



**Board of Directors Regular Meeting, & Executive Session, and Budget Hearing**  
**Southern Coos Hospital & Health Center**  
**June 26, 2025 - 6:00 p.m.**

**AGENDA**

- I. Call to Order 6:00 p.m.**  
1. Agenda Corrections or Additions.....(action)  
2. Public Input
- II. Consent Agenda**  
1. Open Session Meeting Minutes  
a. Regular Meeting–05/22/25.....1  
b. Budget Committee–06/12/25.....8  
**Motion to Approve Consent Agenda**.....(action)
- III. New Business**  
1. ACO Education and Compliance Presentation, Self-Test & Attestation.....10  
2. New CAH Requirement for Emergency Services for Obstetrics Patients.....(action) 34
- IV. Old Business**  
1. Facility Master Plan Architect Recommendation.....(action) 36
- V. Open Budget Hearing**  
1. 2026 Budget Contingency Plan.....(under separate cover)  
2. FY26 Proposed Budget Resolution 2025-01 – Adoption of Budget.....(action) 40  
**3. Close Budget Hearing**
- VI. Staff Reports-Discussion**  
1. CEO Report.....42  
2. CMO Report .....44  
3. CNO Report .....45  
4. CFO Report .....47  
5. CIO Report .....51  
6. Multi-Specialty Clinic Report.....55  
7. SCHD Foundation Report .....58  
8. Strategic Plan Update.....(under separate cover)
- VIII. Monthly Financial Statements: Review & Discussion**  
1. CFO Month-End Financial Summary.....59  
2. Month-End Statements for Period Ending May 31, 2025 .....61
- IX.. Open Discussion**

**X. Executive Session**

*Executive Session Under ORS 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations, under ORS 162.660(2)(i), and 192.660(2)(b) to consult with counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed. No decisions will be made in Executive Session.*

1. Review of Executive Session Minutes for Consideration in Open Session
  - a. Executive Session Minutes 05/22/25
2. Review of Monthly Reports for Consideration in Open Session:
  - a. Quality, Risk & Compliance Report
  - b. Medical Staff Committee Report

**XI. Return to Open Session**

1. Consideration of Executive Session Minutes from 05/22/25.....(action)
2. Consideration of Reports from Executive Session
  - a. Quality, Risk & Compliance Report.....(action)
  - b. Medical Staff Report .....(action)

**XII. Adjournment**

**Southern Coos Health District  
Board of Directors Meeting  
Open Session Minutes  
Bandon Professional Center  
May 22, 2025**

**I. Open Session Call to Order at 6:00 p.m.**

**Roll Call – Quorum established;** Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison, Kay Hardin, and Robert Pickel, Directors. **Administration:** Raymond Hino, CEO; Cori Valet, CNO; Scott McEachern, CIO; Alden Forrester, MD; Philip J. Keizer, Chief of Staff. CMO. **Others present:** Robert S. Miller, Counsel; David Serle, Clinic Director; Stacy Nelson, HR Director; Brenda Sund, Controller; Colene Hickman, Revenue Cycle Director; Kim Russell, Executive Assistant. **Via Remote Link:** Antone Eek, CFO; Amanda Bemetz, Quality/Risk/Compliance Director; Alix McGinley, SCH Foundation Executive Director. **Press:** None.

**1. Agenda - Corrections or Additions**

**2. Public Input – None.**

Mary Schamehorn **moved** to approve the agenda as presented. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

**II. Consent Agenda**

**1. Open Session Meeting Minutes (Executive Session Minutes are Reviewed in Executive Session):**

**a. Regular Meeting–04/24/25**

Mary Schamehorn **moved** to approve the Consent Agenda. Robert Pickel **seconded** the motion. **All in favor. Motion passed.**

**III. New Business – None.**

**IV. Old Business**

**1. Audit Selection Committee Recommendation**

Pam Hansen presented on behalf of the Audit Committee, formed from members of the Finance and Budget Committee, including Pam Hansen, Treasurer SCHD Board of Directors and Board Liaison to Southern Coos Health Foundation, Anne McCaleb, CPA, and Jack Sahl. Ms. Hansen reviewed the evaluation criteria, including Experience and Specialization, Technology and Security, and Engagement Team and Communication, and included hospital-client interviews. Also included in the report were the audit timeline, audit fee transparency and contractual terms, process improvements and best practices. In conclusion, the

committee recommendation of CliftonLarsenAllen LLP (CLA), was determined following a thorough review of four initial proposals, with selection from 2 finalists. Ms. Hansen noted special recognition of Brenda Sund, SCHD Corporate Controller, for the excellent preparation of materials and invaluable support to the Audit Selection Committee. Members of the Board thanked Ms. Hansen and the Committee for their work.

Mary Schamehorn **moved** to accept the recommendation to award the audit business for FY26 to Clinton Larsen Allen, LLC. Bob Pickel **seconded** the motion. Thank you to Pam Hansen, Anee McCaleb, and Jack Sahl, and Brenda Sund, Controller. **All in favor. Motion passed.**

## **V. Staff Reports**

### **1. CEO Report**

Mr. Hino provided a summary of his written report, providing provider staffing updates, noting a new offer made to a Nurse Practitioner, Felicia Miller, to start this fall, while also noting the resignations of Dr. Bonnie Wong, DO and Dr. Veronica Simmonds, MD. Dr. Simmonds will remain until August. The Coast Community Health Center transition to Adapt, LLC will occur July 1 with the current acting CEO, Kendra Newbold, moving into the Chief Operations Officer role. Southern Coos looks forward to continuing to work with Adapt, confirming a laboratory services contract and an interface for laboratory communications to be completed in the next year. Another laboratory agreement, with the Waterfall Clinic, is in legal review now. Mr. Hino expressed gratitude for the support received by Senator David Brock Smith who provided assistance with the expedition of a timely pharmacy inspection required to proceed with licensing of the Southern Coos Retail Pharmacy. Staff, systems, payer contracts all in place while awaiting final payer approval from Regence Blue Cross Blue Shield, who insures Southern Coos employees. We will have a Bandon Chamber of Commerce ribbon cutting on June 18. Thank you to Jeremy Brown, the Director of Pharmacy and his team for their efforts. Hours of operation are anticipated to be 7 days a week with limited weekend hours. In closing, Mr. Hino indicated that he had no official notification yet regarding funding from Senate Bill 1050, requesting \$2.2 million in support for Southern Coos Hospital to expand primary care services and to open a new pharmacy, introduced by Senator Smith in March.

### **2. CMO Report**

Dr. Forrester provided additional physician recruitment updates, noting that contracts are out to three hospitalist physicians to provide occasional back up coverage the current team and efforts to recruit a general surgeon to work 5 days per month. This would allow us to begin the development of a general surgery program at a level of expense significantly lower than some of the other opportunities we have investigated. If successful, there could be consideration to expand the program. Work continues collaboratively across all SCHHC departments in preparation for the DNV accreditation survey, anticipated to occur in August, this year to also include ISO 9001 certification, additional quality

management principles with a strong customer focus, motivation and implication of top management, the process approach, and continual improvement. Medical Staff Bylaws and Medical Staff Rules and Regulations are presently undergoing a comprehensive review to bring both documents in line with current processes of the medical staff and to comply with current regulatory guidelines. Once approved by the Medical Staff, these documents will be brought to the Board for final review and approval. OHSU telemedicine collaboration agreement is in legal review by both parties. Rural medicine collaboration with Sky Lakes is in process with letter of intent from Cascade East in Klamath Falls and a rotation anticipated to be hosted at Southern Coos in October.

### **3. CNO Report**

Ms. Valet reviewed her report for the previous month, opening with a clinical staffing update. The Medical Imaging department remains dependent on contracted technologists. Open positions include MRI tech, Ultrasound tech, and two CT techs. Several staff technologists are out on scheduled time off. Most services have remained available with the exception of general ultrasound services being unavailable May 6-13. In the Laboratory, the Siemens Dimension analyzer has been suffering frequent failures, resulting in down-time, with the emergency department placed on partial diversion for cardiac patients. This action was required on four (4) occasions between 04/01/2025 and 05/15/2025. Each incident of partial diversion lasted approximately 2 hours. At this time the issues appear to be resolved. Dr. Forrester added kudos to Lab Manager, Cyndy Kessler for negotiating reimbursement for the testing reagents required during servicing. Emergency Department transfers in April increased with thirty eight total, and 7 transfers due to no bed availability at SCHHC (Unable to obtain additional staff to accommodate additional patients).

### **4. CFO Report**

Mr. Eek reviewed activities from prior month in Accounting and Finance, Revenue Cycle, Materials Management, Retail Pharmacy, and Engineering. The Accounting and Finance team has been focused on the annual Budget process. The Revenue Cycle team has been working through Epic conversion challenges. The Retail Pharmacy is progressing with regulatory inspections and insurance payer contracts. Strategies to balance expenses and revenue include moving forward with the Geri-Psych program and opening of the retail pharmacy; reduction of expenses is also anticipated. It was noted that the Sterile Processing upgrade of \$800,000 was paid from cash, and clinic profitability improvement is anticipated. Additionally, as of May 1, \$100,000 per month to CPSI will be off the books. Additionally, we are committed to bringing up Surgical Services. Board members requested a return of several previously provided financial reports that were helpful in reviewing trend lines. The 2<sup>nd</sup> Street building is nearly ready for occupancy with security system in place. Business office staff will move in phases, opening the current business office building for clinical use.

## **5. CIO Report**

Mr. McEachern opened with a review of the variety of software installations currently supported by the Information Systems team, including initial onboarding and setup of a new contract management system, a new AI phone agent system, and new internal IT service desk. Southern Coos has formed a new AI Strategic Council to develop AI policies. The team has been focused on Clinic support. Mr. Bedell requested an email for all board members that would include links to various resources including the Strategic Plan Action Strategy login, MCN Policy and Contract Manager.

## **6. Clinic Report**

David Serle, Clinic Director, provided a summary of his report for the month of April, reviewing visit statistics, and noting that total clinic visits were up 11% from previous month. As reported by the CEO, with the departure of Dr. Wong and Dr. Simmonds, 2 FNP's are expected to onboard in the coming months. The clinic will have available a list of osteopathic providers for patient inquiries. Chronic Care Management enrollments were lower than previous month, but year-to-date are up 43%. Patient engagement reporting was requested to be presented quarterly rather than monthly.

## **7. SCHD Foundation Report**

Alix McGinley, Foundation Executive Director, provided highlights from the Foundation report for the month of April, reviewing events and fundraising plans through 2025, including Living and Aging Well in Bandon event May 24, to be handed off to Older Adult Behavioral Health Initiative of Coos & Curry; Golf for Health Classic on September 19-20 with fundraising goal of \$125,000, and \$46,300 in commitments, so far. The current Quarterly Art Show, entitled Roads Less Traveled, features artist Michael William Ousley, who is donating 50% of his sales. New initiatives include the Grateful Patient kick off with a candidate onboard for being the face of program rollout in 3Q25. Employee Annual Giving program and Capital Campaign initiatives to follow. Two grants applications submitted, 1) to the Three Rivers Foundation and 2) Judith Ann Mogan Foundation (JAMF) for our Bandon School Nurse program. The goals of the school nurse program is to provide 2 RNs fulltime in the next school year. Women's Health Day will continue to also support this program. And last but not least, Southern Coos will be sponsoring a Bandon Chamber of Commerce "After Hours" event on June 18 to include a ribbon cutting ceremony for our new retail pharmacy; all are welcome.

## **8. Strategic Plan**

Mr. Hino provided a update of the Strategic Plan as of April 2025. Board members have access to the working document to view at their convenience. The comments field in the printed report is at times abbreviated for printing purposes. Mr. Bedell suggested that key strategic areas should also include financial or financial benchmarks. The full printed strategic plan, initiated in 2022, includes the following strategic pillars with goal dates varying through 2027: 1) People: Be the Employer

of Choice and a Chartis top 100 Rural Hospital; 2) Service: What Are We Doing for our Customer; 3) Quality: Services and Internal Operations; 4) Growth; 5) Finance: Self Sustainable; 6) Accreditation and Regulatory Compliance; and 7) General SCHHC Projects. The strategic plan is updated regularly and printed monthly for reporting purposes. A copy of the strategic plan may be found on the Southern Coos Hospital website or is available by request from the Administration office.

## **VI. Monthly Financial Statements Review & Discussion**

### **1. CEO Executive Summary**

Mr. Hino provided an executive summary of the financial report to acknowledge and address several variances that contributed to the unfavorable change in net position, including a summary of the factors from the first ten months of the year, of one-time start-up costs for the Epic Electronic Health Record (EHR) and the Sage Intacct Enterprise Resource Platform (ERP) systems. Also, yet to be recognized is the decommissioning of legacy software systems, now rendered unnecessary to conclude by contract on April 30, 2025. Mr. Hino reviewed how these were funded and those items recorded as capital expenses, rather than as expenses on the Income Statement, but are recorded under Depreciation and Amortization, noting the projected depreciation of \$500,000 over prior year. In the new Operating Budget to be presented to the Budget Committee on June 12, the budget to be presented that will return SCHHC to profitability in Fiscal Year 2025-26. The EHR/ERP implementation project will then be in a maintenance phase, the sterile processing remodel, retail pharmacy construction and Second Street building acquisition projects will all be complete in the new budget year and focus will remain on continued improvement in profitability. Discussion: It was noted that the payer mix is approximately 20% Medicaid and 60% Medicare and that Days of Cash on Hand is still down from benchmark. Mr. Hino provided a Cash to Net Ratio handout for review and discussion of options for debt payoff. Mr. Bedell requested an additional column be added to the Balance Sheet Summary, for comparative purposes, to show a positive reference.

### **2. CFO Month-End Summary**

Mr. Eek, attending remotely, previewed the CFO summary, noting that the patient census has increased since the EMR/ERP “go-live.” Also noted was an introductory review of the new law in Oregon regarding patient charity care information requirements and Medicare reimbursement for Critical Access Hospitals. Mr. Hino will forward a copy of the new law to board members.

### **3. Month-End Financial Statements for period-ending April 30, 2025**

Mr. Eek provided a high-level overview of the financial statements, noting increased swing bed revenue and year-to-date labor expense under budget. Revenue deduction percentage was discussed as not controllable; where control resides is in expense management. The number of ER visits are projected or speculative. Discussion included surgical services and other short term or start-up expenses with request to focus on expense management. Along with several

challenges from implementation, charge capture has increased with the new EMR. Mr. Eek gave kudos to the finance team for their efforts through the EMR/ERP transition and budget cycle.

## VII. Executive Session

At 8:02 p.m. the board moved into Executive Session under 192.660(2)(c) to consider matters pertaining to the function of the medical staff of a public hospital licensed pursuant to ORS 441.015 Licensing of facilities and health maintenance organizations, and under ORS 162.660(2)(i) and 196.660(8) to review and evaluate the performance of an officer, employee or staff member if the person does not request an open meeting. Attendees not staying for Executive Session were excused at this time. Remaining in attendance were Thomas Bedell, Chairman; Mary Schamehorn, Secretary; Pamela Hansen, Treasurer/Foundation Liaison, Kay Hardin, Director/Quality Committee Liaison, and Robert Pickel, Director. **Administration:** Raymond Hino, CEO; P.J. Keizer, Medical Staff Chief of Staff, and Alden Forrester, MD, Chief Medical Officer. **Others present:** Amanda Bemetz, Director Quality Risk & Compliance (via remote link); Robert S. Miller, Counsel; Kim Russell, Executive Assistant.

## VIII. Return to Open Session

At 9:08 p.m. the meeting returned to Open Session.

### 1. Consideration of Executive Session Minutes

- a. Regular Meeting Executive Session 04/24/25

Bob Pickel **moved** to accept Executive Session Minutes as presented. Mary Schamehorn **seconded** the motion. **All in favor. Motion passed.**

### 2. Consideration of Monthly Reports

- a. **Quality, Risk & Compliance Report**

Mary Schamehorn **moved** to accept the Quality, Risk & Compliance Report as presented. Kay Hardin **seconded** the motion. All in favor. **Motion passed.**

- b. **Medical Staff Report**

**2-Year Privileges –New** - None

#### **2-Year Privileges – Reappointments**

Henry Holmes, MD – Reappointment (Family Med)

Nikolas Jones, MD – Reappointment (Emergency Med)

Philip Keizer, MD – Reappointment (Radiology)

Shane Matsui, LCSW – Reappointment

Steven Shimotakahara, MD – Reappointment (Otolaryngology)



***Direct Radiology Appointments & Reappoint – After Hours Radiology***

Kimberly Taylor, DO -Courtesy- Resigned

Anthony Willis, MD – Courtesy – Resigned

***Medical Staff Status Change***

Jennifer Webster, MD – Additional Privileges - Family Medicine

Annaleigh Boggess, MD – Emergency Med. – Provisional to Courtesy

Katherine Ready, MD – Emergency Med. – Provisional to Courtesy

Colette Khan, DO – Emergency Med. – Provisional to Courtesy

Daniel Horrell, DO – Emergency Med. – Provisional to Courtesy

Bianca Jacobs, MD – Emergency Med. – Provisional to Courtesy

Kathleen Edmunds, MD – Emergency Med. – Provisional to Courtesy

Connor Hambelton, MD – Emergency Med. – Provisional to Courtesy

Ginger Vaughn, MD – Emergency Med. – Provisional to Courtesy

Reetinder Virk, MD – Emergency Med. – Provisional to Courtesy

Adam Mankowski, MD – Emergency Med. – Active to Courtesy

Mary Schamehorn **moved** to accept the Medical Staff Report as presented. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

**3. CEO Evaluation**

Information only. No action taken.

**4. Legal Advisement: CPSI Trubridge Contract Termination**

Pam Hansen **moved** to accept the proposed termination settlement of \$300,497.29 as reviewed in Executive Session. Bob Pickel **seconded** the motion. **All in favor. Motion passed.**

**IX. Open Discussion**

Prior to Executive Session, it was discussed to place Open Discussion for future meetings ahead of the Executive Session and to return the monthly meeting location to Southern Coos Hospital. At that time the board presented Dr. Keizer with a commemorative leaf in memory of his wife for the Southern Coos Hospital Foundation Tree of Giving memorial located in the hospital lobby.

- X. Adjournment.** The meeting adjourned at 9:10 p.m. The next regular meeting and Budget Hearing will be held on June 26, 2025 at 6:00 p.m. at the Southern Coos Hospital & Health Center main conference room.

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Thomas Bedell, Chairman 06-27-2025

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Mary Schamehorn, Secretary 06-27-25

**Southern Coos Health District  
Annual Budget Committee Meeting  
June 12, 2025 - 4:00 p.m.  
Minutes**

**Budget Committee Members:** Thomas Bedell, District Board Budget & Finance Committee Liaison/Board Chairman; Anne McCaleb, Jack Sahl, Mary Wilson, Charis McGaughy. **Absent:** Sean Suppes. **District Board Members:** Mary Schamehorn, Secretary; Pam Hansen, Treasurer; Kay Hardin, and, **Via Remote Link:** Bob Pickel. **Hospital Administration:** Raymond T. Hino, CEO; Brenda Sund, Controller; Katelin Wirth, Financial Analyst; Alden Forrester, MD, CMO; Scott McEachern, CIO. **Via Remote Link:** Antone Eek, CFO & Budget Officer. Also in attendance: Kim Russell, Executive Assistant.

**I. Call to Order**

Mr. Bedell, District Board Chairman & Liaison to the Budget Committee, called the meeting to order at 4:00 p.m. At this time Mr. Bedell introduced Charis McGaughy, to be considered as a new committee member.

**a. Approval of Minutes – June 6, 2024 Annual Budget Committee Minutes**

Mary Schamehorn **moved** to approve. Jack Sahl **seconded** the motion. **All in favor. Motion passed.**

**b. Budget Officer Confirmation – Antone Eek, CFO**

Mary Schamehorn **moved** to confirm Antone Eek, CFO, as the FY26 Budget Officer. Kay Hardin **seconded** the motion. **All in favor. Motion passed.**

**c. Consideration of New Committee Member Charis McGaughy.**

Committee members had the opportunity to review Ms. McGaughy's resume in advance. Mary Schamehorn **moved** to appoint Charis McGaughy to the Finance Committee. The Finance Committee combined with the District Board of Directors comprises the annual Budget Committee, per Oregon Budget Law. Kay Hardin **seconded** the motion. **All in favor. Motion passed.**

**II. FY26 Budget Message**

Antone Eek, Chief Financial Officer, asked Katelin Wirth to review the budget message and financial narrative on his behalf due still recovering from recent surgery. The FY26 budget focus is on stabilizing and optimizing existing workflows, strengthening operational efficiency, and ensuring sustainability of current gains.

**III. 2024-2025 Proposed Budget**

Ms. Wirth proceeded to review the budget process timeline, Operating Budget Assumptions, Capital Budget, and Cash Flows.

Discussion included questions and answers following a review of operating budget assumptions, financial improvement initiatives, and projected volumes. There is anticipation that surgery volume will resume and ramp up as projected by July 1. The FY25 projected growth in Laboratory and Medical Imaging was negatively impacted by reduction in local referrals anticipated to resume with local FQHC now under new ownership and with whom Administration has been working closely through their transition. The projected Geri-Psych program was delayed in FY25 due to vendor contractual limitations that have recently resolved.

In summary, total budgeted appropriated funds are \$45,067,868 plus \$100,000 for contingencies and unappropriated/reserve funds of \$4,821,781, combined for a total proposed budget for fiscal year 2025-26 of \$49,989,649.

