



Hazel Hawkins  
MEMORIAL HOSPITAL

REGULAR AND SPECIAL MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
THURSDAY, MARCH 23, 2023 – 5:00 P.M.  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM

**Mission Statement** - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement** - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

*San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.*

**AGENDA**

**Presented By:**

1. **Call to Order / Roll Call**

(Hernandez)

2. **Board Announcements**

(Hernandez)

3. **Public Comment**

(Hernandez)

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Board Members may not deliberate or take action on an item not on the duly posted agenda. Written comments for the Board should be provided to the Board clerk for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Speaker cards are available.

4. **Consent Agenda – General Business**

(Hernandez)

The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda.

A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors  
February 23, 2023

- B. Consider and Approve Policies:
- Equipment Service and Maintenance
  - Advance Beneficiary Notice (ABN) of Noncoverage for Laboratory Outpatients
  - Non-Exempt Meal and Rest Break Policy
- C. Receive Officer/Director Written Reports - No action required.
- Chief Clinical Officer/Patient Care Services (Acute Facility)
  - Provider Services & Clinic Operations
  - Skilled Nursing Facilities Reports (Mabie Southside/Northside)
  - Laboratory
  - Foundation Report
  - Marketing/Public Relations

*Recommended Action: Approval of Consent Agenda Item (A) through (C).*

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

**5. Medical Executive Committee \*\*\***

(Dr. Bogey)

- A. Consider and Approve Medical Staff Credentials: March 22, 2023

*Recommended Action: Approval of Credentials.*

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

- B. Receive Medical Staff Synopsis: March 22, 2023

**6. Receive Informational Reports**

- A. Interim Chief Executive Officer (CEO)

(Casillas)

- B. Finance Committee

(Robinson)

1. Finance Committee Meeting Minutes – March 16, 2023
2. Finance Report/Financial Statement Review
  - Review of Financial Report for March 16, 2023
  - Financial Statements – February 2023
3. Financial Updates
  - Review Finance Dashboard – February 2023

- Status of Supplemental Payments
- Savings Tracker

## C. Facilities Committee

(Robinson)

## 1. Facilities Committee Meeting Minutes – March 16, 2023

**7. Action Items:**

## A. Discussion of Board Priorities Regarding Potential Affiliation and Strategic Partner Models and Provide General Direction. (Casillas)

- Report
- Public Comment
- Board Discussion

## B. Consider Formation Of A Temporary Advisory Committee To Identify Potential Affiliation and Strategic Partner Models, and Develop Recommendations For Full Board Review (The Temporary Committee Will Exist Until Recommendations Are Made To The Full Board). (Hernandez)

*Recommended Action: Approval of Formation of Temporary Advisory Committee..*

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

**8. Public Comment**

(Hernandez)

This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes.

**9. Closed Session**

(Hernandez)

(See Attached Closed Session Sheet Information)

**10. Reconvene Open Session / Closed Session Report**

(Hernandez)

**11. Adjournment**

(Hernandez)

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, April 27, 2023**, at 5:00 p.m., and will be held in person.

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting, in the Administrative Offices of the District, and posted on the District's website at <https://www.hazelhawkins.com/news/categories/meeting-agendas/>. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Any public record distributed to the Board less than 72 hours prior to this meeting in connection with any agenda item shall be made available for public inspection at the District

office. Public records distributed during the meeting, if prepared by the District, will be available for public inspection at the meeting. If the public record is prepared by a third party and distributed at the meeting, it will be made available for public inspection following the meeting at the District office.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**\*\*\* To be distributed at or before the Board meeting**

**SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS  
MARCH 23, 2023**

**AGENDA FOR CLOSED SESSION**

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

**CLOSED SESSION AGENDA ITEMS**

**LICENSE/PERMIT DETERMINATION**  
(Government Code §54956.7)

**Applicant(s):** (Specify number of applicants) \_\_\_\_\_

**CONFERENCE WITH REAL PROPERTY NEGOTIATORS**  
(Government Code §54956.8)

**Property:** 190 Maple Street, Hollister CA

**Agency negotiator:** Mary Casillas

**Negotiating parties:** Stabilized Properties NV Corporation

**Under negotiation:**  
Price and Terms

**CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**  
(Government Code §54956.9(d)(1))

**Name of case:** (Specify by reference to claimant's name, names of parties, case or claim numbers):  
\_\_\_\_\_, or

**Case name unspecified:** (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): \_\_\_\_\_

**CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**  
(Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): \_\_\_\_\_

Additional information required pursuant to Section 54956.9(e): \_\_\_\_\_

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): 1.

**LIABILITY CLAIMS**  
(Government Code §54956.95)

**Claimant:** (Specify name unless unspecified pursuant to Section 54961): \_\_\_\_\_

**Agency claimed against:** (Specify name): \_\_\_\_\_.

- [ ] **THREAT TO PUBLIC SERVICES OR FACILITIES**  
(Government Code §54957)

**Consultation with:** (Specify the name of law enforcement agency and title of officer): \_\_\_\_\_

- [ ] **PUBLIC EMPLOYEE APPOINTMENT**  
(Government Code §54957)

**Title:**

- [ ] **PUBLIC EMPLOYMENT**  
(Government Code §54957)

**Title:**

- [ ] **PUBLIC EMPLOYEE PERFORMANCE EVALUATION**  
(Government Code §54957)

**Title:** (Specify position title of the employee being reviewed):

- [ ] **PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**  
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

- [ ] **CONFERENCE WITH LABOR NEGOTIATOR**  
(Government Code §54957.6)

**Agency designated representative:**

**Employee organization:**

**Unrepresented employee:**

- [ ] **CONFERENCE WITH LABOR NEGOTIATOR**  
(Government Code §54957.6)

**Agency designated representative:**

**Employee organization:**

**Unrepresented employee:**

- [ ] **CASE REVIEW/PLANNING**  
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

**REPORT INVOLVING TRADE SECRET**  
(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

**Estimated date of public disclosure:** (Specify month and year): unknown

**HEARINGS/REPORTS**  
(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

**Subject matter:** (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

1. Report from Quality, Risk, and Compliance.

**CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW** (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

**ADJOURN TO OPEN SESSION**

**REGULAR MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM**

**THURSDAY, FEBRUARY 23, 2023  
MINUTES**

**HAZEL HAWKINS MEMORIAL HOSPITAL**

**Directors Present**

Jeri Hernandez, Board Member  
Bill Johnson, Board Member  
Devon Pack, Board Member  
Josie Sanchez, Board Member  
Rick Shelton, Board Member

**Also, Present In-person/Video Conference**

Mary Casillas, Interim Chief Executive Officer  
Mark Robinson, Chief Financial Officer  
Barbara Vogelsang, Chief Clinical Officer  
Heidi A. Quinn, District Legal Counsel  
Tiffany Rose, Executive Assistant

**1. Call to Order**

Directors Hernandez, Johnson, Pack, Sanchez, and Shelton were present; attendance was taken by roll call. A quorum was present and President Jeri Hernandez called the meeting to order at 5:00 p.m.

**2. Approval of Agenda**

**MOTION:** By Director Pack to approve the agenda as presented; Second by Director Sanchez.

**Moved/Seconded/Unanimously Carried.** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

**3. Board Announcements**

None.

**4. Public Comment**

An opportunity was provided for public comment and individuals were given three minutes to address the Board Members and Administration.

**5. Consent Agenda - General Business**

A. Minutes of the Regular Meeting of the Board of Directors, January 26, 2023.

B. Minutes of the Special Meeting of the Board of Directors, February 9, 2023.

C. Policies:

1. Disability Rights and Provider Obligations
2. Toy Cleaning Policy (RHC/Specialty Clinics)

Director Hernandez presented the consent agenda items before the Board for action. This information was included in the Board packet.

No public comment.

**MOTION:** By Director Sanchez to approve Consent Agenda – General Business, Items (A) through (C), as presented; Second by Director Shelton.

**Moved/Seconded/Unanimously Carried.** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

6. **Report from the Medical Executive Committee Meeting on February 15, 2023 and Recommendations for Board Approval of the following:**

A. Medical Staff Credentials Report: Dr. Dedini, Vice Chief of Staff, provided a review of the Credentials Report from February 15, 2023.

**Item: Proposed Approval of the Credentials Report; six (6) New Appointments, six (6) Reappointments, one (1) Allied Health New Appointment, and one (1) AHP Reappointment.**

No public comment.

**MOTION:** By Director Sanchez to approve the Credentials Report as presented; Second by Director Shelton.

**Moved/Seconded/and Unanimously Carried:** Ayes: Directors Hernandez, Johnson, Pack, Sanchez, and Shelton. Approved 5-0 by roll call.

B. Medical Staff Synopsis: Dr. Dedini provided a summary of the Medical Executive Committee Report of February 15, 2023.

A full written report can be found in the Board packet.

7. **Reports from the Interim Chief Executive Officer**

A. Board Education: Strategic Partnership Options Presentation

Richard Peil of B. Riley Advisory Services was present via zoom to provide a report to the Board.

B. Riley has been seeking sources of interim financing from both government agencies and commercial financing sources. In addition to the pursuit of interim financing, B. Riley has also been soliciting the interest of larger acute-care hospital operators to acquire either all or some of the Hospital's operations, or to become a strategic partner for the System. To date, more than 120 organizations have been contacted to gauge their interest in a potential acquisition or strategic partnership. Ten organizations have executed non-disclosure agreements with the System. Nine organizations are actively conducting due diligence and five have made on-site visits to the Hospital campus, as well as some clinic locations. The remaining organizations have been informed that B. Riley would like to receive preliminary proposals or Letters of Intent by March 3. Additional healthcare organizations continue to express interest and it is anticipated additional NDAs will be executed in the near future.

Mr. Peil also provided a summary of three potential scenarios that would maximize the value of Hazel Hawkins's assets, including the challenges and benefits of each:

- 1) Straight sale of the entire Hospital System to a larger operator of acute-care hospitals. This would take time to close such a sale because of various legal and regulatory hurdles. California law requires healthcare districts to obtain voter approval for the sale of more than 50% of a hospital district's assets. To overcome the timing constraints, an interim approach might be to first sell the Hospital's two skilled nursing facilities and seek voter approval for the System's remaining core operations at a later date.
- 2) District would enter into a strategic partnership agreement with a larger operator of acute-care hospitals. This would require the Strategic Partner to first enter into an operating agreement to begin managing the System and take-over all on-going financial responsibility for the Hospital. It would also require the Strategic Partner to execute a long-term lease for all of the Hospital's real estate and either lease or purchase the Hospital's medical equipment. Such a transaction would allow the District to continue its ownership of the Hospital Campus and remote clinics, but the new Strategic Partner would take over all operating responsibilities of providing healthcare for County residents. In other words, the District essentially becomes a landlord to the Strategic Partner, who would assume the financial responsibility for operating the Hospital and clinics.
- 3) A hybrid of the second scenario, but the new Strategic Partner's operating and lease agreements with the District would have a mandatory purchase option at some date into the future. In other words, after entering into a lease agreement and operating agreement, the Strategic Partner would eventually purchase the Hospital Campus and clinics from the District within a certain amount of time.

It was requested that Mr. Peil provide a written summary of the presentation to the Board Members.

**B. Comments on Chief Executive Officer Reports:** The Executive Team provided highlights of the following reports, which can be found in the Board packet.

- **Interim Chief Executive Officer**  
Ms. Casillas provided highlights of the Interim CEO Report, which can be found in the Board packet.
  - The business plan remains consistent to decrease expenses, increase revenue, and seek additional funding while searching for a feasible partner.
  - The District is currently working with state legislators, as well as requesting emergency funding in an effort to continue operations.
  - The Finance Team has successfully worked with DHCS to receive an advance in supplemental funding.
  - B. Riley continues to work with the District, which has received ten nondisclosure agreements from interested entities.
  - Mediation with stakeholders began in February.
  - The District has been working to decrease expenses, including deferment of COLA and review and evaluation of all contracted services. A reduction in registry premiums has resulted in an estimated \$1.8 million savings.
  - Employees represented by California Nurses Association and NUHW have agreed to postpone wage increases that were due to begin in January 2023. There has been a reduction through attrition and a hiring freeze, with a savings of \$1.2 million. Staff has been coming forward with cost savings ideas.
  - The District is looking at charges to ensure alignment with payors.

- Kudos was expressed to the OR Team, which has helped to increase revenue through outpatient procedures, as well as to the entire Hazel Hawkins Staff.
- Chief Clinical Officer/Patient Care Services (Acute Facility)
- Provider Services & Clinic Operations
- Skilled Nursing Facilities Reports (Mabie Southside/Northside)
- Laboratory
- Foundation Report
- Marketing/Public Relations

## 8. **Report from the Finance Committee**

### A. Finance Committee Minutes

Minutes of the meeting of the Finance Committee from February 16, 2023, were included in the Board packet.

### B. Finance Report/Financial Statement Review

Mr. Robinson provided an overview of the financial report for February 16, 2023, as well as the January 2023 Financial Statements, included in the Board packet.

### C. Financial Updates

- a. Finance Dashboard – January 2023
- b. CMSP
- c. Savings Tracker

Mr. Robinson reviewed the Finance Dashboard for January 2023, County Medical Services Program (CMSP) and the savings tracker, all of which were included in the Board packet. Highlights include:

- Funding from the CARES Act was received between April – June 2020 through direct funding and government loans. The District paid back approximately \$6.9 million to the government in 2022. At this time, it is estimated the government owes the District roughly \$6 million for COVID care already provided.
- It takes several years before the government audits the Medicare Cost Report, resulting in approximately a two-year delay in reimbursement to the District. The supplemental reimbursement does not cover the difference of what the District paid initially and the cost of providing care.
- Starting October 1<sup>st</sup> disproportionate share funding will be reduced resulting in a loss of over \$400,000.
- Funding at both the State and Federal levels is being reduced.
- In the month of January, billing was held for the Anthem plan so that the system could be loaded at the new rate. All bills were released the last week of January and it is expected those will clear through February.
- In January, the District received advancement of the CHFFA loan.
- Support is being received from the Department of Healthcare Services, which advanced a release of \$3 million to the District.
- A request is being made for early release Intergovernmental transfer funding.

