

Chief Executive Officer
Louis Ward, MHA



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

Finance Committee Meeting Agenda

February 26, 2020 – 10:30 am
Burney Board Room

Attendees

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

1	CALL MEETING TO ORDER			
2	CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS			Approx. Time Allotted
3	APPROVAL OF MINUTES			
3.1	Regular Meeting – January 29, 2020	Attachment A	Action Item	2 min.
4	DEPARTMENT REPORTS/OTHER			
4.1	Physical Therapy – Daryl Schneider	Attachment B	Report	10 min.
5	FINANCIAL REVIEWS/BUSINESS			
5.1	January 2020 Financials		Action Item	5 min.
5.2	Accounts Payable (AP)/Accounts Receivable (AR)		Action Item	5 min.
5.3	Board Quarterly Finance Review		Action Item	5 min.
5.4	Annual Audit Review – Approval		Action Item	5 min.
6	NEW BUSINESS			
6.1	CHFFA Financing Application	Attachment C	Action Item	10 min.
7	ADMINISTRATIVE REPORT		Report	10 min.
8	OTHER INFORMATION/ANNOUNCEMENTS		Information	
9	ADJOURNMENT: Next Regular Meeting – March 25, 2020 (Fall River Mills)			

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

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

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Mayers Memorial Hospital District

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Board of Directors
Finance Committee
Minutes

January 29, 2020 – 10:30 am
Fall River Boardroom

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

- 1 **CALL MEETING TO ORDER:** Abe Hathaway called the meeting to order at 10:32 am on the above date.

BOARD MEMBERS PRESENT:

Abe Hathaway, Committee Chair

ABSENT:

Allen Albaugh, Board Member

STAFF PRESENT:

Travis Lakey, CFO

Ryan Harris, COO

Louis Ward, CEO

Candy Vculek, CNO

Michelle Peterson, Outpatient

Theresa Overton, Director of Nursing

Pam Sweet

Jessica DeCoito

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- 2 **CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS**

None

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- 3 **APPROVAL OF MINUTES**

3.1 A motion/second carried; committee members accepted the minutes of December 4, 2019

Lakey, Hathaway Approved All

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- 4 **DEPARTMENT REPORTS**

4.1 Med Staff – Pam Sweet – no additional report separate from the written report.

4.2 Outpatient – Michelle Peterson – a variety of services provided and both RNs can assist patients with all services, including some cancer services. More physicians have been added to the department. Revenue has been consistent with previous years, but we have seen less referrals for the department. Payor Mix is mostly Medicare. Communication with other medical facilities is working very well.

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- 5 **FINANCIAL REVIEWS**

5.1 **Nov. & Dec. 2019 Financials** – 49.25 on A/R days. Retail Pharmacy trends are going up. February's report will show more detail with Retail Pharmacy.

Hathaway, Ward Approved All

Accounts Payable (A/P)/Accounts Receivable (A/R) – Hathaway asked questions about trends in departments. Retail Pharmacy discussion ensued.

Hathaway, Ward Approved All

-
- 6 **NEW BUSINESS: NONE**

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- 7 **ADMINISTRATIVE REPORT** – Bid packages will be coming out soon for the Burney Clinic- RFB will be issued January 31st. Hope for construction to begin April with a completion in December of 2020.

Some changes were made with billing in Outpatient Provider Dr. Zittel. Working together to help collect on the billing for his services to help both parties and to keep a great relationship going.

Hospitalists have been added to the team.

Louis heading to UCSF to advocate and learn for rural health facilities.

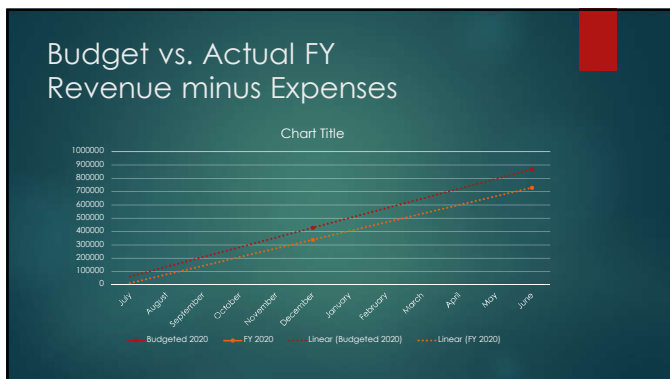
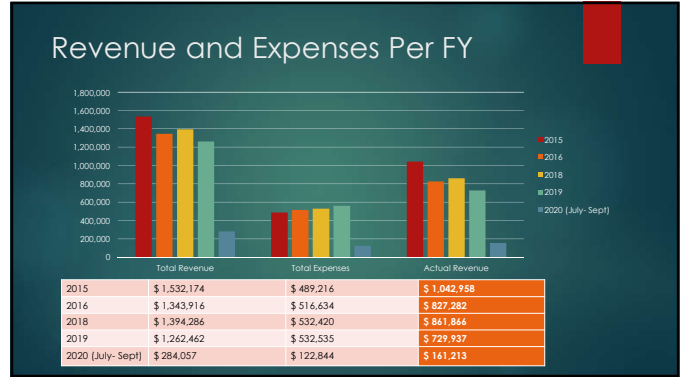
By January 31st, we will own the old Fall River Arts & Trophies for PT and Cardiac Rehab.

Old clinic building turning into the new Administration & Finance Building.

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- 9 **OTHER INFORMATION/ANNOUNCEMENTS**

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- 10 **ADJOURNMENT – 11:38 am**

Next Finance Committee Meeting: February 26, 2020 - Burney



Payments by Insurance for FY 2019

Payor	Sum of Charge	Sum of Payment	Sum of Adjustment	Payment %	Contractual %
Blue Cross	\$ 181,126	\$ 156,986	\$ 24,139	87 %	13 %
Commercial	\$ 96,689	\$ 69,692	\$ 26,996	72 %	28 %
Medicare	\$ 379,052	\$ 164,088	\$ 214,963	43 %	57 %
Medicaid	\$ 106,995	\$ 25,630	\$ 81,365	24 %	76 %
Workman's Comp	\$ 98,853	\$ 60,850	\$ 38,002	62 %	38 %
TOTAL	\$ 862,715	\$ 477,247	\$ 385,468.42	55 %	45 %

In summary, we receive 55 cents per dollar billed
 FY 2016 we received 49 cents per dollar
 FY 2017 we received 53 cents per dollar
 FY 2018 we received 57 cents per dollar
 FY 2019 we received 55 cents per dollar
 FY 2020 (July-Dec) we are currently at 57 cents per dollar

Challenges

- ▶ Burney Physical Therapy opened end of 2018 and began accepting Medicaid insurances in the fall of 2019, creating fluctuations in referrals during these two time periods.
- ▶ Changes in providers at Mountain Valley Health Centers with discrepancies on knowledge of what services we provide and to which populations.