#### **IV. FY 2025-2026 Budget Authorization**

Chairman Bedell expressed support for the budget as presented if Administration could prepare for presentation a "Plan B" at the Budget Hearing for alternative action(s) if conditions occur that interfere with projected revenue. Mr. Hino agreed. The budget relies upon an increase in Net Revenues of 18%. The 18% increase is built upon a combination of volume increase, rate increases and higher charge capture than in previous years. The expectation of higher volume of inpatient services is based upon performance for the first 6 months of calendar year 2025. At this time Mr. Bedell requested a motion to approve the FY2026 budget as presented for District Board review at the Budget Hearing on June 26 with the understanding that Administration will provide the "Plan B" document for Board review. Note: Authorization by the Budget Committee will generate Form LB-1, Notice of Budget Hearing, to be published in The Sentinel Newspaper and on the Health District website, [www.southerncoos.org](http://www.southerncoos.org), on or before June 20 for the Budget Hearing to be held June 26 at 6:00 p.m. at Southern Coos Hospital, 900 11<sup>th</sup> Street SE, Bandon, Oregon.

Mary Schamehorn **moved** that the committee approve the budget to forward for adoption by the Southern Coos Health District Board of Directors at the June 26 Budget Hearing & Regular Meeting. Kay Hardin **seconded** the motion. Bob Pickel opposed, stating that he believes the proposed budget may be too optimistic. **9 in favor; 1 opposed. Motion passed.**

#### **Adjournment**

At 5:23 p.m. the meeting was adjourned.

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Thomas Bedell, SCHD Board Chairman  
and Budget Committee Liaison

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Mary Schamehorn, SCHD Board Secretary



DATE: June 20, 2025  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO *Raymond T. Hino*  
SUBJECT: Accountable Care Organization Compliance Training

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### Recommended Action

I am asking our Board of Directors to please read this memorandum and the attached pages on ACO Compliance Training, and to take the ACO Self-Test. The answers are provided for each of the questions. After you have completed the Self-Test, please sign and date the ACO attestation form and return it to me.

### Executive Summary

Since January 1, 2024, Southern Coos Hospital & Health Center (SCHHC) has been a member of an Accountable Care Organization (ACO), that was originally called Caravan Health. Caravan Health (now named Wellvana) was originally created in 2014 as the National Rural Accountable Care Organization. It was 1 of the first ACOs to accept rural hospitals and critical access hospitals. This ACO has been extremely successful over the years, generating Medicare savings of \$585 million in 10 years and having a record of success with 100% of ACOs meeting quality metrics thresholds to earn shared savings.

Accountable Care Organizations were originally created as a part of the Affordable Care Act (also known as Obamacare). They are a mechanism whereby hospitals and healthcare providers contract with CMS to implement programs designed to reduce the cost of healthcare for the Medicare program. Hospitals and systems that create ACOs are committed to reduce Medicare costs in their hospitals. Medicare, in return, will share a percentage of those savings back with the hospital.

For a small hospital, like Southern Coos Hospital, the only realistic path to participating in an ACO was to join an ACO, like Wellvana that combines dozens of hospitals and clinics together to meet the savings goals. In fact, Wellvana has hundreds of participating hospitals and providers, and many ACO options. Success in an ACO is based upon actively participating in quality initiatives designed to result in preventative care and thereby create savings by avoiding expensive care such as admissions to a hospital.

Those quality initiatives include (1) annual wellness visits by clinic providers, (2) quality data submissions, and (3) chronic care management. The ACO only measures these initiatives for original program Medicare patients. Medicare Advantage plans and other types of insurance do not count for ACO compliance.

### Summary

We completed our first year as an ACO participating hospital from January 1 to December 31, 2024. We should know by September of this year if we are going to be eligible for a Medicare Savings payment this year. I am optimistic that we will receive a payment since the Wellvana ACO has a 100% history of success.



# Compliance training for executives & board members

ACO compliance training



# What is an ACO?

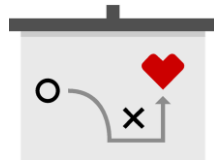


- ACO stands for **A**ccountable **C**are **O**rganization
- ACOs are groups of doctors, hospitals, and other health care providers who voluntarily come together to coordinate care for the Medicare patients.
- Southern Coos Health District is participating in the Medicare Shared Savings Program as an ACO

# What are the benefits of ACO participation?



Share in savings that result from providing high quality, coordinated care to your Medicare patients.



CMS scoring benefits that will yield higher Medicare rates in subsequent years.



Access CMS data to better manage the care of your patients and identify patients for care management.



Access ACO Waivers for patient incentives, financial arrangements, and other Medicare rules.

# ACOs provide opportunities to improve care management but are **not**...



**A closed network, health insurance,  
or Medicare Advantage plan**

- All Medicare patient protections remain in place
- Providers participate in the ACO and must follow additional ACO rules and measures



# ACO marketing and promotion

**Update: marketing or promotional materials that reference ACOs or your participation in an ACO no longer require CMS approval.**



**CMS may request the submission of marketing materials and issue notice of disapproval/ discontinuation at any time.**



## **Marketing materials must still:**

- Use template language developed by CMS, if available;
- Not to be used in a discriminatory manner or for discriminatory purposes;
- Comply with prohibitions on beneficiary inducements; and
- Not be materially inaccurate or misleading

# Beneficiary inducements prohibited

**Do not provide gifts or free services to Medicare patients!**

- Any item of value that could be perceived as influencing health care choices is suspect under federal fraud and abuse laws.
- NEVER offer patients cash, cash equivalents, or waivers of cost-sharing as routine waiver.
- Limited exceptions exist around certain very low-cost items (nominal gifts) or items/services necessary for medical care when part of a valid program (ACO patient incentive).



# Non-compliance hurts everyone



## Your ACO partners

- Termination of ACO contract with CMS.
- Loss of shared savings



## Your organization

- Financial penalties
- Termination from the ACO
- Onerous corrective action plan



## You!

- Personal liability (criminal and civil) for decision-making individuals

# Questions or concerns regarding the ACO



Suspected noncompliance



## Contact your organization's Compliance Officer

Amanda Bemetz, RN, MSN, BSN, NPD-BC,  
PCCN-K, 541-347-0512



## Contact the ACO Compliance Team

[aco-compliance@signifyhealth.com](mailto:aco-compliance@signifyhealth.com)



## Contact the ACO Anonymous reporting hotline

### Phone

877-287-2040

### Email

[ethicsbusinessconduct@cvshealth.com](mailto:ethicsbusinessconduct@cvshealth.com)

### Website

<http://www.cvshealth.com/ethicsline>

# Compliance training for providers



## Thank you!

For questions, information, or feedback please email  
**[aco-compliance@signifyhealth.com](mailto:aco-compliance@signifyhealth.com)**



# Test Yourself

Self-Test ACO Compliance Training for Executives

# Self test: Question 1



## What is an ACO?

- a. A health insurance plan that offer managed care plans.
- b. A closed provider network that is contracted to provide medical care to its members
- c. Groups of doctors, hospitals, and other health care providers who come together to coordinate care for their patients.
- d. Part of Medicare Advantage

# Answer: Question 1



## What is an ACO?

- a. A health insurance plan that offer managed care plans.
- b. A closed provider network that is contracted to provide medical care to its members
- c. Groups of doctors, hospitals, and other health care providers who come together to coordinate care for their patients.
- d. Part of Medicare Advantage

*ACOs are groups of providers that come together to coordinate and improve patient care.  
They are not managed care organizations or closed provider networks.  
42 CFR 425.20*



## Self test: Question 2



### What are the benefits to participating in an ACO? (Select all that apply)

- a. Eligibility for automatic benefits in MIPS scoring and higher payment rates in subsequent years.
- b. Changes to how we bill for services.
- c. Options of using special ACO Waivers.
- d. Access to CMS data that can help you better manage your care.

## Answer: Question 2



### What are the benefits to participating in an ACO? (Select all that apply)

- a. Eligibility for automatic benefits in MIPS scoring and higher payment rates in subsequent years.
- b. Changes to how we bill for services.
- c. Options of using special ACO Waivers.
- d. Access to CMS data that can help you better manage your care.

*Participation in an ACO offers many benefits to health care entities and individual health care practitioners.  
It does not change how you bill for services.*

## Self test: Question 3



**Which of the following require pre-approval from CMS before placing on marketing or promotional materials?**

- a. Schedule your Annual Wellness visit today.
- b. Proud to bring our community high value, patient centered care.
- c. Health is more than healthcare.
- d. None of the above.

## Answer: Question 3



**Which of the following require pre-approval from CMS before placing on marketing or promotional materials?**

- a. Schedule your Annual Wellness visit today.
- b. Proud to bring our community high value, patient centered care.
- c. Health is more than healthcare.
- d. None of the above.**

*Beginning on January 1, 2023, CMS pre-approval is no longer needed for marketing materials. However, CMS can request submission of marketing material and issue disapproval/discontinuance at any time. Marketing material must still include template language developed by CMS.*

## Self test: Question 4



### Select the incorrect statement from the following:

- a. ACO patient incentive waivers can be used to provide patients with certain items or services that are reasonably related to their medical care.
- b. Any item of value that could be perceived as influencing health care choices is suspect under federal fraud and abuse laws.
- c. You can never offer patients cash or cash equivalents.
- d. Routinely waiving patient cost-sharing is allowable in the ACO.

## Answer: Question 4



### Select the incorrect statement from the following:

- a. ACO patient incentive waivers can be used to provide patients with certain items or services that are reasonably related to their medical care.
- b. Any item of value that could be perceived as influencing health care choices is suspect under federal fraud and abuse laws.
- c. You can never offer patients cash or cash equivalents.
- d. Routinely waiving patient cost-sharing is allowable in the ACO.**

*Routine waivers of patient cost-sharing are in violation of federal fraud and abuse laws.  
ACO participation allows providers to offer certain medically related items and services, but such items and services must be provided in-kind and may not be cash, cash equivalents, or reductions to patient cost-sharing obligations.  
42 CFR 425.304*

## Self test: Question 5



### ACO non-compliance can result in... (Select all that apply)

- a. Termination of your organization's participation in the ACO.
- b. Financial penalties.
- c. Personal liability for decision-making individuals.
- d. Onerous requirements under a corrective action plan.

## Answer: Question 5



### ACO non-compliance can result in... (Select all that apply)

- a. Termination of your organization's participation in the ACO.
- b. Financial penalties.
- c. Personal liability for decision-making individuals.
- d. Onerous requirements under a corrective action plan.

*Non-compliance can result in many detrimental outcomes.*

*Serious non-compliance can result in sanctions not only for your organization, but individually for key decision-makers as well. For more information reach out to your Compliance Officer and request a copy of your latest ACO compliance self-assessment.*

*42 CFR 425.304*



## Self test: Question 6



**What should you do if you suspect non-compliance? (Select all that apply)**

- a. Ignore the problem
- b. Contact your organization's Compliance Officer
- c. Ask a friend what to do
- d. Contact the ACO Compliance Officer

## Answer: Question 6



### What should you do if you suspect non-compliance? (Select all that apply)

- a. Ignore the problem
- b. Contact your organization's Compliance Officer
- c. Ask a friend what to do
- d. Contact the ACO Compliance Officer

*If you suspect non-compliance or have a question regarding the ACO, you may contact your organization's Compliance Officer. In addition, you may report potential ACO Compliance issues via the anonymous compliance hotline at 877.287.2040, [ethicsbusinessconduct@cvshealth.com](mailto:ethicsbusinessconduct@cvshealth.com), or <http://www.cvshealth.com/ethicsline>.*

# ACO Compliance Training Completion PY2025 Executive Attestation Form

Southern Coos Hospital & Health Center requires its executive decision-makers to complete training regarding Medicare Shared Savings Program compliance every year. By signing and returning this Attestation you are confirming that:

- I have reviewed the required training materials regarding compliance in the Shared Savings Program for the current performance year.
- I understand and agree to abide by all regulatory laws and procedures as outlined in these materials.
- I understand my obligation to report suspected compliance violations to the Compliance Officer.

Thank you for your active participation in this important requirement!

**PRINT NAME**

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**SIGNATURE**

---

**DATE**

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**\*\* Please return this signed document to Raymond Hino, CEO \*\***



DATE: June 20, 2025  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO   
SUBJECT: **New Critical Access Hospital Requirement for Emergency Services for Obstetrics Patients**

---

### Recommended Action

I am requesting Board approval of the following list of Southern Coos Hospital & Health Center clinical staff members who are required to receive training in protocols to meet the needs of patients with obstetrical emergencies, complications and immediate post-delivery care.

### Executive Summary

The CMS Conditions of Participation for Critical Access Hospitals have recently been changed to add new requirements for Emergency services readiness, which go into effect on July 1, 2025. Specifically, CMS now requires that critical access hospitals be prepared to provide care for obstetrics patients that arrive at in CAH emergency rooms, even if the hospital is not licensed for and does not routinely provide obstetrics and maternity care services. The reason for this new requirement is that CMS recognizes that obstetrical emergencies can happen, regardless of whether the hospital is a licensed obstetrical provider or not. Here is the text of the new requirements:

### CRITICAL ACCESS HOSPITALS

#### § 485.618 Emergency Services.

**Standard: Emergency services readiness.** Effective July 1, 2025, in accordance with the complexity and scope of services offered, there must be adequate provisions (as required under paragraphs (b) and (c) of this section) and protocols to meet the emergency needs of patients.

(1) **Protocols.** Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate post-delivery care.

(2) **Staff training.** Applicable staff, as identified by the CAH, must be trained annually on the protocols and provisions implemented pursuant to this section.

(i) The governing body must identify and document which staff must complete such training.

(ii) The CAH must document in the staff personnel records that the training was successfully completed.

(iii) The CAH must be able to demonstrate staff knowledge on such training.

(iv) The CAH must use findings from its QAPI program, as required at § 485.641, to inform staff training needs and any additions, revisions, or updates to training topics on an ongoing basis.

## Summary

Due to the fact that the new standard specifically states in section (2)(i) that the governing body must identify and document which staff must complete such training, our management team is presenting the following list for the approval of the Board of Directors regarding the required training.

## List of Staff Required to Be Trained for Obstetrical Emergencies, Complications and Post-Delivery Care

- RN, Emergency Department
- LPN, Emergency Department
- Emergency Department Physicians
- Emergency Department Nurse Practitioners
- Nurse Manager, Emergency Department
- Charge Nurse, Med-Surg
- Float Nurse, Med-Surg
- Ultrasonographer, Medical Imaging
- CT Technician, Medical Imaging
- X-Ray Technician, Medical Imaging
- Medical Imaging Manager
- Medical Laboratory Assistant I, Laboratory
- Medical Laboratory Assistant II, Laboratory
- Medical Lab Scientist, Laboratory
- Medical Lab Technician, Laboratory
- Laboratory Manager, Laboratory



DATE: June 20, 2025  
TO: Board of Directors  
FROM: Raymond T. Hino, CEO   
SUBJECT: Award of Architecture & Engineering Contract for Master Facility Plan

---

### Recommended Action

I recommend that the Board of Directors award the contract for Architectural and Engineering Services for the Southern Coos Hospital & Health Center Master Facility Plan to the architectural firm of Davis Partnership of Denver, Colorado at a contracted price of \$112,000.

### Executive Summary

At the December 19, 2024 SCHHC Board of Directors meeting, the Board voted unanimously to award a contract to the Healthcare Collaborative Group for the creation of a Master Facility Plan. The new Master Facility Plan will guide building expansion and replacement decisions, intended to meet the growing needs of Southern Coos Hospital for the next 15 to 20 years. In the motion of approval the Board stipulated that the total cost of the Master Facility Plan will not exceed \$171,000 “unless additional Board approval is given for additional costs.”

Our Project Manager, Joe Kunkel, organized a competitive bidding process for architectural and engineering firm bids for our project. The deadline for the submittal of bids was April 11, 2025. We received 3 bids. The 3 bids included firms from Portland, Seattle and Denver. All 3 firms were determined to be qualified to do the work. 1 of the 3 firms was extremely high on pricing, at a cost 3 X the price of the 2 other firms. We invited the 2 finalist firms for an on-site presentation at SCHHC on June 2, 2025. The Davis Partnership presentation was well organized with drawings of potential expansion opportunities, based on what the firm had been able to gain intelligence on in their research of Southern Coos Hospital. 2 Board members attended both presentations. A 3<sup>rd</sup> Board member attended 1 of the 2 presentations.

The unanimous recommendation of the management team for SCHHC was to engage with Davis Partnership. However, there was a problem. The Davis Partnership bid exceeded our budget for architecture and engineering fees. We had budgeted \$75,000 for Architects & Engineering firms and \$70,000 for Project Management. The Davis Partnership bid was \$145,000.

Joe Kunkel, in his role as Project Manager, collaborated with the Davis Partnership team to see if there were opportunities to reduce their bid. They ended up reducing their bid by \$33,000 (from \$145,000 down to \$112,000). Joe Kunkel also reduced his Project Management fees down by \$20,000 (from \$70,000 down to \$50,000). The result was a reduction in project cost from \$241,000 down to \$194,000.

### Summary

We now find ourselves in a situation where we need to ask the Board of Directors for approval to exceed the original budget of \$171,000 and to approve a new budget of \$194,000. The way that I look at this is that we are extremely fortunate that the Bandon Dunes Charitable Foundation agreed to pay the entire original budget of \$171,000. When we submitted our grant application last November, we did not anticipate that the Bandon Dunes Charitable Foundation would consider funding the entire project. I

always thought that there was going to be a cost contribution by SCHHC. With the Bandon Dunes grant, our contribution is fairly small for a huge project and the defining work that will serve this community for the next 15 to 20 years, or more.

We could consider rebidding and seeing if the other finalist firm could reduce their price to be within our budget range. Their bid, received on April 11, also exceeded our budget for architecture and engineering.

I realize that we are in a time period where we need to be cautious on spending money, but I strongly recommend that the Board of Directors grant approval to increase our budget by \$23,000 and to award the architectural and engineering firm contract to Davis Partnership. The quality of their presentation on June 2 showed the quality of the work provided by their firm and it was truly impressive.

We are talking about the future of Southern Coos Hospital & Health Center for generations to come. I feel that this is an excellent investment and a small contribution on the part of Southern Coos Hospital, in comparison to contribution and commitment by Bandon Dunes Resort.



**DAVIS**  
PARTNERSHIP  
ARCHITECTS

June 10, 2025

Mr. Joe Kunkel  
President  
The Healthcare Collaborative Group  
1430 SE 3<sup>rd</sup> Avenue, Suite 211  
Portland, OR 97214

**RE:** Southern Coos Hospital & Health Center – Master Facility Plan  
Fee Proposal  
Architect's Project 25304.00

Dear Mr. Kunkel:

We propose to provide the following professional Architectural, Civil, Landscape, Structural, Mechanical, Electrical, and Plumbing Design services for this Master Facility Planning Effort. Our understanding for this work is as follows:

**1. Scope:**

- a. Master Facility Planning of the Hospital campus and other associated properties including assessment of all existing systems and creation of appropriate solutions. Goal and vision setting, community engagement, tours, focus groups, programming. Concept diagrams are included. See proposal response to RFP for comprehensive description of scope.

**DENVER OFFICE**  
2901 Blake Street, Suite 100  
Denver, CO 80205-2303  
T 303.861.8555  
F 303.861.3027

**2. Project Team Organization is to be as follows:**

Architect: Davis Partnership Architects (DPA)  
Civil: KPFF Consulting Engineers (KPFF)  
Landscape Architect: Davis Partnership Architects (DPA)  
MEP Engineer: PAE Consulting Engineers (PAE)  
Structural: PCS Structural Solutions (PCS)

[www.davispartnership.com](http://www.davispartnership.com)

**3. Fee Proposal:**

|  |                  |
|--|------------------|
| Architectural                              | \$ 62,000        |
| Civil                                      | \$ 7,000         |
| Landscape                                  | \$ 15,000        |
| Structural                                 | \$ 8,000         |
| <u>Mechanical, Electrical and Plumbing</u> | <u>\$ 20,000</u> |
| Total Fees                                 | \$112,000        |

*Reimbursable Expense (at cost, no markup)*

**4. Overall Schedule:**

|                                    |             |
|------------------------------------|-------------|
| Project Orientation & Goal Setting | 1 – 2 DAYS  |
| Session 1: Assessment Phase        | 2 - 3 WEEKS |
| Session 2: Assessment Phase        | 2 – 3 WEEKS |



|   |             |
|---|-------------|
| Session 3: Assessment Phase               | 2 – 3 WEEKS |
| Session 4: Assessment Phase               | 2 – 3 WEEKS |
| Session 5: Solutions Phase                | 3 – 4 WEEKS |
| Session 6: Solutions Phase                | 3 – 4 WEEKS |
| Session 7: Solutions Phase                | 3 – 4 WEEKS |
| Session 8: Final Master Plan Presentation | 1 DAY       |

We understand that the above proposed schedule is shown over a six months period, but can be flexed at your discretion to the 10 – 12 months indicated in the RFP.

**5. Exclusions:**

- a. Furniture, artwork and signage
- b. Medical equipment planning
- c. Low voltage beyond back-box and pathway
- d. Acoustical design services
- e. LEED Certification
- f. Cost estimating
- g. Surveys and testing

**6. Anticipations:**

- a. Coordination with SCHHC's equipment planner and medical equipment vendors.
- b. Coordination with SCHHC's IT, Biomed, Security and other clinical support representatives.
- c. Incorporation of SCHHC's clinical, infection control, patient safety, and staff safety requirements.

Thank you for requesting our fee proposal for this project. Please let us know if you would like any additional information or to discuss in further detail.

Sincerely,



J.D. Dreyer, AIA, ACHA  
Principal

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

Resolution 2025-01  
**ADOPTING THE BUDGET**

BE IT RESOLVED that the Board of Directors of the Southern Coos Health District hereby adopts the budget for fiscal year 2025-2026 in the total amount of \$49,989,649 as is now on file at the Southern Coos Hospital and Health Center's administrative offices.

