



MISSION

It is our mission to deliver quality healthcare to the residents of and visitors to Big Bear Valley through the most effective use of available resources.

VISION

To be the premier provider of emergency medical and healthcare services in our Big Bear Valley.

**BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING AGENDA
MONDAY, AUGUST 07, 2017**

1:00 PM –CLOSED SESSION @ HOSPITAL CONFERENCE ROOM

1:30 PM – OPEN SESSION @ HOSPITAL CONFERENCE ROOM

41870 GARSTIN DRIVE, BIG BEAR LAKE, CA. 92315

Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. **DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343)** Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214.

OPEN SESSION

- 1. CALL TO ORDER** **Barbara Willey, Treasurer**
- 2. ROLL CALL** **Shelly Egerer, Administrative Assistant**
- 3. ADOPTION OF AGENDA***
- 4. PUBLIC FORUM FOR CLOSED SESSION**
Opportunity for members of the public to address the Committee on Closed Session items.
(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)
- 5. ADJOURN TO CLOSED SESSION***

CLOSED SESSION

- 1. CONFERENCE WITH LABOR NEGOTIATORS: *Government Section Code: 54957.6:**
Negotiator: John Friel, CEO & Garth Hamblin, CFO
Continuing Union Negotiations with: UNAC & OPEIU
- 2. TRADE SECRETS: Pursuant to Health and Safety Code Section 32106, and Civil Code Section 3426.1**
 - (1) Marsh & McLennan Agency Employee Benefits Consulting Agreement (Anticipated disclosure date 8/7/17)
 - (2) JWT & Associates Service Agreement for Fiscal Year 2017 Auditor (Anticipated disclosure date 8/7/17)

OPEN SESSION

1. **CALL TO ORDER** **Barbara Willey, Treasurer**
2. **RESULTS OF CLOSED SESSION*** **Barbara Willey, Treasurer**
3. **PUBLIC FORUM FOR OPEN SESSION**
Opportunity for members of the public to address the Committee on Open Session items.
(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)
4. **DIRECTORS COMMENTS**
5. **APPROVAL OF MINUTES***
 - A. July 06, 2017
6. **OLD BUSINESS***
 - None
7. **NEW BUSINESS***
 - A. Discussion and Potential Recommendation to the Board of Directors of the Following Contracts:
 - (1) Marsh & McLennan Agency Employee Benefits Consulting Agreement
 - (2) JWT & Associates Service Agreement for Fiscal Year 2017
 - B. Discussion and Potential Approval of Moving the September 4, 2017 Finance Committee Meeting to September 6, 2017 due to the Labor Day Holiday
8. **PRESENTATION AND REVIEW OF FINANCIAL STATEMENTS***
Garth Hamblin, CFO
 - A. June 2017 Finances
 - B. CFO Report
 - C. Physician Payment Reconciliation Fiscal Year 2017
9. **ADJOURNMENT** *** Denotes Actions Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
SPECIAL FINANCE COMMITTEE MEETING MINUTES
41870 Garstin Drive, Big Bear Lake, Ca. 92315
July 06, 2017**

MEMBERS Barbara Willey, Treasurer
PRESENT: Rob Robbins, 1st Vice President
John Friel, CEO

Garth Hamblin, CFO
Shelly Egerer, Admin. Asst.

STAFF: Kerri Jex Mary Norman

**COMMUNITY
MEMBERS:** None

ABSENT: None

OPEN SESSION

1. CALL TO ORDER:

Board Member Robbins called the meeting to order at 1:17 p.m.

2. ROLL CALL:

Barbara Willey and Rob Robbins were present. Also present were John Friel, CEO, Garth Hamblin, CFO and Shelly Egerer, Administrative Assistant.

3. ADOPTION OF AGENDA:

Board Member Robbins motioned to adopt the July 06, 2017 agenda as presented. Second by Board Member Willey to adopt the July 07, 2017 agenda as presented. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes

4. PUBLIC FORUM FOR OPEN SESSION

Board Member Willey opened the Hearing Section for Public Comment on Open Session items at 1:18 p.m. Hearing no request to address the Finance Committee, Board Member Willey closed the Hearing Section at 1:18 p.m.

5. DIRECTORS COMMENTS:

- None

6. APPROVAL OF MINUTES:

A. June 05, 2017

Board Member Willey called for a motion to approve the June 05, 2017 Finance Committee Meeting Minutes as presented. Motion by Board Member Robbins to approve the June 05, 2017 Finance Committee Meeting Minutes as presented.

Second by Board Member Willey to approve the June 05, 2017 Finance Committee Meeting Minutes as presented. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes

7. OLD BUSINESS:

- None

8. NEW BUSINESS*

A. Discussion of BVCHD Petty Cash Policy:

- Mr. Hamblin stated that there are departments that need cash boxes for payments, copayments, Dietary Department, the Clinic's, and the Emergency Room. Mr. Hamblin informed the Committee that there will be attachments to include in the policy and he will be revising some of the verbiage in the policy. A random audit will be completed for all departments with cash boxes. The petty cash box is reconciled monthly when the Department Manager submits the monthly audit with the receipts and submitted to the Accounting Department. There is a potential to reduce some of the cash boxes if needed.
- Discussion took place with the committee and the committee members stated that the less cash boxes the District has the less problems there are. Board Member Willey suggested that the policy state how many cash boxes the District has in the policy; i.e. per department. The policy will come back to the committee with the appropriate attachments and the revisions to the policy.

Board Member Willey reported this was informational only.

B. Discussion and Potential Recommendation to the Board of Directors the Following Contracts:

(1) Top Notch Networking (Copiers):

- Board Member Willey stated that she feels that this contract is not good for the District that it benefits the vendor and puts the District at risk.
- Mr. Hamblin stated that legal counsel approved the final version of the contract and is being presented after legal counsel signed off on it.
- Board Member Robbins stated that there are other organizations that we received bids from and the committee and Board stated that they have requested a matrix of the other vendors that provided bids; this is to include vendor name, proposal, term, cost and any other pertinent information that the Board may need to make an appropriate decision. The committee also noted that this contract states there is a 6% increase for the next 5 years and feels that could be a costly increase. The committee will not recommend approval to the Board of Directors for the contract but stated if the additional information can be obtained then to present the agreement at the July 12 Board Meeting.

Board Member Robbins motioned that the Finance Committee will not recommend the Top Notch Networking Contract with the lack of information given at this time. Administration can prepare the proposal to put before the full Board for a vote with corrections, inclusions and changes requested. To include a matrix and legal counsel to consider the term of the contract. Second by Board Member Willey that the Finance Committee will not recommend the Top Notch Networking Contract with the lack of information given at this time. Administration can prepare the proposal to put before the full Board for a vote with corrections, inclusions and changes requested. To include

a matrix and legal counsel to consider the term of the contract. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes

(2) Intellicom Communication, Inc. (Phone System)

- Mr. Hamlin asked if the committee was willing to pay the extra \$22,000 to purchase the phone system so that the District can update our current phone system. The new phone system should be good for the next ten to twenty years, software updates also are available and all features will be looked into to ensure we have a good phone system. The cost is approximately \$90,000 for the phone system.
- Board Member Robbins requested that a matrix, bids that were obtained by other vendors be submitted to the Board of Directors. Once again this is a best practice that has been asked by the committee members and the full Board and it is not being presented with such information. Board Member Robbins also stated that he is concerned about purchasing phones due to the issues we had with the email server being down for several weeks. The communication within the District is too important to have another glitch of communication for internal and external uses.
- Mr. Hamblin stated that the phone system comes with software updates, voice mail, and forward voice mail to outlook inbox, and features will be looked at to ensure we have a good system. A committee will be formed to ensure the setup is successful. This system has been on the Capital Budget for several years and is time to update the phone system.

Board Member Robbins recommends \$90,000 for the phone system contingent upon the appropriate information being presented to the full Board, i.e. matrix, vendor information, features and pricing. Second by Board Member Willey to recommend \$90,000 for the phone system contingent upon the appropriate information being presented to the full Board, i.e. matrix, vendor information, features and pricing. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes

9. Presentation and Review of Financial Statements:

A. May 2017 Finances:

- Mr. Hamblin reported the following:
 - Over \$13 million in cash and investments.
 - Surplus of \$129,126 for the month.
 - Expenses under budget.
 - Will end the fiscal year strong.
 - Dental services have continued to be positive and patient volume continues to increase.
 - Performa was based on 240 visits per month and should exceed that number.
 - Not ready to begin seeing other insurance carriers and Medi-Cal patients have been booking time slots and are booked at least 3 to 4 months out.
- The committee stated the finances are looking fantastic and very pleased.

B. CFO Report:

- Mr. Hamblin reported the following information:
 - Healthcare Reform still unknown, there is an attachment on some key issues; summary included from the Hospital Association.
 - Questions at last Board Meeting on the FY 2017/2018 Budget are included in the CFO Report.
 - Dues and subscriptions are listed from high to low cost.
 - Emailed President Nicely this item since she has so many questions about the FY 2017/18 Budget at the June Board Meeting.
 - Staff being involved with organizations to network and gain benefit from the membership and Administration feels this is a positive thing.
 - Miscellaneous items:
 - Added additional money for Marketing effort – continue highlighting the Hospital, the Clinics and the Mom & Dad Project.
 - Telephone system cost increased due to RHC reopening.
 - Obligated to pay for travel expenses for Culture Training.
 - Increase in minor equipment for Plant/Maintenance and Surgery Department.
- The Finance Committee appreciated that there was a break down on the questions asked at the June Board Meeting.

Board Member Robbins motioned to approve the May 2017 Finance Report and the CFO Report as presented. Second by Board Member Willey to approve the May 2017 Finance Report and the CFO Report as presented. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes

10. ADJOURNMENT*

Board Member Robbins motioned to adjourn the meeting at 2:15 p.m. Second by Board Member Willey to adjourn the meeting. Board Member Willey called for a vote. A vote in favor of the motion was unanimously approved.

- Board Member Willey- yes
- Board Member Robbins- yes



Date: July 31, 2017

Re: Recommendation for Employee Benefits Broker

History:

In our search for the most competitive health benefits for our employees the need for an effective broker is vital in order to provide employees not only use of BVCHD facilities but to make it more affordable for family coverage. The need to change brokers has been evident for some time due to service quality issues. A summary of annual billing amounts are below for the previous brokers:
EPIC (previous broker) \$71,000

Henehan (current broker) \$57,120 – service quality issues

MMA (Projected) \$51,408 charged per employee per month (updated contract attached)

Beneflex – Commission based - initial enrollment requires employees to complete health statements. "The Exchange will either accept or decline groups based upon the answers provided in the initial health questionnaires."

Discussion:

MMA understands the needs and will search for the best fit regarding lines of insurance for BVCHD. They are offering a lower per employee per month fee of \$31.50.

Recommendation:

As stated above, MMA is a less expensive choice and MMA understands our needs and will search for the best fit regarding lines of employee benefit insurance for BVCHD employees. It is recommended that we approve the MMA contract.

CONFIDENTIAL NOTICE:

Note: This document and attachments are covered by CA Evidence Code 1157 and CA Health and Safety Code 1370.
NOTICE TO RECIPIENT: If you are not the intended recipient, you are prohibited from sharing, copying or otherwise using or disclosing its contents.

Irvine, Ca 92614

T. (949) 259-2890

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E: dtropp@MTBattorneys.com

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Begin forwarded message:

From: Erin Wilson <Erin.Wilson@bvchd.com>

Date: August 2, 2017 at 4:25:20 PM PDT

To: Deb Tropp <dtropp@mtbattorneys.com>

Subject: Contract

Hi Deb,

Would you mind looking over this contract for benefits brokerage. I believe it has been reviewed previously but they took out appendix a and maybe compare it to the previous one. Jack was concerned that they would be getting paid commissions and that is not the case.

Thank you,

Erin Wilson

Human Resources Director

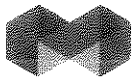
Bear Valley Community Healthcare District

PO Box 1649 * 41870 Garstin Road

Big Bear Lake, CA 92315

(909) 878-8220

Fax (909) 866-4184



MARSH & MCLENNAN
AGENCY

BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT

EMPLOYEE BENEFITS CONSULTING AGREEMENT

BETWEEN BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT AND MARSH & MCLENNAN
AGENCY LLC

Employee Benefits Consulting Agreement

AGREEMENT

This Agreement is entered into by and between Marsh & McLennan Agency LLC, located at 9171 Towne Centre Drive, San Diego, CA 92122, hereinafter referred to as "MMA" or "Broker/Consultant," and Bear Valley Community Healthcare District located at 41870 Garstin Dr, Big Bear Lake, CA 92315 hereinafter referred to as "Client".

