Chief Executive Officer Louis Ward, MHA



Board of Directors
Beatriz Vasquez, PhD, President
Abe Hathaway, Vice President
Laura Beyer, Secretary
Allen Albaugh, Treasurer
Jeanne Utterback, Director

Finance Committee Meeting Agenda

July 31, 2019 – 10:30 am Fall River Board Room

Attendees

Abe Hathaway, Chair, Board Member Allen Albaugh, Board Member Louis Ward, CEO Travis Lakey, CFO

1	CALL MEETING TO ORDER CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS					Approx.	
2							
3	APPROVAL OF MINUTES					Time Allotted	
	3.1	Regular Meeting – June 24, 2019		Attachment A	Action Item	2 min.	
4	DEPARTMENT REPORTS/OTHER						
	4.1	Cardiac Rehab	Trudi Burns	Attachment B	Report	10 min.	
	4.2	Dietary	Susan Garcia	Attachment C	Report	10 min.	
5	FINANCIAL REVIEWS/BUSINESS						
	5.1	June 2019 Financials	LT. 21 (1737)		Action Item	5 min.	
	5.2	Accounts Payable (AP)/Accounts Rec	ceivable (AR)		Action Item	5 min.	
6	OLD	OLD BUSINESS					
	6.1	Day Care Follow-Up/Budget			Information	10 min.	
	6.2	Burney Clinic Update			Information	10 min.	
	6.3	Construction Change Orders			Information	10 min.	
7	NEW BUSINESS						
	7.1	401k Retirement Plan	POSTON DE		Information/Action	10 min.	
8	ADN	MINISTRATIVE REPORT			Report	10 min.	

P.O. Box 459 - 43563 Highway 299 East, Fall River Mills, CA 96028 Tel. (530) 336-5511 Fax (530) 336-6199 http://www.mayersmemorial.com

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9 ADJOURNMENT: Next Regular Meeting – August 28, 2019 (Burney)

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Chief Executive Officer Louis Ward, MHA



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Jeanne Utterback, Director

Board of Directors

Board of Directors Finance Committee Minutes

June 24, 2019 – 11:00 am Boardroom (Fall River Mills)

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1 CALL MEETING TO ORDER: Abe Hathaway called the meeting to order at 11:02 am on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, Committee Chair Allen Albaugh, Board Member ABSENT:

STAFF PRESENT:

Travis Lakey, CFO
Ryan Harris, COO
Candy Vculek, CNO
Louis Ward, CEO
Chris Broadway, IT Manager
Ryan Nicholls
Pam Sweet, Board Clerk

2 CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS None

3 APPROVAL OF MINUTES

3.1 A motion/second carried; committee members accepted the minutes of May 20, 2019

Albaugh/Hathaway

Approved All

4 DEPARTMENT REPORTS

4.1 Patient Access

Admitting is my highest turnover department due to odd hours and starting wages. I have a very strong lead, Amy who has been in the department in the leadership role who makes sure admitting is running smoothly. I'm very happy with the crew Amy has trained and put together. Admitting has implemented a paperless process at the front desk with a signature pad. Admitting does some Business Office and Medical Records functions such posting, deposit, and indexing documents. The nights and weekends tend to be slower so we have found other duties to maximize their time.

4.2 Business Office

The Business Office is responsible for billing and collecting for all patient accounts. We have had a rough transition in switching billing software but are almost back to where we were before the switch. Unfortunately every time historically we have switched this has occurred. We have focused on training with most of the billers attending a Medicare training focused on critical access hospital billing and other trainings as they have popped up. All the payors are looked at on a weekly basis to see the AR days and individual biller's performance. We may need another FTE as the Medi-Cal billing excluding SNF isn't where I would like it to be AR Day wise. A lot of facilities have outsourced their billing throughout the years and being a facility that has done both I would always choose for it to be in house as you give up a lot of control when it happens remotely.

4.3 HIM

HIM also known as Medical Records is responsible for coding all encounters based off the clinical documentation. Given that documentation can often be incomplete and physicians are hard to nail down it can be challenging to get all encounters completed. Most coding is done here in house but some surgeries and inpatient charts are still sent out to the outsource company to be coded. Whenever our one certified coder is on vacation all encounters are sent out so it is a nice safety net. Currently HIM is working with One Content and IT on setting up a new Records Repository which will do the majority of indexing automatically. This system will also be much easier for clinicians to use and much more reliable than the unsupported system we currently have.

