Northern Inyo County Local Hospital District

Board of Directors Regular Meeting

Wednesday March 19, 2008; 5:30pm

Board Room
Northern Inyo Hospital

DRAFT AGENDA

NORTHERN INYO COUNTY LOCAL HOSPITAL DISTRICT
BOARD OF DIRECTORS MEETING
March 19, 2008 at 5:30 P.M.
In the Board Room at Northern Inyo Hospital

1. Call to Order (at 5:30 P.M.).
2. Opportunity for members of the public to comment on any items on this Agenda.
3. Approval of minutes of the February 6 2008 special meeting, and the February 20 2008 regular meeting.
4. Financial and Statistical Reports for the month of January 2008; John Halfen
5. Administrator's Report ; John Halfen

   A. Building Update

   B. Proposed Legislation on Tax Exempt Bonds

   C. HCAHPS Patient Satisfaction Survey

   D. Medicare Margins for Cost Reporting years 1997- 2006

   E. General Obligation Bond Update

   F. Pension Status Report

   G. Never Events

   H. Passing of an employee

   I. FYI Section:

   - Dietary Inspection

   J. Other

6. Chief of Staff Report – Richard Nicholson, M.D.
7. Old Business

   A. Reaffirmation of John Halfen as negotiator regarding potential acquisition of real property at 2957 Birch Street, Bishop, California. Negotiation will be with the designee(s) of Southern Mono County Healthcare District.

   B. Reaffirmation of John Halfen as negotiator regarding potential acquisition of real property at 152-H Pioneer Lane, Bishop, California. Negotiation will be with the designee(s) of Pioneer Medical Associates and/or Alice Casey, M.D. and Clifford Beck, M.D. (*action item*).

8. New Business

   A. Naming of new Buildings/Rooms (*action item*)

   B. Ratification of Contracts Negotiator Agreement (*action item*)

   C. PE Systems Agreement (*action item*)

   D. Language Services Annual Report; Jose Garcia

   E. Employee / Patient Advocate Report; Lucy Alarid

9. Reports from Board members on items of interest.
10. Opportunity for members of the public to comment on any items on this Agenda, and/or on any items of interest.
11. Adjournment to closed session to:
    A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
    B. Instruction of negotiator regarding price and terms of payment for the purchase, sale, exchange, or lease of real property (Government Code Section 54956.8).
    C. Instruction of negotiator regarding price and terms of payment for the purchase, sale, exchange, or lease of a second real property (Government Code Section 54956.8).
    D. Discussion with counsel of pending litigation and whether or not the District shall initiate litigation. This discussion will be held under the authority of Government Code Section 54956.9(c).
    E. Confer with legal counsel regarding pending litigation against the District by an employee (Government Code Section 54956.9(a)).
    F. Confer with legal counsel regarding claim received against Northern Inyo County Local Hospital District (Government Code Section 54956.0(a)).
12. Return to open session, and report of any action taken in closed session.
13. Opportunity for members of the public to address the Board of Directors on items of interest.
14. Adjournment

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CALL TO ORDER	The meeting was called to order at 12:00 noon by Peter Watercott, President.
PRESENT	Peter Watercott, President D. Scott Clark, M.D., Vice President Michael Phillips, M.D., Secretary John Ungersma, M.D., Treasurer
ALSO PRESENT	John Halfen, Administrator Douglas Buchanan, Esq., Hospital District Legal Counsel Adam Taylor, Information Technology Department Head Jeanette Smith, former Information Technology Senior Help Desk Technician Sandy Blumberg, Administration Secretary
ABSENT	M.C. Hubbard, Director Richard Nicholson, M.D., Chief of Staff
PUBLIC COMMENTS ON AGENDA	Mr. Watercott asked if any members of the public wished to address the Board on any items listed on the agenda for this meeting. No comments were heard.
CONSIDERATION OF AN EMPLOYEE GRIEVANCE	Mr. Watercott referred to the first item on the agenda, an employee grievance filed by Jeanette Smith, former Senior Information Technology Technician and Applications Analyst who was terminated from employment at Northern Inyo Hospital (NIH) on December 26, 2007. Ms. Smith was terminated "for not making arrangements for covering assigned call time while on vacation, per standard procedure for the Information Technology (IT) department". Ms. Smith filed a grievance objecting to her termination which was reviewed by her immediate supervisor and by Administration, both of whom rejected her request for reinstatement. Mr. Halfen explained that the next step in the grievance procedure is to request a hearing of the District Board, which is the reason this meeting was called. Mr. Watercott stated protocol for the grievance procedure is to allow the grievant to present their case for reinstatement first. Ms. Smith read a prepared statement requesting reinstatement, then addressed the Board stating her feeling that her termination was the result of a verbal misunderstanding between herself and her supervisor. She further stated that she did in fact take call following her return from vacation in December, and that she turned her pager on prior to 5pm on December 21 2007 per the assigned IT Department call schedule. Ms. Smith also stated she was surprised by her termination because she has received positive annual reviews and was unaware that issues existed between herself and Information Technology Department Head Adam Taylor. Ms. Smith

further stated she feels she has always performed her assigned duties to a high standard and has received positive feedback from her supervisors as well as from her peers. Ms. Smith believes her termination was wrongful and should be overturned by the Board, and she also noted her recent evaluations have documented improvement in previous problems areas of attendance and attitude. Following review of the Board packet for today's meeting Ms. Smith stated her feeling that Mr. Taylor is making a case for termination based on prior problems that have been resolved, rather that making a case for neglect to take call as referenced in her termination letter. Several friends and family members were present at the meeting in support of Ms. Smith.

Mr. Taylor presented documentation of what he considers to be ongoing problems with Ms. Smith's job performance in the areas of attendance, tardiness, and attitude, and he also referred to the incident where he believes Ms. Smith failed to provide call following her return from vacation. Mr. Taylor cited previous written warnings given to Ms. Smith including a final warning which was issued in 2006 for problems with attendance and tardiness. Mr. Taylor stated that regarding the December call incident, he had asked Ms. Smith to call him when she returned from vacation so he would know when she was back and available to take her assigned call. Ms. Smith neglected to contact him, which Mr. Taylor felt was appropriate grounds for termination, especially in light of the recurring problems which had taken place in the past. Mr. Taylor stated that the IT call agreement has been thoroughly discussed within the Department and is well documented, and that employees are responsible for covering their assigned call or finding a replacement. Mr. Taylor felt that Ms. Smith did not, in fact, make sure her call was covered because she did not call him upon her return to town to verify the fact that she was available.

Discussion of this issue followed, which involved questions from members of the Board as well as comments from members of the public in support of Ms. Smith. Past problems with job performance as well as past employee evaluations were reviewed, and it was established that on the subject of call, there was a discrepancy between Ms. Smith and Mr. Taylor's account of their verbal discussion regarding December call coverage. Ms. Smith re-stated that she took call when she returned from vacation by turning her pager on at the assigned time. Mr. Taylor re-stated his opinion that there was no indication that Ms. Smith was available to take call due to the fact that she did not call him and inform him of that fact.

The Board summarized the previous problems with Ms. Smith's job performance, the evaluations since that time that indicated improvement in problem areas, and reiterated that the call issue was a verbal disagreement between two parties that in fact was not documented in

writing. It was also noted by one Board member that he was hesitant to agree to the termination of an employee of 12 years who had repeatedly received positive performance evaluations during her period of employment. It was also noted that clarification of some of the Hospital's personnel policies is needed including specification of "final written warnings" and how long they are in effect after being issued. Following further discussion, it was moved by Doctor Phillips, seconded by Doctor Ungersma and passed to reinstate Ms. Smith's employment at NIH, with Doctor Phillips abstaining from the vote. It was also noted that if Ms. Smith had been contacted by phone following her failure to call in, much of this problem might have been avoided.

DISCUSSION OF PARKING/LAYDOWN PLAN FOR PHASE II OF BUILDING PROJECT

Mr. Halfen reported that the second item on this agenda, discussion of the parking/lay down plan for Phase II of the building project would not be discussed at this meeting, due to the fact that the plan is not yet complete. This agenda item will be discussed at a future meeting of the District Board.

OPPORTUNITY FOR PUBLIC COMMENT

Mr. Watercott again asked if any members of the public wished to comment on any items listed on the agenda for this meeting or on any items of interest. No comments were heard.

BOARD MEMBER COMMENTS

Board members expressed their hope that resolution of the employee grievance could be viewed as an opportunity for growth for all parties involved. They also stated their hope that those involved would move forward in a positive direction to resolve any differences that may exist.

ADJOURNMENT

The meeting was adjourned at 1:20pm.

_____
Peter Watercott, President

Attest: _____
Michael Phillips, M.D., Secretary

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CALL TO ORDER	The meeting was called to order at 5:35 p.m. by Peter Watercott, President.
PRESENT	Peter Watercott, President D. Scott Clark, M.D., Vice President Michael Phillips, M.D., Secretary John Ungersma, M.D., Treasurer M.C. Hubbard, Director
ALSO PRESENT	John Halfen, Administrator Richard Nicholson, M.D., Chief of Staff Douglas Buchanan, Esq., Hospital District Legal Counsel Sandy Blumberg, Administration Secretary
ALSO PRESENT FOR RELEVANT PORTION(S)	Dianne Shirley, R.N., Performance Improvement Coordinator
PUBLIC COMMENTS ON AGENDA	Mr. Watercott asked if any members of the public wished to address the Board on any items listed on the agenda for this meeting. No comments were heard.
MINUTES	The minutes of the January 16, 2008 regular meeting were approved.
FINANCIAL AND STATISTICAL REPORTS	John Halfen, Chief Financial Officer reviewed with the Board the financial and statistical reports for the month of December 2007. Mr. Halfen noted the statement of operations shows a bottom line excess of revenues over expenses of $443,446. Mr. Halfen called attention the following: - *Inpatient and outpatient service revenue were under budget* - *Total expenses were under budget* - *Salaries and wages were over budget due to holiday pay* - *The Balance Sheet did not experience significant change* - *Total Assets continue to grow steadily* - *Year-to-date net income is $2,475,843* Mr. Halfen noted the hospital realized a profit for the month largely due to contractuals and the change to Critical Access Hospital status. He also noted that bad debt expense and professional fees expense continue to run over budget. Mr. Halfen stated that at the end of this fiscal year the budget will be reviewed carefully in order to bring next year's revenue and expense estimates closer to actual. Mr. Halfen also reported that escalation of the cost of employee benefits appears to have stabilized for the time being. It was moved by M.C. Hubbard, seconded by John Ungersma, M.D. and passed to approve the financial and statistical reports for the month of December 2007 as presented.
ADMINISTRATOR'S REPORT	

BUILDING UPDATE

Mr. Halfen reported the City of Bishop has issued a Certificate of Occupancy for the new Support Building, and moves into that building will begin immediately. The Purchasing Department will move first, followed by Maintenance and Laundry. Mr. Halfen noted that once the Laundry Department is operational, he will send a proposal to Mammoth Hospital offering to provide Laundry services for their facility. Mr. Halfen also noted approval of the Hospital's microbiology lab hood may run into delays, and he also commented that the phlebotomy department will not be able to move to its new location until the Radiology Department moves out of the space that it currently occupies. The current estimate is that the Radiology building will be ready for occupancy the 2nd week in April, and an open house for both of the new buildings will be held around that time.

Mr. Halfen reported the Northern Inyo Hospital Foundation will purchase five pieces of artwork for the new Imaging Center, and Administration will attempt to find donors to reimburse the Foundation for the cost.

STANDARD AND POORS CREDIT RATING

Mr. Halfen called attention to a Standard and. Poor's bond credit rating which assigns a BBB+ rating to Northern Inyo Hospital's (NIH's) bond issues. The bonds should be given an A rating, but are kept to a BBB+ due to the fact that 47% of the Hospital District's assessment comes from one source, the Los Angeles Department of Water and Power. Because of the high percentage coming from one payor, the bonds are listed at a slightly lower rate.

2007 PHYSICIAN INPATIENT / OUTPATIENT CREDIT RATING

Mr. Halfen referred to a 2007 Physician Inpatient/Outpatient Revenue survey which was provided for the interest of the Board. The report shows approximations of the amount of revenue a physician brings into a hospital according to their area of specialty. Mr. Halfen noted the survey is a good illustration of one reason the hospital makes every attempt to keep physicians in place at NIH, and why the hospital attempts to recruit a variety of physicians to this area.

PROPOSED MEDICARE AND MEDICAID CUTS

Mr. Halfen called attention to information regarding proposed government cuts to Medicare and Medicaid programs. Mr. Halfen stated that if approved, the cuts would be a significant blow to the healthcare industry and patients in general, but NIH would avoid around 80% of the negative effects of the cuts due to the fact that it is now a Critical Access hospital.