9. **Report from the Facilities Committee**

A. **Facilities Committee Minutes**

Minutes of the meeting of the Facilities Committee from February 16, 2023, were included in the Board packet.

10. **Public Comment**

No public comment.

11. **Closed Session**

President Hernandez announced the items to be discussed in Closed Session as listed on the posted Agenda are (1) Conference with Real Property Negotiators, Government Code §54956.8; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4); (3) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106.

The meeting was recessed into Closed Session at 6:15 p.m.

The Board completed its business of the Closed Session at 6:51 p.m.

12. **Reconvene Open Session/Closed Session Report**

President Hernandez announced the items to be discussed in Closed Session as listed on the posted Agenda are (1) Conference with Real Property Negotiators, Government Code §54956.8; (2) Conference with Legal Counsel-Anticipated Litigation, Government Code §54956.9(d)(4); (3) Report Involving Trade Secret, Government Code §37606 & Health and Safety Code §32106.

No reportable action was taken by the Board in the Closed Session.

13. **Adjournment:**

There being no further regular business or actions, the meeting was adjourned at 6:52 p.m.

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, March 23, 2023 at 5:00 p.m.**, and will be conducted in person.

## Equipment Service and Maintenance

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### Revision Insight

Document ID:	11690
Revision Number:	0
Owner:	Kristina Harwood, Radiology Supervisor
Revision Official Date:	No revision official date

#### Revision Note:

Approved by Radiology committee on 12/23/2022.  
Approved by P&P committee on 01/19/23.

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## Policy : Equipment Service and Maintenance

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### PURPOSE

To track equipment maintenance and services so that equipment can run in optimal condition.

### POLICY

1. When service is needed within service hours, call service and notify staff of service required. If service is needed outside service hours, the Radiology Director must be notified to evaluate and approve the needed service. As a means of communication, all service calls must be logged on the Diagnostic Imaging Equipment Service Log (Appendix A).
2. Planned Preventive Maintenance involves maintenance performed to extend the life of the equipment and prevent its failure. Preventative maintenance of radiology equipment is followed in accordance with the manufacturer's recommendations.
3. Breakdown Maintenance is a task performed to identify, isolate, and rectify a fault so that the out-of-order equipment, machine, or system can be restored to an operational condition. Written procedures when equipment fails are maintained by the department and the appropriate service company to contact is notified.

### PROCEDURE

1. The lead technologist and management team for each modality will assure that equipment is maintained in accordance with the manufacturer's recommendations.
  2. When breakdown maintenance is identified, the technologist that witnessed the event will:
    - a. Record details of the defect(s) in the Equipment Problem Log (Appendix A).
    - b. Attach a label on the equipment(s) to notify others that the equipment is out of service until assessed by a service engineer.
    - c. Notify the management team to provide guidance on repairs.
    - d. Contact the service engineer/company by telephone number and document the reference number in the Equipment Program Log.
    - e. Ensure that information regarding the breakdown is passed down to staff during shift changes.
  3. See Equipment Reference List (Appendix B) for a reference on point of contact for maintenance of the radiology equipment.
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### ATTACHMENTS

Appendix A: Diagnostic Imaging Equipment Service Log

## DIAGNOSTIC IMAGING EQUIPMENT PROBLEM LOG

DATE:	ROOM:	PROBLEM:	TIME CALLED & TECH INITIALS	REFERENCE#:	ACTION TAKEN:	DATE/TIME RESOLVED:

Appendix B: Equipment Reference List

## Advance Beneficiary Notice (ABN) of Noncoverage for Laboratory Outpatients

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### Revision Insight

Document ID:	11691
Revision Number:	0
Owner:	Bernadette Enderez,
Revision Official Date:	No revision official date

Revision Note:  
New Policy. Approved by P&P on 01/19/2023

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## Policy : Advance Beneficiary Notice (ABN) of Noncoverage for Laboratory Outpatients

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### PURPOSE

To ensure a valid Advance Beneficiary Notice (ABN) is obtained from Medicare fee-for-service(s) patients when a procedure/service(s) may not be considered medically reasonable and necessary according to Medicare Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs).

### POLICY

An ABN must be provided to the Medicare beneficiary when Medicare is expected to deny payment (entirely or in part) for an item or service(s) because it is not medically reasonable and necessary under Medicare program standards. The ABN must be completed prior to the patient receiving the potentially non-covered care, and far enough in advance of providing the item or service(s) to allow sufficient time for the patient to consider all available options. It is not considered sufficient time if the patient has already been prepped for their procedure. **ABNs must not be issued to patients who are unable to comprehend the ABN or under duress.**

### DEFINITION OF TERMS

National Coverage Determination (NCD) – a decision about particular procedures or treatment that Medicare will or will not cover for particular conditions.

Local Coverage Determination (LCD) – decisions made by a Medicare Administrative Contractor (MAC) whether to cover a particular item or service(s) in a MAC's jurisdiction (region) in accordance with section 1862(a)(1)(A) of the Social Security Act.

Advance Beneficiary Notice (ABN) – is a written notice from Medicare (standard government form CMS-R-131), given to a patient before receiving certain items or service(s) notifying the patient that Medicare may deny payment for that specific procedure or test and the patient will be personally responsible for full payment if Medicare denies payment.

### PROCEDURE

The guidelines set forth below must be followed to ensure that an ABN is obtained in accordance with Medicare requirements. Failure to follow these guidelines will result in an inability to bill the patient for any service(s) that Medicare determines are not medically reasonable and necessary.

#### When an is ABN required

In order to transfer financial liability to the patient, an ABN must be obtained when one or more of the following circumstances exist:

1. The service(s) is not indicated for the patient's diagnosis or treatment based on the patient's ICD10 diagnosis code(s);
2. The service(s) is not considered safe or effective (e.g., has not been approved by the FDA); or
3. The service(s) may only be covered by Medicare for a limited number of times and/or within a specified time period, and this service(s) exceeds the quantity or frequency limitation

If there is doubt as to whether the requirements of an NCD/LCD have been met, proceed with obtaining an ABN to allow the Medicare Contractor (JE Noridian) to determine if it is covered.

**Some clinics and/or departments within HHMH do not have a tool to determine if outpatient service(s) are deemed not to be covered according to NCD and LCD guidelines prior to service(s) being rendered and thus will not issue an ABN to the patient.**

ABNs are not required for care that is statutorily excluded or service(s) that are never a Medicare covered benefit (e.g., self-administered drugs, cosmetic surgery).

#### Use of the ABN form

1. If the service(s) to be provided is governed by an NCD or LCD, the pertinent information, including CPT/HCPCS code(s) and ICD-10-CM code(s), if applicable, must be reviewed to determine if the service(s) meets the requirements specified in

the NCD and/or LCD, and to determine if an ABN is necessary.

2. The ABN must **not** be provided:
  - a. after service(s) have been rendered;
  - b. to a beneficiary when payment for an item or service(s) is bundled or packaged into another payment (e.g., under ASC Prospective Payment System), even when those items or service(s) do not meet medical necessity guidelines;
  - c. without genuine reason to believe that Medicare may deny the item/service(s); or
  - d. when the beneficiary is unable to comprehend the ABN (e.g., if the patient is comatose, confused or legally incompetent, he/she is unable to understand the implications of signing the ABN) and his/her authorized representative is not available.

### Completion of the ABN form and other specifications

1. The current CMS-approved form (CMS-R-131) must be used, which may not be altered (a sample of the current version is attached). All fields on the ABN form must be completed in sufficient detail to specify the potentially non-covered service(s).
2. When completing the ABN form the following items must be included:
  - a. Notifier's name, address and telephone number.
  - b. Patient's name. A middle initial should also be used if there is one on the patient's Medicare card.
  - c. Patient's medical record number (or account number).
  - d. Include in the "Items or Service(s)" box the CPT code(s) and description(s).
  - e. Include in the "Reason Medicare May Not Pay" box the reason why the service(s) may be denied.
  - f. In the "Estimated Cost" box, include the estimated charge for the service(s). If multiple items or service(s) are listed the estimated cost may reflect the total cost of all the potentially non-covered items and service(s).
  - g. In general, the estimate should be within \$100.00 or 25% of the actual cost, whichever is greater. For example, for a service(s) that costs \$250.00, the estimate could be listed as:
    - Any dollar estimate equal to or greater than \$150.00
    - "Between \$150.00 - \$300.00"
    - "No more than \$500.00"
3. The beneficiary must select one of the three options listed in the "Options" section on the ABN form. Only one of the three options may be selected. If an option is not marked or more than one option is marked the ABN will **not** be valid. The beneficiary may choose:
  - a. **Option 1\*** - I want the service(s), bill Medicare;
  - b. **Option 2** - I want the service(s), do not bill Medicare;
  - c. **Option 3** - I do not want the service(s).

**\* Special guidance for people who are dually enrolled in both Medicare and Medicaid, also known as dually eligible individuals (has a Qualified Medicare Beneficiary (QMB) Program and/or Medicaid coverage) ONLY:** Dually Eligible beneficiaries must be instructed to check Option Box 1 on the ABN for a claim to be submitted for Medicare adjudication. Strike through Option Box 1 as provided below:

Option 1. I want the (D)\_\_\_\_\_ listed above. ~~You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN.~~

**NOTE:** These edits are required because the provider cannot bill the dual eligible beneficiary when the ABN is furnished. These instructions should only be used when the ABN is used to transfer potential financial liability to the beneficiary and not in voluntary instances.
4. The "Additional Information" section may be used to insert additional clarification that will be of use to beneficiaries.
5. The patient shall not be asked to sign an ABN until all information on the form is completed.
6. Once the beneficiary reviews and understands the information on the ABN, the beneficiary or their representative must sign and date it. If a representative signs on behalf of a beneficiary, he or she should write out "representative" in parentheses after his or her signature. The representative's name should be clearly legible or noted in print. If the ABN form is not signed and dated it will not be considered valid.
7. Once the ABN is signed it may not be altered in any way. If additional service(s) will be provided for which an ABN will be needed, a new ABN must be obtained. The signed ABN form should be distributed as follows:
  - a. Retain the original copy at the provider's office,
  - b. Give one copy to the patient, and

- c. Retain one copy in the patient's financial record.
- 8. If the beneficiary refuses to sign the ABN and be financially responsible in the event Medicare denies payment, the referring/ordering provider should be contacted to determine if non-performance of the service(s) will compromise patient care.
  - a. If the provider is unable to be reached:
    - i. The service(s) will be provided, the referring/ordering provider's office will be contacted and/or the HIM department to obtain supporting diagnosis. If no such diagnosis is available the charges will be billed for denial or written off according to Business office policy.
  - b. If the provider does not supply any supporting diagnosis:
    - i. The provider will be asked if the service(s) are necessary. If the provider requests the service(s) be performed, the charge(s) will be billed to Medicare for adjudication. If denied the charges will be billed for denial or written off according to Business office policy.
- 9. If the patient demands the service(s) and refuses to sign the ABN and be financially responsible in the event Medicare denies payment, then two witnesses should sign the ABN form and a note should be made that the beneficiary refused to sign. In this case, the service(s) may be provided and if Medicare payment is denied, the beneficiary can be billed for payment.

### Billing Modifiers

1. Medicare modifiers should be used as follows:
  - a. **GA Modifier:** This modifier should be used when an ABN is signed and is on file. It should also be used when the beneficiary refuses to sign the ABN, but still demands the service(s) if two witnesses have signed the ABN form noting the patient's refusal to sign.
  - b. **GZ Modifier:** This modifier should be used when the claim is expected to be denied as "not reasonable and necessary", but no ABN was obtained. Beneficiaries may not be billed for any claim to which the "GZ" modifier is appended.
  - c. **GY Modifier:** This modifier should be used when the claim is expected to be denied as "non-covered". ABNs are not required when these types of service(s) are provided (i.e., routine physicals). This modifier is for informational use by the payor and does not prevent directly billing the patient for the service(s). The "GY" modifier should be used when the beneficiary refuses to pay until Medicare denies the claim.
2. If the Medicare Contractor determines that the service(s) are non-covered, the provider can bill the beneficiary for the service(s) for which an ABN was obtained.
3. If the Medicare Contractor pays for the service(s) then the beneficiary must not be billed for the service(s) for which an ABN was obtained.
4. If the service(s) are not medically necessary and the patient chose **Option 2** on the ABN, the service(s) must not be billed to Medicare. Business office personnel must be informed of this decision.
5. If the service(s) are not medically necessary and the patient chose **Option 3** on the ABN, the beneficiary is choosing not to receive the items/service(s) and no service(s) will be billed to Medicare.
6. If the service(s) have frequency limits:
  - a. The service(s) should be reported on the claim.
  - b. The GA modifier must be appended to the CPT/HCPCS code(s) representing the frequency limited service(s) if an ABN was obtained.
  - c. The beneficiary must not be billed for the service(s) if the Medicare Contractor pays for the service(s).
  - d. The provider can bill the beneficiary for the service(s) for which an ABN was obtained if the Medicare Contractor determines that the service(s) have exceeded the frequency limits.
  - e. The provider must not bill the beneficiary if the Medicare Contractor determines that the service(s) have exceeded the frequency limits and an ABN was not obtained.
7. If the service(s) are outside the scope of the LCD and/or NCD, the service(s) should be reported as covered on the claim.