FY 2019 Visits

- ▶ Planning to start including inpatient visits into static counting for total visits each month
- ▶ However, this is timely to run counts on inpatient visits and unknown at this time how to collect charge data and what is received back as each therapist is looked up individually and manual counts of visits have to be made
- ▶ Uncertain if McKesson/AllScripts has potential to run data.

	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APRIL	MAY	JUNE
INPATIENT	56	24	80	88	81	63	35	49	72	113	75	48
OUTPATIENT	209	221	274	369	310	250	303	218	201	216	244	176
TOTAL	265	245	354	457	391	313	338	267	273	329	319	224

Comparing Numbers

- ▶ Outpatient statistics 2019 to 2020 FY (July- Dec)

FY	Patients		Visits		Units Billed	
	2019	2020	2019	2020	2019	2020
July	55	60	209	211	528	650
Aug	55	65	221	245	560	748
Sept	78	62	274	234	648	696
Oct	91	56	369	232	913	727
Nov	83	52	310	191	813	600
Dec	73	50	249	182	665	596
Totals	221	163	1632	1293	4127	4017

Plans to Improve Revenue

- ▶ Presenting in-service at Mountain Valley Healthcare Providers Meeting on March 24, 2020 to discuss our program and what we offer.
- ▶ Explore education in more specialized areas of physical therapy rehab, such as pelvic health and pre and post partum in order to increase referral revenue.



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

HEALTHCARE EXPANSION LOAN PROGRAM II (HELP II) OVERVIEW

LOW FIXED INTEREST RATE

LOANS FOR
CALIFORNIA'S NON-PROFIT
SMALL AND RURAL
HEALTH FACILITIES

915 Capitol Mall, Suite 435
Sacramento, California 95814
Phone: (916) 653-2799

Website: www.treasurer.ca.gov/chffa

The California Health Facilities Financing Authority (Authority) recognizes the difficulty small and rural health facilities have in obtaining adequate financing for their capital needs. In 1995, the Authority launched the HELP II Loan Program to assist health facilities in expanding and improving services to the people of California by providing direct low cost loans.

Eligibility



General Requirements

- ◆ Must qualify as a health facility under the Authority's enabling legislation (see examples of health facilities, page 5).
- ◆ Must be one of the following:
 - A health facility with no more than \$30 million in annual gross revenues, as shown on most recent audited financials (district hospitals are exempt from this requirement).
 - Located in a rural Medical Service Study Area as defined by the California Healthcare Workforce Policy Commission (no maximum annual gross revenue).
 - A district hospital (no maximum annual gross revenue).
- ◆ Must be a non-profit 501(c)(3) organization or a public health facility (e.g. district hospital).
- ◆ Must have been in existence for at least three years performing the same type(s) of services.
- ◆ Must demonstrate evidence of fiscal soundness and the ability to meet the terms of the loan.

Uses of Funds



Loan proceeds up to \$1,500,000 per borrower may be used for eligible uses as listed below.

Eligible Uses:

- ◆ Purchase, construction, renovation, or remodeling of real property.
- ◆ Purchase equipment and furnishings.
- ◆ Perform feasibility studies, site tests, and surveys associated with real property.
- ◆ Pay permit fees, architectural fees, and other pre-construction costs.



Ineligible Uses:

- ◆ Appraisal fees
- ◆ Title fees
- ◆ Financial advisor fees
- ◆ Authority loan fees

Loan proceeds up to \$1,000,000 may be used to refinance existing debt. The existing debt must qualify as an eligible use under the HELP II Loan Program.

- ◆ Refinance existing debt, but only when a single obligation is paid in full.

Loan Information

Terms

- ◆ 2 percent fixed interest rate for property acquisition, construction, renovation, and equipment.
- ◆ 3 percent fixed interest rate for loan refinancing.
- ◆ Loan amounts of \$25,000 to \$1,500,000.
- ◆ Repayment Period:
 - Maximum of 20 years for property acquisition, construction, and renovation.
 - Maximum of 15 years for loan refinancing.
 - Maximum of 5 years for equipment.
- ◆ Maximum loan-to-value ratio of 95 percent.
- ◆ Borrowers must contribute a minimum of 5 percent toward project costs. This 5 percent must be in the form of cash or documented project expenditures, subject to Authority approval. For refinancing transactions, the 5 percent may come from the equity in the property.
- ◆ Revenue pledge required. Additional collateral (equipment and/or real estate) is also required.
- ◆ Fully amortized loans.
- ◆ No prepayment penalties.
- ◆ Loans can be funded approximately 60 days from the date of application.

Standard Covenants

Applicants receiving loans must:

- ◆ Submit audited annual financial statements, and if requested by the Authority, quarterly unaudited financial statements and budgets.
- ◆ Maintain adequate property and business insurance.
- ◆ Notify the Authority of any significant changes in corporate existence prior to the occurrence (i.e. merger, consolidation, structure or name change).

Fees & Charges



- ◆ \$50 non-refundable application fee.
- ◆ Once approved, there is a one-time fee payable at closing equal to 1.25 percent of the loan amount. This one-time fee is used to defray loan administration and closing costs.
- ◆ Title and escrow fees may be required for transactions involving real estate.
- ◆ There are no ongoing program fees.