4.4 SNF Staffing/Star Rating

See attachments B and L

Attachment L is a report we get every month that shows CMS comparative scores. One star is the lowest they can give and is because of our inspections. Inspections impact our score for 4 years. Their effect will start to fall off over the next 2 to 3 years. Direct staffing is nurses who are hands on. Indirect is RN administrators and LVN charge nurses. All our RN staffing is indirect care and they do not count toward the number of nurses the state says we need.

As we look at Registry cost that includes the cost we would pay our own staff, so travelers cost an additional \$24 to \$25 /hour. 75 patient days vs 60 patient days equals about \$1.2 million per year.

5 FINANCIAL REVIEWS

5.1 May 2019 Financials –CHAFFA: waiting on contractors bidsCurrent ratio is 5.9

Albaugh/Hathaway Approved All

5.2 Accounts Payable (A/P)/Accounts Receivable (A/R)

Albaugh/Hathaway Approved All

5.3 Board Quarterly Finance Review

Albaugh/Hathaway Approved All

5.4 Resolution 2019.07 FY20 Budget – Recommend for Approval –

Albaugh/Hathaway Approved All

6 NEW BUSINESS

6.1 Resolution 2019-08 Local Agency Investment Fund – Recommend for Approval: This is a fund other hospitals, municipalities and schools invest in. It is relatively safe and we can get to our money if we need to.

Albaugh/Hathaway Approved All

- 6.2 IT Infrastructure 10 Year Plan: The original computer systems purchased in 2011 are running Windows 7. In about 6 months Microsoft will cease to support Window 7 and we will need to replace about one half of our systems laptops, desktops and servers. IT recommends replacing Windows with Citrix. The cost will be roughly \$1.5 million over the next 10 years with one third of that spent in the first year to replace outdated hardware. Will discuss more at the full board meeting.
- 6.3 Day Care Discussion: We've done the research and we can confirm the need. Committee recommends next step is to hire a qualified Director to determine what is needed and develop a budget. Collaboration with the school district looks less likely.
- 7 Administrative Report: HRSA OB grant that MVHC is looking into. \$600,000 per year for 3 years. The physical improvements to the facility would not be covered by the grant.

SEMSA: We have an agreement, but we are trying to get them to reduce their fees.

Assisted Living: A survey of the need must be done, but no one is willing to pay for it. Don't think there are enough patients. MediCal does not pay for.

Partnership Health Amendment: Louis has a call in to the Chairman of the Partnership Board. He will not sign the amendment and has petitioned other CEO's to not sign. Amendment calls for a significant increase in fees with no explanation of the need.

8 OTHER INFORMATION/ANNOUNCEMENTS

Generators: The current generator will be replaced with one that will power the existing building and the expansion. It will not power the air conditioners.

9 ADJOURNMENT 1:22 pm

Next Finance Committee Meeting - July 31, 2019 - Burney

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CARDIAC REHAB FINANCIAL REPORT 2019

OUR PURPOSE: To meet the needs of the people in our community (Big Valley, Burney and Fall River) as they recover from cardiac surgery without increasing their stress load by driving to Redding. It is also to provide a place to maintain their strength by exercise, enjoy socializing with others (with similar problems), and help to decrease stress. Cardiac Rehab is a terrific place to decrease blood pressure, tone muscles and help to change those genetic predispositions for heart disease.

SERVICE PROVIDED: Each patient has an outlined exercise plan that is specific for that patient. For example: a fresh, post-op, open heart, surgical patient cannot exercise their arms for 8 weeks after surgery (to keep added stress off of the incision). Then they must slowly introduce arm exercises to regain upper body strength. (That's where we come in) A patient that has back issues (along with heart concerns) might need to be on a machine that has back support. As people age they sometimes have multiple ailments and all that is considered as we outline their exercise program. There is a RN here 4 days a week to assist with medication questions, dietary concerns, and to encourage a visit to the physician if needed.

