

Chief Executive Officer
Ryan Harris



Board of Directors
Abe Hathaway, President
Jeanne Utterback, Vice President
Tami Humphry, Treasurer
Lester Cufaude, Director
James Ferguson, Director

Finance Committee
Meeting Agenda
June 26, 2024 at 11:00 AM
Mayers Memorial Healthcare District
Fall River Boardroom
43563 HWY 299 E
Fall River Mills, CA 96028

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, ext 1264 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

Attendees

Tami Vestal-Humphry, Chair, Board Member
Abe Hathaway, Board Member
Ryan Harris, CEO
Travis Lakey, CFO

				Approx. Time Allotted
1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – May 22, 2024	Attachment A	Action Item	2 min.
4	FINANCIAL REVIEWS/BUSINESS			
4.1	May 2024 Financials	Attachment B	Action Item	15 min.
4.2	Accounts Payable (AP)/Accounts Receivable (AR)		Action Item	15 min.
4.3	Annual Budget Hearing	Attachment C	Action Item	2 min.
4.4	TCCN Building Upgrades	Attachment D	Action Item	5 min.
4.5	Radiology PACS Program	Attachment E	Action Item	5 min.
5	ADMINISTRATIVE REPORT		Information	5 min.
6	OTHER INFORMATION/ANNOUNCEMENTS			
7	ADJOURNMENT: Next Regular Meeting – July 31, 2024 Posted 06/21/2024			

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.



Board of Directors
Finance Committee
Minutes
May 22, 2024
MMHD FR Boardroom

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: Tami Humphry called the meeting to order at 11:04 am on the above date.		
	BOARD MEMBERS PRESENT: Tami Vestal-Humphry, Committee Chair Abe Hathaway, Board President ABSENT:	STAFF PRESENT: Ryan Harris, CEO Travis Lakey, CFO Libby Mee, CHRO Jack Hathaway, Director of Quality Daneille Olson, Business Office Manager Kristi Shultz, Retail Pharmacy Manager Jessica DeCoito, Board Clerk	
2	CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS - None		
3	APPROVAL OF MINUTES: April 24, 2024 – minutes attached. Motion moved, seconded and carried.	<i>Hathaway, Humphry</i>	Approved by All
4	FINANCIAL REVIEWS		
	4.1 April 2024 Financials: As of this morning we are 250 days cash on hand and still need to receive the QAF payments. RHC profees are down because we had a provider on maternity leave and one less provider in the office. We are still looking for another physician and medical director. Motion moved, seconded and carried to approve financials.	<i>Hathaway, Humphry</i>	Approved by All
	4.2 Accounts Payable (AP) & Accounts Receivable (AR): 239 days cash on hand, AR days 96.		
	4.3 Board Quarterly Finance Review: motion moved, seconded and approved.	<i>Hathaway, Humphry</i>	Approved by All
	4.4 Retail Pharmacy Report: encountered issues with our 340B contract and entered into a new contract with a new vendor. We are working on auditing records to reconcile the accounts and make sure the program is running efficiently. We have set a deadline and goal to have everything done and running properly by July. Due to inflation, costs on some prescriptions have gone up as well. Our cash prices are lower than surrounding pharmacies.		
	4.5 Billing Report: As of this week, we are completely caught up on long-term care payments through the month of April. Changes to billing guidelines for LTC were made in February, adjustments were made in March. Issue with Partnership not receiving the file correctly was identified for February and March. A workaround was created for February and March payments but we had to wait until just now to receive the payments. Corrections were made in the system with Partnership so that April's billing was received correctly. A large swing account over multiple months caused additional work to get proper billing across to insurance. The final bill was submitted on May 9 th and we are keeping a close eye on this account. This will adjust our AR days down to 84. Surgery profees still have to be built in Cerner. Tickets with Cerner support have been escalated and calls have been set up.		
	4.6 I2i Population Health Cost Benefit Analysis: review of the attachments was provided. In summary, i2i helps with proper documentation that allows us to continually measure and analyze our data to help meet the metrics for QIP programs. They provide audits of the system, documentation, workflows and identify the areas where we have improvements to be made in documentation and workflows. This would be a 3 year agreement. Need clarification on the sales order terms and would like additional input from facilities using this now.	No Action Taken	
	4.7 FY25 Leadership Program: Tying into our FY25 goals and providing our team additional leadership education opportunities, we looked into programs that helps our team members develop. Lead	<i>Hathaway, Humphry</i>	Approved by All

	Edge Coaching with Jen Miley has worked with our team for a few years and provided sessions on different leadership topics. This current proposal is for quarterly leadership events, onsite for two days to help leaders individually. The other proposal is through The Health Leadership Institute that is a 1 year program. We would have 15 individuals go through this program in year 1 and the other 15 complete the program in year 2. But this proposal is only for the year 1 group. Motion moved, seconded and carried.		
5	ADMINISTRATIVE REPORT: Cerner LTC implementation is currently on hold. Ashley Nelson has joined us today and she is interested in taking over the Board Clerk duties. She is hear to see how our meetings go.		
6	OTHER INFORMATION/ANNOUNCEMENTS: None		
7	ADJOURNMENT – 12:23 pm		
	Next Finance Committee Meeting: June 26, 2024		

DRAFT

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Finance Notes May FY 24

Ratios	FY 24	FY 23 Average	
Cash on Hand	278	182	Average PY
Net Income	408,879	328,477	Average PY
Current Ratio	15.57		N/A
AR Days	85.1	61	Average PY
Accounts Payable	515,500	651,656	Average PY
Daily Gross Revenue	189,216	142,873	Average PY
% of Gross Revenue Collected	90%	68%	Average PY

- 1) Our HQAF payment came in so our Cash on Hand is at 278 days.
- 2) There was 5.3 million in patient payments so our collection percentage for the month is at 90%.
- 3) I've lined up all of our insurances as they renew on July 1st. Our Liability insurance is increasing by 41K due to increased days and ER visits which increases our exposure. Our property insurance is increasing \$1,372 which is much lower than the 15% increase that was forecasted. I shopped our workers comp and ended up staying with Beta but we have a 100K deductible which lowers our rate significantly. Even if we spend the 100K in deductible we should save 175K over what we were going to pay for the traditional model that we used for years.

Traditional Model						
Year	Monthly Spend	Total	Claims Deductible	Rebate	Annual Spend	
2024	\$ 37,587.58	\$ 451,050.96	\$ -	\$ 51,351.00	\$ 399,699.96	
Deductible Model						
Year	Monthly Spend	Total	Claims Deductible	Rebate	Annual Spend	Savings
2024	\$ 14,652.33	\$ 175,827.96	\$ 100,000.00	\$ 51,351.00	\$ 224,476.96	\$ 175,223.00

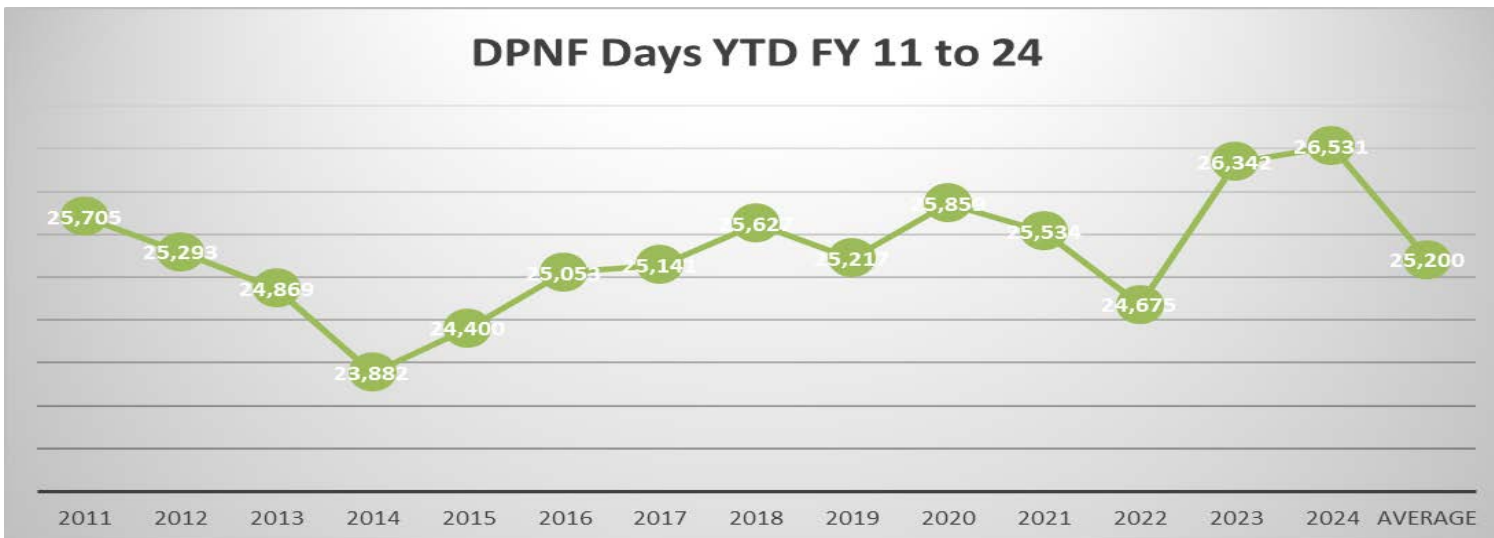
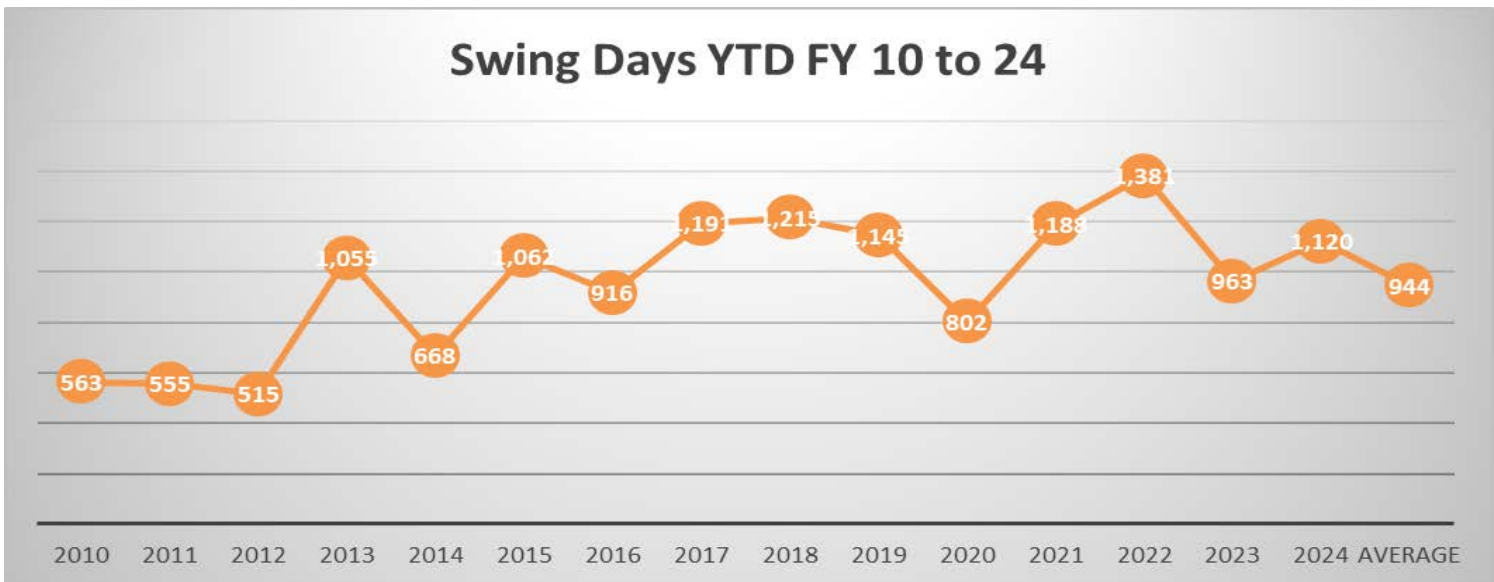
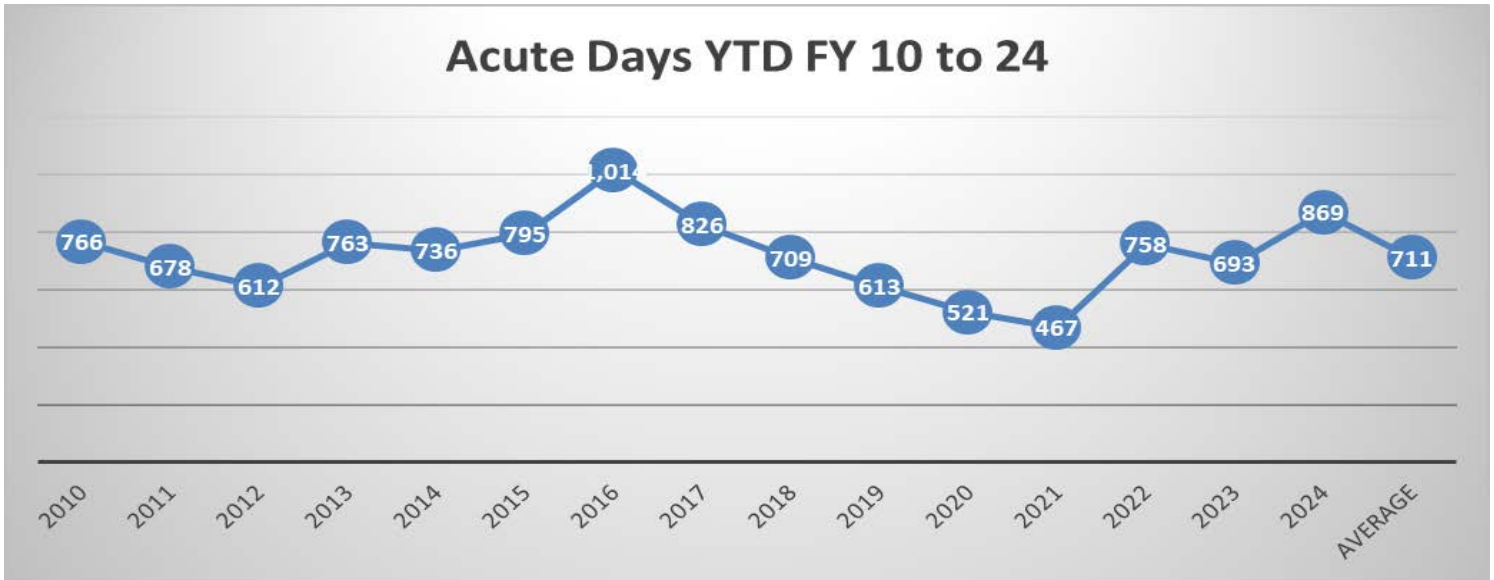
- 4) Been working with Wipfli quite a bit on updating the feasibility study so it's ready for our Strategic Planning Session. It's been challenging as forecasting supplementals as one program is winding down and the new one hasn't paid out yet for a reference. I have been in contact with DHLF as they have built the majority of the models the state uses so their estimates will be the closest. Also forecasting Surgery volumes five years out as it's been closed for so long and at this point we are only doing it one week a month.
- 5) AR is slowly trending the right direction and is 85.1 compared to 110 days in April.

