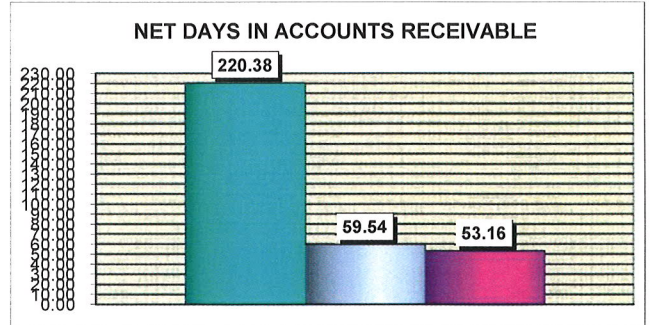
SOUTHERN INYO HEALTHCARE DISTRICT

EXECUTIVE FINANCIAL SUMMARY

Nine Months Ended March 31, 2019

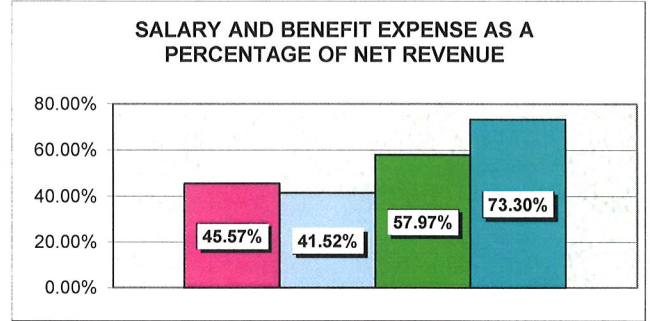
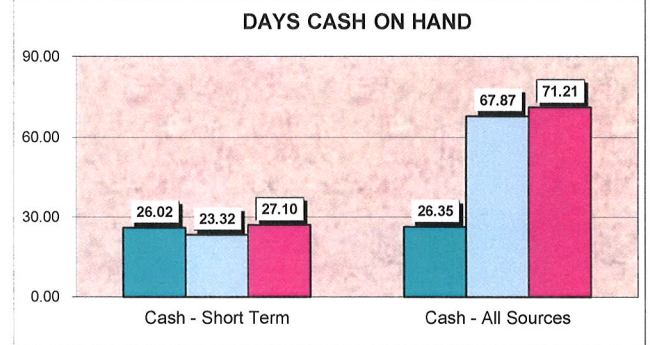
BALANCE SHEET

	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

PAGE 3

	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

PAGE 4

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2018
	Current Month 3/31/2019	Prior Month 2/28/2019	Positive/ (Negative) Variance	Percentage Variance	
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
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	-31.8%	-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>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				Prior Year 03/31/18
	Actual 03/31/19	Budget 03/31/19	Positive (Negative) Variance	Percentage Variance	
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	(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	45,500	\$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
LONE PINE, CALIFORNIA
Nine Months Ended March 31, 2019

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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	2,640,492					
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	36,334	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	0	0	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



