

## Palomar Health FY 2017 Annual Operating and Capital Budget

Board of Directors Budget Workshop June 13, 2016

## Agenda

- Executive Summary
- FY 2017 Budget Overview:
  - Key Budget Drivers
  - Inflationary Assumptions
- Key Statistical / Growth Indicators
- Revenue
  - Key Revenue Assumptions / Payer Mix
  - Revenue Trend Analysis
- Salaries, Wages, Benefits & FTEs:
  - Salary, Benefits and FTE Trend Analysis
- Non Labor Analysis:
  - Supplies / Professional Fees / Purchased Services / Other Direct Expense
- 2017 Annual Budget Summary / EBIDA Recap
- Three Year Capital Planning



#### **Executive Summary**

- The FY 2017 Annual Budget provides achievable goals for the coming year which are consistent and aligned with our Strategic Financial and Capital Plan (EBIDA growth of \$8.8 million from FY16 Projection), and provides a renewed focus on targeted capital deployment.
- It is the result of a focused effort to absorb inflation and drive greater efficiency in all areas of the organization
- Reflects a concerted effort to hold on all non-essential expenditures
- Incorporates staffing initiatives to drive targeted improvements in utilization of labor resources
- The operating and capital budgets are aligned with our current year and long term strategic plan initiatives



# FY 2017 Budget – Key Drivers & Overview

#### Key Plan Drivers

- Strategic Plan alignment including targeted \$8.8 million EBIDA growth year over year; this growth is consistent with the long-range Financial and Capital Plan targets
- Continued reimbursement pressures driven by ACA challenges, including impacts to industry/payer relationships and changes to network patterns.
- Expense management strategies and initiatives include reducing labor costs through our "Patient Throughput" initiative as well as, enhancing supply costs savings through utilization and rate efforts
- Concerted Revenue Cycle efforts around physician documentation post ICD-10 and IT related enhancements

Patient Throughput	Supply Exp Reduction	Physician Documentation
Initiative	Initiative	Initiative
\$1,000,000	\$1,000,000	\$1,300,000

- PHDC closure phased in through December 31, 2016, with support services remaining throughout the fiscal year
- Assessment of service lines and contribution margin profitability

#### Key Plan Drivers

K E Y

D R I V E R S

## Palomar Health – Baseline Financial Projections (\$ thousands)

	Projection Years											
Ratio/Statistic		2016	2017 20			2018		2019	2020			2021
Operating Income exc. Interest Expense	\$	8,351	\$	20,142	\$	20,418	\$	20,520	\$	20,685	\$	20,840
Cash Flow (Net Inc + Depr)	\$	46,113	\$	69,975	\$	70,771	\$	75,895	\$	80,965	\$	87,845
Capital Expenditures	\$	19,453	\$	41,500	\$	40,980	\$	43,070	\$	27,500	\$	32,500
Profitability												
Operating Margin		(3.7%)		(1.3%)		(1.2%)	(	(1.0%)		(0.9%)	(0.8%)	
Operating Margin (Exc. Int. Exp)	1.2%		2.9%		2.8%		2.7%		2.7%		2.6%	
Operating EBIDA Margin (Inc. Prop. Tax)		8.8%	10.7%		10.9%		11.0%		11.1%		11.1%	
Liquidity												
Days Cash On Hand (days)		114		125	124		124		135		145	
Days Cash On Hand (days) - Ex Intrerest		120		131	130		130		140		150	
Other												
Capital Spending Ratio		38.0%		77.2%	70.6%		69.8%		42.1%		47.0%	

Prepared by Kaufman Hall and Associates



#### Inflationary Assumptions

- FY2017 Budget assumes the absorption of a significant amount of industry inflation through utilization and efficiency; Several targeted supply management and strategic initiatives were identified
- Pharmaceutical and Implant costs are significant drivers of overall supply costs. As such, the inflation on these two categories will be a key area of focus and pose the most risk