PERFORMANCE STANDARDS

Broker/Consultant shall discharge its duties pursuant to this Agreement in accordance with directions and instructions of Client. Broker/Consultant shall act with the generally acceptable professional standards and within applicable law, always acting honestly, in good faith and in the best interest of Client. Broker/Consultant shall exercise the degree of care, diligence and skill of a prudent and experienced insurance broker and consultant.

SERVICES

PLAN DESIGN CONSULTATION

- Provide analysis of existing plans, offer new ideas, including alternative designs and provide cost estimates and supporting recommendations.
- Educate Client on benefit trends and industry best practices.
- Advise Client on the impact of pending as well as enacted legislation and regulations, which affect benefits and/or the administration of the plans.
- Keep abreast and provide information on new benefit developments and options.
- Assist in the implementation and administration of new programs or changes to existing programs.
- Benchmark plans against competitive environment.
- Create a three to five year strategy.

MARKETING & RENEWAL

- Work with Client and to develop objectives and plan designs to include in Requests for Proposals (RFPs).
- Prepare detailed specifications for RFPs.
- Submit RFPs to insurance markets/vendors.
- Review each proposal. Use our influence in the marketplace to leverage and negotiate the best rates and conditions per Client specifications.
- Prepare an evaluation of the proposals to simplify the comparative differences and important components of the proposals. Evaluation will include recommendations to the Client concerning such proposals.
- Evaluate renewals proposed by insurance companies. Negotiate rates with companies after analyzing current experience, retention, previous year's financial results and the competitive marketplace.
- Plan costs – analyze current plan costs of all benefits compared to prior year's costs by participant and by line of coverage.
- Year End Accounting – review policy year financial summaries for complete cost breakdown. Analyze costs including premium, claims, and reserve levels, expenses, pooling levels, margins and overall effectiveness of funding arrangement.
- Assist with preparation of open enrollment communication materials and organizing vendor participation at open enrollment meetings.
- Attend and conduct open enrollment meetings.



Employee Benefits Consulting Agreement

ADMINISTRATION

- Provide a team that will be available and responsive on a timely basis.
- Attend insurance committee/Human Resource meetings and other meetings, as necessary.
- Assist with claims questions, issues and appeals.
- Conduct quarterly claim review meetings to identify trends and forecast future costs
- Provide monthly Self-funded claim report updates.
- Provide actuarial rate setting and plan design pricing.
- Attend Bi-weekly Wellness Conference calls and quarterly meetings.
- Assist with problems regarding billing, enrollments, terminations and reconciliations.
- Participate in the preparation and presentation of quarterly financial reports.
- Notify carriers of any plan change or administrative changes.
- Monitor plan carriers and providers to ensure smooth administration.
- Review contracts, plan documents, insurance policies and other documents for applicability, accuracy and consistency. Prepare and deliver necessary reports to Client.
- Assist Client with the development of performance guarantees relating to vendors' performance of services for Client and evaluate the performance of vendors.

REGULATORY COMPLIANCE

- Legislative Notification – keep Client abreast of proposed and enacted legislation and regulations through newsletters and ongoing communication. Consult on implications of enacted legislation and recommend benefit or funding revisions when appropriate.
- Perform Health Care Reform modeling to ensure compliance and prudence for complying with Full time employee determination, look back periods and other important compliance milestones.
- Regulatory Compliance – provide updates on government laws and regulations promulgated by federal and state agencies for compliance purposes.
- Seminars/Workshops – offer seminars hosted by in-house and outside resources and professionals.
- Submit written reports and other documents as required by the federal government.

ADDITIONAL SERVICES

- Preparation of Annual 5500 reports.
- Assist in creation of Summary Plan Descriptions.

RESPONSIBILITIES OF CLIENT

Client shall furnish Broker/Consultant with data necessary for discharge of Broker/Consultant's duties set forth in this document. Client shall be solely responsible for the accuracy and completeness of all information furnished to Broker/Consultant and/or insurers, and Client shall sign any required application for insurance. Broker/Consultant shall not be responsible to verify the accuracy or completeness of any information that Client provides, and Broker/Consultant shall be entitled to rely on that information. Broker/Consultant shall have no liability for any errors, deficiencies or omissions in any services provided to Client, including the placement of insurance on Client's behalf, that is based on inaccurate or incomplete information provided to Broker/Consultant. Client understands that the failure to provide all necessary information to an insurer, whether intentional or by error, could result in the impairment or voiding of coverage. Client agrees that it will review all policy documents provided to it by Broker/Consultant.

Employee Benefits Consulting Agreement

COMPENSATION

Based on the current enrollment, Broker/Consultant's first year's base compensation (consulting retainer) will be calculated based on \$31.50 per eligible employee per month, payable in twelve (12) equal installments invoiced on a monthly basis.

If this Agreement is renewed for a second year, both parties will evaluate compensation terms to arrive at a mutually agreed upon base compensation. Additional compensation may be required for services provided outside of the scope of this Agreement, as agreed by both parties in advance of the work being performed.

AMENDMENT

This Agreement may be amended only with the consent of the parties. All amendments must be in writing and must be approved by the Broker/Consultant and by the Client's Governing Board.

TERMS

This Agreement is effective September 1, 2017 and will automatically renew unless otherwise terminated as provided herein.

TERMINATION

Both parties may terminate this Agreement upon thirty (30) days written notice to the other. Said notice shall be sent by certified or registered mail. In the event of such termination by the Client, Broker/Consultant shall be paid for professional services rendered up to the date of such termination. The Client's right to terminate under this paragraph shall be in addition to any other rights reserved to the Client under this Agreement. Said termination by either party shall not be deemed to be a breach of this Agreement and/or tortious conduct.

INDEMNIFICATION

Client agrees to defend, indemnify, and save free and harmless the Broker/Consultant, its officers, agents and employees against any and all losses, injuries, claims, actions, causes of action, judgment, and liens arisen from, or alleged to have arisen from Client's performance or lack thereof under this Agreement.

INDEPENDENT CONTRACTOR

While in the performance of this Agreement, Broker/Consultant is an independent contractor and not an officer, agent, or employee of the Client.

BROKER OF RECORD

Client shall appoint Broker/Consultant as its exclusive insurance broker with respect to Client's insurance requirements for the services provided by Broker/Consultant pursuant to this Agreement. This appointment rescinds all previous appointments, and the authority associated with such appointment shall remain in full force and effect until cancelled in writing. Broker/Consultant shall not be responsible for any claims, liabilities, injuries, suits and demands and expenses of any kind which may result or arise out of any act or omission of the broker of record previously designated by Client.



**MARSH & MCLENNAN
AGENCY**

Employee Benefits Consulting Agreement

SEVERABILITY

Should any portion, term, condition or provision of this Agreement be determined by a court of competent jurisdiction or by the California Department of Insurance to be illegal or in conflict with any law of the State of California, or be otherwise rendered unenforceable or ineffectual, the remaining portions, terms, conditions and provisions shall not be affected thereby.

COMPENSATION DISCLOSURE

MMA's standard compensation disclosure will be provided to Client annually.

PROTECTED HEALTH INFORMATION

MMA shall handle "Protected Health Information" (as defined in the Federal HIPAA privacy regulations, 45 C.F.R. Parts 160, 164) as a business associate of Client in accordance with the provisions of the Business Associate Agreement between Client (acting on behalf of the Client's Group Health Plans), and MMA in Appendix AB.

DISCLAIMERS

Broker/Consultant does not speak for any insurer, is not bound to utilize any particular insurer and is not authorized to make binding commitments on behalf of any insurer, except under special circumstances which Broker/Consultant shall endeavor to make known to Client. Broker/Consultant shall not be responsible for the solvency of any insurer or its ability or willingness to pay claims, return premiums or other financial obligations. Broker/Consultant does not guarantee or make any representation or warranty that insurance can be placed on terms acceptable to Client. Broker/Consultant will not take any action to replace Client's insurers unless Client instructs Broker/Consultant to do so. Client acknowledges that, in performing services hereunder, Broker/Consultant and its affiliates are not acting as a fiduciary for Client, except to the extent required by applicable law. Any reports or advice provided by Broker/Consultant should not be relied upon as accounting, legal, regulatory or tax advice. In all instances, Broker/Consultant recommends that Client seek its own advice on such matters from professional accounting, legal, regulatory and tax advisors.

Broker/Consultant will not be responsible for the adequacy or effectiveness of any insurance programs or policies implemented by another broker, or any acts or omissions occurring prior to Broker/Consultant's engagement.

Broker/Consultant may provide to Client information and services related to insurance regulatory and insurance tax issues relating to Client's insurance program. Any reports or advice provided by Broker/Consultant will be based on publicly available information and Broker/Consultant's experience as an insurance broker and risk consultant in dealing with such matters for other clients and should not be relied upon as accounting, regulatory or tax advice. In all instances, Broker/Consultant recommends that Client seek its own advice on accounting, regulatory and tax matters from professional legal and tax advisers.

Employee Benefits Consulting Agreement

Broker/Consultant may provide Client with modeling and/or business analytics services, including hazard loss and catastrophe modeling, loss forecasting and triangles, adverse event simulation, scenario and portfolio risk analysis, decision mapping, risk bearing and risk retention tolerance analysis and insurance program evaluation analysis ("Modeling and Analytics"). Modeling and Analytics services will be based upon a number of assumptions, conditions and factors. If any of them or any information provided to Broker/Consultant is inaccurate or incomplete or should change, the Modeling and Analytics provided by Broker/Consultant could be materially affected. These services are subject to inherent uncertainty, and actual results may differ materially from that projected by Broker/Consultant. They are provided solely for Client's benefit, and do not constitute, and are not intended to be a substitute for, actuarial, accounting or legal advice. Broker/Consultant shall have no liability to any third party in connection with these services or to Client with regard to any services performed or provided by a third party. Except to Client's insurers in connection with the placement of coverage by Broker/Consultant, Client shall not share any of Broker's Modeling and Analytics work product with a third party without Broker/Consultant's prior written consent.

LIMITATION OF LIABILITY

Unless stated otherwise herein, in no event shall either party to this Agreement be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits arising out of or relating to any services provided by Broker/Consultant or its affiliates. This paragraph shall not apply to Client liabilities incurred by Client as a result of Broker/Consultant's negligence or other intentional misconduct arising out of or relating to any services provided by Broker/Consultant or its affiliates. The aggregate liability of Broker/Consultant, its affiliates and its and their employees to Client or its affiliates arising out of or relating to the provision of services by Broker/Consultant or its affiliates shall not exceed \$10,000,000.

MISCELLANEOUS

This Agreement shall be governed by the laws the State of California, without regard to its conflict of laws principles. Each party to this Agreement, on behalf of itself and its affiliates, agrees that any dispute, claim or controversy arising out of or relating to this Agreement or the provision of services by Broker/Consultant or its affiliates shall be resolved by binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association then in effect. The arbitration shall be conducted by a panel of three arbitrators, with each party selecting one arbitrator and the two arbitrators selecting the third arbitrator. If the two arbitrators are unable to agree upon the third arbitrator, the third arbitrator shall be selected by the American Arbitration Association. Each of the arbitrators shall have at least fifteen years of insurance industry experience. Judgment upon any award rendered by the arbitrators may be entered in any court having jurisdiction.

Any notice provided pursuant to this Agreement shall be in writing and must be sent postage pre-paid, certified U.S. mail, return receipt requested, or delivered by overnight commercial courier, and shall be deemed given upon receipt. All notices shall be addressed to the applicable party at its respective address first set forth above or such other address as may be designated on notice to the other party pursuant hereto. This Agreement may be executed and delivered in several counterparts and transmitted by facsimile, a copy of which shall constitute the same as an original.

[SIGNATURE PAGE FOLLOWS]

Employee Benefits Consulting Agreement

ACCEPTANCE

By:
Bear Valley Community Healthcare District

Authorized Representative, Title

Date

By:
Marsh & McLennan Agency LLC,
a Delaware limited liability company

Authorized Representative, Title

Date



APPENDIX AB

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (the "Agreement") is made and entered into as of the 1st day of September, 2017 (hereinafter the "Date") by and between Bear Valley Community Healthcare District on behalf of Bear Valley Community Healthcare Districts Benefit Welfare Plan (hereinafter "Covered Entity"), and **Marsh & McLennan Agency LLC** (hereinafter "Business Associate").