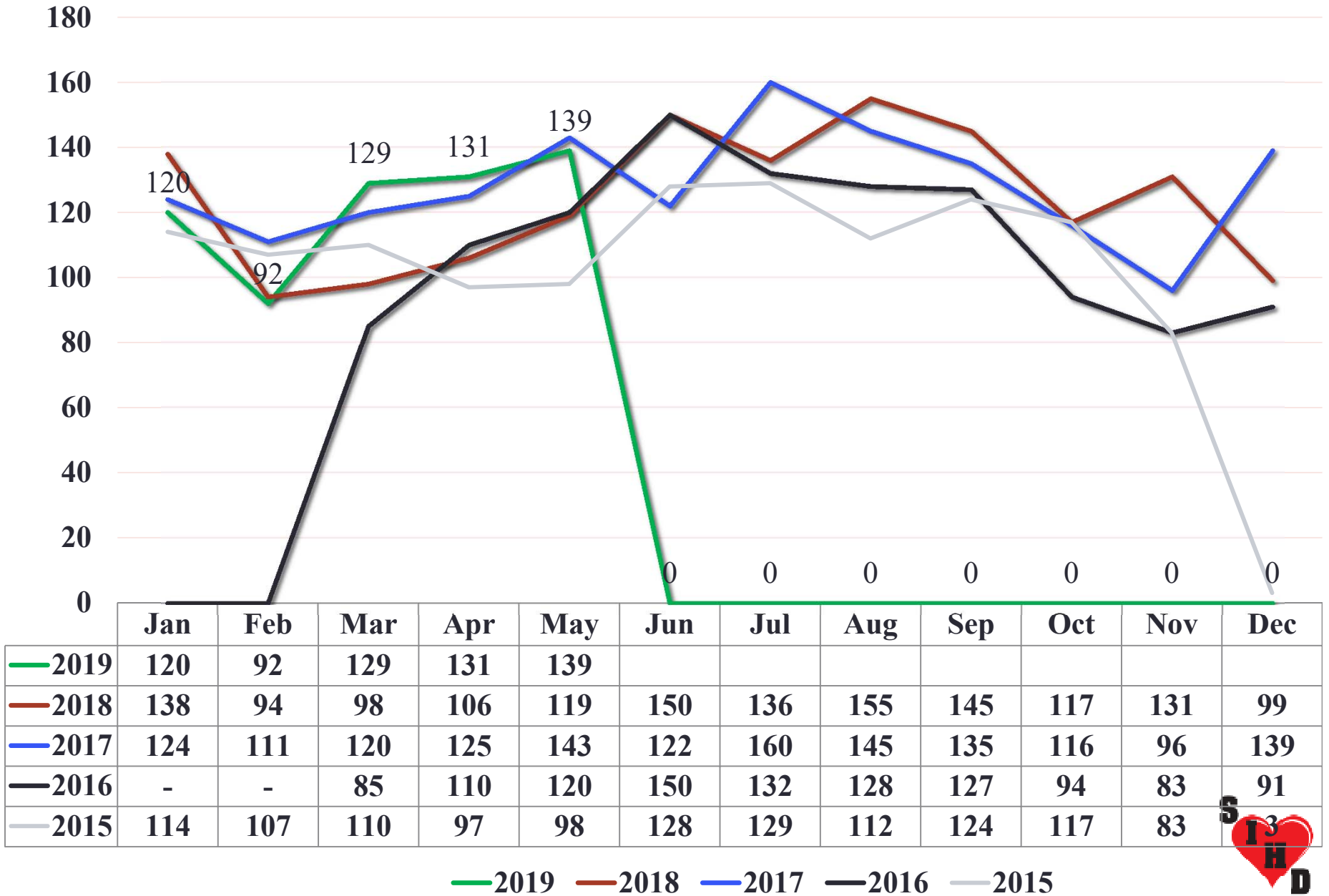
Emergency Room Volume

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

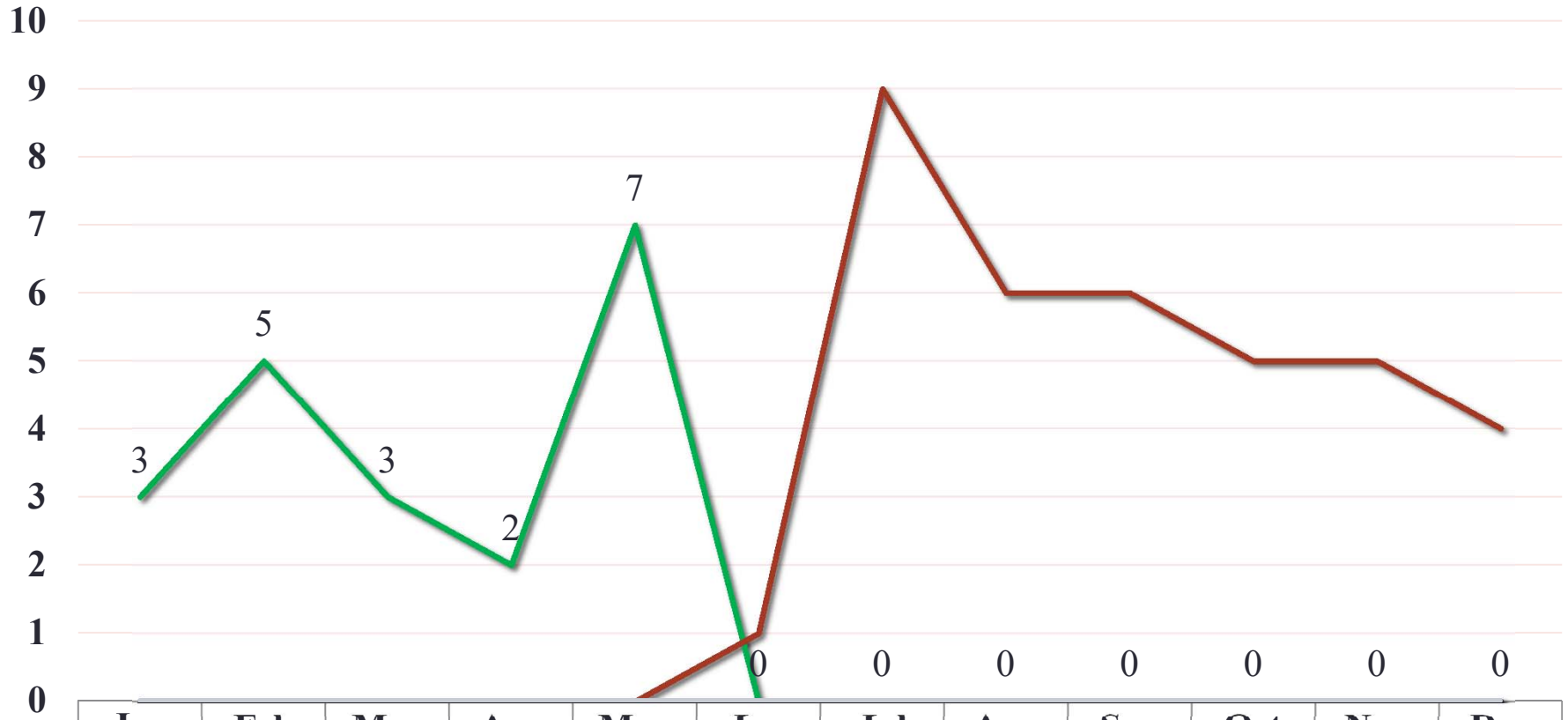


Emergency Room Volume – Visits Per Month



— 2019
 — 2018
 — 2017
 — 2016
 — 2015