GENERAL INFORMATION

- ◆ Applications are accepted on a continual basis. Applications are due by the 20th of each month in order to be considered at the next month's Authority Board meeting (meetings are generally held the last Thursday of the month). Visit our website at www.treasurer.ca.gov/chffa for the list of meeting dates.
- ◆ Applicants are required to attend the meeting to present their proposals and answer questions from members of the Authority Board.
- ◆ The Authority staff may require a site visit to evaluate the Project and the Applicant's operations.
- ◆ HELP II Loan borrowers must comply with California's prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends consulting legal counsel.

Health Facilities Defined



To be eligible for financing, an Applicant must have non-profit status **and** qualify as a health facility under the Authority's enabling statute – Section 15432(d) of the Government Code. With few exceptions, a facility must be licensed by the State of California. If an Applicant is unsure about eligibility, please contact the Authority.

Examples of qualifying health facilities include, but are not limited to:

- General Acute Care Hospitals
- Adult Day Health Centers
- Alcoholism Recovery Facilities ⁽¹⁾
- Chemical Dependency Facilities
- Child Day Care Facilities ⁽²⁾
- Community Clinics
- Community Mental Health Facilities Center ⁽³⁾
- Community Work-Activity Program (Accredited)⁽⁴⁾
- Residential Facility for Persons with Developmental Disabilities
- Multilevel Care Facilities⁽⁵⁾
- Acute Psychiatric facilities
- Public Health Centers (e.g. District Hospital)
- Rehabilitation Facilities
- Skilled Nursing / Intermediate Care Facilities

(1) Services must include residential care that provides a 24-hour stay.

(2) Must be operated in conjunction with a licensed health facility.

(3) State license is not required; however program must be certified by the State of California, Department of Health Care Services.

(4) Includes sheltered workshops.

(5) Arrangement where a Residential Facility for the Elderly operates in conjunction with a Skilled Nursing Facility, Intermediate Care Facility, or a General Acute Care Hospital.

January FY 20 Finance Notes

Summary of Financial Ratio			
Ratio	Period	YTD or Average where Applicable	
Cash on Hand	119	93	Average PY
Net Income	165,944	295,868	Average Monthly PY
Current Ratio	4.65		N/A
AR Days	57	68.4	Average PY
AP	483,303	307,859	Average PY
Daily Gross Revenue YE	110,995	104,059	Average PY
% of Gross Revenue Collected	59%	57%	PY Year End

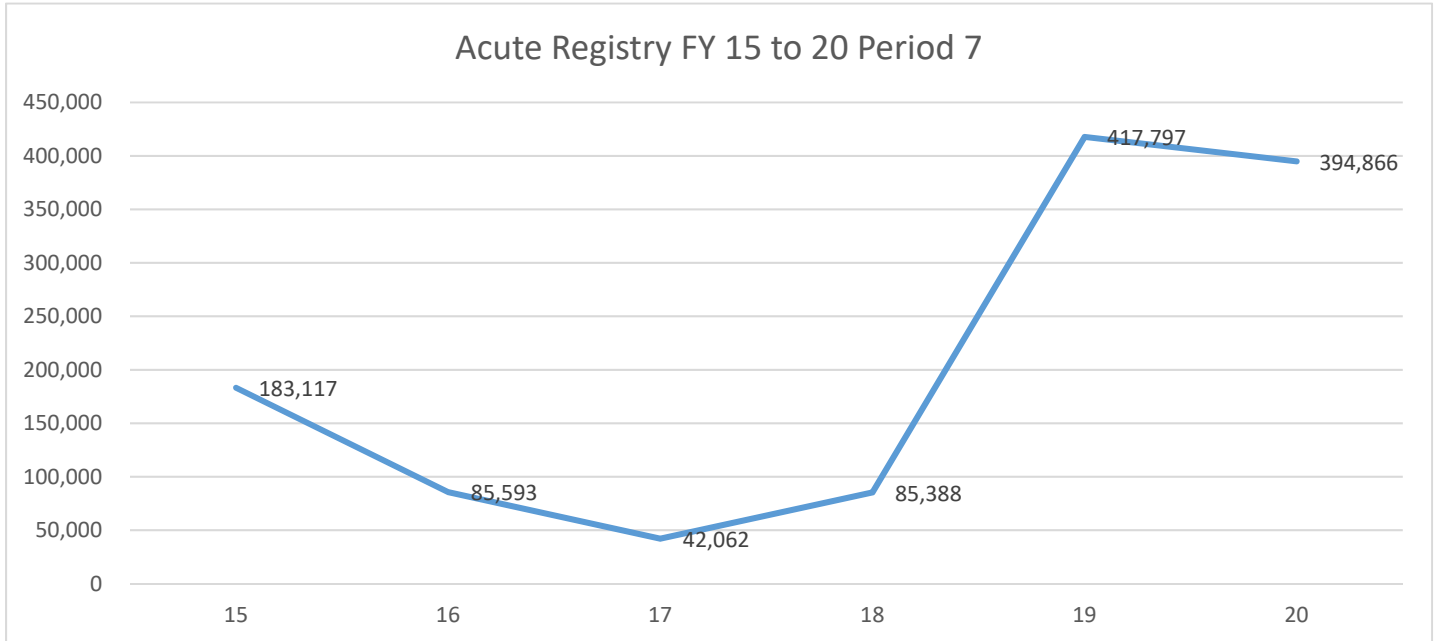
1. Cash will have an uptick in March as our HQAF money will come in which should be 1.6 million more than the money we have to put out in the same month for Rate Range. These programs are designed to get us closer to cost for providing care for Medi-Cal patients.
2. Our Medicare Settlement payment of 749K is also looming out there and historically is paid by the end of February but I have not seen it yet.
3. On March 1st our bi-annual USDA payment will be taken from our USDA Debt Reserve Account. The exact amount is not set, as our loan is not fully drawn yet. Once the full amount is drawn the debt schedule will be accurate.
4. The Prime Program is being redesigned to go through Medi-Cal Managed Care (Partnership for us) and there will be new metrics and a delay in payment that will affect us in 2022. The metrics have not been released but the proposed metrics are very primary care oriented.
5. I am currently working on getting permission from USDA to get a California Health Facilities Financing Authority (CHFFA) Loan. The terms would be 20 years at 2%, which is actually lower than USDA rates. The amount is yet to be determined, as we will not have bids until March.
6. The auditors are going to present our audit by Web-Ex at the board meeting due to some scheduling issues. I sent the audit out last month so please let me know if anyone needs me to resend it.
7. I'm including the January USDA request as I'm still waiting on Layton to get documents together to be able to submit our February request.