### REFERENCES

1. [CMS Form Instructions for Advance Beneficiary Notice of Noncoverage \(ABN\), OMB Approval Number: 0938-0566](#)
2. [Medicare Advance Written Notices of Noncoverage ICN MLN006266 CMS Pub. 60AB, Transmittal No. AB-02-114, July 31, 2002 – ABNs and DMEPOS Refund Requirements](#)
3. [Medicare Claims Processing Manual \(Pub 100-4\), Chapter 30 – Financial Liability Protections, Section 50 – Form CMS-R-131 ABN](#)

4. Medicare Program Integrity Manual (Pub 100-8), Chapter 13 – Local Coverage Determinations
5. Medicare Contractor Local Coverage Determinations: <https://www.cms.gov/Medicare-Coverage-Database/search.aspx>
6. CMS National Coverage Determinations: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS014961>

**ATTACHMENTS**

Attachment A

**A. Notifier:**

**B. Patient Name:**

**C. Identification Number:**

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**Advance Beneficiary Notice of Non-coverage  
(ABN)**

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

**WHAT YOU NEED TO DO NOW:**

- Read this notice, so you can make an informed decision about your care.
  - Ask us any questions that you may have after you finish reading.
  - Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**G. OPTIONS: Check only one box. We cannot choose a box for you.**

**OPTION 1.** I want the D. \_\_\_\_\_ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the D. \_\_\_\_\_ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3.** I don't want the D. \_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

**H. Additional Information:**

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

<b>I. Signature:</b>	<b>J. Date:</b>
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<b>Document ID</b>	11691	<b>Document Status</b>	In preparation
<b>Department</b>	Laboratory	<b>Department Director</b>	Enderez, Bernadette
<b>Document Owner</b>	Enderez, Bernadette	<b>Next Review Date</b>	

**Attachments:**  
**(REFERENCED BY THIS DOCUMENT)**

**Other Documents:**  
**(WHICH REFERENCE THIS DOCUMENT)**

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<b>Document ID</b>	11690	<b>Document Status</b>	In preparation
<b>Department</b>	Radiology	<b>Department Director</b>	Enderrez, Bernadette
<b>Document Owner</b>	Harwood, Kristina	<b>Next Review Date</b>	
<b>Revised</b>	[03/05/2021], [09/21/2022]		
<b>Reviewed</b>	[11/22/2016], [11/17/2017], [11/20/2018], [12/03/2019]		

**Attachments:**  
**(REFERENCED BY THIS DOCUMENT)**

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## Non-Exempt Meal and Rest Break Policy

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### Revision Insight

Document ID:	11683
Revision Number:	0
Owner:	Mario Quintana, HR Director
Revision Official Date:	No revision official date

Revision Note:  
New Policy

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## Policy : Non-Exempt Meal and Rest Break Policy

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### PURPOSE

To ensure that non-exempt employees who provide or support direct patient care are provided the ability to take meal periods and rest breaks.

In accordance with state labor law, employees have the ability to waive one of their two meal periods. Inquire with the Human Resources Department for clarification.

### POLICY

**Meal period.** HHMH provides and affords all non-exempt employees who work more than five hours in a workday an uninterrupted, duty-free, 30-minute meal period. This meal period is to begin no later than the end of the fifth hour of work. The company also provides and affords a second uninterrupted, duty-free, 30-minute meal period when an employee works more than 10 hours in a workday. This second meal period is to begin no later than the end of the 10th hour of work.

**Rest breaks.** HHMH provides employees with the opportunity to take a 15-minute paid rest break during every four hours worked (or a major fraction thereof), which should be taken as far as practicable in the middle of each work period. Rest breaks may not be combined with meal periods, and they may not be used to shorten the workday.

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### PROCEDURE

#### Rest Breaks

Employees are authorized one (1) 15-minute rest break for every four (4) hours worked (or a major fraction thereof, which is defined as any amount of time over two [2] hours). A rest break need is not required for employees whose total daily work time is less than three and one half (3.5) hours.

Employees working a shift that is three and one-half (3.5) to six (6) hours in length, will be entitled to one (1) 15-minute rest break. Shifts longer than six (6) hours and up to 10 hours entitle the employee to two (2) 15-minute rest breaks. Shifts longer than ten and up to 14 hours entitle the employee to three (3) 15-minute rest breaks.

Employees will be relieved of all duties during their rest breaks. They are expected to return to work promptly after any rest break.

#### Meal Periods

Employees are authorized to take an uninterrupted, unpaid meal period of at least 30 minutes for shifts of five (5) or more hours in a workday. Employees must clock out for their meal period. Employees will be permitted a reasonable opportunity to take this meal period and be relieved of all duties. Employees are expected to return to work promptly at the end of any meal period. Employees may have the option to waive their meal period, refer to the waiving meal section for additional information.

#### Timing of Meal Period

Meal periods will be provided no later than the end of their fifth hour of work. For example, if they begin work at 8:00 a.m., they must start their meal period by 12:59 p.m. First meal periods must be no less than 30 minutes. The department leader or designee will schedule meal periods at the start of the shift.

#### Second Meal Period

Employees who work more than 10 hours a day, will be provided a second unpaid meal period of at least 30 minutes. Employees must clock out for all meal periods and will be permitted a reasonable opportunity to take this meal period while being relieved of all duties. Employees are expected to return to work promptly at the end of any meal period. Employees will have the option to waive their meal period. Refer to the Waiving Meals section of this policy for additional information.

#### Timing of Second Meal Period

Second meal periods will be provided no later than the end of the 10th hour of the shift. Second meal periods must be no less than 30 minutes. The department leader or designee will schedule the second meal period.

### **Waiving Meals**

Employees whose shift is greater than five hours per day but no more than six hours may waive the meal period. Waiving the first meal period must be done with the mutual consent of the employee and their department leader.

Employees may be able to waive their second meal period if they have not waived their first meal period. Waiving the second meal period must be done with the mutual consent of the employee and their department leader.

If an employee decides to waive their meal period, they must log into Kronos and specify which meal on their timecard they will be waiving. This cannot be done by their director or designee and must be requested by the employee.

### **Recording Meal Periods**

All employees must clock out for any meal period and clock back in at the end of the meal period.

Employees are not allowed to work "off the clock." All work time must be accurately reported on their time record.

Employees must inform the department leader, or designee, in the event that a meal period or rest break is in jeopardy of being missed. Additionally, if an employee is not able to complete the meal period, the employee must report to the department leader or designees and document the reason for the shortened meal period.

Employees that are not provided a meal period or rest break will receive one additional hour of pay at the employee's regular rate of compensation. This penalty will also be imposed if the employee fails to take their meal period or rest break for the time allotted.

Failure to take rest breaks and/or meal periods when capable or directed, will result in disciplinary action up to and including termination.

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## **REFERENCES**

*California Senate Bill-1334.*

<b>Document ID</b>	11683	<b>Document Status</b>	In preparation
<b>Department</b>	Human Resources	<b>Department Director</b>	Quintana, Mario
<b>Document Owner</b>	Quintana, Mario	<b>Next Review Date</b>	
<b>Attachments:</b>	<a href="#">Meal Period Waiver</a>		
<b>(REFERENCED BY THIS DOCUMENT)</b>			
<b>Other Documents:</b>			
<b>(WHICH REFERENCE THIS DOCUMENT)</b>			

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# Hazel Hawkins MEMORIAL HOSPITAL

## San Benito Health Care District Board of Directors Meeting March 23, 2023 Chief Clinical Officer Report

### ➤ **Emergency Department:**

- Visits                    1859    Admitted 131
- Stroke                    4
- LWBS                    2

➤ **Med / Surg**            ADC    13.0

➤ **ICU**                      ADC    1.7

➤ **OB**                      Deliveries 31    Outpatient Visits 94

### **Team Projects:**

OB Charge Capture Improvement:

- Have increased accuracy of charges for OB triage and Observation visits
- Inpatient labor and delivery/mother baby care bills are streamlined.
- Many items from old charge sheet removed as they were not recognized by insurance companies as reimbursable.
- Supply costs and nursing care costs are now reflected in hourly care charges for Labor, Antepartum, and Complicated Post-Partum
- Bills will be cleaner, less dollar amount in total but higher reimbursement

Baby Friendly

- Preparing for phone call final check in prior to onsite visit
- Working with clinic staff to be ready for site visit and audits in clinic
- Final documents submitted. Awaiting one document from purchasing

### ➤ **OR**

Cases: Inpatient 40    Outpatient 152

### **Team Projects:**

Working on Surgery Charges Update for top 5 procedures first

- Colonoscopy (GI)
- EGD (GI)
- Laparoscopic Cholecystectomy (General)
- Hysteroscopy with D&C (OB/GYN)
- Laparoscopy Appendectomy (General)

Schedule Efficiency:

- Working to reduce after hours cases worked on overtime and call time
- Clinic Staff and Leadership partnering with OR Scheduling and Leadership to coordinate Surgeon clinic and OR schedules
- Procedures start at 0730am and schedule to follow with no gaps



To: San Benito Health Care District Board of Directors  
 From: Amy Breen-Lema, Director, Provider Services & Clinic Operations  
 Date: March 10, 2022  
 Re: All Clinics – February 2023

**2023 Rural Health and Specialty clinics’ visit volumes**

Total visits for February 2023 in all outpatient clinics = 6,527

<b>Orthopedic Specialty</b>	447
<b>Multi-Specialty</b>	704
<b>Primary Care Associates</b>	1418
<b>Sunset Clinic</b>	737
<b>Annex Surgeons (General Sx)</b>	231
<b>San Juan Bautista</b>	295
<b>1st Street</b>	813
<b>4th Street</b>	1215
<b>Barragan</b>	667

- With the addition of the three new gastroenterologists – *Drs. Dhanuka, Namihas & Chandra*, surgery center cases have increased since they have joined our team. Since January 1, 2023 the new group has performed 58 cases consisting of endoscopies, panendoscopies, and screening & diagnostic colonoscopies.

This has been a great display of teamwork and coordination between the physicians, clinic and surgery center teams, and patients have been grateful for the efficient care and service.



**Hazel Hawkins**  
 MEMORIAL HOSPITAL  
 Mabie Southside / Mabie Northside SNFs  
 Board Report – February 2023

To: San Benito Health Care District Board of Directors  
 From: Sherry Hua, RN, MSN, Director Of Nursing, Skilled Nursing Facility

Management Activities:

1. SNFs have been busy with admissions and discharges.
2. Palliative Care nurse has resigned.

**1. Census Statistics: February 2023**

Southside	2023	Northside	2023
Total Number of Admissions	15	Total Number of Admissions	12
Number of Transfers from HHH	11	Number of Transfers from HHH	11
Number of Transfers to HHH	3	Number of Transfers to HHH	6
Number of Deaths	1	Number of Deaths	0
Number of Discharges	8	Number of Discharges	12
Total Discharges	9	Total Discharges	12
<b>Total Census Days</b>	<b>1,126</b>	<b>Total Census Days</b>	<b>1,270</b>

Note: Transfers are included in the number of admissions and discharges. Deaths are included in the number of discharges. Total census excludes bed hold days.

**2. Total Admissions: February 2023**

Southside	From	Payor	Northside	From	Payor
4	HHMH	Medicare	6	HHH	Medicare
2	HHMH	Medicare MC	2	HHH	Medicare MC
1	HHMH	Insurance	3	HHH	Medi-Cal
1	HHMH	Medi-Cal	1	Stanford	Medi-Cal
1	Good Sam	Medi-Cal			
1	SLH	Medicare			
1	SJ Regional	Medicare			
1	Baton SNF	Medicare			
3	Re-Admit HHH	Medicare			
<b>15 Total</b>			<b>12 Total</b>		

**3. Total Discharges by Payor: February 2023**

Southside	2023	Northside	2023
-----------	------	-----------	------

Medicare	5	Medicare	8
Medicare MC	0	Medicare MC	2
Medical	1	Medical	1
Medi-Cal MC	0	Medi-Cal MC	0
Private (self-pay)	0	Private (self-pay)	1
Commercial	3	Commercial	0
<b>Total</b>	<b>9</b>	<b>Total</b>	<b>12</b>

#### 4. Total Patient Days by Payor: February 2023

<b>Southside</b>	2023	<b>Northside</b>	2023
Medicare	132	Medicare	132
Medicare MC	35	Medicare MC	20
Medical	896	Medical	1023
Medi-Cal MC	0	Medi-Cal MC	0
Private (self-pay)	28	Private (self-pay)	67
Commercial	35	Commercial	28
Bed Hold / LOA	7	Bed Hold / LOA	11
<b>Total</b>	<b>1133</b>	<b>Total</b>	<b>1,281</b>
<b>Average Daily Census</b>	<b>40.46</b>	<b>Average Daily Census</b>	<b>45.75</b>



Hazel Hawkins  
MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors  
From: Bernadette Enderez, Director of Diagnostic Services  
Date: March 2023  
Re: Laboratory and Diagnostic Imaging