Acute & Swing Room – Patients Per Month

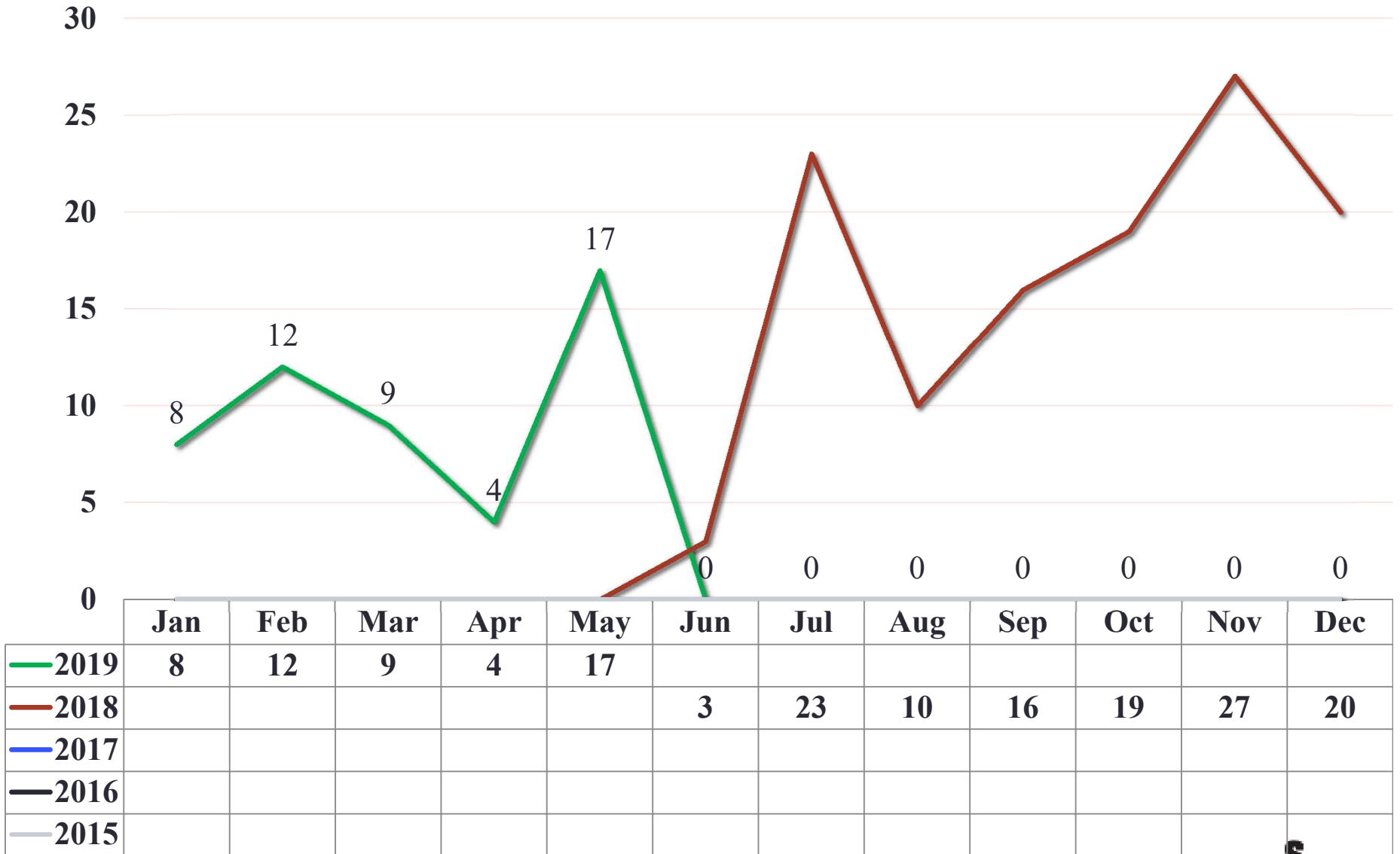


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	3	5	3	2	7	0	0	0	0	0	0	0
2018						1	9	6	6	5	5	4
2017												
2016												
2015												