<u>PATIENT VISITS FOR THE FISCAL YEAR:</u> There were 2,787 patient visits. 119 of those were monitored patients. We also placed 15 Holter monitors. (A Holter is a Cardiac monitors that a patient wears for 24-48 hours.)

 Maintenance patients are charged \$35.00/month (best deal in town).

- Monitored patients are charged \$221.00/VISIT! They come in 3 days a week for 36 total visits.
- Holter patients are charged \$404.00 each.
- Event Recorder patients are charged \$533.00 each. (We do not do very many event recorders.)
- EKG patients are charged \$218.00 each.

Of course we know that not all charges are recovered 100% through the insurance. Maintenance patients pay their fee out of pocket. Monitored patients are cleared through their insurance prior to starting this program and have as much as 95% billing recovery. Holters and Event Recorders recover much less, between 14% and 47%. EKGs recover approximately 38%. It all depends on the insurance.

Currently we have 2 monitored patients (one just started and the other will start next week) and (normally) approximately 23 maintenance patients. Right now our numbers are at an all time low due to:

- 1. Increased summer activities (travel, gardening, company etc.)
- 2. Moving away (Assisted living needs or relocating closer to family)
- 3. Disease process progressing and or surgeries
- 4. Dying/death

These are our dynamics and must be handled as best as possible. I am planning some visits to the clinics with pamphlets etc. to let them know what we offer. I will also be sending out flyers to Redding Cardiologists for the same reasons. I believe these two goals will assist with attendance.

Cardiac Rehab operates in the negative. Our June YTD revenue for Cardiac Rehab was \$39,206.00 and our expenses were \$137,004.10 leaving a negative balance of -\$97,798.10. Our June YTD revenue for ECGs was \$147,696.00 with expenses at \$5,557.54 leaving a positive balance of \$142,138.46. The EKGs help carry Cardiac Rehab which allows us to serve our community more efficiently.

EXTRA MONIES RECEIVED:

The Intermountain Healthcare Foundation granted us \$1,500.00 to purchase a weight machine, mats, weights and dumbbells. Our current weight machine belongs to Dr. Dykes. As soon as the doctors move their sleeping quarters over to the Riverview House, the weight machine will move also. This equipment is used by patients and staff alike. The money came from the Thrift Store proceeds which we appreciate very much! We will be purchasing these items soon.

Please feel free to come in and see our gym anytime.

From: Susan Garcia

Sent: Wednesday, July 24, 2019 3:39 PM

To: Valerie Lakey **Subject:** finance report

Attachments: Order form; Us foods; K&k

Food and Nutrition ordering process

Ordering online

- Ordering by spreadsheet and phone
- One vendor comes onsite

Patient census, catering, time of year, etc. all reflect our ordering process.

Food and Nutrition Service ordering vs Purchasing ordering food products

Susan García | Dietary Manager

Mayers Memorial Hospital District PO Box 459 | 43563 Highway 299E Fall River Mills, CA 96028