- 6) I worked with the managers to create FY 25 budgets for their departments. This should be a little easier in future years as the majority of GL #'s changed in the new accounting software and cross walking the accounts for our budget worksheet and historical comparisons took more staff time than anticipated.
- 7) The budget is a separate attachment and I have put notes off to the side. I used historical metrics, our Group Purchasing Organization's estimates, payroll changes, insurance renewal rates, estimated supplemental payments and practical experience from the last 14 budgets to put together the final version for your approval.
- 8) Preparing for year end and all the associated reports that we need to get from Cerner and the new accounting system. My Controller has taken a job with PG&E so I'm looking for a replacement. This may affect the timing of the monthly financials for a little while.
- 9) Trying to get contracted with United Healthcare for the clinic. We ran into a snag as they said our Taxonomy Code that I worked with Noridian to set up was incorrect. Medicare, Medi-Cal and all other insurances have had no issue with it since if you follow the CMS guidelines it is correct. After sending the guidelines and UHC still insisting it's wrong I added a second taxonomy code so when it processes, we can finish the credentialing.
- 10) I need to do our annual OSHPD Chargemaster reporting by the end of the year. This shows all of our charges plus 25 of the most common that they select and our total change in percentage of charges from 23 to 24.
- 11) All the Rate Range documentation is turned into to Partnership and DHCS. Rate Range will happen in October this next year fiscal year and should pay by December. I've attached the approximate timelines for all the major supplemental programs as provided by DHLF.

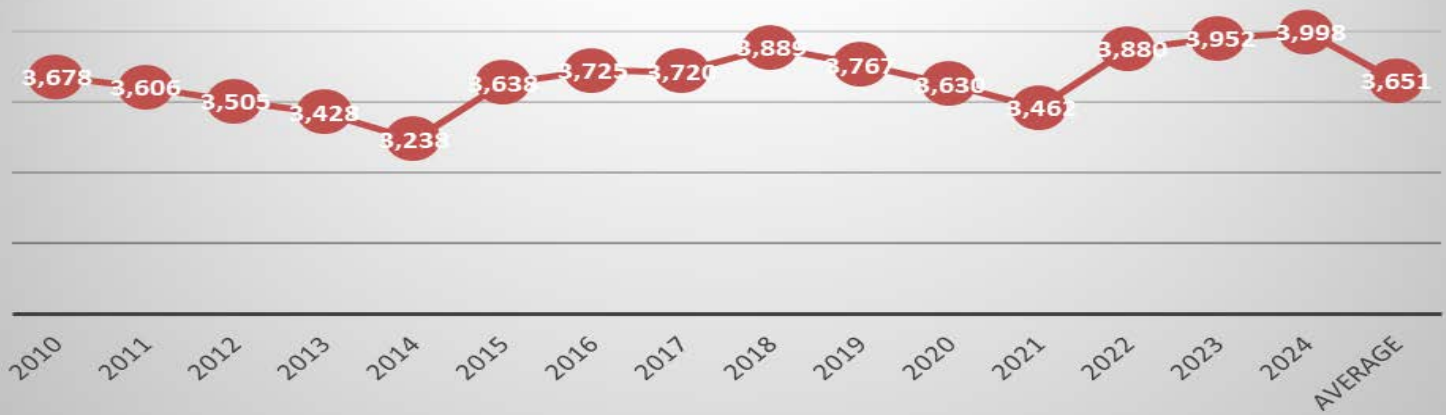
Program (Year)	IGT Date	Payment to Hospital Date	Notes
HQAF VIII (CY23) Direct Grant #4	n/a	Sept-24	
HQAF VIII (CY24) Direct Grant #1	n/a	Nov-24	
Rate Range (CY 2023)	Oct-24	Dec-24	
DP-NF (Managed Care CY23)	Sep-24	Nov/Dec-24	Only in counties that LTC transitioned to MCO in 2023
CHFFA Loan Repayment Year 2	Winter-24	n/a	For those who received a loan
HQAF VIII (CY24) Direct Grant #2	n/a	Dec-24	
HQAF VIII (CY24) Direct Grant #3	n/a	Jan-25	
QIP PY 6 (CY 23)	Feb-25	Apr/May-25	
HQAF VIII (CY24) Managed Care	Feb-25	Apr/May-25	
District Hospital Directed Payment – Phase 1 (1/1/23-6/30/23)	Feb-25	Apr/May-25	This is for six months, thus ½ estimated annual amount
AB 113 (FY24/25)	Apr-25	May/Jun-25	Interim Payment
AB 113 (FY23/24)	Apr-25	May/Jun-25	Final Reconciliation – \$ will be minimal
AB 915 (FY23/24)	n/a	By Jun-25	
HQAF VIII (CY24) Direct Grant #4	n/a	Jun-25	

** Programs listed are only those that have an IGT or payment between 7/1/24 – 6/30/25*

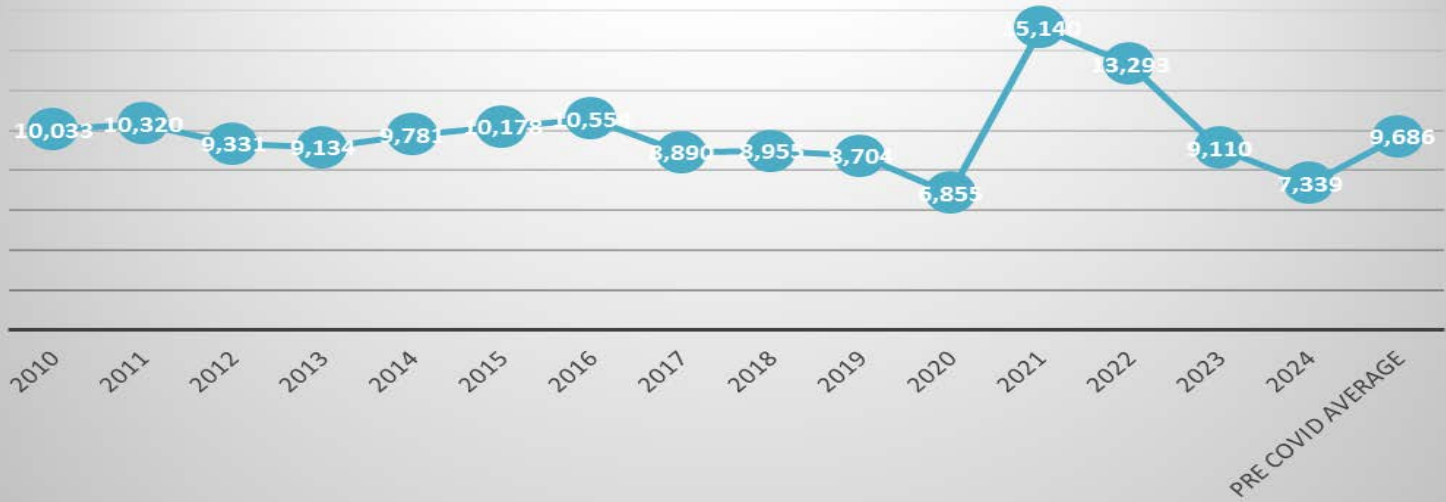
** Dates are based on latest estimates from DHCS and are subject to change*



ER Visits YTD FY 10 to 24

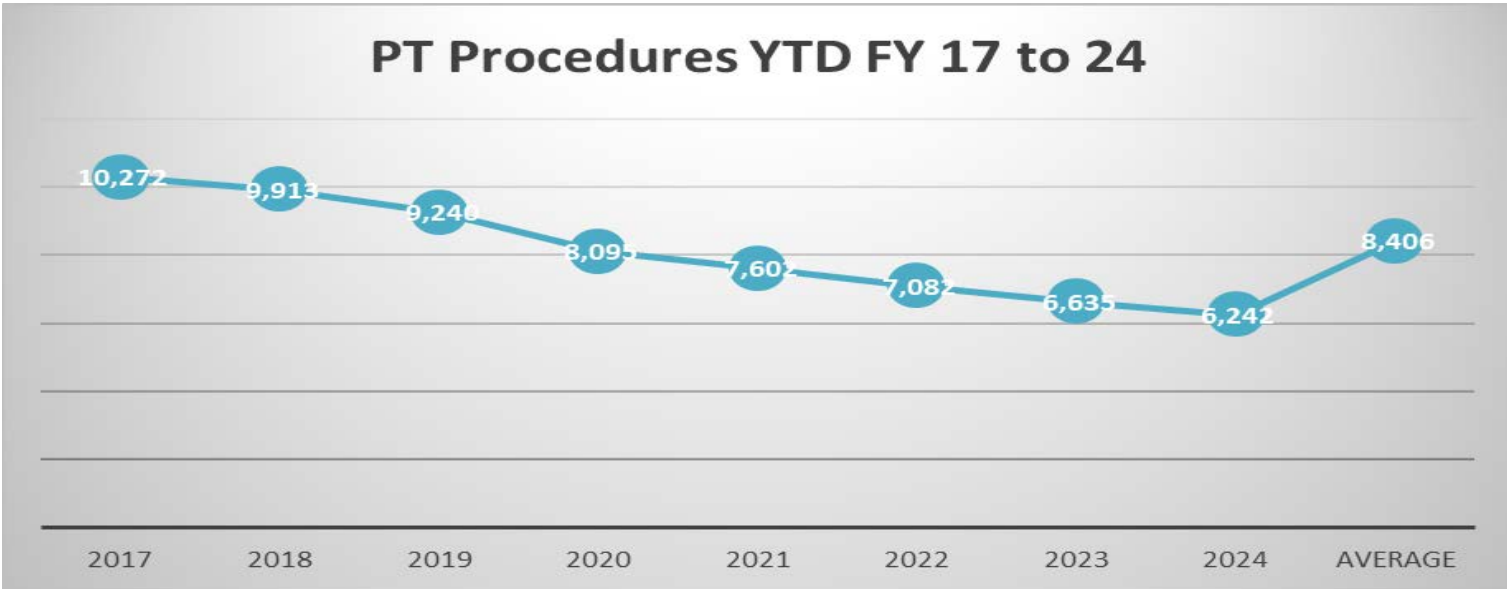
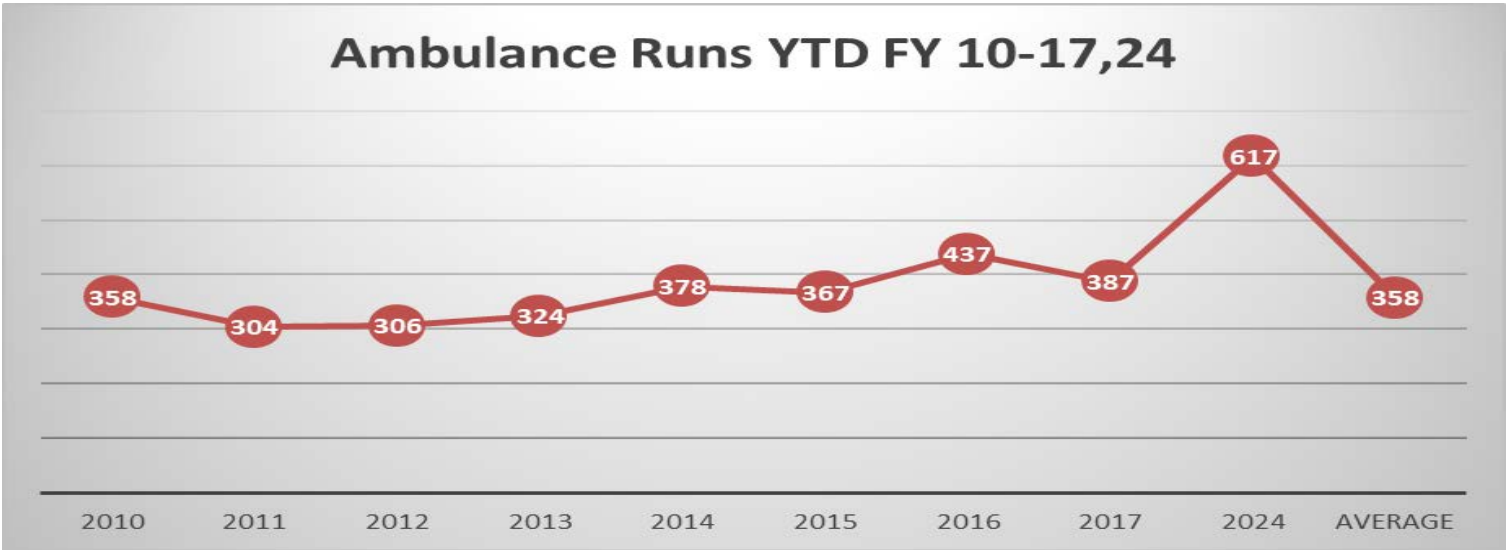
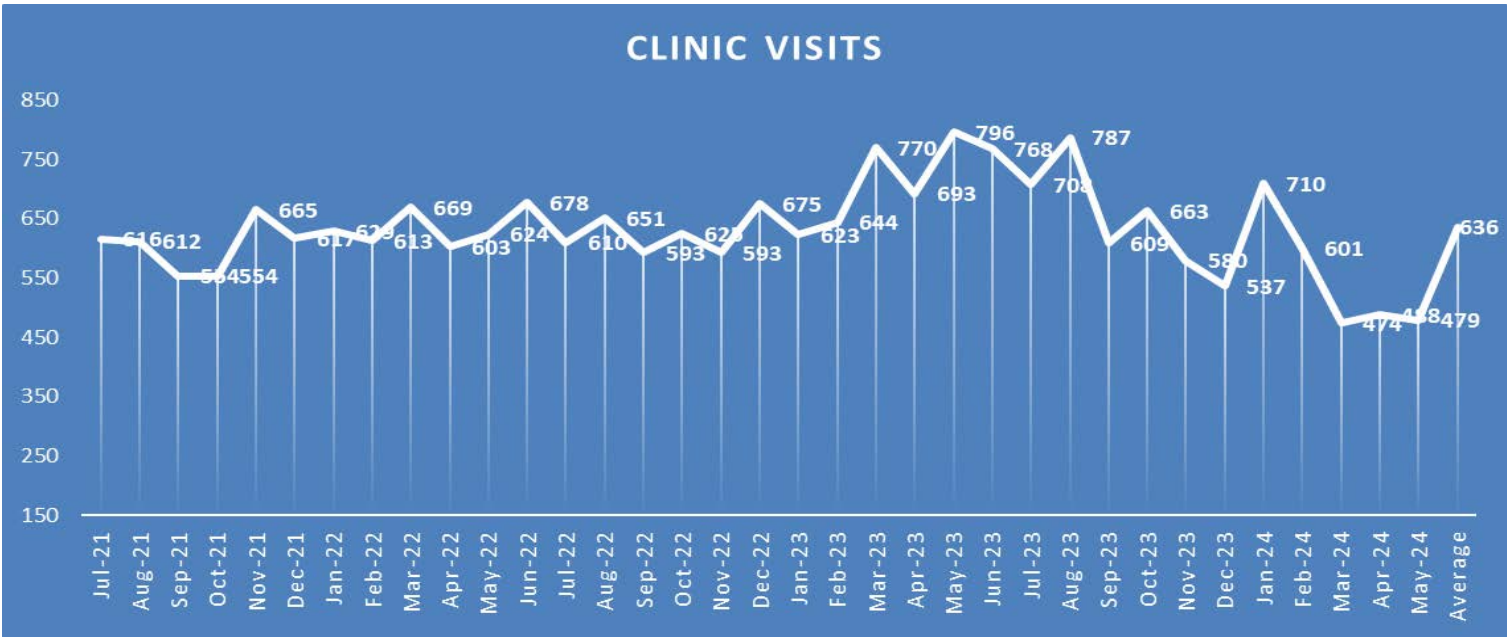