— 2019
 — 2018
 — 2017
 — 2016
 — 2015



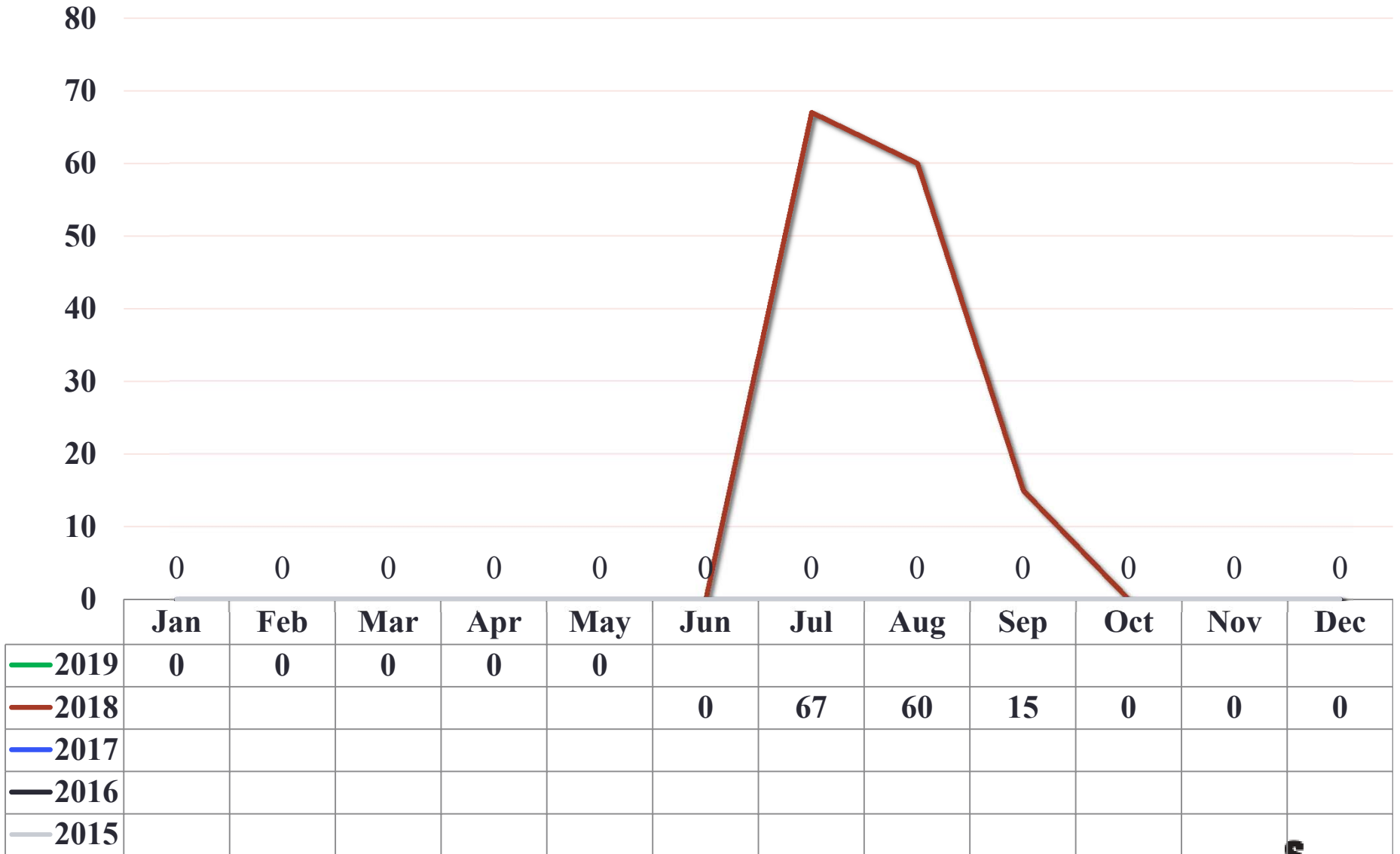
Acute Room – Total Days in Acute