**MAKING APPROPRIATIONS**

BE IT RESOLVED that the amounts for the fiscal year beginning July 1, 2025 and for the purposes shown below are hereby appropriated:

|                                    |                                |
|------------------------------------|--------------------------------|
| <b>Hospital Fund</b>               |                                |
| Personal Services .....            | \$ 28,307,777                  |
| Materials & Services .....         | 12,364,235                     |
| Capital Outlay .....               | 3,300,000                      |
| Debt Services .....                | 1,095,856                      |
| Contingencies .....                | <u>100,000</u>                 |
| Total Appropriations .....         | \$45,167,868                   |
| <br>Unappropriated / Reserve Funds | <br><u>\$ 4,821,781</u>        |
| <br><b>TOTAL BUDGET</b>            | <br><b><u>\$49,989,649</u></b> |

**IMPOSING THE TAX**

**BE IT RESOLVED** that the Board of Directors of the Southern Coos Health District hereby imposes the taxes provided for in the adopted budget for operations at the rate of \$0.8892 per \$1,000 of assessed value and that these taxes are hereby imposed for the tax year 2025-2026 upon the assessed value of all taxable property within the district and categorized as follows:

## CATEGORIZING THE TAX

## General Government Limitation

General Fund \$0.8892/\$1,000

The above resolution statements were approved and declared adopted by the Board of Directors for the Southern Coos Health District on the 26th day of June 2025.

AYES \_\_\_\_\_ NAYS \_\_\_\_\_

**ATTEST:**

**Thomas Bedell, Chairman**

**Pamela Hansen, Treasurer**



## Chief Executive Officer Report

**To:** Southern Coos Health District Board of Directors  
**From:** Raymond T. Hino, MPA, FACHE, CEO  
**Re:** CEO Report for SCHD Board of Directors, June 2025

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### **Providers:**

- With Dr. Wong's departure this month, we are bringing onboard a temporary Nurse Practitioner, Kim Bagby, to pick up Dr. Wong's patient population. She will start on July 7. Kim is a traveler, who comes with excellent reviews and previously worked for Coast Community Health in 2024. She will be here for 2 months.
- We have hired a full time Family Nurse Practitioner, Felisha Miller, who lives in the Coos Bay/North Bend area and currently works for Bay Area Hospital as a Nurse Practitioner in their Cancer Center. She previously worked at Lower Umpqua Hospital and had her own private practice in Coos Bay. She comes highly recommended by Dr. Webster and the 2 of them are looking forward to working together. Felisha is available to start sometime between the middle of August and the start of September.
- Earlier this week, Dr. Paul Preslar signed a new 2-year contract to continue working as a Family Physician in our Hospital Clinic. The new contract is in effect from June 1, 2025 to May 31, 2027. We are very happy that we will continue to be able to offer the services of this very popular Bandon physician.

### **DNV Survey:**

- I was pleased to hear in this month's Quality & Patient Safety Committee meeting that the Internal Audits program that we started 2 months ago is going extremely well. 8 internal audits have been completed so far and the departments are very engaged with this process. This was a big area of concern during our last DNV survey.

### **Coast Community Health Center:**

- Coast Community Health Center's new corporate partner, Adapt Integrated Healthcare has approved a one-year laboratory services contract with SCHHC. All that is left now is to complete the approval of a signed contract.

### **Bay Area Hospital**

- I had an initial meeting with 2 of the newly elected Board members for Bay Area Hospital, earlier this month. The newly elected Board members are Brandon Saada and Simon Alonzo. I talked to them about ways that Bay Area Hospital and Southern Coos Hospital can work together to

help each other. Some possibilities are contracting with BAH for services rather than using outside resources, and transferring swing bed patients to SCHHC.

**Pharmacy:**

- The new SCHHC Retail Pharmacy opened to the public on June 18. This is the same day that we had a Ribbon Cutting Ceremony, courtesy of the Bandon Chamber of Commerce, and a Chamber Mixer event in the hospital. We have now “in network” with over 100 insurance plans, including Regence Blue Cross – Blue Shield. Today we became in-network with Humana. The public response has been excellent to our new pharmacy.



## Chief Medical Officer Report

**To:** Southern Coos Health District Board of Directors  
**From:** Alden Forrester, MD, Chief Medical Officer  
**Re:** CMO Report for SCHD Board of Directors, June 2025

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### **Medical Staff Bylaws and Rules and Regulations:**

An extensive review and update of the Medical Staff Bylaws and Rules and Regulations has been completed. Special thanks to all who assisted with this project. The drafts of these revisions were sent to members of the medical staff as part of the 21-day review period required by the Bylaws before any significant changes can be voted on. This sets up a planned vote during the July Medical Staff meeting. If approved, the revised documents will then come to the board for approval during the July Board Meeting.

### **New CMS ED Regulations:**

CMS instituted a requirement on very short notice that protocols be in place by July first for the care of obstetrical emergencies in the emergency department. We are required to institute these protocols even though we do not provide obstetrical services. As part of this requirement, CMS requires that the board approve a list of individuals who will be trained on these protocols.

### **OHSU Telemedicine Collaboration for Treatment of Pediatric and Neurology Emergencies:**

We hope to have an agreement signed very soon, perhaps within a few days. The draft of the agreement is in final revision stages. Once signed it is estimated that it will take 60-90 days for implementation and first use including time required to purchase and install equipment, training, and preparations on OHSU's end to implement support for our site. This will be a huge step forward in our ability to care for severely ill pediatric patients in our ED and provide state of the art care for neurological emergencies.

### **125<sup>th</sup> US Women's Amateur Championship:**

Work continues on the logistics of providing medical support for the 125<sup>th</sup> US Women's Amateur Championship this August. Thank you to the multiple individuals and departments that are assisting with this project including Materials, Plant Operations, ED, Nursing, Pharmacy, Finance, and IT.



## Chief Nursing Officer Report

To: Southern Coos Health District Board of Directors and Southern Coos Management

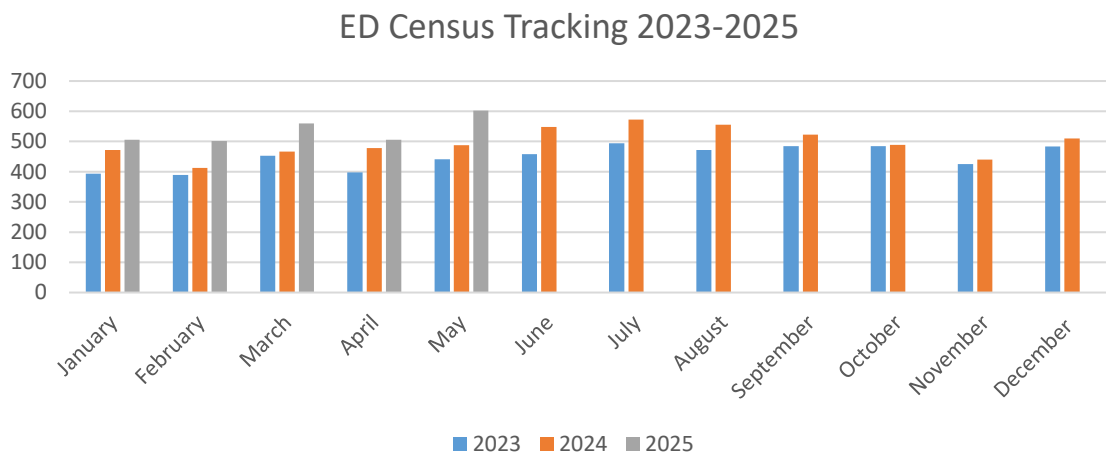
From: Cori Valet, RN, BSN, Chief Nursing Officer

Re: CNO Report for SCHD Board of Directors Meeting – June 26, 2025

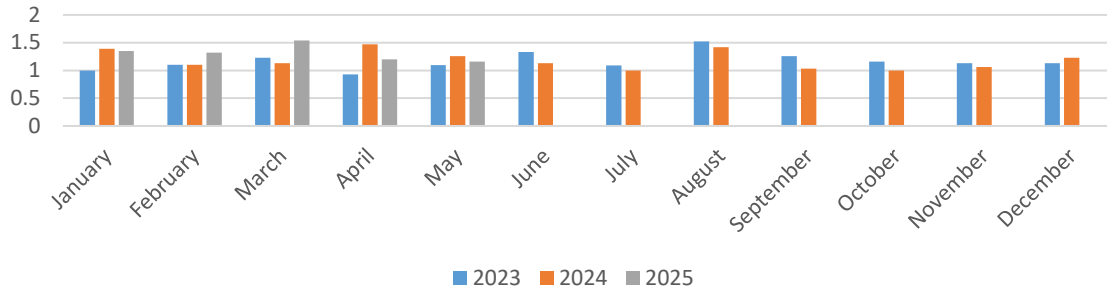
### Clinical Department Staffing –

- Medical-Surgical department – One night shift registered nurse has requested to step-down to a per diem position from full-time, creating one new night shift vacancy. Total Full-time RN positions vacant = 6. Currently utilizing 5 contract nurses.
- Emergency department – One per diem registered nurse has accepted a full-time day shift position. Contract RN usage in the emergency department should be only for planned vacation at this time. Due to nurse educator vacancy, the FTE in the emergency department has been increased by 0.6 which is typically covered by a 1.0 FTE budgeted for the Nursing Administration department. Nick Lucas, ED Manager, is taking on Nursing Education management with the assistance of two ED registered nurses to assist one day each week.
- Medical Imaging – New full-time MRI technologist recruited from a healthcare staffing company. The current MRI travel contract will be maintained to provide appropriate orientation and training.

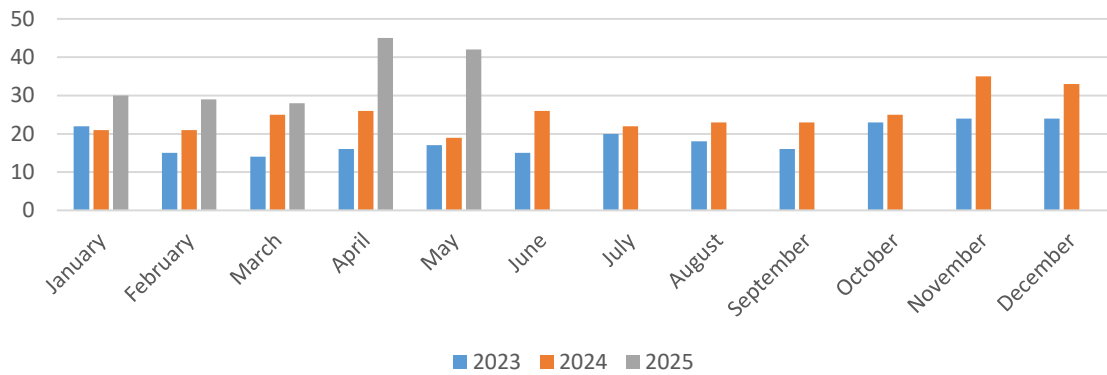
### Emergency Department Statistics –



Average ED Admissions to Med-Surg Unit per Day

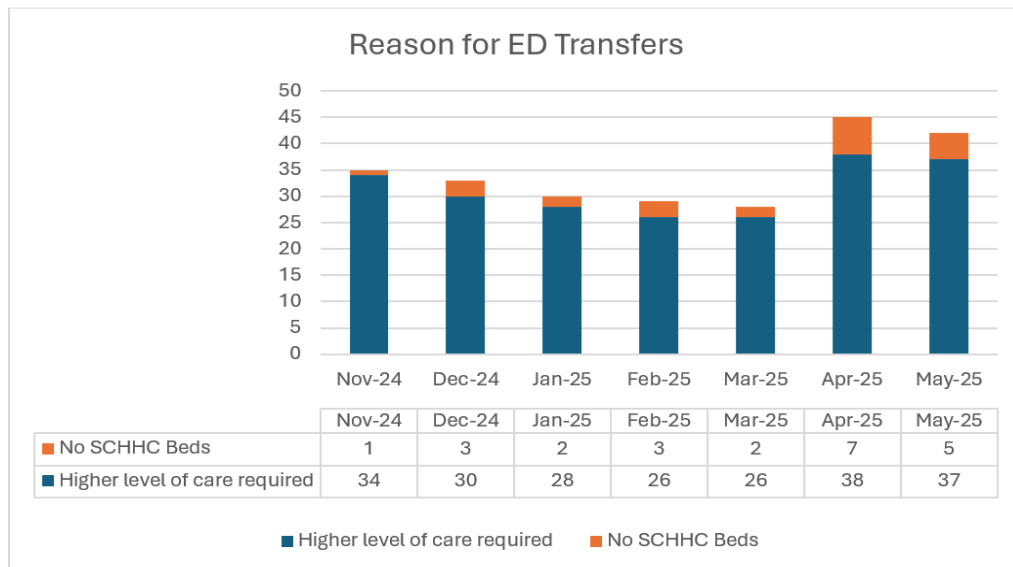


ED Transfers



- May 2025 Transfers – Total Transfers = 42. Thirty-seven (37) transfers required for higher level of care and/or services not offered at SCHHC. Five (5) transfers due to no bed availability at SCHHC.

Reason for ED Transfers







## Chief Financial Officer Report

To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

Re: CFO Report for Board of Directors Meeting – June 26, 2025

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### May 2025 Department Achievements/Activities

#### Accounting and Finance Update:

**Team Relocation:** The entire Finance/Accounting team successfully relocated to the 2nd Street building. Thanks to the coordination and support from Scott and the IT team, and Jason and his Engineering team, the move caused only one day of downtime, after which operations resumed seamlessly in our new space.

The Finance and Accounting team has been actively supporting operations across the organization while advancing several key initiatives:

- **FY2026 Budget:** Completed the Fiscal Year 2026 District Budget, in collaboration with department leaders and executive staff.
- **Southern Coos Health Foundation Support:** The Finance Department is assisting with the development of the Foundation's FY2026 Budget. Additionally, Brenda Sund, Controller, prepared and filed the Foundation's FY2024 IRS Form 990 tax return. Now that it is publicly available, this filing serves as a valuable resource for board members, executive leadership, and potential donors – offering transparency and insight into the Foundation's operations, mission alignment, and financial stewardship.
- **Policy Development:** Drafted a new Investment Policy to support responsible stewardship of public funds. Developed a policy and procedures document to guide future audit firm selection processes, reflecting the successful RFP conducted this year, and recommending that it be mandatory to go out to bid every three years.
- **Internal Controls:** Focused on strengthening internal control procedures organization wide. Special attention was given to the Retail Pharmacy and Foundation Gift Shop to ensure consistent cash handling, accountability, and documentation practices.
- **Retail Pharmacy Operations:** Partnered with Jeremy Brown, Director of Pharmacy, to implement robust procedures for cash handling, drawer reconciliation, daily banking, and reporting for the new Retail Pharmacy location.
- **Audit and Year-End Close Preparation:** Preparing for the FY2025 year-end close, the upcoming financial statement audit, and Medicare cost report preparation cycle.
- **Sage Intacct Process Improvements:** Materials Management is engaged with CLA to implement "GoLive, Part Two" for improved inventory tracking, requisitioning workflows, and approval routing – advancing our operational efficiency. In parallel, Jenny Percy, Senior Staff Accountant, has been self-teaching and refining our Sage Intacct procedures as time allows in her already demanding schedule. Her efforts continue to fill in critical knowledge gaps left by the original Wipfli-led implementation and are strengthening the reliability and efficiency of our financial processes.

We continue to prioritize system improvements, compliance, and collaboration across departments to ensure strong financial health and accountability throughout Southern Coos.

## **Engineering / EVS Update:**

- Retail Pharmacy completion
- Business Office Conversion – Subcontractor meetings
- Department moves to 2<sup>nd</sup> Street Building

## **Materials Management / Supply Chain Update:**

- We were able to upload a purchase order from Sage to Medline directly, for the first time. It is a huge development and eliminates a tremendous amount of manual work to place orders with our primary vendor. We have been following this since August, more or less beginning with the pre-implementation discussions. It is a big victory. More wins are coming in the near future.
- We have made great strides in getting Sage Intact to fulfil its potential. Kristin Derby has been making corrections or is about to make corrections for our next go live. She is incredibly adept at understanding the software, how it functions, and ways to bend it to your will.
- CLA was successful in getting Sage Intact to upload orders to Medline. Prior to this, Andrew was rebuilding the order in CPSI and uploading from there or manually recreating the 50–60-line order on Medline website twice a week.
- With help from ScanForce we are now able to print the yellow billable labels from the scanner that identify those items to be billed to the patient. Until the end of last week we were only able to print those from CPSI.
- Received training to correct unit costs so we can accurately bill out to departments thousands of dollars that have been in draft format since December.
- July 1 we will be kick starting Sage Intact again following physical inventory conducted on June 30. End users will need a short training on the new module that will make ordering from Materials even simpler.
- Earlier we identified that when the dept sent us requisition, and we fulfilled that, the transaction ended there never billing the dept or reducing MM inventory because of the transaction definitions Wipfli left incomplete.
- Last week we identified that items on a purchase order that were assigned to a dept had the value assigned to the department but not the quantity. The quantity stays in Materials inventory never decreasing it. This means those items continually build quantity in MM inventory and using cost averaging with the next receipt means the cost and quantity on hand would never be correct. This is the implementation Wipfli gave us. This will be corrected in our go live July 1.

## **Revenue Cycle Update:**

### **Accounts Receivable (AR) Days**

AR Days remained relatively stable in May, slightly improving to 50.1 days, just 0.7 days above the Top 25% benchmark. This slight change reflects the ongoing workload management, including high inpatient activity, and is not currently a cause for concern.

### **Discharged Not Final Billed (DNFB)**

DNFB showed a concerning increase from 10.5 days in April to 14.3 days in May. This variance can primarily be attributed to issues caused by a system update during the last week of the month, which caused delays in coding and increased claim edits. This issue has since been resolved, and the DNFB is actively being addressed. We have worked these areas down

to 10.6 days, reflecting progress in improving discharge-to-bill workflows. Due to the timely response to this in May, this delay should not affect collections for the month of June.

- **Candidate for Billing (CFB)**

CFB days increased from 7.5 days in April to 12.5 days in May. Similar to the DNFB metric, this uptick is due to the system update causing coding access issues and increased claim edits. As with DNFB, the issue has been resolved, and CFB is being actively managed down to 7.4 days, reflecting improvement in charge posting accuracy.

- **Coding Days**

Coding days decreased from 2.89 in April to 1.96 in May, a significant improvement. While still above the Top 25% benchmark of 0.94 days, this represents notable gains in coding throughput and workflow efficiency.

- **Claim Error Days**

Claim Error Days saw a significant increase from 2.10 in April to 4.46 in May, primarily due to the same system update issues affecting coding and claim edits. This increase also contributed to downstream delays. These errors are being actively addressed with a focus on regulatory compliance and payment integrity. The system issues have since been resolved, and we expect a return to more stable performance in the coming months.

- **Claims & Billing Activity**

Total Claims Billed (May): 5,861,758 (↑ from 5,789,196 in April, indicating continued billing activity despite earlier delays).

Average Claim Payment Turnaround\*\*: Increased slightly to 18.5 days from 18.9 days in April. While this is a slight uptick, it remains within acceptable performance ranges. A modest increase is expected due to rising payer diversity and the increased volume of secondary claims.

- **Payment Collections**

April: \$2,602,439

May: \$3,242,863 (↑ from April, reflecting strong performance in collections).

### ***Revenue Cycle: Focus Areas Moving Forward***

#### **Medication Charge Capture in Pain Management**

Challenges with medication charge capture in the Pain Management department are actively being addressed. A disciplinary workgroup is reviewing the issue, identifying areas of opportunity, and working on resolutions while optimizing workflows to reduce missing revenue and prevent claim denials.

#### **Denial Management (Deductions)**

A thorough review of all received denials is underway. We are validating them to ensure there are no system errors, billing errors, or contractual concerns that need to be addressed. This process will help ensure that no avoidable claim denials occur in the future.

#### **Other Items:**

- **Pharmacy Update – IT'S OPEN!**
  - **OP Retail Pharmacy**
    - Contractor: Inline
    - Cardinal Contracted Services
  - **NPI: Complete**
  - **NCPDP: Complete**
  - **Board of Pharmacy: Complete**
  - **DEA: Complete**
  - **Pharmacy IS System: Liberty**
    - Pharmacy IS System Install: Complete

- **Personnel**
  - Director of Pharmacy: Hired
  - Pharmacists: Complete
  - Pharmacy Techs: Hired
- **Construction Status:** Completed
  - Inline Completion: 4/7/25
  - UniWeb Completion: 4/3/25
- **Insurance Contracting:** In Process – 70% Completed and In-Network
- **Regulatory Inspections**
  - OHA – Complete
  - City of Bandon: Complete



# Chief Information Officer Report

**To:** Southern Coos Health District Board of Directors and Southern Coos Management

**From:** Scott McEachern, Chief Information Officer

**Re:** CIO Report for SCHD Board of Directors, June 26, 2025

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The **Information Systems** team is working on the following items:

1. We selected a new Help Desk solution called ServiceDesk. We are working on configuring the application and will perform a modified roll out by the end of June 2025.
2. We have begun training on the new contract management system, Cobblestone. This initiative is driven by a DNV requirement to easily access SCHHC's contracts and provide a list on demand to surveyors. We are entering into implementation the week of June 23<sup>rd</sup> and will tentatively go live by August 1 with limited capabilities.
3. In May 2025, our help desk analysts, led by Chris Cox, Jeff Weymouth, and Kyle Gonzales, fielded 186 tickets.
4. Our new phone agent has been live for two weeks 24/7. We are still refining the routing protocols but overall the system has stabilized.
  - a. Average calls per day: 147.8
  - b. Average Negative sentiment (based on analysis of the text of the phone calls): 2.2 %
  - c. Transferred calls (higher percentage is better): Average of 62%





## SCHHC AI Strategic Council

As reported at last month's board meeting, we have convened a SCHHC AI Strategic Council. We have had three meetings. At the third meeting, we discussed two AI policies that we hope to bring to the policy committee in June. We will begin meeting each month.