Labs YTD FY 10 to FY 24



Rad Procedures YTD FY 10 to 24





Income Statement

- 1) Acute Revenue is up due to an increase in days.
- 2) Outpatient Revenue is up due more ER visits and Surgery.
- 3) Contractuals are abnormally low due to all the supplemental payments. When I back them out we'd have 21.3 million in contractuals which is 42% of gross revenue. This falls into line at a 58% collection rate and we historically collect between 55 to 60 percent of gross revenue.
- 4) Salaries and Wages are up due to the market based raises, sign on and retention bonuses. This will be higher in June due to the raises given on June 1st.
- 5) Pro Fees (Physician Fees) are up due surgery restarting.
- 6) Overall Traveler Expenses are down 3.57% as Acute and Ancillary have each decreased over 30% compared to last year. SNF unfortunately is up 795K for 29% increase.
- 7) Repairs and Maintenance are up due to HVACs and some door repairs.
- 8) Utilities are up with rate increases plus adding the community center.
- 9) Insurance is up due to rate increases.
- 10) Non-Operating Revenue is down as we didn't receive any QIP funds.
- 11) Interest Income is up 539K from the prior year as rates have increased and we have been getting a higher rate in our money market than we were in our LAIF account.
- 12) Non-Operating Expenses are up mostly due to Retail Pharmacy expenses. Fortunately Revenue has outpaced expenses and we have 200K positive bottom line in that department.
- 13) Net Income YTD is a historical anomaly with us receiving Supplemental Payments from prior years. Given the volatile nature of these payments I book payments in the year they were received as the forecasting and delays on the state level became untenable.

Balance Sheet

- 1) Cash is up due to us receiving all of our large supplemental payments.
- 2) Patient Accounts Receivable is down due to a strong collection month.
- 3) Medicare/Medi-Cal Settlements are down due to us receiving almost all the supplementals we'd booked.
- 4) Our Current and Long Term Subscription Liabilities will increase at some point when we take Cerner out of CIP. With the SNF module not going live this has been on hold until that's resolved.
- 5) We do have Medicare Settlement booked from our interim cost report for 375K.
- 6) Our Current Ratio is sitting at 15.5 which is well ahead of the CAH(Critical Access Hospitals) Flex median for California at 2.81. If anyone is interested, I'd be glad to share the CAH Flex Median report which has the financial averages for CAH hospitals by state.

Miscellaneous

- 1) The RHC had a negative month due to a drop in visits/revenue but is positive for the year.
- 2) Retail Pharmacy had a strong month due to a drop in supply expenses.

MAYERS MEMORIAL HOSPITAL							
Statistical Data							
Fiscal Year Ending JUNE 30, 2024							
COMPARISON TO ACTUAL							
2024		2024		FY 2024		FYE 2023	
May	April			YTD	YTD		
Actual	Actual	Variance	VOLUME:	Actual	Actual	Variance	% Increase or Decrease
DISCHARGES							
16	14	2	Acute	204	183	21	11.52%
10	10	0	Swing Bed	86	91	(5)	-5.51%
4	3	1	Skilled Nursing Care (DISCHG)	34	41	(7)	-17.11%
8	5	3	Observations	59	85	(26)	-30.61%
PATIENT DAYS							
77	61	16	Acute	869	693	176	25.42%
130	114	16	Swing Bed	1,120	963	157	16.32%
2,431	2,372	59	Skilled Nursing Care	26,531	26,342	189	.72%
LENGTH OF STAY							
4.81	4.36	0	Acute	4.26	3.79	0	12.42%
13.00	11.40	2	Swing Bed	13.02	10.58	2	23.12%
			Skilled Nursing Care				
AVERAGE DAILY CENSUS							
2.48	2.03	0	Acute	2.59	2.07	1	24.92%
4.19	3.80	0	Swing Bed	3.33	2.87	0	16.12%
78.42	79.07	(1)	Skilled Nursing Care	78.96	78.63	0	.42%
ANCILLARY SERVICES							
0	0	0	Surgery Inpatient Visits	0	0	0	#DIV/0!
20	18	2	Surgery OP/ procedure visits	48	3	45	1500.02%
416	372	44	Emergency Room Visits	3998	3,952	46	1.22%
113	86	27	Outpatient Services Procedures	1126	1,380	(254)	-18.41%
616	670	(54)	Laboratory Visits	7339	9,110	(1771)	-19.41%
518	528	(10)	Radiology Procedures	5336	4,801	535	11.12%
685	694	(9)	Physcial Therapy Procedures	6242	6,635	(393)	-5.91%
177	205	(28)	Cardiac Rehab	1931	2,145	(214)	-10.01%
59	59	0	Telemedicine visits	633	493	140	28.42%
18	16	2	Admissions from ER	212	245	(33)	-13.51%
30	27	3	Transfers from ER	267	167	100	59.92%
479	488	(9)	Clinic Visits	6636	7,273	(637)	-8.81%
63	54	9	Ambulance	617	-	617	#DIV/0!
PRODUCTIVITY:							
Productive FTE's							
7.12	6.71		Nursing - Acute	7.56	12.73		
38.31	39.32		Long Term Care	36.80	46.59		
54.46	56.69		Ancillary	54.44	44.64		
69.79	69.65		Service	68.04	71.92		
169.68	172.37		Total Productive	166.84	175.88		
94.35	88.89		Non-Productive FTE's	90.30	69.95		
264.03	261.26		Paid FTE's	257.14	245.83		
PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED							
2.44	2.51			2.50	2.61		

MAYERS MEMORIAL HOSPITAL

Statement of Revenue and Expenses

Fiscal Year Ending JUNE 30, 2024

COMPARISON TO ACTUAL

2024	2023	Variance		2024	2023
MAY Month Actual	MAY Month Actual			MAY YTD Actual	MAY YTD Actual
			Patient Revenue		
1,458,662	844,969	613,693	Acute Revenue	13,214,714	9,613,331
1,377,073	1,350,210	26,863	Revenue - SNF Inpatient	14,928,618	13,257,210
0	0	0	Revenue - Hospice Inpatient	0	2,211
3,180,732	2,632,601	548,131	Outpatient Revenue	30,217,165	26,670,783
<u>6,016,516</u>	<u>4,827,780</u>	<u>1,188,736</u>	Patient Revenue	<u>58,676,398</u>	<u>49,543,535</u>
(1,615,799)	(2,778,685)	1,162,885	Contractuals- Care/cal	(465,354)	(8,511,035)
(257,587)	(488,805)	231,217	Contractuals- PPO	(2,330,090)	(3,404,703)
(6,942)	(1,241)	(5,701)	Charity and Write-Offs	(115,916)	(66,562)
(30,545)	(143,536)	112,991	Admin Adjustments and Employee Discounts	(884,484)	(1,054,954)
17,429	(59,447)	76,876	Provision for Bad Debt	(341,626)	(755,418)
(1,893,445)	(3,471,713)	1,578,268	Total Deductions	(4,137,469)	(13,792,672)
149,138	101,713	47,425	Other Operating Revenues	669,074	601,802
<u>4,272,209</u>	<u>1,457,780</u>	<u>2,814,429</u>	Net Revenue	<u>55,208,003</u>	<u>36,352,665</u>
			Operating Expenses		
1,965,612	1,569,605	396,006	Salaries & Wages	20,175,646	16,028,644
475,903	374,666	101,237	Employee Benefits	4,183,390	3,824,206
389,997	365,532	24,465	Supplies	3,897,530	3,652,149
128,553	108,905	19,649	Professional Fees	1,335,176	1,419,754
84,693	85,312	(618)	Other Purchased Service Nurse Travel Acute	774,546	1,124,140
314,625	313,916	709	Other Purchased Service Nurse Travel SNF	3,556,918	2,761,383
178,136	198,555	(20,419)	Other Purchased Service Travel Ancillary	1,493,966	2,155,641
577,454	597,783	(20,329)	Travelers	<u>5,825,430</u>	<u>6,041,165</u>
154,267	141,828	12,438	Other Purchased Service	1,851,174	1,795,930
41,451	28,044	13,407	Repairs & Maintenance	425,880	389,147
90,808	62,936	27,872	Utilities	1,081,310	971,469
55,454	41,719	13,735	Insurance Other	606,612	464,234
110,596	124,386	(13,790)	Other Expenses	1,723,293	1,099,756
0	0	0	USDA Interest Expense	658,418	671,109
8,241	6,421	1,820	Interest Expense	73,113	67,232
151,921	146,461	5,460	Depreciation Expense	1,672,769	1,641,464
13,070	11,228	1,843	Rental/Lease	107,980	105,336
<u>4,163,327</u>	<u>3,579,513</u>	<u>583,814</u>	Total Operating Expenses	<u>43,617,720</u>	<u>38,171,594</u>
108,882	(2,121,733)	2,230,615	Income From Operations	11,590,283	(1,818,929)
			Non-Operating Revenue and Expenses		
443,092	364,913	78,179	Non-Operating Revenue	4,819,624	5,346,016
99,290	2,145	97,145	Interest Income	834,866	295,349
242,385	340,813	(98,428)	Non-Operating Expenses	<u>3,255,368</u>	<u>2,427,757</u>
<u>299,997</u>	<u>26,245</u>	<u>273,752</u>	Total Non-Operating	<u>2,399,123</u>	<u>3,213,608</u>
<u>408,879</u>	<u>(2,095,488)</u>	<u>2,504,367</u>	Net Income	<u>13,989,406</u>	<u>1,394,680</u>

**MAYERS MEMORIAL HOSPITAL
NON-OPERATING REVENUE AND EXPENSE
RETAIL PHARMACY**

2024 MAY Month Actual	2023 MAY Month Actual	Variance		2024 MAY YTD Actual	2023 MAY YTD Actual	Variance	Increase Decrease %
			Retail Pharmacy Revenue				
0	0	0	Medicare	310	0	310	0.00%
0	0	0	Medi-Cal	134,102	18,762	115,340	614.75%
47,970	38,416	9,554	Private	434,602	351,403	83,199	23.68%
269,603	227,541	42,062	Third Party	2,860,152	2,031,087	829,064	40.82%
1,475	2,155	(680)	Other	20,341	3,652	16,689	970.36%
<u>319,048</u>	<u>268,112</u>	<u>50,936</u>	Non-Operating Revenue	<u>3,449,507</u>	<u>2,404,905</u>	<u>1,044,602</u>	<u>43.44%</u>