—2019 —2018 —2017 —2016 —2015



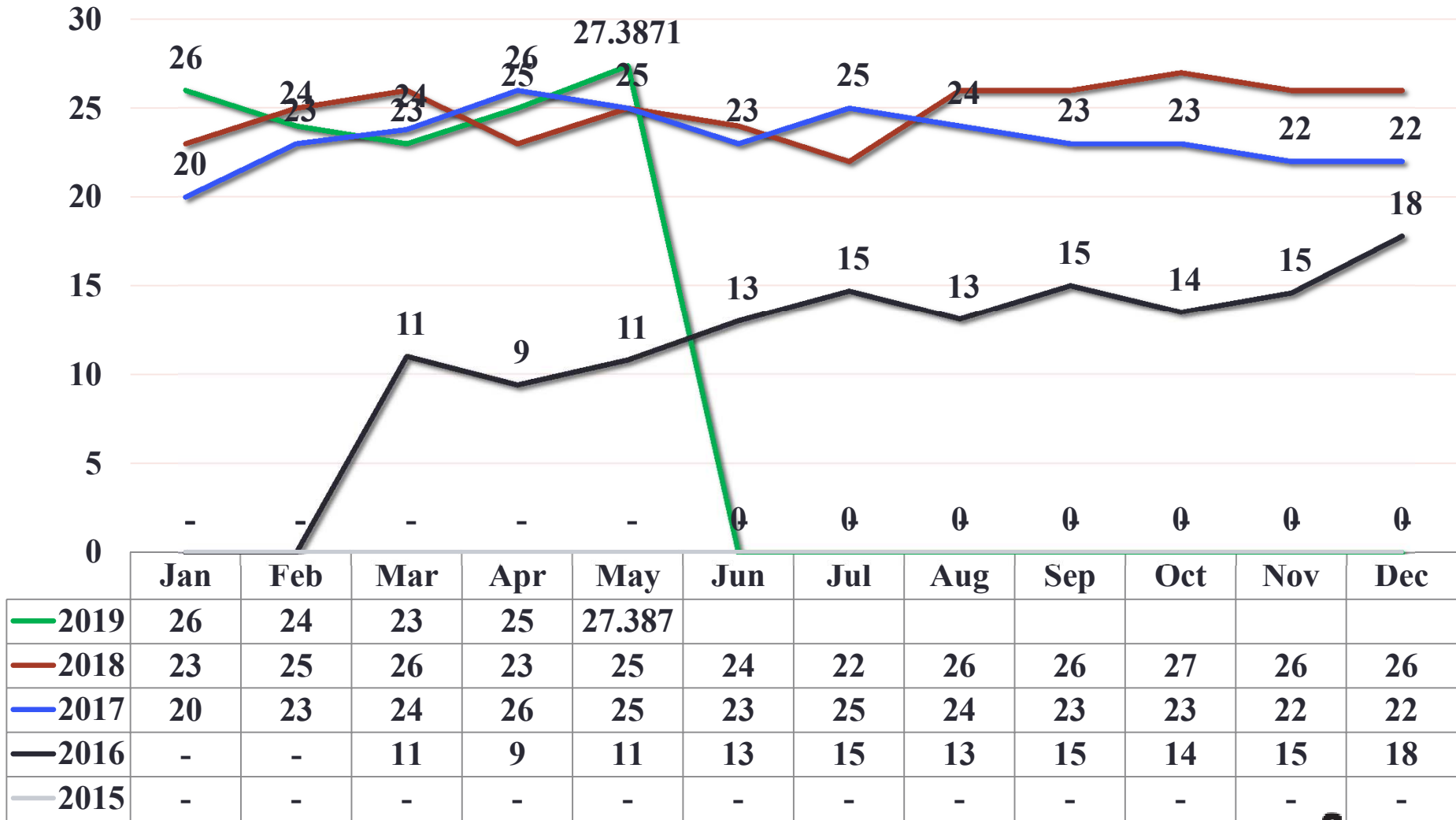
Swing Bed Room – Total Days in Swing Bed



