

Finance Committee

January 9, 2025

Finance Board Packet

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OUR MISSION

“We Focus on Personalized Quality Health Care and Wellness for Those We Serve”

OUR VISION

“Oak Valley Hospital District Will Continue as an Independent Locally Controlled and Governed Special District Hospital.

OUR VALUES

“Accountability; Being Responsible for Actions Taken and Not Taken
Integrity; Doing the Right Thing for the Right Reason
Respect; Valuing All People at All Times”

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**OAK VALLEY HOSPITAL DISTRICT  
FINANCE COMMITTEE MEETING  
January 9, 2025**

**ROYAL OAK CONFERENCE ROOM  
1425 West H Street, Oakdale,  
California 5:00 P.M.**

**AGENDA**

5:00 p.m.      Call Meeting to Order      Edward Chock, M.D., Chairperson

**PUBLIC COMMENT**

In compliance with the California Brown Act the District Board of Directors welcomes comments from the public.

This is the opportunity for members of the public to directly address the District Board of Directors on any item of interest to the public under the jurisdiction of the District including items on this agenda.

Persons wishing to make a presentation to the Board of Directors shall observe the following procedure:

1. A written request to the Board on the form provided at the meeting (optional)
2. Oral presentations are limited to three (3) minutes.
3. Members of the public will be afforded the opportunity to speak at the beginning of the public meeting during the general Public Comment section of the agenda on any item under the jurisdiction of the District as well as during the consideration of an individual item on the agenda for that public meeting, however the three-minute limit described in item 2, above, will be applied to an individual’s cumulative comments during the meeting.

The proceedings of the Board are recorded and are part of the public record.

Materials related to an item on this Agenda, submitted to the Oak Valley Hospital District after distribution of the agenda packet, are available for public inspection in the Secretary’s Office at 1425 West H Street, Suite 270, Oakdale, CA during normal business hours.



**APPROVAL OF MINUTES**

Action Approve Minutes of December 5, 2024

**FINANCE COMMITTEE REPORT**

Action Financial Report for November 2024 Ann Croskrey, CFO

Information Receivables Scorecard Ann Croskrey, CFO

Information Fund Transfers/Investment Review Ann Croskrey, CFO

**ADJOURNMENT**

Posted on: January 6, 2025

By: Sheryl Perry, Clerk of the Board

In observance of the Americans with Disabilities Act, please notify us at 209-848-4102 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

OAK VALLEY HOSPITAL DISTRICT  
**December 5, 2024**  
FINANCE COMMITTEE MEETING  
MINTUES

Committee Members

Edward Chock, M.D., Chairperson  
Jim Teter, Vice Chairperson  
Matthew Heyn, Pres. & CEO  
Will Pringle, V.P., ONRC  
David Neal, VP, Nursing  
Ann Croskrey, CFO

**MEETING CALLED TO ORDER**

The Finance Committee meeting was called to order by Edward Chock, M.D., Chairperson at 5:00 p.m.

**PUBLIC COMMENT**

Public in attendance.

**APPROVAL OF MINUTES: - November 7, 2024:**

Matthew Heyn made the motion to approve the November 7, 2024, Finance minutes. Ann Croskrey made the second. No Public Input.

Chock - Aye  
Teter - Abstain  
Heyn - Aye  
Neal - Aye  
Croskrey - Aye

**MOTION CARRIED**

**FINANCIALS:**

Financial Report for October 2024

Ann Croskrey, CFO presented the October Financial Report.

Executive Summary:

In October, the District posted a profit from operations before new hospital expenses of \$1.197 million dollars. The profit from operations including new hospital expenses was \$811 thousand dollars. The difference is the new hospital expenses of interest and depreciation. As

of the end of October, the year-to-date earnings before interest and depreciation (EBIDA), was 16.9%. Accounts receivable gross days increased from 77 days to 79 days, and days of cash on hand decreased from 99 to 95 days.

**Income Statement:**

**Acute Care Revenue:**

In October we had 37 acute care admits. Our acute care inpatient days were 169 in October. We also had 24 patients in October admitted to an observation status on the Med/Surg acute care unit, but they are considered outpatients as they are not sick enough to meet inpatient criteria. Even though the patients do not meet inpatient criteria, they still require significant staffing and other resources.

**Skilled Nursing:**

In skilled nursing, we had 2,929 Resident (patient) days during October. Our skilled nursing average daily census for October was 94, and we had 8 admits.

**Outpatient Services:**

The emergency room averaged 55 daily visits in October.

**Clinic Services:**

Clinic visits for all the clinics totaled 4,616 during October. During October, telehealth visits comprised 19% of total clinic visits. Telehealth visits remain an excellent tool to see clinic patients that may not otherwise have access.

**Ambulance Services:**

Our ambulance services sector had 687 “runs” in October. This is an increase of 20% from last year in October, when there were 572 runs.

Expenses:

The nursing shortage continues to require the use of travelers. In October we incurred \$124K in RN traveler costs. The hiring of more nurses and closure of the ICU has positively impacted traveler costs.

Our benefit package is a valuable tool for employee attraction and retention. In October we incurred \$374K in health insurance costs for our employees and their dependents.