MAYERS MEMORIAL HOSPITAL**Balance Sheet**

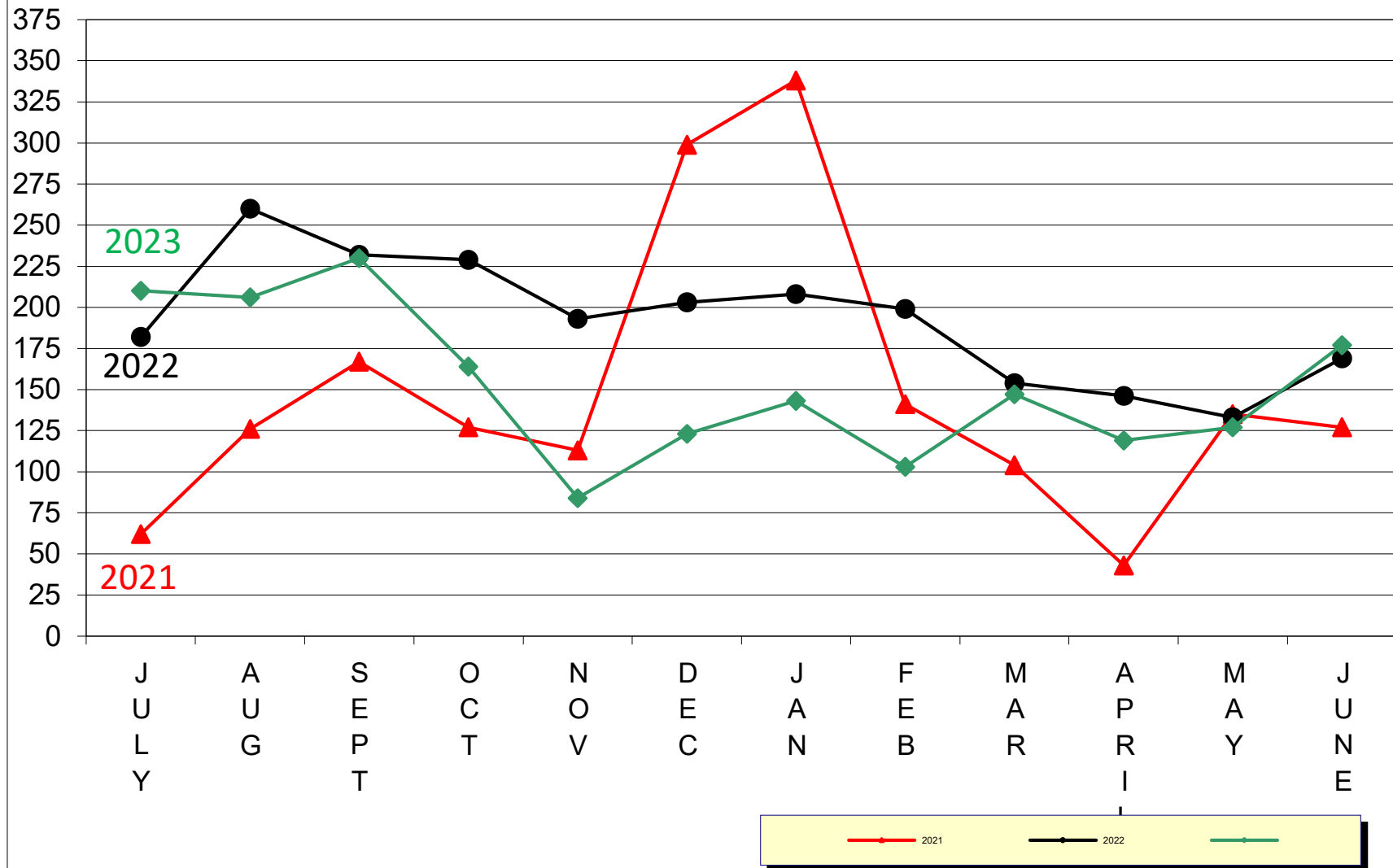
	MAY 2024
CURRENT ASSETS	
Cash - General, Payroll, & Petty Cash	32,901,153
Reserve Cash (Unrestricted)	1,852,337
Restricted Cash	2,882,528
Cash	<u>37,636,017</u>
Patient Accounts Receivable	16,573,576
Patient Allowances	<u>(7,282,182)</u>
Accounts Receivable	9,291,394
Shasta County Tax Receivables	<u>(379,220)</u>
Inventories	1,046,780
Other Accounts Receivable	3,595
Prepaid Expenses	368,173
Medicare/Medi-Cal Settlements	<u>30,357</u>
TOTAL CURRENT ASSETS	<u>47,997,096</u>
PROPERTY, PLANT, AND EQUIPMENT	
Land and Building Improvements	3,969,852
Building and Fixed Equipment	39,363,089
Equipment	16,367,799
Subscription Based Assets	331,906
Construction in Progress	1,272,560
Accumulated Depreciation	<u>(28,864,419)</u>
Accumulated Amortization	<u>(36,730)</u>
Total Property, Plant & Equipment	<u>32,404,058</u>
Other Assets	0
Total Assets	<u><u>80,401,154</u></u>
CURRENT LIABILITIES	
Accounts Payable	515,500
Payroll and Related Liabilities	1,941,194
Audit Fees Payable	0
Grant Liabilities	0
Lease - Current Liability	0
Current Subscription Liability	121,886
Accrued Interest	196,965
HQAF 7 Payable	0
HQAF 8 Payable	0
Rate Range Payable	0
Notes & Loans Payable	<u>(68,683)</u>
Current Portion of Medicare/Medi-Cal Settlement	<u>375,798</u>
TOTAL CURRENT LIABILITIES	<u>3,082,660</u>
LONG TERM DEBT	
GO Bond	1,896,054
Leases	66,319
PPP Loan	0
Notes & Loans Payable/CHFFA	1,258,158
GO Bond Series B & Refunding	20,061,000
Long Term Subscription Liability	<u>111,109</u>
TOTAL LONG-TERM DEBT	<u>23,392,639</u>
FUND BALANCE	
Restricted Fund Balance	27,085
Fund Balance - Hospital	53,898,770
Fund Balance - Adjustments	<u>0</u>
TOTAL FUND BALANCE	<u>53,925,856</u>
Liabilities and Fund Balance	<u><u>80,401,155</u></u>
Net Income	19,979,907
Current Ratio	15.57

MAYERS MEMORIAL HOSPITAL
SUMMARY OF SERVICES - DEPOSITS - REFUNDS
- Fiscal Year 2024

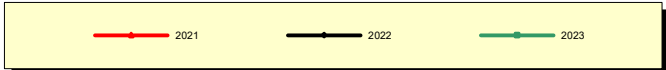
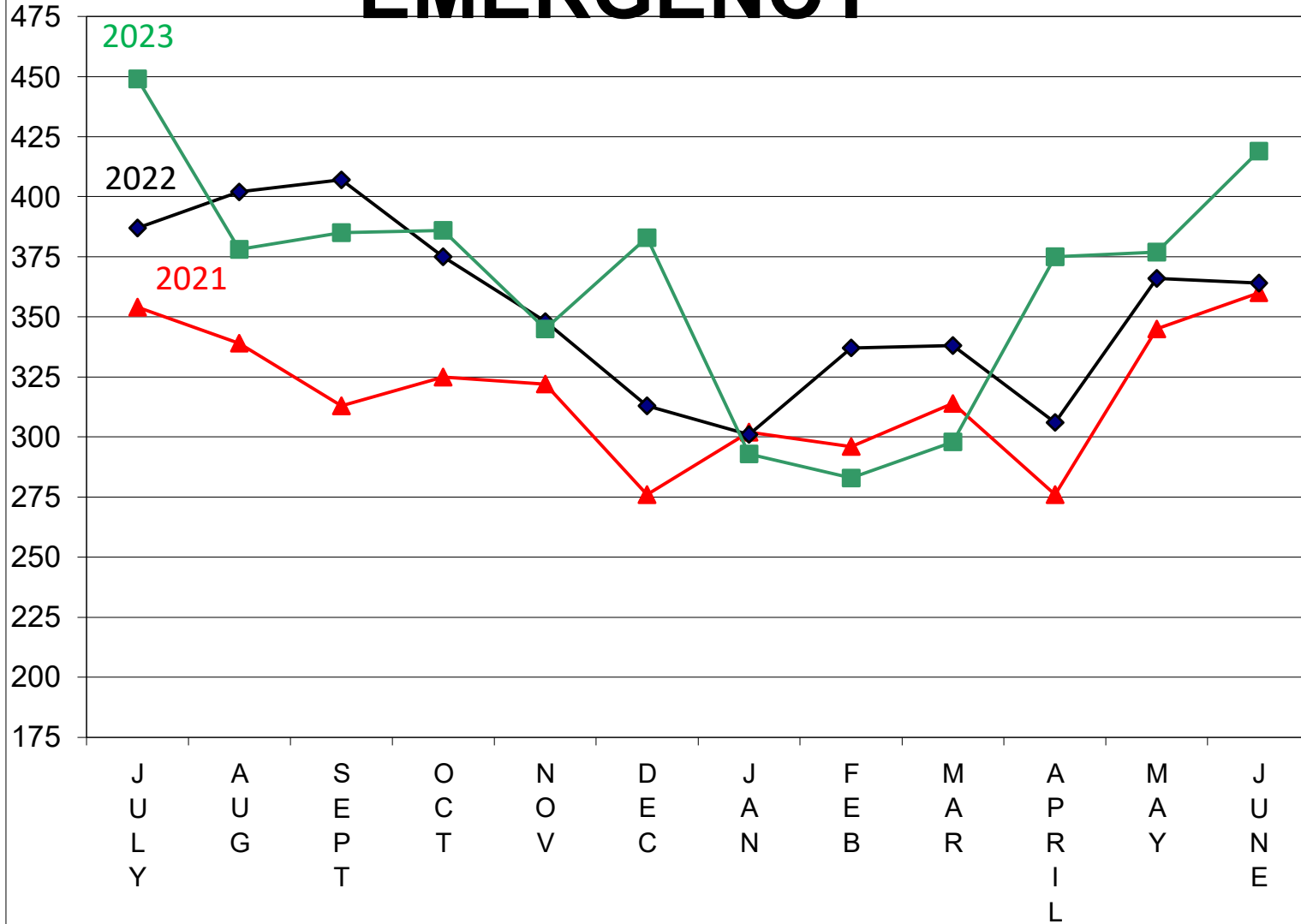
DATE:	REVENUE / SERVICES	AVERAGE DAILY REVENUE	TOTAL DEPOSITS	MISC. PAYMENTS	MISC. PMTS PT RELATED	PATIENT PAYMENTS	ADJUSTMENT S & WRITE-OFFS	REFUNDS
July 31, 2023	4,623,679.50	149,150.95	3,652,756.59	46,893.31	18,182.00	3,587,681.28	1,691,702.55	399.52
August 31, 2023	4,725,908.02	152,448.65	3,367,116.77	123,385.38	-	3,243,731.39	1,770,311.97	1,090.01
September 30, 2023	4,928,637.74	164,287.92	3,113,606.99	58,052.19	-	3,055,554.80	1,617,344.87	411.81
October 31, 2023	4,752,520.84	153,307.12	6,499,044.61	209,385.50	3,521,626.00	2,768,033.11	1,096,151.95	5,490.84
November 30, 2023	5,016,256.20	167,208.54	2,666,431.77	55,620.19	-	2,610,811.58	1,732,467.29	1,492.98
December 31, 2023	4,794,351.84	154,656.51	2,681,503.59	114,670.38	-	2,566,833.21	1,407,295.12	-
January 30, 2024	5,505,116.20	177,584.39	3,263,197.67	536,648.44	-	2,726,549.23	1,623,505.35	1,050.74
February 28, 2024	5,436,551.08	187,467.28	3,601,391.26	75,827.79	-	3,525,563.47	1,780,829.00	1,461.47
March 30, 2024	5,417,097.27	174,745.07	3,135,630.42	234,883.10	728,514.00	2,172,233.32	2,461,628.24	28,079.27
April 29, 2024	5,518,903.86	183,963.46	21,576,669.24	19,522,912.39	107,228.77	1,946,528.08	1,894,608.96	-
May 30, 2024	5,865,710.39	189,216.46	9,968,357.14	576,715.11	4,088,627.00	5,303,015.03	2,929,677.19	3,856.17
June 29, 2024	-	-	-	-	-	-	-	-
YTD TOTAL	56,584,732.94	168,548.76	63,525,706.05	21,554,993.78	8,464,177.77	33,506,534.50	20,005,522.49	43,332.81

ACCOUNTS RECEIVABLE AGING					PAYOR MIX - YTD % OF REVENUE				
	MAY \$ OUTSTANDING	MAY DAYS OUT	APR DAYS OUT	MAR DAYS OUT		MAY	APR	MAR	3 MONTH AVERAGE
MEDICARE	6,721,981.44	82.76	84.23	84.63	MEDICARE	44.18%	44.89%	44.37%	44.48%
MEDI - CAL	5,277,551.97	71.31	97.83	80.52	MEDI - CAL	41.65%	40.03%	39.81%	40.50%
THIRD PARTY	2,772,785.40	108.02	108.32	118.44	THIRD PARTY	13.63%	14.36%	14.21%	14.07%
PRIVATE	769,410.46				PRIVATE	0.54%	0.72%	1.61%	0.96%
LTC ONLY (INCLUDE)	2,754,317.56	65.88	110.17	85.7					
OVERALL	15,541,729.27	85.1	96.41	90.8					

