Stoughton Health Finance Committee

June 27, 2022

Agenda

- Call to Order
- Single Audit Results
- Master Facility Plan Update
- May 2022 Financials
- Form 990 Review
- Open Discussion
- Adjournment



Schedule of Federal Expenditures-FY 2021

| Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal Financial Assistance Listing/Federal CFDA Number | Pass-through Entity Identifying Number | Ex | Expenditures | |
|---|---|---|----|--------------|--|
| Department of Health and Human Services | | | | | |
| COVID-19 Provider Relief Fund and American Rescue Plan Rural Distribution | 93.498 | | \$ | 5,024,021 | |
| HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage | | | | | |
| Assistance Fund | 93.461 | | | 57,635 | |
| Drug-Free Communities Support Program Grants | 93.276 | | | 113,000 | |
| Subtotal direct | | | | 5,194,656 | |
| Passed through the Wisconsin Office of Rural Health | | | | | |
| COVID-19 - Rural Health Research Centers | 93.155 | 39-6006492 | | 52,707 | |
| COVID-19 - State Rural Hospital Flexibility Program | 93.241 | Unknown | | 5,000 | |
| Small Rural Hospital Improvement Grant Program | 93.301 | Unknown | | 12,269 | |
| Subtotal passed through the Wisconsin Office of | | 69,976 | | | |
| Total Federal Financial Assistance - Dep | \$ | 5,264,632 | | | |

Federal Award Findings & Questioned Costs - Definitions

- Material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement will not be prevented, or detected and corrected, on a timely basis.
- A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Federal Award Findings & Questioned Costs

- 2021-001 Preparation of the Schedule of Expenditures of Federal Awards (SEFA)
- Condition: Lack of an internal control system designed to provide for a complete and accurate schedule of expenditures of federal awards.
- Corrective Action Plan:
 - ► Formal policy implemented for review of the SEFA
 - One hour of continuing education on federal award reporting compliance annually for two members of the Accounting Team

Federal Award Findings & Questioned Costs - Continued

- 2021-002 Activities Allowed or Unallowed & Allowable Costs
- Condition: Claimed a \$116 of costs that were questioned
- Corrective Action Plan:
 - **Ensure attendees at key meetings to be claimed are documented**
 - Run more detailed reports to establish proper cut-off of expenses

Federal Award Findings & Questioned Costs - Continued

- 2021-003 Reporting
- Condition: Excluded bad debt from the amounts reported for lost revenue & no evidence retained that the Hospital's special report submitted was reviewed and approved by a separate individual outside of the individual who inputted and submitted the report.
- *Corrective Action Plan:*
 - Guidance on whether bad debt should or should not be included was unclear will include with the Phase 4 funding report submission
 - Policy developed to formally document review of submissions

Single Audit Results

Next Steps - what might happen?

Questions about the process or report?

*Request Motion to Approve Review and Acceptance of the Federal Awards Reports in Accordance with Uniform Guidance for September 30, 2021

Master Facility Plan Status Update

Teresa Lindfors

The Why's of the Expansion Project

Space Issues

- Patient Volumes/Growth Needs
- Cost Savings/Efficiencies
- Payer Implications
- Other

Space Issues

- Need for Multi-specialty Clinic space area
 - General Surgery/Wound Clinic functioning out of Day Surgery area
 - Addition of new providers (Cardiology, Urology, Podiatry) in current Urgent Care footprint
 - Provides additional space for Urgent Care services
- Rehab Services located off-site
 - Leasing space currently
 - Road work impacting access
- Current Operating Rooms 47 years old and connected to the 1975 building
- Cardiac Rehab Services has safety concerns with equipment spacing in current location

Patient Volumes/Growth Needs

- Census reports indicate 1.8% growth in Stoughton by 2026
- Increased Urgent Care needs
- Expect 3-5% growth in Ortho each year and addition of shoulder program radius
- Increased patient volumes with additional physician clinic services (Podiatry and Elective Sterilization services)
- Expect more Rehab patients with pelvic floor and hand therapy needs
- Potential addition of Pulmonary Rehab with covid long-haulers
- Increased need for Cardiac Rehab Phase II
- Increased outpatient surgical needs
- Potential for chemotherapy ambulatory infusion