	2017 Budget	Industry Expectations
Implants	1.0%	0-5%
General Surgery Supplies	1.0%	0-5%
Surgical Needles	0.0%	1-3%
Oxygen - Gas	1.5%	1-6%
IV Solutions	14.0%	3-5%
Pharmaceuticals	7.0%	10.2%
Radioactive and X-Ray Material	0.50%	0.4-1.4%
Other Medical	0.0%	0-1.7%
Food / Meat	1.5%	1.6 – 2.8%
Linen	0.0%	0-2%
All Other: Cleaning/Forms/Office/Uniforms	0.0 - 1.0%	0-4%

#### Healthcare Industry Inflation Comparison





## Key Statistical Indicators

#### Key Statistical Indicators: INPATIENT

- FY 2017 Planned Acute Patient Days are essentially flat year over year
- FY 2017 Adjusted Discharges are pacing consistently with FY 2017 Projected Patient Days



\* North includes Palomar Medical Center (PMC) and Palomar Health Downtown Campus (PHDC); South includes Pomerado Hospital (POM)

#### Key Statistical Indicators: INPATIENT

- FY 2017 Deliveries are increasing by 509 or 10.9% year over year, largely driven by expected increased utilization of the Palomar Medical Center campus
- FY 2017 Inpatient Surgeries are flat over FY 2016 projected



\* North includes Palomar Medical Center (PMC) and Palomar Health Downtown Campus (PHDC); South includes Pomerado Hospital (POM)

#### Key Statistical Indicators: OUTPATIENT

- Outpatient Surgeries are decreasing 147 or 2.0%
- Emergency Visits are decreasing by 4,855 or 3.4% as urgent care level visits continue to transition to the Community Clinics
- Outpatient Registrations are decreasing by 3,656 or 2.1%



#### Outpatient Registration

#### Outpatient Surgery





#### **Emergency** Visits



## Revenue

### Key Gross Revenue Considerations



\* Based on Gross Revenue and Excludes Home Health and Clinics



#### FY 2017 Annual Operating and Capital Plan Revenue Trend Analysis

- FY 2017 Gross Revenue is expected to be \$236M or 7% higher than FY 2016
- Net Revenue is anticipated to be \$45M or 7% higher year over year



\*Deductions include net capitation impact





# Salaries, Wages, Benefits & FTEs

#### Labor Impact Summary

- The FY 2017 Operational Budget reflects a concerted effort to develop a more sustainable model for utilization of FTEs and labor dollars
- Several initiatives drive focus away from premium pay and contract labor, toward a more coordinated staffing approach
- Incorporates ninety-five positions for New Graduate or New-to-Specialty RNs
- Significant year-over-year increases in staff education are planned to support achievement of operational initiatives
- Addition of targeted FTEs in various areas
- New Information Technology tools and Human Resources strategies to drive improved scheduling and recruitment



#### Labor Analysis – FTE's

20	17 Budgeted FTE Roll Forward	FTE's
	FY 2016 Paid FTE's (as of 4/30/2016)	3,604
L	Volume Reductions and Operational Efficiencies	(99)
L	Consolidation Impact	(35)
L	Targeted FTE Additions	176
	FY 2017 Paid FTE's	3,646

 Even with targeted additions, FTEs are relatively flat year over year on a per adjusted discharge basis





#### Labor Analysis - Salaries, Wages and Benefits

- FY 2017 Total Salaries, Wages and Benefits are increasing \$16.5M or 4.4% primarily driven by a \$13.8M increase for both contract and merit adjustments
- FY 2017 Agency / Registry Expense is expected to decline by \$4.4M from current year





## Labor Analysis – Benefits (excluding PTO)

- FY 2017 Employee
  Benefits are increasing
  \$2.1M or 3%.
- Group Health Insurance has increased by \$1.1M to provide coverage required under ACA
- Decrease of \$1.7M in Worker's Compensation Insurance

Key Employee Benefits (in thousands)	Bud 17
Group Health Insurance	37,757
FICA	22,367
Pension	19,247
Work Comp Insurance	1,545
SUI-FUI	1,200
Benefits Other	1,065
Total Benefits	83,181