## Data Governance

SCH is also developing a data governance structure. As a first step, I have convened a data analytics workgroup comprised of members of the quality, clinical informatics, information systems, and finance departments. The workgroup is engaged with training on data analytics fundamentals such as SQL database training.

## Clinical Informatics Projects by Department

-  *Complete*
-  *In Progress*
-  *Education/Monitoring*
-  *Reviewing*





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## CI Tickets Summary



| Month      | Open | Waiting | Closed | Total |
|------------|------|---------|--------|-------|
| March 2025 | 0    | 1       | 36     | 37    |
| April 2025 | 0    | 0       | 33     | 33    |
| May 2025   | 3    | 1       | 81     | 85    |
| June 2025  | 8    | 3       | 55     | 66    |

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## Clinical Informatics

-  EMR Workflow Videos – *In Progress*
  -  Data Extraction – Archive Setup/Validation – *In Progress*
  -  Facility Data Request – *Complete*
  -  Ticketing System – Clinical Informatics Ticket Revisions – *In Progress*
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## Emergency Department

-  ED Divert Designations – *Complete*
  -  Provider EPIC Onboarding 5/23 - *Complete*
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## HC Primary Care

-  Epic Build for New Service OB/GYN – *Complete*
  -  Provider Onboarding Support – Dr. Simmonds – *Complete*
  -  Result Scanning Workflow for External Results – *Education/Monitoring*
  -  Ambulatory EKG Workflow for Interpretation Documentation – *In Progress*
  -  Internal and External Referral Order Entry Process – *Education/Monitoring*
  -  Provider Template Modifications – *Complete*
  -  Telehealth Video Visit Workflow – *In Progress*
  -  Care Gaps Documentation – *In Progress*
  -  New Provider Onboarding Epic Onboarding 7/7 – *Reviewing*
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## Pain Management

-  Medication Administration Workflow – *Reviewing*
-  Ketamine Flowsheet Documentation – *In Progress*

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## HIM

-  Care Everywhere ID Access for Transfers – *Complete*
-  Misfile Queue Routing - *Reviewing*






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## Laboratory / Ambulatory Clinic

-  Ambulatory Preappointment Lab Testing Scheduling – *Reviewing*
-  Lab Pathology Ordering Workflow – *Reviewing*




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## Med Surg

-  Patient Status Transition Process (IP to Swing, DCRA One Way) – *Monitoring*
-  Returning Provider Epic Onboarding 6/24
-  Returning Provider Epic Onboarding 7/1
-  New Provider Onboarding Epic Onboarding 7/30 – *Reviewing*
-  New Provider Onboarding Epic Onboarding 7/31 - *Reviewing*


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## OP Nursing

-  Internal and External Therapy Plan Workflow – *Education/Monitoring*
-  Wound Care Acute/Ambulatory Workflow – *Education/Monitoring*
-  Blood Transfusion Type and Screen OP Nursing Workflow - *Reviewing*





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## Pharmacy

-  Medication Waste Documentation/Settings – *Monitoring*


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## Quality

-  Clinical Documentation Review – *In Progress*
-  Medici AUR reporting – *In Progress*
-  Quality Measures Clinical Documentation – *In Progress*
-  Promoting Interoperability - *Reviewing*

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## Radiology

-  Internal Imaging Ordering Process – *Education/Monitoring*


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## Respiratory Therapy

-  Internal Order Routing to Workqueue for RT Orders – *In Progress*



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## Revenue Cycle

-  Authorization and Referral Workqueue Routing – *Education/Monitoring*

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## Surgical Services

-  Anesthesia Workflow Review – Personalization Setup – *In Progress*
-  Surgical Case Referral/Scheduling Workflow – *In Progress*





## Multi-Specialty Clinic Report

**To:** Southern Coos Health District Board of Directors and Southern Coos Management

**From:** David M Serle – Director Medical Group Operations

**Re:** Multi-Specialty Clinic Report for SCHD Board of Directors Meeting – June 26, 2025

### Provider Recruiting/Onboarding: As of 6/20/25

Hiring/Onboarding Status: FNP's

- Felisha Miller 6/20/25
  - Anticipated start date mid-August
- Kim Bagby – Traveling FNP.
  - Scheduled to start July 7, 2025
- Full time Physician.
  - Recruiting is starting

|                          |        |       |        |      |       |      |      |        |      |      |     | Jan | Feb | Mar | Apr | May | June Proj |
|--------------------------|--------|-------|--------|------|-------|------|------|--------|------|------|-----|-----|-----|-----|-----|-----|-----------|
| Year: 2025               |        |       |        |      |       |      | No   |        |      |      |     |     |     |     |     |     |           |
| Month: May               | Clinic | PT's  |        | No   | Total | AVG  | Show | Cancel | Tele | New  |     |     |     |     |     |     |           |
| Provider                 | Days   | Sched | Cancel | Show | Seen  | Seen | Rate | Rate   | HLTH | PT's |     |     |     |     |     |     |           |
| Bonnie Wong, DO          | 11     | 143   | 15     | 1    | 127   | 12   | 1%   | 10%    | 4    | 1    | 83  | 118 | 109 | 48  | 127 | 102 |           |
| Paul Preslar, DO         | 10     | 131   | 13     | 3    | 115   | 12   | 2%   | 10%    | 0    | 22   | 160 | 143 | 133 | 129 | 115 | 138 |           |
| Shane Matsui, LCSW       | 21     | 94    | 6      | 4    | 84    | 4    | 4%   | 6%     | 9    | 3    | 84  | 66  | 40  | 85  | 84  | 81  |           |
| Victoria Schmelzer, CRNA | 9      | 70    | 9      | 1    | 60    | 7    | 1%   | 13%    | 0    | 2    | 63  | 60  | 60  | 60  | 60  | 70  |           |
| Tami Marriott, MD        | 5      | 66    | 4      | 5    | 57    | 11   | 8%   | 6%     | 0    | 0    | 25  | 32  | 35  | 23  | 57  | 94  |           |
| Jennifer Webster, MD     | 12     | 159   | 10     | 2    | 147   | 12   | 1%   | 6%     | 5    | 17   | 24  | 152 | 133 | 149 | 147 | 175 |           |
| Henry Holmes, MD         | 5      | 62    | 9      | 2    | 51    | 10   | 3%   | 15%    | 0    | 1    | 0   | 0   | 60  | 85  | 51  | 0   |           |
| Veronica Simmonds, MD    | 12     | 74    | 2      | 1    | 71    | 6    | 1%   | 3%     | 0    | 32   | 0   | 0   | 0   | 34  | 71  | 72  |           |
| Outpatient Services      | 21     | 211   | 20     | 2    | 189   | 9    | 1%   | 9%     | 0    | 0    | 190 | 183 | 201 | 243 | 189 | 208 |           |
| Totals                   | 106    | 1010  | 88     | 21   | 901   | #    | 2.1% | 8.7%   | 18   | 78   | 716 | 754 | 771 | 856 | 901 | 940 |           |
| Totals Visits Minus OP   | 85     | 799   | 68     | 19   | 712   | 8.4  | 2.4% | 8.5%   | 18   | 78   | 526 | 571 | 570 | 613 | 712 | 732 |           |

### Clinic Visits:

- Total clinic visits are up 5.25% from the previous month (+45)
- Provider visits minus OP services are up 16% (+99)
- Total clinic visits for June are projected to be 4.3% higher than May (+39)
- Provider visits minus OP services are projected to be up 2.8% (+20)
- Dr. Simmonds:
  - 71 visits included for May
  - 72 visits projected for June

## First 5 Months of 2025 Jan - May

### Clinic Provider Income Summary

#### All Providers

For The Budget Year 2025

|   | ACT            |                | BUD            |                | ACT            |                | BUD             |                | ACT             |                | BUD |  | ACT              |  | BUD |  | Current Budget YTD |                  |
|---|----------------|----------------|----------------|----------------|----------------|----------------|-----------------|----------------|-----------------|----------------|-----|--|------------------|--|-----|--|--------------------|------------------|
|   | JAN            | JAN            | FEB            | FEB            | MAR            | MAR            | APR             | APR            | MAY             | MAY            |     |  | FY25             |  |     |  | Budget             | Variance         |
| <b>Provider Productivity Metrics</b>    |                |                |                |                |                |                |                 |                |                 |                |     |  |                  |  |     |  |                    |                  |
| Clinic Days                             | 73             | 120            | 67             | 115            | 59             | 115            | 74              | 119            | 85              | 108            |     |  | 1168             |  |     |  |                    | (378)            |
| Total Visits                            | 526            | 1,251          | 581            | 1,357          | 570            | 1,527          | 613             | 1,648          | 712             | 1,472          |     |  | 12,200           |  |     |  |                    | (5,602)          |
| Visits/Day                              | 7.3            | 10.4           | 8.7            | 11.9           | 9.7            | 13.3           | 8.3             | 13.8           | 8.4             | 13.7           |     |  | 10.4             |  |     |  |                    | (2.1)            |
| Total RVU                               | 1,189          | 2,616          | 1,327          | 2,727          | 1,224          | 2,991          | 1,461           | 3,245          | 1,488           | 3,025          |     |  | 25,762           |  |     |  |                    | (10,793)         |
| RVU/Visit                               | 2.26           | 2.09           | 2.28           | 2.01           | 2.15           | 1.96           | 2.38            | 1.97           | 2.09            | 2.05           |     |  | 2.11             |  |     |  |                    | 0.16             |
| RVU/Clinic Day                          | 16.40          | 21.80          | 19.80          | 23.81          | 20.75          | 26.01          | 19.75           | 27.27          | 17.50           | 28.14          |     |  | 22.07            |  |     |  |                    | (3.11)           |
| Gross Revenue/Visit                     | 693            | 380            | 629            | 370            | 692            | 358            | 617             | 365            | 625             | 376            |     |  | 383              |  |     |  |                    | 155              |
| Gross Revenue/RVU                       | 307            | 182            | 276            | 184            | 322            | 183            | 259             | 186            | 299             | 183            |     |  | 181              |  |     |  |                    | 56               |
| Net Rev/RVU                             | 130            | 79             | 116            | 79             | 136            | 78             | 110             | 79             | 127             | 78             |     |  | 79               |  |     |  |                    | 22               |
| Expense/RVU                             | 106            | 81             | 96             | 71             | 139            | 70             | 153             | 63             | 138             | 67             |     |  | 93               |  |     |  |                    | 31               |
| Diff                                    | 24             | (2)            | 20             | 8              | (3)            | 8              | (43)            | 16             | (11)            | 11             |     |  | (14)             |  |     |  |                    | (9)              |
| Net Rev/Day                             | 2,135          | 1,713          | 2,305          | 1,886          | 2,827          | 2,039          | 2,174           | 2,160          | 2,216           | 2,208          |     |  | 1,738            |  |     |  |                    | 168              |
| Expense/Day                             | 1,737          | 1,758          | 1,899          | 1,691          | 2,882          | 1,833          | 3,028           | 1,727          | 2,412           | 1,895          |     |  | 2,043            |  |     |  |                    | 299              |
| Diff                                    | 398            | (45)           | 406            | 195            | (55)           | 206            | (854)           | 433            | (196)           | 312            |     |  | (304)            |  |     |  |                    | (130)            |
| <b>Patient Revenue</b>                  |                |                |                |                |                |                |                 |                |                 |                |     |  |                  |  |     |  |                    |                  |
| Outpatient                              |                |                |                |                |                |                |                 |                |                 |                |     |  |                  |  |     |  |                    |                  |
| Total Patient Revenue                   | 364,678        | 475,000        | 365,686        | 502,517        | 394,363        | 546,731        | 377,962         | 602,298        | 444,952         | 553,491        |     |  | 4,674,550        |  |     |  |                    | (1,126,285)      |
| <b>Deductions From Revenue</b>          |                |                |                |                |                |                |                 |                |                 |                |     |  |                  |  |     |  |                    |                  |
| Total Deductions From Revenue (Note A)  | 209,923        | 269,404        | 211,239        | 286,569        | 227,551        | 312,190        | 217,069         | 345,208        | 256,592         | 316,179        |     |  | 2,644,960        |  |     |  |                    | (602,042)        |
| <b>Net Patient Revenue</b>              | <b>154,755</b> | <b>205,596</b> | <b>154,447</b> | <b>215,947</b> | <b>166,812</b> | <b>234,540</b> | <b>160,893</b>  | <b>257,090</b> | <b>188,360</b>  | <b>237,312</b> |     |  | <b>2,029,590</b> |  |     |  |                    | <b>(524,243)</b> |
| <b>Total Operating Revenue</b>          | <b>154,755</b> | <b>205,596</b> | <b>154,447</b> | <b>215,947</b> | <b>166,812</b> | <b>234,540</b> | <b>160,893</b>  | <b>257,090</b> | <b>188,360</b>  | <b>237,312</b> |     |  | <b>2,029,590</b> |  |     |  |                    | <b>(524,243)</b> |
| <b>Operating Expenses</b>               |                |                |                |                |                |                |                 |                |                 |                |     |  |                  |  |     |  |                    |                  |
| Salaries & Wages                        | 72,413         | 106,550        | 75,807         | 98,454         | 98,153         | 106,550        | 143,756         | 103,852        | 131,089         | 106,550        |     |  | 1,297,990        |  |     |  |                    | (191,447)        |
| Benefits                                | 3,654          | 14,847         | 4,645          | 13,410         | 5,301          | 14,847         | 7,250           | 14,368         | 9,448           | 14,847         |     |  | 145,392          |  |     |  |                    | (59,911)         |
| Medical Supplies                        | (163)          | 875            | 0              | 875            | (202)          | 875            | 8,327           | 875            | 8,904           | 875            |     |  | 9,304            |  |     |  |                    | 10,383           |
| Other Supplies                          | 317            | 610            | 0              | 610            | 0              | 610            | 0               | 610            | 2,842           | 610            |     |  | 6,708            |  |     |  |                    | (2,919)          |
| Maintenance and Repairs                 | 0              | 21             | 0              | 21             | 0              | 21             | 0               | 21             | 0               | 21             |     |  | 233              |  |     |  |                    | (233)            |
| Other Expenses                          | 70             | 3,292          | 0              | 3,292          | 0              | 3,292          | 0               | 3,292          | 0               | 3,292          |     |  | 36,208           |  |     |  |                    | (25,302)         |
| Allocation Expense                      | 49,615         | 84,801         | 46,805         | 76,984         | 66,789         | 84,603         | 64,751          | 82,504         | 52,772          | 77,566         |     |  | 889,036          |  |     |  |                    | (266,952)        |
| Total Operating Expenses                | 125,906        | 210,996        | 127,257        | 193,646        | 170,041        | 210,799        | 224,084         | 205,521        | 205,055         | 203,761        |     |  | 2,384,871        |  |     |  |                    | (536,381)        |
| <b>Excess of Operating Rev Over Exp</b> | <b>28,849</b>  | <b>(5,400)</b> | <b>27,190</b>  | <b>22,301</b>  | <b>(3,229)</b> | <b>23,742</b>  | <b>(63,191)</b> | <b>51,569</b>  | <b>(16,695)</b> | <b>33,551</b>  |     |  | <b>(355,281)</b> |  |     |  |                    | <b>12,139</b>    |
| <b>Total Non-Operating Income</b>       | <b>150</b>     | <b>394</b>     | <b>(450)</b>   | <b>394</b>     | <b>(2,854)</b> | <b>394</b>     | <b>0</b>        | <b>394</b>     | <b>0</b>        | <b>394</b>     |     |  | <b>4,331</b>     |  |     |  |                    | <b>(4,631)</b>   |
| <b>Excess of Revenue Over Expenses</b>  | <b>28,999</b>  | <b>(5,006)</b> | <b>26,740</b>  | <b>22,694</b>  | <b>(6,083)</b> | <b>24,135</b>  | <b>(63,191)</b> | <b>51,963</b>  | <b>(16,695)</b> | <b>33,945</b>  |     |  | <b>(350,950)</b> |  |     |  |                    | <b>7,507</b>     |

Note A - Average Collection Rate =41% of Gross Charges, therefore the Deduction Rate is 59% of Gross Charges

0

## Chronic Care Management:

| Chronic Care Management Program (CCM) |             |       |            |         |            |       |       |       |                   |
|---------------------------------------|-------------|-------|------------|---------|------------|-------|-------|-------|-------------------|
| Year: 2025                            | Enrolled    | 99490 | 99439      | 99487   | 99489      | 99484 | 99495 | 99496 | Total             |
| Month: May                            | Eligible    |       | Additional |         | Additional |       |       |       | Services Eligible |
| CCM Patients                          | Billed PT's | CCM   | 20 Mins    | Complex | 30 Mins    | BHI   | TCM   | TCM   | To be Billed      |
| 1/30/2025                             | 39          | 39    | 7          | 0       | 0          | 0     | 0     | 0     | 85                |
| 2/28/2025                             | 41          | 38    | 23         | 0       | 0          | 2     | 1     | 0     | 105               |
| 3/30/2025                             | 65          | 53    | 26         | 0       | 0          | 0     | 1     | 1     | 146               |
| 4/30/2025                             | 56          | 52    | 10         | 0       | 0          | 1     | 0     | 3     | 122               |
| 5/30/2025                             | 78          | 64    | 21         | 1       | 2          | 7     | 1     | 5     | 179               |
| Totals                                | 279         | 246   | 87         | 1       | 2          | 10    | 3     | 9     | 637               |

### Enrolled Eligible Billed PTs are down:

- 39% from the previous month (+22)
- YTD January 200% (+39)



## Southern Coos Health Foundation Report

**To:** Southern Coos Health District Board of Directors and Southern Coos Health Foundation

**From:** Alix McGinley, Executive Director, SCHF

**Re:** SCH Foundation Report for SCHD/SCHF Board of Directors, June 2025

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**Living & Aging Well (L&AW)-** Our 2<sup>nd</sup> annual Living & Aging Well event on Saturday, May 24<sup>th</sup> was a success. We had about 70 attendees, the program was well received, and surveys were very positive. Again, this was our last year hosting this program which will be handed over to the capable hands of Lualhati Anderson of Older Adult Behavioral Health Initiative of Coos Health and Wellness. Along with sponsorships and the \$1,000 from SCHHC & SCHF after expenses we will be giving \$1,600 to CHW to work toward funding next year's event. Lualhati is adding new L&AW workshops in between annual events. SCHHC and SCHF will continue as event sponsors going forward to keep us connected to the program.

**Golf for Health Classic (GFHC)-** The 18<sup>th</sup> anniversary 2025 Golf for Health Classic is September 19<sup>th</sup> and 20<sup>th</sup>. Our goal for this year's signature event is \$125,000.00. To date we have received or have promises for \$62,550 for this year's tournament, just over halfway there! New sponsors this year include Table Rock Motel, Hennick's Home Center, Colene Hickman Photography, and CDW. The majority of returning Sponsors are upping their game. If you have a personal connection with any community partners, please encourage them to support our biggest fundraiser of the year. This event helps fund most of the SCHF expenses throughout the year.

### **Meet & Greet-SCHHC & SCHF Lecture Series**

SCHHC/SCHF is slotted in for the second Tuesday of each month Meet & Greet at Bandon Fisheries Warehouse. Our June 2025 presenter was Jeremy Brown our new Pharmacy Director with support from his team David and Christina. Presentation was very informative, well attended and audience was very engaged. Jeremy fielded questions like a pro and was a great representation of SCHHC.

### **SCHF Quarterly Art Show & Gift Shop**

Art from our local art community is a value add for our Hospital. Visiting community members, patients and their families comment nonstop about how much they love seeing our art. Also, a great backdrop for our June 18<sup>th</sup> Pharmacy Ribbon Cutting and after-hours Chamber event!

**Gift Shop** under Karen Reber's capable hands has grown and flourished. Karen is ready to retire (again) but will remain on as a volunteer. She said "The Reber's aren't going anywhere". Karen, Steve and Alix will complete the yearend inventory June 27<sup>th</sup> and 28<sup>th</sup>. SCHF is posting a new Development Coordinator to cover Gift Shop Oversight, Grants, Events and donor administration. Amy Moss Strong will continue Marketing for both SCHHC and SCHF on a fulltime basis. Art Show will also remain in Amy's capable hands.

New/continuation of fundraising programs-

\*Grateful Patient is nearly ready for roll-out in September. Employee Giving, Annual Giving programs and Capital Campaign initiatives to follow.

\*We await word from the Judith Ann Mogan Foundation (JAMF) regarding the Bandon School Nurse (BSN) grant. Amy Moss Strong will be publishing a story about our BSN program soon and another follow-up at the beginning of '25-'26 school year where will presenting them with the \$3,900 earmarked for their 'wish list'.

**Reminder- SCHHC** will host the Bandon Chamber of Commerce "After Hours" event on June 18<sup>th</sup> which will include a ribbon cutting ceremony for our new community pharmacy. This event is open to everyone, please mark your calendars and invite our community to join in.



## Monthly Financial Statements

To: Board of Directors and Southern Coos Management

From: Antone Eek, CFO

RE: May 2025 Month End Financial Results - Presented June 2025

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### Revenue Performance:

- Gross Revenue: Achieved \$5,239,000, exceeding the budget of \$5,047,000.

### Revenue Deductions:

- **Deductions from Revenue:**
  - May amounted to \$2,425,000 or 46.3%, up from March of 40.3%. YTD Deductions stand at 39.8% compared to a budget of 36.0%.
  - Accounts receivable decreased by \$152,000 to \$9,357,000 in May.
  - Actual contractual deductions for Medicare were up in May, with lower payments received for swing bed patients, resulting in a higher contractual rate overall.
  - Actual Contractuals came in at 38.48% for the month of May. Included in that amount is \$50,000 in Charity Care (1% compared to gross charges) and a recovery of \$17,000 in bad debt payments.
  - Discounts were \$114,00 or 2.17% compared to gross charges. Included in that amount is \$28,000 in Medical Necessity Discounts and \$13,000 in Non-Authorized Discounts.
- **Medicare Cost Report Settlement for FY25:** The anticipated receivable was reduced in May by \$257,000 down from \$500,000 in April. This reduction is based on a significant increase in swing bed days which are paid at a lower daily rate than IP stays.