Balance Sheet

Days of Cash on Hand:

Our days of cash on hand as of the end of October were at 95 days. This total includes \$5 million dollars received from the 2024 revenue bonds that are being held to repay the balance of the bridge loans due in January of 2025, which amounts to approximately 24 days of cash on hand. During November we will be wiring out approximately \$6 million dollars for the first round of our intergovernmental transfers (IGT's). Cash will continue to decline until April as we send out IGT's and await the return of the IGT funds. The District continues to manage cash closely.

Accounts Receivable Gross Days:

Gross days in accounts receivable increased by 2 days during October. Our Patient Financial Services manager has gone out on long-term medical leave. We have engaged an interim manager/consultant to help evaluate the department procedures, train the staff in procedures to improve efficiency, and bring down the accounts receivable days.

Jim Teter made the motion to approve the October 2024 Financial Report. Will Pringle made the second. No public input.

- Chock - Aye
- Teter - Aye
- Heyn - Aye
- Neal - Aye
- Croskrey - Aye

**MOTION CARRIED**

**Receivables Scorecard:**

Our gross receivable days from all sources increased from 77 to 79. This was unexpected, given the effort we have put into improving this metric.

We successfully closed November, reducing receivable days to 76. While this is still unacceptably high, we recognize the need for improvement and are actively taking steps to address it.

**Fund Transfers/Investment Review & Recommendation:**

During the month of October, we transferred \$1 million dollars from LAIF into our operating account. Additionally, accrued interest resulted in a net change of \$936,000. This brings our ending balance to \$15,832,568.

**ADJOURNMENT**

Jim Teter made the motion to adjourn the Finance Committee meeting. David Neal made the second. No public input.

- Chock - Aye
- Teter - Aye
- Heyn - Aye
- Neal - Aye
- Croskrey - Aye

**MOTION CARRIED**

[The meeting was adjourned at 5:08 p.m.](#)

Recorder: Sheryl Perry, Clerk of the Board

APPROVED: Edward Chock, M.D., Secretary

\_\_\_\_\_

DATE:

\_\_\_\_\_

To: Finance Committee

From: Ann Croskrey

Date: January 2, 2025

Subject: Hospital Operations – November 2024

## Executive Summary

In November, the District posted a profit from operations before new hospital expenses of \$1.050 million dollars. The profit from operations including new hospital expenses was \$664 thousand dollars. The difference is the new hospital expenses of interest and depreciation.

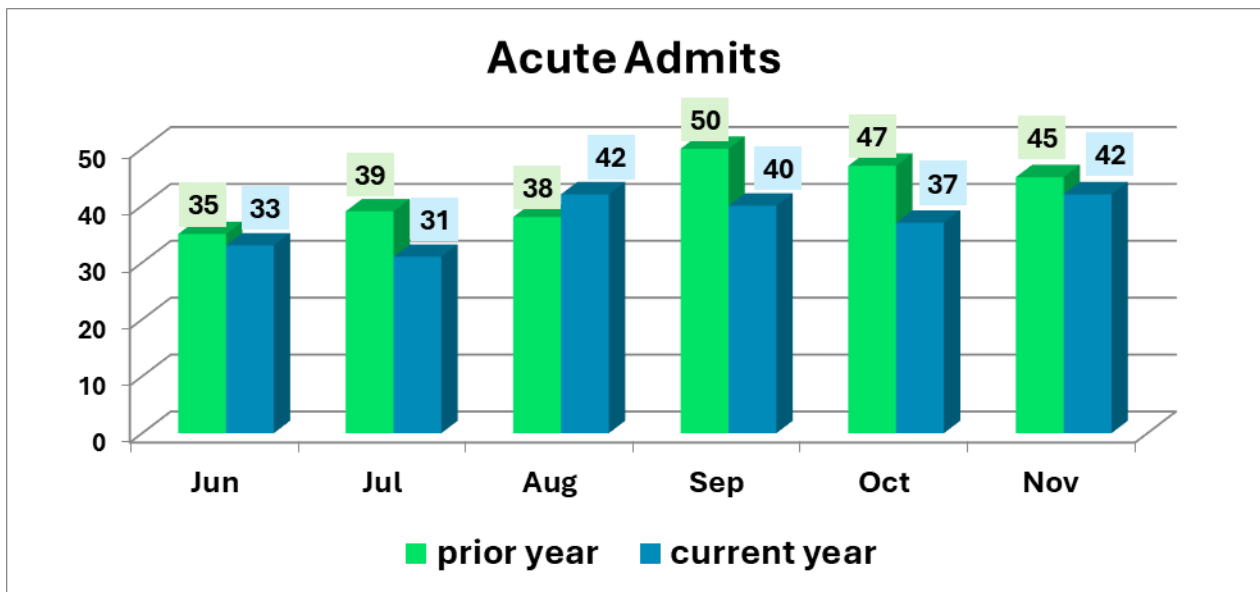
As of the end of November, the year-to-date earnings before interest and depreciation (EBIDA), was 17.2%. Accounts receivable gross days decreased from 79 days to 76 days, and days of cash on hand decreased from 95 to 60 days.

The decrease in cash was mainly from sending out almost \$6 million dollars in intergovernmental transfers, which will be returned with matching federal funds in a few months.