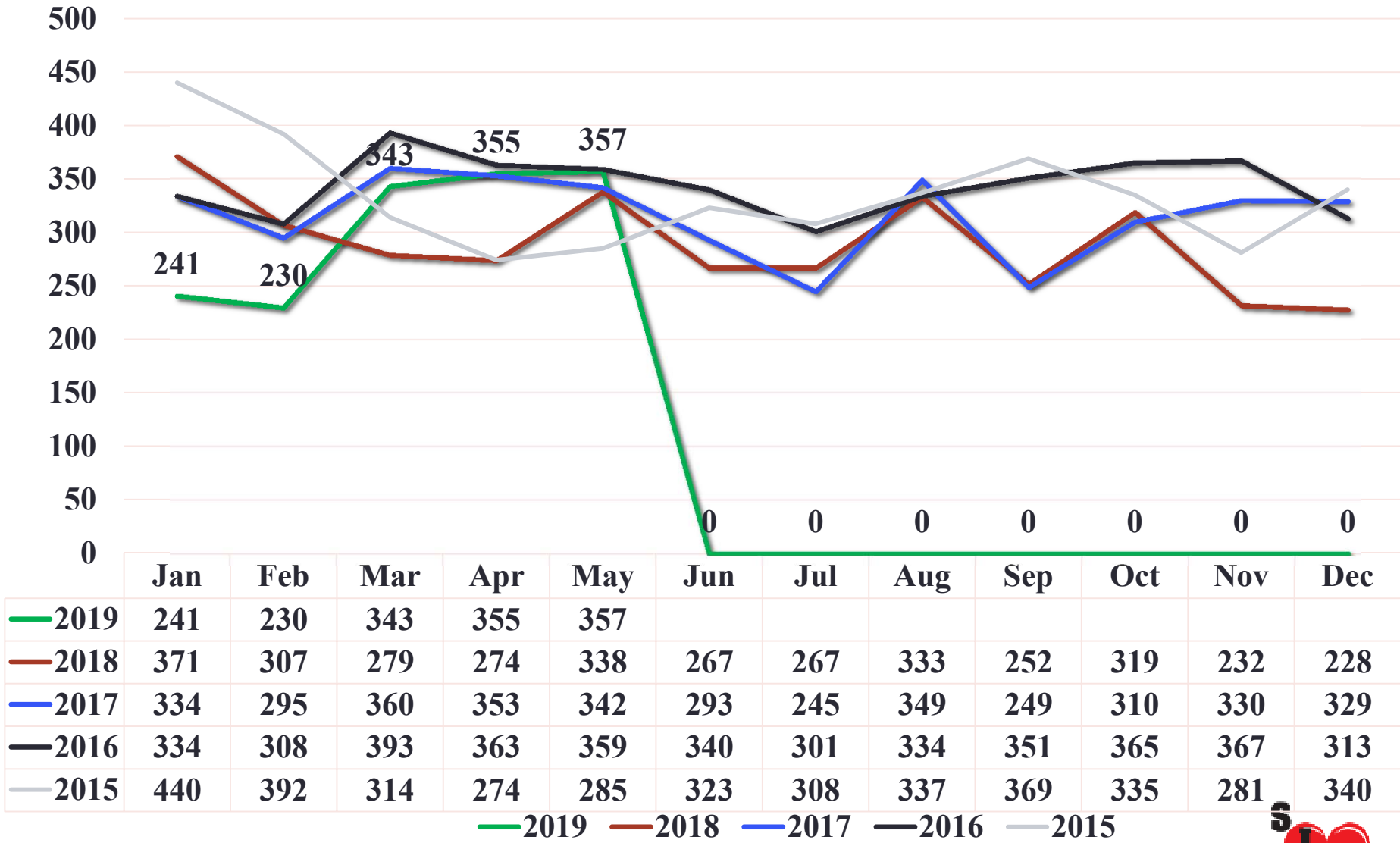
—2019 —2018 —2017 —2016 —2015



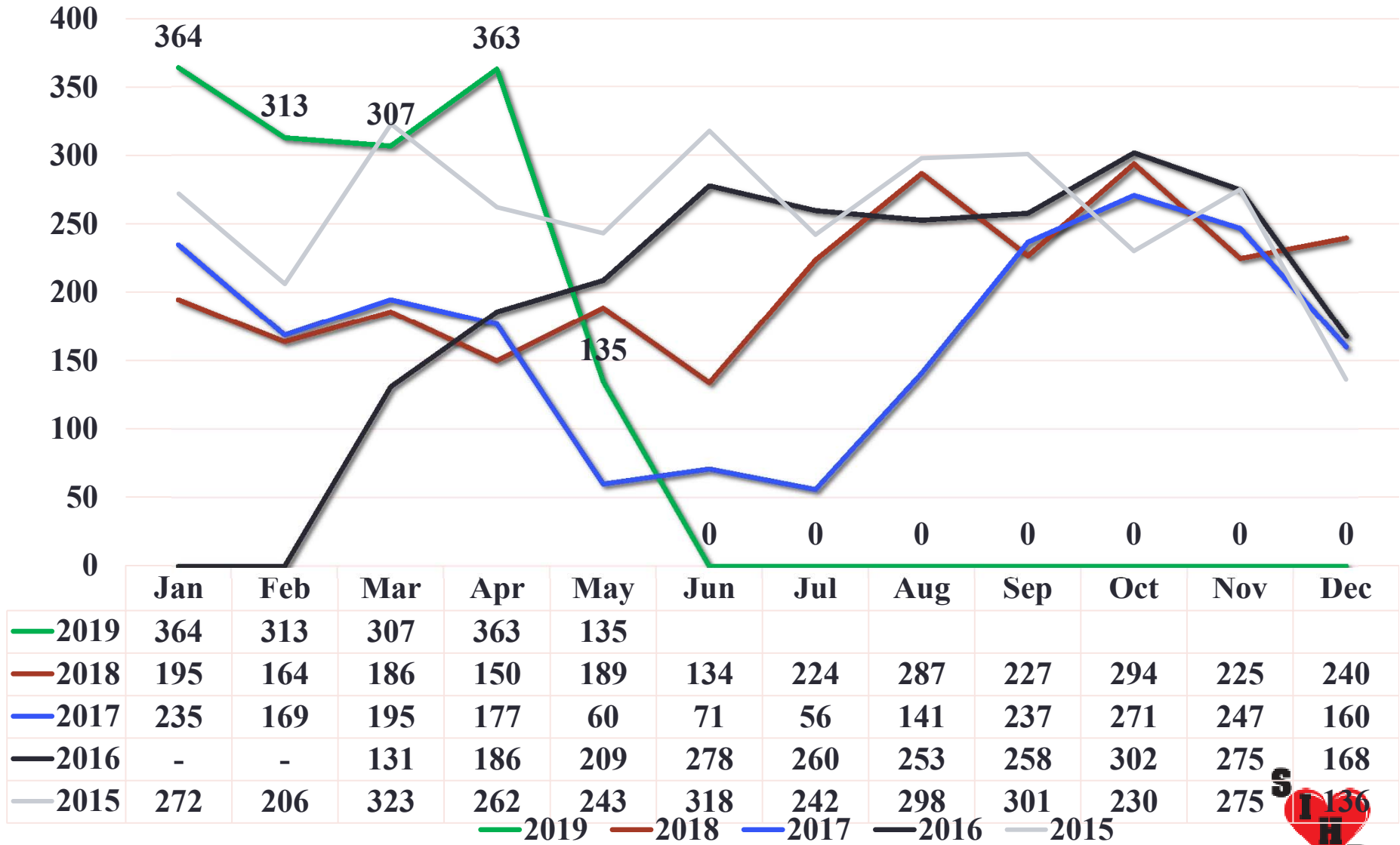
Skilled Nursing Facility Volumes – Monthly Census