### Operating Revenues:

- **Total Operating Revenues:** Totaling \$2,816,000 were less than the budget of \$3,353,000 but marked an increase of \$55,000 from the same period last year.
- **Total Operating Revenues YTD FY25** stand at \$31,345,000, which is a significant increase of \$2,175,000 over YTD FY24 for the same month.

### Operating Expenses:

- **Labor Expenses** totaled \$2,251,000, coming in below the budgeted \$2,328,000
  - Open positions and unfilled new FTEs continue to drive YTD favorability.
- **Other Operating Expenses** reached \$995,000, exceeding the budget of \$149,000.

- Higher expenses in drugs & pharmaceuticals, Purchased Services, and the Trubridge Settlement drove this variance.
- YTD operating expenses of \$33,905,000 remain well under the budget of \$35,476,000.

**Operating Income/Loss:**

- Operating Loss of \$(430,000) compared to a budgeted gain of \$179,000.
  - Driven by higher revenue deductions and unrealized other operating revenue.

**Change in Net Position:**

- A loss of \$(333,000) compared to the budgeted gain of \$290,000

**Financial Health Indicators:**

- Days Cash on Hand: May increased to 72.8 from 71.9 in April.
- Accounts Receivable (A/R) Days Outstanding: Decreased to 56.7 days, down from 57.7 days in April.

Southern Coos Hospital & Health Center  
Statements of Revenues, Expenses, and Changes in Net Position  
As of May 31, 2025

|                                  | Month Ending<br>05/31/2025 |                  |                        |                  | Month Ending<br>05/31/2024 | Year To Date<br>05/31/2025 |                   |                        |                  | Prior Year To<br>Date<br>05/31/2024 |
|----------------------------------|----------------------------|------------------|------------------------|------------------|----------------------------|----------------------------|-------------------|------------------------|------------------|-------------------------------------|
|                                  | Actual                     | Operating Budget | Actual minus<br>budget | Budget variance  | Actual                     | Actual                     | Operating Budget  | Actual minus<br>budget | Budget variance  | Actual                              |
| <b>Total Patient Revenue</b>     |                            |                  |                        |                  |                            |                            |                   |                        |                  |                                     |
| Inpatient Revenue                | 1,011,525                  | 1,022,751        | (11,227)               | (1.1) %          | 932,317                    | 9,386,065                  | 11,192,562        | (1,806,497)            | (16.1) %         | 8,792,309                           |
| Outpatient Revenue               | 3,703,644                  | 3,911,617        | (207,973)              | (5.3) %          | 3,306,888                  | 38,704,561                 | 40,652,717        | (1,948,156)            | (4.8) %          | 33,901,016                          |
| Swingbed Revenue                 | 524,036                    | 113,593          | 410,444                | 361.3 %          | 250,493                    | 3,922,877                  | 1,233,947         | 2,688,931              | 217.9 %          | 3,105,692                           |
| <b>Total Patient Revenue</b>     | <b>5,239,205</b>           | <b>5,047,961</b> | <b>191,244</b>         | <b>3.8 %</b>     | <b>4,489,698</b>           | <b>52,013,503</b>          | <b>53,079,226</b> | <b>(1,065,722)</b>     | <b>(2.0) %</b>   | <b>45,799,017</b>                   |
| <b>Total Deductions</b>          | <b>2,425,473</b>           | <b>1,796,769</b> | <b>628,703</b>         | <b>35.0 %</b>    | <b>1,730,085</b>           | <b>20,707,163</b>          | <b>19,124,051</b> | <b>1,583,111</b>       | <b>8.3 %</b>     | <b>16,687,376</b>                   |
| <b>Revenue Deductions %</b>      | <b>46.3 %</b>              | <b>35.6 %</b>    | <b>10.7 %</b>          | <b>30.1 %</b>    | <b>38.5 %</b>              | <b>39.8 %</b>              | <b>36.0 %</b>     | <b>3.8 %</b>           | <b>10.5 %</b>    | <b>36.4 %</b>                       |
| <b>Net Patient Revenue</b>       | <b>2,813,732</b>           | <b>3,251,192</b> | <b>(437,460)</b>       | <b>(13.5) %</b>  | <b>2,759,614</b>           | <b>31,306,340</b>          | <b>33,955,174</b> | <b>(2,648,834)</b>     | <b>(7.8) %</b>   | <b>29,111,640</b>                   |
| <b>Other Operating Revenue</b>   | <b>1,812</b>               | <b>101,543</b>   | <b>(99,731)</b>        | <b>(98.2) %</b>  | <b>1,345</b>               | <b>39,104</b>              | <b>1,116,974</b>  | <b>(1,077,870)</b>     | <b>(96.5) %</b>  | <b>59,083</b>                       |
| <b>Total Operating Revenue</b>   | <b>2,815,544</b>           | <b>3,352,735</b> | <b>(537,190)</b>       | <b>(16.0) %</b>  | <b>2,760,959</b>           | <b>31,345,444</b>          | <b>35,072,148</b> | <b>(3,726,704)</b>     | <b>(10.6) %</b>  | <b>29,170,723</b>                   |
| <b>Total Operating Expenses</b>  |                            |                  |                        |                  |                            |                            |                   |                        |                  |                                     |
| Total Labor Operating Expenses   | 2,250,928                  | 2,327,976        | (77,048)               | (3.3) %          | 2,134,405                  | 23,821,403                 | 25,953,224        | (2,131,822)            | (8.2) %          | 21,756,108                          |
| Total Other Operating Expenses   | 994,571                    | 845,593          | 148,978                | 17.6 %           | 892,467                    | 10,083,939                 | 9,522,950         | 560,990                | 5.9 %            | 8,317,869                           |
| <b>Total Operating Expenses</b>  | <b>3,245,499</b>           | <b>3,173,569</b> | <b>71,930</b>          | <b>2.3 %</b>     | <b>3,026,872</b>           | <b>33,905,342</b>          | <b>35,476,174</b> | <b>(1,570,832)</b>     | <b>(4.4) %</b>   | <b>30,073,977</b>                   |
| <b>Operating Income / (Loss)</b> | <b>(429,955)</b>           | <b>179,165</b>   | <b>(609,120)</b>       | <b>(340.0) %</b> | <b>(265,913)</b>           | <b>(2,559,897)</b>         | <b>(404,026)</b>  | <b>(2,155,871)</b>     | <b>533.6 %</b>   | <b>(903,253)</b>                    |
| <b>Net Non Operating Revenue</b> | <b>96,862</b>              | <b>110,923</b>   | <b>(14,062)</b>        | <b>(12.7) %</b>  | <b>108,571</b>             | <b>1,262,985</b>           | <b>1,200,302</b>  | <b>62,683</b>          | <b>5.2 %</b>     | <b>1,413,408</b>                    |
| <b>Change In Net Position</b>    | <b>(333,093)</b>           | <b>290,089</b>   | <b>(623,182)</b>       | <b>(214.8) %</b> | <b>(157,341)</b>           | <b>(1,296,912)</b>         | <b>796,276</b>    | <b>(2,093,189)</b>     | <b>(262.9) %</b> | <b>510,155</b>                      |
| <b>Collection Rate %</b>         | <b>53.7%</b>               | <b>64.4%</b>     | <b>(16.6%)</b>         | <b>(16.6%)</b>   | <b>61.5%</b>               | <b>60.2%</b>               | <b>64.0%</b>      | <b>(5.9%)</b>          | <b>(5.9%)</b>    | <b>63.6%</b>                        |
| <b>Compensation Ratio %</b>      | <b>71.2%</b>               | <b>62.6%</b>     | <b>13.7%</b>           | <b>13.7%</b>     | <b>67.4%</b>               | <b>67.7%</b>               | <b>66.8%</b>      | <b>1.2%</b>            | <b>1.2%</b>      | <b>64.7%</b>                        |
| <b>Operating Margin</b>          | <b>(15.3%)</b>             | <b>5.2%</b>      | <b>(395.5%)</b>        | <b>(395.5%)</b>  | <b>(7.2%)</b>              | <b>(8.2%)</b>              | <b>(1.3%)</b>     | <b>536.8%</b>          | <b>536.8%</b>    | <b>(2.9%)</b>                       |
| <b>OP EBIDA Margin \$</b>        | <b>(253,152)</b>           | <b>340,585</b>   | <b>(593,737)</b>       | <b>(174.3%)</b>  | <b>(94,991)</b>            | <b>(920,171)</b>           | <b>1,390,183</b>  | <b>(2,310,354)</b>     | <b>(166.2%)</b>  | <b>294,139</b>                      |
| <b>OP EBIDA Margin %</b>         | <b>(9.0%)</b>              | <b>10.2%</b>     | <b>(19.1%)</b>         | <b>(188.5%)</b>  | <b>(3.4%)</b>              | <b>(2.9%)</b>              | <b>4.0%</b>       | <b>(6.9%)</b>          | <b>(174.1%)</b>  | <b>1.0%</b>                         |
| <b>Total Margin (%)</b>          | <b>(11.8%)</b>             | <b>8.5%</b>      | <b>(20.3%)</b>         | <b>(239.6%)</b>  | <b>(3.3%)</b>              | <b>(4.1%)</b>              | <b>2.1%</b>       | <b>(6.3%)</b>          | <b>(293.2%)</b>  | <b>2.0%</b>                         |

\* Other Operating Income YTD:

- \$14k - Levy Payment from CMS
- \$13k - Advanced Health CCO (Coordinated Care Organization) Risk Share
- \$1k - SWOREIPA Quality Incentives
- \$10k - GPO Rebates





**Southern Coos Hospital & Health Center**  
**Statements of Revenues, Expenses & Changes in Net Position**  
As of May 31, 2025

|                                  | Month Ending<br>05/31/2025 |                     |                        |                  | Month Ending<br>05/31/2024 | Year To Date<br>05/31/2025 |                     |                        |                 | Prior Year To<br>Date<br>05/31/2024 |
|----------------------------------|----------------------------|---------------------|------------------------|------------------|----------------------------|----------------------------|---------------------|------------------------|-----------------|-------------------------------------|
|                                  | Actual                     | Operating<br>Budget | Actual minus<br>budget | Budget variance  | Actual                     | Actual                     | Operating<br>Budget | Actual minus<br>budget | Budget variance | Actual                              |
| <b>Total Patient Revenue</b>     |                            |                     |                        |                  |                            |                            |                     |                        |                 |                                     |
| Inpatient Revenue                | 1,011,525                  | 1,022,751           | (11,227)               | (1.1) %          | 932,317                    | 9,386,065                  | 11,192,562          | (1,806,497)            | (16.14)         | 8,792,309                           |
| Outpatient Revenue               | 3,703,644                  | 3,911,617           | (207,973)              | (5.3) %          | 3,306,888                  | 38,704,561                 | 40,652,717          | (1,948,156)            | (4.79)          | 33,901,016                          |
| Swingbed Revenue                 | 524,036                    | 113,593             | 410,444                | 361.3 %          | 250,493                    | 3,922,877                  | 1,233,947           | 2,688,931              | 217.91          | 3,105,692                           |
| <b>Total Patient Revenue</b>     | <b>5,239,205</b>           | <b>5,047,961</b>    | <b>191,244</b>         | <b>3.8 %</b>     | <b>4,489,698</b>           | <b>52,013,503</b>          | <b>53,079,226</b>   | <b>(1,065,722)</b>     | <b>(2.00)</b>   | <b>45,799,017</b>                   |
| <b>Total Deductions</b>          | <b>2,425,473</b>           | <b>1,796,769</b>    | <b>628,703</b>         | <b>35.0 %</b>    | <b>1,730,085</b>           | <b>20,707,163</b>          | <b>19,124,051</b>   | <b>1,583,111</b>       | <b>8.27</b>     | <b>16,687,376</b>                   |
| <b>Net Patient Revenue</b>       | <b>2,813,732</b>           | <b>3,251,192</b>    | <b>(437,460)</b>       | <b>(13.5) %</b>  | <b>2,759,614</b>           | <b>31,306,340</b>          | <b>33,955,174</b>   | <b>(2,648,834)</b>     | <b>(7.80)</b>   | <b>29,111,640</b>                   |
| <b>Other Operating Revenue</b>   | <b>1,812</b>               | <b>101,543</b>      | <b>(99,731)</b>        | <b>(98.2) %</b>  | <b>1,345</b>               | <b>39,104</b>              | <b>1,116,974</b>    | <b>(1,077,870)</b>     | <b>(96.49)</b>  | <b>59,083</b>                       |
| <b>Total Operating Revenue</b>   | <b>2,815,544</b>           | <b>3,352,735</b>    | <b>(537,190)</b>       | <b>(16.0) %</b>  | <b>2,760,959</b>           | <b>31,345,444</b>          | <b>35,072,148</b>   | <b>(3,726,704)</b>     | <b>(10.62)</b>  | <b>29,170,723</b>                   |
| <b>Total Operating Expenses</b>  |                            |                     |                        |                  |                            |                            |                     |                        |                 |                                     |
| Total Labor Expenses             |                            |                     |                        |                  |                            |                            |                     |                        |                 |                                     |
| Salaries & Wages                 | 1,492,606                  | 1,568,875           | (76,269)               | (4.9) %          | 1,294,067                  | 16,196,622                 | 16,853,793          | (657,171)              | (3.89)          | 14,047,729                          |
| Contract Labor                   | 469,886                    | 341,842             | 128,044                | 37.5 %           | 581,021                    | 4,929,267                  | 4,661,846           | 267,420                | 5.73            | 5,365,509                           |
| Benefits                         | 288,436                    | 417,259             | (128,823)              | (30.9) %         | 259,317                    | 2,695,514                  | 4,437,585           | (1,742,071)            | (39.25)         | 2,342,870                           |
| <b>Total Labor Expenses</b>      | <b>2,250,928</b>           | <b>2,327,976</b>    | <b>(77,048)</b>        | <b>(3.3) %</b>   | <b>2,134,405</b>           | <b>23,821,403</b>          | <b>25,953,224</b>   | <b>(2,131,822)</b>     | <b>(8.21)</b>   | <b>21,756,108</b>                   |
| Purchased Services               | 312,561                    | 296,650             | 15,911                 | 5.4 %            | 316,589                    | 3,469,680                  | 3,263,150           | 206,530                | 6.32            | 3,060,608                           |
| Drugs & Pharmaceuticals          | 116,447                    | 77,835              | 38,612                 | 49.6 %           | 150,697                    | 1,116,818                  | 841,119             | 275,701                | 32.77           | 1,133,163                           |
| Medical Supplies                 | 68,183                     | 112,110             | (43,927)               | (39.2) %         | 96,662                     | 1,076,267                  | 1,215,611           | (139,345)              | (11.46)         | 921,870                             |
| Other Supplies                   | 35,993                     | 38,544              | (2,551)                | (6.6) %          | 51,567                     | 367,200                    | 423,978             | (56,778)               | (13.39)         | 292,783                             |
| Lease & Rental Expense           | -                          | 558                 | (558)                  | (100.0) %        | (5,954)                    | (1,912)                    | 6,142               | (8,054)                | (131.14)        | (11,769)                            |
| Repairs & Maintenance            | 21,155                     | 27,748              | (6,593)                | (23.8) %         | 14,042                     | 201,978                    | 305,227             | (103,248)              | (33.82)         | 202,632                             |
| Other Expenses                   | 211,496                    | 74,653              | 136,843                | 183.3 %          | 112,425                    | 1,648,886                  | 1,075,271           | 573,615                | 53.34           | 1,060,850                           |
| Utilities                        | 28,305                     | 29,577              | (1,272)                | (4.3) %          | 30,829                     | 318,261                    | 325,351             | (7,091)                | (2.17)          | 298,722                             |
| Insurance                        | 23,629                     | 20,618              | 3,011                  | 14.6 %           | 21,508                     | 245,513                    | 226,793             | 18,719                 | 8.25            | 228,436                             |
| Depreciation & Amortization      | 176,802                    | 167,300             | 9,502                  | 5.7 %            | 104,102                    | 1,641,248                  | 1,840,308           | (199,059)              | (10.81)         | 1,130,574                           |
| <b>Total Operating Expenses</b>  | <b>3,245,499</b>           | <b>3,173,569</b>    | <b>71,930</b>          | <b>2.3 %</b>     | <b>3,026,872</b>           | <b>33,905,342</b>          | <b>35,476,174</b>   | <b>(1,570,832)</b>     | <b>(4.42)</b>   | <b>30,073,977</b>                   |
| <b>Operating Income / (Loss)</b> | <b>(429,955)</b>           | <b>179,165</b>      | <b>(609,120)</b>       | <b>(340.0) %</b> | <b>(265,913)</b>           | <b>(2,559,897)</b>         | <b>(404,026)</b>    | <b>(2,155,871)</b>     | <b>533.59</b>   | <b>(903,253)</b>                    |
| <b>Net Non Operating Revenue</b> |                            |                     |                        |                  |                            |                            |                     |                        |                 |                                     |
| Property Taxes                   | 96,792                     | 96,045              | 747                    | 0.8 %            | 93,248                     | 1,050,372                  | 1,036,640           | 13,732                 | 1.32            | 1,038,565                           |
| Non-Operating Revenue            | 9,941                      | 19,203              | (9,262)                | (48.2) %         | 9,742                      | 170,184                    | 211,231             | (41,047)               | (19.43)         | 238,578                             |
| Interest Expense                 | (33,801)                   | (47,125)            | 13,324                 | (28.3) %         | (23,218)                   | (421,253)                  | (518,373)           | 97,120                 | (18.73)         | (269,247)                           |
| Investment Income                | 23,930                     | 42,800              | (18,871)               | (44.1) %         | 28,799                     | 463,682                    | 470,804             | (7,122)                | (1.51)          | 458,616                             |
| Gain / Loss on Asset Disposal    | -                          | -                   | -                      | -                | -                          | -                          | -                   | -                      | -               | (53,104)                            |
| <b>Net Non Operating Revenue</b> | <b>96,862</b>              | <b>110,923</b>      | <b>(14,062)</b>        | <b>(12.7) %</b>  | <b>108,571</b>             | <b>1,262,985</b>           | <b>1,200,302</b>    | <b>62,683</b>          | <b>5.22</b>     | <b>1,413,408</b>                    |
| <b>Change In Net Position</b>    | <b>(333,093)</b>           | <b>290,089</b>      | <b>(623,182)</b>       | <b>(214.8) %</b> | <b>(157,341)</b>           | <b>(1,296,912)</b>         | <b>796,276</b>      | <b>(2,093,189)</b>     | <b>(262.87)</b> | <b>510,155</b>                      |





# Southern Coos Hospital & Health Center

## Balance Sheet Summary

|   | Year To Date<br>05/31/2025 | Year Ending<br>06/30/2024 |                   | Year Ending<br>06/30/2023 |
|---|----------------------------|---------------------------|-------------------|---------------------------|
|   | Current Year Balance       | Prior Year                | Current vs. Prior | Actual                    |
| <b>Total Assets</b>                       |                            |                           |                   |                           |
| Total Current Assets                      |                            |                           |                   |                           |
| Cash and Cash Equivalents                 | 10,527,508                 | 11,721,015                | (1,193,507)       | 12,771,743                |
| Net Patient Accounts Receivable           | 5,145,137                  | 3,907,633                 | 1,237,505         | 2,813,679                 |
| Other Assets                              | 721,582                    | 798,202                   | (76,620)          | 678,642                   |
| Total Current Assets                      | 16,394,227                 | 16,426,850                | (32,622)          | 16,264,064                |
| Net PP&E                                  | 8,882,362                  | 6,423,952                 | 2,458,409         | 6,677,893                 |
| <b>Total Assets</b>                       | <b>25,276,589</b>          | <b>22,850,802</b>         | <b>2,425,787</b>  | <b>22,941,957</b>         |
| <b>Total Liabilities &amp; Net Assets</b> |                            |                           |                   |                           |
| Total Liabilities                         |                            |                           |                   |                           |
| Current Liabilities                       | 8,294,096                  | 4,490,006                 | 3,804,090         | 4,057,278                 |
| Total Long Term Debt, Net                 | 4,453,775                  | 4,535,131                 | (81,356)          | 5,217,539                 |
| Total Liabilities                         | 12,747,871                 | 9,025,137                 | 3,722,734         | 9,274,817                 |
| Total Net Assets                          | 12,528,753                 | 13,825,665                | (1,296,912)       | 13,667,140                |
| <b>Total Liabilities &amp; Net Assets</b> | <b>25,276,624</b>          | <b>22,850,802</b>         | <b>2,425,822</b>  | <b>22,941,957</b>         |

|                              |      |      |        |      |
|------------------------------|------|------|--------|------|
| Cash to Debt Ratio           | 0.83 | 1.30 | (0.47) | 1.38 |
| Debt Ratio                   | 0.50 | 0.39 | 0.11   | 0.40 |
| Current Ratio                | 1.98 | 3.66 | (1.68) | 4.01 |
| Debt to Capitalization Ratio | 0.24 | 0.25 | (0.01) | 0.29 |