Statistics

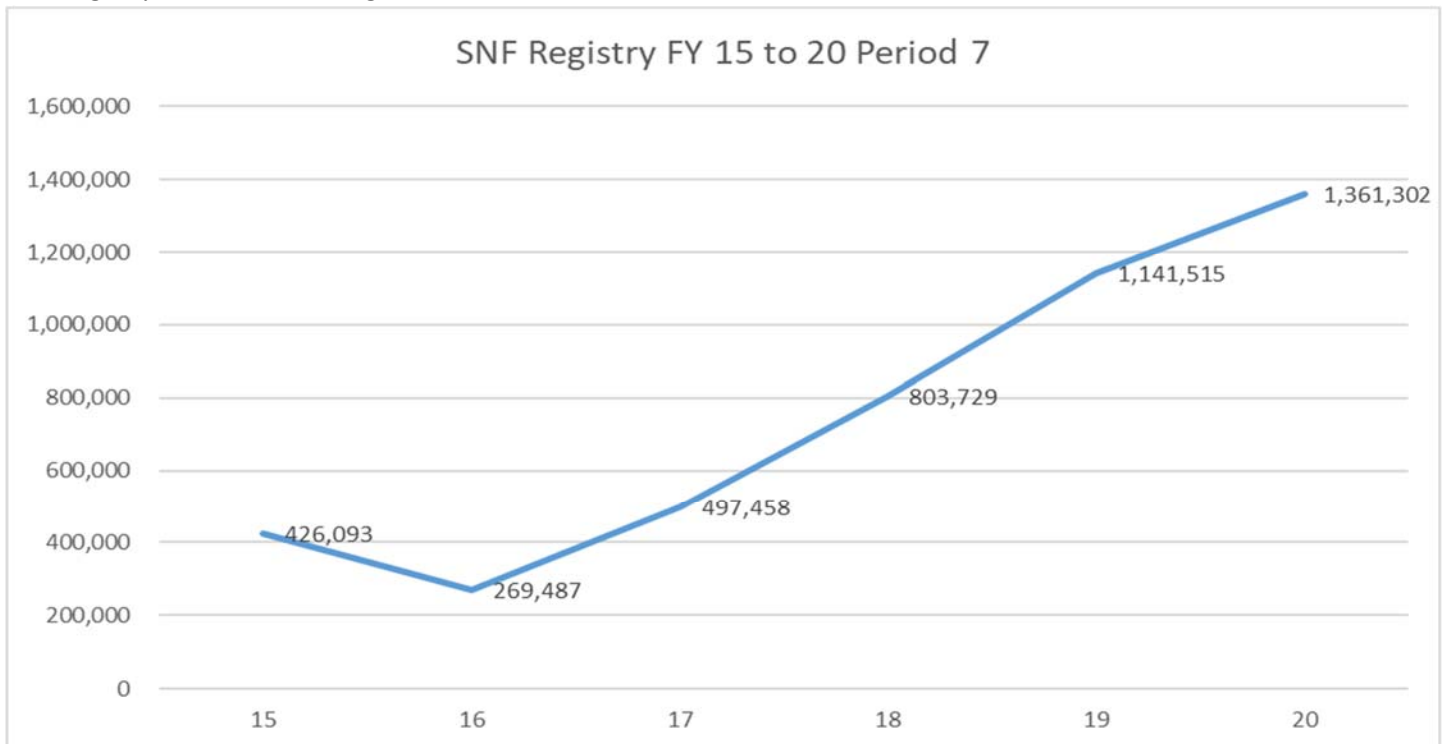
1. Observation Discharges are up by 52 compared to last year as our providers are using this more often to determine if an admit to Acute is appropriate.
2. Swing Bed Days are down by 21% as our average length of stay has dropped by 4 days.
3. Surgery is up by 17% compared to FY 19.
4. We have seen a large decrease in OP Services, Lab and PT as referrals dwindle.
5. Telemedicine visits are up 18% from the prior year.

Income Statement

1. Acute Revenue is below average compared to 18 and 19 averages. This is due to the reduction in Swing Days.
2. Skilled Nursing revenue is up due to new contract rates.
3. Contractuals are up due to revenue being up and are reviewed and adjusted quarterly to ensure accuracy.
4. Provision for Bad Debts is down as it is a reflection of the total AR so as the AR decreases the provision decreases.
5. Salaries have jumped due to increases in minimum wage, which has a ripple effect on the wage scale, RN market based increases, and adding two midlevels.
6. Acute/Swing Travelers are down compared to last year but still is historically high.



7. SNF Registry still continues to grow.



8. Ancillary Travelers are up 55% but I just split out that category last year from the generic Other Purchased Services so I don't have the ability to compare further back.
9. Other Purchased Services are down as we are doing laundry inhouse.
10. Utilities are up due to the construction project and having more buildings in our inventory.
11. Depreciation is up as we have acquired more property and assets that are in use. This will take a large jump next year as the new building comes online.