Cost Savings/Efficiency

- SWAC Rehab Lease Cost Savings
 - \$132,000 annual cost savings
- Staff and equipment efficiency
 - Cardiac Rehab and Outpatient Rehab services
 - Reduced FTE in Registration staff
 - Medical Imaging and Rehab proximity to Ortho & General Surgery
 - Medical Imaging staff dedicated to serving the medical office needs
- Shelled space allows for growing into the future as needs arise
- Ambulatory Surgery Center
 - Increased efficiencies for providers
 - Currently assessing best timing given external environment

Payer Implications

- Reimbursement questions if not an ASC in the future: Payer mandates
- Increase in Medicare (aging baby boomers) & Medicaid Advantage plans (50%) puts cost based reimbursement at risk vs other payers
- Bundled payments (meet the needs of ACOs and other value based purchasing structures)

Other

- Aging building with 1956 & 1975 areas.
- Eventually raze 1956 building in future
- Shifts to:
 - Inpatient to Outpatient
 - Outpatient to Ambulatory
 - Ambulatory to Clinic

Planning Updates Site Visits - Ortho & General Surgery

- Rush Ortho Clinic & Ambulatory Surgery Center (ASC) Oakbrook, Illinois
- Monroe Clinic Monroe, WI
- Drs. Rawal & Schwaab to visit Monroe Clinic in mid to late August
- Key Takeaways:
 - Patient self-rooming
 - Visual cues
 - Surgical workflows

Regulatory Requirements Currently Being Reviewed

- Requirements by Service line Financial and Regulatory being reviewed
- Service relocation financial impact
 - Maintain CAH reimbursement for Rehab services if move back on campus (would lose this if rented space at a new location/address)
 - Will service relocation impact allowable cost allocation on cost report?
 - Will service relocation impact 340b program savings?