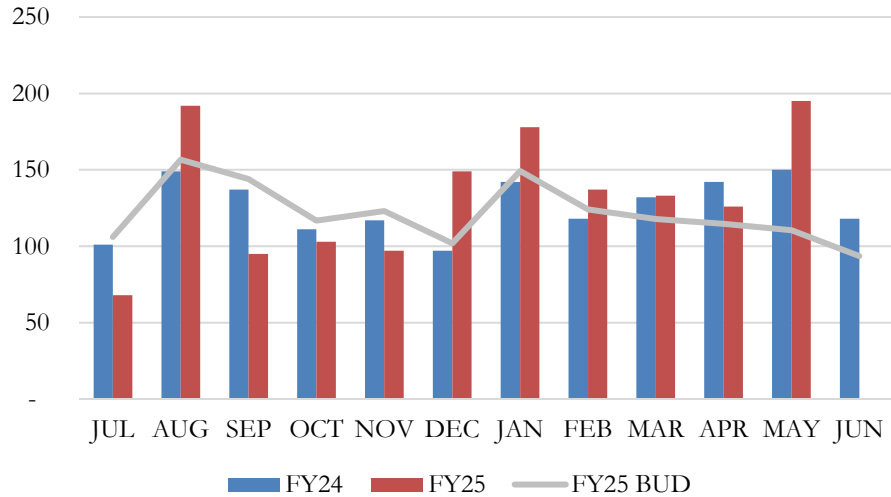
# Southern Coos Hospital & Health Center

## Balance Sheet

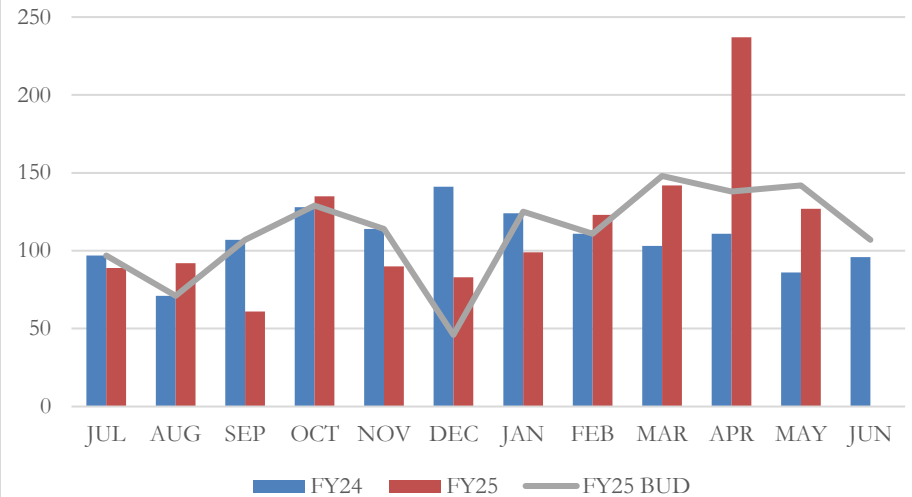
|   | Year To Date Year Ending |                   | Year Ending        |                   |
|---|--------------------------|-------------------|--------------------|-------------------|
|   | 05/31/2025               | 06/30/2024        |                    | 06/30/2023        |
|   | Current Year Balance     | Prior Year        | Change             | Actual            |
| Total Assets                                  |                          |                   |                    |                   |
| Total Current Assets                          |                          |                   |                    |                   |
| Cash and Cash Equivalents                     |                          |                   |                    |                   |
| Cash Operating                                | 1,192,239                | 1,400,507         | (208,269)          | 8,783,262         |
| Investments - Unrestricted                    | 3,415,326                | 4,076,428         | (661,101)          | 829,546           |
| Investments - Reserved Certificate of Deposit | 3,186,239                | 3,510,375         | (324,137)          | -                 |
| Investments - Restricted                      | -                        | -                 | -                  | 952,448           |
| Investment - USDA Restricted                  | 233,704                  | 233,705           | -                  | 233,704           |
| Investment - Board Designated                 | 2,500,000                | 2,500,000         | -                  | 1,972,783         |
| <b>Cash and Cash Equivalents</b>              | <b>10,527,508</b>        | <b>11,721,015</b> | <b>(1,193,507)</b> | <b>12,771,743</b> |
| Net Patient Accounts Receivable               |                          |                   |                    |                   |
| Patient Accounts Receivable                   | 9,356,665                | 7,228,499         | 2,128,166          | 5,628,112         |
| Allowance for Uncollectibles                  | (4,211,528)              | (3,320,866)       | (890,661)          | (2,814,433)       |
| <b>Net Patient Accounts Receivable</b>        | <b>5,145,137</b>         | <b>3,907,633</b>  | <b>1,237,505</b>   | <b>2,813,679</b>  |
| Other Assets                                  |                          |                   |                    |                   |
| Other Receivables                             | -                        | 21,045            | (21,045)           | 20,893            |
| Inventory                                     | 300,178                  | 230,930           | 69,247             | 262,233           |
| Prepaid Expense                               | 437,346                  | 465,262           | (27,916)           | 367,358           |
| Property Tax Receivable                       | (15,942)                 | 80,965            | (96,906)           | 28,158            |
| <b>Other Assets</b>                           | <b>721,582</b>           | <b>798,202</b>    | <b>(76,620)</b>    | <b>678,642</b>    |
| <b>Total Current Assets</b>                   | <b>16,394,227</b>        | <b>16,426,850</b> | <b>(32,622)</b>    | <b>16,264,064</b> |
| Net PP&E                                      |                          |                   |                    |                   |
| Land  | 461,528                  | 461,527           | -                  | 461,527           |
| Property and Equipment                        | 24,092,924               | 20,435,404        | 3,657,520          | 20,092,235        |
| Accumulated Depreciation                      | (16,044,010)             | (15,194,163)      | (849,847)          | (13,904,245)      |
| Construction In Progress                      | 371,920                  | 721,184           | (349,264)          | 28,376            |
| <b>Net PP&amp;E</b>                           | <b>8,882,362</b>         | <b>6,423,952</b>  | <b>2,458,409</b>   | <b>6,677,893</b>  |
| <b>Total Assets</b>                           | <b>25,276,589</b>        | <b>22,850,802</b> | <b>2,425,787</b>   | <b>22,941,957</b> |
| Total Liabilities & Net Assets                |                          |                   |                    |                   |
| Total Liabilities                             |                          |                   |                    |                   |
| Current Liabilities                           |                          |                   |                    |                   |
| Accounts Payable                              | 1,430,749                | 1,344,652         | 86,097             | 842,313           |
| Accrued Payroll and Benefits                  | 1,605,262                | 1,411,152         | 194,110            | 1,145,491         |
| Line of Credit Payable                        | 3,139,376                | -                 | 3,139,376          | -                 |
| Interest and Other Payable                    | 272,070                  | 100,992           | 171,077            | 100,328           |
| Estimated Third Party Payor Settlements       | 1,111,785                | 997,650           | 114,136            | 800,004           |
| Current Portion of Long Term Debt             | 734,854                  | 635,560           | 99,294             | 1,169,142         |
| <b>Current Liabilities</b>                    | <b>8,294,096</b>         | <b>4,490,006</b>  | <b>3,804,090</b>   | <b>4,057,278</b>  |
| Total Long Term Debt, Net                     |                          |                   |                    |                   |
| Long Term Debt                                | 4,453,775                | 4,535,131         | (81,356)           | 5,217,539         |
| Total Long Term Debt, Net                     | 4,453,775                | 4,535,131         | (81,356)           | 5,217,539         |
| Total Liabilities                             | 12,747,871               | 9,025,137         | 3,722,734          | 9,274,817         |
| Total Net Assets                              | 12,528,753               | 13,825,665        | (1,296,912)        | 13,667,140        |
| <b>Total Liabilities &amp; Net Assets</b>     | <b>25,276,624</b>        | <b>22,850,802</b> | <b>2,425,822</b>   | <b>22,941,957</b> |



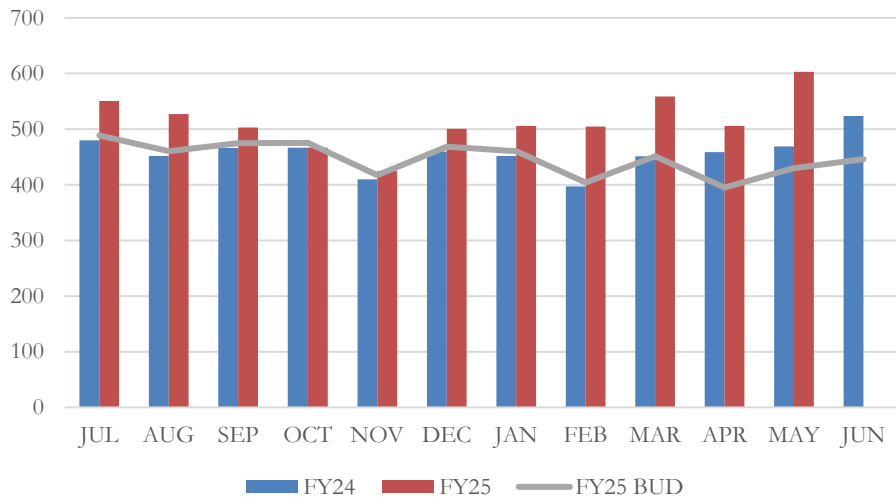
### IP Days



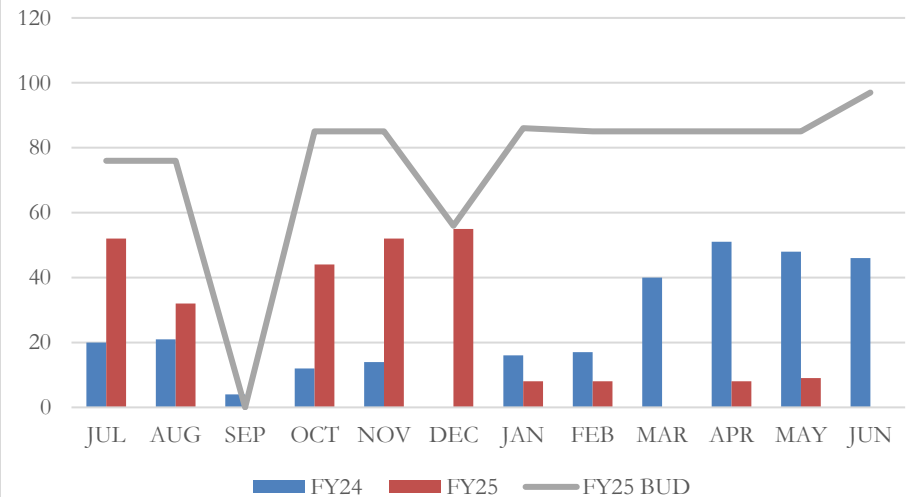
### Swing Bed Days



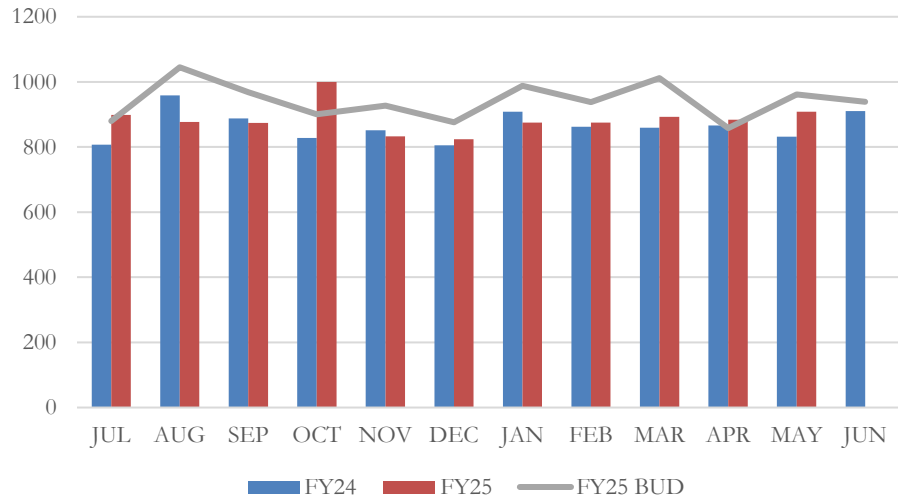
### ER Visits



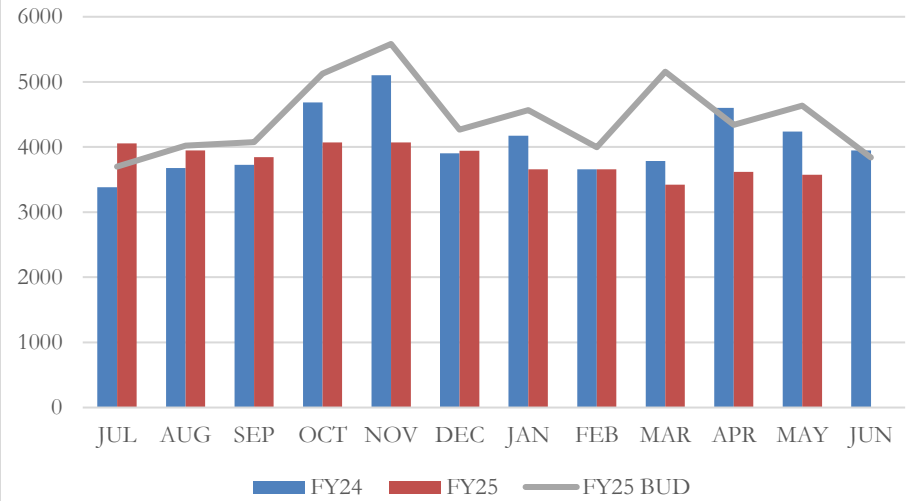
### Surgery Patients



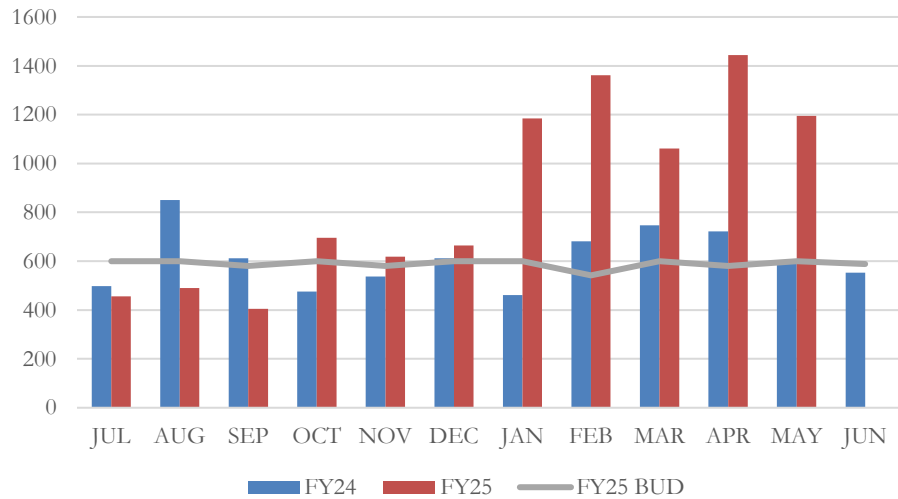
### Imaging Visits



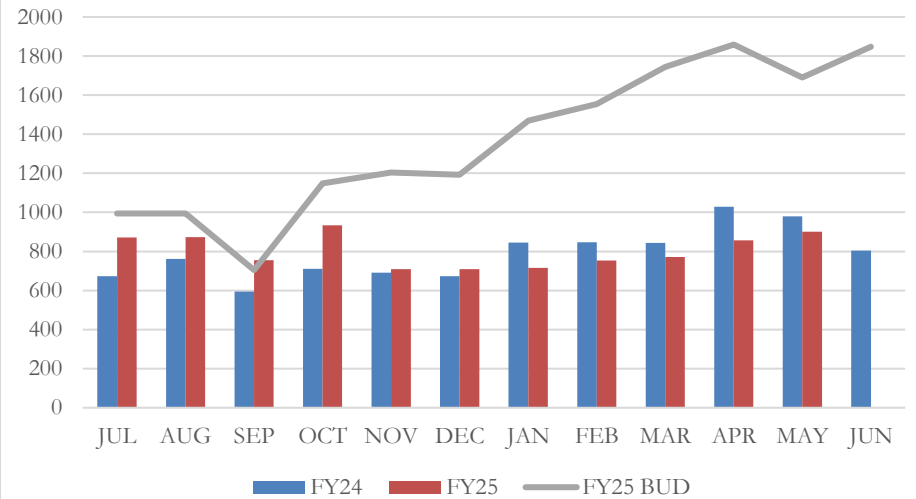
### Lab Tests



### RT Procedures



### Clinic Visits














# EPIC Stabilization Graph Package

## As of 6/13/25

Week #27

### SO. COOS HB STABILIZATION

| HB KEY METRICS              |        |            |              |            |              |   |             |            |            |            |
|-----------------------------|--------|------------|--------------|------------|--------------|---|-------------|------------|------------|------------|
| Metric                      | Status | As of 6/13 |              | As of 6/6  |              | 13wk  | Baseline    | Top        | Median     | Bottom     |
| Total AR                    | ■      | 57.9 Days* | \$9.7M       | 57.5 Days* | \$9.7M       |    | 50 Days*    | 50.6 Days* | 53.5 Days* | 58.8 Days* |
| Epic AR                     | ●      | 53.6 Days* | \$9M         | 53.2 Days* | \$9M         |    |             | 43.2 Days* | 48 Days*   | 51.4 Days* |
| Legacy AR                   | ◆      | 4.3 Days*  | \$716.6K     | 4.2 Days*  | \$717.7K     |    |             | 5.2 Days*  | 7.3 Days*  | 10 Days*   |
| Cumulative Charge Variance  | ◆      | 114.1%     | \$3.8M       | 114.7%     | \$3.8M       |    | \$1M/wk     | \$1.8M     | \$904.2K   | \$192.3K   |
| Cumulative Payment Variance | ◆      | 1.8 Weeks  | \$1.1M       | 1.7 Weeks  | \$1.1M       |    | \$620.2K/wk | \$536.8K   | -\$112.3K  | -\$562.9K  |
| CFB                         | ●      | 9.5 Days   | \$1.6M       | 11 Days    | \$1.9M       |    |             | 5.5 Days   | 7 Days     | 8.4 Days   |
| Claim Edit                  | ●      | 2.9 Days   | \$484.4K     | 3.3 Days   | \$566.2K     |    |             | 1 Days     | 1.8 Days   | 2.8 Days   |
| Uncoded CFB                 | ■      | 2 Days     | \$332K       | 3.6 Days   | \$603.7K     |    |             | 1 Days     | 1.3 Days   | 2.1 Days   |
| Open Denial                 | ◆      | 2.3 Days   | \$377K       | 2.4 Days   | \$402.4K     |    |             | 1.9 Days   | 2.6 Days   | 4.4 Days   |
| Epic Payment Average        | ✱      | 97.5%      | \$604.7K     | 99.8%      | \$619.1K     |   |             | 106.9%     | 103.5%     | 98.4%      |
| Primary Denial Rate         | ●      | 17.6%      | 20.5% (Curr) | 17.5%      | 18.5% (Curr) |  |             | 10.6%      | 13.2%      | 17.4%      |

\*Total, Epic, and Legacy AR Days are calculated using a combined Legacy+Epic ADR and not Epic-only ADR



# EPIC Stabilization Graph Package

## As of 6/13/25

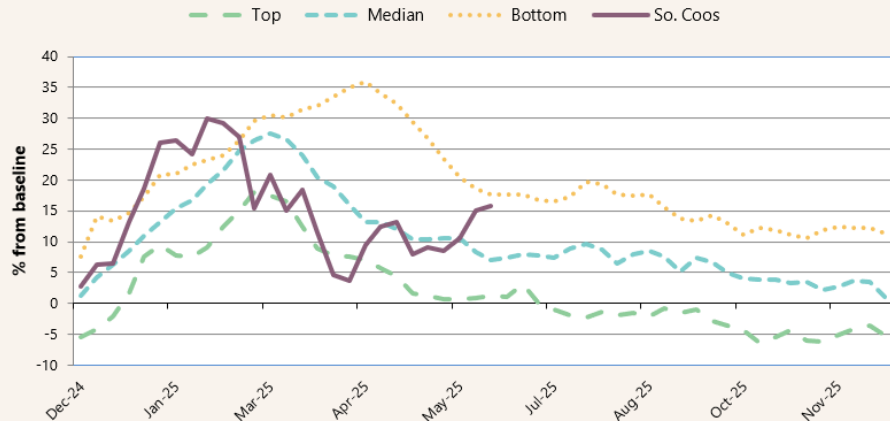
| Definitions                        |  |
|------------------------------------|--|
| <b>Total AR</b>                    | Total outstanding Accounts Receivable (Epic + Legacy) /<br>Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)  |
| <b>Epic AR</b>                     | Epic outstanding Accounts Receivable /<br>Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)   |
| <b>Legacy AR</b>                   | Legacy outstanding Accounts Receivable /<br>Days calc: AR divided by combined (Epic + Legacy) average daily revenue (13 weeks)   |
| <b>Cumulative Charge Variance</b>  | Total charges posted (Epic + Legacy) compared to the historical weekly charge average summed over the weeks live /<br>Dollar difference between the two values and percent of total expected                                 |
| <b>Cumulative Payment Variance</b> | Total payments posted (Epic + Legacy) compared to the historical weekly payment average summed over the weeks live /<br>Dollar difference between the two values and difference divided by historical weekly payment average |
| <b>CFB</b>                         | Total of all discharged but not final billed balances, minus min hold balances /<br>Days calc: amount divided by Epic average daily revenue (up to 13 weeks)   |
| <b>Claim Edit</b>                  | Total of all billed account balances that are held for claim errors /<br>Days calc: amount divided by Epic average daily revenue (up to 13 weeks)  |
| <b>Uncoded CFB</b>                 | Total of all discharged but not final coded balances, minus min hold balances /<br>Days calc: amount divided by Epic average daily revenue (up to 13 weeks)  |
| <b>Open Denial</b>                 | Total of all account balances that have an open denial from insurance /<br>Days calc: amount divided by Epic average daily revenue (up to 13 weeks)  |
| <b>Epic Payment Average</b>        | Average of Epic payments posted over the last 4 weeks /<br>Percent of historical payment average   |
| <b>Primary Denial Rate</b>         | (4-Week Avg) Percent (by count) of payments received in the last 4 weeks that indicate a denial<br>(Current Week) Percent (by count) of payments received this week that indicate a denial                                   |