## Income Statement

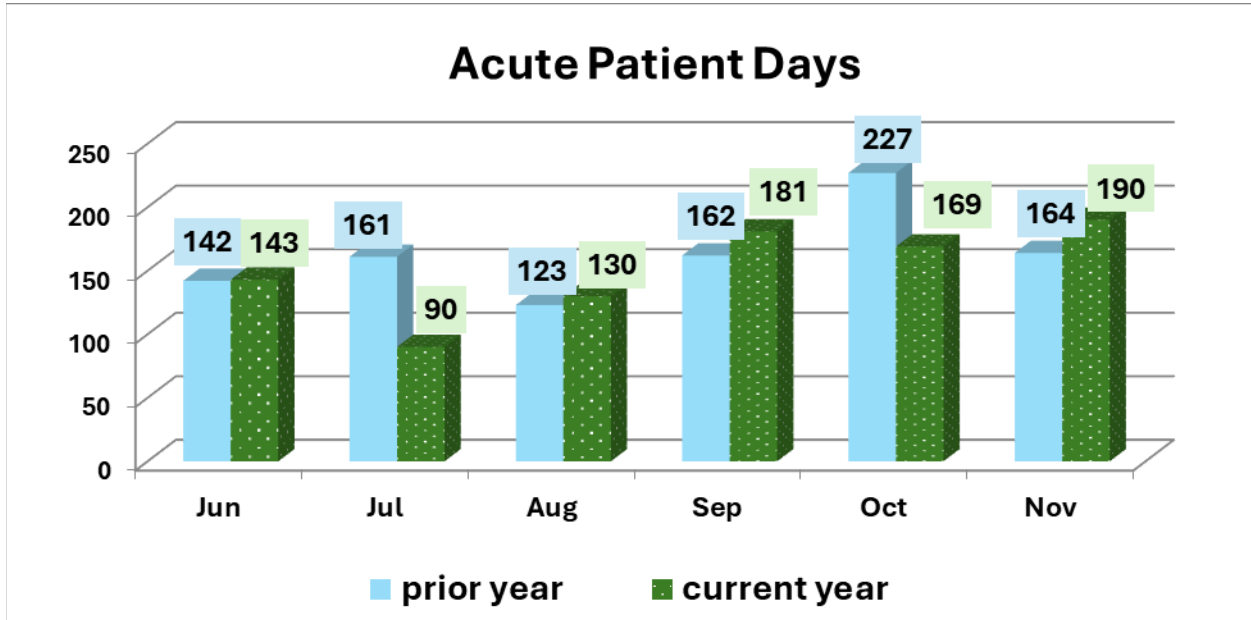
### Acute Care Revenue:

In November we had 42 acute care admits.

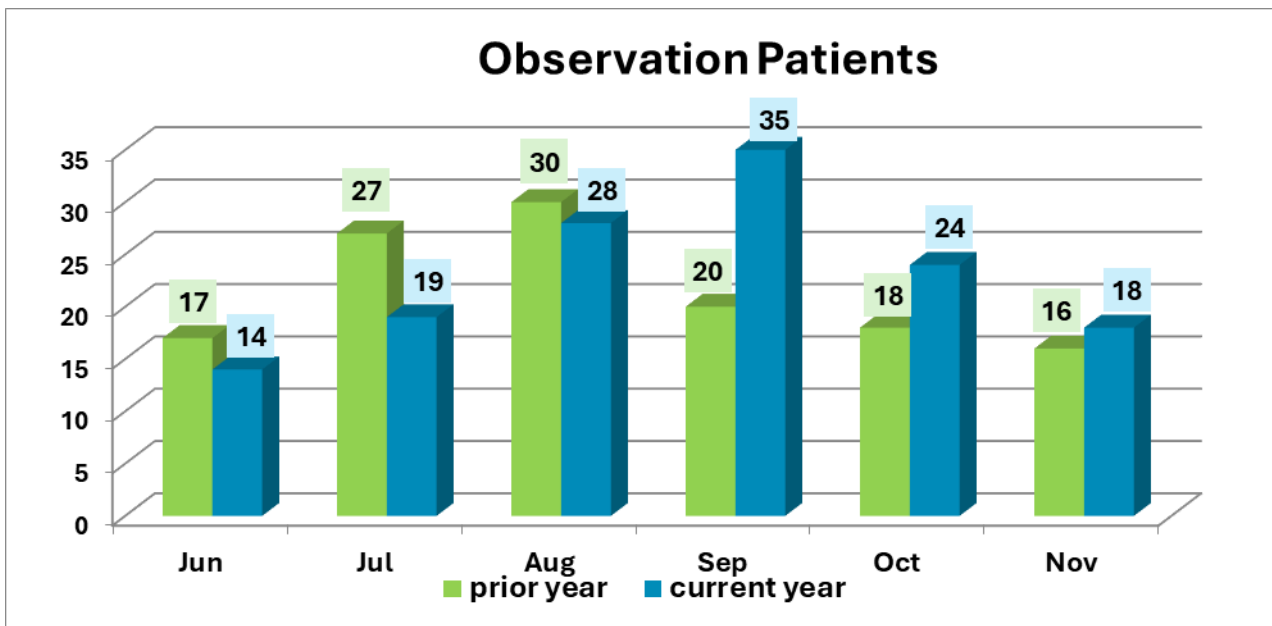




Our acute care inpatient days were 190 in November.