Design Build – EUA/JP Cullen

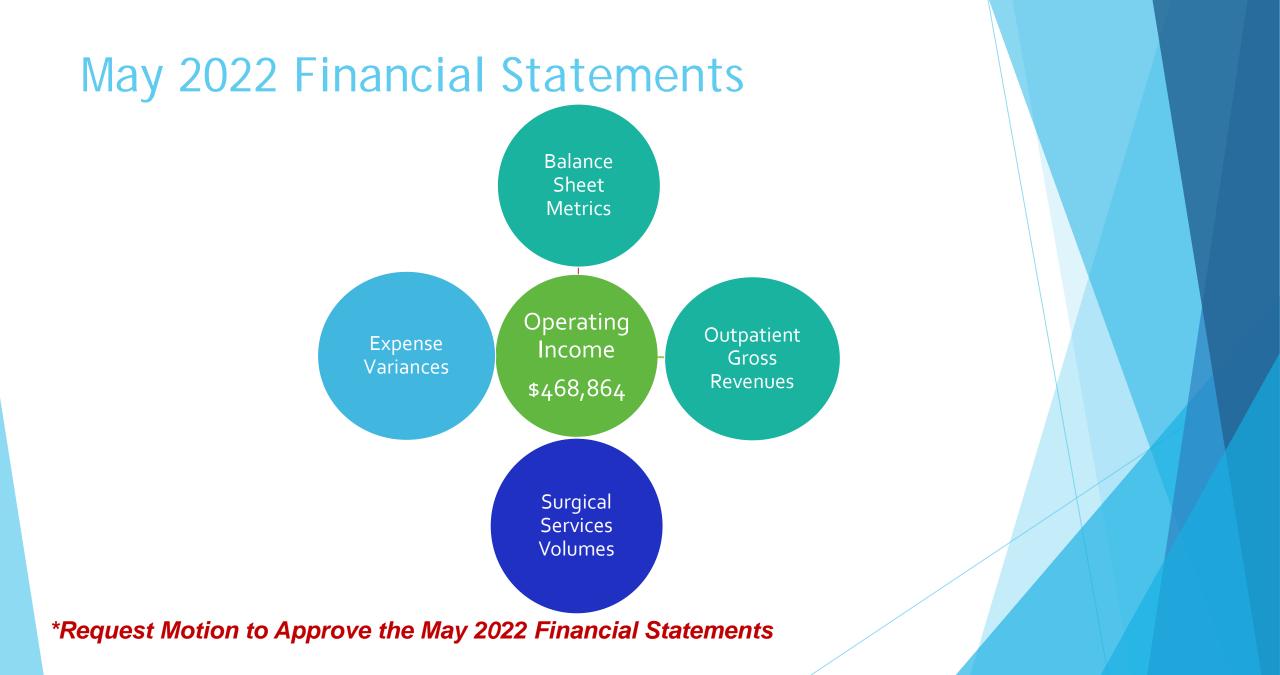
| MASTER PLAN BUDGET STOUGHTON HOSPITAL MASTER PLAN | | | | | | | | | JLI | N |
|--|--------|-----|---------|------------------|-----|--------|------------------|-----|--------|------------------|
| | | | | | | | | | | |
| Area of Work | | Low | / Range | | Exp | ected | | Hig | ah | |
| New Building Core & Shell | 50,000 | \$ | 148 | \$ 7,380,000 | S | 161 | \$ 8,030,835 | \$ | 208 | \$ 10,400,000 |
| Interior Buildout - Clinics | 29,600 | \$ | 201 | \$ 5,949,600 | Å | 218 | \$ 6,442,692 | \$ | 245 | \$ 7,241,916 |
| Connector | 1,350 | \$ | 263 | \$ 355,307 | \$ | 285 | \$ 384,531 | \$ | 310 | \$ 418,754 |
| Interior Buildout - Common Areas | 10,800 | \$ | 82 | \$ 889,067 | \$ | 84 | \$ 908,615 | \$ | 92 | \$ 992,281 |
| Added Parking & Stormwater Per Stall | 241 | \$ | 1,925 | \$ 463,925 | \$ | 1,925 | \$ 463,925 | \$ | 1,925 | \$ 463,925 |
| Escalation Assuming Start in June 2025 | 13% | | | \$ 1,907,182 | | | \$ 2,058,446 | | | \$ 2,475,228 |
| | | | | | | | | | | |
| Subtotal | 51,350 | \$ | 330 | \$ 16,945,081 | \$ | 356 | \$ 18,289,045 | \$ | 428 | \$ 21,992,105 |
| Estimating & Construction Contigency | 10.00% | | | \$ 1,694,508 | Ν | | \$ 1,828,904 | | | \$ 2,199,211 |
| Construction Management Fee | 2.75% | | | \$ 465,990 | | | \$ 502,949 | | | \$ 604,783 |
| *Does not include FFE | | \$ | 372.07 | \$ 19,105,578 | \$ | 401.58 | \$ 20,620,898 | \$ | 482.88 | \$ 24,796,098 |

Next Steps

- Complete financial analysis and understand impact by service
- Complete high level estimated project costs
- Develop project plan consistent with external regulatory, economic, payer environment
- Present to Executive Committee and Board of Directors (date TBD)

Master Facility Plan Update

Questions?



IRS Form 990 – Return of Organization Exempt from Income Tax

- Public Document
- Best Practice to have review by Governing Body prior to filing
- Key Sections to Highlight
 - Part 1 Mission/Significant Activities
 - Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees & Independent Contractors
 - Schedule of Contributors
 - Schedule H Hospitals
 - **Financial Assistance & Certain Other Community Benefit Costs**
 - \$3,951,216 or 8.57% of total expenses
 - Community Health Needs Assessment
 - Financial Assistance Policy

*Request Motion to Approve the Review and Acceptance of the IRS Form 990 for FY2021



Open Discussion

Adjournment