CHIEF OF STAFF REPORT

Chief of Staff Richard Nicholson, M.D. reported that Curtis Schweizer, M.D. recently resigned as Chief of Surgery, and that Mark Robinson M.D. has agreed to serve the rest of Doctor Schweizer's term. Doctor Nicholson also reported that Medical Records deficiencies are down to 4% thanks largely to the efforts of Medical Records department head Solomon Eboigbodin and to the cooperation of the NIH Medical Staff.

OLD BUSINESS

REAFFIRMATION OF NEGOTIATOR

Mr. Halfen asked for reaffirmation of himself as negotiator regarding the potential acquisition of real property at 2957 Birch Street, Bishop, California. Negotiation will be with the designee(s) of Southern Mono County Healthcare District.

Mr. Halfen also asked for reaffirmation of himself as negotiator regarding the potential acquisition of real property at 152-H Pioneer Lane, Bishop, California. Negotiation will be with the designee(s) of Pioneer Medical Associates and/or Alice Casey, M.D. and Clifford Beck, M.D. It was moved by Michael Phillips M.D., seconded by Ms. Hubbard, and passed to reaffirmation Mr. Halfen as negotiator for both potential acquisitions, with D. Scott Clark M.D. abstaining from the vote.

NEW BUSINESS

PEER REVIEW OF MECHANICAL / ELECTRICAL ENGINEERING AND PLUMBING FOR PHASE II OF THE BUILDING PROJECT

Mr. Halfen referred to the subject of peer review for the Mechanical/Electrical Engineering/Plumbing (MEP) for Phase II of the building project. As discussed at a previous meeting, hospital Administration and construction managers found the quality of NTD Stichler Architecture's Mechanical Engineering for Phase I of the project to be unacceptable, and has hired Ainsworth Engineering to oversee the MEP for Phase II of the project. Mr. Halfen suggested several possible solutions to the problem of avoiding design errors for Phase II including: 1. Continuing to use Stichler's Mechanical Engineers for Phase II per the original contract. This may mean the plans will not be approved by the Office of Statewide Healthcare Planning and Development (OSHPD). 2. Insist that Stichler use a different Stichler MEP group for Phase II, possibly the group currently working on a Ridgecrest healthcare project, who seem to have a good reputation so far. 3. Require Stichler to use an outside MEP firm for Phase II, which may be refused, or 4. Hire entirely new MEP's for Phase II, which would be extremely costly and probably time prohibitive. Discussion followed on this subject with the pros and cons of each option being carefully considered. Following discussion it was moved by Doctor Clark, seconded by Ms. Hubbard, and passed to approve solution #2, which is to require Stichler to use a different Stichler MEP group for Phase II of the project. Mr. Halfen will contact NTD Stichler Architects tomorrow in regard to this matter. Mr. Halfen also noted he will ask that Stichler cover a good portion of the cost of hiring Ainsworth Engineering to oversee Phase II, and he will report back to the Board in regard to their response.

PARKING PLAN FOR PHASE II

Mr. Halfen reviewed a parking plan for Phase II of the building project, which illustrates how an equal number of parking spaces will be available during that phase of construction, but the spaces may be relocated according to the construction schedule. Employee parking may be located in the least convenient areas, in order to allow the best parking possible

for hospital patients. Mr. Halfen continues to be in contact with the Bishop Paiute Tribe regarding a lease to establish 47 additional parking spaces on land adjacent to Hospital property.

PURCHASE OF PULMONARY FUNCTION EQUIPMENT

Respiratory Therapy Department Head Kevin Christensen referred to a proposal to purchase new pulmonary equipment for the Hospital at a cost of approximately $29,000. The equipment would improve services for cardiac patients in particular, and will pay for itself in revenue over time. It was moved by Doctor Ungersma, seconded by Doctor Phillips and passed to approve the purchase of the pulmonary equipment as presented.

PURCHASE OF SENTINEL NODE EQUIPMENT

Mr. Halfen referred to a proposal to purchase a Sentinel Node Seeker Probe for the surgery department. The probe is a surgical detector used in a variety of applications including tumor and lymph node detection. The purchase price of the equipment is $26,000, and that cost is expected to be recouped in approximately 18 months. It was moved by Doctor Phillips, seconded by Ms. Hubbard and passed to approve the purchase of the sentinel node equipment for the surgery department as presented.

NIH FOUNDATION REPORT

Mr. Watercott called attention to a proposed slate of NIH Foundation Board members for the 2008 calendar year. Following review of the list, it was moved by Doctor Clark, seconded by Ms. Hubbard and passed to approve the roster of Foundation Board members as presented. NIH Foundation Secretary Maggie Egan reported that the Foundation's first annual "Groundhog A-Go-Go" fundraising event was a great success, and the Foundation already has plans to hold the event again in 2009. Ms. Egan also reported the Foundation will hold a community pool party and ice cream social on July 26 at the Bishop City Park pool, as a public outreach to the local community.

BOARD MEMBER REPORTS

Mr. Watercott asked if any members of the Board of Directors wished to report on any items of interest. Doctor Ungersma reported he plans to attend the upcoming Legislature Day in Sacramento, and Mr. Watercott noted that he may attend as well.

OPPORTUNITY FOR PUBLIC COMMENT

In keeping with the Brown Act, Mr. Watercott again asked if any members of the public wished to address the Board of Directors an any items of interest. No comments were heard.

CLOSED SESSION

At 6:30 p.m. Mr. Watercott announced the meeting was being adjourned to closed session to allow the Board of Directors to:

A. Hear reports on the hospital quality assurance activities, and hear a report from the Medical Staff Executive Committee (Section 32155 of the Health and Safety Code, and Government Code Section 54962).
B. Instruct negotiator regarding price and terms of payment for the possible purchase, sale, exchange, or lease of real property

(Government Code Section 54956.8).

C. Instruct negotiator regarding price and terms of payment for the possible purchase, sale, exchange, or lease of a second real property (Government Code Section 54956.8).
D. Discussion with counsel of pending litigation and whether or not the District shall initiate litigation. This discussion will be held under the authority of Government Code Section 54956.9(c).
E. Confer with legal counsel regarding pending litigation against the District by an employee (Government Code Section 54956.9(a)).

RETURN TO OPEN SESSION

At 6:40 the meeting was returned to open session. Mr. Watercott reported that the Board took no reportable action.

OPPORTUNITY FOR PUBLIC COMMENT

Mr. Watercott again asked if any members of the public would like to comment on any items listed on the agenda for this meeting or on any items of interest. No comments were heard.

ADJOURNMENT

The meeting was adjourned at 6:41 pm

Peter Watercott, President

Attest:

Michael Phillips, M.D., Secretary

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BUDGET VARIANCE ANALYSIS

Jan-08 PERIOD ENDING PRIOR TO AUDIT

In the month, NIH was

			over budget in IP days; under in IP Ancillary and
		21%	over in OP Revenue resulting in
$	443,252	(7.3%)	over in gross patient revenue from budget and
$	529,061	(15.2%)	over in net patient revenue from budget

Total Expenses were:

$	231,139	(6.7%)	over budget. Wages and Salaries were
$	13,562	(1.0%)	over budget and Employee Benefits
$	234,410	(30.0%)	over budget due to Health Claims
$	174,028		of other income resulted in a net income of
$	483,825	$ 250,901	over budget.

The following expense areas were over budget for the month:

$	234,410	30%	Employee Benefits due to higher Health Claims
$	78,332	38%	Professional Fees; registry staff & Physicians
$	17,800	12%	Purchased Services
$	27,036	84%	Interest Expense due to Leases for Equipment from GE and Healthcare Financial Solutions

Other Information:

40.52%	Contractual Percentages for month
44.57%	Contractual Percentages for Year
$ 2,959,668	Year-to-date Net Revenue

Special Notes for Month:
Contractuals are reducing as expected for the Critical Access Hospital designation

NORTHERN INYO HOSPITAL

Balance Sheet

January 31, 2008

Assets	*Current Month*	*Prior Month*	*FYE 2007*
Current assets:			
Cash and cash equivalents	2,339,714	2,076,719	1,341,678
Short-term investments	13,831,922	12,735,289	12,719,858
Assets limited as to use	1,346,229	1,170,558	1,057,115
Plant Expansion and Replacement Cash	4,996,062	4,973,046	10,944,955
Other Investments (Partnership)	386,880	386,880	386,880
Patient receivable, less allowance for doubtful accounts 785,806	7,960,616	8,196,613	7,625,080
Other receivables (Includes GE Financing Funds)	3,723,574	381,557	207,225
Inventories	2,085,510	2,079,942	2,077,353
Prepaid expenses	889,042	728,522	620,550
Total current assets	37,559,549	32,729,126	36,980,693
Assets limited as to use:			
Internally designated for capital acquisitions	458,178	457,827	455,329
Specific purpose assets	542,183	542,178	482,715
	1,000,361	1,000,005	938,044
Revenue bond construction funds held by trustee	729,781	686,080	788,195
Less amounts required to meet current obligations	1,346,229	1,170,558	1,057,115
Net Assets limited as to use:	383,913	515,527	669,125
Long-term investments	6,873,115	6,873,115	5,741,537
Property and equipment, net of accumulated depreciation and amortization	24,514,063	23,901,619	17,498,027
Unamortized bond costs	316,017	317,504	326,426
Total assets	69,646,657	64,336,891	61,215,807

NORTHERN INYO HOSPITAL

Balance Sheet

January 31, 2008

Liabilities and net assets	*Current Month*	*Prior Month*	*FYE 2007*
Current liabilities:			
Current maturities of long-term debt	92,857	-	270,000
Accounts payable	1,091,350	608,898	559,389
Accrued salaries, wages and benefits	2,709,092	2,572,949	2,565,601
Accrued interest and sales tax	257,425	163,916	168,394
Deferred income	347,863	384,876	105,164
Due to third-party payors	4,005,696	3,664,308	3,219,011
Due to specific purpose funds	-	-	-
Total current liabilities	8,504,283	7,394,946	6,887,558
Long-term debt, less current maturities	25,897,454	22,180,000	22,180,000
Bond Premium	397,832	399,037	406,270
Total long-term debt	26,295,286	22,579,037	22,586,270
Net assets:			
Unrestricted	34,304,906	33,820,729	31,259,264
Temporarily restricted	542,183	542,178	482,715
Total net assets	34,847,089	34,362,907	31,741,979
Total liabilities and net assets	69,646,657	64,336,891	61,215,807

NORTHERN INYO HOSPITAL

Statement of Operations

As of January 31, 2008

	MTD Actual	MTD Budget	MTD Variance $	MTD Variance %	YTD Actual	YTD Budget	YTD Variance $	YTD Variance %
Unrestricted revenues, gains and other support:								
In-patient service revenue:								
Routine	607,272	592,334	14,938	2.5	4,090,445	4,146,374	(55,929)	(1.4)
Ancillary	1,987,423	1,926,340	61,083	3.2	13,887,464	13,484,317	403,147	3.0
Total in-patient service revenue	2,594,694	2,518,674	76,020	3.0%	17,977,909	17,630,691	347,218	2.0%
Out-patient service revenue	3,909,590	3,542,358	367,232	10.4	26,220,977	24,796,422	1,424,555	5.8
Gross patient service revenue	6,504,284	6,061,032	443,252	7.30	44,198,886	42,427,113	1,771,773	4.2
Less deductions from patient service revenue:								
Patient service revenue adjustments	199,302	180,594	(18,708)	(10.4)	1,072,714	1,264,167	191,453	15.1
Contractual adjustments	2,303,393	2,407,909	104,516	4.3	17,474,654	16,855,354	(619,300)	(3.7)
Total deductions from patient service revenue	2,502,694	2,588,503	85,809	3.3	18,547,369	18,119,521	(427,848)	(2.4)
Net patient service revenue	4,001,590	3,472,529	529,061	15%	25,651,518	24,307,592	1,343,926	6%
Other revenue	13,550	26,497	(12,947)	(48.9)	194,841	185,463	9,378	5.1
Transfers from Restricted Funds for Other Operating Expenses	-	65,541	(65,541)	(100.0)	393,995	458,785	(64,790)	(14.1)
Total Other revenue	13,550	92,038	(78,488)	(85.3)	588,836	644,248	(55,412)	(8.6)
Total revenue, gains and other support	4,015,139	3,564,567	450,572	(85.1)	26,240,354	24,951,840	1,288,514	(8.5)
Expenses:								
Salaries and wages	1,316,912	1,303,350	(13,562)	(1.0)	9,026,368	9,123,452	97,084	1.1
Employee benefits	1,014,697	780,287	(234,410)	(30.0)	5,174,834	5,461,986	287,152	5.3
Professional fees	286,484	208,152	(78,332)	(37.6)	2,022,857	1,457,042	(565,815)	(38.8)
Supplies	415,500	467,888	52,388	11.2	3,091,117	3,275,238	184,121	5.6
Purchased services	171,388	153,588	(17,800)	(11.6)	1,120,984	1,075,052	(45,932)	(4.3)
Depreciation	132,265	162,839	30,574	18.8	880,135	1,139,877	259,742	22.8
Interest	59,307	32,271	(27,036)	(83.8)	258,942	225,900	(33,042)	(14.6)
Bad debts	132,763	150,682	17,919	11.9	1,152,321	1,054,775	(97,546)	(9.3)
Other	158,947	198,066	39,119	19.8	1,344,648	1,386,469	41,821	3.0
Total expenses	3,688,262	3,457,123	(231,139)	(6.7)	24,072,205	24,199,791	127,586	0.5
Operating income (loss)	326,877	107,444	219,433	(78.4)	2,168,148	752,049	1,416,099	(9.0)
Other income:								
District tax receipts	37,013	41,816	(4,803)	(11.5)	259,091	292,710	(33,619)	(11.5)
Interest	112,278	83,333	28,945	34.7	620,234	583,335	36,899	6.3
Other	24,737	4,663	20,074	430.5	59,489	32,638	26,851	82.3
Grants and Other Non-Restricted Contributions	-	12,500	(12,500)	(100.0)	10,000	87,500	(77,500)	(88.6)
Partnership Investment Income	-	-	-	N/A	-	-	-	N/A
Total other income, net	174,028	142,312	31,716	22	948,814	996,183	(47,369)	(4.8)
Non-Operating Expense								
Medical Office Expense	10,089	10,111	22	0.2	79,103	70,776	(8,327)	(11.8)
Urology Office	6,991	6,721	(270)	(4.0)	78,192	47,049	(31,143)	(66.2)
Total Non-Operating Expense	17,080	16,832	(248)	(1.5)	157,295	117,825	(39,470)	(33.5)
Excess (deficiency) of revenues over expenses	483,825	232,924	250,901	107.7	2,959,668	1,630,407	1,329,261	81.5