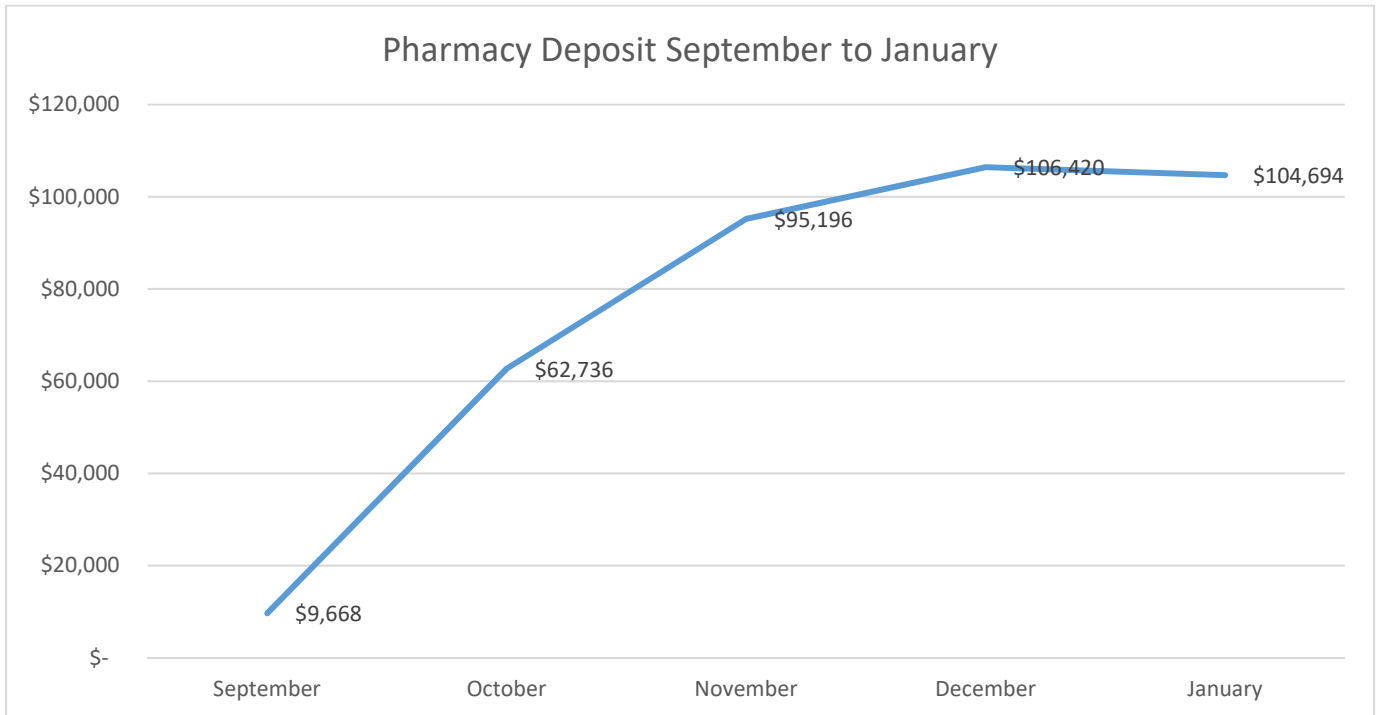
12. Rental Lease is down as we bought beds and aren't renting them nearly as often as last year.

Balance Sheet

1. Cash is down as we contributed our IGT to the HQAF program.
2. AR increased which is typical to have a trailing increase after November and December holidays.
3. Accounts Receivable other increased due to our HQAF receivable.
4. Building and Fixed Equipment will increase in February due to the acquisition of FR Arts building.
5. Our Current Ratio dropped to 4.65 which is still well ahead of the CAH Flex Average of 2.46. If anyone wants to look over any of the ratios heres the link. https://3jzjstox04m3j7cty2rs9yh9-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/StateMediansReport_2019_v3.pdf

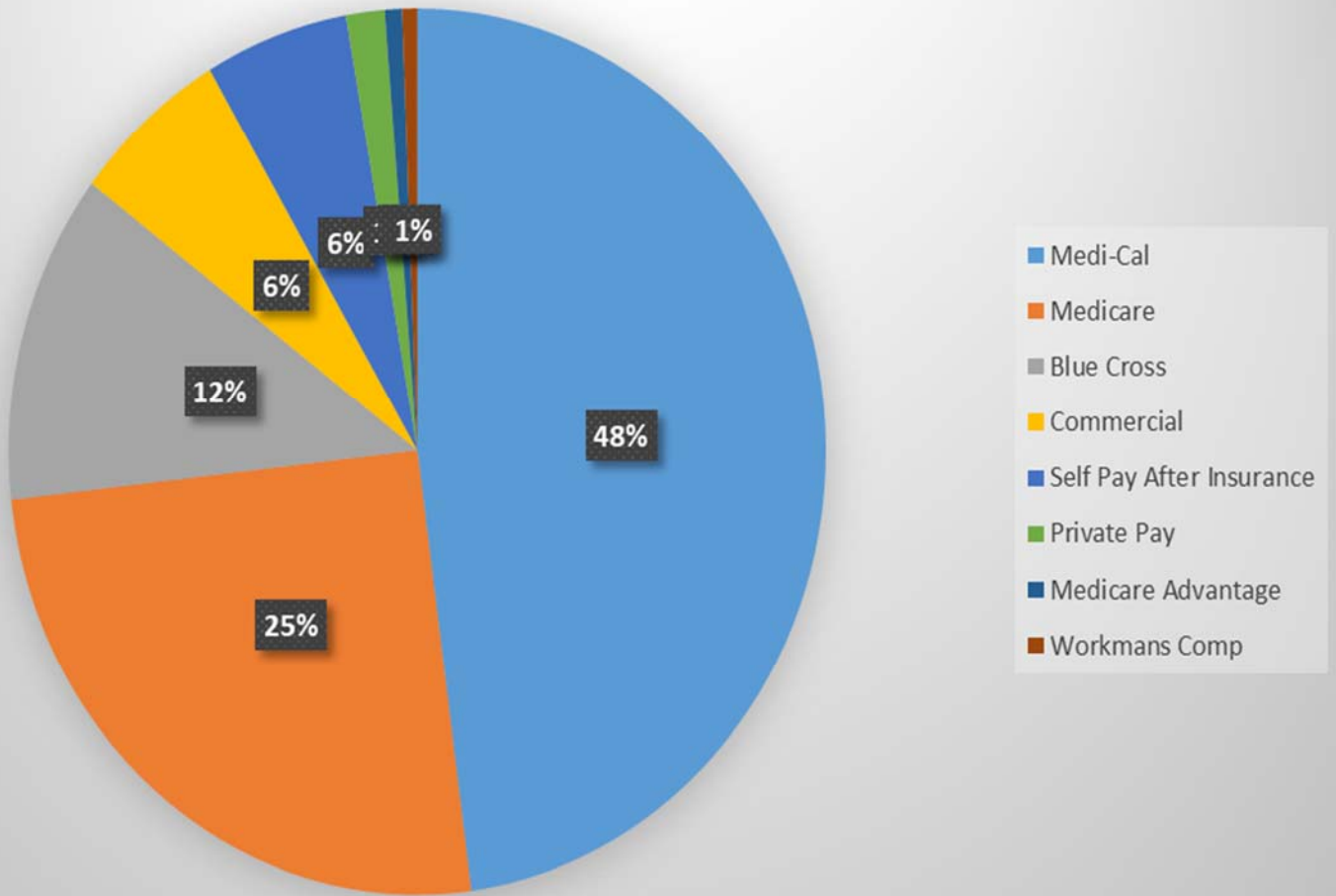
Miscellaneous

1. Retail Pharmacy Deposits are mostly on an upward trajectory. We need to get to a point where we are averaging around 120K per month to be a break even. As we are only in our 6th month of operation I'm hopeful we will get there over the next 6 months.