RECITALS

WHEREAS, the Department of Health and Human Services ("HHS") has promulgated regulations at 45 C.F.R. Parts 160-164, implementing the privacy and electronic security requirements set forth in the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by American Recovery and Reinvestment Act of 2009 (P.L. 111-5, ARRA) ("HIPAA");

WHEREAS, Business Associate acknowledges that certain provisions of HIPAA have been amended in ways that directly regulate Business Associate's obligations and activities with respect to PHI;

WHEREAS, HIPAA provides, among other things, that Covered Entity is permitted to disclose Protected Health Information (as defined below) to Business Associate and allow Business Associate to obtain and receive Protected Health Information, if Covered Entity obtains satisfactory assurances in the form of a written contract that Business Associate will appropriately safeguard the Protected Health Information; and

WHEREAS, Business Associate will create, receive, maintain or transmit certain Protected Health Information in conjunction with the services being provided by Business Associate to Covered Entity pursuant to the Employee Benefits Consulting Agreement entered into by the parties as of May 16th, 2017 (the "Services Agreement"), thus necessitating a written agreement that meets the applicable requirements of HIPAA. Both parties have mutually agreed to satisfy the foregoing regulatory requirements through this Agreement.

NOW THEREFORE, Covered Entity and Business Associate agree as follows:

1. DEFINITIONS; APPLICABILITY.

- (a) All terms not defined herein shall have the meaning ascribed to them in HIPAA.
- (b) This Agreement shall apply only with respect to and to the extent that Business Associate creates, receives, maintains or transmits PHI for or on behalf of Covered Entity.
- (c) HITECH Act, "HITECH Act" shall mean Health Information Technology for Economic and Clinical Health Act, enacted as part of the American Recovery and Reinvestment Act of 2009.

2. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE

- (a) Business Associate agrees to not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as Required by Law.
- (b) Business Associate agrees to use commercially reasonable and appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

Employee Benefits Consulting Agreement

- (c) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware. In event of a Breach of Unsecured PHI by Business Associate or any of its officers, directors, employees, or subcontractors, Business Associate shall promptly notify Covered Entity in accordance with 45 C.F.R. 164.410.
- (d) Business Associate and Covered Entity agree to mitigate, to the extent practicable, any harmful effect that is known to it arising out of a use or disclosure of Protected Health Information in violation of the requirements of this Agreement.
- (e) Business Associate agrees to ensure that any subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of Business Associate agrees to substantially similar restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- (f) Business Associate agrees to provide access to Protected Health Information in a Designated Record Set, in the time and manner Required by Law, to Covered Entity or, as directed by Covered Entity, to an Individual, in order to meet the requirements under 45 C.F.R. 164.524. Business Associate may impose a reasonable cost-based fee for the provision of copies of PHI in a Designated Record Set in accordance with 45 C.F.R. 164.524(c)(4).
- (g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set pursuant to 45 C.F.R. 164.526 at the request of Covered Entity or an Individual, and in the time and manner Required by Law.
- (h) Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate, on behalf of Covered Entity, available to the Secretary of Health and Human Services ("Secretary"), for purposes of the Secretary determining Covered Entity's or Business Associate's compliance with HIPAA.
- (i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. 164.528.
- (j) Business Associate agrees to provide to Covered Entity, upon request and in the time and manner Required by Law, an accounting of disclosures of an Individual's Protected Health Information, collected in accordance with Section 2(i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. 164.528. If Covered Entity requests an accounting of an Individual's Protected Health Information more than once in any twelve (12) month period, Business Associate will impose a reasonable fee for such accounting in accordance with 45 C.F.R. 164.528(c).
- (k) Business Associate agrees to comply, where applicable, with Subpart C of 45 CFR Part 164 to maintain the security of the Electronic Protected Health Information and to prevent unauthorized uses or disclosures of such Electronic Protected Health Information. Business Associate shall report to the Covered Entity any Security Incident that results in the unauthorized use or disclosure of Protected Health Information of which it becomes aware.

3. PERMITTED USES AND DISCLOSURES BY BUSINESS ASSOCIATE

- (a) Business Associate may use or disclose Protected Health Information to perform its obligations and services to Covered Entity, provided that such use or disclosure would not violate HIPAA if done by Covered Entity.



**MARSH & McLENNAN
AGENCY**

Employee Benefits Consulting Agreement

- (b) Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate or as otherwise permitted by HIPAA.
- (c) Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (d) Business Associate may use Protected Health Information to provide data aggregation services to Covered Entity.

4. OBLIGATIONS OF COVERED ENTITY.

4.1 PROVISIONS FOR COVERED ENTITY TO INFORM BUSINESS ASSOCIATE OF PRIVACY PRACTICES AND RESTRICTIONS

- (a) Covered Entity shall provide Business Associate with the notice of privacy practices that Covered Entity produces in accordance with 45 C.F.R. § 164.520, as well as any changes to that notice.
- (b) Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.
- (c) Covered Entity shall notify Business Associate, in writing, of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522.
- (d) Covered Entity warrants and represents that it shall provide to, or request from, the Business Associate only the minimum Protected Health Information necessary for Business Associate to perform or fulfill a specific function required or permitted hereunder.
- (e) If Protected Health Information is transmitted by electronic transfer or sent in physical media by or on behalf of Covered Entity, Covered Entity shall transmit all such Protected Health Information to Business Associate in an encrypted format, to be mutually agreed by the parties.

4.2 PERMISSIBLE REQUESTS BY COVERED ENTITY. Covered Entity represents and warrants that it has the right and authority to disclose Protected Health Information to Business Associate for Business Associate to perform its obligations and provide services to Covered Entity, and Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would violate HIPAA, other applicable laws or Covered Entity's privacy notice, if done by Covered Entity.

5. TERM AND TERMINATION

- (a) Term. The provisions of this Agreement shall take effect as of the earlier of (i) the Date, or (ii) May 16th, 2017 (the "Effective Date"), and shall continue for the term of the Services Agreement.
- (b) Termination for Cause. Upon the parties mutual agreement that there has been a material breach by a party which does not arise from any breach by the other party, the non-breaching party shall provide an opportunity for the breaching party to cure the breach or end the violation and terminate this Agreement if the breaching party does not cure the breach or end the violation

Employee Benefits Consulting Agreement

within a mutually agreeable time, or immediately terminate this Agreement if cure of such breach is not possible.

Employee Benefits Consulting Agreement

(c) Effect of Termination.

- (1) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall request, in writing, Protected Health Information that is in the possession of subcontractors of Business Associate.
- (2) In the event the Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall extend the protection of this Agreement to such Protected Health Information and limit further uses or disclosures to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

6. MISCELLANEOUS

- (a) Regulatory References. A reference in this Agreement to a section in HIPAA means the section as in effect or as amended, and for which compliance is required.
- (b) Amendment. Upon the enactment of any law or regulation affecting the use or disclosure of Protected Health Information, or the publication of any decision of a court of the United States or any state relating to any such law or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, the parties agree to negotiate in good faith to amend the Agreement as necessary to comply with such law or regulation.
- (c) Survival. The obligations of Business Associate under section 5(c)(2) of this Agreement shall survive the termination of this Agreement.
- (d) Interpretation; Entire Agreement. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits both parties to comply with HIPAA. This Agreement shall be subject to the terms and conditions of the Services Agreement; provided, however, that in the event of any inconsistency or conflict between this Agreement and any the Services Agreement, the terms, provisions and conditions of this Agreement shall govern and control. This Agreement and the Services Agreement constitute the complete agreement between the parties relating to the matters specified in this Agreement, and supersede all prior representations or agreements, whether oral or written, with respect to such matters.
- (e) No third party beneficiary. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors or assigns of the parties, any rights, remedies, obligations, or liabilities whatsoever.



MEMO

Date: 1 August 2017
To: BVCHD Finance Committee
From: Garth M Hamblin, Interim CFO
Re: JWT & Associates, FY 2017 Independent Auditor

Recommended Action

Approve JWT & Associates, to conduct FY 2017 Audit. Fee of \$24,000 including expenses.

Background

JWT & Associates, has conducted our independent audit for a number of years. Our recommendation is that he and his firm, JWT & Associates, conduct our audit for fiscal year ending June 30, 2017.

Jerrel Tucker has done a good job in our annual audits and for a reasonable fee. Last year during his presentation to the Board he provided valuable benchmarking information to compare our results to similar Critical Access Hospitals.

JWT & Associates, LLP

Advisory Assurance Tax

1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

June 27, 2017

Garth Hamblin, CFO
Bear Valley Community Healthcare District
PO Box 1649
Big Bear Lake, CA 92315

We are pleased to confirm our understanding of the services we are to provide for Bear Valley Community Healthcare District (the District) for the year ended June 30, 2017. We will audit the financial statements of the District, which comprise the statement of net position as of June 30, 2017, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements. Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District's RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Audit Objective

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We will issue a written report upon completion of our audit of the District's financial statements. Our report will be addressed to the board of directors of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions on the financial statements are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or we may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provision of laws and regulations that determine the reported amounts and disclosures in the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, include, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

Other Services

We will also assist in preparing the financial statements of the District in conformity with U.S. generally accepted accounting principles based on information provided by you.

Management Responsibilities

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with U.S. generally accepted accounting principles.

Management is also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon.

Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

You agree to assume all management responsibilities for financial statement preparation services and any other non-attest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidance thereunder (HIPAA), we shall enter into a HIPAA Business Associate Agreement.

Engagement Administration, Fees, and Other

We may from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers. We understand that your employees will prepare all cash or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of JWT & Associates, LLP (JWT) and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to authorized regulators or their designee. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of JWT personnel. Furthermore, upon request, we may provide copies of selected audit documentation to regulators or their designee. The regulators or their designee may intend or decide to distribute the copies or information contained therein to others, including other governmental agencies.

Our fee for these services will be at our standard hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) except that we agree that our gross fee, including expenses will not exceed \$24,000. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered periodically as work progresses and are payable on presentation. In accordance with our firm policies, work may be suspended if your account becomes 90 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

We appreciate the opportunity to be of service to the District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

JW7 & Associates, LLP

RESPONSE:

This letter correctly sets forth the understanding of Bear Valley Community Healthcare District.

Signature: _____

Name: _____

Title: _____

Date: _____

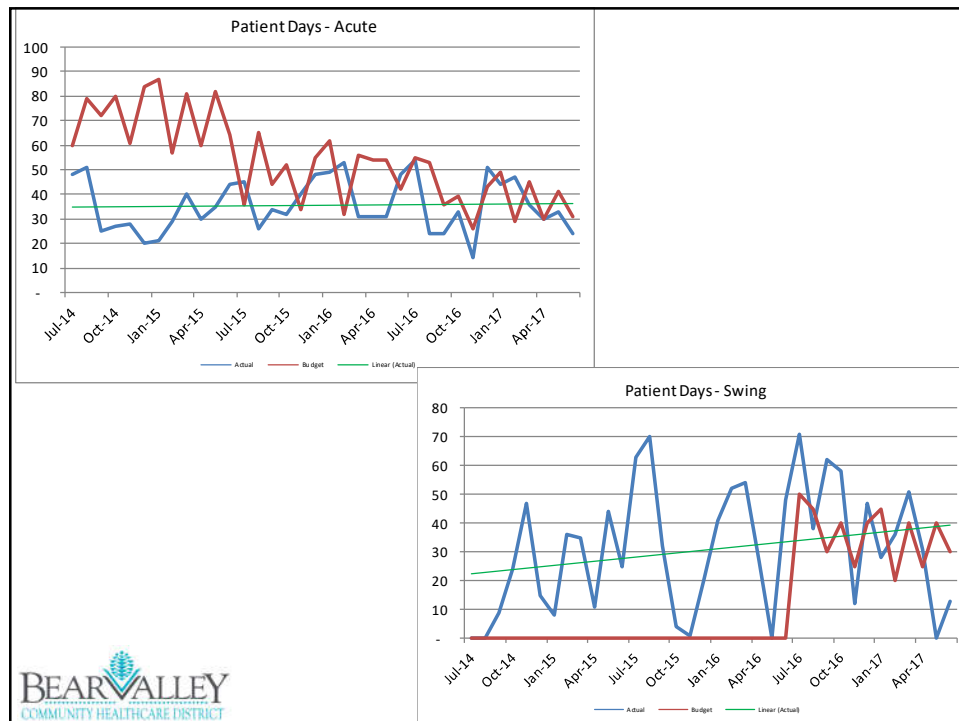
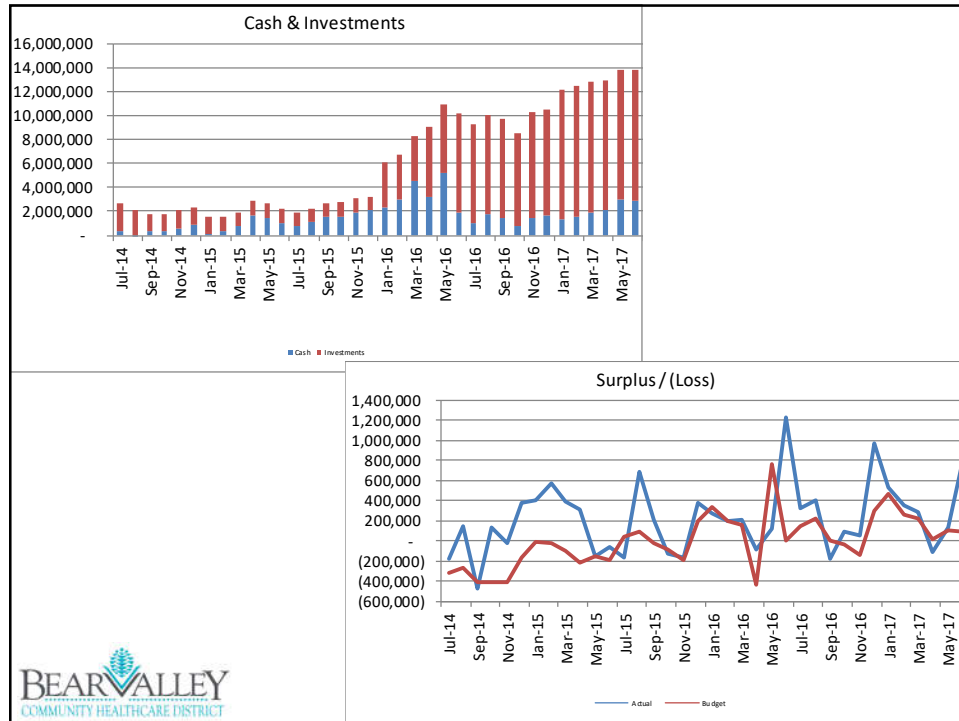