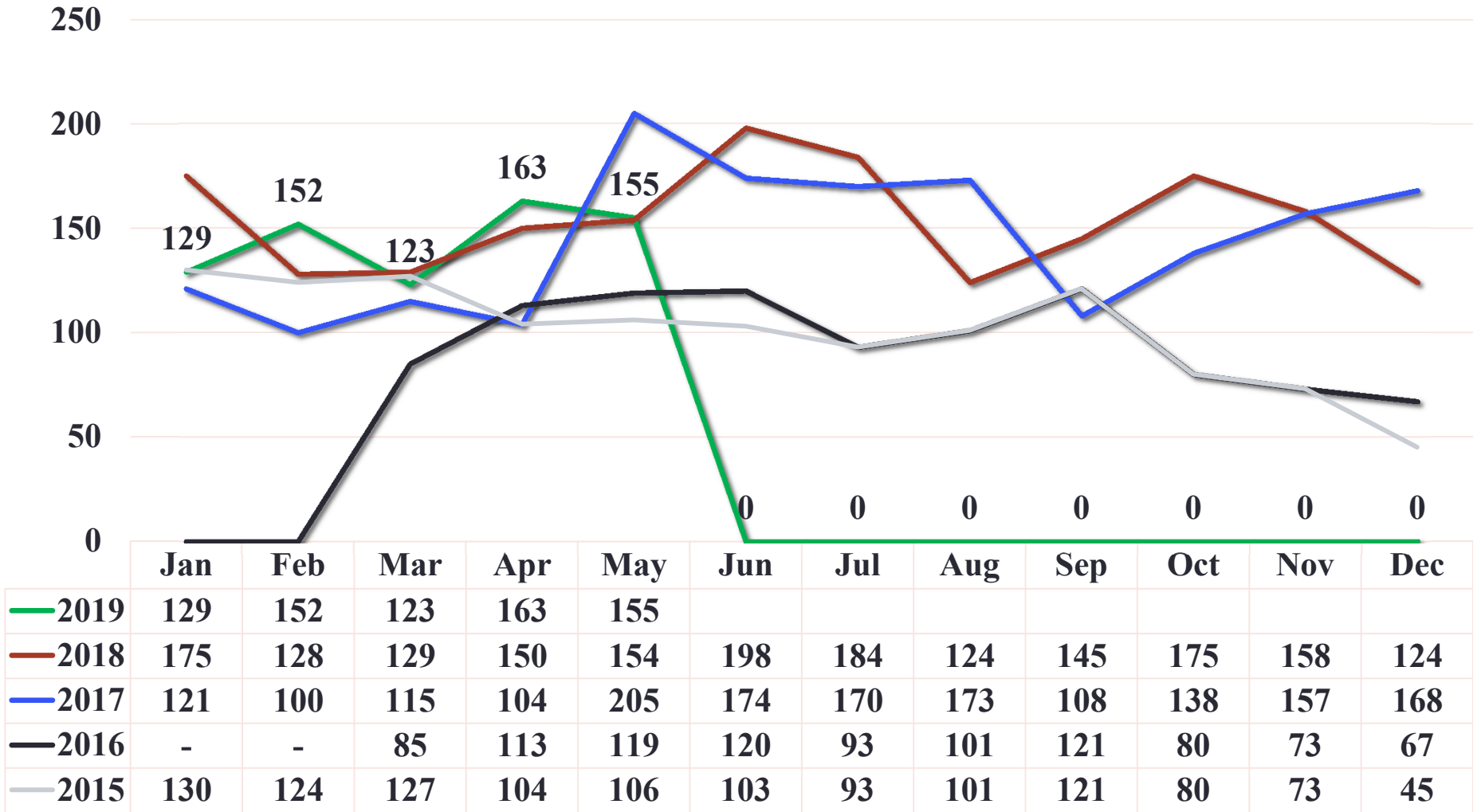
SIHD Rural Clinic Volumes – Visits Per Month