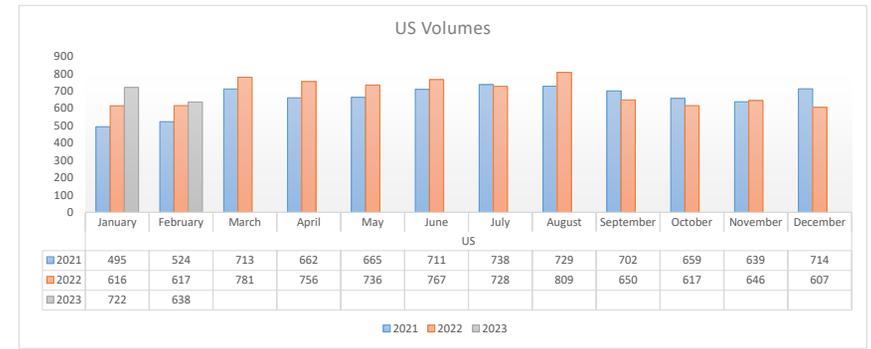
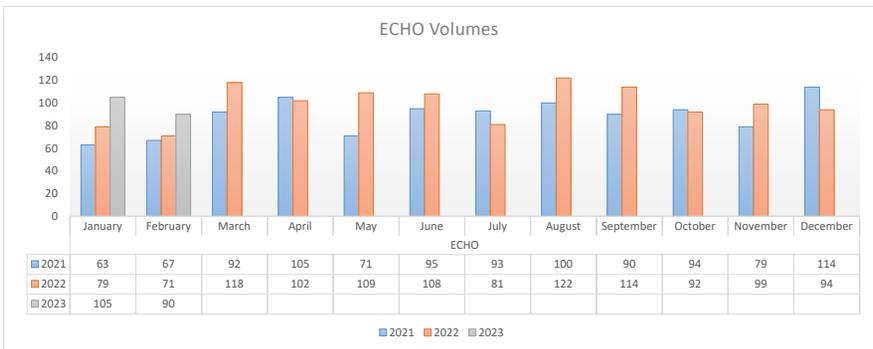
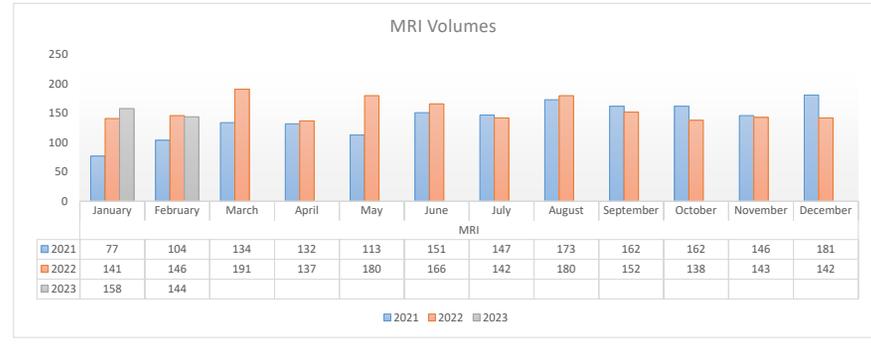
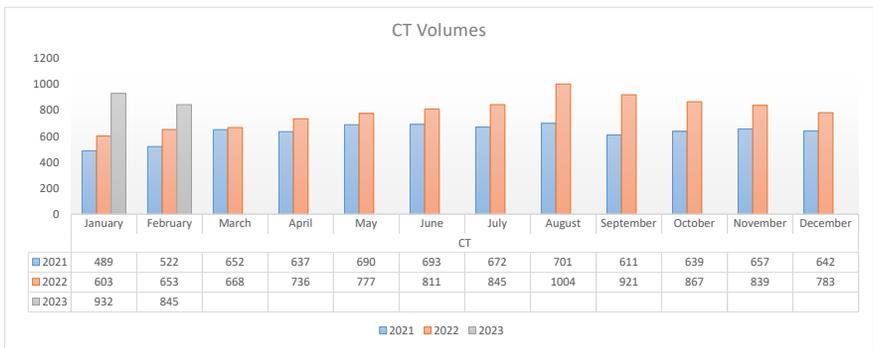
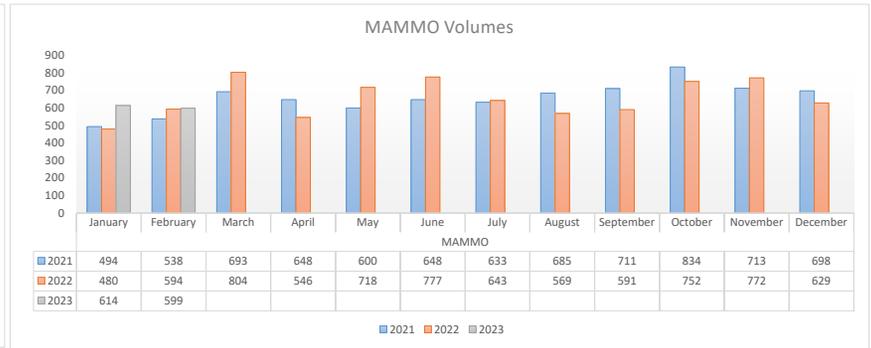
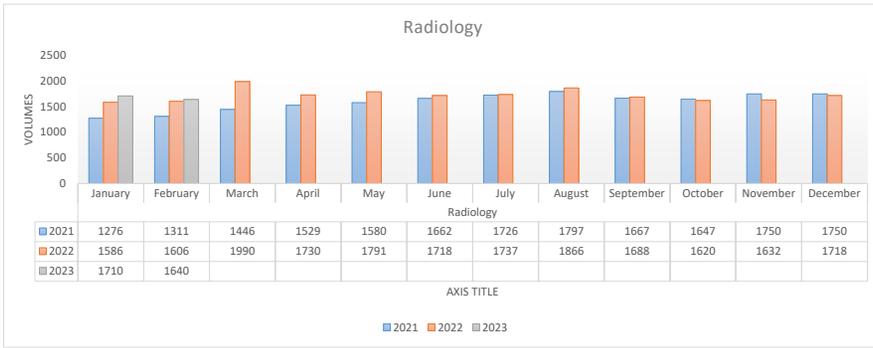
Updates:

**Laboratory**

1. Service/Outreach
  - Discussion with Clinic Providers regarding electronic laboratory ordering and ABN notification.
2. Covid Testing
  - Period: February 2023
  - Total Samples tested: 1303
  - Positivity Rate: 7.21%
3. Quality Assurance/Performance Improvement Activities
  - Staff training on transferring of short dated Blood products to ARC hospital partner to minimize wastage.
4. Laboratory Statistics
  - See attached report

**Diagnostic Imaging**

1. Service/Outreach
  - Due to staffing shortage, the Diagnostic Center next to Ortho clinic is closed for March.
  - Limited MRI, Dexa, and late Mammo outpatient schedule due to short staffing. Outpatient volumes are monitored closely in order to adjust outpatient services if the demand warrants it.
2. Quality Assurance/Performance Improvement Activities
  - Met with Dr. Bogey and Dr. Rupp to discuss MRI and Ultrasound procedures off-hours.
3. Diagnostic Imaging Statistics
  - See attached report



MAIN LABORATORY													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	891	739	1020	939	955	1058	1080	1272	1563	1504	1491	1584	14096
2022	2035	1336	1506	1323	1277	1165	1112	1252	1092	1257	1186	1209	15750
2023	1187	1236											2423

HHH EMPLOYEE HEALTH WEEKLY COVID TEST (INCLUDING SNF_NEW SNF LOCATION ONLY)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	1888	1566	1443	1110	1031	1122	1045	1656	2143	1695	1842	2458	18999
2022	2987	2136	1915	1767	2219	2546	2244	2355	2066	1046	1144	1596	24021
2023	595	114											709

MC CRAY LAB													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	1263	1274	1394	1125	1119	1193	1165	1248	1192	1187	1100	1099	14359
2022	1230	1044	1206	1069	1033	1025	1061	1130	866	975	810	752	12201
2023	1038	931											1969

SUNNYSLOPE LAB													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	699	601	624	590	479	636	553	613	580	574	462	487	6898
2022	536	511	632	521	467	488	495	558	423	402	368	186	5587
2023	511	486											997

SJB AND 4TH STREET													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021					41	64	55	29	45	27	37	55	353
2022	63	54	82	72	63	58	23	61	82	82	63	53	756
2023	74	44											118

ER AND ASC													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	1628	1162	1126	1077	1083	1089	1174	1415	1272	1139	1059	1279	14503
2022	1434	839	1040	993	1328	1335	1111	1198	1231	1237	1614	1604	14964
2023	1268	1298											2566

TOTAL OUTPATIENT													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	6369	5342	5607	4841	4708	5162	5072	6233	6795	6126	5991	6962	69208
2022	8285	5920	6381	5745	6387	6617	6046	6554	5760	4999	5185	5400	73279
2023	4673	4109											8782

TOTAL INPATIENT (ICU,MEDSURG,OB,SNF)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
2021	1116	1053	603	654	705	751	761	803	791	986	874	1301	10398
2022	1311	1102	945	678	963	1258	1321	1421	1145	973	1066	1205	13388
2023	816	603											1419

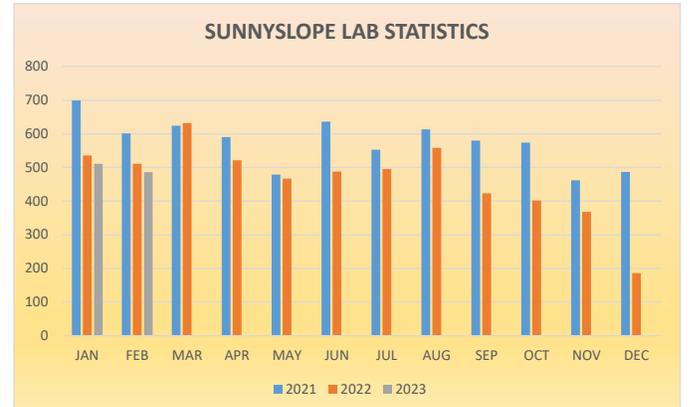
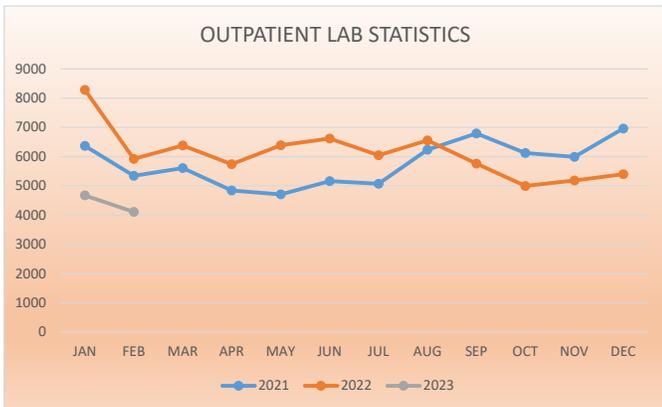
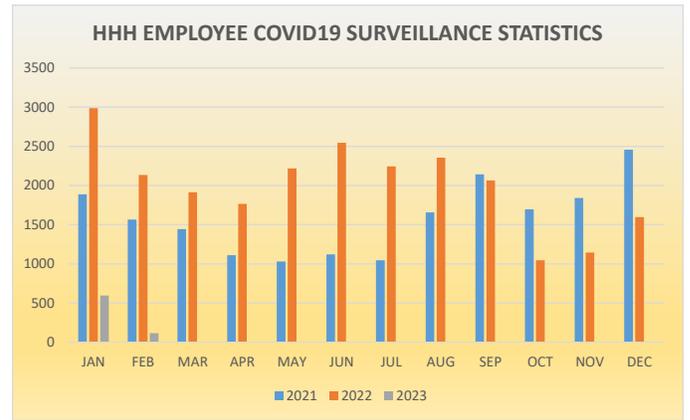
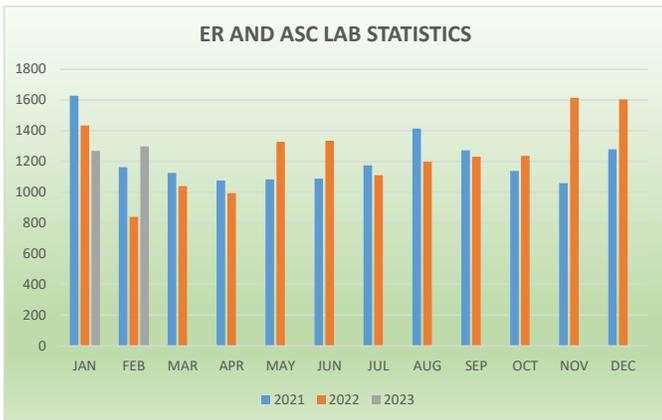
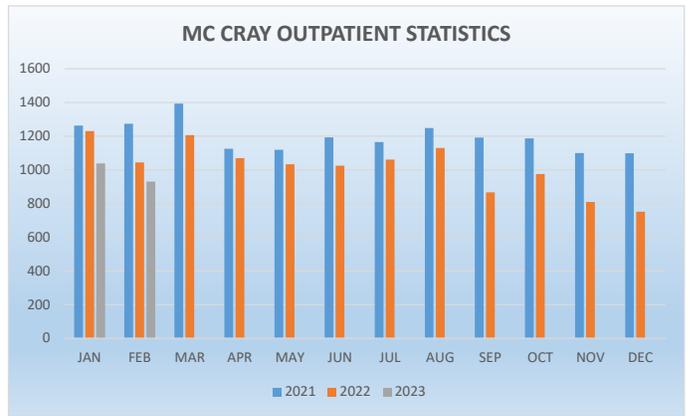
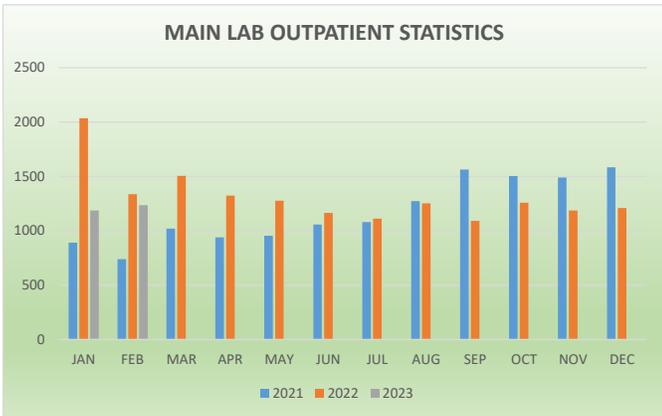