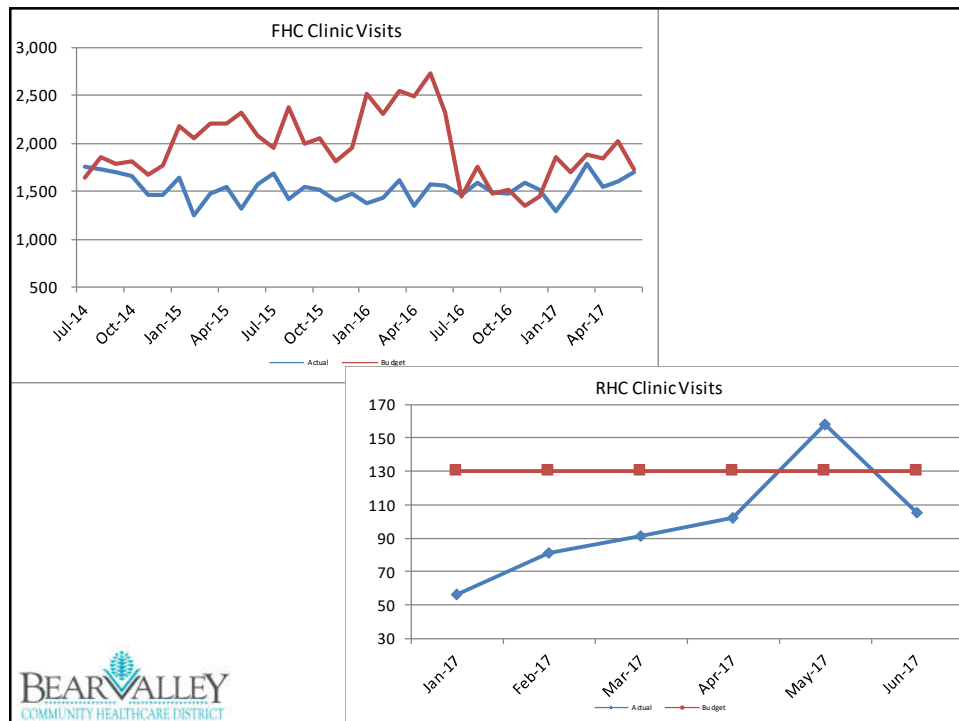
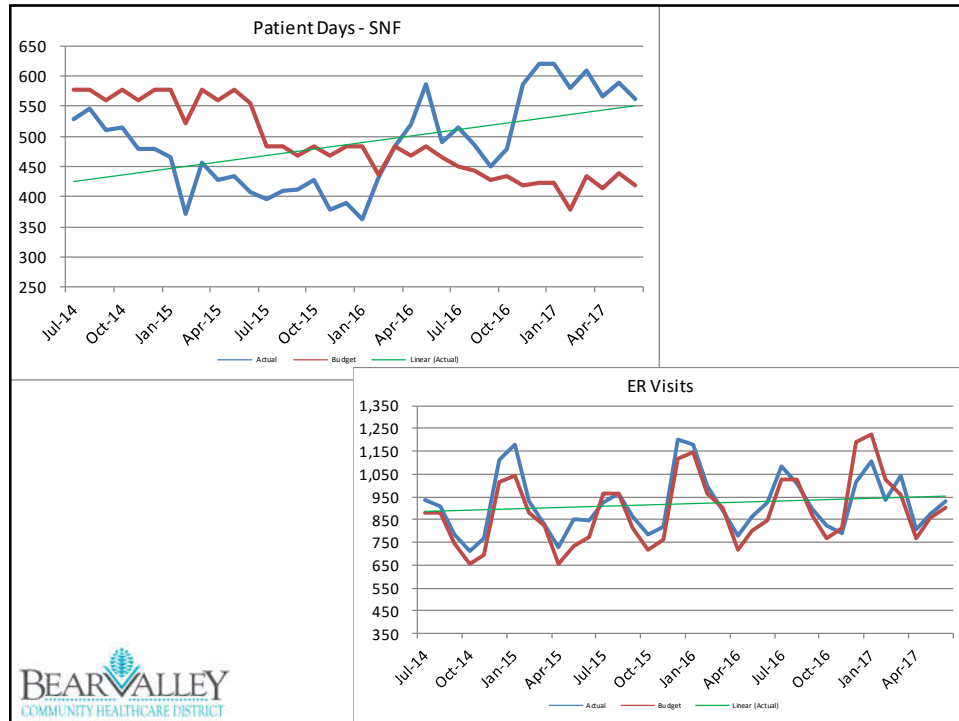
Finance Report
June 2017 Results

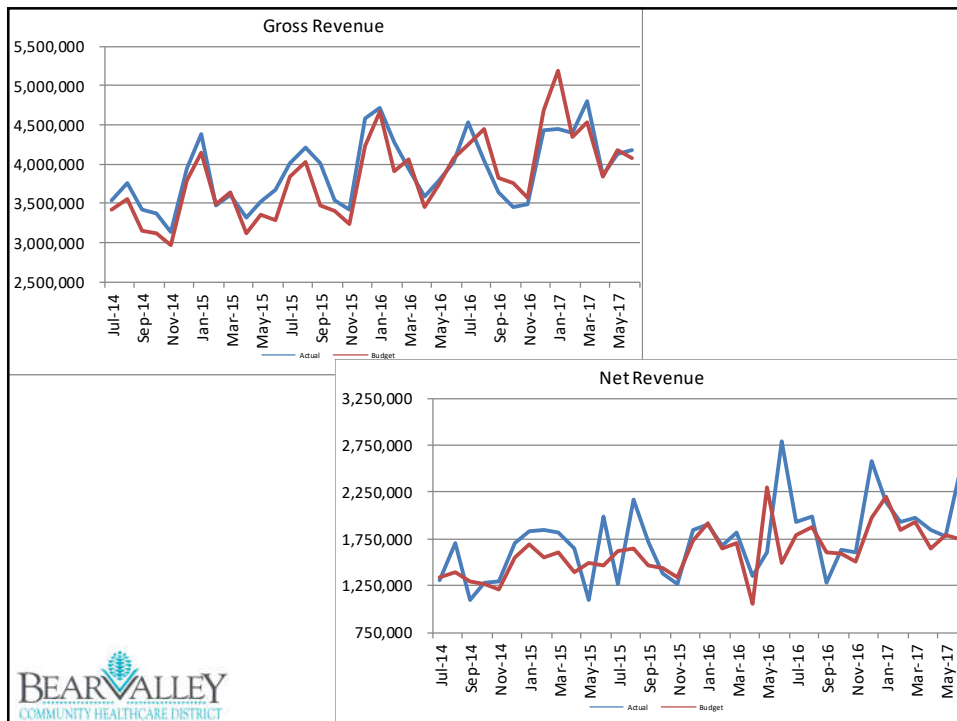
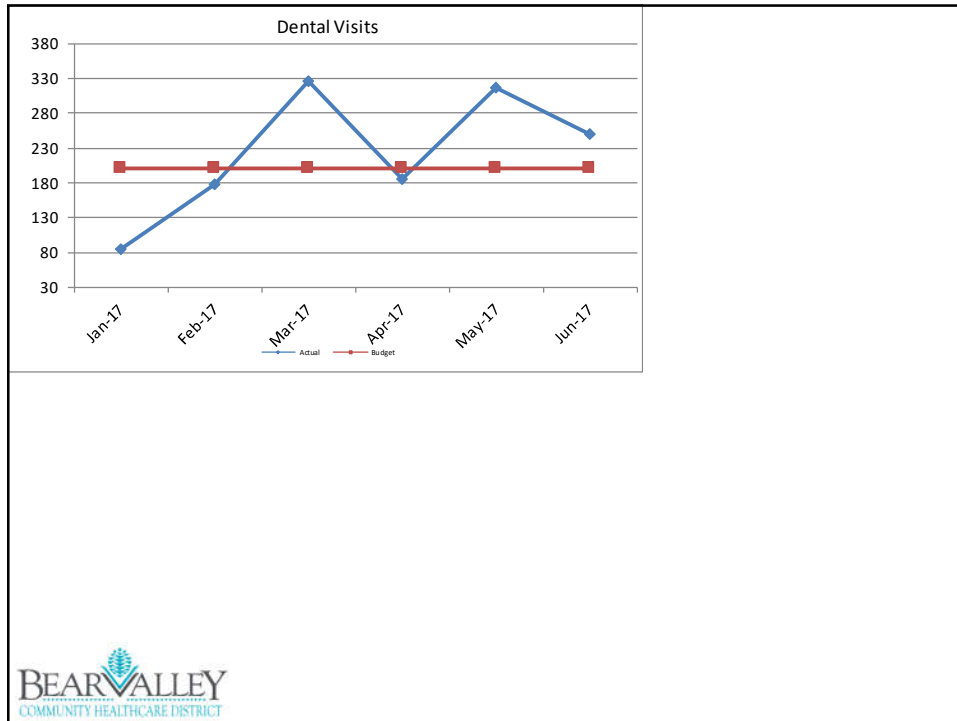
Summary for June 2017