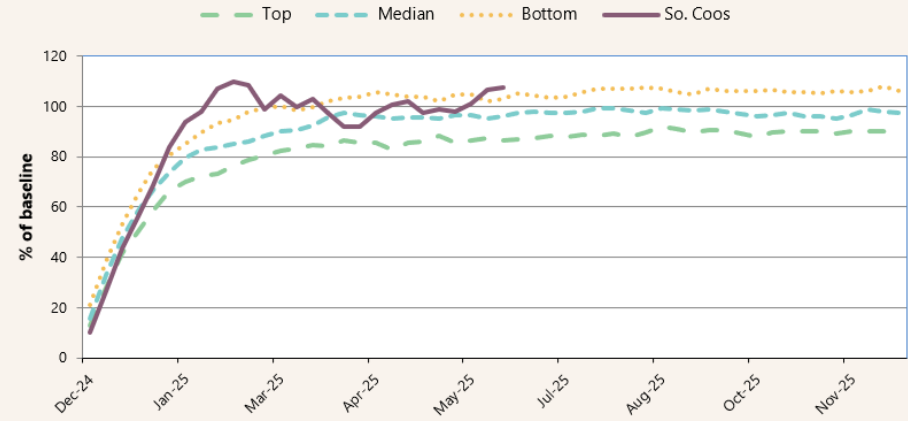
# EPIC Stabilization Graph Package

## As of 6/13/25

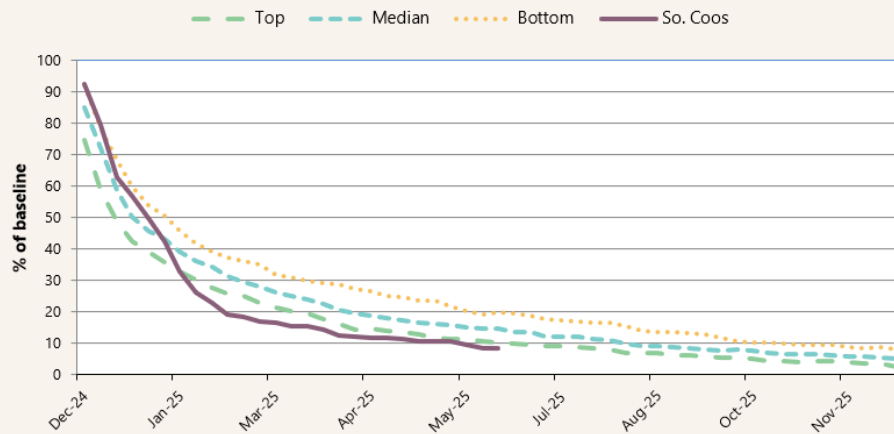
Total AR Days %



Epic AR Days %



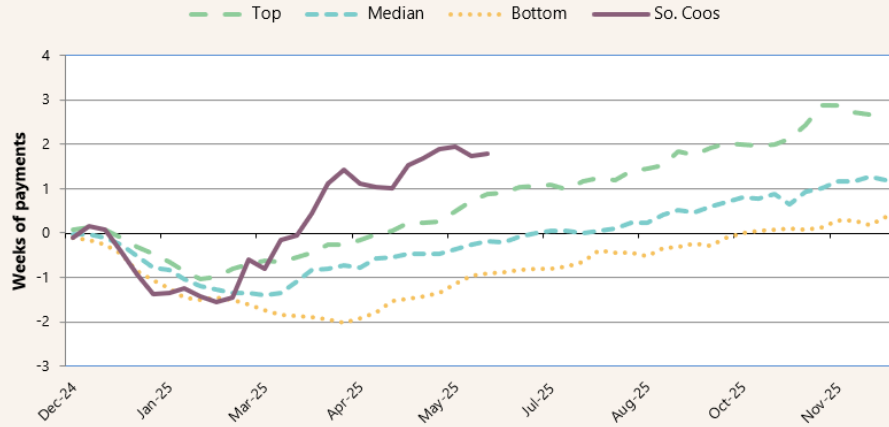
Legacy AR Days %



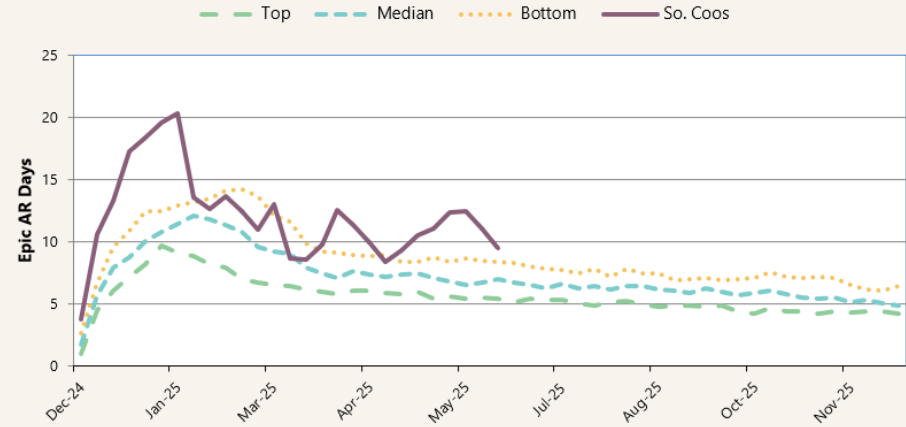
# EPIC Stabilization Graph Package

## As of 6/13/25

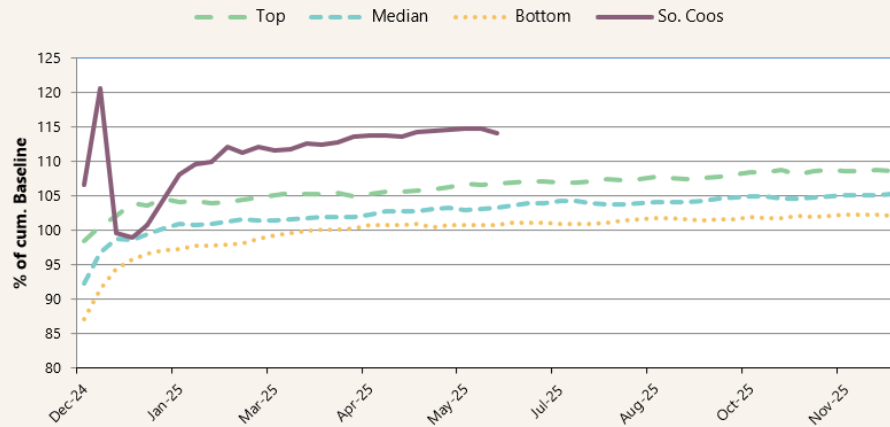
Cumulative Payments Variance



CFB Days



Total Cumulative Charges %



Note: The initial spike in charges was adding CPSI IP/SWB accounts into EPIC so they could be billed out of the new system, the dip was when the charges were removed from CPSI.

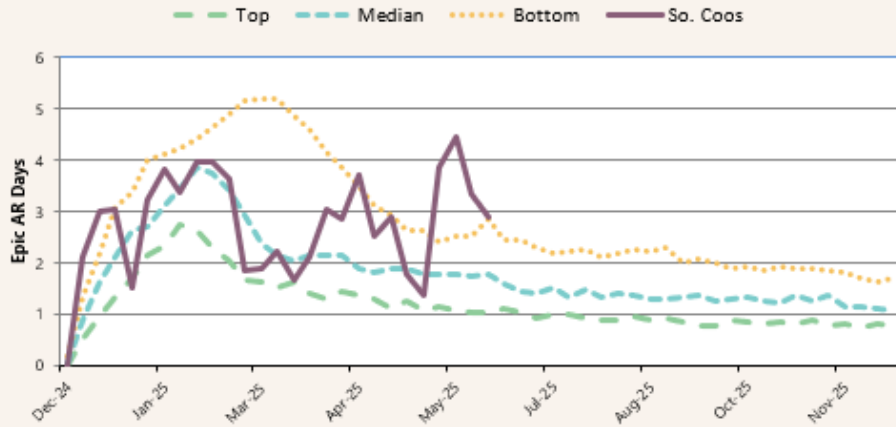




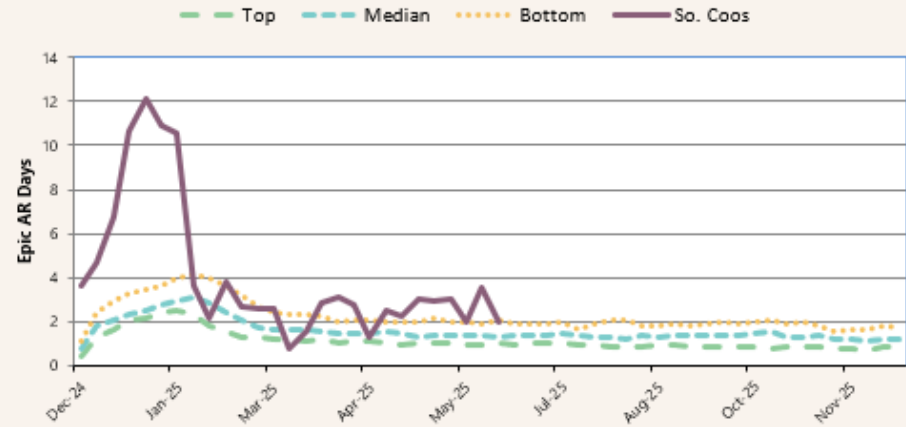
# EPIC Stabilization Graph Package

## As of 6/13/25

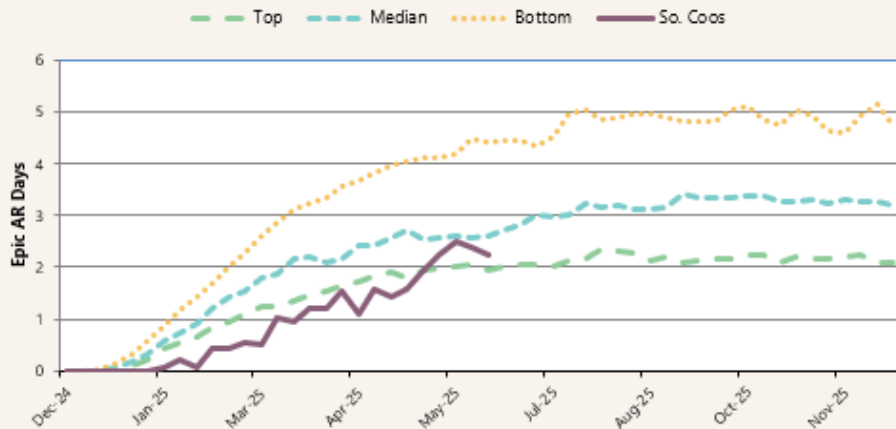
Claim Edit Days



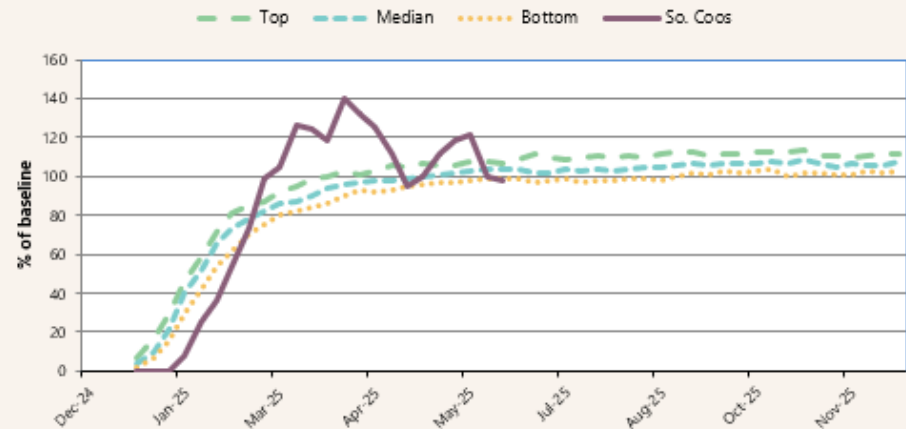
Coding Days



Open Denial Days

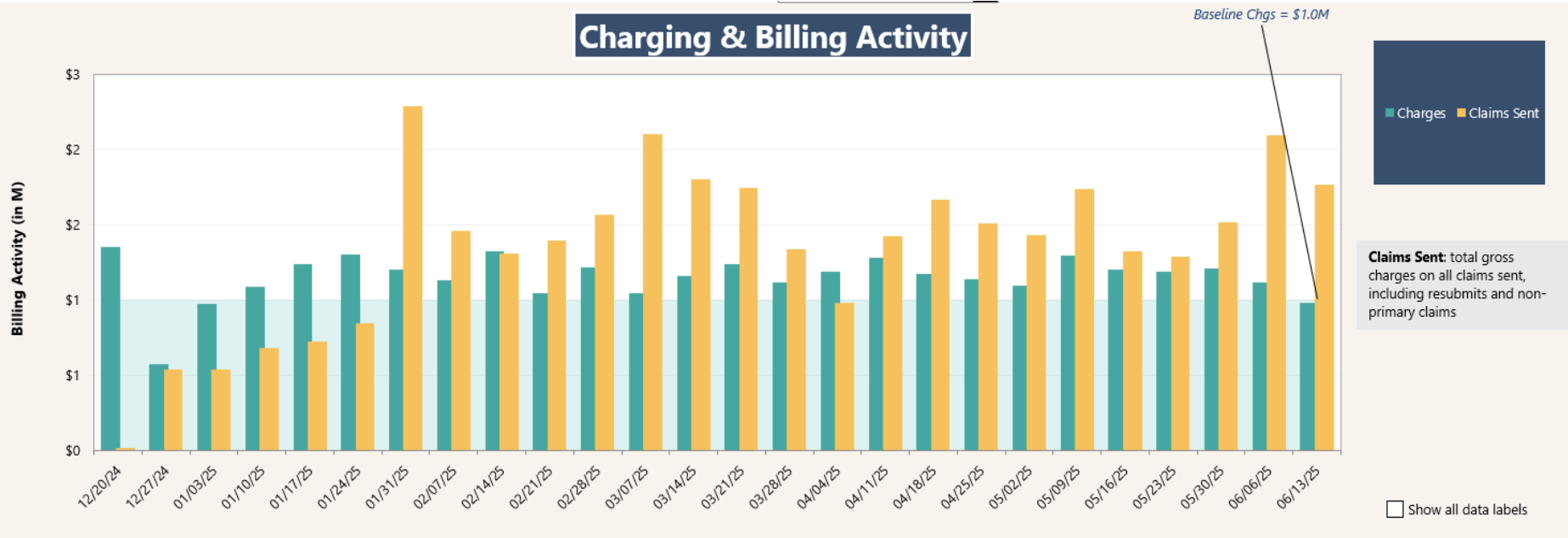


Epic Pmt Avg



# EPIC Stabilization Graph Package

## As of 6/13/25



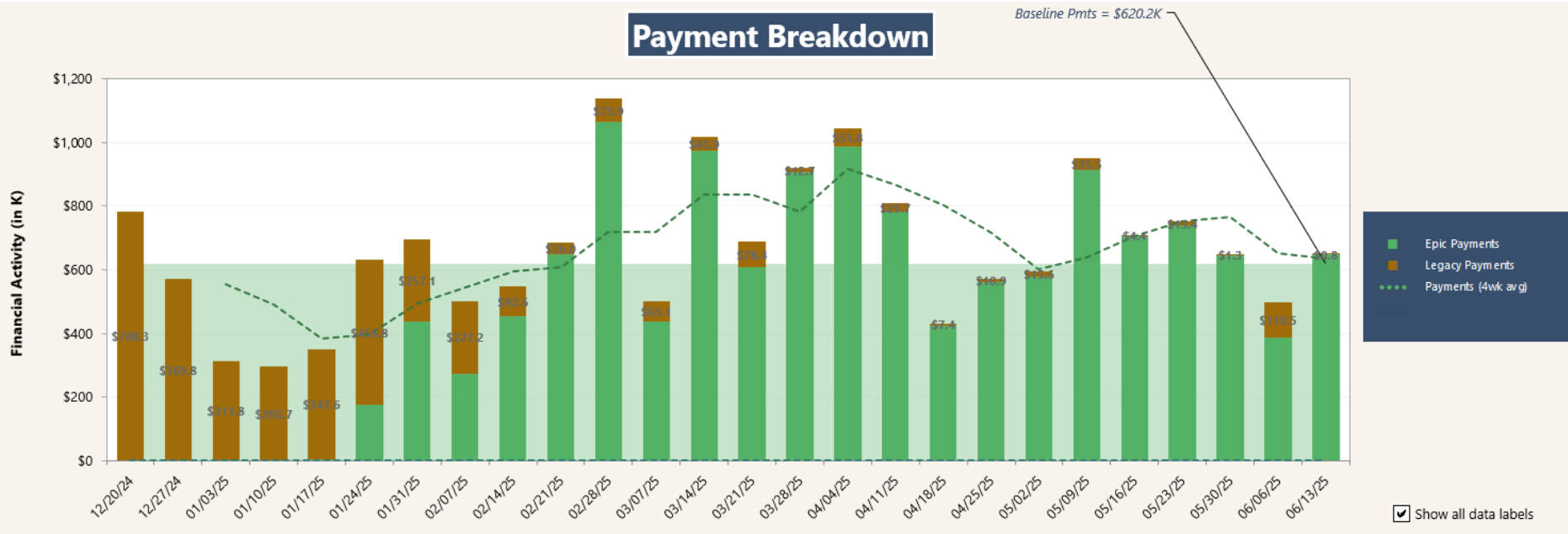
### Note:

- Charges for the weeks of Christmas and New Year's were lower than average due to lower volumes. Overall, SCHHC has recognized an increase in charges
- Claims were temporarily held until the last week of January while staff worked through processes and workflow challenges, we continue to optimize processes.



# EPIC Stabilization Graph Package

## As of 6/13/25



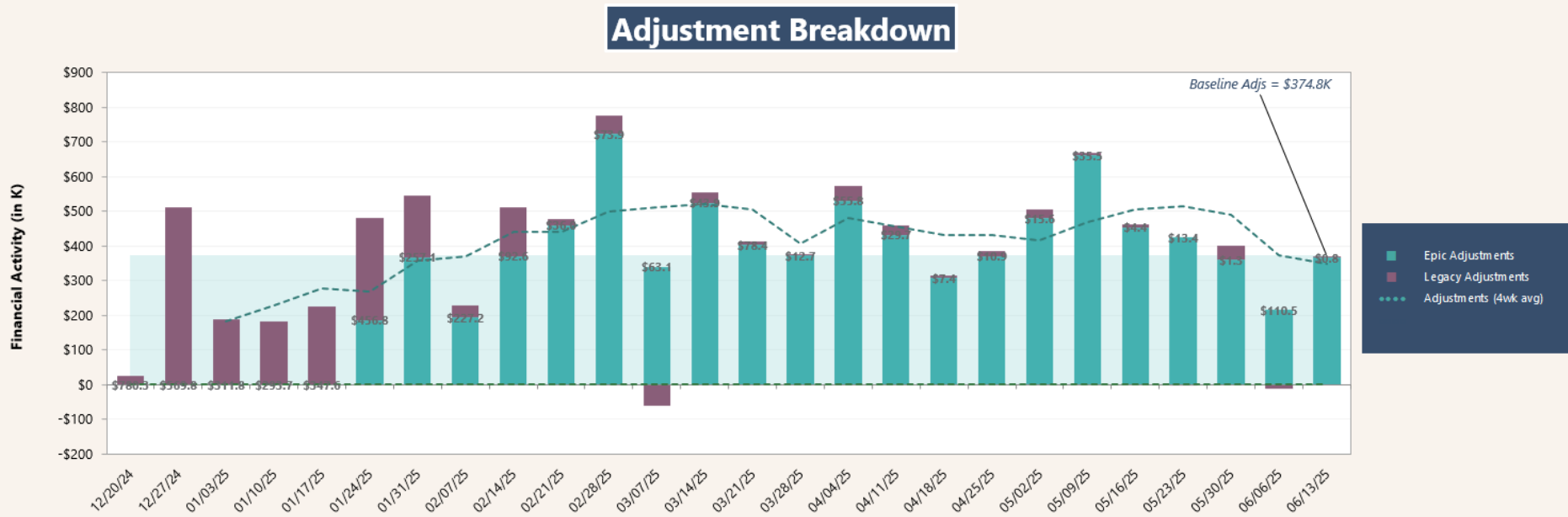
Note:

- A significant increase in payments (cash) was seen in February due to payments 30 days following the large push in claims at the end of January



# EPIC Stabilization Graph Package

## As of 6/13/25



Note:

- With a spike of cash payments in February, we also had a large number of contractals posted, which was expected as payments catch back up
- The number of contractual adjustments out of CPSI is dropping as total AR is worked down