**LABORATORY DEPARTMENT**

REQUISITION STATISTICS

Bernadette Enderez  
Director of Laboratory Services

Michael McGinnis, M.D.  
Medical Director





**Hazel Hawkins**  
MEMORIAL HOSPITAL

**LABORATORY DEPARTMENT**

OUTPATIENT STATISTICS

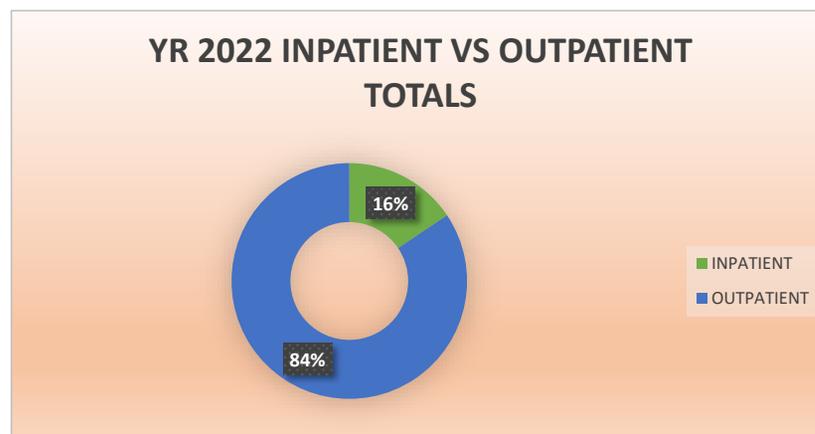
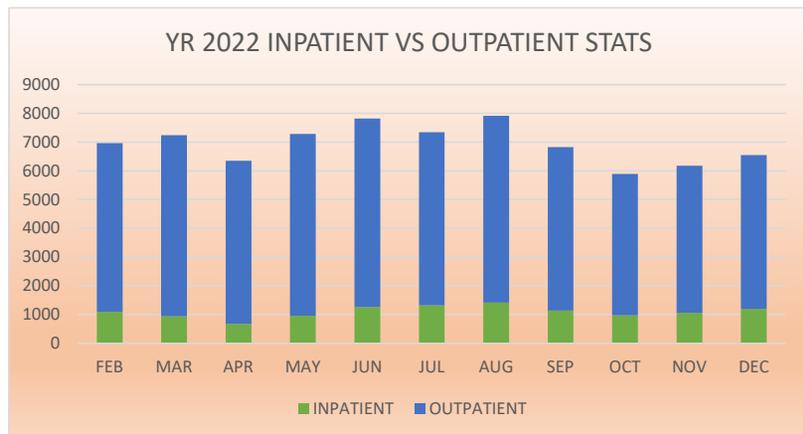
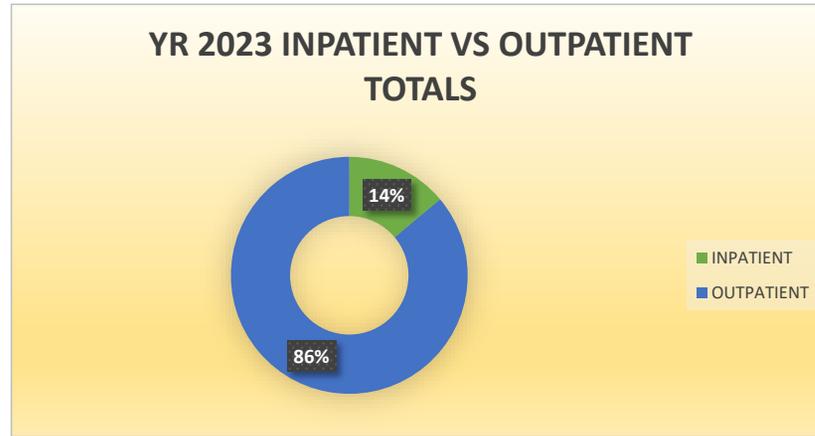
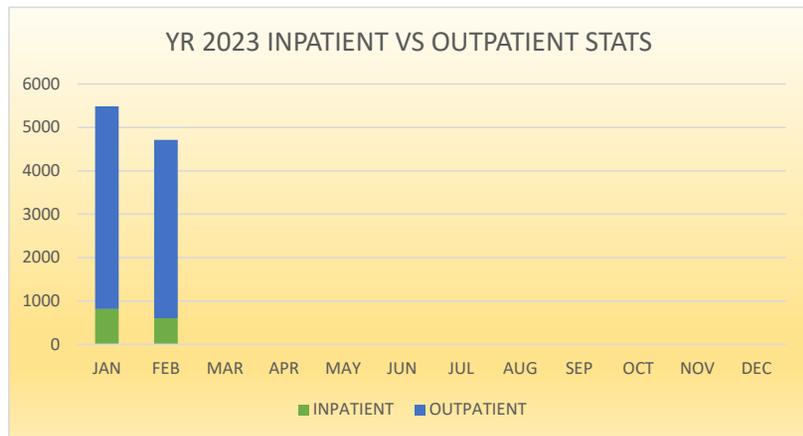
**Bernadette Enderez**  
Director of Laboratory Services

**Michael McGinnis, M.D.**  
Medical Director

### INPATIENT VS OUTPATIENT LABORATORY STATISTICS

YR 2023														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	816	603											1419	INPATIENT
OUTPATIENT	4673	4109											8782	OUTPATIENT

YR 2022														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	
INPATIENT	1311	1102	945	678	963	1258	1321	1421	1145	973	1066	1205	13388	INPATIENT
OUTPATIENT	8222	5866	6299	5673	6324	6559	6023	6493	5678	4917	5112	5347	72513	OUTPATIENT





TO: San Benito Health Care District Board of Directors  
FROM: Liz Sparling, Foundation Director  
DATE: March 2023  
RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on March 9 in the Horizon Room. Daniel Price, Director of Clinical Services Medical Surgical and ICU at HHMH presented a request for chairs, batteries and chargers for workstation on wheels for his Departments. Mary Casillas, Interim CEO presented the most current events at HHMH.

### Financial Report for February

1. Income	\$	54,440.17
2. Expenses	\$	7,250.01
3. New Donors		2
4. Total Donations		251

### Allocations

1. \$3031.25 for 10 chairs for Med/Surg
2. \$8,000 for batteries and Battery Chargers for Workstation on Wheels
3. \$50,000 for the ED Bridge Program at the Hospital for funds dedicated to a grant for this purpose
4. \$45,000 for a 6 month contract with Glavin Jacobson, a Fundraising Consultant

### Directors Report

- The majority of the work our office has been focusing on over the past month is strategically planning a fundraising campaign. We are hoping to launch in late April.
  - We have been sending letters to Foundations such as: Mabie Foundation, California Health Trust, the Health Trust, Packard Foundation.
  - Mary and I have a tour to Sunlight Giving Foundation and she was very impressed with our Hospital.
  - I am in contact with our elected officials and they have sent over some grant opportunities of which I have applied for.
  - B.Reily, HHMH's Financial consultant referred us to a colleague named Jeremy Benjamin. He and I met and he referred me to Glavin Jacobson who he worked with on a major fundraising campaign for San Francisco General Hospital.
  - Our Executive Committee met with Sara from Glavin Jacobson and she submitted a timeline and work plan proposal for a major gift fundraising campaign.
  - Irene Davis has agreed to Chair our Fundraising Campaign Committee
  - Irene, Seth, Mary, Frankie, Marcus (HHMH's PR Consultant) and myself are meeting to discuss all of this to make sure we are not overlapping items.

- Our tax information prepared and is under review.
- Home Health letters went out to donors over the last 5 years saying we will reallocated the home health account to the general fund. Will do the allocation next month.
- Had a meeting with Hospice and they were concerned. Monica Hamilton and I met with them and by the end, the conversation was good. The next round of grant applications is due April 15<sup>th</sup>. She granted us an extension under the circumstances.
- The Dinner Dance Committee will meet in April to start planning. The date for this year's fundraiser is November 4<sup>th</sup>. I have confirmed it with the Inn. Please mark your calendars.

### **Scholarship Committee**

- Every year the Foundation opens up their scholarship application process on January 1<sup>st</sup>. This year, it was decided, that we will aim for March due to the current situation with HHMH. We will have the latest information posted on our website. [www.hazelhawkins.com/foundation](http://www.hazelhawkins.com/foundation)

## MARKETING

### • Social Media Posts

	This week we are celebrating National Health Care Human Resources Week. We have a fantastic team that recruits talent, coordinates benefits, provides training, negotiates contracts, manages employee issues, promotes employee development and oversees Employee Health Services. Thank you Mario, Gisella, Drew and Elizabeth! Wed, Mar 15	Post reach 662	Engagement 250
	We are pleased to announce our Clinical Employee of the Month: KELLY REINEGGER. Laboratory Kelly is a well-respected team member and is recognized for providing exceptional service as a Lead Lab Assistant who makes a positive impact on the lab team. She is a hard worker who goes beyond the duties and goals set for her position as a Lead Lab Assistant. She assists wi... Mon, Mar 13	Post reach 779	Engagement 243
	We are pleased to announce our Employee of the Month for February: KRISTEN MARTIN, Payroll Kristen was chosen to be our EOM because she demonstrates excellent communication and problem-solving skills. She always goes beyond the call of duty while performing her job and tasks. Kristen graciously completes the challenging work of a Payroll Coordinator and takes o... Mon, Mar 13	Post reach 1,309	Engagement 699
	HAZEL HAWKINS EFFORTS TO SHORE UP FINANCES SHOW PROGRESS Click here to read full press release: <a href="https://www.hazelhawkins.com/images/HHMH-Press-Release-HHMH-Efforts-to-Shore-Up-Finances-Show-Progress.docx.pdf">https://www.hazelhawkins.com/images/HHMH-Press-Release-HHMH-Efforts-to-Shore-Up-Finances-Show-Progress.docx.pdf</a> Leadership at Hazel Hawkins Memorial Hospital (HHMH) and the San Benito Health Care District (the District) announced... Thu, Mar 9	Post reach 703	Engagement 260
	We know our volunteers are superstars not only to HHH, but to the entire community. Read about our wonderful volunteer, Diane Collins, and the contributions she's made to our community. Click here and go to page 8 to read her story <a href="https://www.missionvillagevoice.com/">https://www.missionvillagevoice.com/</a> Mon, Mar 6	Post reach 704	Engagement 168
	Jeri Hernandez, San Benito Health Care District Board President, shares her commitment to the future of Hazel Hawkins Memorial Hospital. Click here to read her Op Ed piece. <a href="https://www.hazelhawkins.com/news/2023/february/my-personal-commitment-to-our-hospital/">https://www.hazelhawkins.com/news/2023/february/my-personal-commitment-to-our-hospital/</a> Tue, Feb 28	Post reach 463	Engagement 185
	Thank you Jenny for taking the time to tell your story and share your support. We are incredibly proud of the team we have here at HHH. Mon, Feb 27	Post reach 402	Engagement 161
	It's Monday! You know what gives us a great start to the week? Great Food! Here are just a few members of our incredibly talented Dietary team we have here at HHH. From homemade scones to veggie eggs, oatmeal with berries or French Toast with fresh berries...that's what's for breakfast at HHH. Mon, Feb 27	Post reach 1,011	Engagement 422
	Mary Casillas, Interim CEO, penned her thoughts on the Path Forward for Hazel Hawkins Memorial Hospital. Click here to read her Op Ed piece. <a href="https://www.hazelhawkins.com/~news/2023/february/the-path-forward-for-hhmh/">https://www.hazelhawkins.com/~news/2023/february/the-path-forward-for-hhmh/</a> Sun, Feb 26	Post reach 1,900	Engagement 668

## COMMUNITY ENGAGEMENT

### Employees:

- Hazel's Headlines
- Assisting with coordination of Town Hall meetings
- Employee of the Month Recognition
- HR Week Recognition
- Working with Foundation on new giving campaign

### Public:

- Working with Marcus Young from townKRYER PR agency on proactive PR Press Releases:
  - HHH Efforts to Shore Up Finances Show Progress
  - OP ED - The Path Forward for HHMH
  - SBHCD Presents Business Plan for the Future at Intergovernmental Meeting
- Assisting employees with letter writing campaign

## COST SAVING MEASURES

- Working with departments to produce & print forms in-house



San Benito Health Care District

**MEDICAL EXECUTIVE COMMITTEE  
CREDENTIALS REPORT  
MARCH 15, 2023**

**NEW APPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS REQUEST	PROCTOR ASSIGNED
Jhamb, Neil MD	Medicine/Teleneurology	Privs without membership	
Luckey, Mallory MD	Medicine/Teleneurology	Privs without membership	
Wei, Shao-Hwa DO	Medicine/Teleneurology	Privs without membership	
Macarthur Jr, Drake MD	Radiology/Teleradiology(sr)	Privs without membership	

**REAPPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Barra, M. Aslam MD	Perinatal/Ob/Gyn	Active	2 yr
Baseer, Nermeen DO	Perinatal/Pediatrics	Active	2 yr
Casparro, Dina DPM	Surgery/Podiatry	Active	2 yr
Klapper, Joseph MD	Medicine/Cardiology	Active	2 yr

**ADDITIONAL PRIVILEGES**

PRACTITIONER	FIELD	SERVICE

**ALLIED HEALTH – NEW APPOINTMENT**

PRACTITIONER	DEPT/SERVICE	STATUS

**AHP – REAPPOINTMENTS**

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Vu, Minh CRNA	Surgery/Anesthesiology	Current	2 yr

**RESIGNATIONS/RETIREMENTS**

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS	COMMENT
Baez, Paul MD	Radiology/Radiology	Provisional	No Activity in 2 years

## Interim CEO Report March 2023

### Ambulatory Services

- General Surgery Clinic – We continue to wait on State licensing to take occupancy of this clinic.

### Financial Emergency Update

- Administration continues to meet with State and Federal legislators on a regular basis to discuss potential legislation for emergency funding.
- We have a standing meeting with leaders from the County to keep them informed of our situation.
- Continue to host site visits for potential partners.
- Meeting with Anthem to advance our June supplemental payments to help extend our cash flow.
- Confidential mediations have continued.
- Our real estate agent continues to show the Maple Street property.
- Revenue Cycle audit continues with efforts in clinics, mother/baby unit, and OR
- Operational savings work continues with a focus on professional services.