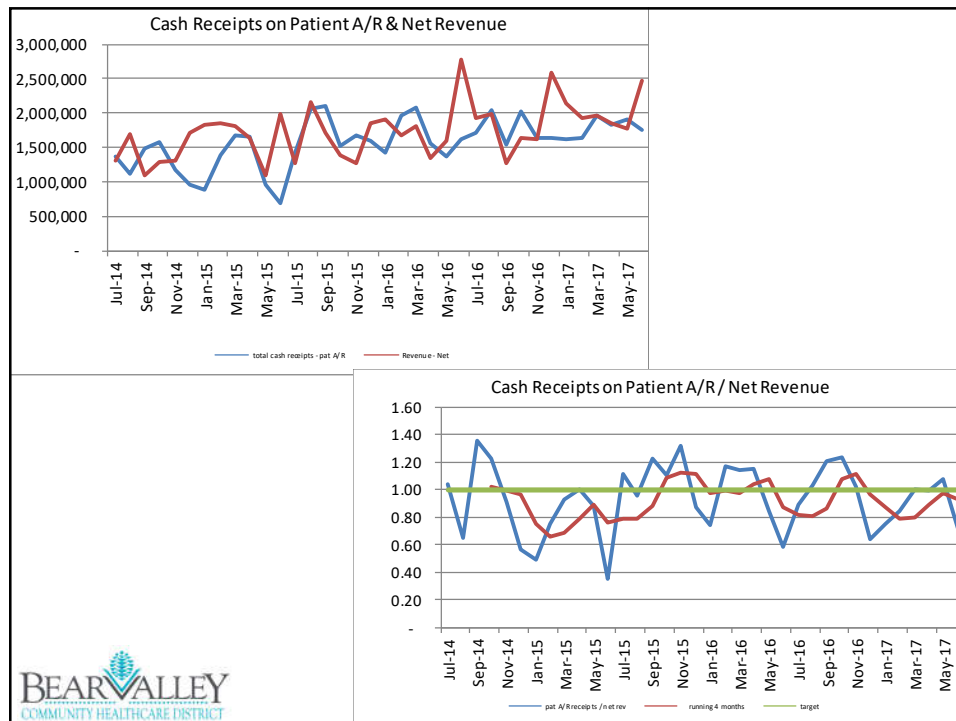
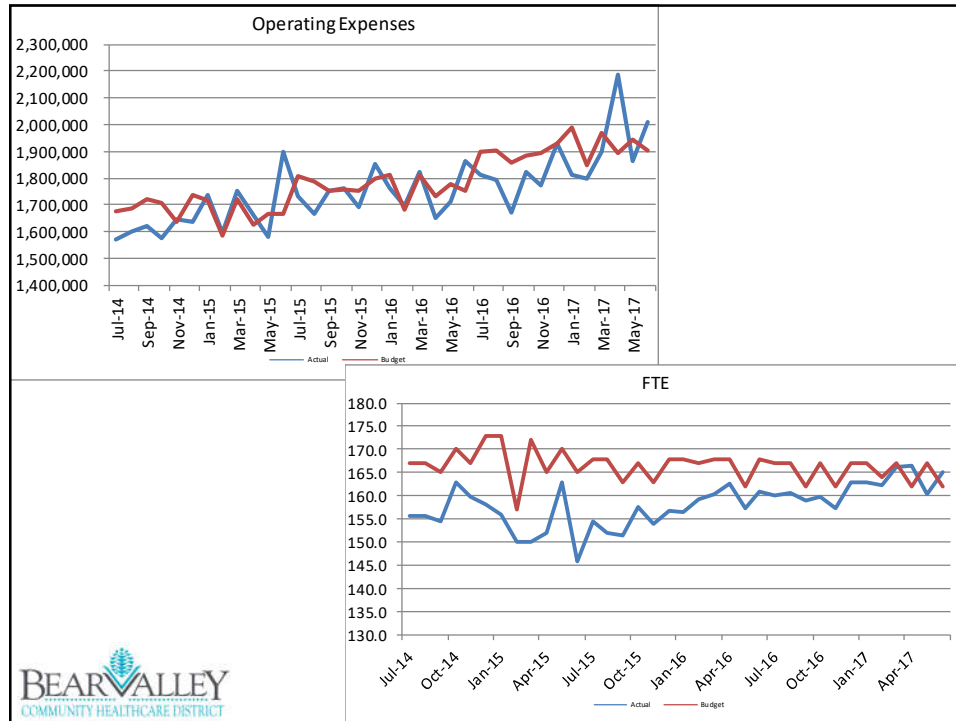
- Pre-Audit, full FY 2017 results
- Cash on Hand - \$2,886,705
- Investments - \$10,870,876
- Days Cash on hand, including investments with LAIF – 230
- Surplus of \$777,254 for the month (with year-end closeout of IGT amounts). We had budgeted a Surplus of \$96,326.
- Total Patient Revenue over Budget by 2.5% for the month
- Net Revenue was 41.1% over budget.
- Total Expenses 5.7% higher than budget
- Year-to-date (pre-audit) surplus of \$3,612,543 is \$1,966,657 over budget

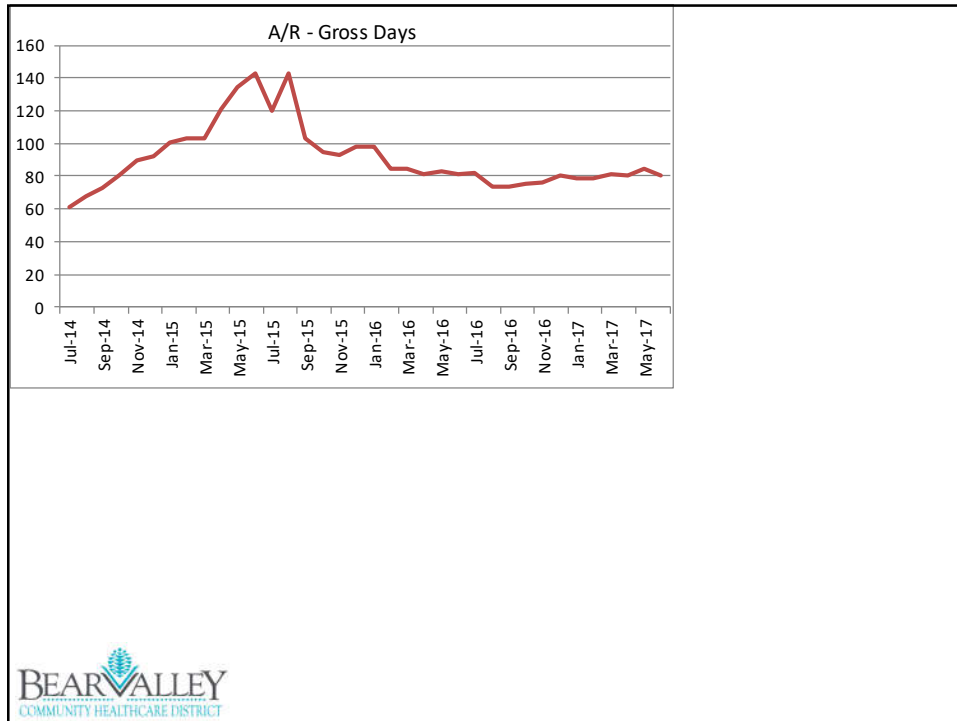




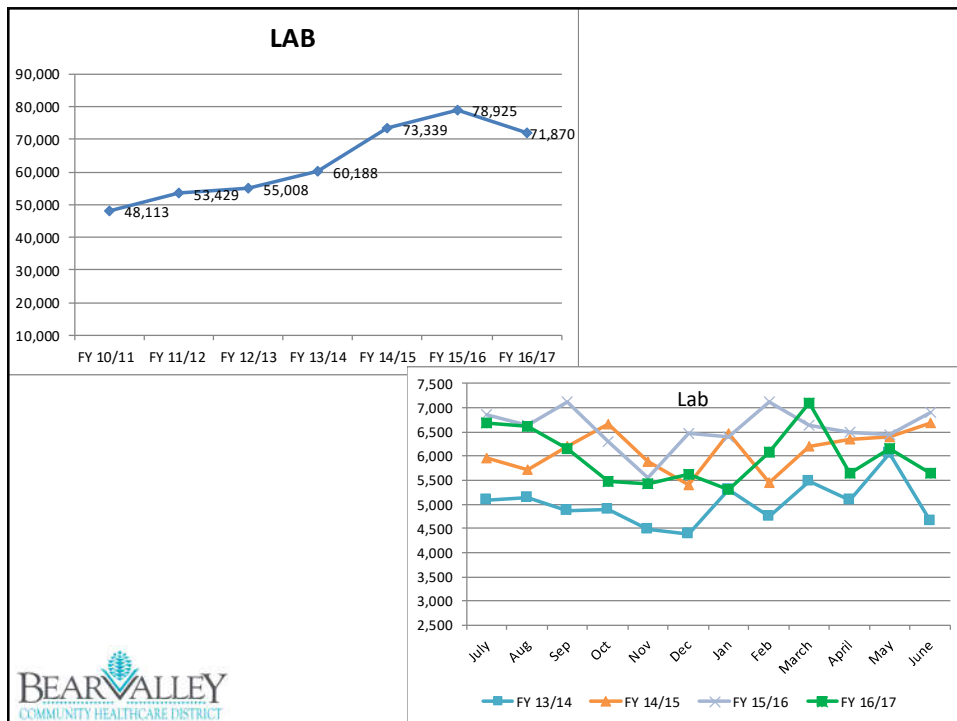
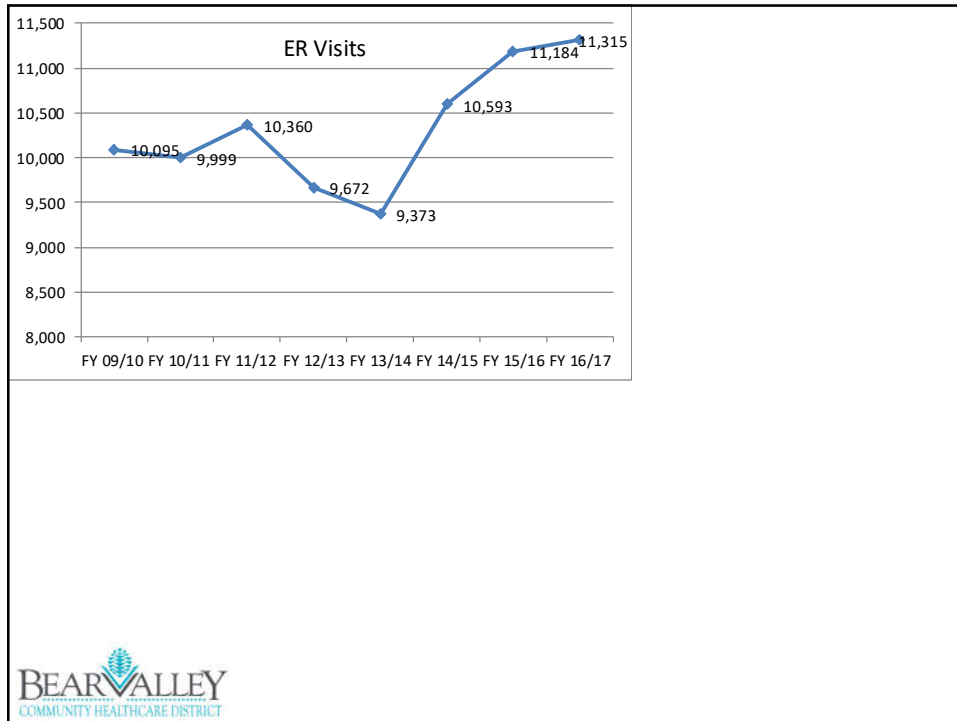


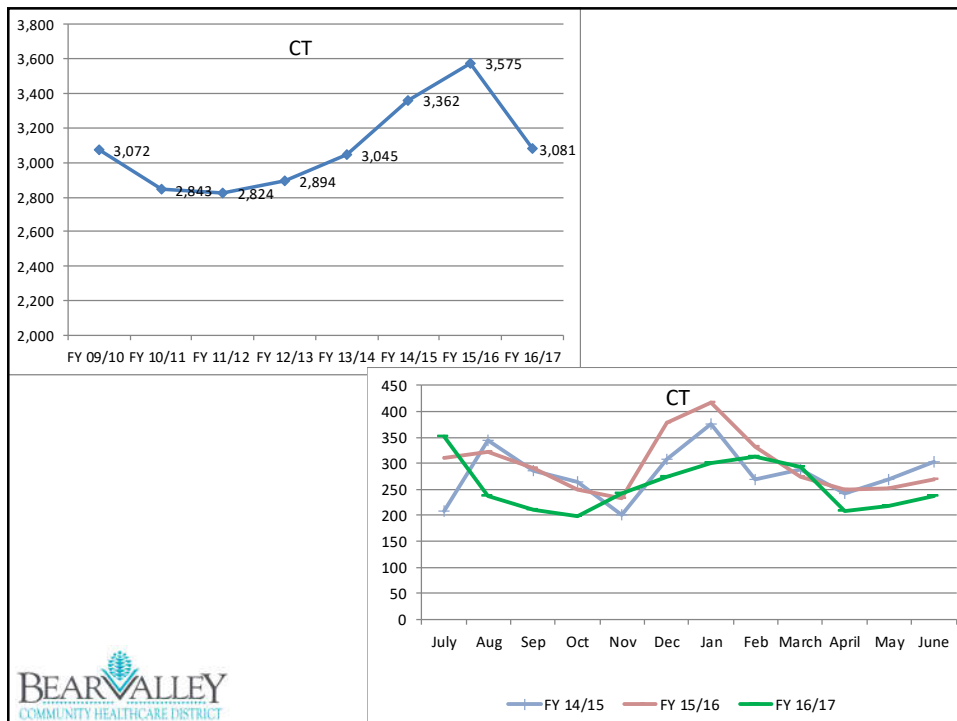
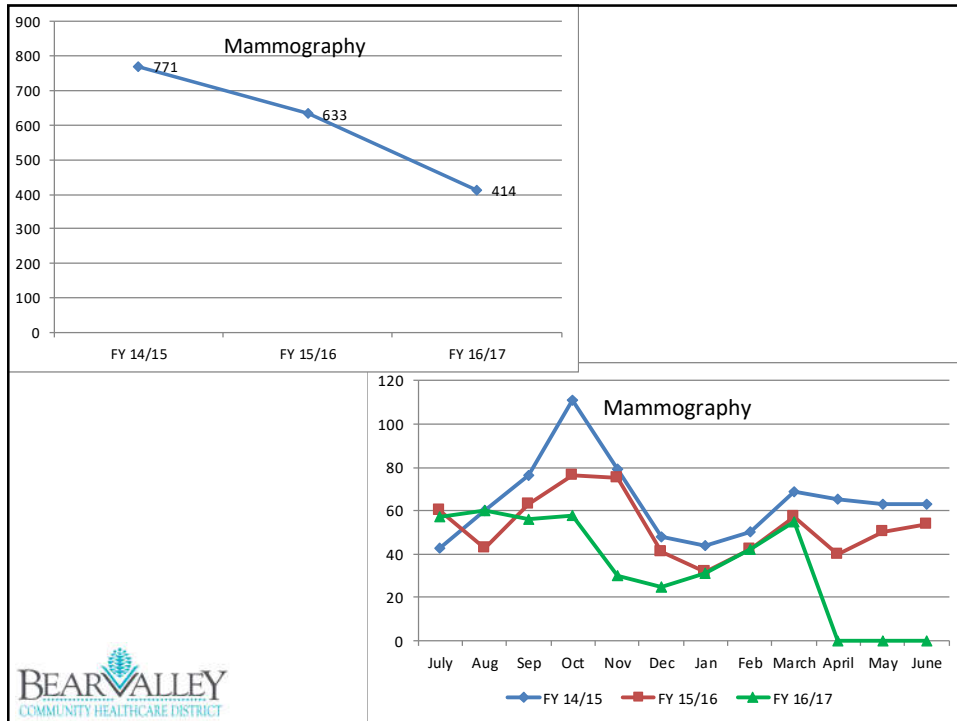