2. AR Days bumped up to 57 at the end of January and is at 52 today after our SNF payments were posted.
3. Cash should see a major increase by the end of the year as we are waiting on HQAF, Rate Range and our Cost Report Settlement.
4. I included a chart that shows payments by Payor. Given the SNF is a large portion of our revenue where the charges are barely more than the payments and most of those patients are on Medi-Cal it is not surprising that 48% of payments this year have come from Medi-Cal.

Payments by Payor YTD



MAYERS MEMORIAL HOSPITAL

Statement of Revenue and Expenses

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

2020 JANUARY ACTUAL	2019 JANUARY ACTUAL	Variance		FYE 2020 YTD ACTUAL	FYE 2019 YTD ACTUAL	Variance	Increase Decrease %
412,581	327,927	84,654	PATIENT REVENUE				
1,014,373	780,542	233,831	Acute	2,742,985.90	2,938,238.64	(195,253)	-6.61%
			Skilled Nursing	6,682,400	5,146,294	1,536,106	29.82%
			Inpatient Ancillary				
220,258	152,478	67,780	Acute	1,555,793	1,166,069	389,725	33.42%
309	(43)	352	Skilled Nursing	(1,836)	5,382	(7,218)	
1,647,520	1,260,903	386,617	Total Inpatient Revenue	10,979,343	9,255,983	1,723,360	18.62%
1,820,548	1,796,116	24,432	Total Outpatient Revenue	13,331,827	12,685,928	645,898	5.12%
3,468,068	3,057,019	411,049	Total Patient Revenue	24,311,170	21,941,911	2,369,259	10.82%
			DEDUCTIONS FROM REVENUE				
765,277	394,427	(370,849)	Contractuals - Care/Cal	6,140,979	4,777,462	(1,363,517)	
67,618	99,802	32,184	Contractuals - PPO	659,809	760,218	100,409	
(0)	0	0	Charity and Write Offs	107,563	0	(107,563)	
44,806	115,999	71,194	Admin Adjmts/Emp Discounts	298,887	833,081	534,194	
37,267	108,450	71,183	Provision for Bad Debts	280,942	500,034	219,092	
914,967	718,678	(196,289)	Total Deductions	7,488,180	6,870,795	(617,385)	
63,317	22,491	40,826	Other Operating Revenues	224,191	211,804	12,386	
2,616,419	2,360,832	255,587	Net Revenue	17,047,180	15,282,920	1,764,260	
			OPERATING EXPENSES				
971,494	719,790	(251,703)	Productive Salaries	5,937,117	5,322,041	(615,075)	-11.61%
136,688	123,285	(13,403)	Non-Productive Salaries	747,713	662,415	(85,298)	-12.91%
250,093	265,621	15,529	Employee Benefits	1,662,256	1,748,441	86,185	4.92%
277,529	203,384	(74,146)	Supplies	1,795,745	1,620,523	(175,222)	-10.81%
131,880	131,988	107	Professional Fees	1,014,817	1,017,929	3,112	.32%
65,024	84,351	19,328	Acute/Swing Travelers	394,867	417,797	22,930	5.52%
158,349	175,103	16,755	SNF Travelers	1,361,301	1,141,517	(219,784)	-19.31%
124,359	115,405	(8,954)	Ancillary Travelers	776,735	500,090	(276,646)	-55.31%
191,655	172,298	(19,357)	Other Purchased Services	998,153	1,209,759	211,606	17.52%
27,247	43,430	16,183	Repairs	139,896	251,659	111,763	44.42%
57,818	48,257	(9,562)	Utilities	377,424	305,100	(72,324)	-23.71%
22,191	19,799	(2,392)	Insurance	168,679	139,384	(29,295)	-21.01%
121,109	86,248	(34,861)	Other	391,672	464,455	72,784	15.72%
72,529	72,920	391	Depreciation	542,631	476,244	(66,387)	-13.91%
-	0	0	Bond Repayment Insurance	-	0	0	
17,911	17,911	0	Bond Repayment Interest	125,376	125,376	0	.02%
2,204	1,424	(780)	Interest	16,448	12,906	(3,542)	-27.41%
4,061	25,975	21,914	Rental - Lease	10,730	170,645	159,915	93.72%
2,632,139	2,307,187	(324,952)	Total Operating Expense	16,461,560	15,586,282	(875,278)	-5.61%
(15,721)	53,644	(69,365)	Income From Operations	585,620	(303,362)	888,982	
			NON-OPERATING REVENUE AND EXPENSE				
252,437	137,873	114,565	Non-Operating Revenue	2,780,460	1,041,226	1,739,234	
51,936	0	51,936	Interest Income	89,935	0	89,935	
121,709	0	(121,709)	Non-Operating Expense	650,820	0	(650,820)	
182,664	137,873	44,791	Total Non-Operating	2,219,576	1,041,226	1,178,350	
166,944	191,517	(24,574)	NET INCOME	2,805,196	737,864	2,067,332	

MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2020

	2019						2020						average
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	464,958.41	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	0.00	0.00	0.00	0.00	483,227.41
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													YTD total
CASH COLLECTIONS													cash collections
PATIENT PAYMENTS	2,054,550.07	2,023,782.09	1,774,139.24	2,276,150.54	2,077,542.19	1,980,831.00	2,008,536.70	0.00	0.00	0.00	0.00	0.00	14,195,531.83
COST REPORT SETTLEMENTS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,219.00
DSH (Disproportionate Share)	17,006.00	146.65	0.00	0.00	17,005.00	0.00	17,006.03	0.00	0.00	0.00	0.00	0.00	51,163.68
OUTPATIENT SUPPLEMENTAL	54,237.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,237.08
DPNF SUPPLEMENTAL	0.00	0.00	0.00	10,661.04	44,170.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,831.46
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	722,137.57	1,619,108.25	1,171,809.59	485,745.02	0.00	926,284.79	723,370.50	0.00	0.00	0.00	0.00	0.00	5,648,455.72
PRIME	0.00	0.00	0.00	0.00	0.00	675,000.00	0.00	0.00	0.00	0.00	0.00	0.00	675,000.00
IGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
QIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQAF	0.00	0.00	0.00	156,477.74	0.00	12,205.23	0.00	0.00	0.00	0.00	0.00	0.00	168,682.97
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TAXES	20,930.11	4,147.05	837.32	29,321.61	41.71	6,636.58	386,176.88	0.00	0.00	0.00	0.00	0.00	448,091.26
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	3,564.40	3,884.73	4,564.52	2,391.97	3,204.59	2,952.59	4,534.07	0.00	0.00	0.00	0.00	0.00	25,096.87
MISC (REBATES/REIMB ETC)	540,128.99	17,453.67	12,597.73	15,790.83	47,445.12	537,401.96	5,282.25	0.00	0.00	0.00	0.00	0.00	1,176,100.55
TOTAL COLLECTIONS	3,412,554.22	3,668,522.44	2,995,167.40	2,976,538.75	2,864,409.03	3,466,312.15	3,144,906.43	0.00	0.00	0.00	0.00	0.00	22,528,410.42
													YTD total
EXPENSES													expenses
INCOME STATEMENT EXPENSES	2,241,050.00	2,404,838.00	2,428,272.00	2,083,420.82	2,000,784.87	2,186,708.20	2,557,406.62	0.00	0.00	0.00	0.00	0.00	15,902,480.51
ASSET EXPENSES	0.00	0.00	0.00	0.00	883,011.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	883,011.43
CIP EXPENSES	871,023.18	2,088,240.00	1,352,052.41	169,228.41	844,942.85	997,518.70	1,047,291.49	0.00	0.00	0.00	0.00	0.00	7,370,297.04
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	337,500.00	0.00	0.00	1,010,999.00	0.00	0.00	0.00	0.00	0.00	1,348,499.00
USDA PRIN-INT PYMTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,219.00
CAPITAL LEASES	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	0.00	0.00	0.00	0.00	0.00	14,578.06
TOTAL EXPENSES	3,114,155.76	4,495,160.58	3,813,625.99	2,592,231.81	3,730,821.73	3,186,309.48	4,617,779.69	0.00	0.00	0.00	0.00	0.00	25,550,085.04
collections less expenses	298,398.46	(826,638.14)	(818,458.59)	384,306.94	(866,412.70)	280,002.67	(1,472,873.26)	0.00	0.00	0.00	0.00	0.00	(3,021,674.62)
													average
ENDING AP BALANCE	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	0.00	0.00	0.00	0.00	0.00	487,271.37
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
													ending balance



United States Department of Agriculture

Rural Development

Sturges Field Office

21 W, 8th Street
Sturges, CA
95101-3211

Phone 530.233.4137
Fax 844.206.6796

January 16, 2020

Mr. Travis Lakey, CFO
Mayers Memorial Hospital District
PO Box 459
Fall River Mills, CA 96028

Subject: Hospital Expansion Project
Partial Payment Estimate No. 33A

Dear Mr. Lakey:

Enclosed is a copy of the accepted Form RD 1924-18, Partial Payment Estimate No. 33A, reflecting total "Other Costs" of \$188,991.50 for the period of 11/1/2019 through 11/30/2019 as itemized on the attached Outlay Report.

Please let this letter serve as authorization to issue payments in the amount of \$188,991.50 from the project account.

The sources of funds for this payment are as follows:

Mayers Memorial Hospital District	\$2,280.00
USDA Loan Funds:	\$186,711.50

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or mike.colbert@ca.usda.gov.

Sincerely,

J. Michael Colbert
Community Programs Specialist

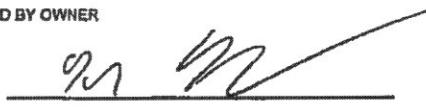
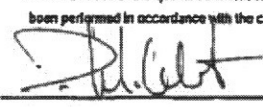
Enclosures

Form RD 1924-18 (Rev. 6-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY PARTIAL PAYMENT ESTIMATE	CONTRACT NO PARTIAL PAYMENT ESTIMATE NO 33A PAGE 1 of 1 PERIOD OF ESTIMATE FROM <u>11/1/2019</u> TO <u>11/30/2019</u>
OWNER: MAYERS MEMORIAL HOSPITAL DISTRICT	*NON-CONTRACTOR COSTS*	

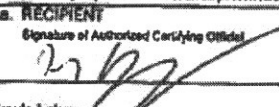
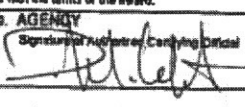
CONTRACT CHANGE ORDER SUMMARY					
NO.	Agency Approval Date	Amount			
		Additions	Deductions		
2	02/08/19		\$13,273.85	1. Original Contract	\$10,704,588.10
3	06/20/19	\$29,228.81		2. Change Orders	-\$356,948.43
1-A	08/05/19		\$10,992.62	3. Revised Contract (1+2)	\$10,347,637.67
4-10	08/14/19		\$302,519.04	4. Work Completed*	\$8,861,850.76
11-16	10/03/19		\$63,219.29	5. Stored Materials*	
18	10/23/19		\$6,172.64	6. Subtotal (4+5)	\$8,861,850.76
TOTALS		\$29,228.81	\$388,177.24	7. Retainage*	
NET CHANGE			-\$356,948.43	8. Previous Payments	\$8,672,859.28
				9. Amount Due (6-7-8)	\$189,991.50