### Foundation

- A committee has been formed to start a campaign to raise operating funds for the hospital.
  - Consultant hired.
  - PR started work on materials.
  - Met with Community Foundation.

### Communications

- Filmed videos of physicians, employees, volunteers, and community members, which will be shared on social media.
- Weekly op ed pieces and press releases submitted to news wires and local media.



Hazel Hawkins  
MEMORIAL HOSPITAL

**FINANCE COMMITTEE  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
THURSDAY, MARCH 16, 2023 - 4:30 P.M.  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup> FLOOR – GREAT ROOM**

*San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.*

1. Call to Order / Roll Call
  2. Approve Minutes of the Finance Committee Meeting of February 16, 2023
    - Motion/Second
    - Action by Committee/Roll Call Vote
  3. Review Financial Updates
    - Financial Statements – February 2023
    - Finance Dashboard – February 2023
    - Status of Supplemental Payments
    - Savings Tracker
  4. Public Comment
- This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board **Committee**, which are not on this agenda.
5. Adjournment

The next Finance Committee meeting is scheduled for **Thursday, April 20, 2023 at 4:30 p.m.**

The complete Finance Committee packet including subsequently distributed materials and presentations is available at the Finance Committee meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Finance Committee. Staff and Committee recommendations are subject to change by the Finance Committee.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

San Benito Health Care District  
Finance Committee Minutes  
March 16, 2023 - 4:30pm

Present: Jeri Hernandez, Board President  
Rick Shelton, Board Treasurer  
Mary Casillas, Interim Chief Executive Officer  
Mark Robinson, Chief Financial Officer  
Barbara Vogelsang, Chief Clinical Officer  
Tiffany Rose, Executive Assistant to Administration

**1. CALL TO ORDER**

The meeting of the Finance Committee was called to order at 4:30 pm.

**2. APPROVE FEBRUARY MEETING MINUTES**

The minutes of the District's Finance Committee of February 16, 2023 were approved.

**3. REVIEW FINANCIAL UPDATES**

**A. February 2023 Financial Statements**

The Financial Statements for February 2023 were presented for review. For the month ending February 28, 2023, the District's Net Surplus (**Loss**) is \$11,019 compared to a budgeted Surplus (**Loss**) of \$378,794. The District is under budget for the month by \$367,775.

YTD as of February 28, 2023, the District's Net Surplus (**Loss**) is \$411,595 compared to a budgeted Surplus (**Loss**) of \$4,835,804. The District is under budget YTD by \$4,424,209.

Acute discharges were 152 for the month, under budget by 28 discharges or 15%. The ADC was 16.54 compared to a budget of 22.14. The ALOS was 3.05. The acute I/P gross revenue was under budget by \$2.55 million while O/P services gross revenue was \$2.4 million or 12% over budget. ER I/P visits were 108 and ER O/P visits were over budget by 333 visits or 24%. The Rural Health Clinics treated 3,727 patients (includes 667 visits at the Diabetes Clinic) while the other clinics treated 2,569 outpatients.

Other Operating revenue exceeded budget by \$264,883 due to the District recognizing \$407,030 in funding from the American Rescue Plan ARP. The amount was offset by lower collections for providers.

Operating Expenses were under budget by \$834,630 due mainly to variances in: Salary and Wages being under budget by \$603,768, Registry under budget by \$201,957 and Employee Benefits under by \$136,831 and Supplies by \$342,970 offset by Professional Fees being over budget by \$234,370 and Other Expense by \$67,381.

Non-operating Revenue exceeded budget by \$4,570.

The SNFs ADC was 85.46 for the month. The Net Surplus (**Loss**) is \$240,846 compared to a budget of \$44,655. In addition to the Net Revenue exceeding budget by \$196,191, the Operating Expenses were \$117,596 under budget. YTD, the SNFs are exceeding their budget by \$820,981. The ADC is budgeted to be 88 residents each month for the year.

The District is working through various plans in order to avoid filing for Chapter 9 during the remainder of the fiscal year.

**B. February 2023 Finance Dashboard**

The Committee reviewed the Finance Dashboard in detail.

**C. Status of Supplemental Payments**

The Supplemental Payment Programs worksheet was presented and reviewed by the Committee in detail. Hospital Administration has been working successfully with plans and government entities to receive an advance in supplemental funding.

**D. Savings Tracker**

A draft Savings Tracker was presented and reviewed in detail. The Savings Tracker is a projection only and a guide, which will be validated with financial advisors. This document will continue to evolve as operational changes are implemented.

During discussion, it was noted Warn Notice sent to employees has been retracted. Employees have been notified via mail and town hall meetings held this week.

**4. PUBLIC COMMENT**

No public comment received.

**5. ADJOURNMENT**

There being no further business, the Committee was adjourned at 5:10 pm.

Respectfully submitted,

Tiffany Rose  
Executive Assistant to Administration

March 16, 2023

**CFO Financial Summary for the Finance Committee:**

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HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 02/28/23

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22
GROSS PATIENT REVENUE:										
ACUTE ROUTINE REVENUE	3,294,771	4,238,263	(943,492)	(22)	3,837,188	33,595,231	35,884,978	(2,289,747)	(6)	33,464,723
SNF ROUTINE REVENUE	1,797,550	1,848,000	(50,450)	(3)	1,715,800	16,230,350	16,037,995	192,355	1	13,109,660
ANCILLARY INPATIENT REVENUE	3,949,712	5,378,262	(1,428,551)	(27)	4,775,243	39,489,957	45,553,693	(6,063,736)	(13)	42,155,171
HOSPITALIST\PEDS I\P REVENUE	137,582	214,530	(76,948)	(36)	205,847	1,447,255	1,816,248	(368,993)	(20)	1,691,224
<b>TOTAL GROSS INPATIENT REVENUE</b>	<b>9,179,615</b>	<b>11,679,055</b>	<b>(2,499,441)</b>	<b>(21)</b>	<b>10,534,078</b>	<b>90,762,793</b>	<b>99,292,914</b>	<b>(8,530,121)</b>	<b>(9)</b>	<b>90,420,778</b>
ANCILLARY OUTPATIENT REVENUE	22,377,775	19,926,620	2,451,155	12	17,288,271	180,568,301	170,117,477	10,450,824	6	159,310,838
HOSPITALIST\PEDS O\P REVENUE	42,516	56,198	(13,682)	(24)	46,516	473,512	479,773	(6,261)	(1)	448,032
<b>TOTAL GROSS OUTPATIENT REVENUE</b>	<b>22,420,291</b>	<b>19,982,818</b>	<b>2,437,473</b>	<b>12</b>	<b>17,334,787</b>	<b>181,041,813</b>	<b>170,597,250</b>	<b>10,444,563</b>	<b>6</b>	<b>159,758,870</b>
<b>TOTAL GROSS PATIENT REVENUE</b>	<b>31,599,906</b>	<b>31,661,873</b>	<b>(61,967)</b>	<b>0</b>	<b>27,868,865</b>	<b>271,804,605</b>	<b>269,890,164</b>	<b>1,914,441</b>	<b>1</b>	<b>250,179,647</b>
DEDUCTIONS FROM REVENUE:										
MEDICARE CONTRACTUAL ALLOWANCES	8,182,127	7,733,479	448,648	6	7,401,853	78,280,134	65,860,851	12,419,283	19	61,433,866
MEDI-CAL CONTRACTUAL ALLOWANCES	8,175,206	7,579,096	596,110	8	6,673,260	68,257,978	64,556,753	3,701,225	6	62,045,392
BAD DEBT EXPENSE	523,765	305,275	218,490	72	317,672	3,013,821	2,599,011	414,810	16	2,514,065
CHARITY CARE	9,098	69,650	(60,552)	(87)	49,887	273,577	592,976	(319,400)	(54)	508,912
OTHER CONTRACTUALS AND ADJUSTMENTS	4,102,622	3,749,828	352,794	9	2,176,105	29,303,312	31,942,465	(2,639,153)	(8)	30,085,078
HOSPITALIST\PEDS CONTRACTUAL ALLOW	(19,654)	8,348	(28,002)	(335)	10,084	56,725	71,061	(14,336)	(20)	78,384
<b>TOTAL DEDUCTIONS FROM REVENUE</b>	<b>20,973,164</b>	<b>19,445,676</b>	<b>1,527,488</b>	<b>8</b>	<b>16,628,861</b>	<b>179,185,546</b>	<b>165,623,117</b>	<b>13,562,429</b>	<b>8</b>	<b>156,665,698</b>
<b>NET PATIENT REVENUE</b>	<b>10,626,742</b>	<b>12,216,197</b>	<b>(1,589,455)</b>	<b>(13)</b>	<b>11,240,004</b>	<b>92,619,060</b>	<b>104,267,047</b>	<b>(11,647,987)</b>	<b>(11)</b>	<b>93,513,950</b>
OTHER OPERATING REVENUE	853,847	588,964	264,883	45	511,496	9,260,709	4,606,712	4,653,997	101	4,484,658
<b>NET OPERATING REVENUE</b>	<b>11,480,589</b>	<b>12,805,161</b>	<b>(1,324,572)</b>	<b>(10)</b>	<b>11,751,499</b>	<b>101,879,769</b>	<b>108,873,759</b>	<b>(6,993,990)</b>	<b>(6)</b>	<b>97,998,608</b>
OPERATING EXPENSES:										
SALARIES & WAGES	4,272,916	4,946,981	(674,066)	(14)	4,365,066	38,162,558	42,261,987	(4,099,429)	(10)	37,474,944
REGISTRY	111,847	307,500	(195,653)	(64)	426,838	3,718,774	2,475,000	1,243,774	50	3,194,734
EMPLOYEE BENEFITS	2,485,112	2,632,440	(147,328)	(6)	2,503,525	21,982,156	22,499,309	(517,153)	(2)	20,150,856
PROFESSIONAL FEES	1,726,350	1,491,864	234,486	16	1,382,404	13,056,863	12,947,244	109,619	1	11,388,949
SUPPLIES	1,089,426	1,482,541	(393,116)	(27)	1,054,041	9,803,092	10,499,440	(696,348)	(7)	9,246,823
PURCHASED SERVICES	1,151,575	1,002,244	149,331	15	970,986	9,815,502	8,698,073	1,117,429	13	7,906,486
RENTAL	142,235	150,110	(7,875)	(5)	133,602	1,244,043	1,201,372	42,671	4	1,190,225
DEPRECIATION & AMORT	336,651	330,000	6,651	2	308,662	2,602,559	2,622,005	(19,446)	(1)	2,490,422
INTEREST	1,763	3,750	(1,987)	(53)	853	46,547	30,000	16,547	55	10,370
OTHER	420,181	342,852	77,329	23	325,753	3,494,758	3,014,845	479,913	16	2,753,214
<b>TOTAL EXPENSES</b>	<b>11,738,055</b>	<b>12,690,282</b>	<b>(952,227)</b>	<b>(8)</b>	<b>11,471,730</b>	<b>103,926,852</b>	<b>106,249,275</b>	<b>(2,322,423)</b>	<b>(2)</b>	<b>95,807,023</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>(257,466)</b>	<b>114,879</b>	<b>(372,345)</b>	<b>(324)</b>	<b>279,770</b>	<b>(2,047,083)</b>	<b>2,624,484</b>	<b>(4,671,567)</b>	<b>(178)</b>	<b>2,191,585</b>

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 02/28/23

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	(72)	5,000	(5,072)	(101)	1,907	373,455	140,000	233,455	167	146,293
PROPERTY TAX REVENUE	195,915	194,511	1,404	1	185,249	1,567,320	1,556,088	11,232	1	1,481,992
GO BOND PROP TAXES	164,964	164,964	0	0	160,091	1,319,713	1,319,712	1	0	1,280,724
GO BOND INT REVENUE\EXPENSE	(72,048)	(72,048)	1	0	(75,091)	(576,380)	(576,384)	4	0	(600,724)
OTHER NON-OPER REVENUE	17,329	7,866	9,463	120	10,878	107,478	62,928	44,550	71	80,800
OTHER NON-OPER EXPENSE	(37,604)	(36,378)	(1,226)	3	(42,732)	(334,918)	(291,024)	(43,894)	15	(351,567)
INVESTMENT INCOME	0	0	0	0	(11,576)	2,010	0	2,010		(11,313)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	268,485	263,915	4,570	2	228,726	2,458,679	2,211,320	247,359	11	2,026,205
NET SURPLUS (LOSS)	11,019	378,794	(367,775)	(97)	508,495	411,595	4,835,804	(4,424,209)	(92)	4,217,791
EBIDA	\$ 292,357	\$ 652,256	\$ (359,899)	(55.17)%	\$ 774,889	\$ 2,605,739	\$ 7,005,505	\$ (4,399,767)	(62.80)%	\$ 6,379,780
EBIDA MARGIN	2.55%	5.09%	(2.55)%	(50.00)%	6.59%	2.56%	6.43%	(3.88)%	(60.25)%	6.51%
OPERATING MARGIN	(2.24)%	0.90%	(3.14)%	(349.98)%	2.38%	(2.01)%	2.41%	(4.42)%	(183.35)%	2.24%
NET SURPLUS (LOSS) MARGIN	0.10%	2.96%	(2.86)%	(96.75)%	4.33%	0.40%	4.44%	(4.04)%	(90.90)%	4.30%

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY  
 HOLLISTER, CA 95023  
 FOR PERIOD 02/28/23