NORTHERN INYO HOSPITAL

Statement of Operations--Statistics

As of January 31, 2008

	Month Actual	Month Budget	Month Variance	Variance Percentage	YTD Actual	YTD Budget	Year Variance	Year Percentage
Operating statistics:								
Beds	25.00	25.00	N/A	N/A	25.00	25.00	N/A	N/A
Patient days	329.00	271.00	58.00	1.21	2,151.00	1,897.00	254.00	1.13
Maximum days per bed capacity	775.00	775.00	N/A	N/A	5,375.00	5,375.00	N/A	N/A
Percentage of occupancy	42.45	34.97	7.48	1.21	40.02	35.29	4.73	1.13
Average daily census	10.61	8.74	1.87	1.21	10.00	8.82	1.18	1.13
Average length of stay	4.01	3.08	0.93	1.30	3.45	3.08	0.37	1.12
Discharges	82.00	88.00	(6.00)	0.93	624.00	616.00	8.00	1.01
Admissions	92.00	89.00	3.00	1.03	627.00	623.00	4.00	1.01
Gross profit-revenue depts.	4,228,744.29	3,956,919.00	271,825.29	1.07	29,408,107.92	27,698,378.00	1,709,729.92	1.06
Percent to gross patient service revenue:								
Deductions from patient service revenue and bad debts	40.52	45.24	(4.72)	0.90	44.57	45.24	(0.67)	0.99
Salaries and employee benefits	35.82	34.38	1.44	1.04	32.10	34.38	(2.28)	0.93
Occupancy expenses	3.07	3.54	(0.47)	0.87	3.09	3.54	(0.45)	0.87
General service departments	6.22	5.65	0.57	1.10	5.55	5.65	(0.10)	0.98
Fiscal services department	4.98	4.56	0.42	1.09	4.37	4.56	(0.19)	0.96
Administrative departments	4.73	5.46	(0.73)	0.87	4.64	5.46	(0.82)	0.85
Operating income (loss)	4.76	1.70	3.06	2.80	4.57	1.70	2.87	2.69
Excess (deficiency) of revenues over expenses	7.44	3.84	3.60	1.94	6.70	3.84	2.86	1.74
Payroll statistics:								
Average hourly rate (salaries and benefits)	45.63	41.24	4.39	1.11	38.80	41.24	(2.44)	0.94
Worked hours	44,856.95	44,676.00	180.95	1.00	318,698.34	312,732.00	5,966.34	1.02
Paid hours	51,060.98	50,524.00	536.98	1.01	365,666.09	353,668.00	11,998.09	1.03
Full time equivalents (worked)	254.87	253.84	1.03	1.00	260.37	255.50	4.87	1.02
Full time equivalents (paid)	290.12	287.07	3.05	1.01	298.75	288.94	9.80	1.03

NORTHERN INYO HOSPITAL

Statements of Changes in Net Assets

As of January 31, 2008

	Month-to-date	Year-to-date
Unrestricted net assets:		
Excess (deficiency) of revenues over expenses	483,825.17	2,959,667.96
Net Assets due/to transferred from unrestricted	-	-
Net assets released from restrictions used for operations	-	477,120.00
Net assets released from restrictions used for payment of long-term debt	-	(393,995.00)
Contributions and interest income	351.01	2,848.61
Increase in unrestricted net assets	484,176.18	3,045,641.57
Temporarily restricted net assets:		
District tax allocation	-	536,218.51
Net assets released from restrictions	-	(477,120.00)
Restricted contributions	5.00	5.00
Interest income	-	364.57
Increase (decrease) in temporarily restricted net assets	5.00	59,468.08
Increase (decrease) in net assets	484,181.18	3,105,109.65
Net assets, beginning of period	34,362,907.41	31,741,978.94
Net assets, end of period	34,847,088.59	34,847,088.59

NORTHERN INYO HOSPITAL

Statements of Cash Flows

As of January 31, 2008

	Month-to-date	Year-to-date
Cash flows from operating activities:		
Increase (decrease) in net assets	484,181.18	3,105,109.65
Adjustments to reconcile excess of revenues	-	-
over expenses to net cash provided by		
operating activities: (correcting debt payment)	-	-
Depreciation	132,265.23	880,134.58
Provision for bad debts	132,763.21	1,152,320.85
Loss (gain) on disposal of equipment	4,000.00	4,134.57
(Increase) decrease in:		
Patient and other receivables	(3,238,783.76)	(5,004,206.48)
Other current assets	(166,088.12)	(276,649.11)
Plant Expansion and Replacement Cash	(23,016.32)	5,948,892.95
Increase (decrease) in:		
Accounts payable and accrued expenses	675,091.91	1,007,182.99
Third-party payors	341,388.00	786,685.00
Net cash provided (used) by operating activities	(1,658,198.67)	7,603,605.00
Cash flows from investing activities:		
Purchase of property and equipment	(744,709.73)	(7,896,171.29)
Purchase of investments	(1,096,632.79)	(2,243,641.89)
Proceeds from disposal of equipment	(4,000.00)	(4,134.57)
Net cash provided (used) in investing activities	(1,845,342.52)	(10,143,947.75)
Cash flows from financing activities:		
Long-term debt	3,809,105.69	3,531,872.39
Issuance of revenue bonds	(43,701.26)	58,413.62
Unamortized bond costs	1,486.95	10,408.65
Increase (decrease) in donor-restricted funds, net	(356.01)	(62,316.69)
Net cash provided by (used in) financing activities	3,766,535.37	3,538,377.97
Increase (decrease) in cash and cash equivalents	262,994.18	998,035.22
Cash and cash equivalents, beginning of period	2,076,719.35	1,341,678.31
Cash and cash equivalents, end of period	2,339,713.53	2,339,713.53

Northern Inyo Hospital
Investments as of 01/31/2008

ID	Purchase D	Maturity Da	Institution	Rate	Principal Invested
1	02-Jan-08	01-Feb-08	Local Agency Investment Fund	4.62%	296,272.00
2	30-Jan-08	01-Feb-08	Local Agency Investment Fund	4.62%	10,802,630.73
3	30-Aug-07	28-Feb-08	United States Treasury Bills	4.08%	379,296.77
4	18-Mar-05	18-Mar-08	First Federal Bank	4.00%	100,000.00
5	23-Mar-07	24-Mar-08	Farmers Bank	5.00%	100,000.00
6	05-Jul-07	22-Apr-08	Federal Home Loan Mtg Corp-MBS	5.24%	492,680.00
7	25-Oct-07	24-Apr-08	United States Treasury Bills	3.88%	379,674.56
8	14-Dec-04	27-May-08	Cantella & Co., Inc	3.50%	225,000.00
9	11-Mar-05	11-Jun-08	Community Bank	4.00%	98,000.00
10	11-Mar-05	11-Jun-08	Equity Bank	4.00%	100,000.00
11	20-Jun-07	15-Jun-08	FANNIE MAE FNMA-MBS	5.29%	486,750.00
Short Term Investments			**Maturing Fiscal Year 2008**		**13,460,304.06**
12	19-Dec-07	02-Jul-08	Bear, Stearns Securities	5.06%	988,600.00
13	15-Oct-03	15-Oct-08	R-G Crown Bank	4.00%	97,000.00
14	09-Oct-07	24-Nov-08	Citigroup Med Term Note	5.33%	1,330,153.95
15	26-May-05	26-Nov-08	Federal Home Loan Bank-FNC	4.50%	1,000,000.00
16	04-Jan-05	05-Jan-09	Mututal Bank	4.36%	99,000.00
17	21-Sep-07	01-Apr-09	Citigroup Med Term Note	3.38%	239,293.07
			Maturing Fiscal Year 2009		**3,754,047.02**
18	19-Jan-08	01-Nov-09	Cantella & Co., Inc	4.50%	98,530.67
19	21-Sep-07	01-Nov-09	Citigroup Med Term Note	6.88%	702,986.88
20	30-Dec-04	30-Dec-09	Capital City Bank and Trust	4.75%	99,000.00
21	22-Apr-05	22-Apr-10	Bank of Waukegan	4.75%	99,000.00
			Maturing Fiscal Year 2010		**999,517.55**
22	23-Jul-07	23-Jul-10	Federal Home Loan Bank-MBS	5.50%	500,000.00
23	13-Nov-07	04-Aug-10	Merrill Lynch & Co Inc	4.79%	986,000.00
24	24-Feb-06	24-Feb-11	Federal Home Loan Bank-MBS	6.00%	1,000,000.00
			Maturing Fiscal Year 2011		**2,486,000.00**
Long-Term Investments					**7,239,564.57**
			Total Investments		**20,699,868.63**

Northern Inyo Hospital
Summary of Cash and Investment Balances
Calendar Year 2008

	Operations Checking Account						Time Deposit Month-End Balances							
Month	Balance at Beginning of Month	Deposits	Disbursements	Balance at End of Month	Premium Interest Checking	Investment Operations Fund	Bond and Interest Fund (2)	Equipment Donations Fund	Childrens Fund	Scholarship Fund	Tobacco Settlement Fund	Total Revenue Bond Fund (1)	Project Revenue Bond Fund (1)	General Obligation Bond Fund
January	799,688	3,470,821	3,178,334	1,092,175	0	20,699,869	533,220	25,185	3,034	5,854	432,993	729,781	18,154	4,996,062
PRIOR YEAR														
February	1,055,747	3,012,726	3,529,773	538,700	8	18,118,118	525,863	25,122	2,789	5,834	716,060	786,899	16,717	15,376,250
March	538,700	3,711,798	3,700,602	549,896	0	19,014,106	526,320	25,141	2,900	5,839	716,764	829,159	16,775	13,996,056
April	549,896	7,165,639	5,972,745	1,742,790	0	16,533,747	473,447	25,141	2,900	5,839	429,339	872,431	17,616	13,275,050
May	1,742,790	3,030,162	4,660,401	112,551	0	20,225,400	473,447	25,141	3,029	5,839	429,769	934,534	17,680	10,891,486
June	112,551	5,152,683	4,224,606	1,040,628	0	18,456,227	473,766	25,157	3,031	5,842	430,173	788,259	17,745	10,944,955
July *	1,040,628	3,387,765	3,921,993	506,401	0	20,781,983	440,641	25,157	3,031	5,842	430,618	830,478	17,810	8,999,586
August	506,401	4,397,557	4,059,627	844,331	0	20,725,316	478,140	25,157	3,031	5,842	431,050	872,949	17,876	8,000,350
September	844,331	3,624,606	4,136,051	332,887	0	21,064,617	478,437	25,173	3,033	5,846	431,441	915,472	17,935	6,743,527
October	332,887	5,621,707	5,376,158	578,436	0	19,686,180	34,442	25,173	3,033	5,846	431,874	958,132	17,996	6,095,837
November	578,436	4,268,508	4,207,737	639,207	0	19,167,169	34,442	25,173	3,033	5,846	432,257	1,020,656	18,056	5,862,534
December	639,207	4,613,761	4,453,280	799,688	0	19,603,236	533,220	25,185	3,034	5,849	432,642	686,080	18,106	4,973,046

* Cash for July corrected after report due to late posting of Medicare deposits

Notes:
(1) The difference between the Total and Project Revenue Bond Funds represents amounts held by the trustee to make payments on the District's behalf and about $575,000 to cover the Bond Reserve Account Requirement with respect to the Series 1998 Bonds. The Project amount represents the balance available to spend on the building project; however, the district accumulates invoices and only requests reimbursement quarterly.
(2) The Bond and Interest Fund now contains the Debt Service amount from the County for both the original Bond and the 2005 Bond.