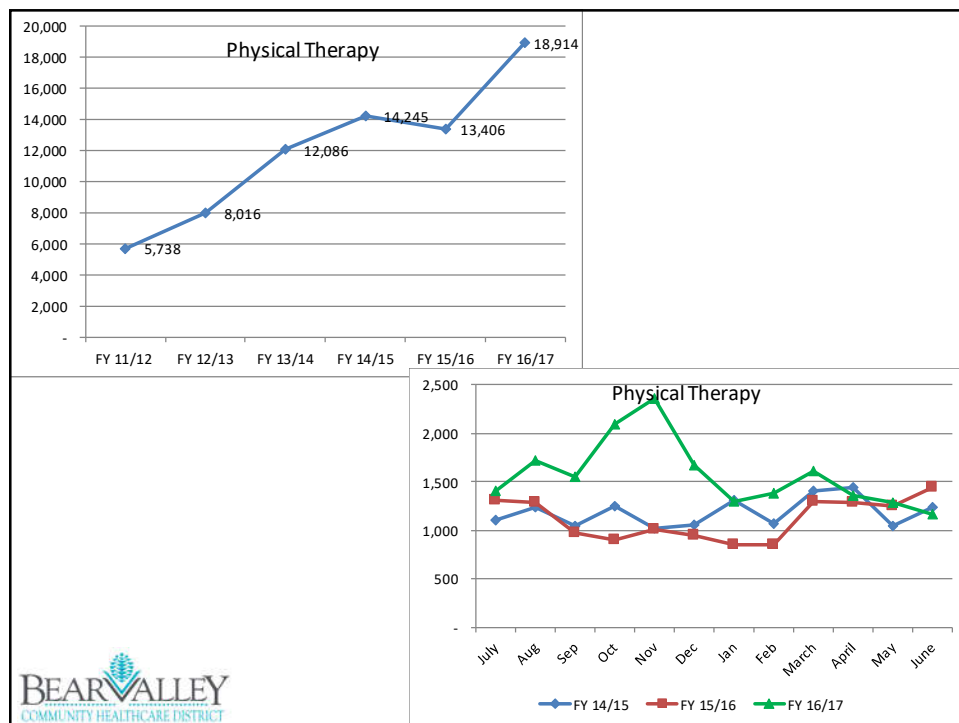
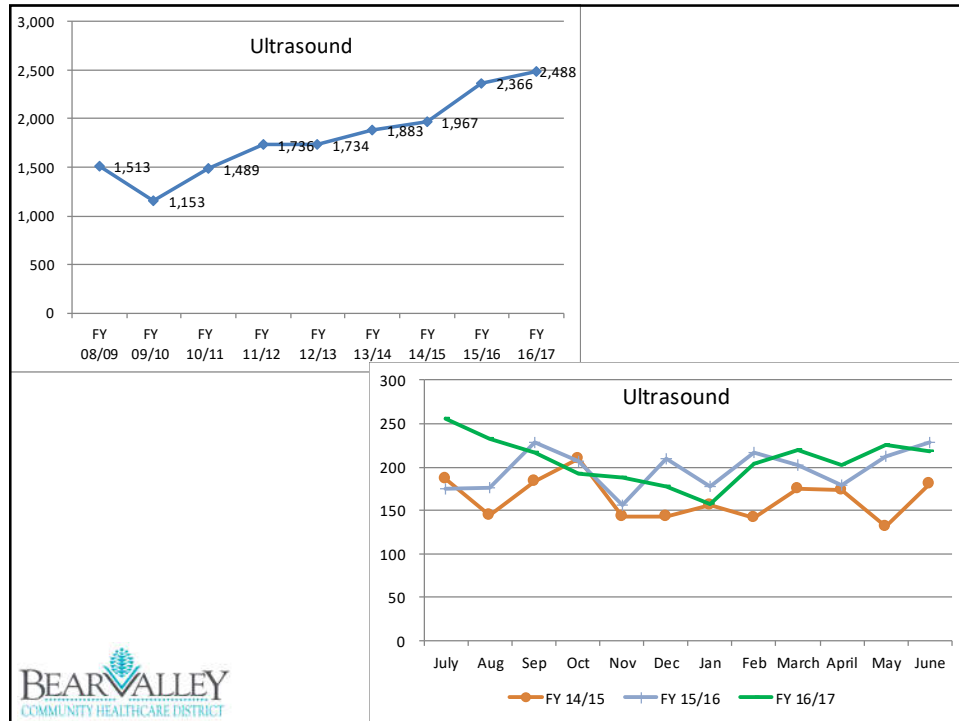




Department Statistics - Annual









June 2017 Financial Results

For the month . . .

Total Patient Revenue of \$4,179,293 was over budget by 2.5%. Inpatient and Emergency Room revenue were under budget. Outpatient, Clinic, and SNF were each over budget.

Deductions from Revenue of \$1,714,590 were under budget by 26.6%. With the close of our fiscal year, we close our accounts related to Inter-Governmental Transfers

Total operating Revenue (Revenue less revenue deductions) of \$2,471,120 was under budget by 41.1%.

Total Operating Expenses of \$2,011,966 were over budget by 5.7%.

Our surplus for the month of June 2017 was \$777,254. We had budgeted a surplus of \$96,326 for the month.

Our Operating Cash and Investments total \$13,757,581. Total Days Cash on hand - 230.

Key Statistics

Both Inpatient Swing Patient days were under budget.

SNF days totaled 563, an Average Daily Census of 18.8.

Emergency Room visits were 928 for the month.

RHC and Dental Clinic visits were 105 and 249 respectively.

Year-to-date

Inpatient and Swing Patient day totaled 861. This was 5.1% under the budget of 907

ER visits of 11,315 were 1.0% lower than our budget of 11,425, but represents a 1.2% growth over last year.

Total operating revenue was 7.9% over budget.

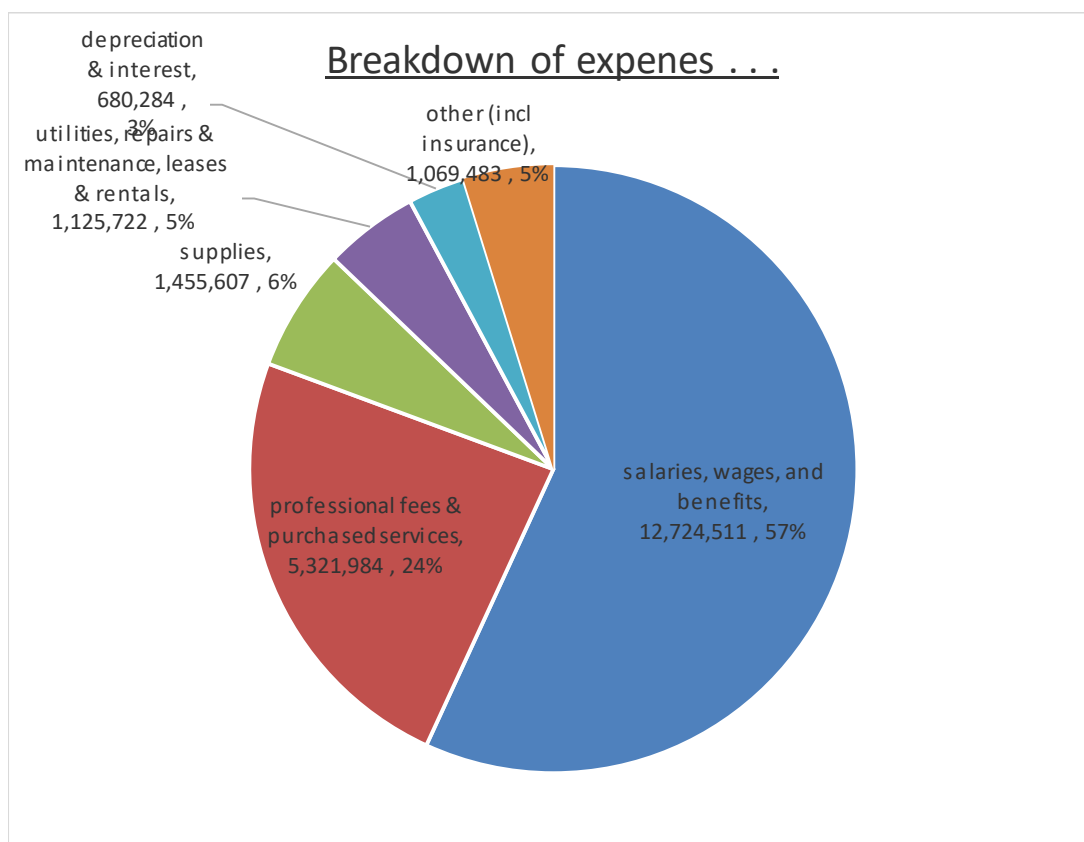
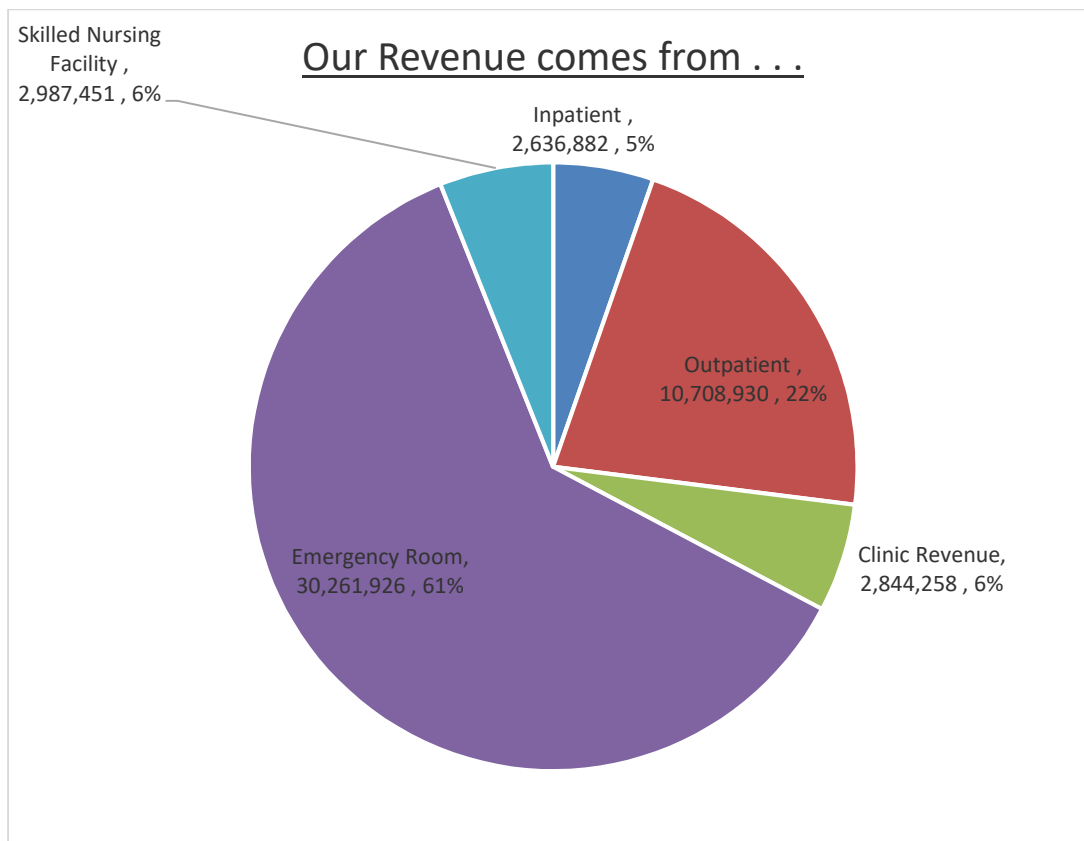
Total expenses were 2.3% under budget.