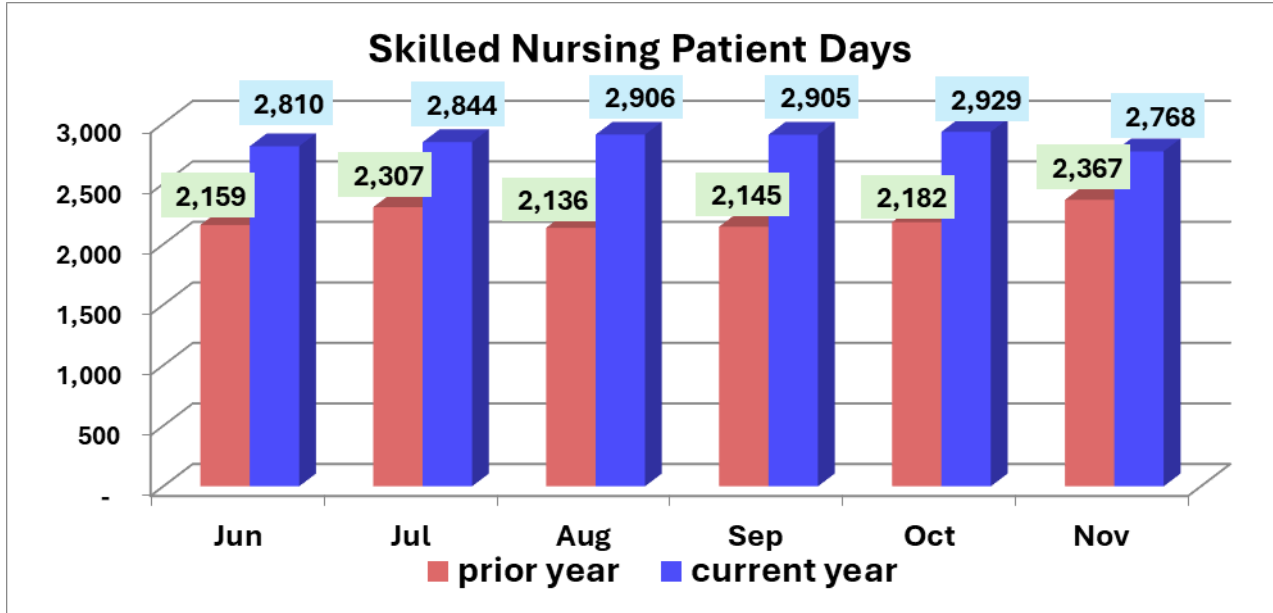


We also had 18 patients in November admitted to an observation status on the Med/Surg acute care unit, but they are considered outpatients as they are not sick enough to meet inpatient criteria. Even though the patients do not meet inpatient criteria, they still require significant staffing and other resources.

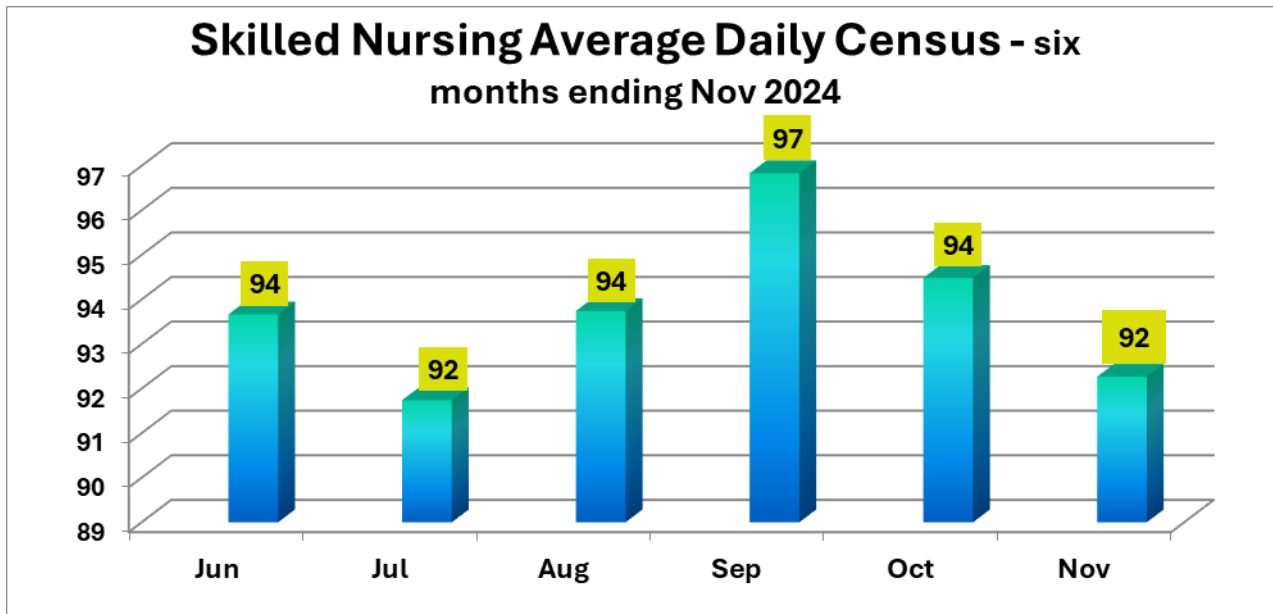


## Skilled Nursing:

In skilled nursing, we had 2,768 Resident (patient) days during November.