Financial Indicators

	Target	Jan-08	Dec-07	Nov-07	Oct-07	Sep-07	Aug-07	Jul-07	Jun-07	May-07	Apr-07	Mar-07	Feb-07
Current Ratio	>1.5-2.0	4.42	4.43	4.28	4.12	4.43	4.69	4.97	5.37	5.35	5.40	4.76	5.35
Quick Ratio	>1.33-1.5	3.63	3.99	3.84	3.71	4.04	4.29	4.56	4.95	4.93	5.00	4.38	4.95
Days Cash on Hand	>75	258.26	270.34	263.64	267.90	303.54	283.51	310.04	353.49	289.37	354.74	327.83	331.37
Debt Service Coverage	>1.5-2.0												

NORTHERN INYO HOSPITAL
STATISTICS

1 MONTHS	SURGERIES									BIRTHS			ER						OP			ADMITS			PT DAYS			PT DAYS			DISCH		
	IP			OP			TOTAL						ADMITS			VISITS			REFERRALS			(W/NB)			(W/O NB)			(W/NB)			(W/NB)		
2008	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08	06	07	08
JANUARY	40	38	33	72	73	106	112	111	139	19	17	16	60	47	48	563	510	573	3135	3331	3237	126	111	107	370	299	329	410	350	364	124	106	96
FEBRUARY																																	
MARCH																																	
APRIL																																	
MAY																																	
JUNE																																	
JULY																																	
AUGUST																																	
SEPTEMBER																																	
OCTOBER																																	
NOVEMBER																																	
DECEMBER																																	
CALENDAR YEAR	40	38	33	72	73	106	112	111	139	19	17	16	60	47	48	563	510	573	3135	3331	3237	126	111	107	370	299	329	410	350	364	124	106	96
MONTHLY AVERAGE	40	38	33	72	73	106	112	111	139	19	17	16	60	47	48	563	510	573	3,135	3,331	3,237	126	111	107	370	299	329	410	350	364	124	106	96

NORTHERN INYO HOSPITAL
DEPARTMENTAL NON-EMERGENCY OUTPATIENT VISITS

1 MONTHS 2008	* DIAGNOSTIC RADIOLOGY 06 / 07 / 08	* MAMMOGRAPHY 06 / 07 / 08	* NUCLEAR MEDICINE 06 / 07 / 08	* ULTRASOUND 06 / 07 / 08	* CT SCANNING 06 / 07 / 08	* MRI 06 / 07 / 08	LABORATORY 06 / 07 / 08	EKG / EEG 06 / 07 / 08	PHYSICAL THERAPY 06 / 07 / 08	RESPIRATORY THERAPY 06 / 07 / 08	RURAL HEALTH CLINIC 06 / 07 / 08	TOTALS 06 / 07 / 08
JANUARY	/ /	/ /	/ /	/ /	/ /	/ /	1686 / 1621 / 1809	103 / 139 / 103	302 / 335 / 335	12 / 19 / 10	1029 / 941 / 1057	4017 / 3961 / 3314
FEBRUARY	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MARCH	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
APRIL	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
MAY	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
JUNE	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
JULY	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
AUGUST	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
SEPTEMBER	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
OCTOBER	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
NOVEMBER	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
DECEMBER	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
CALENDAR YEAR	/ /	/ /	/ /	/ /	/ /	/ /	1686 / 1621 / 1809	103 / 139 / 103	302 / 335 / 335	12 / 19 / 10	1029 / 941 / 1057	4017 / 3961 / 3314
MONTHLY AVERAGES	/ /	/ /	/ /	/ /	/ /	/ /	1686 / 1621 / 1809	103 / 139 / 103	302 / 335 / 335	12 / 19 / 10	1029 / 941 / 1057	4017 / 3961 / 3314

*Radiology statistics were not available at time of printing.

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending JUNE 30, 2008
As of January 31, 2008

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
FY 1995-96	Hospital Information System	$1,300,000
FY 2006-07	Platelet Incubator/Agitator Purchase (non-budget)	2,600
	QuadraMed Tempus One Scheduling System (Includes Surgery Module)	233,750
	GE Centricity RHC Electronic Health Record Software	75,950
	Hologic Stereotactic Breat Biopsy System	156,000
	AMOUNT APPROVED BY THE BOARD IN PRIOR FISCAL YEARS TO BE EXPENDED IN THE CURRENT FISCAL YEAR	1,768,300
FY 2007-08	Biomerieux Blood Culture Instrument	47,275 *
	Manageware Infant Security Solution	45,001 *
	Contract Management Software	4,400 *
	GE Pelvic Ultrsound for RHC	47,351 *
	Network Switch Upgrade	171,957
	Gemstar Pain Management Devices	34,978 *
	GE Pelvic Utrasound for OB	38913.38 *
	Clark Equipment TMX 20 Forklift	33000
	Seimens Patient Monitor SC 9000XL	7798.82
	AMOUNT APPROVED BY THE BOARD IN THE CURRENT FISCAL YEAR TO BE EXPENDED IN THE CURRENT FISCAL YEAR	430,674
	Amount Approved by the Board in Prior Fiscal Years to be Expended in the Current Fiscal Year	1,768,300
	Amount Approved by the Board in the Current Fiscal Year to be Expended in the Current Fiscal Year	430,674

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending JUNE 30, 2008
As of January 31, 2008

MONTH APPROVED BY BOARD	DESCRIPTION OF APPROVED CAPITAL EXPENDITURES	AMOUNT
	Year-to-Date Board-Approved Amount to be Expended	1,981,056
	Year-to-Date Administrator-Approved Amount	135,257 *
	Actually Expended in Current Fiscal Year	217,918 *
	Year-to-Date Completed Building Project Expenditures	485,248 *
	TOTAL FUNDS APPROVED TO BE EXPENDED	2,334,231
	Total-to-Date Spent on Incomplete Board Approved Expenditures (Hospital Information System and Building Project)	1,353,735

Reconciling Totals:

Actually Capitalized in the Current Fiscal Year Total-to-Date	353,175
Plus: Lease Payments from a Previous Period	0
Less: Lease Payments Due in the Future	0
Less: Funds Expended in a Previous Period	0
Plus: Other Approved Expenditures	1,981,056
ACTUAL FUNDS APPROVED IN THE CURRENT FISCAL YEAR TOTAL-TO-DATE	2,334,231

Donations by Auxiliary	0
Donations by Hospice of the Owens Valley	0
Donations by Others (Barry Miller & Associates for Infant Security System)	5,000
Donations by Others (Union Bank of California for Infant Security System)	1,000
	6,000

*Completed Purchase
(Note: The budgeted amount for capital expenditures for the fiscal year ending June 30, 2006, is $3,600,000 coming from existing hospital funds.)

**Completed in prior fiscal year

Northern Inyo Hospital
Monthly Report of Capital Expenditures
Fiscal Year Ending JUNE 30, 2008
As of January 31, 2008

Administrator-Approved Item(s)	Department	Amount	Month Total	Grand Total
SIGNAGE FOR SCHOOL TRAILER	GROUNDS	1,800		
SONY PRINTER UP51MDU	SURGERY	1,994		
STATSPIN EXPRESS CENTRIFUGE	LAB	1,604		
X-RITE 301 TRANSMISSION DENSITOMETEF	RADIOLOGY	1,526		
SAMSUNG 46" FLAT PANEL LCD HDTV	ADMINISTRATION	1,545		
LEAD BARRIER DELUXE	MAMMOGRAPHY	5,816		
STELLANT D SYSTEM	RADIOLOGY	26,389		
Month Ending January 31, 2008			**40,675**	**135,257**

Northern Inyo Hospital
PLANT EXPANSION AND REPLACEMENT BUILDING PROJECTS

(Completed and Occupied or Installed)

Item		Amount	Grand Total
MILNOR 165 LB WASHER/ETRACTORS	Laundry Equipment Lease	140,075	
MILNOR 100 LB WASHER/EXTRACTOR	Laundry Equipment Lease	70,038	
MILNOR M175 DRYERS	Laundry Equipment Lease	32,325	
CHICAGO 28" IRONER/FOLDER	Laundry Equipment Lease	102,363	
CHICAGO OPL ULTRA COMPACT FEED	Laundry Equipment Lease	30,170	
AIR CHICAGO TOWEL FOLDER	Laundry Equipment Lease	30,170	
PARKER BOILER WH730 W/TANK	Laundry Equipment Lease	16,163	
CLEAN CYCLE LINT FILTER	Laundry Equipment Lease	10,775	
FREIGHT AND INSTALLATION FOR LAUI	Laundry Equipment Lease	40,240	
INGERSOLL RAND AIR COMPRESSOR	Laundry Equipment Lease	12,930	
Month Ending January 31, 2008		485,248	485,248

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1. Ways and Means urged to advance bill on tax-exempt bonds

Members of the House Financial Services Committee are asking colleagues to sign a letter urging the Ways and Means Committee to advance legislation that would give hospitals and other tax-exempt organizations new ways to guarantee tax-exempt bonds. The AHA-backed legislation (H.R. 2091/S. 1963) would allow federal home loan banks to guarantee tax-exempt bonds. Recent financial problems in the bond insurance market have made it harder to insure the bonds, resulting in higher interest rates for issuers. Capital Markets Subcommittee Chairman Paul Kanjorski (D-PA) and Ranking Member Deborah Pryce (R-OH) plan to collect signatures on the letter through Wednesday. In addition to AHA, supporters of the bill include the National Association of Counties, National League of Cities, U.S. Conference of Mayors, Mortgage Bankers Association and Independent Community Bankers Association.

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NIH RESULTS CA AVERAGES US AVERAGES

Hospital ID										
051324	HCAHPS Composites	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always	% Sometimes to Never	% Usually	% Always
Q1-Q3	Communication with Nurses	4	20	76	8	25	67	6	21	73
Q5-Q7	Communication with Doctors	6	18	76	6	18	76	5	16	79
Q4 & Q11	Responsiveness of staff	4	16	80	17	29	54	13	27	60
Q13 & Q14	Pain Management	6	22	72	9	27	64	8	25	67
Q16 & Q17	Communication about medicines	22	21	57	27	19	54	24	18	58
	Hospital Environment Items									
Q8	Cleanliness of hospital	5	14	81	13	23	64	11	21	68
Q9	Quietness of hospital	14	40	46	22	35	43	14	32	54
	Discharge Information Composite	Yes	No		Yes	No		Yes	No	
Q19 & Q20	Discharge Information	78	22		76	24		79	21	
		% 0-6 rating	% 7 & 8 rating	% 9 & 10 rating	% 0-6 rating	% 7 & 8 rating	% 9 & 10 rating	% 0-6 rating	% 7 & 8 rating	% 9 & 10 rating
Q21	**Overall Rating of Hospital 0 = Worst Hospital, 10 = Best Hospital**	9	24	67	13	27	60	11	26	63
	Willingness to Recommend this Hospital	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend	% No: Definitely or Probably Not Recommend	% Yes: Probably Recommend	% Yes: Definitely Recommend
Q22	Willingness to Recommend this Hospital	4	22	74	8	27	65	6	27	67
	Number of completes	302								
	Response rate	42								

hcahps@azqid.sdps.org

Per Pat Spencer NIH does want to report in March 2008

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CHA DataSuite
Tools for Intelligence

Medicare Margins for Cost Reporting Years 1997 - 2006

(Margins Incorporate Full Inpatient Revenue)

Northern Inyo Hospital

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Medicare Discharges	369	425	460	418	371	356	430	442	486	0
Hospital	369	425	460	418	371	356	430	442	486	0
Sub I	0	0	0	0	0	0	0	0	0	0
Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,278	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,708,860	$4,306,062	No Data
Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

Notes: Values that are identified as 'Extreme Values / Omitted' are not included in group averages for the specific margin identified. These values are , however, included in the hospital's overall Medicare margin. Inpatient Revenues exclude Direct and Indirect Medical Education (IME) payments for Medicare Managed Care patients.

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Medicare Margins for Cost Reporting Years 1997 - 2006

(Margins Incorporate Full Inpatient Revenue)

Northern Inyo Hospital

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Medicare Discharges	369	425	460	418	371	356	430	442	486	0
Hospital	369	425	460	418	371	356	430	442	486	0
Sub I	0	0	0	0	0	0	0	0	0	0
Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,278	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,708,860	$4,306,062	No Data
Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
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Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
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Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
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Outpatient										
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Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

Notes: Values that are identified as 'Extreme Values / Omitted' are not included in group averages for the specific margin identified. These values are , however, included in the hospital's overall Medicare margin. Inpatient Revenues exclude Direct and Indirect Medical Education (IME) payments for Medicare Managed Care patients.