Our surplus of \$3,612,543 is \$1,966,657 over budget.

A summary of Financial results for recent 3 years shows another strong year in terms of financial performance.

	ACTUAL FY 6/30/15	ACTUAL FY 6/30/16	preliminary FY 6/30/17
TOTAL PATIENT REVENUE	43,148,581	48,138,966	49,439,447
TOTAL REVENUE DEDUCTIONS	24,546,705	27,351,620	26,308,099
NET PATIENT REVENUE	18,601,876	20,787,346	23,131,348
NET OPERATING REVENUE	19,119,178	21,076,409	23,264,204
TOTAL OPERATING EXPENSE	19,877,132	20,860,958	22,377,592
INCOME (LOSS) FROM OPERATIONS	(757,954)	215,451	886,612
Surplus (Loss)	1,812,930	2,987,386	3,612,542
 Operating Margin	 -1.8%	 0.4%	 1.8%
Total Margin	4.2%	6.2%	7.3%
 revenue deductions %	 56.9%	 56.8%	 53.2%
net revenue %	44.3%	43.8%	47.1%

These two graphs breakdown revenue by major source and our major categories of exdpense



Bear Valley Community Healthcare District
Financial Statements June 30, 2017

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A	B C D E				F	G H I J			
		Current Month					Year-to-Date			
	FY 15/16	FY 16/17		VARIANCE		FY 15/16	FY 16/17		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
1 Total patient revenue	4,022,936	4,179,293	4,078,992	100,301	2.5%	48,138,967	49,439,447	50,718,045	(1,278,598)	-2.5%
2 Total revenue deductions	1,209,064	1,714,590	2,334,710	(620,120)	-26.6%	27,351,621	26,308,099	29,236,196	(2,928,097)	-10.0%
3 % Deductions	30%	41%	57%			57%	53%	58%		
4 Net Patient Revenue	2,813,872	2,464,703	1,744,282	720,421	41.3%	20,787,346	23,131,348	21,481,849	1,649,499	7.7%
5 % Net to Gross	70%	59%	43%			43%	47%	42%		
6 Other Revenue	77,791	6,417	7,233	(816)	-11.3%	289,063	132,856	88,000	44,856	51.0%
7 Total Operating Revenue	2,891,663	2,471,120	1,751,515	719,605	41.1%	21,076,409	23,264,204	21,569,849	1,694,355	7.9%
8 Total Expenses	1,761,228	2,011,966	1,904,353	107,613	5.7%	20,860,956	22,377,591	22,913,832	(536,241)	-2.3%
9 % Expenses	44%	48%	47%			43%	45%	45%		
10 Surplus (Loss) from Operations	1,130,435	459,154	(152,838)	611,992	400.4%	215,453	886,613	(1,343,983)	2,230,596	166.0%
11 % Operating margin	28%	11%	-4%			0%	2%	-3%		
12 Total Non-operating	351,809	318,100	249,164	68,936	27.7%	2,771,934	2,725,930	2,989,869	(263,939)	-8.8%
13 Surplus/(Loss)	1,482,244	777,254	96,326	680,928	-706.9%	2,987,387	3,612,543	1,645,886	1,966,657	-119.5%
14 % Total margin	37%	19%	2%			6%	7%	3%		

BALANCE SHEET

	A	B	C	D	E
	June	June	May		
	FY 15/16	FY 16/17	FY 16/17	VARIANCE	
				Amount	%
15 Gross Accounts Receivables	10,230,714	10,741,560	11,783,203	(1,041,643)	-8.8%
16 Net Accounts Receivables	3,488,989	4,178,904	4,251,725	(72,821)	-1.7%
17 % Net AR to Gross AR	34%	39%	36%		
18 Days Gross AR	83	80	85	(4)	-5.2%
19 Cash Collections	1,883,722	1,744,521	1,906,431	(161,910)	-8.5%
21 Investments	5,770,859	10,870,876	10,852,271	18,605	0.2%
22 Cash on hand	5,185,560	2,886,705	2,946,791	(60,086)	-2.0%
23 Total Cash & Invest	10,956,419	13,757,581	13,799,062	(41,481)	-0.3%
24 Days Cash & Invest	201	230	233	(3)	-1.1%

Bear Valley Community Healthcare District
Financial Statements June 30, 2017

Statement of Operations

	A	B	C	D	E	F	G	H	I	J
	Current Month					Year-to-Date				
	FY 15/16	FY 16/17		VARIANCE		FY 15/16	FY 16/17		VARIANCE	
	Actual	Actual	Budget	Amount	%	Actual	Actual	Budget	Amount	%
Gross Patient Revenue										
1 Inpatient	246,386	124,271	177,483	(53,212)	-30.0%	2,440,412	2,636,882	2,387,879	249,003	10.4%
2 Outpatient	893,294	925,880	864,946	60,934	7.0%	10,539,516	10,708,930	10,699,918	9,012	0.1%
3 Clinic Revenue	199,756	360,215	274,985	85,230	31.0%	2,242,123	2,844,258	2,881,105	(36,847)	-1.3%
4 Emergency Room	2,465,969	2,517,298	2,573,253	(55,955)	-2.2%	30,581,689	30,261,926	32,457,862	(2,195,936)	-6.8%
5 Skilled Nursing Facility	217,531	251,629	188,325	63,304	33.6%	2,335,227	2,987,451	2,291,281	696,170	30.4%
6 Total patient revenue	4,022,936	4,179,293	4,078,992	100,301	2.5%	48,138,967	49,439,447	50,718,045	(1,278,598)	-2.5%
Revenue Deductions										
7 Contractual Allow	2,110,270	1,072,830	1,987,410	(914,580)	-46.0%	24,076,504	21,645,969	24,887,143	(3,241,174)	-13.0%
8 Contractual Allow PY	(1,237,747)	6,762	-	6,762	#DIV/0!	(1,232,292)	(18,031)	-	(18,031)	#DIV/0!
9 Charity Care	-	19,562	6,446	13,116	203.5%	60,361	109,125	80,725	28,400	35.2%
10 Administrative	859	3,768	11,685	(7,917)	-67.8%	120,627	79,497	146,314	(66,817)	-45.7%
11 Policy Discount	5,088	20,687	6,044	14,643	242.3%	71,595	98,401	75,680	22,721	30.0%
12 Employee Discount	1,085	3,018	4,835	(1,817)	-37.6%	65,357	43,792	60,544	(16,752)	-27.7%
13 Bad Debts	193,493	365,390	318,290	47,100	14.8%	762,370	1,929,649	3,985,790	(2,056,141)	-51.6%
14 Denials	161,578	222,573	-	222,573	#DIV/0!	3,427,099	2,419,698	-	2,419,698	#DIV/0!
15 Total revenue deductions	1,209,064	1,714,590	2,334,710	(620,120)	-26.6%	27,351,621	26,308,099	29,236,196	(2,928,097)	-10.0%
16 Net Patient Revenue	2,813,872	2,464,703	1,744,282	720,421	41.3%	20,787,346	23,131,348	21,481,849	1,649,499	7.7%
17 Other Revenue	77,791	6,417	7,233	(816)	-11.3%	289,063	132,856	88,000	44,856	51.0%
18 Total Operating Revenue	2,891,663	2,471,120	1,751,515	719,605	41.1%	21,076,409	23,264,204	21,569,849	1,694,355	7.9%
Expenses										
19 Salaries	727,852	744,109	778,440	(34,331)	-4.4%	8,754,496	9,168,860	9,400,629	(231,769)	-2.5%
20 Employee Benefits	167,890	365,445	317,022	48,423	15.3%	3,119,456	3,504,827	3,696,992	(192,165)	-5.2%
21 Registry	-	14,585	-	14,585	#DIV/0!	-	50,825	-	50,825	#DIV/0!
22 Salaries and Benefits	895,742	1,124,139	1,095,462	28,677	2.6%	11,873,952	12,724,511	13,097,621	(373,110)	-2.8%
23 Professional fees	122,902	157,787	144,277	13,510	9.4%	1,610,759	1,792,483	1,791,953	530	0.0%
24 Supplies	133,327	134,733	131,373	3,360	2.6%	1,498,596	1,455,607	1,629,819	(174,212)	-10.7%
25 Utilities	45,471	43,412	37,306	6,106	16.4%	532,448	533,430	513,988	19,442	3.8%
26 Repairs and Maintenance	11,469	31,775	19,956	11,819	59.2%	214,492	314,828	243,711	71,117	29.2%
27 Purchased Services	321,600	341,075	285,314	55,761	19.5%	3,227,753	3,529,500	3,337,462	192,038	5.8%
28 Insurance	22,101	25,014	23,056	1,958	8.5%	266,905	300,354	276,606	23,748	8.6%
29 Depreciation	86,587	50,869	88,986	(38,117)	-42.8%	845,561	584,251	1,067,777	(483,526)	-45.3%
30 Rental and Leases	22,386	40,474	24,399	16,075	65.9%	241,127	277,463	292,876	(15,413)	-5.3%
31 Interest	13,869	7,775	6,058	1,717	28.3%	47,078	96,034	72,696	23,338	32.1%
32 Dues and Subscriptions	4,884	7,220	4,398	2,822	64.2%	55,034	60,739	52,853	7,886	14.9%
33 Other Expense.	80,890	47,693	43,768	3,925	9.0%	447,251	708,391	536,470	171,921	32.0%
34 Total Expenses	1,761,228	2,011,966	1,904,353	107,613	5.7%	20,860,956	22,377,591	22,913,832	(536,241)	-2.3%
35 Surplus (Loss) from Operations	1,130,435	459,154	(152,838)	611,992	400.4%	215,453	886,613	(1,343,983)	2,230,596	166.0%
36 Non-Operating Income										
37 Tax Revenue	145,552	189,917	189,917	-	0.0%	2,234,639	2,279,004	2,279,004	-	0.0%
38 Other non-operating	206,257	128,183	59,247	68,936	116.4%	537,295	446,926	710,865	(263,939)	-37.1%
39 Total Non-operating	351,809	318,100	249,164	68,936	27.7%	2,771,934	2,725,930	2,989,869	(263,939)	-8.8%
40 Surplus/(Loss)	1,482,244	777,254	96,326	680,928	-706.9%	2,987,387	3,612,543	1,645,886	1,966,657	-119.5%

2016-17 Actual BS

BALANCE SHEET

(Reflects 6/30/16 y/e audit reclasses)