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22
GROSS PATIENT REVENUE:										
ROUTINE REVENUE	3,294,771	4,238,263	(943,492)	(22)	3,837,188	33,595,231	35,884,978	(2,289,747)	(6)	33,464,723
ANCILLARY INPATIENT REVENUE	3,627,888	5,161,133	(1,533,245)	(30)	4,550,131	36,312,432	43,669,289	(7,356,858)	(17)	40,461,932
HOSPITALIST I\ P REVENUE	137,582	214,530	(76,948)	(36)	205,847	1,447,255	1,816,248	(368,993)	(20)	1,691,224
TOTAL GROSS INPATIENT REVENUE	7,060,241	9,613,926	(2,553,685)	(27)	8,593,166	71,354,917	81,370,515	(10,015,598)	(12)	75,617,879
ANCILLARY OUTPATIENT REVENUE	22,377,775	19,926,620	2,451,155	12	17,288,271	180,568,301	170,117,477	10,450,824	6	159,310,838
HOSPITALIST O\ P REVENUE	42,516	56,198	(13,682)	(24)	46,516	473,512	479,773	(6,261)	(1)	448,032
TOTAL GROSS OUTPATIENT REVENUE	22,420,291	19,982,818	2,437,473	12	17,334,787	181,041,813	170,597,250	10,444,563	6	159,758,870
TOTAL GROSS ACUTE PATIENT REVENUE	29,480,532	29,596,744	(116,212)	0	25,927,953	252,396,730	251,967,765	428,965	0	235,376,749
DEDUCTIONS FROM REVENUE ACUTE:										
MEDICARE CONTRACTUAL ALLOWANCES	8,068,596	7,578,609	489,987	7	7,177,069	76,229,406	64,516,797	11,712,609	18	60,366,093
MEDI-CAL CONTRACTUAL ALLOWANCES	8,114,341	7,435,806	678,535	9	6,479,848	67,023,100	63,313,205	3,709,895	6	61,750,696
BAD DEBT EXPENSE	495,425	305,275	190,150	62	335,749	2,950,915	2,599,011	351,904	14	2,449,224
CHARITY CARE	9,098	69,650	(60,552)	(87)	49,887	266,427	592,976	(326,550)	(55)	506,871
OTHER CONTRACTUALS AND ADJUSTMENTS	3,988,284	3,708,526	279,758	8	2,169,029	28,816,566	31,584,019	(2,767,453)	(9)	29,814,582
HOSPITALIST\ PEDI CONTRACTUAL ALLOW	(19,654)	8,348	(28,002)	(335)	10,084	56,725	71,061	(14,336)	(20)	78,384
TOTAL ACUTE DEDUCTIONS FROM REVENUE	20,656,091	19,106,214	1,549,877	8	16,221,666	175,343,139	162,677,069	12,666,070	8	154,965,852
NET ACUTE PATIENT REVENUE	8,824,441	10,490,530	(1,666,089)	(16)	9,706,287	77,053,591	89,290,696	(12,237,105)	(14)	80,410,897
OTHER OPERATING REVENUE	853,847	588,964	264,883	45	511,496	9,260,709	4,606,712	4,653,997	101	4,484,658
NET ACUTE OPERATING REVENUE	9,678,288	11,079,494	(1,401,206)	(13)	10,217,782	86,314,300	93,897,408	(7,583,108)	(8)	84,895,556
OPERATING EXPENSES:										
SALARIES & WAGES	3,456,001	4,059,769	(603,768)	(15)	3,576,920	30,886,237	34,562,251	(3,676,014)	(11)	30,557,364
REGISTRY	98,044	300,000	(201,957)	(67)	421,790	3,528,151	2,400,000	1,128,151	47	3,111,930
EMPLOYEE BENEFITS	1,961,161	2,097,991	(136,831)	(7)	1,943,016	17,371,974	17,860,948	(488,974)	(3)	15,838,081
PROFESSIONAL FEES	1,724,140	1,489,770	234,370	16	1,380,364	13,038,673	12,929,072	109,601	1	11,372,629
SUPPLIES	1,018,918	1,361,888	(342,970)	(25)	977,552	9,099,573	9,577,165	(477,592)	(5)	8,558,061
PURCHASED SERVICES	1,089,861	943,558	146,303	16	904,082	9,027,041	8,188,776	838,265	10	7,426,407
RENTAL	142,020	149,373	(7,353)	(5)	132,620	1,237,197	1,194,984	42,213	4	1,179,789
DEPRECIATION & AMORT	297,179	284,998	12,181	4	268,631	2,286,283	2,279,984	6,299	0	2,171,914
INTEREST	1,763	3,750	(1,987)	(53)	853	46,547	30,000	16,547	55	10,370
OTHER	366,470	299,089	67,381	23	291,142	3,030,612	2,635,350	395,262	15	2,420,725
TOTAL EXPENSES	10,155,556	10,990,186	(834,630)	(8)	9,896,969	89,552,287	91,658,530	(2,106,243)	(2)	82,647,270
NET OPERATING INCOME (LOSS)	(477,268)	89,308	(566,576)	(634)	320,813	(3,237,987)	2,238,878	(5,476,865)	(245)	2,248,286

HAZEL HAWKINS MEMORIAL HOSPITAL - ACUTE FACILITY  
 HOLLISTER, CA 95023  
 FOR PERIOD 02/28/23

	-----CURRENT MONTH-----					-----YEAR-TO-DATE-----				
	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	(72)	5,000	(5,072)	(101)	1,907	373,455	140,000	233,455	167	146,293
PROPERTY TAX REVENUE	166,528	167,085	(557)	0	159,183	1,332,224	1,336,680	(4,456)	0	1,273,464
GO BOND PROP TAXES	164,964	164,964	0	0	160,091	1,319,713	1,319,712	1	0	1,280,724
GO BOND INT REVENUE\EXPENSE	(72,048)	(72,048)	1	0	(75,091)	(576,380)	(576,384)	4	0	(600,724)
OTHER NON-OPER REVENUE	17,329	7,866	9,463	120	10,878	107,478	62,928	44,550	71	80,800
OTHER NON-OPER EXPENSE	(29,261)	(28,035)	(1,226)	4	(33,394)	(268,177)	(224,280)	(43,897)	20	(274,787)
INVESTMENT INCOME	0	0	0	0	(11,576)	2,010	0	2,010		(11,313)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	247,441	244,832	2,609	1	211,998	2,290,324	2,058,656	231,668	11	1,894,458
NET SURPLUS (LOSS)	(229,827)	334,140	(563,967)	(169)	532,811	(947,663)	4,297,534	(5,245,197)	(122)	4,142,743
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

HAZEL HAWKINS SKILLED NURSING FACILITIES  
 HOLLISTER, CA  
 FOR PERIOD 02/28/23

	CURRENT MONTH					YEAR-TO-DATE				
	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22	ACTUAL 02/28/23	BUDGET 02/28/23	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 02/28/22
GROSS SNF PATIENT REVENUE:										
ROUTINE SNF REVENUE	1,797,550	1,848,000	(50,450)	(3)	1,715,800	16,230,350	16,037,995	192,355	1	13,109,660
ANCILLARY SNF REVENUE	321,824	217,129	104,695	48	225,112	3,177,526	1,884,404	1,293,122	69	1,693,239
<b>TOTAL GROSS SNF PATIENT REVENUE</b>	<b>2,119,374</b>	<b>2,065,129</b>	<b>54,245</b>	<b>3</b>	<b>1,940,912</b>	<b>19,407,876</b>	<b>17,922,399</b>	<b>1,485,477</b>	<b>8</b>	<b>14,802,899</b>
DEDUCTIONS FROM REVENUE SNF:										
MEDICARE CONTRACTUAL ALLOWANCES	113,530	154,870	(41,340)	(27)	224,784	2,050,728	1,344,054	706,674	53	1,067,773
MEDI-CAL CONTRACTUAL ALLOWANCES	60,865	143,290	(82,425)	(58)	193,412	1,234,878	1,243,548	(8,670)	(1)	294,696
BAD DEBT EXPENSE	28,340	0	28,340		(18,077)	62,906	0	62,906		64,840
CHARITY CARE	0	0	0	0	0	7,150	0	7,150		2,041
OTHER CONTRACTUALS AND ADJUSTMENTS	114,338	41,302	73,036	177	7,076	486,745	358,446	128,299	36	270,495
<b>TOTAL SNF DEDUCTIONS FROM REVENUE</b>	<b>317,073</b>	<b>339,462</b>	<b>(22,389)</b>	<b>(7)</b>	<b>407,195</b>	<b>3,842,407</b>	<b>2,946,048</b>	<b>896,359</b>	<b>30</b>	<b>1,699,846</b>
<b>NET SNF PATIENT REVENUE</b>	<b>1,802,301</b>	<b>1,725,667</b>	<b>76,634</b>	<b>4</b>	<b>1,533,717</b>	<b>15,565,469</b>	<b>14,976,351</b>	<b>589,118</b>	<b>4</b>	<b>13,103,053</b>
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	0	0
<b>NET SNF OPERATING REVENUE</b>	<b>1,802,301</b>	<b>1,725,667</b>	<b>76,634</b>	<b>4</b>	<b>1,533,717</b>	<b>15,565,469</b>	<b>14,976,351</b>	<b>589,118</b>	<b>4</b>	<b>13,103,053</b>
OPERATING EXPENSES:										
SALARIES & WAGES	816,915	887,212	(70,297)	(8)	788,147	7,276,322	7,699,736	(423,414)	(6)	6,917,580
REGISTRY	13,804	7,500	6,304	84	5,048	190,622	75,000	115,622	154	82,804
EMPLOYEE BENEFITS	523,951	534,449	(10,498)	(2)	560,510	4,610,182	4,638,361	(28,179)	(1)	4,312,775
PROFESSIONAL FEES	2,210	2,094	116	6	2,040	18,190	18,172	18	0	16,320
SUPPLIES	70,507	120,653	(50,146)	(42)	76,488	703,519	922,275	(218,756)	(24)	688,761
PURCHASED SERVICES	61,714	58,686	3,028	5	66,904	788,461	509,297	279,164	55	480,076
RENTAL	216	736	(520)	(71)	982	6,846	6,380	466	7	10,437
DEPRECIATION	39,472	45,002	(5,530)	(12)	40,031	316,276	342,021	(25,745)	(8)	318,508
INTEREST	0	0	0	0	0	0	0	0	0	0
OTHER	53,711	43,763	9,948	23	34,611	464,146	379,495	84,651	22	332,490
<b>TOTAL EXPENSES</b>	<b>1,582,499</b>	<b>1,700,095</b>	<b>(117,596)</b>	<b>(7)</b>	<b>1,574,760</b>	<b>14,374,565</b>	<b>14,590,737</b>	<b>(216,172)</b>	<b>(2)</b>	<b>13,159,750</b>
<b>NET OPERATING INCOME (LOSS)</b>	<b>219,802</b>	<b>25,572</b>	<b>194,230</b>	<b>760</b>	<b>(41,044)</b>	<b>1,190,904</b>	<b>385,614</b>	<b>805,290</b>	<b>209</b>	<b>(56,698)</b>
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	29,387	27,426	1,961	7	26,066	235,096	219,408	15,688	7	208,528
OTHER NON-OPER EXPENSE	(8,343)	(8,343)	0	0	(9,338)	(66,741)	(66,744)	3	0	(76,780)
<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	<b>21,044</b>	<b>19,083</b>	<b>1,961</b>	<b>10</b>	<b>16,728</b>	<b>168,355</b>	<b>152,664</b>	<b>15,691</b>	<b>10</b>	<b>131,748</b>
<b>NET SURPLUS (LOSS)</b>	<b>240,846</b>	<b>44,655</b>	<b>196,191</b>	<b>439</b>	<b>(24,316)</b>	<b>1,359,259</b>	<b>538,278</b>	<b>820,981</b>	<b>153</b>	<b>75,050</b>



San Benito Health Care District  
Hazel Hawkins Memorial Hospital  
FEBRUARY 2023

Description	Target	MTD Actual	YTD Actual	YTD Target
Average Daily Census - Acute	22.14	16.54	18.37	21.59
Average Daily Census - SNF	88.00	85.46	88.89	88.00
Acute Length of Stay	3.45	3.05	2.97	3.40
<b>ER Visits:</b>				
Inpatient	134	108.00	1,184	1,180
Outpatient	1,409	1,742	15,445	14,748
<b>Total</b>	<b>1,543</b>	<b>1,850</b>	<b>16,629</b>	<b>15,928</b>
Days in Accounts Receivable	45.0	47.5	47.5	45.0
Productive Full-Time Equivalents	529.11	494.95	514.81	529.11
Net Patient Revenue	12,216,197	10,626,742	92,619,060	104,267,047
Payment-to-Charge Ratio	38.6%	33.6%	34.1%	38.6%
Medicare Traditional Payor Mix	30.13%	29.08%	30.76%	30.11%
Commercial Payor Mix	24.44%	23.64%	21.31%	24.39%
Bad Debt % of Gross Revenue	0.96%	1.70%	1.12%	0.96%
EBIDA	652,256	292,357	2,605,739	7,005,505
EBIDA %	5.09%	2.55%	2.56%	6.43%
Operating Margin	0.90%	-2.24%	-2.01%	2.41%
Salaries, Wages, Registry & Benefits %:				
by Net Operating Revenue	61.59%	59.84%	62.69%	61.76%
by Total Operating Expense	62.15%	58.53%	61.45%	63.28%
<b>Bond Covenants:</b>				
Debt Service Ratio	1.25	2.07	2.07	1.25
Current Ratio	1.50	1.47	1.47	1.50
Days Cash on hand	30.00	27.3	27.3	30.00
<b>Met or Exceeded Target</b>				
<b>Within 10% of Target</b>				
<b>Not Within 10%</b>				

**Statement of Cash Flows**  
**Hazel Hawkins Memorial Hospital**  
**Hollister, CA**  
**Eight months ending February 28, 2023**