CHA DataSuite
Tools for Intelligence

Medicare Margins for Cost Reporting Years 1997 - 2006

(Margins Incorporate Full Inpatient Revenue)

Northern Inyo Hospital

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Medicare Discharges	369	425	460	418	371	356	430	442	486	0
Hospital	369	425	460	418	371	356	430	442	486	0
Sub I	0	0	0	0	0	0	0	0	0	0
Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,278	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,706,860	$4,306,062	No Data
Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,278	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,708,860	$4,306,062	No Data
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Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
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Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

Notes: Values that are identified as 'Extreme Values / Omitted' are not included in group averages for the specific margin identified. These values are , however, included in the hospital's overall Medicare margin. Inpatient Revenues exclude Direct and Indirect Medical Education (IME) payments for Medicare Managed Care patients.

CHA DataSuite
Tools for Intelligence

Medicare Margins for Cost Reporting Years 1997 - 2006

(Margins Incorporate Full Inpatient Revenue)

Northern Inyo Hospital

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Medicare Discharges	369	425	460	418	371	356	430	442	486	0
Hospital	369	425	460	418	371	356	430	442	486	0
Sub I	0	0	0	0	0	0	0	0	0	0
Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,278	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,708,860	$4,306,062	No Data
Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

Notes: Values that are identified as 'Extreme Values / Omitted' are not included in group averages for the specific margin identified. These values are , however, included in the hospital's overall Medicare margin. Inpatient Revenues exclude Direct and Indirect Medical Education (IME) payments for Medicare Managed Care patients.

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Medicare Margins for Cost Reporting Years 1997 - 2006

(Margins Incorporate Full Inpatient Revenue)

Northern Inyo Hospital

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Medicare Discharges	389	425	460	418	371	356	430	442	486	0
Hospital	389	425	460	418	371	356	430	442	486	0
Sub I	0	0	0	0	0	0	0	0	0	0
Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
Costs	$6,573,637	$7,739,139	$8,924,950	$8,165,231	$7,932,074	$8,967,720	$10,578,538	$12,373,328	$13,367,849	No Data
Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
Margin	-11.5%	-19.2%	-27.3%	-28.1%	-26.1%	-37.0%	-30.9%	-26.3%	-27.8%	No Data
Full PPS Inpatient										
Revenues	$3,659,977	$4,381,594	$4,561,437	$4,232,220	$3,918,841	$3,681,049	$4,925,823	$5,090,936	$6,150,276	No Data
Costs	$4,384,102	$5,242,531	$5,954,751	$5,536,788	$5,037,622	$5,478,900	$6,732,812	$6,901,222	$7,817,910	No Data
Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
Margin	-19.8%	-19.6%	-30.5%	-30.8%	-28.5%	-48.8%	-36.7%	-35.6%	-27.1%	No Data
Outpatient										
Revenues	$2,235,992	$2,113,480	$2,449,512	$2,140,293	$2,371,838	$2,864,473	$3,157,572	$4,708,860	$4,306,062	No Data
Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
Gains/(Losses)	$46,457	($383,128)	($520,687)	($488,150)	($522,614)	($624,347)	($688,154)	($763,246)	($1,243,877)	No Data
Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

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Hospital	369	425	460	418	371	356	430	442	486	0
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Sub II	0	0	0	0	0	0	0	0	0	0
Facility Medicare Margin	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	PPS	
Revenues	$5,895,969	$6,495,074	$7,010,949	$6,372,513	$6,290,679	$6,545,522	$8,083,395	$9,799,796	$10,456,340	No Data
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Gains/(Losses)	($677,668)	($1,244,065)	($1,914,001)	($1,792,718)	($1,641,395)	($2,422,198)	($2,495,143)	($2,573,532)	($2,911,509)	No Data
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Gains/(Losses)	($724,125)	($860,937)	($1,393,314)	($1,304,568)	($1,118,781)	($1,797,851)	($1,806,989)	($1,810,286)	($1,667,632)	No Data
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Outpatient										
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Costs	$2,189,535	$2,496,608	$2,970,199	$2,628,443	$2,894,452	$3,488,820	$3,845,726	$5,472,106	$5,549,939	No Data
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Margin	2.1%	-18.1%	-21.3%	-22.8%	-22.0%	-21.8%	-21.8%	-16.2%	-28.9%	No Data
Graduate Medical Education										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Psychiatric Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Rehabilitation Unit										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Skilled Nursing Facility										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Home Health Agency										
Revenues	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	$0	$0	$0	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data
Swing Beds										
Revenues	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Costs	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Gains/(Losses)	$0	$0	$0	$0	$0	$0	No Data	No Data	No Data	No Data
Margin	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	No Data	No Data	No Data	No Data

Notes: Values that are identified as 'Extreme Values / Omitted' are not included in group averages for the specific margin identified. These values are , however, included in the hospital's overall Medicare margin. Inpatient Revenues exclude Direct and Indirect Medical Education (IME) payments for Medicare Managed Care patients.

Source: HCRIS Master File - September 2007

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Caldwell Flores Winters, Inc.
2200 Powell Street, Suite 1205, Emeryville, CA 94608 (510) 596-8170 Fax (510) 450-0208

MEMORANDUM

March 5, 2008

TO: John Halfen, CEO
Northern Inyo District Hospital

FROM: Abel Guillen, Vice President

RE: Northern Inyo County Local Hospital District
General Obligation Bond Program Update

We want to update you on the District's General Obligation (G.O.) bond program as well as notify you of the District's ability to issue its next series of bonds. A review of the District's G.O. Bond program shows that it has approximately $14.46 million in bond authorization remaining from its 2005 G.O. bond election. Based on historic growth in assessed valuation, the District has the opportunity to sell about $9.8 million at this current time.

G.O. Bond Program Overview
In June 2005 District voters approved "Measure H", authorizing the District to sell $29.5 million in G.O. Bonds. In 2005, the District sold $15 million in bonds (Series A) which leaves approximately $14.4 million in available G.O. bond proceeds.

Assessed Valuation Growth
Based on our original G.O. Bond analysis, the District was scheduled to sell its second series of bonds in 2010. This estimate was based on a conservatively projected growth in the District's assessed valuation (A.V.) of 4.87% annually. In contrast, recent data provided by the County indicates that the District's A.V. grew by over 8.8% in 2007-08 and over 9% in 2006-07. Moreover, the District's 10-year historical A.V. growth has averaged 7.15% annually.

Options for Issuing Next G.O. Bond Series
The substantial growth in A.V. provides the necessary tax base to generate additional bond proceeds within voter-approved rates. Based on the attached analysis, the District could immediately issue $9.0 million, using the originally proposed A.V. growth assumption of 4.87% in future years.

Some of the benefits and advantages associated with issuing the next series of bonds include:

1. We are currently in a low interest rate environment. Issuing now will allow the District to capture these low rates and pass the savings on to taxpayers in the form of lower debt service payments.
2. Issuing now will give the District the ability to complete construction and modernization projects earlier, reducing cost increases due to inflation.
3. The District could generate additional interest earnings on bond proceeds deposited into the Construction Fund, which could serve to mitigate inflationary factors.
4. The new series will help stabilize the tax rate paid by District residents at levels committed during the bond election. The tax rate typically decreases when assessed valuation grows at a greater than anticipated rate. If the tax rate is allowed to decrease over time, the subsequent increase associated with the new issuance can be quite substantial.

Based on the above information, we recommend that the District issue the next series of general obligation bonds.

I look forward to speaking with you regarding your current financing needs. Please feel free to contact me at (510) 596-8170 if you have any questions regarding this communication or any other matter concerning your facilities improvement efforts.

Northern Inyo Hospital Distirct
Proposed General Obligation Bond Program
Assumed Annual Assessed Valuation Growth: 4.87%

ESTIMATED GROSS BOND PROCEEDS OVER TEN YEARS

Fiscal Year Ending	Estimated Secured Assessed Valuation	Estimated Unsecured Assessed Valuation	Estimated Total Assessed Valuation	Est. Annual Total Percent Increase	Estimated Tax Revenues Available for Debt Service	Actual Debt Service: Series A (Issued in 2005)	Estimated Debt Service: Series B (Issued in 2007)	Estimated Debt Service: Series C (Issued in 2012)	Estimated Tax Per $100,000 of A.V.
2003	$1,393,334,160	$24,637,114	$1,417,971,274	-					
2004	$1,432,412,721	$34,961,632	$1,467,374,353	3.48%	$630,262	$0	$0	$0	$0.00
2005	$1,579,515,673	$35,284,124	$1,614,799,797	10.05%	$710,512	$0	$0	$0	$0.00
2006	$1,742,182,088	$38,721,180	$1,780,903,268	10.29%	$783,597	$655,029	$0	$0	$36.78
2007	$1,901,198,812	$41,589,293	$1,942,788,105	9.09%	$854,827	$837,990	$0	$0	$43.13
2008	$2,071,303,290	$43,042,802	$2,114,346,092	8.83%	$930,312	$859,990	$0	$0	$40.67
2009	$2,172,158,607	$45,138,630	$2,217,297,237	4.87%	$975,611	$930,490	$45,121	$0	$44.00
2010	$2,277,924,743	$47,336,507	$2,325,261,250	4.87%	$1,023,115	$951,490	$71,625	$0	$44.00
2011	$2,388,840,813	$49,641,403	$2,438,482,217	4.87%	$1,072,932	$860,690	$212,242	$0	$44.00
2012	$2,505,157,578	$52,058,529	$2,557,216,106	4.87%	$1,125,175	$869,690	$255,485	$0	$44.00
2013	$2,627,138,006	$54,593,348	$2,681,731,353	4.87%	$1,179,962	$887,790	$292,172	$0	$44.00
2014	$2,755,057,870	$57,251,592	$2,812,309,462	4.87%	$1,237,416	$904,390	$313,026	$20,000	$44.00
2015	$2,889,206,373	$60,039,270	$2,949,245,643	4.87%	$1,297,668	$924,490	$353,178	$20,000	$44.00
2016	$3,029,886,796	$62,962,685	$3,092,849,482	4.87%	$1,360,854	$937,790	$403,064	$20,000	$44.00
2017	$3,177,417,192	$66,028,447	$3,243,445,638	4.87%	$1,427,116	$804,590	$602,526	$20,000	$44.00
2018	$3,332,131,095	$69,243,485	$3,401,374,581	4.87%	$1,496,605	$800,340	$676,265	$20,000	$44.00
2019	$3,494,378,285	$72,615,070	$3,566,993,355	4.87%	$1,569,477	$796,040	$753,437	$20,000	$44.00
2020	$3,664,525,569	$76,150,822	$3,740,676,391	4.87%	$1,645,898	$791,640	$834,258	$20,000	$44.00
2021	$3,842,957,617	$79,858,737	$3,922,816,354	4.87%	$1,726,039	$832,140	$873,899	$20,000	$44.00
2022	$4,030,077,828	$83,747,196	$4,113,825,024	4.87%	$1,810,083	$915,615	$874,468	$20,000	$44.00
2023	$4,226,309,243	$87,824,991	$4,314,134,234	4.87%	$1,898,219	$1,179,805	$698,414	$20,000	$44.00
2024	$4,432,095,504	$92,101,340	$4,524,196,844	4.87%	$1,990,647	$1,191,218	$779,429	$20,000	$44.00
2025	$4,647,901,851	$96,585,913	$4,744,487,764	4.87%	$2,087,575	$1,220,603	$846,972	$20,000	$44.00
2026	$4,874,216,180	$101,288,847	$4,975,505,027	4.87%	$2,189,222	$1,242,403	$926,820	$20,000	$44.00
2027	$5,111,550,143	$106,220,775	$5,217,770,917	4.87%	$2,295,819	$1,311,528	$964,292	$20,000	$44.00
2028	$5,360,440,304	$111,392,847	$5,471,833,151	4.87%	$2,407,607	$1,295,903	$1,091,704	$20,000	$44.00
2029	$5,621,449,355	$116,816,756	$5,738,266,111	4.87%	$2,524,837	$1,319,328	$1,185,510	$20,000	$44.00
2030	$5,895,167,385	$122,504,765	$6,017,672,149	4.87%	$2,647,776	$1,444,903	$1,182,873	$20,000	$44.00
2031	$6,182,213,216	$128,469,732	$6,310,682,948	4.87%	$2,776,700	$1,502,640	$1,254,060	$20,000	$44.00
2032	$6,483,235,802	$134,725,144	$6,617,960,947	4.87%	$2,911,903	$1,641,040	$1,250,863	$20,000	$44.00
2033	$6,798,915,696	$141,285,143	$6,940,200,839	4.87%	$3,053,688	$1,718,240	$1,315,448	$20,000	$44.00
2034	$7,129,966,585	$148,164,560	$7,278,131,145	4.87%	$3,202,378	$1,737,040	$1,445,338	$20,000	$44.00
2035	$7,477,136,912	$155,378,947	$7,632,515,859	4.87%	$3,358,307	$1,865,180	$1,473,127	$20,000	$44.00
2036	$6,182,213,216	$128,469,732	$6,310,682,948	4.87%	$2,776,700	$0	$2,756,700	$20,000	$44.00
2037	$6,483,235,802	$134,725,144	$6,617,960,947	4.87%	$2,911,903	$0	$2,891,903	$20,000	$44.00
2038	$6,798,915,696	$141,285,143	$6,940,200,839	4.87%	$3,053,688	$0	$0	$3,053,688	$44.00
2039	$7,129,966,585	$148,164,560	$7,278,131,145	4.87%	$3,202,378	$0	$0	$3,202,378	$44.00
2040	$7,477,136,912	$155,378,947	$7,632,515,859	4.87%	$3,358,307	$0	$0	$3,358,307	$44.00
2041	$7,841,211,558	$162,944,615	$8,004,156,173	4.87%	$3,521,829	$0	$0	$3,521,829	$44.00
2042	$8,223,013,625	$170,878,668	$8,393,892,293	4.87%	$3,693,313	$0	$0	$3,693,313	$44.00
2043	$8,623,406,291	$179,199,044	$8,802,605,335	4.87%	$3,873,146	$0	$0	$302,690	$3.44
2044	$9,043,294,763	$187,924,553	$9,231,219,317	4.87%	$4,061,736	$0	$0	$0	$0.00
2045	$9,483,628,327	$197,074,923	$9,680,703,250	4.87%	$4,259,509	$0	$0	$0	$0.00
ESTIMATED GROSS BOND PROCEEDS						**$15,035,000**	**$9,798,351**	**$4,666,649**	