* Detailed breakdown attached

CONTRACT TIME					
Original (days)	390	On Schedule	<input checked="" type="checkbox"/> Yes	Starting Date	8/11/2018
Revised			<input type="checkbox"/> No	Projected Completion	7/6/2019
Remaining	-147				

APPROVED BY OWNER Owner <u></u> By <u>CFO</u> Date <u>1/16/19</u>	ACCEPTED BY AGENCY The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents. By <u></u> Title <u>Community Programs Specialist</u> Date <u>1-16-2020</u>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0578-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS (See Instructions on Back)		OMB Approval No. 6348-0072		Page 1 of 1	
1. Federal Sponsoring Agency USDA Rural Development		3. Type of Request Final <input type="checkbox"/> Partial <input checked="" type="checkbox"/>		2. Basis of Request x Cash <input type="checkbox"/> Accrual <input type="checkbox"/>	
4. Federal Grant ID Number		5. Partial Payment Request No. 33A & 3B		6. PERIOD COVERED BY THIS REQUEST From 11/1/2019 To: 11/30/2019	
7. Employer ID Number 04-045-754413938		8. Recipient Organization Mayers Memorial Hospital District Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 95026		10. Payee Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 95026	
11. STATUS OF FUNDS					
CLASSIFICATION	PROGRAMS		FUNCTIONS		TOTAL
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THRU PERIOD	ACCUM TO DATE	
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 100,000.00	\$ 15,312.15	\$ 89,462.36	\$ 10,537.62
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,289.32	\$ -	\$ 10,289.32	\$ -
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00	\$ -
d. Moving Expenses	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00
e. OSHPD Fees	\$ 250,000.00	\$ 280,000.00	\$ 11,180.00	\$ 248,937.52	\$ 1,062.48
f. Consultants - Specialty - Project Management	\$ 145,120.00 \$ 254,880.00	\$ 48,486.72 \$ 1,094,136.42	\$ - # \$ 100,208.87	\$ 48,486.72 \$ 1,058,106.79	\$ - \$ 38,029.63
g. Special Inspection & IOR	\$ 505,000.00	\$ 283,617.86	\$ 17,218.90	\$ 283,617.86	\$ -
h. County & Local Fees, Testing	\$ 200,000.00	\$ 182,551.15	\$ 18,728.00	\$ 182,551.15	\$ -
i. Pre-Design Architectural Salem/Demolition/Misc		\$ 89,323.10 \$ 89,932.79	\$ - \$ 21,087.66	\$ 89,323.10 \$ 89,932.79	\$ -
j. Equipment District	\$ 1,804,000.00	\$ 1,881,486.10	\$ 2,280.00	\$ 377,661.30	\$ 1,203,824.80
k. Refinance Debt 2011 COP	\$ 1,848,832.00	\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
2011 GO Bond	\$ 4,632,688.00	# \$ 4,698,365.63	# \$ -	\$ 4,698,365.63	\$ -
l. Landscaping - District Forced Account		\$ 150,000.00	\$ -	\$ -	\$ 150,000.00
m. Contingencies	\$ 2,222,708.00	\$ 59,254.36	\$ -	\$ -	\$ 59,254.36
TOTAL SOFT COSTS	\$ 12,128,398.00	\$ 10,347,437.67	\$ 188,581.50	\$ 8,881,880.78	\$ 1,485,788.81
Design-Build Contract - Design	\$ 1,080,000.00	\$ 1,239,780.00	\$ 5,617.00	\$ 1,147,843.95	\$ 92,156.05
- Construction	\$ 9,596,894.00	\$ 11,995,581.00	\$ 500,898.00	\$ 9,911,188.03	\$ 2,084,392.97
- Change Orders		\$ 358,948.43	\$ 29,944.00	\$ 159,566.78	\$ 197,381.67
- Contingency		# \$ 388,662.00	# \$ -	\$ 291,328.90	\$ 15,333.10
TOTAL DESIGN-BUILD COSTS	\$ 10,676,894.00	\$ 13,682,961.43	\$ 536,459.00	\$ 11,589,727.64	\$ 2,358,228.79
c. TOTAL CUMULATIVE COSTS	\$ 22,805,292.00	\$ 24,241,449.10	\$ 724,840.50	\$ 20,371,608.42	\$ 3,675,012.78
g. Applicant Contributions	\$ 1,000,100.00	\$ 2,241,548.10	\$ 2,240.00	\$ 1,237,780.30	\$ 1,203,002.80
g. NET CUMULATIVE COSTS	\$ 21,805,092.00	\$ 21,805,092.00	\$ 723,370.50	\$ 19,133,790.12	\$ 2,671,299.88
r. Federal loan to date	97-01 \$ 9,800,000.00	\$ 9,800,000.00	\$ 723,370.50	\$ 6,588,492.83	\$ 1,311,507.18
97-02 RF \$ 4,300,000.00	\$ 4,300,000.00	\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
97-02 \$ 4,300,000.00	\$ 4,300,000.00	\$ 2,590,816.80	\$ -	\$ 1,232,813.28	\$ 1,357,702.52
97-03 RF \$ 7,805,000.00	\$ 7,805,000.00	\$ 4,574,000.00	\$ -	\$ 4,574,000.00	\$ -
97-04 B \$ 7,805,000.00	\$ 7,805,000.00	\$ 3,031,000.00	\$ -	\$ 3,031,000.00	\$ -
TOTAL FEDERAL SHARE TO DATE	\$ 21,805,000.00	\$ 21,805,000.00	\$ 723,370.50	\$ 19,133,790.33	\$ 2,671,209.67
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 18,410,419.83	
t. Amount requested for reimbursement	\$ 21,805,000.00	\$ 21,805,000.00	\$ 723,370.50	\$ 18,133,790.33	\$ 2,671,209.67
u. Percentage of physical completion	100%		2.89%	84.02%	
12. CERTIFICATION					
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.					
a. RECIPIENT			b. AGENCY		
Signature of Authorized Certifying Official 		Date 1/16/19	Signature of Authorized Certifying Official 		Date 1-16-2020
Travis Lakey (Typed or Printed Name and Title)		530.336.7512 (Telephone)	J. Michael Cobert (Typed or Printed Name and Title)		530.233.4137 X 112 (Telephone)