Phone: (530)336-5511 ext. 1160 or 2140



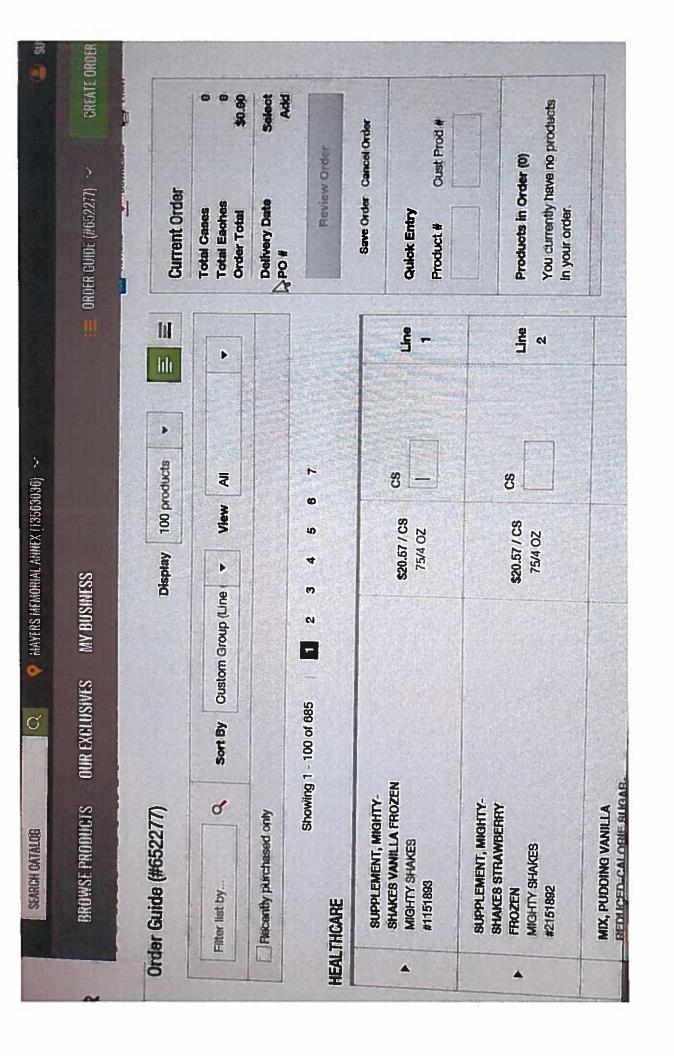
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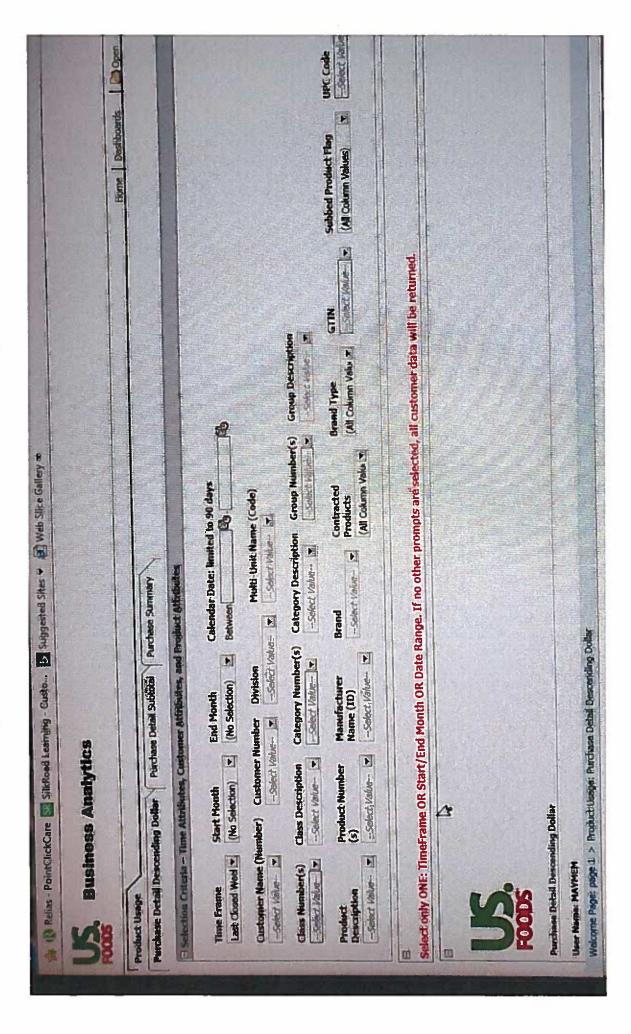






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Number Measure Line 1 Class Name: DAIRY MILK {continued...) MILK HGL BUTTERMILK 1/HGL PC A620350P PC. 51222 PC. MILK HGL CHOC 1% TRU MOO Cottage chase 1/514 14620314P PE Sour croam 45# A620267P PC MILK HGL HOMO PLASTIC 160043 PC. MILK HGL LACTAID 2% DATRY PURE 56743 PC. milk at parf and that 160145 R MIEK HGL NONFATPLASTIC 160107 PC. MILK HGL SILK SOY VAN CS 10029 D473557 CASE whipping cream HAL heavy 5/1650 . pc MILK HPT 2% (70 CT CASE) 51934 | ICASE MILK HPT HOMO (70 CT CASE) 51926 __ CASE MILK HPT KONFAT (70 CT CASE) 51936 CASE