	CASH FLOW		COMMENTS
	Current Month 2/28/2023	Current Year-To-Date 2/28/2023	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	\$11,019	\$411,595	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	351,253	2,718,057	
(Increase)/Decrease in Net Patient Accounts Receivable	609,031	(1,206,817)	
(Increase)/Decrease in Other Receivables	69,492	(6,385,740)	
(Increase)/Decrease in Inventories	(29,467)	287,198	
(Increase)/Decrease in Pre-Paid Expenses	(5,530)	(1,097,244)	
(Increase)/Decrease in Due From Third Parties	(20,035)	(157,633)	
Increase/(Decrease) in Accounts Payable	(265,222)	(1,917,154)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	563,551	4,525,233	
Increase/(Decrease) in Accrued Expenses	7,038	(36,242)	
Increase/(Decrease) in Patient Refunds Payable	159	(6,257)	
Increase/(Decrease) in Third Party Advances/Liabilities	1,215,947	(218,530)	
Increase/(Decrease) in Other Current Liabilities	120,274	209,716	Semi-Annual Interest - 2021 Insured Revenue Bonds
<b>Net Cash Provided by Operating Activities:</b>	<b>2,616,491</b>	<b>(3,285,413)</b>	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(132,231)	(2,584,353)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	(257,240)	(2,522,087)	Bond Principal & Int Payment - 2014 & 2021 Bonds
(Increase)/Decrease in Other Assets	6,223	49,784	Amortization
<b>Net Cash Used by Investing Activities</b>	<b>(383,248)</b>	<b>(5,056,656)</b>	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Bond/Mortgage Debt	(6,590)	3,039,787	Refinancing of 2013 Bonds with 2021 Bonds
Increase/(Decrease) in Capital Lease Debt	(28,520)	(227,890)	
Increase/(Decrease) in Other Long Term Liabilities	0	0	
<b>Net Cash Used for Financing Activities</b>	<b>(35,110)</b>	<b>2,811,897</b>	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	<b>0</b>	<b>15,000</b>	
<b>Net Increase/(Decrease) in Cash</b>	<b>2,209,152</b>	<b>(5,103,577)</b>	
Cash, Beginning of Period	9,223,073	16,535,802	
<b>Cash, End of Period</b>	<b>\$11,432,225</b>	<b>\$11,432,225</b>	\$0

Cost per day to run the District

\$418,236

Operational Days Cash on Hand

27.33

Hazel Hawkins Memorial Hospital  
 Bad Debt Expense  
 For the Year Ending June 30, 2023

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total		
Budgeted Gross Revenue	30,736,294	33,713,261	33,688,496	34,057,045	33,125,250	36,331,595	36,576,317	31,661,878	36,697,195	30,954,767	31,443,265	30,602,610	399,587,973		
Budgeted Bad Debt Expense	293,579	324,237	324,633	327,729	318,825	351,198	353,536	305,275	355,128	296,590	300,820	293,015	3,844,565		
BD Exp as a percent of Gross Revenue	0.96%	0.96%	0.96%	0.96%	0.96%	0.97%	0.97%	0.96%	0.97%	0.96%	0.96%	0.96%	0.96%		
Actual Gross Revenue	32,232,911	36,024,541	33,649,532	33,258,194	33,453,882	35,593,844	34,251,125	31,419,808	-	-	-	-	269,883,837		
Actual Bad Debt Expense	233,530	316,245	344,314	535,036	299,055	633,010	128,865	523,765	-	-	-	-	3,013,820		
BD Exp as a percent of Gross Revenue	0.72%	0.88%	1.02%	1.61%	0.89%	1.78%	0.38%	1.7%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.12%		
Budgeted YTD BD Exp	2,599,011	0.96%													
Actual YTD BD Exp	3,013,820	1.12%													
													YTD Charity Exp Budget	592,976	
													YTD Charity Exp Actual	273,577	
Amount under (over) budget	(414,809)	-0.15%													
														Amt under (over) budget	319,399
Prior Year percent of Gross Revenue	0.92%													Charity Exp % of Gross Rev	0.10%
Percent of Decrease (Inc) from Prior Year	-21.4%														

Hazel Hawkins Memorial Hospital  
 Supplemental Payment Programs  
 As of February 28, 2023

	Payor	FY 2023	FY 2022	Notes:
<b>Intergovernmental Transfer Programs:</b>				<b>Requires District to fund program and wait for matching return.</b>
- AB 113 Non-Designated Public Hospital (NDPH)				
SFY 2021/2022 True up for ACA	DHCS	150,000	300,276	Estimated payments expected in May/June 2023.
SFY 2022/2023 Interim	DHCS	300,000		
- SB 239 Hospital Quality Assurance Fund (HQAF)	Anthem	2,277,244	3,038,180	Scheduled for October 2023.
- Rate Range Jan. 1, 2020 through Dec. 31, 2020			330,810	Rec. January 2022.
- Rate Range Jan. 1, 2021 through Dec. 31, 2021	Anthem	694,042		Funding sent by 02/17/2023. Plan returns May/June 2023.
- QIP PY 3.5	Anthem		1,002,081	For July - December 2020. Rec'd March 31, 2022.
- QIP PY 4, 1st Loan			1,253,000	Due February 28, 2024 after QIP payment is made. CY 2021
- QIP PY 4, 2nd Loan			1,222,438	Due May 3, 2024 after QIP payment is made. CY 2022
- QIP PY 4 Settlement	Anthem	3,713,527		\$ 1,044,187 funding sent by 02/17/2023. Plan returns May/June 2023.
<b>IGT sub-total</b>		<b>7,134,813</b>	<b>7,146,785</b>	
<b>Non-Intergovernmental Transfer Programs:</b>				<b>Direct Payments.</b>
- AB 915	DHCS	3,029,539.97	3,428,701	As filed payments received in February 2023 not 06/30/2023.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	3,919,883.44	1,826,496	Received in December 2022, Jan., Feb., and Mar. 2023.
- Distinct Part, Nursing Facility (DP/NF)			849,591	Based on actual cost difference.
- Medi-Cal Disproportionate Share (DSH)	DHCS	869,554	887,058	Equal payments in Oct. Dec. Feb. Apr. Jun. 2023
- QIP PY 5	CHFFA	3,090,086		Loan funds received 1st week of January. Due January 3, 2025.
<b>Non-IGT sub-total</b>		<b>10,909,063</b>	<b>6,991,846</b>	
<b>CARES Act (COVID-19) Programs:</b>				
- Cares Act Phase 4			683,370	Rec'd 12/16/2021. One-time funding.
- American Rescue Plan (ARP)			5,663,270	Rec'd 11/23/2021. One-time funding.
- SHIP Grant		258,376	11,855	Will be used for COVID expenses.
- Payroll Tax delay Pay dates 4/3 - 12/31/2020		(1,143,961)	(1,143,961)	Liability: 50% due 12/31/21 & 50% due 12/31/22.
<b>sub-total</b>		<b>(885,585)</b>	<b>5,214,535</b>	
<b>Program Grand Totals</b>		<b>17,158,291</b>	<b>19,353,166</b>	
Total Received		11,167,439	19,353,166	
Total Pending		5,990,852		
		17,158,291	19,353,166	

<b>DRAFT</b>		
Estimated Savings		
Major Work Group	FYE 6/30/23 Actual	Annualized
<b>Long-term Savings:</b>		
<b>Home Health Department</b>	\$583,000.00	\$1,189,000.00
<b>PCA Agreement</b>	\$63,500.00	\$760,000.00
<b>Deferred 3% COLA increases for Exempt staff</b>	\$272,000.00	\$272,000.00
<b>Contracted Physician Services</b>	\$170,000.00	\$600,000.00
<b>Hospital employees</b>	\$450,000.00	\$1,200,000.00
<b>Call Reduction Strategies</b>	\$36,250.00	\$87,000.00
<b>Registry</b>	\$2,400,000.00	\$4,200,000.00
<b>Support Staff Reduction</b>	\$95,000.00	\$285,000.00
<b>Proposed Savings:</b>		
<b>Purchased services</b>	\$50,000.00	\$200,000.00
<b>TOTAL</b>	<b>\$4,119,750.00</b>	<b>\$8,793,000.00</b>

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED  
 HOLLISTER, CA 95023  
 FOR PERIOD 02/28/23

	ACTUAL 03/31/22	ACTUAL 04/30/22	ACTUAL 05/31/22	ACTUAL 06/30/22	ACTUAL 07/31/22	ACTUAL 08/31/22	ACTUAL 09/30/22	ACTUAL 10/31/22	ACTUAL 11/30/22	ACTUAL 12/31/22	ACTUAL 01/31/23	ACTUAL 02/28/23	TWELVE MONTH TOTAL
REGISTRY:													
HHH INTENSIVE CARE UNIT REGISTRY	123.700	123.803	142.556	121.276	90.204	137.729	121.928	64.766	90.865	80.197	42.998	(442)	1.139.580
HHH INTENSIVE CARE UNIT REGISTRY-NONPROD	0	800	(800)	0	0	0	0	0	0	0	0	0	0
HHH MED/SURG REGISTRY	67.880	89.790	108.915	98.061	94.628	59.206	60.173	116.028	112.398	82.198	36.942	18.160	944.377
HHH EMERGENCY ROOM REGISTRY	163.491	180.041	188.266	187.211	190.718	144.539	171.001	187.647	137.835	67.866	41.446	(65)	1.659.997
HHH EMERGENCY ROOM REGISTRY-NONPROD	0	0	0	0	0	0	0	1.279	124	0	0	0	1.403
HHH HOME HEALTH CARE REGISTRY	0	0	0	0	17.513	18.286	18.350	17.739	26.625	(225)	5.760	0	104.047
HHH LABOR/DELIVERY REGISTRY	128.219	72.675	91.515	23.123	51.510	60.763	52.303	79.851	58.199	70.386	70.983	56.610	816.135
HHH LABOR/DELIVERY REGISTRY-NONPROD	23	15.235	0	0	120	0	0	123	328	(90)	0	(10)	15.728
HHH SURGERY REGISTRY	21.790	16.920	18.751	13.895	14.345	31.005	7.558	10.269	8.501	8.870	8.954	8.000	168.858
HHH RECOVERY-PACU REGISTRY	0	0	0	0	9.900	0	21.587	21.161	6.146	0	0	0	58.795
HHH RECOVERY-PACU REGISTRY-NONPROD	0	0	0	0	0	0	9.433	11.179	1.774	0	0	0	22.386
HHH LABORATORY REGISTRY	15.395	7.204	4.010	10.611	17.476	26.502	29.396	25.331	18.771	11.566	13.035	11.146	190.440
HHH RADIOLOGY REGISTRY	0	0	0	0	0	8.400	28.920	19.960	18.240	(40)	0	0	75.480
HHH CT SCAN REGISTRY	0	0	0	0	6.000	38.132	15.748	27.733	19.408	28.003	7.636	0	142.659
HHH RESPIRATORY THERAPY REGISTRY	24.399	19.115	6.531	17.078	28.649	12.719	0	4.928	0	0	0	0	113.418
HHH PHYSICAL THERAPY REGISTRY	9.676	10.736	8.930	15.408	8.640	12.960	19.481	25.424	28.950	6.960	20.513	2.160	169.835
HHH PHYS THER SNF MABIE REGISTRY	12.483	8.814	17.667	(260)	27.600	47.280	29.483	14.438	18.000	3.871	31.348	11.804	222.527
HHH OCCUP THER SNF MABIE REGISTRY	0	0	0	0	0	0	4.800	0	0	0	0	0	4.800
HHH NUTRITION DEPARTMENT REGISTRY	0	0	0	0	11.804	10.682	4.950	500	0	0	0	0	27.936
HHH DIETARY REGISTRY	8.000	13.585	0	11.835	10.435	0	0	0	0	0	0	1,000	44.855
HHH DIETARY NS REGISTRY	0	0	0	0	0	0	0	0	0	0	0	1,000	1,000
HHH DIETARY MABIE REGISTRY	0	0	0	0	0	0	0	0	0	0	0	1,000	1,000
HHH EMPLOYEE HEALTH SERV REGISTRY	1.484	1.484	1.484	1.484	1.484	1.484	1.484	1.484	1.484	1.484	1.484	1.484	17.808
HHH UTILIZATION REVIEW REGISTRY	15.479	13.439	0	0	0	0	0	0	0	0	0	0	28.918
TOTAL REGISTRY	592.018	573.640	587.825	499.721	581.025	609.686	596.591	629.837	547.646	361.045	281.097	111.847	5,971.978

**BOARD OF DIRECTORS  
DISTRICT FACILITIES & SERVICE DEVELOPMENT COMMITTEE**

**Thursday, March 16, 2023  
4:00 P.M. – Great Room**

**MINUTES**

**I. CALL TO ORDER/ROLL CALL:**

The meeting of the District’s Facilities & Service Development Committee was called to order by Jeri Hernandez at 4:00p.m.

**PRESENT:**

Jeri Hernandez, Board President  
Rick Shelton, Treasurer  
Mary Casillas, Interim, Chief Executive Officer  
Mark Robinson, Chief Finance Officer  
Robert Ortega, Interim, Plant Operations Director  
Tiffany Rose/Executive Assistant

**II. APPROVAL OF MINUTES:**

The minutes of the District’s Facilities & Service Development Committee of February 16, 2023 were approved.

**III. UPDATE ON CURRENT PROJECTS:**

- Office Refresh for General Surgeons (Robert O.)  
Robert O. reported the construction part of the project has been completed and the hospital is waiting on licensing. CMS is evaluating different criteria for allowing new rural health clinics, which is causing a delay in licensure. In the meantime, the general surgeons are located in the annex, where they are able to treat patients.

**IV. UPDATE ON PENDING PROJECTS:**

- No pending projects at this time. A future project will be the sterilizer, which has been purchased and needs to be installed. Engineering is currently working to determine the cost of installation.

**V. UPDATE ON MASTER PLAN:**

- SPC-4d (Mark R.)  
Mark R. reported the hospital is looking to contract with the architect in April or May.

**VI. PUBLIC COMMENT:** None.

**VII. OTHER BUSINESS:** It was the consensus of the committee to change the Facilities Committee meetings to an as needed basis.

**VII. ADJOURNMENT:**

There being no further business, the meeting was adjourned at 4:07 PM. The next Facilities Committee meeting will be determined.