Total Authorization **29,500,000**
Remaining Authorization **$14,465,000**

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PART II

Contract Number GA00928

3. Current value of plan's interest in general account at contract year end.....$ 17,747,190.14

4. Current value of plan's interest in separate account at contract year end.....$ 0.00

5. Contracts with allocated funds: Not Applicable

6. Contracts with unallocated funds:
   (a) Type of Contract
      (1) [ ] deposit administration
      (2) [X] immediate participation guarantee
      (3) [ ] guaranteed investment
      (4) [ ] other (specify below)

   (b) Balance at end of previous contract year 01-01-2007...$16,314,013.06

   (c) Additions:
      (1) Contributions deposited during year...$ 1,992,000.00
      (2) Dividends and credits.....$ 0.00
      (3) Interest credited during year.....$ 1,105,917.42
      (4) Transferred from separate account.....$ 0.00
      (5) Experience Adjustment.....$ 135,378.53
      (6) Total additions.....$ 3,233,295.95

   (d) Total of balance and additions (add b and c (6))... .....$ 19,547,309.01

   (e) Deductions:
      (1) Disbursed from fund to pay benefits or purchase annuities during year.....$ 1,766,019.87
      (2) Administration charge made by carrier.....$ 0.00
      (3) Transferred to separate account.....$ 0.00
      (4) Expense & Related Charges.....$ 34,099.00
      (5) Total Deductions.....$ 1,800,118.87

   (f) Balance at end of current contract year, (subtract e(5) from d) 12-31-2007 .....$ 17,747,190.14

This information contained in this statement furnished pursuant to 29CFR 2520.103-5(c) is hereby certified by New York Life Insurance Company to be complete and accurate according to its ordinary business records.

Joanne E. Sanders

Joanne E. Sanders
Guaranteed Products Division

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- Never-never events: Some may not be aware of the never ever events that are being declared as non-payable by CMS and now other payers. According to a release dated Jan 15, 20008, " *Aetna is following Medicare and Wellpoint, United HealthCare Group, Cigna and the Blues will shortly follow. It is understandable why this is happening. Preventable complications are said to cost Medicare and the other plans tens of billions of dollars, at least $10,000 for each avoidable events. There are 1.7 million hospital-acquired infections each year, and 99,000 die from these infections.*" (Thanks, Dennis Jones, CBIZ)
- The never-never events are preventable and never should have happened. These include:
- Objects left after surgery - a sponge, clamp, a pair of scissors
- Surgical-site infections - surgical wound infections due to lack of hand washing or shaving the site
- Blood incompatibility - a mismatched tranfusion
- Urinary tract infection due to catheters - left too long without being changed
- Hospital acquired bedsores - those not present on admission (CODER ALERT-EXTREMELY IMPORTANT TO CATCH ALL POA as they could easily impact numerous areas of Never-never edits)
- Falls in hospitals - those occurring in patients not strapped in and allowed to walk without assistance or support.
- Letting patients wander off or disappear - as in the disoriented, confused elderly
- Artificially inseminating the wrong donor with the wrong sperm
- Operating on the wrong person
- Performing the wrong procedure
- Using contaminated drugs or devices
- Discharging an infant to the wrong patient
- A mother's death or a serious infection or serious disability following a low risk pregnancy
- A patient abduction or sexual assault
- Paying for the patient's hospitalization after an avoidable never-never event.

"*Aetna, the country's third-largest insurer by number of members, is beginning to stipulate in hospital contracts up for renewal that it will no longer pay nor let patients be billed for 28 different 'never events. Such errors are so egregious there can't be any argument that they should ever happen." (Troy Brennan, Aetna's chief medical officer.)*

NOTE: There is no mention if the physician who may have been involved or caused the never event will be impacted.

Also, Washington, Minnesota, Massachusetts and Vermont=all adopted the voluntary agreement with hospital associations, & medical associations in their respective stated to not ask patients to pay for care related to serious medical errors. (Appears medical associations signed on with this initiative)

WATCH FOR THIS TO ROLL OUT in 2008!

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COUNTY OF INYO

ENVIRONMENTAL HEALTH SERVICES
P. O. Box 427
INDEPENDENCE, CALIFORNIA 93526
(760) 878-0238
(760) 873-7866

Date: 3-6-8

Time: 10:00

Reinspection _____

Food Facility Inspection Report

Facility: NORTHERN INYO HOSPITAL Address: BISHOP

Food Safety Certificate: Name: GLENN FOREHAND Exp. Date: 12/11

In= In Compliance N/O= Not observed [X]= items not in compliance cos= corrected on site maj= major

		cos	maj	out		out
In N/O	1 Demonstration of knowledge				24 Person in charge present and performs duties	
In	2 Communicable disease restriction				25 Personal cleanliness and hair restraint	
In N/O	3 Discharge of eyes, nose, mouth				26 Approved thawing methods	
In N/O	4 Eating, tasting, drinking, tobacco				27 Food separated and protected	
In N/O	5 Hands properly washed, glove use				28 Washing fruits and vegetables	
In	6 Handwashing facilities available				29 Toxic substances properly identified and stored	
In N/A N/O	7 Proper hot and cold holding				30 Food storage 31 self service 32 labeled	
In N/A N/O	8 Time as control, records				33 Nonfood contact surfaces clean	
In N/A N/O	9 Proper cooling				34 Warewashing facilities maintained, test strips	
In N/A N/O	10 Cook time, temp				35 Equipment, utensils, approved, clean good repair	
In N/A N/O	11 Reheating temperature				36 Equipment, utensils and linens, storage and use	
In N/A N/O	12 Returned and reservice of food				37 Vending Machines	
In	13 Food in good condition, safe				38 Adequate ventilation and lighting	
In N/A N/O	14 Food contact surfaces clean, sanitized				39 Thermometers provided and adequate	
In	15 Food from approved source				40 Wiping cloths properly used and stored	
In N/A N/O	16 Shell stock tags 17 Gulf Oyster regs				41 Plumbing, proper backflow prevention	
In N/A N/O	18 Compliance with HACCP plan				42 Garbage properly disposed, facilities maintained	
In N/A N/O	19 Advisory for raw/undercooked food				43 Toilet facilities supplied, clean	
In N/A	20 Health care/ School prohibited food				44 Premises clean, vermin proof	
In	21 Hot & cold water. Hot Temp: 123 °F				45 Floors, walls and ceilings maintained and clean	
In	22 Wastewater properly disposed				46 No unapproved living or sleeping quarters	
In	23 No rodents, insects, birds, animals				47 Signs posted; Last inspection report available	

No PHF [ ]

Temp	Food	Location		Temp	Food	Location		Temp	Food	Location
39		PRODUCE								
37		WALK-IN								

Comments:

CLEAN & SAFELY OPERATED.

Received By: _____ REHS: ANDREW KIRK

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NORTHERN INYO HOSPITAL
INDEPENDENT CONTRACTOR AGREEMENT

This agreement is entered into this February 27, 2008 and is effective as of March 1, 2008 by and between NORTHERN INYO HOSPITAL and HEALTHCARE CONSULTING SERVICES (contractor).

RECITALS

A. NORTHERN INYO HOSPITAL is an acute care hospital engaged inpatient and outpatient services.

B. Contractor is experienced in managed healthcare contracting, marketing and consulting.

AGREEMENT

In consideration of the mutual promises, the parties agree as follows:

1. NORTHERN INYO HOSPITAL appoints Contractor to provide consulting services in the area of managed care and Contractor hereby accepts such appointment.

2. Contractor shall be an independent contractor and not an employee or partner. Accordingly, NORTHERN INYO HOSPITAL has no responsibility to withhold taxes, social security, worker's compensation, unemployment insurance or similar items from any amount paid to Contractor. Contractor is not eligible for any benefits from or any other item not specifically set forth in this Agreement. Contractor will furnish evidence of payment of quarterly tax deposits upon request of NORTHERN INYO HOSPITAL, and agrees to timely make such payments.

3. The duties of Contractor in providing consulting services to NORTHERN INYO HOSPITAL shall specifically not be performed under the direct supervision and control of NORTHERN INYO HOSPITAL, but rather shall be performed by Contractor according to the business of Contractor. Contractor agrees to abide by all rules, regulations, policies and procedures, and any other requirements established by NORTHERN INYO HOSPITAL. It is further agreed and understood that Contractor shall not have the authority to make decisions on behalf of NORTHERN INYO HOSPITAL or bind NORTHERN INYO HOSPITAL to any contracts, agreements or other obligations.

4. Contractor shall have discretion and freedom to determine his working schedule within reasonable standards within the profession.

5. It is understood by both parties that Contractor has been and will continue to be brought into contact with NORTHERN INYO HOSPITAL's confidential methods of operation and trade secret, including knowhow, data, and other information about its operations and

business of a confidential nature; that such information gives to the relationship a special and unique value.

Therefore, Contractor agrees that he shall not, during the terms of this Agreement between NORTHERN INYO HOSPITAL and Contractor, or after termination of same:

a. disclose or divulge to any person, entity, firm, company whatsoever, or use for his/her own benefit or the benefit of any other person, entity, firm, or company directly or indirectly in competition with NORTHERN INYO HOSPITAL, any knowledge, information business methods, techniques or data of NORTHERN INYO HOSPITAL;

b. Make known to any person, firm, or corporation the names or addresses of any clients of NORTHERN INYO HOSPITAL or any other information pertaining to them; or

c. Call on, solicit or take away, or attempt to call on, solicit or take away any of the clients of NORTHERN INYO HOSPITAL.

6. In full consideration of the work to be performed by Contractor, NORTHERN INYO HOSPITAL agrees to pay to Contractor $1,000 per month. Contractor agrees to submit an itemized bill to NORTHERN INYO HOSPITAL on the first of each month which lists the date services were rendered, the nature of the services rendered and the name of the client or case for whom services were rendered. All payments to Contractor will be made before the 15th day of the month following the month when the consulting services were rendered or expense was incurred.

Contractor will obtain approval of NORTHERN INYO HOSPITAL before incurring any expenses for which he desires to be reimbursed. NORTHERN INYO HOSPITAL shall have no liability or responsibility whatsoever for any expense or other charges incurred by Contractor except those items to which prior approval of NORTHERN INYO HOSPITAL has been obtained.

7. Unless otherwise stated, the term of this Agreement shall be for one (1) year (automatically renewed annually), however, NORTHERN INYO HOSPITAL may terminate this Agreement at any time upon notice to Contractor if any of the following shall occur:

a. NORTHERN INYO HOSPITAL deems Contractor to be incompetent, inefficient or detrimental to the ability of NORTHERN INYO HOSPITAL to fulfill its obligations and responsibilities to clients;

b. Contractor refuses or fails to perform and fulfill Contractor's responsibilities and obligations on his part to be performed and fulfilled in accordance with the terms and provisions of this Agreement.

Either NORTHERN INYO HOSPITAL or Contractor may terminate this Agreement, without cause, by giving the other party not less than thirty (30) days written notice of termination.

8. If at any time for any cause NORTHERN INYO HOSPITAL becomes unable to economically continue this Agreement, then the terms of this Agreement shall be renegotiated in good faith by both parties, in such a manner as is acceptable to both Contractor and NORTHERN INYO HOSPITAL. In the event of failure of renegotiation, the Agreement shall be terminated.

9. The rights hereunder may not be assigned and duties and obligations hereunder may not be delegated without the prior written consent of NORTHERN INYO HOSPITAL. Except as stated above, this Agreement shall be binding upon the parties hereto, successors and assigns of NORTHERN INYO HOSPITAL, and the heirs, executors and administrators of Contractor.