BALANCE SHEET												PY BS	
(Reflects 6/30/16 y/e audit reclasses)													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	June
ASSETS:													
Current Assets													
Cash and Cash Equivalents (Includes CD's)	1,022,806	1,713,908	1,450,901	780,383	1,423,623	1,644,932	1,318,907	1,572,427	1,906,999	2,055,415	2,946,791	2,886,705	1,762,127
Gross Patient Accounts Receivable	10,940,803	10,138,110	10,385,931	9,116,978	8,868,052	9,844,751	10,661,301	11,769,030	12,220,540	11,791,934	11,040,195	10,749,759	10,168,787
Less: Reserves for Allowances & Bad Debt	6,971,161	6,501,489	6,911,742	5,814,191	5,754,053	6,362,393	6,650,380	7,354,610	7,781,808	7,355,664	6,788,469	6,570,855	6,719,910
Net Patient Accounts Receivable	3,969,642	3,636,621	3,474,189	3,302,787	3,113,999	3,482,358	4,010,921	4,414,420	4,438,732	4,436,270	4,251,726	4,178,904	3,448,877
Tax Revenue Receivable	2,279,000	2,279,000	2,279,000	2,279,000	2,003,423	1,124,534	967,871	928,821	889,883	121,713	83,363	34,602	53,966
Other Receivables	170,195	147,986	132,508	1,232,687	135,959	696,259	-833,022	-1,174,171	-1,172,008	-1,101,709	-1,353,921	-457,944	188,294
Inventories	184,409	185,394	185,929	186,076	188,616	193,583	195,600	200,743	205,447	204,246	208,911	212,805	178,366
Prepaid Expenses	303,372	280,465	278,311	280,124	284,930	273,672	189,227	233,021	240,883	259,145	266,934	194,913	224,292
Due From Third Party Payers	0		0										
Due From Affiliates/Related Organizations	0		0										
Other Current Assets	0		0										
Total Current Assets	7,929,424	8,243,374	7,800,838	8,061,057	7,150,550	7,415,338	5,849,504	6,175,261	6,509,936	5,975,080	6,403,804	7,049,985	5,855,922
Assets Whose Use is Limited													
Investments	8,277,960	8,277,960	8,277,960	7,739,399	8,839,399	8,852,271	10,852,271	10,852,271	10,852,271	10,852,271	10,852,271	10,870,877	8,270,859
Other Limited Use Assets	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375	144,375
Total Limited Use Assets	8,422,335	8,422,335	8,422,335	7,883,774	8,983,774	8,996,646	10,996,646	10,996,646	10,996,646	10,996,646	10,996,646	11,015,252	8,415,234
Property, Plant, and Equipment													
Land and Land Improvements	532,272	532,272	532,272	532,272	532,272	532,272	532,272	532,272	532,272	532,272	532,272	547,472	532,272
Building and Building Improvements	9,583,080	9,583,080	9,583,080	9,607,440	9,607,440	9,607,440	9,607,440	9,607,440	9,607,440	9,607,440	9,607,440	9,620,988	9,576,893
Equipment	8,877,215	8,886,299	8,969,579	9,125,269	9,314,852	9,333,143	9,364,857	9,413,400	9,426,609	9,426,609	9,449,288	9,449,288	8,736,322
Construction In Progress	185,232	232,969	330,984	401,438	284,340	293,078	303,147	307,392	313,008	393,102	492,504	733,445	270,564
Capitalized Interest	0												
Gross Property, Plant, and Equipment	19,177,799	19,234,620	19,415,915	19,666,419	19,738,904	19,765,933	19,807,716	19,860,504	19,879,329	19,959,423	20,081,504	20,351,193	19,116,051
Less: Accumulated Depreciation	12,141,144	12,185,470	12,229,795	12,274,120	12,324,989	12,375,857	12,371,997	12,477,595	12,528,464	12,579,333	12,630,202	12,681,071	12,096,820
Net Property, Plant, and Equipment	7,036,655	7,049,150	7,186,120	7,392,299	7,413,915	7,390,076	7,435,719	7,382,909	7,350,865	7,380,090	7,451,302	7,670,122	7,019,231
TOTAL UNRESTRICTED ASSETS	23,388,414	23,714,859	23,409,293	23,337,130	23,548,239	23,802,060	24,281,869	24,554,816	24,857,447	24,351,816	24,851,752	25,735,359	21,290,387
Restricted Assets													
	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ASSETS	23,388,414	23,714,859	23,409,293	23,337,130	23,548,239	23,802,060	24,281,869	24,554,816	24,857,447	24,351,816	24,851,752	25,735,359	21,290,387

2016-17 Actual BS

BALANCE SHEET

(Reflects 6/30/16 y/e audit reclasses)

LIABILITIES:

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	PY BS June
Current Liabilities													
Accounts Payable	638,258	569,686	627,514	551,770	844,011	639,430	689,526	681,356	584,615	756,696	871,027	822,110	558,790
Notes and Loans Payable	0												
Accrued Payroll	609,687	704,920	708,423	812,617	866,854	587,125	678,241	707,419	784,270	385,057	785,126	547,424	897,750
Patient Refunds Payable	0												
Due to Third Party Payers (Settlements)	481,076	567,524	568,465	568,465	566,408	565,088	562,741	650,872	875,966	907,943	907,943	1,529,535	575,016
Advances From Third Party Payers	0	0	0	0	0								
Current Portion of Def Rev - Txs,	2,073,573	1,875,851	1,678,382	1,480,660	1,283,190	1,131,689	934,151	736,471	538,774	341,236	189,913	0	0
Current Portion - LT Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Current Portion of AB915													
Other Current Liabilities (Accrued Interest & Accrued Other)	15,510	23,315	30,867	38,672	46,225	7,809	15,430	23,193	30,973	38,594	46,328	7,621	7,705
Total Current Liabilities	3,853,104	3,776,296	3,648,651	3,487,184	3,641,688	2,966,141	2,915,089	2,834,311	2,849,598	2,464,526	2,835,337	2,941,690	2,074,261
Long Term Debt													
USDA Loan	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	2,965,000	2,965,000	2,965,000	2,965,000	2,965,000	2,965,000	2,965,000	3,000,000
Leases Payable	0	0	0	0	0	0	0	0	0	0	0	0	0
Less: Current Portion Of Long Term Debt	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000	35,000
Total Long Term Debt (Net of Current)	2,965,000	2,965,000	2,965,000	2,965,000	2,965,000	2,930,000	2,930,000	2,930,000	2,930,000	2,930,000	2,930,000	2,930,000	2,965,000
Other Long Term Liabilities													
Deferred Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0												
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	6,818,104	6,741,296	6,613,651	6,452,184	6,606,688	5,896,141	5,845,089	5,764,311	5,779,598	5,394,526	5,765,337	5,871,690	5,039,261
Fund Balance													
Unrestricted Fund Balance	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,126	16,251,127	13,263,739
Temporarily Restricted Fund Balance	0	0	0	0	0	0	0	0	0	0	0	0	0
Equity Transfer from FRHG	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Revenue/(Expenses)	319,184	722,437	544,516	633,820	690,425	1,654,793	2,185,654	2,539,379	2,826,723	2,706,164	2,835,289	3,612,542	2,987,387
TOTAL FUND BALANCE	16,570,310	16,973,563	16,795,642	16,884,946	16,941,551	17,905,919	18,436,780	18,790,505	19,077,849	18,957,290	19,086,415	19,863,669	16,251,126
TOTAL LIABILITIES & FUND BALANCE	23,388,414	23,714,859	23,409,293	23,337,130	23,548,239	23,802,060	24,281,869	24,554,816	24,857,447	24,351,816	24,851,752	25,735,359	21,290,387

Units of Service
For the period ending: June 30, 2017

30

365

Current Month						Bear Valley Community Hospital	Year-To-Date					
Jun-17 Actual	Budget	Jun-16 Actual	Actual -Budget Variance	-Budget Var %	Act.-Act. Var %		Jun-17 Actual	Budget	Jun-16 Actual	Actual -Budget Variance	-Budget Var %	Act.-Act. Var %
24	31	48	(7)	-22.6%	-50.0%	Med Surg Patient Days	414	477	468	(63)	-13.2%	-11.5%
13	30	63	(17)	-56.7%	-79.4%	Swing Patient Days	447	430	412	17	4.0%	8.5%
563	418	396	145	34.7%	42.2%	SNF Patient Days	6,667	5,100	5,289	1,567	30.7%	26.1%
600	479	507	121	25.3%	18.3%	Total Patient Days	7,528	6,007	6,169	1,521	25.3%	22.0%
12	15	12	(3)	-20.0%	0.0%	Acute Admissions	160	180	171	(20)	-11.1%	-6.4%
9	15	11	(6)	-40.0%	-18.2%	Acute Discharges	164	180	168	(16)	-8.9%	-2.4%
2.7	-	4.4	2.7	#DIV/0!	-38.9%	Acute Average Length of Stay	2.5	-	2.8	2.5	#DIV/0!	-9.4%
0.8	1.0	1.6	(0.2)	-22.6%	-50.0%	Acute Average Daily Census	1.1	1	1.3	(0.2)	-13.2%	-11.5%
19.2	14.9	15.3	4.3	28.6%	25.5%	SNF/Swing Avg Daily Census	19.5	15	15.6	4.3	28.6%	24.8%
20.0	16.0	16.9	4.0	25.3%	18.3%	Total Avg. Daily Census	20.6	16	16.9	4.2	25.3%	22.0%
44%	35%	38%	0	25.3%	18.3%	% Occupancy	46%	37%	38%	0	25.3%	22.0%
11	15	17	(4)	-26.7%	-35.3%	Emergency Room Admitted	142	180	146	(38)	-21.1%	-2.7%
917	1,000	907	(83)	-8.3%	1.1%	Emergency Room Discharged	11,181	12,000	11,038	(819)	-6.8%	1.3%
928	905	924	23	2.5%	0.4%	Emergency Room Total	11,323	11,425	11,184	(102)	-0.9%	1.2%
31	30	31	1	2.5%	0.4%	ER visits per calendar day	31	31	31	(0)	-0.9%	1.2%
109%	100%	71%	75%	75.0%	54.5%	% Admits from ER	113%	100%	117%	53%	52.6%	-3.8%
-	1	-	(1)	0.0%	#DIV/0!	Surgical Procedures I/P	1	1	-	-	0.0%	#DIV/0!
15	9	4	6	66.7%	275.0%	Surgical Procedures O/P	100	125	105	(25)	-20.0%	-4.8%
15	10	4	11	110.0%	275.0%	TOTAL Procedures	101	126	105	(4)	-3.2%	-3.8%
1,151	165	-	986	0.0%	#DIV/0!	Surgical Minutes Total	6,705	2,000	4,254	4,705	235.3%	57.6%

Units of Service
For the period ending: June 30, 2017

Bear Valley Community Hospital												
Current Month						Year-To-Date						
Jun-17	Jun-16	Actual	-Budget	Act.-Act.		Jun-17	Jun-16	Actual	-Budget	Act.-Act.		
Actual	Budget	Actual	Variance	Var %	Var %	Actual	Budget	Actual	Variance	Var %	Var %	
5,636	6,868	6,892	(1,232)	-17.9%	-18.2%	Lab Procedures	71,870	81,765	78,925	(9,895)	-12.1%	-8.9%
776	735	717	41	5.6%	8.2%	X-Ray Procedures	9,545	9,935	9,747	(390)	-3.9%	-2.1%
237	274	304	(37)	-13.5%	-22.0%	C.T. Scan Procedures	3,081	3,588	3,362	(507)	-14.1%	-8.4%
218	181	228	37	20.4%	-4.4%	Ultrasound Procedures	2,488	2,254	2,366	234	10.4%	5.2%
-	50	54	(50)	-100.0%	-100.0%	Mammography Procedures	414	600	633	(186)	-31.0%	-34.6%
296	316	265	(20)	-6.3%	11.7%	EKG Procedures	3,344	3,506	3,655	(162)	-4.6%	-8.5%
90	118	118	(28)	-23.7%	-23.7%	Respiratory Procedures	1,501	1,700	1,684	(199)	-11.7%	-10.9%
1,170	1,125	1,444	45	4.0%	-19.0%	Physical Therapy Procedures	18,914	12,500	13,406	6,414	51.3%	41.1%
1,801	1,850	1,555	(49)	-2.6%	15.8%	Primary Care Clinic Visits	19,111	20,780	17,939	(1,669)	-8.0%	6.5%
249	200	-	49	0.0%	#DIV/0!	Specialty Clinic Visits	1,339	1,200	-	139	0.0%	#DIV/0!
2,050	2,050	1,555	-	0.0%	31.8%	Clinic	20,450	21,980	17,939	(1,530)	-7.0%	14.0%
79	79	60	-	0.0%	31.8%	Clinic visits per work day	157	169	138	(12)	-7.0%	14.0%
19.8%	0.20	20.50%	-0.20%	-1.00%	-3.41%	% Medicare Revenue	20.15%	0.20	19.94%	0.15%	0.75%	1.04%
42.00%	0.37	40.20%	5.00%	13.51%	4.48%	% Medi-Cal Revenue	39.21%	0.37	35.93%	2.21%	5.97%	9.11%
33.90%	0.38	35.20%	-4.10%	-10.79%	-3.69%	% Insurance Revenue	36.17%	0.38	38.88%	-1.83%	-4.82%	-6.97%
4.30%	0.05	4.10%	-0.70%	-14.00%	4.88%	% Self-Pay Revenue	4.48%	0.05	5.25%	-0.53%	-10.50%	-14.76%
143.9	145.77	139.2	(1.8)	-1.3%	3.4%	Productive FTE's	143.65	147.85	139.3	(4.2)	-2.8%	3.2%
110.0	162.00	160.8	(52.0)	-32.1%	-31.6%	Total FTE's	157.28	164.00	156.9	(6.7)	-4.1%	0.2%



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