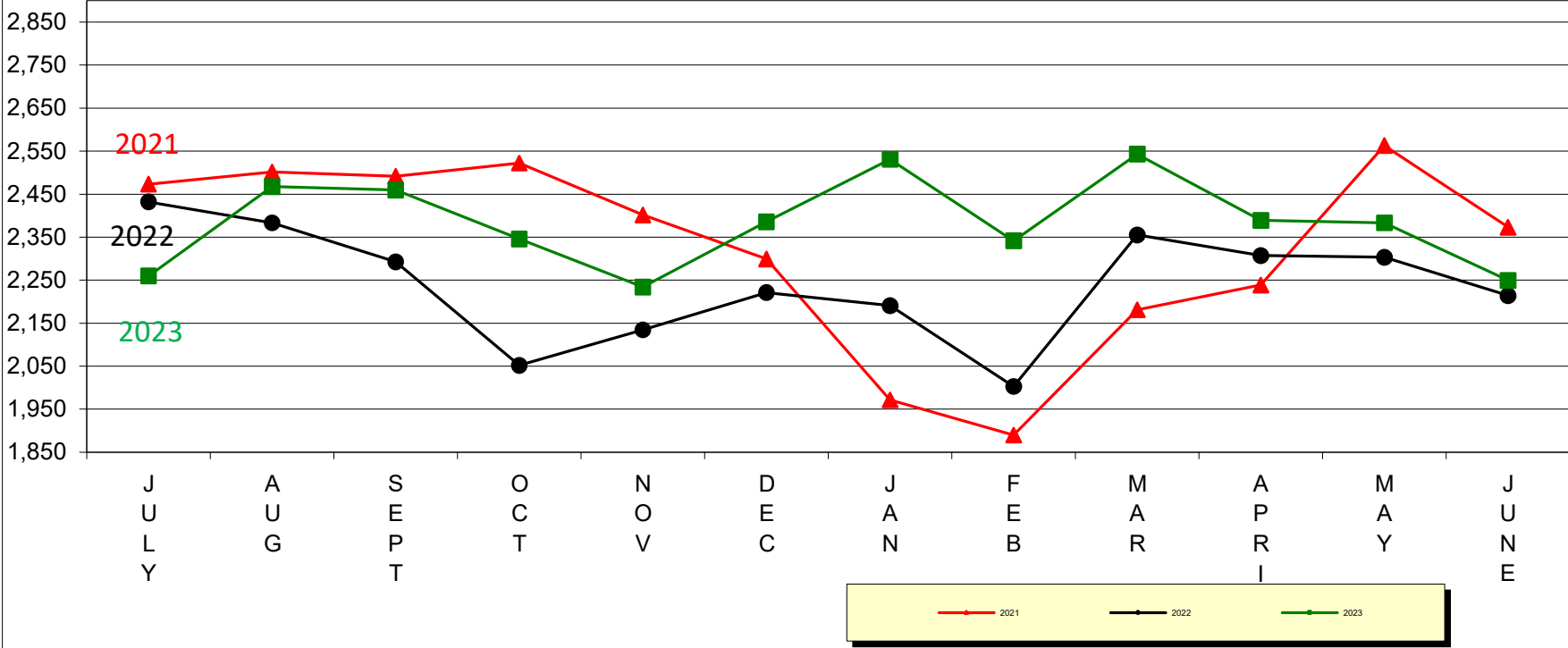
ACUTE / SWING PATIENT DAYS



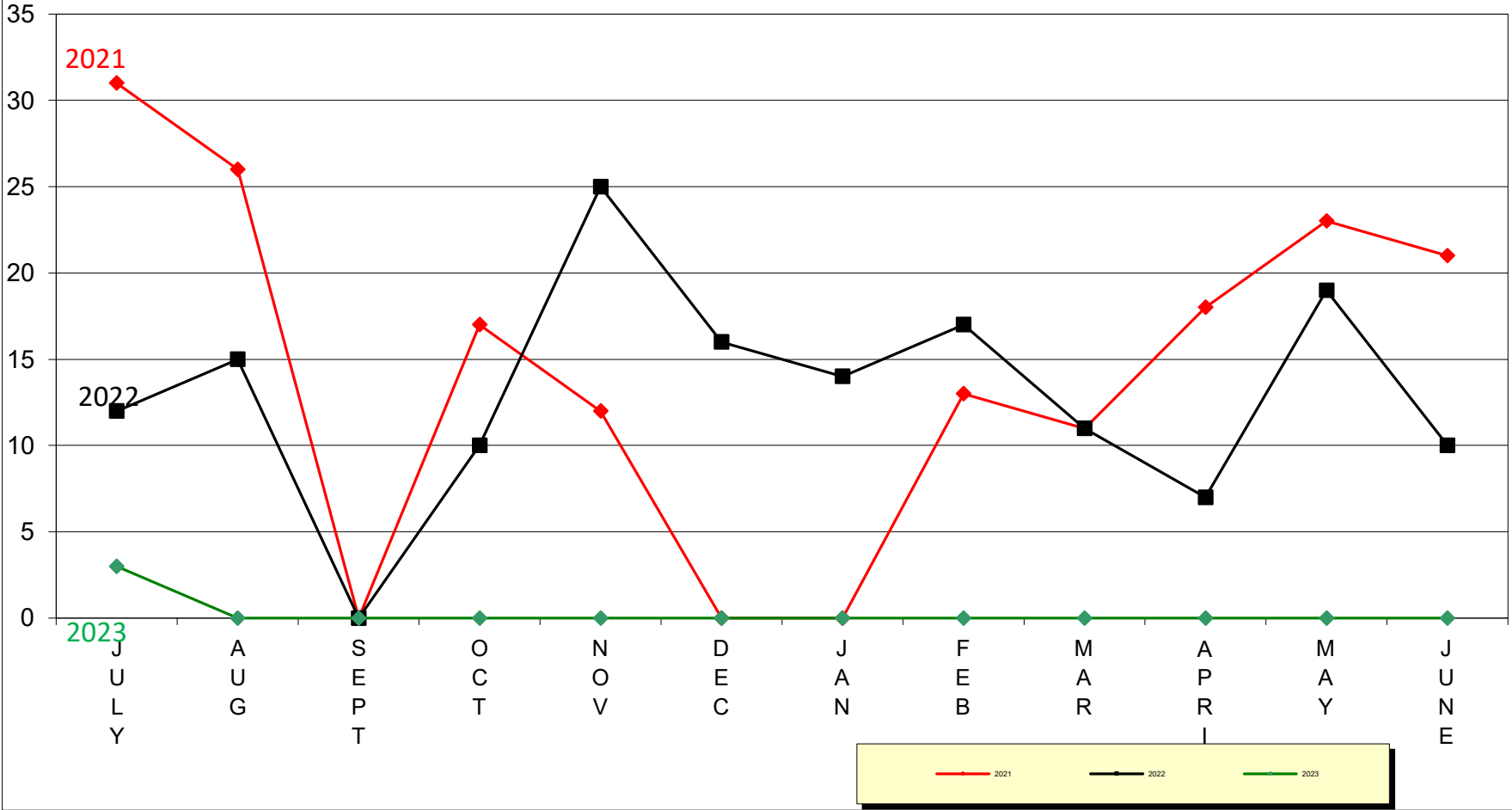
EMERGENCY



SNF PATIENT DAYS



SURGERY / OUTPATIENT PROCEDURES



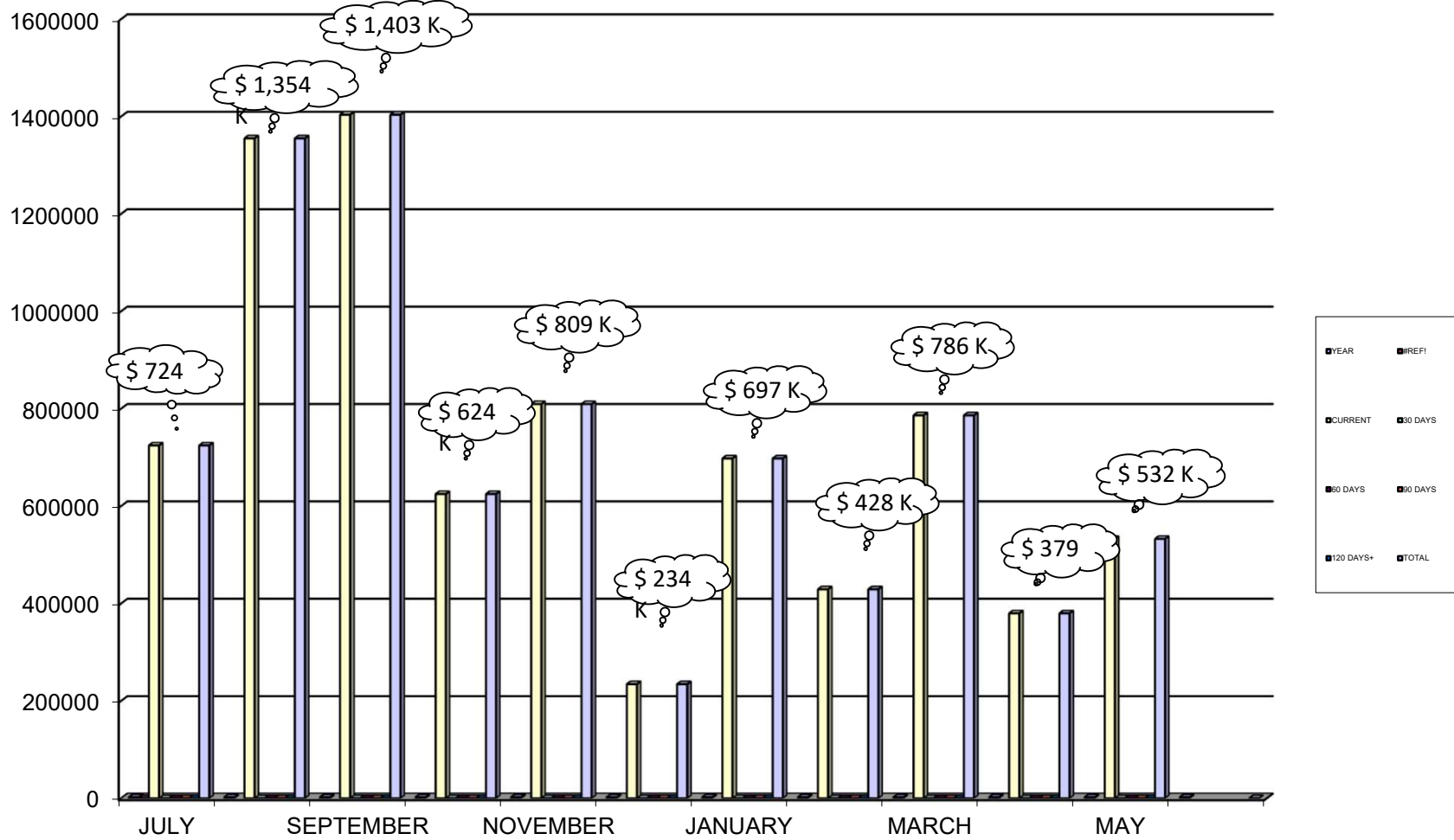
**MAYERS MEMORIAL HOSPITAL
2023-2024 OPERATING ACTUAL**

	2023 JULY	2023 August	2023 September	2023 October	2023 November	2023 December	2024 January	2024 February	2024 March	2024 April	2024 May	2024 June	2024 YTD
Operating Revenue													
Acute Revenue	862,382	1,031,063	1,149,298	1,145,368	1,183,668	1,243,497	1,297,124	1,285,709	1,314,159	1,243,784	1,458,662	0	13,214,714
Revenue - SNF Inpatient	1,353,347	1,383,805	1,299,788	1,384,953	1,355,525	1,411,412	1,376,585	1,273,487	1,315,272	1,397,371	1,377,073	0	14,928,618
Revenue - Hospice Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Revenue	2,593,571	2,526,369	2,717,106	2,912,185	2,639,997	2,032,958	2,873,894	2,933,902	2,814,844	2,991,606	3,180,732	0	30,217,165
Total Patient Revenue	4,809,300	4,941,237	5,040,953	5,461,988	5,197,543	4,915,729	5,544,619	5,591,041	5,516,514	5,640,959	6,016,516	0	58,676,398
Less Deductions													
Medicare/Medi-Cal Contractuals	(457,682)	(565,994)	2,197,318	715,076	(1,053,872)	(941,187)	(1,498,422)	(1,410,086)	552,643	3,612,653	(1,615,799)	0	(465,354)
PPO Contractuals	(276,650)	(246,297)	(273,921)	(327,842)	254,455	(122,635)	(280,625)	(221,232)	(147,810)	(429,946)	(257,587)	0	(2,330,090)
Charity and Write-Offs	(1,241)	0	(7,962)	0	0	(4,703)	(56,309)	(1,289)	9	(37,478)	(6,942)	0	(115,916)
Admin Adjustments and Employee Discounts	(167,938)	(50,659)	(241,256)	(101,998)	(33,954)	(50,352)	(130,205)	(34,588)	(30,730)	(12,259)	(30,545)	0	(884,484)
Provision for Bad Debt	(133,353)	(172,620)	(18,784)	(1,876)	(12,107)	(8,410)	(14,800)	12,023	(590)	(8,539)	17,429	0	(341,626)
Total Deductions	(1,036,863)	(1,035,571)	1,655,394	283,361	(845,478)	(1,127,288)	(1,980,361)	(1,655,171)	373,522	3,124,431	(1,893,445)	0	(4,137,469)
Other Operating Revenues	40,128	27,986	29,400	140,912	(5,271)	51,177	40,403	40,157	58,945	96,099	149,138	0	669,074
Net Revenue	3,812,565	3,933,653	6,725,747	5,886,261	4,346,793	3,839,617	3,604,660	3,976,027	5,948,981	8,861,489	4,272,209	0	55,208,003
Operating Expenses													
Salaries & Wages	1,603,425	2,027,077	1,690,349	1,794,795	1,994,116	2,049,989	1,822,215	1,894,969	1,708,594	1,624,505	1,965,612	0	20,175,646
Employee Benefits	340,940	367,299	303,229	463,398	382,008	341,386	302,665	367,432	441,662	397,468	475,903	0	4,183,390
Supplies	356,019	457,291	219,841	350,467	397,090	323,636	373,553	332,864	340,869	355,903	389,997	0	3,897,530
Professional Fees	102,405	206,146	75,940	127,024	92,655	115,939	110,516	117,282	107,526	151,189	128,553	0	1,335,176
Other Purchased Service Nurse Travel Acute	28,351	86,646	28,547	79,130	67,495	82,114	81,210	61,551	98,453	76,355	84,693	0	774,546
Other Purchased Service Nurse Travel SNF	363,186	464,014	197,044	464,404	319,434	295,391	322,103	249,032	297,464	270,222	314,625	0	3,556,918
Other Purchased Service Travel Ancillary	210,871	53,320	126,569	225,689	146,488	95,256	103,890	110,651	133,637	109,458	178,136	0	1,493,966
Other Purchased Service	192,781	188,096	116,272	198,136	139,891	172,466	123,099	129,629	170,440	266,098	154,267	0	1,851,174
Repairs & Maintenance	21,543	58,616	43,563	54,272	43,642	19,793	36,353	33,901	31,210	41,537	41,451	0	425,880
Utilities	99,893	96,580	69,234	119,180	71,769	92,533	120,594	112,145	97,840	110,734	90,808	0	1,081,310
Insurance Other	106,583	27,578	51,973	75,611	51,595	51,595	51,595	27,578	51,595	55,454	55,454	0	606,612
Other Expenses	173,551	127,776	189,998	149,034	242,820	128,949	187,668	112,244	169,040	131,619	110,596	0	1,723,293
USDA Interest Expense	0	0	332,426	0	0	0	0	0	325,991	0	0	0	658,418
Interest Expense	2,435	5,578	7,322	8,462	6,037	7,130	6,310	6,526	8,405	6,668	8,241	0	73,113
Depreciation Expense	156,533	156,405	159,140	158,414	152,778	156,925	149,770	139,478	148,567	142,838	151,921	0	1,672,769
Rental/Lease	11,715	5,227	7,548	9,110	14,103	9,755	6,214	6,053	13,487	11,699	13,070	0	107,980
Total Operating Expenses	3,770,229	4,327,649	3,618,995	4,277,127	4,121,920	3,942,856	3,797,755	3,701,334	4,144,779	3,751,747	4,163,327	0	43,617,720
Net Operating Revenue over Expense	42,336	(393,995)	3,106,752	1,609,134	224,873	(103,239)	(193,095)	274,692	1,804,201	5,109,742	108,882	0	11,590,283
Non-Operating Revenue													
Non-Operating Revenue	434,795	486,308	480,914	475,212	384,066	411,047	445,516	381,879	467,386	409,410	443,092	0	4,819,624
Interest Income	163,448	38,921	61,640	120,564	55,514	58,810	107,870	44,513	33,781	50,514	99,290	0	834,866
Non-Operating Expenses	274,320	290,448	276,323	327,299	263,749	293,907	323,684	301,160	374,924	287,168	242,385	0	3,255,368
Total Non-Operating	323,923	234,781	266,231	268,477	175,830	175,950	229,701	125,232	126,243	172,757	299,997	0	2,399,123
Net Revenue over Expense	366,259	(159,214)	3,372,982	1,877,611	400,703	72,711	36,606	399,924	1,930,445	5,282,499	408,879	0	13,989,406