## Non Labor Analysis

#### Non Labor Analysis - Summary

- FY 2017 Non Labor expense is increasing \$15.9M or 5.4%
- Non-labor cost is increasing by \$326 per adjusted discharge, primarily driven by supply inflation, the Crisis Stabilization Unit, and Information Technology advances



#### Trended Non Labor Expense (In thousands)

#### Non Labor Analysis - Supplies

FY	2017 Supply Roll Forward <i>(in thousands)</i>	
	FY 2016 Supply Expense (Dec 2015 Projection)	\$94,427
	Increases due to Volume and Utilization	1,322
	Inflationary Increases (Net of Absorption)	1,659
	Supply Reduction Initiative (PRAC*)	(1,000)
	FY 2017 Budgeted Supply Expense	\$96,408

\*Physician Resource Allocation Committee





408

351

335

Bud 17



#### Non Labor Analysis – Professional Fees

- FY 2017 Professional Fees are increasing by \$4.3M or 12%
- Physician Professional Fees are primarily being driven by increased volume directed to the Hospitalists, the CSU, and a change in providers for Behavioral Health & ICU

## Professional Fees per Adjusted Discharge (incl. SNF)





#### Non Labor Analysis – Purchased Services

- FY 2017 Purchased Services are increasing by \$5.1M or 6.9%
- Information Technology increases of \$3M are the primary driver, along with increases in Reference Lab volumes and prior year transition of Coding







### Non Labor Analysis – Purchased Services: IT Roadmap

FY	2016 Accomplishments	
I	Agilysys Upgrade	Airstrip Upgrade and Patient Monitoring
	Airwatch Mobile Device Management	Crisis Stabilization Unit (by 6/30)
	Cresendo (Home Health) Project	Epilepsy Monitoring Unit
	Experian OrderRite	Regional Health Information Exchange (HIE)
	Immunizations Integration with County	ICD-10 Project
	Lighthouse - Readmissions	Lighthouse – Infection Control
	Short Stay Unit	Meaningful Use (Year 2 – Stage 1)
FY	2017 Planned Projects	
	Ascend AP Invoice Imaging Project	Axiom Cost Accounting
	Cerner v. 2015 Upgrade	Clarivia
	Population Health Foundation Tools (Phase 1)	Long Term Care EMR
	LEM Balance Scorecard	Health Catalyst – phase 1
	Infor Contract Management	Cloud base Imaging Solution
	Pomerado Infrastructure remediation	Lawson Automated Requisitions



Non Labor Analysis – Other Direct Expense

#### Other Direct Expense per Adjusted Discharge (Incl. SNF)



• FY 2017 Budgeted Other Direct expense is increasing by \$1.5M or 3.6%

Increases in professional liability insurance costs of \$1.4M and marketing costs of \$1.2M



#### Non Labor Analysis - Depreciation and Interest Expense





Interest Expense (in thousands)