10. This Agreement may be amended only by a written document signed by all parties.

11. This Agreement shall be governed according to the laws of the State of California.

12. No waiver by either party hereto of the performance of any term or provisions hereof to be performed by the other party shall constitute or be construed as a waiver of the subsequent performance of the same or any other term or provision hereof.

13. In the event that one or more of the provisions of this Agreement shall be determined to be unenforceable, inoperative or illegal, then the offending term shall be construed as valid and enforceable to the maximum extent provided by law and the balance of this Agreement shall remain in full force and effect.

14. The parties agree that neither party has made any representation, warranty nor covenant not fully set forth in this Agreement, and that this Agreement is a complete statement of the entire Agreement which supersedes all previous negotiations, communications and agreements between the parties.

EXECUTED this 28th day of Feb, 2008.

Contractor:

By:_____
Andy Werking

NORTHERN INYO HOSPITAL

By:_____

Title: CEO

Scope of Services

Health Plan Contracting

1. Obtain fully executed agreements from health plans.
2. Review agreements with hospital staff.
3. Review agreements for potential language issues that can reduce reimbursement.
4. Negotiate favorable contract terms and conditions as well reimbursement.
5. Maintain contact with health plans as services are modified at the hospital.
6. Provide summary matrix on all contracted health plans.
7. Facilitate appropriate appeals, when necessary, to resolve continued payment issues.

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P.E. Systems, LLC – Agreement for Services

This Agreement is made by and between **Northern Inyo Hospital**, located at 150 Pioneer Lane, Bishop, California 93514 and P.E. Systems, LLC, located at 123 S. Wall St., Second Floor, Spokane, Washington 99201 ("PES").

(1) PES is engaged in the business of providing proprietary analysis of Merchant Processing Services costs. Client and PES agree that during the term of this Agreement, PES will analyze Client's Merchant Processing Services costs and provide Client with its proprietary analysis to facilitate reductions in fees, refunds and the associated cost structure applicable to Client's Merchant Processing Services ("Consulting Services"). For purposes of this Agreement, Merchant Processing Services includes debit and credit processing and their associated equipment expenses.

(2) To facilitate PES performance of Consulting Services and calculation of Client's Historic Costs by PES, within 14 days of the execution of this Agreement, Client will provide PES with (a) A current copy of their Merchant Processing Agreement(s) and any documentation or other applicable agreements that may affect their Merchant Processing Services Costs; and (b) Copies of Client's last 12 months of Merchant Processing Services Statements for all merchant accounts. Within 20 days of the close of Client's monthly Merchant Processing Services billing cycle, Client will provide monthly Merchant Processing Services billing statements to PES. Prior to PES calculating Client's historic cost and developing its proprietary "Cost Savings Program" for Client, Client will give PES all information necessary for PES to perform its analysis and calculations and warrants that it will do so.

(3) Client's Historic Costs will be calculated by taking the Client's total Visa and MasterCard credit and debit card costs divided by Client's total Visa and MasterCard credit and debit card revenue for the 12-month period immediately preceding the execution of this Agreement. Once historic cost is calculated PES will analyze the specific Merchant Processing services cost and create a proprietary Cost Savings Program. Once complete, PES will provide the same to Client. Historic Costs will be automatically increased or decreased from time to time to reflect any changes in the Visa or Master Card fee structure. Client retains the right not to implement a program or cost savings proposed by PES for Client's good faith business reasons. Should Client decide to go forward and implement any part of PES Cost Savings Program, either by itself, by a third party or by using PES services, this historic cost becomes the baseline by which the parties will measure "Program Cost Savings."

(4) Should Client elect to implement any portion of PES' Cost Savings Program, either by itself, by a third party or by using PES services, Client will pay PES a consulting fee at a rate of 50% of all Program Cost Savings realized by Client. Program Cost Savings are determined by taking the difference between Client's historic cost (baseline) and Client's new merchant services costs obtained by Client. In the case of refunds, Program Cost Savings are determined by the total amount of the refund received by Client.

(5) Should Client elect to implement any portion of PES' Cost Savings Program, by using PES' services it will direct PES to proceed. Client will pay the Consulting Fee for a period of 24 months following the first invoice. In the event Client implements any portion of PES' Program Cost Savings by itself or through a third party, Client will pay the Consulting Fee for a period of 24 months following the date Client implemented any portion of PES' Cost Savings Program. Payment by Client shall be due upon receipt of invoice. Unpaid balances will accrue interest at the monthly rate of 1.5%. PES does not guarantee that savings will be realized by Client in any given month or at all. **However, if no savings are realized, no payment will be due and owing to PES by Client.** In no case will PES owe client for any work performed.

(6) In the event Client decides not to implement PES' proprietary Cost Savings Program, Client will so notify PES in writing. Client will then provide PES with monthly Merchant Processing Services billing statements for a period of 24 months following the date of such notice. If during that 24-month period, Client realizes any Program Cost Savings, Client will pay PES its Consulting Fee on those Program Cost Savings. Further, in the event PES determines that there are no Program Cost Savings PES

will notify client in writing that client is not required to send its Merchant Processing Services billing statements for the 24 month period.

(7) In performing their respective duties under this Agreement, each party will disclose to the other, certain confidential, proprietary and trade secret information. For purposes of this Agreement, "Confidential Information" means any and all information created by PES not otherwise in the public domain prior to the execution of this Agreement. Confidential Information shall also include information that was derived from the public domain but was subsequently collected into a list or other document of any kind, or has been fashioned, manipulated, sorted, organized, categorized, and/or filtered by PES. This shall specifically include but not be limited to PES' Cost Savings Program given to Client. The parties agree that each will hold all Confidential Information exchanged in strictest confidence and that such Confidential Information will not be used by either party nor revealed to any third party, including any subsidiaries or affiliates, for any purpose other than to facilitate the performance of the parties' respective obligations under this Agreement. This clause shall survive the termination of this Agreement.

(8) For any controversy, dispute, or claim arising out of or relating to this Agreement, venue shall be in Inyo County Superior Court, Independence, CA. The laws of the State of California will control. The prevailing party shall be entitled to attorney fees and costs.

(9) The undersigned hereby warrants that he/she has the authority to enter into this Agreement on behalf of Client. This Agreement represents the entire agreement between the parties and shall supersede any prior proposals, offers, negotiations, revisions, unincorporated written communications or oral discussions, statements, representations or agreements. This Agreement may not be altered, amended or extended except by a writing signed by an authorized representative of each party. Should any provision of this agreement be held to be void, invalid, unenforceable or illegal by a court of competent jurisdiction, the validity and enforceability of the other provisions will not be affected. PES retains the right to terminate this Agreement at any time. Such termination shall not modify the terms, conditions, and obligations of either party as outlined in Section (6). Failure by PES to enforce any provision of this agreement will not constitute or be construed as a waiver of such provision of the right to enforce such provision.

P.E. Systems, LLC.		**Northern Inyo Hospital** "Client"	
By:		By:	
Print Name:	_____	Print Name:	_____
Signature:	_____	Authorized Signature:	_____
Its (title):	_____	Its (title):	_____
Date:	_____	Date:	_____

ADA

American Dental Association
www.ada.org

November 24, 2003

To Whom It May Concern:

As a well-known and respected national professional organization, we are always looking for ways to maintain our high business standards, reduce expenses and do things more efficiently. We are constantly approached by many businesses wanting us to use their services. One valuable service that met all three criteria and actually surpassed our expectations was the credit card audit that was performed by PE Systems. Their professional manner and thoroughness has helped the ADA save a substantial amount of money and time without jeopardizing our important banking relationship. We came to fully appreciate how complex credit card processing is, and that having a true audit performed by outside experts was the best way to discover every saving opportunity. The ADA decided to implement most of the suggestions that were presented to us by PE Systems. We greatly appreciate the fact that they took very little of our time and will be paid based strictly on their performance and resulting savings.

We hold our vendors to the highest standards, and strongly recommend PE Systems to any organization or business that wants to save money on their credit card processing expenses.

Sincerely,

W. T. Zimmermann

William T. Zimmermann
Chief Financial Officer

WTZ:lh

211 East Chicago Avenue Chicago, Illinois 60611-2678
p 312-440-2500 f 312-440-7494

USC
UNIVERSITY
OF SOUTHERN
CALIFORNIA

Letter of Reference

Treasurer's Office

Nell F. DeGuzman
Associate Treasurer

To Whom It May Concern:

The University of Southern California contracted the services of PE Systems, Inc. (PES) to perform an independent audit of our credit card payment processes to find areas of cost savings. PES offered a unique service that we thought was important for the University to utilize. We also valued the fact PES was independent and not affiliated with a bank or processor.

We appreciated PES' skill and expertise and were unaware how complex credit card processing fees can be; we could not have accomplished the same task ourselves. PES found savings that no one else, including competitive RFP's nor our bank or processor, had ever found for us. Additionally, we found their unique contract arrangement to be fair and equitable. We appreciated the fact that PES had to bring actual savings to us in order to get paid for their services. Their in-depth analysis was thorough and the recommendations were both realistic and effective. Their command of the various processing codes and fee structures involved was invaluable to us.

We would definitely consider PES' service to be valuable to any institution who wants to reduce the fees they are paying to accept credit cards.

Sincerely,

Nell F. De Guzman
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LANGUAGE SERVICES DEPARTMENT

ANNUAL REPORT
2007 - 2008

José García
Language Services Manager

Northern Inyo Hospital
Mission

"The purpose of Northern Inyo Hospital is to provide quality healthcare by maintaining an environment that is positive and caring for the patients, staff and community we serve, in a financially responsible manner."

Language Services Department
Mission

"The purpose of the Northern Inyo Hospital Language Service Program is to ensure timely and appropriate access to medical services for limited- and non-English speaking, and hearing-impaired patients."

Introduction

Provision of proper language assistance is mandated by State and Federal regulations for critical access facilities that have patient populations with language or communication needs. Competent language assistance must be at no cost to the person receiving it.

It is every patient's **right,** and **responsibility,** to properly communicate with their health care provider. Ethically and legally, it is the responsibility of Northern Inyo Hospital to provide language assistance, and to treat all patients with dignity and respect.

Northern Inyo Hospital is committed to addressing the needs of its patients that experience unequal access to health care services, not limited to any particular racial, ethnic, and linguistic population group. Any patient with a language limitation, who presents her/himself at the hospital, can request assistance under

the Language Services Program.

Title VI of the Civil Rights Act of 1964 prohibits discrimination based upon national origin by any program or activity receiving federal financial assistance. Title VI and the implementing regulations require that recipients of federal financial assistance take reasonable steps to ensure meaningful access to services by limited English proficiency (LEP) persons. The Department of Health and Human Services issued the "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," to provide a framework that providers may use to determine how best to comply with these statutory and regulatory obligations [68 Fed. Reg. 47311 (Aug. 8, 2003)].

The Guidance establishes the "Elements of effective plan on Language Assistance for LEP persons." A health care provider should develop and implement a plan (policy) to address the identified needs of the LEP populations it serves. The following five steps should be included:

1. Identify LEP individuals who need language assistance.
2. Language assistance measures:
    a) Types of language services available,
    b) How staff can obtain those services,
    c) How to respond to LEP callers,
    d) How to respond to written communications from LEP persons,
    e) How to respond to LEP patients and visitors, and
    f) How to ensure competency of interpreters and translation services.
3. Training staff.
4. Providing notice to LEP persons (signs in most common languages, how to

get help, community outreach, etc.).

5. Monitoring and updating the LEP plan.

Health care providers have two ways to provide language services: oral interpretation either in person or via telephone interpretation service, and written translation. Health care providers must take reasonable steps to use interpreters who have:

a) Demonstrated proficiency in English and the other language,

b) The ability to use the appropriate mode of interpreting (consecutive, simultaneous, summarization or sight translation), and

c) Knowledge in both languages of specialized terms or concepts such as medical terminology.

Northern Inyo Hospital Language Services Program

Northern Inyo Hospital's Language Services Department was created March 3rd, 2007. The new Language Services General Policy, approved by the Board of Directors on October 8th, 2007, is in compliance with the California Health and Safety Code Section 1259 and with the standards for critical access hospitals from The Joint Commission. The policy also meets and exceeds the requirements to recipients of federal financial assistance listed in the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," and the Culturally and Linguistically Appropriate Services (CLAS) Standards for Language Services; issued by the HHS Limited English Proficiency Policy Guidance and the Office of Minority Health.

Northern Inyo Hospital's Language Services annual report will be divided in

2. Request for Interpreter,
3. Use of Language Indicator,
4. Identification of Limited English Proficient Patient Need for Interpreter,
5. Using NIH-Approved Interpreters,
6. Use of Translated Consent/Authorization Forms,
7. Use of Language Line Services – General,
8. Telephone Contact with Limited English Proficient Persons, and
9. Request for Written Translation.