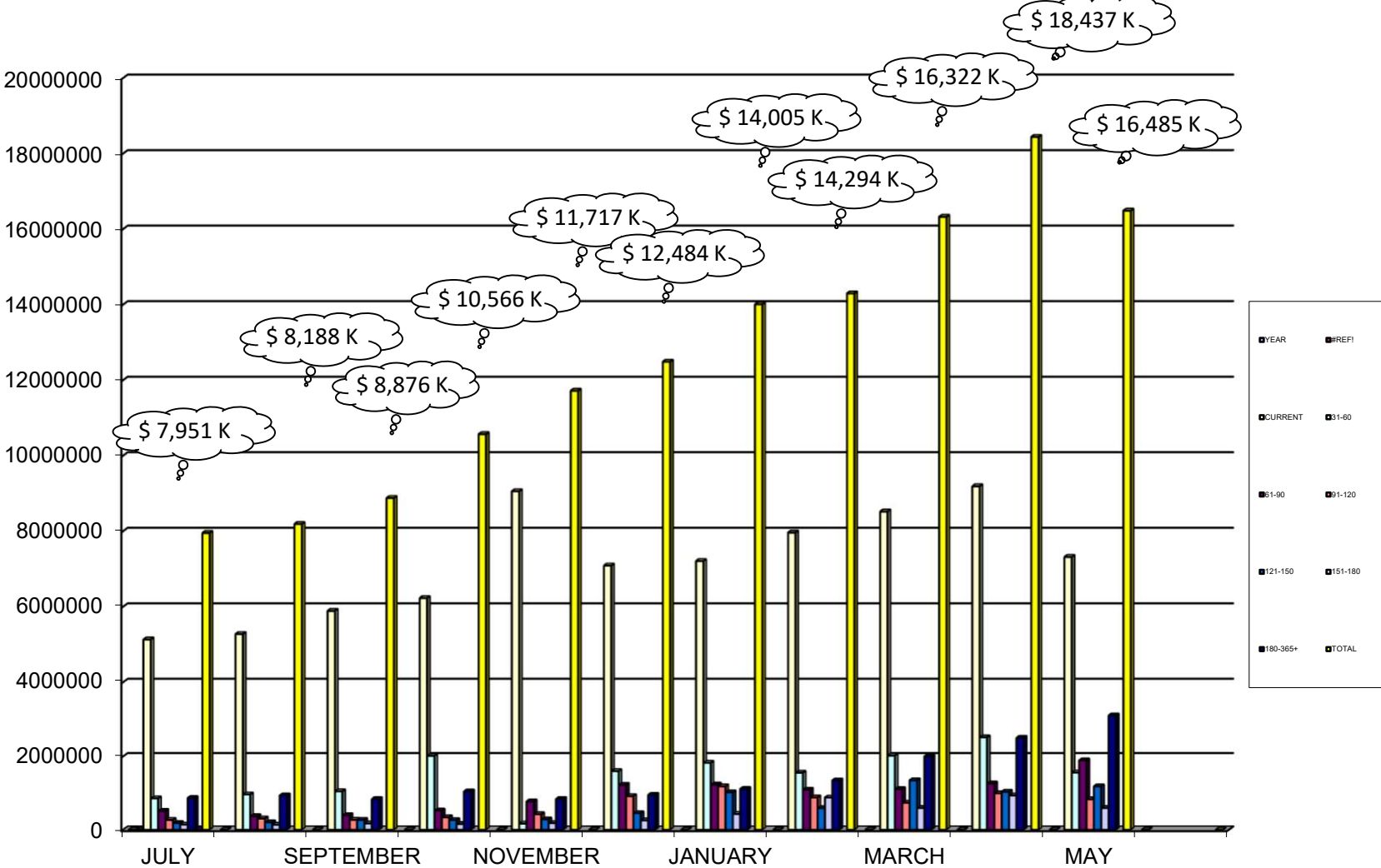
RHC INCOME STATEMENT

	July 2,023	August 2,023	September 2,023	October 2,023	November 2,023	December 2,023	January 2,024	February 2,024	March 2,024	April 2,024	May 2,024	June 2,024	YTD
Patient Revenue	147,859	162,320	129,207	191,794	185,838	118,885	152,678	175,034	146,197	129,887	94,396	0	1,634,095
Operating Expenses													
Salaries & Wages	131,944	129,731	90,043	110,320	126,494	103,578	119,498	96,137	95,112	88,976	78,351	0	1,170,185
Employee Benefits	8,562	9,935	6,293	6,486	7,904	10,364	9,641	8,513	7,822	7,662	10,243	0	93,426
Supplies	17,526	18,778	14,781	35,753	19,298	12,739	6,069	8,077	1,693	3,710	2,688	0	141,111
Professional Fees	82	82	102	82	50	240	36	990	0	0	0	0	1,664
Travelers	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Purchased Service	7,531	11,260	7,618	6,584	5,036	4,772	4,713	5,064	15,560	4,137	8,117	0	80,393
Repairs & Maintenance	0	0	0	0	1,700	0	0	0	0	0	0	0	1,700
Utilities	334	0	47	77	70	0	0	0	105	0	0	0	633
Insurance Other	4,638	0	1,576	3,151	1,576	1,576	1,576	0	1,576	1,576	1,576	0	18,818
Other Expenses	2,601	2,534	1,694	913	5,757	765	768	956	153	2,161	298	0	18,600
Depreciation Expense	4,399	4,399	4,498	4,480	4,336	4,480	4,480	4,191	4,480	4,336	4,480	0	48,559
Rental/Lease	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Expenses	177,616	176,719	126,650	167,847	172,221	138,514	146,780	123,930	126,501	112,558	105,752	0	1,575,088
Net Income (Loss)	(29,757)	(14,399)	2,401	23,947	13,616	(19,628)	5,898	51,104	19,696	17,329	(11,356)	0	58,852

ACCOUNTS PAYABLE



ACCOUNTS RECEIVABLE



ACCOUNTS RECEIVABLE

<u>MONTH</u>	<u>YEAR</u>	<u>CURRENT</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-150</u>	<u>151-180</u>	<u>180-365+</u>	<u>TOTAL</u>
JULY	2023	5,129,418.81	855,710.44	511,902.11	267,808.34	181,366.34	140,335.86	865,049.42	7,951,591.32
AUGUST	2023	5,273,384.11	962,458.04	372,018.73	307,975.52	203,337.36	136,376.78	933,253.00	8,188,803.54
SEPTEMBER	2023	5,887,057.58	1,049,061.98	395,095.95	273,731.12	265,748.11	170,330.58	835,320.08	8,876,345.40
OCTOBER	2023	6,225,856.99	2,014,041.09	522,014.12	341,153.52	264,054.02	157,200.19	1,042,525.52	10,566,845.45
NOVEMBER	2023	9,054,120.44	167,346.42	772,487.12	423,272.02	280,638.44	182,074.36	837,597.21	11,717,536.01
DECEMBER	2023	7,085,857.05	1,599,234.24	1,223,123.48	917,552.63	452,345.76	256,568.25	949,957.70	12,484,639.11
JANUARY	2024	7,207,331.31	1,824,664.34	1,231,267.09	1,184,355.83	1,018,536.81	427,999.78	1,111,770.96	14,005,926.12
FEBRUARY	2024	7,961,279.54	1,553,250.12	1,090,960.11	878,322.48	589,425.02	878,161.08	1,343,486.37	14,294,884.72
MARCH	2024	8,518,419.51	2,020,323.83	1,106,092.83	737,425.37	1,347,332.77	592,633.88	2,000,481.78	16,322,709.97
APRIL	2024	9,186,586.72	2,519,078.15	1,264,084.10	992,515.29	1,035,845.68	935,661.44	2,503,801.45	18,437,572.83
MAY	2024	7,315,071.10	1,558,943.17	1,889,783.20	832,786.22	1,182,172.40	592,507.49	3,113,719.18	16,484,982.76
JUNE	2024								0.00

ACCOUNTS PAYABLE (includes accrued payables)

<u>MONTH</u>	<u>YEAR</u>	<u>CURRENT</u>	<u>30 DAYS</u>	<u>60 DAYS</u>	<u>90 DAYS</u>	<u>120 DAYS+</u>	<u>TOTAL</u>
JULY	2023	724,249.80	0.00	0.00	0.00	0.00	724,249.80
AUGUST	2023	1,354,803.00	0.00	0.00	0.00	0.00	1,354,803.00
SEPTEMBER	2023	1,403,432.00	0.00	0.00	0.00	0.00	1,403,432.00
OCTOBER	2023	624,411.37	0.00	0.00	0.00	0.00	624,411.37
NOVEMBER	2023	809,115.73	0.00	0.00	0.00	0.00	809,115.73
DECEMBER	2023	234,011.24	0.00	0.00	0.00	0.00	234,011.24
JANUARY	2024	697,542.97	0.00	0.00	0.00	0.00	697,542.97
FEBRUARY	2024	428,875.31	0.00	0.00	0.00	0.00	428,875.31
MARCH	2024	786,062.75	0.00	0.00	0.00	0.00	786,062.75
APRIL	2024	379,500.78	0.00	0.00	0.00	0.00	379,500.78
MAY	2024	532,346.22	0.00	0.00	0.00	0.00	532,346.22
JUNE	2024						0.00

ACCOUNTS RECEIVABLE BY SYSTEM

<u>SYSTEM</u>	<u>CURRENT</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>121-150</u>	<u>151-180</u>	<u>180-365+</u>	<u>TOTAL</u>
PARAGON	2,666,261.03	9,435.00	(472.00)	6,885.00	2,931.00	15,932.00	1,828,325.74	4,529,297.77
CERNER	4,622,431.68	1,495,134.31	1,847,660.09	756,901.93	886,340.40	520,622.81	1,113,898.20	11,242,989.42
EPIC	5,417.00	-	-	-	292,901.00	-	-	298,318.00
MATRIXCARE	20,961.39	54,373.86	42,595.11	68,999.29	-	55,952.68	171,495.24	414,377.57
TOTAL	7,315,071.10	1,558,943.17	1,889,783.20	832,786.22	1,182,172.40	592,507.49	3,113,719.18	16,484,982.76

**MAYERS MEMORIAL HOSPITAL
OPERATING BUDGET**

	Actual YTD May	PROJ ACTUAL FYE '24	BUDGET FYE 2025	DIFF	DIFF %	Notes
REVENUE:						
Medical/Surgical	13,214,714	14,416,052	13,695,250	(720,803)	-5.00%	Acute and Swing Days were higher than normal
Skilled Nursing	14,928,618	16,285,765	16,448,622	162,858	1.00%	Census should increase slightly
OP Services	30,217,165	32,964,179	34,612,388	1,648,209	5.00%	Surgery is going again and we are aiming for a 5% increase in visits
Total Patient Revenue	58,360,497	63,665,996	64,756,260	1,090,264	1.71%	
DEDUCTIONS FROM REVENUE:	FY 23 May Contractuals					
Contractual - Medicare/Medi-Cal	8,511,035	9,284,766	10,213,242	928,477	10.00%	Actually modeling off of past years as this year was an anomaly given the amount of supplementals
Contractual - PPO	3,404,703	3,714,221	3,862,790	148,569	4.00%	Up due to processing more payments from a larger AR
Charity and Other Allowances	115,916	126,454	132,776	6,323	5.00%	Trying to promote Charity, Discounts and Vouchers
Admin Adjmts/Employee Discounts	1,054,954	1,150,859	1,219,911	69,052	6.00%	Up due to our higher AR being worked down
Provision For Bad Debts	755,418	824,093	857,056	32,964	4.00%	Up due to a higher AR
Total Deductions	13,842,026	15,100,392	16,285,775	1,185,383	7.85%	Our average total contractuals are 25% over the last 6 years with Supplemental Payments factored in.
Net Patient Revenues	44,518,470	48,565,604	48,470,485	(95,119)		
OTHER OPERATING REVENUE:						
Net Revenue	45,187,544	49,295,503	49,207,683	(87,820)	-0.18%	
OPERATING EXPENSES:						
Salaries & Wages	20,175,646	22,009,795	23,550,481	1,540,686	7.00%	Up due wage increases and replacing of registry staff
Employee Benefits	4,183,390	4,563,699	4,700,610	136,911	3.00%	Smaller increase due to being self funded
Supplies	3,897,530	4,251,851	4,485,703	233,852	5.50%	Projecting a smaller increase more in line with Pre-Covid years. Also less inpatient days so we should need less supplies there.
Professional Fees	1,335,176	1,456,556	1,675,039	218,483	15.00%	Up due to the addition of Surgery Pro Fees
Acute/Swing Purch Serv	774,546	844,959	760,463	(84,496)	-10.00%	Down due to more employed staff
SNF Purch Serv	3,556,918	3,880,274	3,996,683	116,408	3.00%	Up due to loss of C.N.A program
Ancillary Purch Serv	1,493,966	1,629,781	1,466,803	(162,978)	-10.00%	Down due to more employed staff
Other Purch Serv	1,851,174	2,019,462	2,080,046	60,584	3.00%	Estimate a slight increase due to consultants to try fix our Cerner issues
Repairs	425,880	464,596	487,826	23,230	5.00%	Up due to aging plant and infrastructure
Utilities	1,081,310	1,179,611	943,689	(235,922)	-20.00%	Decrease due to solar
Insurance	606,612	661,758	668,376	6,618	1.00%	Rate increases on the liability side due to more Acute/Swing days and ER visits
Other	1,723,293	1,879,956	1,936,355	56,399	3.00%	Up due to manager training
Depreciation	1,672,769	1,824,838	1,943,453	118,615	6.50%	Increased due to solar project
Bond Repayment Interest	658,418	718,274	861,928	143,655	20.00%	Used actual debt service numbers
Interest	73,113	79,760	80,557	798	1.00%	Based off historical averages
Rental & Leases	107,980	117,796	120,741	2,945	2.50%	Based off historical averages
Total Operating Expenses	43,617,720	47,582,967	49,758,752	2,175,785	4.57%	Total
Net Operating Revenue or (Loss)	1,569,825	1,712,536	(551,070)	(2,263,606)	-132.18%	Net Revenue minus Total Operating Expenses
NONOPERATING REVENUES AND EXPENSE:						
District and County taxes	863,000	941,455	1,100,000	158,545	16.84%	This is a historical average. It only shows as an increase because we haven't gotten our June payment yet
Interest Income	834,866	910,763	956,301	45,538	5.00%	Higher due to increased funds
Other Non-operating rev	3,956,624	2,919,313	2,977,699	58,386	2.00%	Forecasting higher revenue in the Retail Pharmacy
Other Non-operating expense	3,255,368	3,551,310	3,728,876	177,566	5.00%	Increased due to forecasted drug costs for the Retail Pharmacy
Total Nonoperating Revenue	5,654,490	4,771,530	5,034,000	262,470	5.50%	Down due to not having Provider Relief Funds
PROFIT or (LOSS)	7,224,315	6,484,066	4,482,930			Projecting a positive bottom line, using contractuals from past years so the profit numbers in May and projected won't match financial statements