# Southern Coos Hospital & Health Center

## Volume and Key Performance Ratios

For The Period Ending May 2025

|                             |                                     | Month     |         |            |                 |                   | Year to Date |           |            |                 |                   |
|-----------------------------|-------------------------------------|-----------|---------|------------|-----------------|-------------------|--------------|-----------|------------|-----------------|-------------------|
|                             |                                     | Actual    | Budget  | Prior Year | Variance to Bud | Variance to Prior | Actual       | Budget    | Prior Year | Variance to Bud | Variance to Prior |
| Volume Summary              | IP Days                             | 195       | 110     | 150        | 76.7%           | 30.0%             | 1,473        | 1,364     | 1,396      | 8.0%            | 5.5%              |
|                             | Swing Bed Days                      | 127       | 142     | 86         | -10.6%          | 47.7%             | 1,278        | 1,228     | 1,193      | 4.1%            | 7.1%              |
|                             | Total Inpatient Days                | 322       | 252     | 236        | 27.6%           | 36.4%             | 2,751        | 2,592     | 2,589      | 6.1%            | 6.3%              |
|                             | Avg Daily Census                    | 10.4      | 8.1     | 7.6        | 27.6%           | 36.4%             | 22.4         | 21.1      | 21.0       | 6.1%            | 6.3%              |
|                             | Avg Length of Stay - IP             | 4.4       | 3.2     | 4.3        | 40.5%           | 3.4%              | 3.9          | 4.0       | 4.1        | -1.5%           | -3.7%             |
|                             | Avg Length of Stay - SWB            | 6.0       | 23.7    | 14.3       | -74.4%          | -57.8%            | 11.5         | 12.5      | 12.2       | -8.1%           | -5.4%             |
|                             | ED Registrations                    | 603       | 430     | 469        | 40.3%           | 28.6%             | 5,653        | 4,926     | 4,963      | 14.8%           | 13.9%             |
|                             | Clinic Registrations                | 901       | 475     | 697        | 89.7%           | 29.3%             | 7,407        | 5,131     | 5,792      | 44.4%           | 27.9%             |
|                             | Ancillary Registrations             | 1,595     | 1,075   | 1,075      | 48.4%           | 48.4%             | 14,350       | 12,512    | 12,512     | 14.7%           | 14.7%             |
|                             | Total OP Registrations              | 3,099     | 1,980   | 2,241      | 56.5%           | 38.3%             | 27,410       | 22,569    | 23,267     | 21.5%           | 17.8%             |
| Key Income Statement Ratios | Gross IP Rev/IP Day                 | 5,187     | 9,266   | 7,143      | -44.0%          | -27.4%            | 6,889        | 8,203     | 7,677      | -16.0%          | -10.3%            |
|                             | Gross SWB Rev/SWB Day               | 4,126     | 800     | 1,295      | 415.8%          | 218.7%            | 2,473        | 1,005     | 990        | 146.1%          | 149.9%            |
|                             | Gross OP Rev/Total OP Registrations | 1,195     | 1,976   | 1,476      | -39.5%          | -19.0%            | 1,412        | 1,801     | 1,457      | -21.6%          | -3.1%             |
|                             | Collection Rate                     | 53.7%     | 64.4%   | 61.5%      | -16.6%          | -12.6%            | 60.2%        | 64.0%     | 63.6%      | -5.9%           | -5.3%             |
|                             | Compensation Ratio                  | 71.2%     | 62.6%   | 67.4%      | 13.7%           | 5.6%              | 67.7%        | 66.8%     | 64.7%      | 1.2%            | 4.5%              |
|                             | OP EBIDA Margin \$                  | (251,411) | 300,368 | (94,991)   | -183.7%         | 164.7%            | (920,281)    | 1,245,337 | 220,753    | -173.9%         | -516.9%           |
|                             | OP EBIDA Margin %                   | -8.9%     | 9.0%    | -3.4%      | -199.7%         | 159.5%            | -2.9%        | 3.6%      | 0.8%       | -182.7%         | -488.0%           |
|                             | Total Margin                        | -11.8%    | 7.3%    | -3.3%      | -261.7%         | 259.0%            | -4.1%        | 1.7%      | 1.7%       | -339.5%         | -339.4%           |
| Key Liquidity Ratios        | Days Cash on Hand                   | 72.8      | 80.0    | 137.0      | 9.0%            | -46.9%            |              |           |            |                 |                   |
|                             | AR Days Outstanding                 | 56.7      | 50      | 47.9       | 13.4%           | 18.4%             |              |           |            |                 |                   |

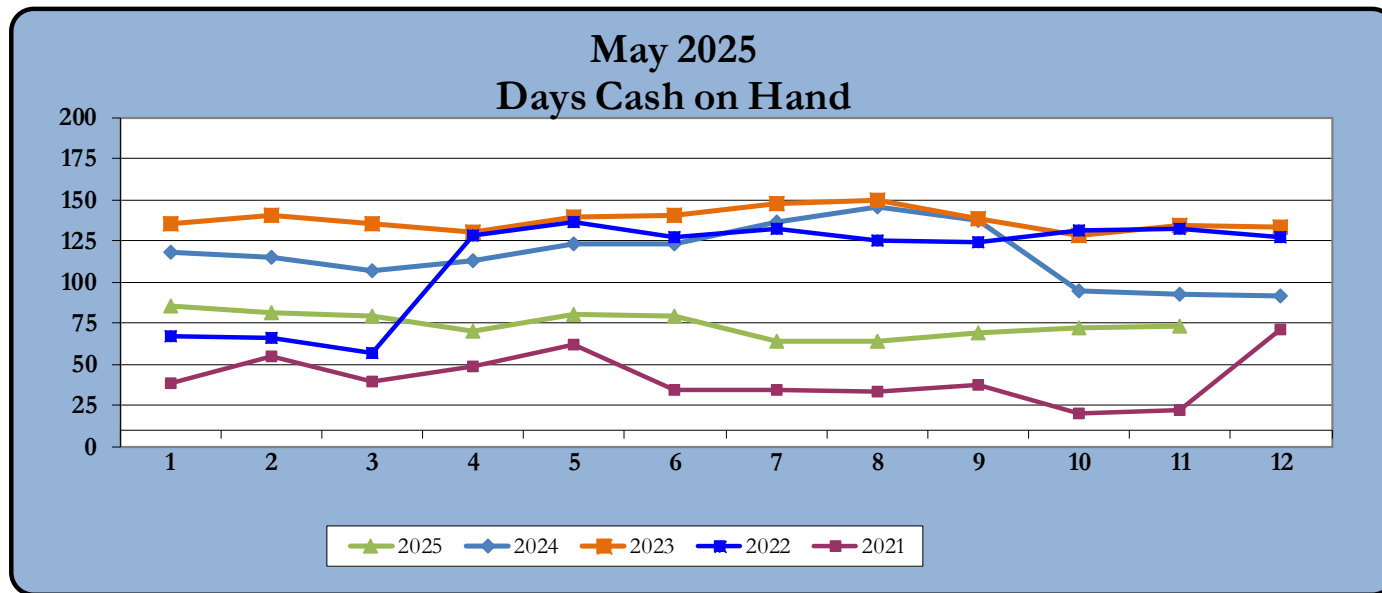


# Southern Coos Hospital & Health Center

## Data Dictionary

|                             |                                     |  |
|-----------------------------|-------------------------------------|--|
| Volume Summary              | IP Days                             | Total Inpatient Days Per Midnight Census             |
|                             | Swing Bed Days                      | Total Swing Bed Days per Midnight Census             |
|                             | Total Bed Days                      | Total Days per Midnight Census                       |
|                             | Avg Daily Census                    | Total Bed Days / # of Days in period (Mo or YTD)     |
|                             | Avg Length of Stay - IP             | Total Inpatient Days / # of IP Discharges            |
|                             | Avg Length of Stay - SWB            | Total Swing Bed Days / # of SWB Discharges           |
|                             | ED Registrations                    | Number of ED patient visits                          |
|                             | Clinic Registrations                | Number of Clinic patient visits                      |
|                             | Ancillary Registrations             | Total number of all other OP patient visits          |
|                             | Total OP Registrations              | Total number of OP patient visits                    |
| Key Income Statement Ratios | Gross IP Rev/IP Day                 | Avg. gross patient charges per IP patient day        |
|                             | Gross SWB Rev/SWB Day               | Avg. gross patient charges per SWB patient day       |
|                             | Gross OP Rev/Total OP Registrations | Avg. gross patient charges per OP visit              |
|                             | Collection Rate                     | Net patient revenue / total patient charges          |
|                             | Compensation Ratio                  | Total Labor Expenses / Total Operating Revenues      |
|                             | OP EBIDA Margin \$                  | Operating Margin + Depreciation + Amortization       |
|                             | OP EBIDA Margin %                   | Operating EBIDA / Total Operating Revenues           |
|                             | Total Margin (%)                    | Total Margin / Total Operating Revenues              |
| Key Liquidity Ratios        | Days Cash on Hand                   | Total unrestricted cash / Daily OP Cash requirements |
|                             | AR Days Outstanding                 | Gross AR / Avg. Daily Revenues                       |





**Calculation:**

Total Unrestricted Cash on Hand

Daily Operating Cash Needs

**Definition:**

This ratio quantifies the amount of cash on hand in terms of how many "days" an organization can survive with existing cash reserves.

**Desired Position:**

Upward trend, above the median

| Year | Average |
|------|---------|
| 2025 | 74.3    |
| 2024 | 116.3   |
| 2023 | 137.8   |
| 2022 | 113.0   |
| 2021 | 41.2    |

**Benchmark**

**80 Days**

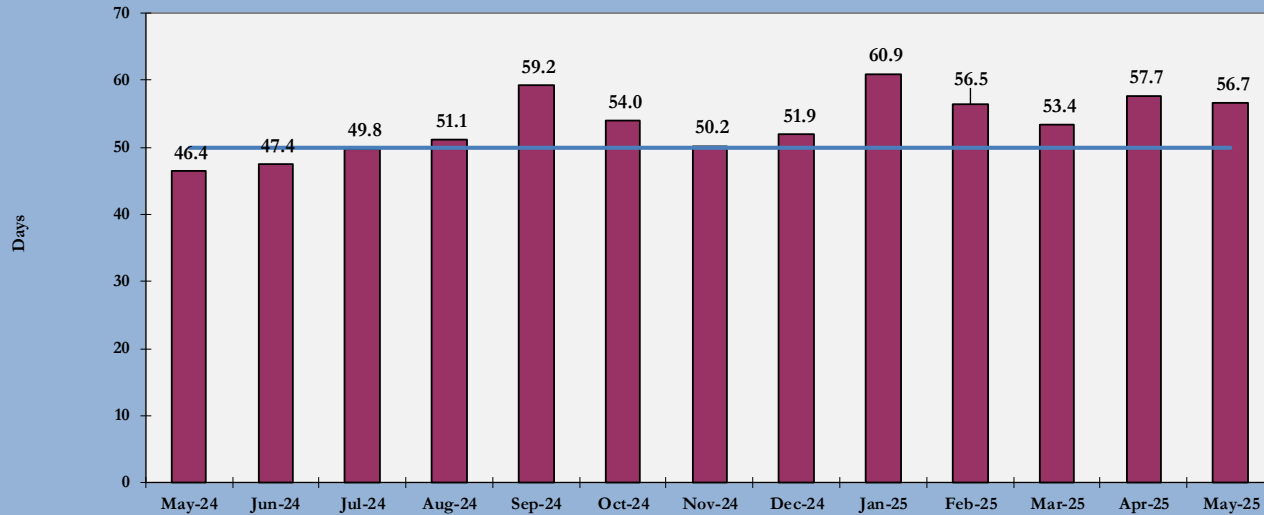
**How ratio is used:**

This ratio is frequently used by bankers, bondholders and analysts to gauge an organization's liquidity--and ability to meet short term obligations as they mature.

| Fiscal | <u>Jul</u> | <u>Aug</u> | <u>Sep</u> | <u>Oct</u> | <u>Nov</u> | <u>Dec</u> | <u>Jan</u> | <u>Feb</u> | <u>Mar</u> | <u>Apr</u> | <u>May</u> | <u>Jun</u> |
|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| 2025   | 85.4       | 81.4       | 79.0       | 70.5       | 79.9       | 79.7       | 64.2       | 63.7       | 68.6       | 71.9       | 72.8       |            |
| 2024   | 117.7      | 114.5      | 106.8      | 113.1      | 123.1      | 123.3      | 136.1      | 145.3      | 137.0      | 94.5       | 92.8       | 91.4       |
| 2023   | 135.9      | 140.8      | 135.2      | 130.5      | 139.4      | 140.7      | 147.8      | 149.7      | 138.9      | 127.8      | 134.2      | 133.3      |
| 2022   | 67.2       | 66.2       | 56.6       | 128.6      | 136.1      | 127.4      | 132.1      | 125.1      | 124.6      | 131.5      | 132.8      | 127.5      |
| 2021   | 38.7       | 54.6       | 39.1       | 48.2       | 61.6       | 34.4       | 34.6       | 33.0       | 37.2       | 19.9       | 21.9       | 70.8       |



### May 31, 2025 - Days in A/R



**Calculation:** Gross Accounts Receivable

Average Daily Revenue

**Definition:** Considered a key "liquidity ratio" that calculates how quickly accounts are being paid.

**Desired Position:** Downward trend below the median, and below average.

**Benchmark** 50

**How ratio is used:** Used to determine timing required to collect accounts. Usually, organizations below the average Days in AR are likely to have higher levels of Days Cash on Hand.

|                        | May-24    | Jun-24    | Jul-24    | Aug-24    | Sep-24    | Oct-24    | Nov-24    | Dec-24    | Jan-25    | Feb-25    | Mar-25    | Apr-25    | May-25    |
|------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| A/R (Gross)            | 6,790,901 | 7,005,894 | 7,194,350 | 7,269,865 | 8,263,819 | 7,671,394 | 7,122,984 | 7,761,771 | 9,505,725 | 9,372,293 | 8,762,600 | 9,509,727 | 9,356,665 |
| Days in AR             | 46.4      | 47.4      | 49.8      | 51.1      | 59.2      | 54.0      | 50.2      | 51.9      | 60.9      | 56.5      | 53.4      | 57.7      | 56.7      |
|                        | May-24    | Jun-24    | Jul-24    | Aug-24    | Sep-24    | Oct-24    | Nov-24    | Dec-24    | Jan-25    | Feb-25    | Mar-25    | Apr-25    | May-25    |
| A/R (Gross)            | 6,790,901 | 7,005,894 | 7,194,350 | 7,269,865 | 8,263,819 | 7,671,394 | 7,122,984 | 7,761,771 | 9,505,725 | 9,372,293 | 8,762,600 | 9,509,727 | 9,356,665 |
| Days in Month          | 31        | 30        | 31        | 31        | 30        | 31        | 30        | 31        | 31        | 28        | 31        | 30        | 31        |
| Monthly Revenue        | 4,489,698 | 4,299,068 | 4,498,717 | 4,289,700 | 4,043,588 | 4,728,499 | 4,140,953 | 4,891,719 | 5,318,712 | 4,720,191 | 4,720,191 | 5,229,933 | 5,239,205 |
| 3 Mo Avg Daily Revenue | 146,357   | 147,763   | 144,429   | 142,255   | 139,478   | 141,976   | 141,902   | 149,578   | 155,993   | 165,896   | 163,990   | 164,835   | 165,101   |
| Days in AR             | 46.4      | 47.4      | 49.8      | 51.1      | 59.2      | 54.0      | 50.2      | 51.9      | 60.9      | 56.5      | 53.4      | 57.7      | 56.7      |





**SOUTHERN COOS HOSPITAL & HEALTH CENTER  
CAPITAL PURCHASES SUMMARY FY2025**

**Approved Projects:**

| Project Name | Department | Budgeted Amount | Total Spending | Amount Remaining | Status | Notes |
|--------------|------------|-----------------|----------------|------------------|--------|-------|
|--------------|------------|-----------------|----------------|------------------|--------|-------|

**Budgeted Non-Threshold Capital Purchases (<\$15,000)**

|  |                     |        |        |         |                       |  |
|--|---------------------|--------|--------|---------|-----------------------|--|
| Abbott ID Now Analyzer                                     | Clinic              | 10,000 |        | 10,000  |                       |  |
| 30" Refrigerated Chef Base / Gas Griddle / Convection Oven | Dietary             | 18,000 | 16,576 | 1,424   | Completed             | Capitalized 03.31.25                             |
| OBGN Gurney  | ER                  | 6,500  | 7,787  | (1,287) | Completed             | Capitalized 04.30.25                             |
| New Desk/Workspace   | ER                  | 10,000 |        | 10,000  |                       |  |
| Cast Cart  | ER                  | 5,500  | 5,163  | 337     | Completed             | Capitalized 08.31.24                             |
| Vindray Monitor Upgrade                                    | ER                  | 6,000  |        | 6,000   | Completed             | Included in EPIC project                         |
| Exam Lights  | ER                  | 13,000 | 1,806  | 11,194  | In Progress           |  |
| Phone System VOIP upgrade                                  | Information Systems | 5,000  | -      | 5,000   | Expensed - Under \$5k | Project came in under \$5k - expensed per policy |
| Ortho MTS Workstation (Blood Bank)                         | Lab                 | 8,000  |        | 8,000   |                       |  |
| D TipMaster  | Lab                 | 5,000  |        | 5,000   |                       |  |
| Freezer  | Lab                 | 10,000 |        | 10,000  |                       |  |
| Centrifuges (x4)   | Lab                 | 8,000  |        | 8,000   |                       |  |
| Reclining Chairs   | Med Surg            | 12,000 | 10,808 | 1,192   | Completed             | Capitalized 01.31.25                             |
| Suction Flow Meters  | Med Surg            | 6,000  |        | 6,000   |                       |  |
| Instrument Sets  | Surgery             | 13,000 | 10,162 | 2,838   | Completed             | Capitalized 04.30.25                             |

**Un-Budgeted Non-Threshold Capital Purchases (<\$15,000)**

|                         |                     |  |        |          |             |                      |
|-------------------------|---------------------|--|--------|----------|-------------|----------------------|
| Copyier Replacement     | Information Systems |  | 12,600 | (12,600) | Completed   | Capitalized 02.28.25 |
| RT - Ventilation System | RT                  |  | 7,590  | (7,590)  | Completed   | Capitalized 01.31.25 |
| Clinic Exam Tables (2)  | Clinic              |  | 8,731  | (8,731)  | In Progress |                      |
| Radiology Scanner       | Radiology           |  | 9,000  | (9,000)  | Completed   | Capitalized 04.30.25 |
| Colposcope              | OBGYN               |  | 6,295  | (6,295)  | Completed   | Capitalized 04.30.25 |
| Maintenance Trailer     | Plant Operations    |  | 5,075  | (5,075)  | Completed   | Capitalized 04.30.25 |
| Clinic Exam Carts (2)   | Clinic              |  | 8,278  | (8,278)  | Completed   | Capitalized 05.31.25 |

**Totals - Non Threshold Projects**

**136,000**

**109,871**

**26,129**



**SOUTHERN COOS HOSPITAL & HEALTH CENTER  
CAPITAL PURCHASES SUMMARY FY2025**

**Approved Projects:**

| Project Name                                      | Department          | Budgeted Amount | Total Spending | Amount Remaining | Status    | Notes                |
|---|---------------------|-----------------|----------------|------------------|-----------|----------------------|
| <b>Budgeted Threshold Projects (&gt;\$15,000)</b> |                     |                 |                |                  |           |                      |
| Meal Carts  | Dietary             | 18,000          |                | 18,000           |           |                      |
| Floor Replacement for Various Departments         | Engineering         | 36,000          |                | 36,000           |           |                      |
| Vital Sign Machines (10 EA)                       | Engineering         | 45,000          |                | 45,000           |           |                      |
| Building Automation (HVAC)                        | Engineering         | 95,000          |                | 95,000           |           |                      |
| ER Signage  | Engineering         | 25,000          | 14,194         | 10,806           | Completed | Capitalized 04.30.25 |
| Parking Lot Resurface                             | Engineering         | 30,000          | 53,115         | (23,115)         | Completed | Capitalized 04.30.25 |
| Air Handler                                       | Engineering         | 150,000         |                | 150,000          |           |                      |
| Gurney (x3)                                       | ER                  | 45,000          |                | 45,000           |           |                      |
| Storage Server Replacement                        | Information Systems | 15,000          |                | 15,000           |           |                      |
| DataCenter Battery Backup Replacement             | Information Systems | 19,000          |                | 19,000           |           |                      |
| Blood Culture Incubator w/ Synapsys (BD FX 40)    | Lab                 | 20,500          |                | 20,500           |           |                      |
| Bacterioscan                                      | Lab                 | 23,500          |                | 23,500           |           |                      |
| Biosafety Cabinet Type II Class 2B (Hood)         | Lab                 | 25,000          |                | 25,000           |           |                      |
| BACT Alert Combination System                     | Lab                 | 35,000          |                | 35,000           |           |                      |
| Bariatric Bed                                     | Med Surg            | 31,000          |                | 31,000           |           |                      |
| Cardiac Monitors                                  | Med Surg            | 29,000          |                | 29,000           |           |                      |
| Second Ultrasound Machine                         | Radiology           | 170,000         |                | 170,000          |           |                      |
| Ultrasound Echo Bed                               | Radiology           | 20,000          |                | 20,000           |           |                      |
| Vyntus PFT  | Respiratory         | 75,000          |                | 75,000           |           |                      |
| Liposuction Equipment                             | Surgery             | 50,000          |                | 50,000           |           |                      |
| Sonosite Ultrasound                               | Surgery             | 25,000          |                | 25,000           |           |                      |
| Medication Management System                      | Surgery             | 25,000          |                | 25,000           |           |                      |
| Glide Scope                                       | Surgery             | 25,000          | 15,544         | 9,456            | Completed | Capitalized 08.31.24 |
| Arthroscopy Tower Light Source                    | Surgery             | 20,000          |                | 20,000           |           |                      |

**Un-Budgeted Threshold Projects (>\$15,000)**

|   |                |  |         |           |             |                      |
|---|----------------|--|---------|-----------|-------------|----------------------|
| OP Pharmacy                               | Pharmacy       |  | 138,892 | (138,892) | In Progress |                      |
| 2nd Street Building Office Space          | Administration |  | 34,882  | (34,882)  | In Progress |                      |
| Business Building Remodel to Clinic Space | Administration |  | 19,555  | (19,555)  | In Progress |                      |
| Master Facilities Plan                    | Administration |  | 4,113   | (4,113)   | In Progress |                      |
| Clinic Exam Tables                        | Clinic         |  | 18,713  | (18,713)  | Completed   | Capitalized 04.30.25 |

**Totals - Threshold Projects**

**1,052,000**

**299,009**

**752,991**

**Grand Total**

**1,188,000**

**408,879**

**779,121**