These policies and procedures were approved in 2005, and already in place when I was hired as Language Services Manager.

As I was learning about NIH Language Services, its policies and procedures, and the hospital's need for a "Language Services Program," based on our actual needs and resources, it became necessary not only to re-structure our policies and procedures but also, to make a single policy that would include all the policy items and the procedures. It would also allow NIH to comply with all existing federal, state and licensing regulations, and it would represent the hospital's commitment to provide high quality health care services to our community.

In writing the new Language Services General Policy, I used a wide variety of resources and materials. Including:

1. The California Health and Safety Code Section 1259,
2. The U.S. Department of Justice Guidance on the Enforcement of Title VI Regarding National Origin Discrimination Against LEP Individuals,
3. The Department of Health and Human Services Guidance to Recipients of Federal Financial Assistance,

4. The National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Healthcare,

5. The Joint Commission's Language Services Standards for Critical Access Hospitals, and

6. The Straight Talk: Model Hospital Policies and Procedures on Language Access, issued by The California Association of Public Hospitals in conjunction with the Safety Net Institute.

Now, NIH has one Policy of Language Services that includes the elements needed to comply with all existing regulations for language access for LEP persons, and as new regulations are approved this policy will adapt to meet them. I mentioned that the new Policy of Language Services is not only in compliance with, but it meets and exceeds state and federal regulations for language access. Specifically in the following areas:

1. Documentation. Regulatory requirements for patient information documentation do not include guidance on documenting the method utilized to assist LEP's. NIH policy requires workforce members to document in the patient's medical record the name of the interpreter, the type of language assistance provided: in-person or over-the-phone interpretive services, and the use of written translated forms, if any. It also requires hospital-based approved interpreters to document each interpreting session (in-person or over-the-phone) and submit a monthly log of interpretive services to Language Services Manager.

2. Waiver of Interpreter Services. Regulatory requirements recognize the patients right to refuse language assistance provided at no cost to them, but fail to guide recipients on ways to protect them from liability in case that the patient's own interpreter does not provide accurate and complete interpreting. NIH Policy of Language Services requires patients to sign and comply with a Waiver of Interpreter Services, when they choose to have a

family member or a friend as their interpreter. The Waiver requires that a NIH interpreter be present to ensure the accuracy and completeness of the patient's interpreter.

3. Minors. Regulatory requirements recommend exercising caution when the LEP person chooses a minor as the interpreter. NIH Policy of Language Services prohibits the use of minors as interpreters.

4. Community Volunteers. Regulatory requirements recommend to have a list of community volunteers to interpret when needed, and at the same time they ask recipients to assure the competence of all persons providing language assistance services. NIH Policy of Language Services prohibits the use of community volunteers as interpreters, especially when NIH cannot certify the competence of their interpreting and linguistic skills.

II. Interpretive Services

The fundamental purpose of healthcare interpreters is to facilitate communication between two parties who do not speak the same language and do not share the same culture.[2]

The healthcare interpreter's basic function is to support the health and well-being of the patient and a positive patient-provider relationship.[3]

For decades, Northern Inyo Hospital has been providing interpreting services to patients with language barriers. The methods and resources have been different. Provision of timely and competent language assistance is now much different than 20 years ago.

NIH contracted with Language Line (over-the-phone interpreting services) on October 25, 1991. In-person interpreting services have been around longer than

[2] CHIA California Standards for Healthcare Interpreters, pg40.
[3] CHIA, California Standards for Healthcare Interpreters.

that. Utilization of bilingual personnel, community volunteers, and friends or family members to provide interpreting services at NIH (and at almost every health care facility in the country) was a common practice for decades. I don't think I have to mention the potential legal implications of utilizing untrained individuals to interpret critical medical, and confidential information.

Northern Inyo Hospital provides interpreting services in-person or over-the-phone to patients with communication barriers 24 hours a day / 7 days a week. Interpreting services includes spoken or signed languages. Language Line provides over-the-phone interpreting services 24 hours a day / 7 days a week in more than 170 different languages.

Data collection of in-house interpreting sessions was difficult without the proper policy guidance or a qualified person to oversee language services. Now with the approval and implementation of the new policy, dual-role (in-house) interpreters are required to keep a monthly log of their interpreting sessions, and submit it to Language Services Manager at the end of the month in order to qualify for their monthly bonus. Such information is then analyzed and used for utilization review and statistical purposes.

Interpreting sessions in-person or over the phone by NIH employees, or from Language Line Services vary in length and nature. Some of the areas where in-house interpreters have provided services include: the emergency room, radiology and MRI, obstetrics and neonatal care, laboratory, EKG and EEG, medical surgical unit, operating room, and in the following clinics: Rural Health, General Surgery, Urology, and Family and Obstetrics. Interpreting topics range from prenatal care, nuclear medicine stress test, breast cancer diagnosis and treatment, pelvic examinations, birth control, and hearth disease, to being present in the operating room during a C-section or eye surgery.

The following table shows clinical and non-clinical interpreting sessions in-person or over the phone by NIH employees, and over the phone interpreting from Language Line Services:

a) Bilingual workforce members qualified as interpreters,
b) In-house and professional translation services,
c) Certified American Sign Language interpreter, and
d) Telephone-based interpreters from Language Line.

Therefore, the Program encompasses:

1) In-person verbal and sign language interpretation,
2) Translation of Vital Documents, and
3) Over-the-phone interpretive services.

Northern Inyo Hospital Language Services Program includes the following levels of service:

A. Level I, Approved Bilingual Employee. These are employees holding a full-time job providing direct service in a language other than English. However, they do not provide interpretive services. The criterion for this level is passing the language proficiency test from Language Line at level 3 or better.

B. Level II, Dual-Role Interpreter. These are employees holding a full-time job in any department, providing interpretive services in medical and non-medical settings. Their primary job is not interpreting, but (patient care priorities permitting,) they shall be available to interpret within their home department, and outside home department when needed.

The criteria for level II Dual-Role Interpreter includes:

a) Must pass language proficiency test from Language Line at level 4,
b) Complete the 48-hour training for health care interpreters, i.e. Connecting Worlds Training,
c) Complete a medical terminology course in English,

d) Complete a bilingual medical terminology course,

e) Complete three practicum hours, in medical settings, with different providers, and

f) Must attend 80% of scheduled Language Services in-services.

C. Level III, Health Care Interpreter. These are full-time employees, whose primary job is providing interpretive services in medical and non-medical settings. The criteria for this level is the same as for level II, with the exception of having to attend 100% of scheduled Language Services in-services.

NIH has designated 8 dual-role interpreters, and there are five more employees in process of completing that level's required criteria. As of March 3, 2008; 11 of the 13 employees participating in the Program have attended a 12-hour medical terminology class in Spanish; six of the 13 have completed a 12-hour medical terminology class in English. Nursing employees participating in the Program were excused from taking the medical terminology class in English because of their medical knowledge acquired through nursing school. Six of the 13 have completed the Connecting Worlds Training for Health Care Interpreters, and six more have taken 20 of the 48-hours required to complete the training. One employee is unable to take this training because of her enrollment in the LVN program, here in Bishop.

III. Translation Services

The "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," issued by the Department of Health and Human Services refers to "vital documents" that health care providers may have to translate into

their "threshold languages." As with oral interpreters, translators of written documents should be competent.

The Guidance describes the following Vital Documents:

- Consent and complaint forms,
- Intake forms with the potential for important consequences,
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services,
- Notices advising LEP persons of free language assistance[4],
- Applications to participate in a recipient's program or activity or to receive benefits or services.

Northern Inyo Hospital contracted the services of Sierra Sky Interpreting and Translation since 2003 to provide both of their services. Some of the documents translated by Sierra Sky include: NIH's Notice of Privacy Practices, Conditions of Admissions, Financial Policy, and the Authorization and Consent for Surgery.

Before the creation of a Language Services Department, no one was keeping track of all the translations being requested or being done. At this moment it is difficult to obtain the electronic file of some of those translations. The new Language Services General Policy establishes a procedure to request a translation and guides the maintenance of a log of all translations being done. As of March 3, 2008; I have received 61 "formal" requests for translation, 60 from English to Spanish and one from Spanish to English. The last one being very difficult due to its nature and register; the document was a doctor's report of a mammography and

[4] The California Health and Safety Code, Section 1259 also address signage requirements.

ultrasound from a patient with malignant findings. The translations from English to Spanish include: a revision of NIH Notice of Privacy Practices (after finding more than 80 mistakes on the original translation), 13 HIPAA forms, more than 80% of Northern Inyo Hospital's Website (www.nih.org), a 12-page pregnancy information package for the RHC, medical history forms, mammography program information and brochure, discharge instructions forms, and various NIH program applications, brochures and event information. I should mention that I am the only employee approved to provide translation services at NIH, and that I have translated all 61 requests for translation.

Conclusion

Northern Inyo Hospital, with the creation of the Language Services Department and the approval of the new Language Services General Policy, has taken a major step for truly providing meaningful access to quality health care services for patients experiencing language barriers; not limited to any particular racial, ethnic, and linguistic population group.

I am pleased to report a significant improvement in patients and provider's satisfaction since NIH has been providing better (competent) interpreting services; this is due in great part to the training being provided to all dual-role interpreters. Continuous training and education is a very important part in the formation of competent and professional health care interpreters. The Language Services Department goal and commitment is to maintain a continuous education program for NIH dual-role interpreters that would meet the needs of the interpreters, providers, and our patient population in order to provide culturally and linguistically appropriate health care services.

The same is for translations; so far we have translated a good number of "Vital Documents," however there are more (a lot more) documents needing translation to help both: patient and provider. The Language Services Department goal is to translate every document that patients need to read, fill out, and/or sign one department at the time.

Policy development requires proper support for its implementation from both: Administration and Board of Directors. The creation of a Language Services Program needed the financial support to fairly and equally compensate its participants, and to finance participant's training. I am thankful to both institutional entities for their continuous support.

Sincerely,

José García

Language Services Manager

Northern Inyo Hospital

Los Angeles Times

FINANCE

Muni market turns cold

Bonds draw few buyers as risk fears rise. That's bad news for the state.

By Tom Petruno
Times Staff Writer

The credit crunch is taking a heavier toll on the municipal bond market, a favored sector for individual investors.

Yields on tax-free muni bonds surged Thursday for the 12th straight session as many buyers stayed away. That's bad news for California, which plans to sell bonds next week to raise $1.75 billion for infrastructure projects.

The annualized yield on an index of 40 long-term muni issues nationwide tracked by the Bond Buyer newspaper jumped to 5.33% on Thursday, up from 5.20% on Wednesday and the highest since 2002. The yield has rocketed from 4.74% five weeks ago.

A Bloomberg News index of 20-year California general obligation bonds sported a yield of 5.16% on Thursday, up from 4.63% five weeks ago.

Bond yields rise as the market prices of the securities drop — a sign that investors are balking at putting their money into the issues.

In many cases, muni yields are above what taxable U.S. Treasury issues pay, an unusual occurrence. A 30-year Treasury bond pays about 4.51%.

Yet "there are very few buyers out there now" for munis, said Bob Fields, an expert on the market at bond giant Pacific Investment Management

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American Hospital Association

SPECIAL BULLETIN

Tuesday, March 11, 2008

AHA Files Lawsuit over Medicaid Regulation

The AHA, two other national hospital organizations and the Alameda County Medical Center today asked a federal court to prevent the Bush administration from implementing a Medicaid regulation that would cut some $5 billion by restricting how states fund their Medicaid programs and pay public hospitals.

The suit, filed in the U.S. District Court for the District of Columbia, asks the court to reject the Centers for Medicare & Medicaid Services' (CMS) regulation on three grounds:

- CMS has overstepped its authority in dictating to states the governmental status of entities within their jurisdiction;
- Congress has barred the agency from imposing a cost limit on Medicaid payments to governmental providers; and
- CMS improperly issued the rule on the very day – May 25, 2007 – that a congressional moratorium took effect blocking the rule for one year.

The AHA is joined by the National Association of Public Hospitals and Health Systems and the Association of American Medical Colleges and Alameda County Medical Center in filing the suit, and is supported by the National Association of Children's Hospitals and six other hospitals who supplied information to the court about the harm the rule would inflict on their institutions.

The one-year moratorium will expire May 25 unless Congress or the courts act. As we turn today to the courts for action, we continue to work with Congress for a legislative solution to prevent the proposed Medicaid cuts from taking place.

AHA-backed legislation has been introduced in the House and Senate to extend the current Medicaid moratorium through May 2009. H.R. 3533, introduced by Reps. Eliot Engel, D-NY, and Sue Myrick, R-NC, has 226 sponsors – a clear majority in the House. S. 2460, introduced by Sen. Jeff Bingaman, D-NM, and Elizabeth Dole, R-NC, has 29 sponsors.

If your lawmakers are not co-sponsors of this important legislation, urge them to sign on today!

Call (202) 626-2973 if you have problems receiving this fax.

END