 Interest expense reflected for Revenue Bonds only





# Annual Operating Budget Summary / EBIDA Recap

## Annual Operating Budget Summary and Trend

	Budget FY17			rojected FY16	Results FY15	Results FY14		
Revenue:								
Gross Revenue	3	,642,966,545		3,407,071,652	3,156,201,150		2,694,179,906	
Net Revenue		711,227,191		665,143,799	642,577,733		601,153,488	
Other Operating Revenue		12,372,979		13,717,661	16,189,468		13,046,993	
Total Operating Revenue	\$	723,600,170	\$	678,861,460	\$ 658,767,201	\$	614,200,481	
Expenses:								
Salaries, Wages, Registry, Benefits		393,650,506		377,109,473	365,662,152		347,110,826	
Supplies		96,408,447		94,427,197	93,498,167		87,008,983	
Depreciation		52,924,253		49,795,295	50,779,118		56,711,438	
Other		160,474,964		149,669,210	139,681,356		129,640,252	
Total Operating Expense	\$	703,458,170	\$	671,001,175	\$ 649,620,793	\$	620,471,499	
Operating Income		20,142,000		7,860,285	9,146,408		(6,271,018)	
Non-Operating Income		(4,825,841)		2,507,119	7,775,298		9,772,515	
(Interest Expense)		(32,834,866)		(33,925,799)	(35,684,422)		(33,569,486)	
Property Tax Revenue		15,800,000		15,099,996	14,303,002		13,451,009	
Income (Loss)	\$	(1,718,707)	\$	(8,458,398)	\$ (4,459,714)	\$	(16,616,980)	
Net Margin %		-0.2%		-1.2%	-0.7%		-2.7%	
OEBIDA Margin (Excl Property Tax Rev)		10.1%		8.5%	9.1%		8.2%	
OEBIDA Margin (Incl Property Tax Rev)		12.3%		10.7%	11.3%		10.4%	
				- /	10 (0/		12.0%	
EBIDA Margin		11.6%		11.1%	12.4%		12.0%	
EBIDA Margin Total Uncompensated Care & Bad Debt		11.6% 64,118,911		11.1% 58,585,367	12.4% 72,994,974		87,221,098	



## FY 2017 EBIDA Recap (in thousands)

	Re	sults	]	Results	Results FY 2015		Projected FY 2016		]	Budget
	FY	2013	F	FY 2014					F	Y 2017
Net Income from Ops		(22,292)		(6,217)		9,146		7,860		20,142
Depreciation Expense		53,718		<b>56,7</b> 11		50,779		49,795		52,924
OEBIDA	\$ 3	31,426	\$	50,494	\$	59,925	\$	57,655	\$	73,066
OEBIDA Margin (Excl Property Tax Rev)		5.3%		8.2%		9.1%		8.5%		10.1%
OEBIDA Margin (Incl Property Tax Rev)		7.5%		10.4%		11.3%		10.7%		12.3%
EBIDA	4	48,740		73,663		82,003		75,263		84,040
EBIDA Margin		8.2%		12.0%		12.4%		11.1%		11.6%
Total Uncompensated Care & Bad Debt		112,188		87,221		72,995		58,585		64,119
Total Uncompensated Care as % of Gross		4.69%		3.24%		2.31%		1.72%		1.76%
Net Income/(Loss) after Non-Op Income	\$ (3	34,718)	\$	(16,617)	\$	(4,460)	\$	(8,458)	\$	(1,719)





## Capital Plan

### Capital Plan

	FY 2017		FY 2018 FY 2019		FY 2019	Total Project Spend		
Routine Capital:								
Equipment		5,500	6,500		8,500		20,500	
Facility		5,000	14,480		13,570		33,050	
Information Technology		5,000	6,000		7,000		18,000	
Total Routine Capital Requests	\$	15,500	\$ 26,980	\$	29,070	\$	71,550	
Strategic Capital Reserve		16,000	14,000		14,000		44,000	
Downtown Relocation		10,000	-		-		10,000	
Consolidated Capital Reserve	\$	41,500	\$ 40,980	\$	43,070	\$	125,550	

#### Three Year Capital Budget Summary (in thousands)





# FY17 Budget Summary & Key Take-Aways

#### Summary / Key Take-Aways

FY 2017 Budget is achievable and ties to the Strategic Financial & Capital Plan. However, it requires success in the following areas:

- Stable Acute Patient Days and Inpatient Surgeries, year over year
- 10.9% growth in Deliveries
- 7% growth in Net Patient Revenue
- Successful implementation of the Crisis Stabilization Unit
- Execution of Patient Throughput, Revenue Cycle, and Supply Initiatives, as well as the other planned expense management strategies included in the budget
- Transition from reliance on premium pay and registry labor to a coordinated staffing approach
- Complete closure of the Palomar Health Downtown Campus by the end of the Fiscal Year
  Successful Execution will result in:
- Net Income improvement of \$6.7M year over year; Operating Income improvement of \$12.3M year over year
- EBIDA of \$84M