Aspen Street ARCHITECTS

Architecture • Planning • Feasibility Studies

June 16, 2024

Valerie Lakey, Chief Public Relations Officer
 Mayers Memorial Hospital
 PO Box 459 / 43563 Highway 299E
 Fall River Mills, CA 96028
 (530) 519-5041

Project Title: **Burney, 37477 Main Street Child-Care Building - Permitting Documents**

Valerie,

Aspen Street Architects (Consultant) is pleased to submit this proposal for professional design services related to the permitting submittal requirements for the previous TCCN Building to accomplish planned change of use and document unpermitted work.

As noted in the Scoping letter, there are 3 permits required.

1. Tenant Improvement permit for the 1991 Addition (Assembly A-occupancy)
 - a. Document current unpermitted Lighting Replacement
 - b. Provide means to lock/secure the area from access to the original building side
2. Tenant Improvement/change of use 1980 Original Building
 - a. Change the use of the 2nd floor from the previous B-occupancy bank use to a B-occupancy office use.
 - b. Document the previous unpermitted changes made to the original building side. Which includes the built walls to enclose the entry foyer, the demolition of rooms, and the conversion of the vault into an office.
3. Tenant Improvement permit for the 1980 Original Building side to convert to E-Occupancy Child-Care
 - a. To include toilet room additions and remodels.
 - b. To include owner requested washer/dryer area.

Scope of Work:

Design services. Consultant to provide design documents and make 3 separate submittals to the local jurisdiction for the 3 permits noted above. Includes sub-consulting engineering as necessary; electrical and mechanical/plumbing design.

Consultant includes a site visit to review existing conditions with engineering subconsultants as needed. Client to provide any available reference documents (already provided available information).

Permit #1 includes electrical for the lighting replacement and required Title 24 energy compliance forms, as well as installation of a new control door between the two building halves and lockable hardware.

Permit #2 includes architectural documentation for the change of use on the 2nd floor, as well as documentation of previous changes (demo and foyer wall installation) and the conversion of the previous bank vault to an office.

Permit #3 includes architectural, electrical and mechanical/plumbing design for the toilet room additions and alterations in the concept floor plan. No exterior changes are assumed. Mechanical design is related to exhaust system changes/additions, it is assumed the existing HVAC systems are adequate. Electrical assumes adequate capacity for the required changes in the existing electrical system.

Consultant to make submittal the local jurisdiction (Shasta County) for plan review and permitting. Client to pay all fees.

Bidding services include responses to questions from contractors. More extensive bidding can be provided if required, as additional services.

Construction Administration (CA) is provided. It is assumed basic CA, limited to responding to contractor RFIs and submittals. Fee is noted as time and materials (T&M), and only actual hours to be billed as needed.

Fee Proposal


Consultant to proceed on a fixed fee basis for design and plan review/approval. Construction Administration to be on a T&M basis, estimated at \$7,500. Proposed fee is exclusive of typical reimbursable expenses (required mileage, printing, etc), which will be billed per the attached rate schedule.

		design	agency review	con admin	subtotal
architectural	Aspen Street	\$ 25,900	\$ 4,440	T&M	\$ 30,340
subconsultants					
structural	n/a				\$ -
mechanical	Nexus				\$ 6,400
electrical	Edge				\$ 14,000
subconsultant subtotal					\$ 20,400
consultant markup	15%				\$ 3,060
Total					\$ 53,800

This proposal is valid for the next 90 days. Please provide a written authorization to proceed with work if the above meets your approval.

Thank you for considering Aspen Street Architects for this project. We look forward to working with you.

Respectfully,



Nathan A. Morgan
President



**Aspen Street Architects, Inc.
Rate Schedule**

Hourly Rates for Professional Personnel

Principal/Architect	240.00	Certified Access Specialist (CASp)	200.00
Senior Architect	230.00	Senior Planner	240.00
Architect IV	210.00	Facilities Manager	180.00
Architect III	180.00	Sr Project Manager	185.00
Architect II	160.00	Project Manager	165.00
Architect I	150.00		
Architect Intern II	145.00	Construction Contract Administrator	130.00
Architect Intern I	135.00	Project Administrator	100.00
Sr. Job Captain	135.00		
Job Captain	120.00		
Senior Production	120.00		
Production	105.00		

Consultants Fees Under Contract:

Billed per consultant's invoice, plus 15% coordination fee.

Reimbursable Expenses Not Included in Contract:

Engineering Xeroxes (white 24" x 36")	\$ 5.00/each
Engineering Xeroxes (white 30" x 42")	\$ 7.50/each
Color Printing (8.5"x11")	\$ 1.50/page
Color Printing (11"x17")	\$ 2.75/page
Photocopies	\$ 0.20/each
Data Disc	\$ 2.50/each
Report Binding	\$ 5.50/each

Miscellaneous reimbursable charges, including but not limited to, photographs, outside printing, maps, renderings, postage and freight will be billed at actual cost plus 15%. Travel expenses will be billed at actual cost plus 15%.

Clients will be billed monthly for services rendered. Payment is due upon receipt of invoice. Invoices which remain unpaid after thirty days are considered past due and subject to a service charge of 1.5% per month, which is an annual rate of 18%. If Client believes a billing error has occurred, or if Client requires additional information regarding an invoice, Client agrees to inform Aspen Street Architects in writing within ten days of invoice date. If Client does not inform Aspen Street Architects of any disputes within ten days, charges will be deemed correct.

The rates will remain in effect until December 31, 2024 and are subject to adjustment thereafter.



Aspen Street ARCHITECTS

Architecture • Planning • Feasibility Studies

June 14, 2024

Valerie Lakey, Chief Public Relations Officer
Mayers Memorial Hospital
PO Box 459 / 43563 Highway 299E
Fall River Mills, CA 96028
(530) 519-5041

Project Title: **Burney, TCCN Building 37477 Main Street, Building Permitting/Scoping**

Valerie,

The subject building was originally built in 1980 as a bank (B-occupancy). In 1991 a use permit and addition project were completed. The use permit conditioned a change of use of the building to a Community Center with Child-Care use, and approved the addition as a Senior Nutrition Center. A subsequent construction project was permitted for the addition and completed. The building has been in use since this time as the Community Center.

Mayers Memorial has recently acquired the building and desires to continue the use of the building as Child-Care and After School Programs, as well as for community events and programs in the addition. It is noted there is office space on the second floor that is related to the Child-Care use.

While applying for the child-care license through the state, the fire inspector performing his required inspection for licensing note that the use of the building was never “officially” changed from the previous bank use to the child-care use. And as such was not permitted for the proposed use. After visits and discussions with both the County Building Department and Local Fire District, the following steps have been determined advisable to allow the desired use.

1. Tenant Improvement permit for the 1991 Addition (Assembly A-occupancy)

- a. Document current unpermitted work – Lighting Replacement in the main dining area. This will require design documents and updated Title 24 (interior lighting) energy compliance forms.
- b. Provide means to lock/secure the area from access to the original building side – as required by the Fire Marshal (FM) due to the use not be permitted.
 - i. To achieve this, it is proposed to install a control door at the end of the toilet room hallway to separate the bank side from the A-occupancy, with these toilet rooms accessible from the A-occupancy side.
 - ii. Locking hardware will be included, as well as verified on the other 2 existing doors between the two occupancies, so that the original building side can be secured from the A-occupancy side.
- c. Related to this is the FM comment to ensure the fire alarm system is operational. It is recommended that your fire alarm vendor test the system and provide a report.

2. Tenant Improvement/change of use for the 2nd floor Original Building

- a. The intent is to change the use of the 2nd floor from the previous B-occupancy bank use to a B-occupancy office use. This is intended to allow the hospital to utilize for office space as desired most promptly.
 - i. This will require an analysis of the office use on this floor to include exiting requirements.
 - ii. It is also assumed that this project will document the previous unpermitted changes made to the original building side. Which includes the built walls to enclose the entry foyer, the demolition of rooms, and the conversion of the vault into an office.

3. Tenant Improvement permit for the 1980 Original Building side to convert to E-Occupancy Child-Care

- a. Although this was conditioned in the use permit approved in 1991, a subsequent construction project does not appear to have been permitted. Our initial contracted scope at this time is to provide an analysis of the Child-Care requirements and develop a scope for what this project would encompass, and then to provide a design proposal to assist in the permitting.
- b. To convert to a E-occupancy Child-Care use, the main scope elements are:
 - i. Children toilet rooms
 - 1. Add 2 new toilet rooms for pre-school (single occupant).
 - 2. Add 2 new toilet rooms for K-6th (single occupant).
 - 3. This includes minor demolition, new framing, finishes, plumbing, mechanical, electrical, lighting, accessories, signage.
 - ii. Staff toilet rooms
 - 1. Modify 2 existing toilet rooms to create 1 accessible staff toilet room on the 1st floor (single occupant).
 - a. Other staff toilet rooms are on 2nd level, ok as is (non-accessible)
 - b. The 2 existing multi-fixture toilet rooms on the 1st floor are a part of the A-occupancy 1991 Addition and not included in the toilet count for the child-care side.
 - 2. Modify plan to utilize the remainder of the available space in this area for an owner-requested washer/dryer area.
 - 3. This includes demolition, new framing, finishes, plumbing, mechanical, electrical, lighting, accessories, signage.
 - iii. Fire/Life Safety (FLS) Compliance
 - 1. It appears from the site visit, review of available information, and Building Standards Code analysis that the building meets the requirements for fire-life safety as is. The Tenant Improvement plans will indicate the requirements for exiting, occupancy separation, and FLS features.
 - a. The only item that may be questionable is the Fire Alarm system. It is advisable that your Fire Alarm vendor review the existing system and provide an operational report documenting the system and any issues that may need resolution.

iv. Title 22 Code Requirements

1. It appears from the site visit and review of Title 22, that the space meets the requirements as outlined for Building/Grounds, Outdoor Activity Space, Indoor Activity Space, Storage Space, Fixtures/Furnishing/Equipment/Supplies, and Drinking Water, with the exception of the required toilet rooms as noted. The Tenant Improvement plans will indicate physical items that meet code requirements to assist in jurisdiction and licensing review.

Thank you for considering Aspen Street Architects for this project. We look forward to working with you.

Respectfully,


Nathan A. Morgan
President

Attachments:

- Appendix A – Code Review Notes
- Appendix B – Concept Floor Plan

APPENDIX A – CODE REVIEW NOTES

Review of the 2022 CA Building Standards Code, Title 24, Part 2 – California Building Code

1. Section 452 School Facilities for Kindergarten Through 12th Grade and Group E Child Care
 - a. Section 452.1.1 Location on Property – shall front directly and exit on a public street - compliant
 - b. Section 452.1.4 Special Provisions – rooms used for Group E Child-care shall not be located above or below the first story – compliant

2. Table 508.4 Required Separation of Occupancies
 - a. Between E (Child-care) and the adjacent A occupancy – no rated separation required – compliant

3. Section 907.2.3 Group E – Fire Alarm
 - a. **For new buildings** - An automatic fire alarm system that initiates the occupant notification signal utilizing an emergency voice/alarm communication system meeting the requirements of Section 907.5.2.2 and installed in accordance with Section 907.6 shall be installed in **Group E occupancies** with an occupant load **of 50 or more persons** or containing more than one classroom or one or more rooms used for Group E or I-4 child-care purposes in accordance with this section. Where automatic sprinkler systems or smoke detectors are installed, such systems or detectors shall be connected to the building fire alarm system. One additional manual fire alarm box shall be located at the administration office or location approved by the AHJ.
 - i. Building has some sort of fire alarm system now. FM has indicated it needs to be operational. Recommend have FA company review the existing system, and provide operational report.