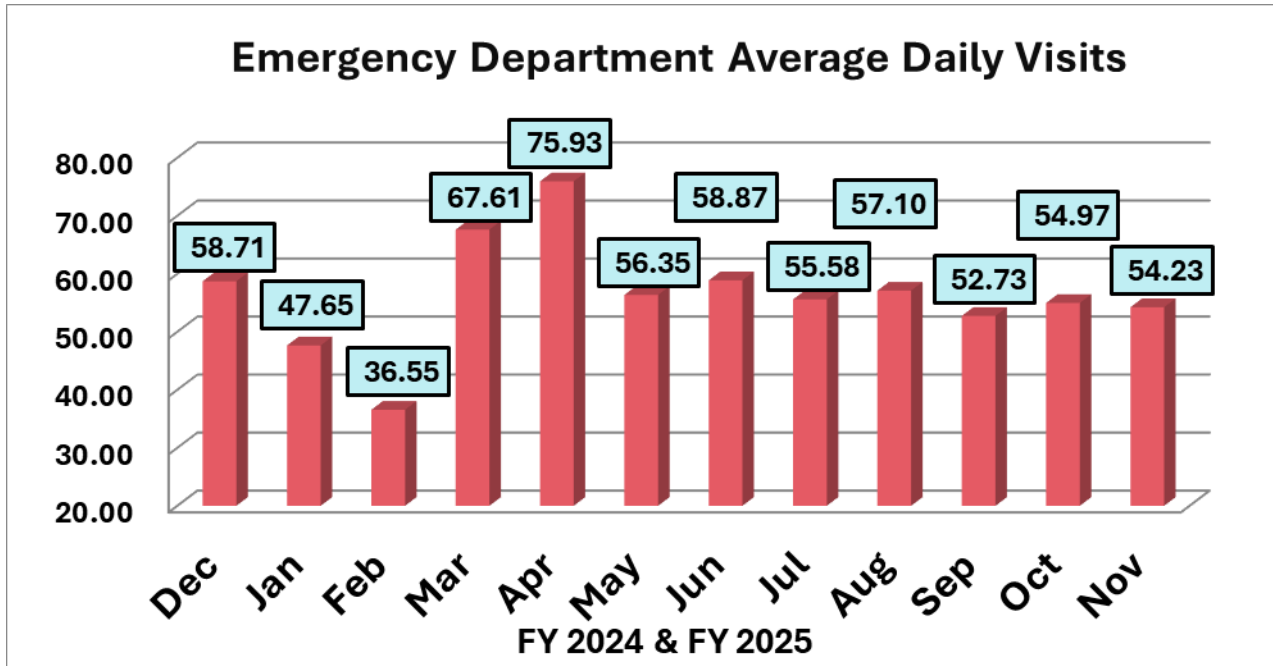


Our skilled nursing average daily census for November was 92, and we had 10 admits.



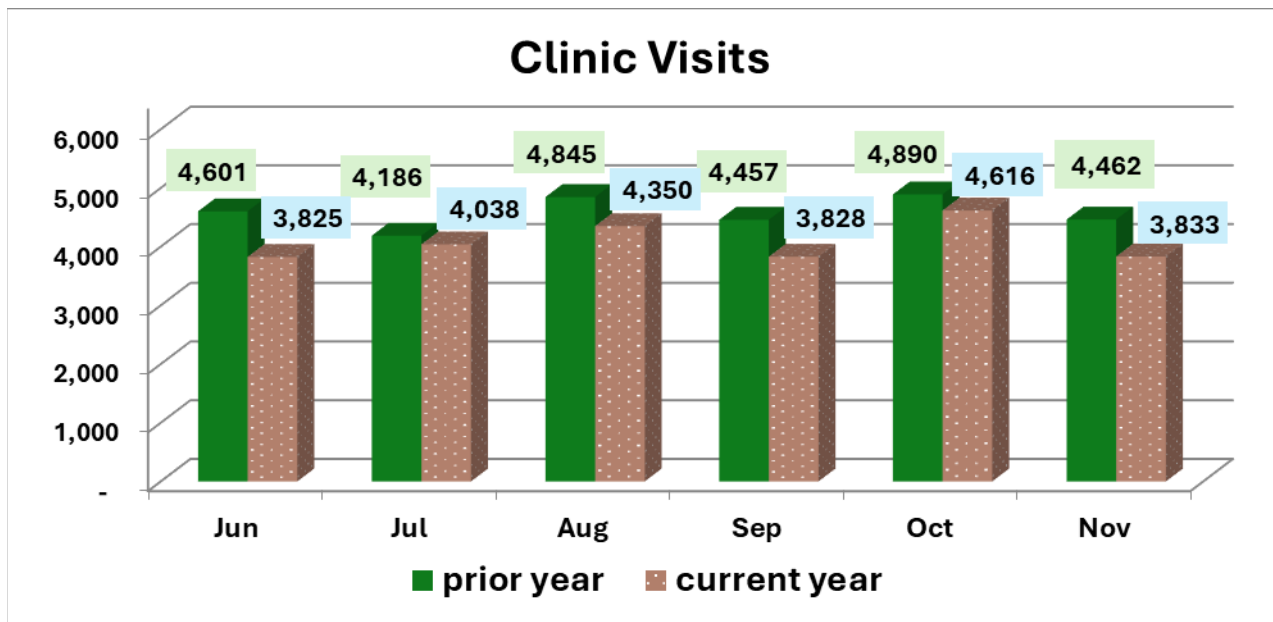
## Outpatient Services

The emergency room averaged 54 daily visits in November. The graph below shows the average daily visits for the last twelve months.