Physical Therapy Volumes



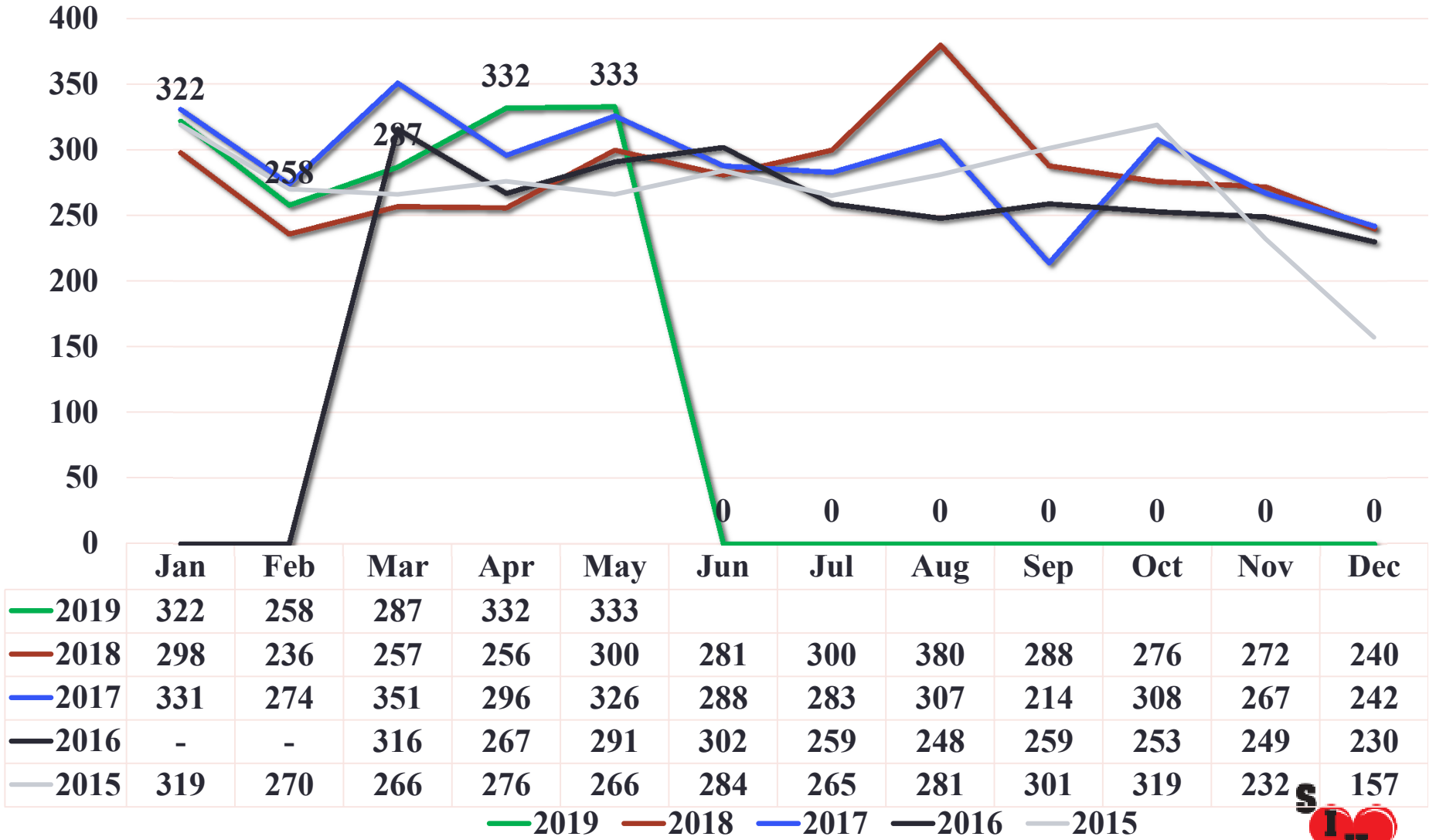
X Ray Volumes – Visits-Exams Per Month



—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