4. Chapter 10 Means of Egress
 - a. Exiting
 - i. Table 1006.2.1 Occupant load greater than 49, 2 exits required – compliant
 1. Maximum common path of travel, occupant load greater than 30 = 75 feet – compliant
 - ii. 10007.1.1 – Exit Separation, where 2 exits required they shall be placed a distance apart equal to not less than ½ the length of the maximum overall diagonal dimension of the building or area served – this is for the 1st floor - compliant
 - iii. Table 1006.3.4 Stories with one exit or access to one exit for other occupancies - 1st story above grade (2nd story) E occupancy maximum occupant load 49, 1 exit allowed – compliant

Title 22, Division 12 Chapter 1 Child Care Center General Licensing Requirements, Article 7. Physical Environment

1. 101238 – Buildings and Grounds

- a. Cleaning Solutions, other items that could pose a danger if readily available to children shall be stored where inaccessible to children. Poisons shall be in locked storage areas. Medicines shall be stored separately from items cleaning solutions/etc. Cleaning solutions/etc shall not be stored in food-storage areas or in areas used by or for children.
 - i. It is assumed these locations exist and will simply be noted on the plan submittal - Owner to confirm locations
2. 101238.2 – Outdoor Activity Space
- a. Required to have 75/sf per child of outdoor activity space based on licensed capacity. 59 licensed capacity – requires 4,425sf.
 - i. Existing yard is approximately 150' x 25' = 11,250 sf – in excess of requirement - compliant
 - b. Required to have shaded area
 - i. Existing yard has shaded areas, built shade structures - compliant
 - c. Permit children to reach the outdoor activity space safely
 - i. Staff escorts children to the area
 - d. Areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls. Sand, woodchips and pea gravel, or rubber mats are permitted.
 - i. Appears to have wood chips - compliant
 - e. The playground area shall be enclosed by a fence
 - i. Has existing fence of proper height - compliant
3. 101238.3 – Indoor Activity Space
- a. Required to have 35/sf per child of indoor activity space based on licensed capacity. 59 licensed capacity – requires 2,065sf.
 - i. Existing floor space is in excess of 3,600 sf – in excess of requirement - compliant
4. 101238.4 – Storage Space
- a. Each child required to have individual permanent or portable storage space for clothing, personal belongings and/or bedding.
 - i. We'll need to indicate on the plan where this is. There appeared to be quite a bit of this.
 - 1. Owner to confirm locations
 - b. There shall be permanent or portable storage space in the playroom for play materials and equipment
 - i. We'll need to indicate on the plan where this is. There appeared to be quite a bit of this.
 - 1. Owner to confirm locations
 - c. Napping Equipment stored when not in use
 - i. We'll need to indicate on the plan where this is. There appeared to be quite a bit of this.
 - 1. Owner to confirm locations
 - d. Combustibles, cleaning equipment and cleaning agents stored in an area separate from food supplies in locked cabinet or location inaccessible to children.



Aspen Street ARCHITECTS
 ARCHITECTURE • PLANNING
 FEASIBILITY STUDIES
 494 North Main Street
 P.O. Box 370
 Angels Camp, CA 95222
 t: 209.736.0882 • f: 209.736.9071
 www.aspenstreetarchitects.com

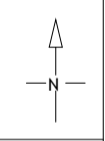
NOT FOR CONSTRUCTION

COPYRIGHT 2024

BURNEY TCCN DAY CARE

**PROJECT SCOPING
 37477 MAIN ST
 BURNEY, CA 96013**

KEY PLAN



AGENCY APPROVALS

AGENCY NO.

PROPOSED FLOOR PLAN

DRAWING TITLE

JOB: 98013.13

SCALE: AS SHOWN

DR. BY:

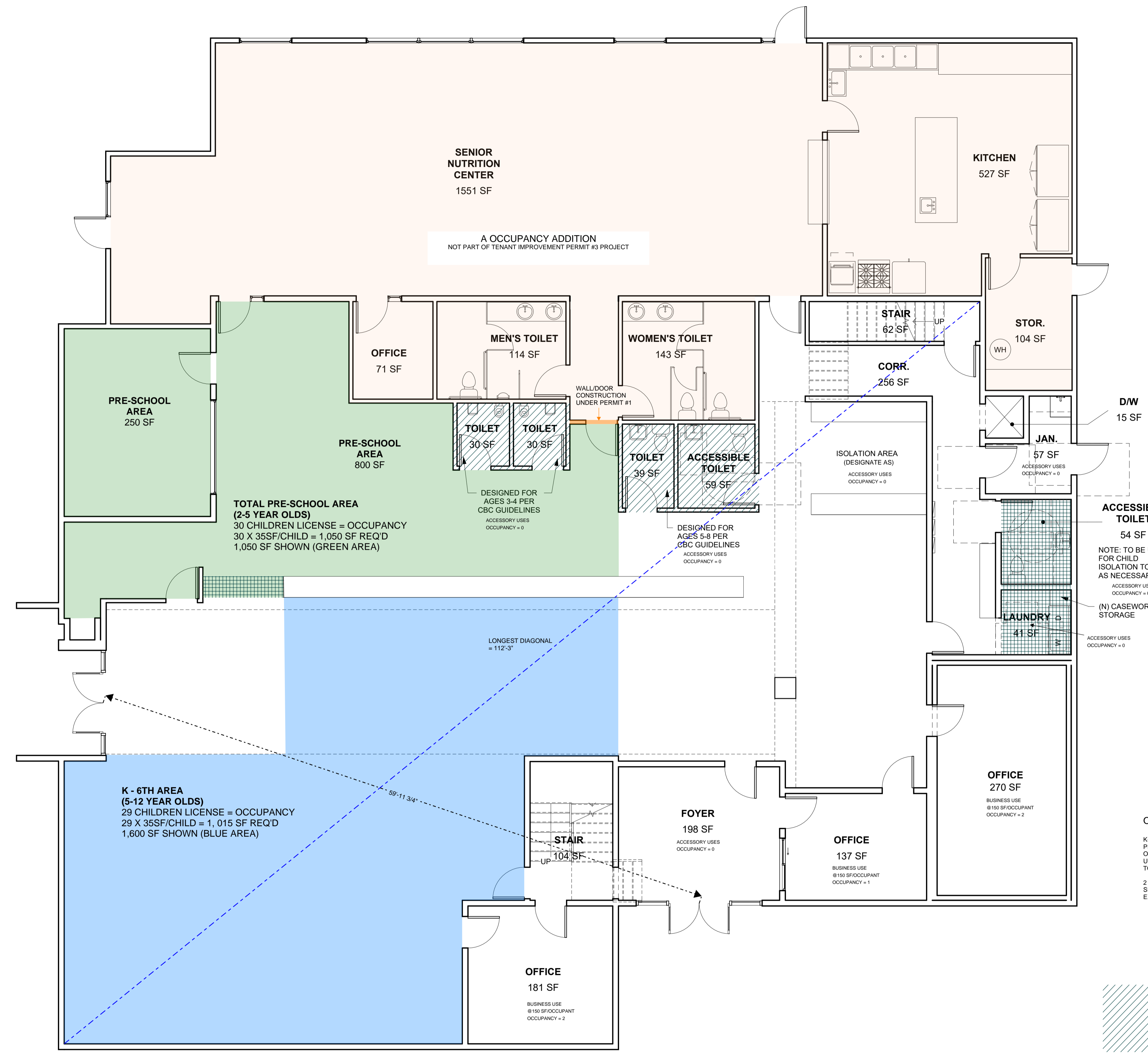
ISSUED

FOR

ON

A-100.2

SHEET NO.



CONCEPT PLAN - PERMIT #3

1 PROPOSED FLOOR PLAN
 3/16" = 1'-0"

THIS DRAWING IS MEANT TO BE PRINTED 24"X36". AT ANY OTHER SIZE, DISREGARD REFERENCES TO SCALE.

PACS Summary

Limitations of the Ambra PACS Solution:

1. Image Exchange Platform Focus:
 - Ambra was primarily designed as an image exchange platform, not a comprehensive PACS system.
 - This limited focus restricts its functionality for managing and correcting patient information and image assignments.
2. Risk of Critical Findings Misassociation:
 - The inability to make corrections within the Ambra system poses a significant risk.
 - Critical findings might inadvertently get associated with the wrong patient, potentially leading to serious clinical implications.
3. Complex Workflow and Error Opportunities:
 - Ambra's workflow involves multiple manual steps, which can be cumbersome.
 - Especially with frequent onboarding of travel technologists, this complexity increases the chances of errors.
4. Lack of Cerner EMR Integration:
 - Ambra's lack of integration with your Cerner EMR hinders efficient access to patient images.
 - Providers cannot seamlessly review images within their primary clinical system.

Benefits of Transitioning to a Dedicated PACS System:

1. Improved Data Accuracy:
 - With our own PACS system, we will have the ability to review and correct patient information and image assignments before radiologists interpret studies.
 - This ensures data accuracy and patient safety.
2. Streamlined Workflow:
 - A dedicated PACS system streamlines our workflow by reducing manual steps.
 - Fewer opportunities for errors lead to better efficiency.
3. Cerner EMR Integration:
 - Integration with Cerner EMR empowers providers to access and view patient images directly within their clinical workflow.
 - Seamless access improves patient care and overall efficiency.
4. In-House Management and Control:
 - Managing our PACS system in-house provides greater control, flexibility, and responsiveness.
 - Relying less on third-party platforms enhances Mayer's autonomy.
5. Electronic Study Sharing:
 - Sending studies electronically to other organizations' PACS systems eliminates the need for burning CDs/DVDs and using FedEx.
 - It's a more efficient and eco-friendly approach.

In conclusion, I believe transitioning to our own PACS system will provide significant benefits to Mayers, including improved patient safety, enhanced clinical workflows, and greater control over our imaging data and processes.

PACS Vendor Comparison:

1. OnePACS:
 - **Pros:**
 - Currently used by our Tele Rads.
 - **Cons:**
 - **Lack of Integration with Cerner:** OnePACS does not integrate with our existing Cerner system, which is a critical requirement.
 - **Inadequate Fulfillment:** It wouldn't fully meet our needs.
2. Fuji Synapse PACS:
 - **Pros:**
 - **Cost-Effective:** Over the long term, Fuji Synapse PACS proves to be more budget-friendly. After year 5 the annual cost drops to \$16,416
 - **Integration Potential:** Working with our IT department, Fuji indicated we could use our existing interface. The only way this would not be true is if Fuji needs a segment that we are not currently getting from Cerner. We estimate with about a 90+ percent chance that we will be able to do this without engaging Cerner.
 - **Electronic Study Sharing:** Sending studies electronically to other organizations' PACS systems reduces the need for physical media and shipping.
 - **Cons:**
 - Specific pricing and implementation details require thorough assessment(see table)
3. Sectra PACS:
 - **Pros:**
 - **Viable Option:** Based on the information provided, Sectra PACS seems like another viable choice.
 - **Best in KLAS:** Sectra is ranked #1 in PACS for smaller hospitals.
 - **Cons:**
 - Specific pricing and implementation details require thorough assessment(see table)
 - After year 5, the annual cost will not decrease and we would continue to pay the higher rate of \$46K+ annually.

Why Choose Fuji?

- Synapse is Clientless and Zero Footprint with server side rendering of studies, which means there are not thick client software upgrades to manage with all Mayer's workstations, during implementation nor with every upgrade release
- Synapse SAAS is Mayer's owned at the end of the term and only annual support paid post term.
 - Sectra SAAS is paid in perpetuity and therefore TCO increases over time
- Synapse is well proven with Cerner integrations and many sites as well as Cerner CommunityWorks
- Synapse PACS project can start within 30 days of PO. All project professional services hours and training are included in our quotes. Fuji does will not come back and ask for additional money to cover unidentified project professional services and training
 - Sectra is often 12mo+ on projects due to a lack of resources
 - Sectra is now using 3rd party dealers to help with smaller implementations, which means community hospitals gets less trained resources assigned **(technoLOGIX)**
 - Sectra routinely asks for additional project dollars and training dollars and even calls this out in their PACS contract

3.1.4 A Service Ticket that runs over 10 hours will be treated as a project and billed separately

- Synapse has many future expansion opportunities as Mayers grows including Fuji developed Cardiology, 3D and #1 VNA for 5 Consecutive Years
 - Sectra's Cardiology solution is a 3rd Party software made by TomTec, which is owned by Philips Healthcare
 - Fuji coded 3D with over 50 different modules
 - Synapse AI Orchestration is strong and integrated with 45+ AI Vendors
- Fuji has had an AI Orchestrator which we can embed in PACS. We take the vendors AI and drive the PACS worklist priority and AI findings to assist clinicians. We have currently validated 45+ Vendors AI and that is growing. We are happy to validate any AI vendor you are considering.
 - For example:
 - With AIDoc and Fuji PACS - a highly likely stroke can automatically triage stroke team communications and prioritize a Rad to read that study.
 - With Gleamer and Fuji PACS will highlight fractures in the ER and for the Radiologist, which is helpful for hairline fractures and trauma cases
 - Hologic Profound AI with Fuji PACS will assist with early detection of breast cancer

Recommendation

I recommend moving forward with Fuji Synapse PACS. This system offers several key advantages over the Sectra PACS:

- After the fifth year, the cost of ownership drops to approximately \$16,000 annually, compared to Sectra's \$45,000 annual cost.
- Fuji Synapse integrates seamlessly with Cerner, facilitating smoother information exchange within our organization.
- Fuji Synapse provides greater flexibility for sharing images with external organizations, improving our ability to collaborate with partners.
- With over 45+ AI vendors, Fuji Synapse offers ample opportunities for future expansion and integration of AI technologies.
- Synapse PACS has consistently ranked among the top-performing radiology IT solutions in the Best in KLAS rankings, with a notable 10% performance increase in recent years.

Fuji Synapse

	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Implementation	\$ 37,500.00	\$ -	\$ -	\$ -	\$ -	\$ 37,500.00
Training	\$ 33,200.00	\$ -	\$ -	\$ -	\$ -	\$ 33,200.00
Back-up	\$ 15,568.00	\$ -	\$ -	\$ -	\$ -	\$ 15,568.00
Service	\$ 25,736.80	\$ 25,736.80	\$ 25,736.80	\$ 25,736.80	\$ 25,736.80	\$ 128,684.00
Totals	\$ 112,004.80	\$ 25,736.80	\$ 25,736.80	\$ 25,736.80	\$ 25,736.80	\$ 214,952.00

Sectra

	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Implementation	\$ 37,500.00	\$ -	\$ -	\$ -	\$ -	\$ 37,500.00
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Back-up	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service	\$ 42,600.00	\$ 43,440.00	\$ 44,340.00	\$ 45,240.00	\$ 46,140.00	\$ 221,760.00
Totals	\$ 80,100.00	\$ 43,440.00	\$ 44,340.00	\$ 45,240.00	\$ 46,140.00	\$ 259,260.00