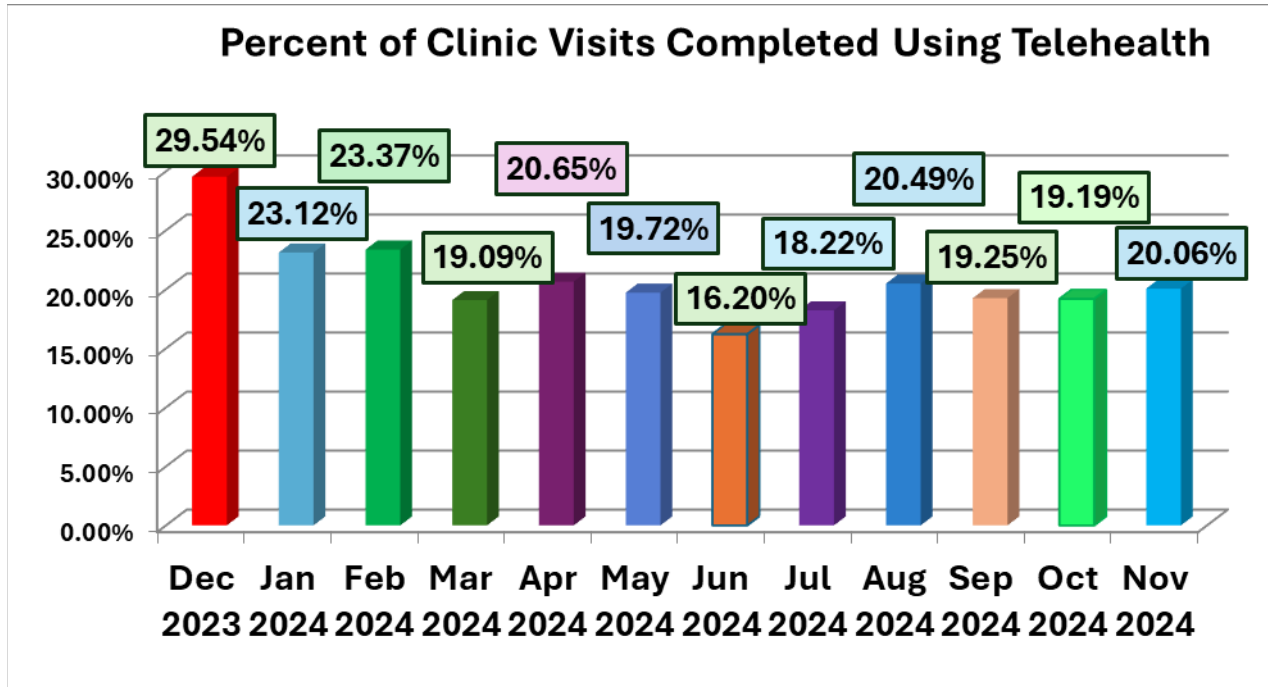


### Clinic Services:

Clinic visits for all the clinics totaled 3,833 during November. The graph below shows the total number of clinic visits for the last six months with a comparison to the prior year.

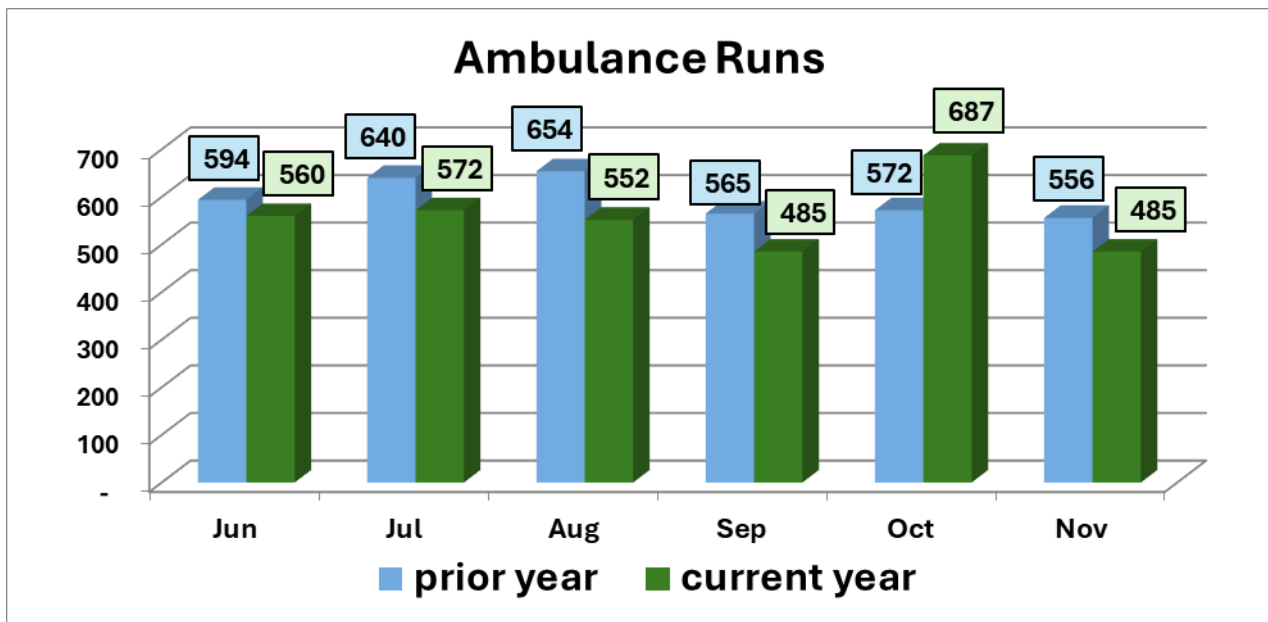


During November, telehealth visits comprised 20% of total clinic visits. Telehealth visits remain an excellent tool to see clinic patients that may not otherwise have access.



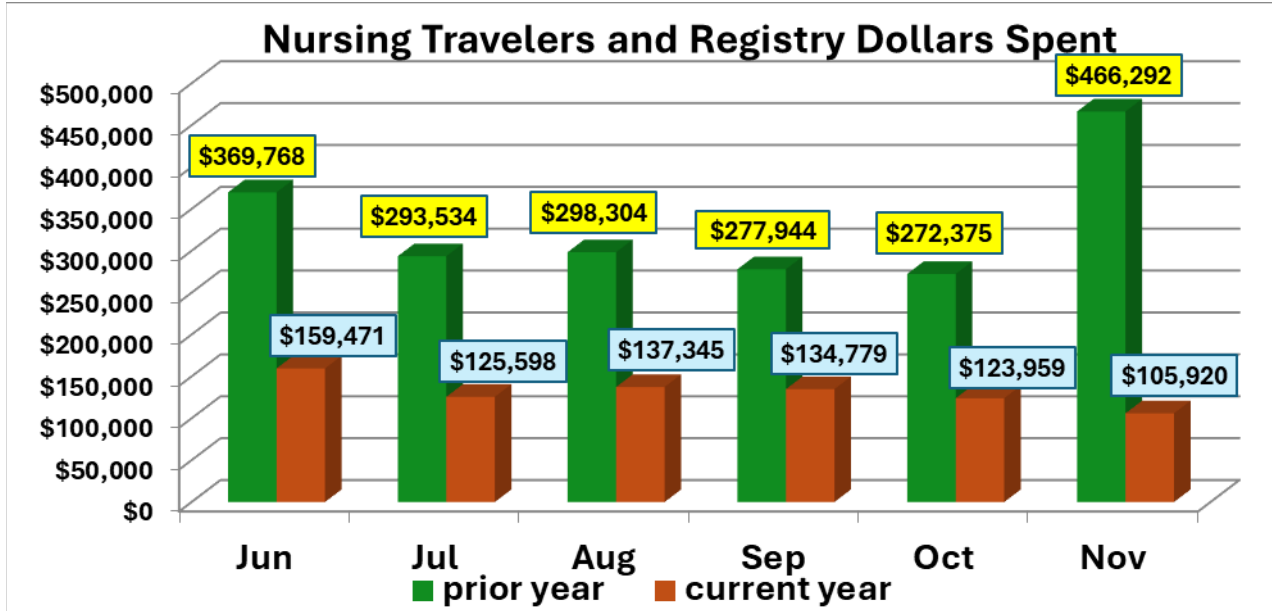
### Ambulance Services:

Our ambulance services sector had 485 “runs” in November.

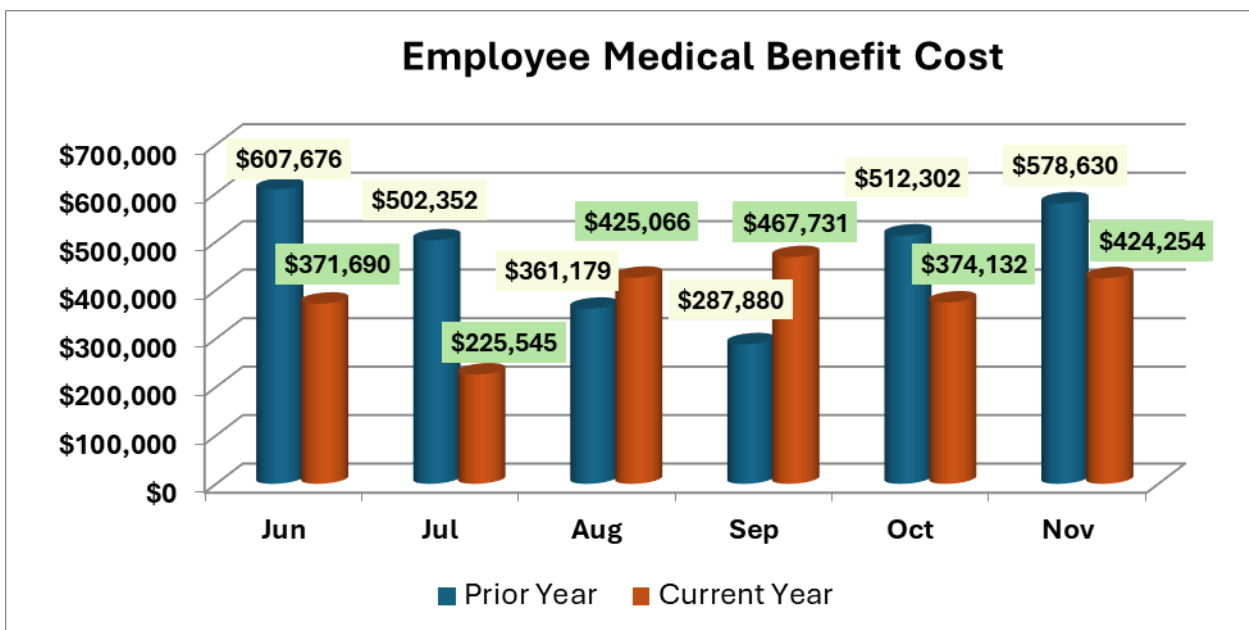


## Expenses:

The nursing shortage continues to require the use of travelers. In November we incurred \$106K in RN traveler costs. The hiring of more nurses and closure of the ICU has positively impacted traveler costs.



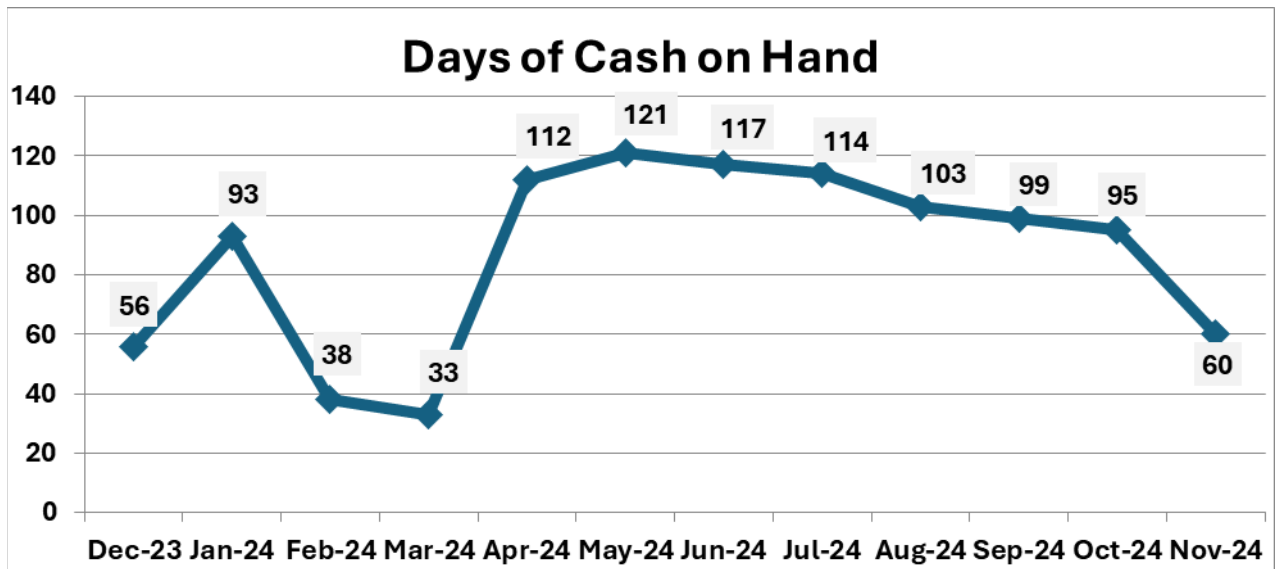
Our benefit package is a valuable tool for employee attraction and retention. In November we incurred \$424K in health insurance costs for our employees and their dependents.



**Balance Sheet**

**Days of Cash on Hand**

Our days of cash on hand as of the end of November were at 60 days. This total includes \$5 million dollars received from the 2024 revenue bonds that are being held to repay the balance of the bridge loans due in January of 2025, which amounts to approximately 24 days of cash on hand. During November we wired out approximately \$6 million dollars for the first round of our intergovernmental transfers (IGT's). November was also a month with 3 paydates instead of the usual 2. Cash will continue to decline until April as we send out IGT's and await the return of the IGT funds. The District continues to manage cash closely.



## Accounts Receivable Gross Days

The gross accounts receivable days for the last twelve months are shown below. Gross days in accounts receivable decreased by 3 days during November. Our Patient Financial Services manager has gone out on long-term medical leave. We have engaged an interim manager/consultant to help evaluate the department procedures, train the staff in procedures to improve efficiency, and bring down the accounts receivable days. The process is going extremely well and we have identified several areas where we can make improvements to the billing processes. Changes are underway and we reduced A/R days significantly during December, ending the month of December at 64 days.

