# Strategic, Financial, and Operational Assessment 

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## Overview

- Sitka Community Hospital (SCH) is an 12-bed Critical Access Hospital (CAH) with an attached 15 -bed skilled nursing facility, providing acute care, long-term care, primary care, emergency medicine, surgery, and related outpatient ancillary services to the residents of Sitka, Alaska
- SCH is a municipal general hospital, governed by a Board of Directors appointed by the Assembly of the City and Borough of Sitka, AK, and is a component unit of the City and Borough
- In 2016, SCH and the Southeast Regional Health Consortium (SEARHC), a non-profit tribal health consortium of 18 Native communities, looked to establish a long-term vision for service delivery within the region
- As part of the process, an independent consultant was engaged to evaluate options for improved alignment
- Options evaluated included status quo, joint venture, and merger
- Consultant recommended merger as the preferred option for alignment and recommended SEARHC submit a merger proposal for the Sitka Assembly to review
- Merger proposal was submitted by SEARHC to city Assembly in May 2017
- SCH engaged Stroudwater to evaluate market, operational, and financial opportunities to solidify the position of the hospital within the region and assess the ability of SCH to sustain operations under the current organizational structure, with the potential for a more improved collaboration between SCH and SEARHC
- In addition, Stroudwater created a 10-year financial proforma that approximates the financial position of the organization based on revenue and expense fluctuations
- SEARHC has no obligation to collaborate and thus collaborative initiatives between SEARHC and SCH must be mutually beneficial


## Overview

- Based upon our analysis of the data provided and financial modeling we performed, SCH is in a position to generate positive operating margin and improved financial liquidity and to fund ongoing capital requirements through the following opportunities:

| Opportunity | Expected <br> Probability | Estimated <br> Annual Impact |
| :--- | :---: | ---: |
| Cost Report Improvements | $85 \%$ | $\$$ |
| Skilled Nursing Facility Bed conversion to CAH Beds | $75 \%$ | 490,000 |
| Discontinuation of OB Services | $90 \%$ | $1,100,000$ |
| Change in Business Model for Surgical Services | $90 \%$ | 170,000 |
| Clinic Optimization | $65 \%$ | 190,000 |
|  | Total: | $\$$ |

- Stroudwater also modeled the following for capital projects at SCH:
- Transition to the Cerner EHR in FY19
- \$550K per year for facility repairs, renovations, and equipment
- Implementing all of the recommendations detailed in the financial modeling section of this report would improve both the net income and cash position by $\$ 2.4 \mathrm{M}$ per year on average or nearly $\$ 24 \mathrm{M}$ over the 10-year measured period which would strengthen financial performance, provide capital for reinvestment, and improve financial independence over the long term
- Please note that this report was based on our determination of the highest value opportunities for SCH as identified during the site visit and that additional opportunities may exist for performance improvement.


## Engagement Purpose \& Methodology

- Overview
- SCH engaged Stroudwater to complete a strategic, financial, and operational assessment (SFOA) with financial modeling for the purposes of:
- Answering financial, operational, and industry-specific questions presented by the Board and administration
- Helping to identify top opportunities that will result in improved financial and operating performance
- Projecting future financial performance based on various assumptions including, but not limited to, service expansion and or reduction, service delivery optimization, and organizational optimization
- Best-positioning SCH for success in the rapidly evolving healthcare market, including new payment and delivery care models, and to promote value within a population health management system
- Purpose
- To identify and financially model performance-improvement opportunities that will result in increased financial stability, with areas to address including:
- Evaluation of historic/potential demand for clinical services
- Identification of opportunities to appropriately address clinical service line gaps
- Reimbursement and cash flow with emphasis on selected service lines
- Hospital expense analysis
- Organizational architecture and management principles
- Strategic direction


## Engagement Purpose \& Methodology

- Methodology
- Gather and review pertinent market, clinical service line, and financial data, including:
- Detailed inpatient utilization and outpatient data for all revenue centers
- Clinic charges and visits by provider
- Recently-filed cost reports
- Audited financial statements and financial and utilization (inpatient and outpatient) projections
- Conduct an intensive two-day site visit
- Meet with Board members to engage on strategic direction
- Interview with CEO, CFO, COO, CNO, Chief of Medical Staff, senior leadership team members, clinical operational staff, and selected department managers
- Preview findings and preliminary recommendations prior to site visit departure
- Complete a financial assessment for SCH
- Prepare final report and recommendations
- Action Planning
- Follow up as required

FINANCIAL ASSESSMENT

## Financial Model

- Overview
- In order to project the future financial position of SCH, Stroudwater created a 10-year financial proforma which approximates the financial position of the organization based on revenue and expense fluctuations
- Stroudwater used FY16 as the base year and FY17 - FY26 were forecast years
- Since FY17 ended on June 30, 2017, assumptions and modeling will begin in FY18
- As part of the financial model, Stroudwater assessed the impact of each of the following scenarios with a "status quo" scenario at SCH:
- Cost Report improvements
- Long Term Care Bed Conversion to CAH Beds
- Elimination of OB program
- Reducing Surgery from 24/7 to scheduled surgeries M - F
- Clinic Optimization
- Volume Increases
- Addition of 340 B


## Financial Model

- Assumptions
- Stroudwater applied the following assumptions across all models to account for revenue and expense variation
- Revenue Assumptions:
- Prices increased by 2\% per year starting in FY18
- Bad Debt set at $2.25 \%$ of Gross Charges each year
- Reimbursements:
- Medicare reimbursements driven by cost-based reimbursement
- Medicaid cost-based every $4^{\text {th }}$ year, then set increases each other year at $2 \%$
- All other payors set at 91.0\% of charge in FY16, then increased 2\% each year thereafter
- Professional fees reimbursement set at $55 \%$ of charge, then increased $2 \%$ thereafter
- Volumes remained constant from FY17 through FY26 unless stated otherwise in one of the subsequent scenarios
- Actual volume fluctuations up or down will impact the financial performance of SCH
- Other Operating Revenue:
- Set at a fixed \$399K per year
- Non-Operating Revenue:
- Tobacco Tax remained at $\$ 680 \mathrm{k}$ from FY17 through FY26
- Sitka Support of Fixed Assets remained at \$153K from FY17 through FY26
- Interest Income set at $0.72 \%$ of the cash balance


## Financial Model

- Assumptions (continued)
- Stroudwater applied the following assumptions across all models (continued)
- Expense Assumptions:
- The following expenses were increased 2\% each year from FY18 - FY26
- Salaries \& Wages
- Other Miscellaneous
- The following expenses were increased 3\% each year from FY18 - FY26
- Supplies
- Professional Fees
- Benefit expense set at $52 \%$ of Salaries and Wages from FY18 - FY26 based on the following:
- PERS benefit: $22 \%$ per year
- Other benefits: 30\% per year (FICA, SUTA, FUTA, Medical, etc.)
- Staffing full time equivalents (FTEs) remained constant unless specifically addressed in a subsequent scenario


## Financial Model

- Assumptions (continued)
- Stroudwater applied the following assumptions across all models (continued)
- Other Assumptions:
- Stroudwater assumed the transition to Cerner for an EHR starting in FY19 at an initial capital cost of $\$ 2.9 \mathrm{M}$ at $0 \%$ interest over 7 years with $\$ 600 \mathrm{~K}$ due in FY19 and $\$ 385 \mathrm{~K}$ due each year for the following 6 years
- Recurring operating cost factored at \$400K per year starting in FY20
- Capital Projects:
- Stroudwater assumed $\$ 550 \mathrm{~K}$ in annual capital expenditures
- The following table highlights facility and equipment purchases from FY18 through FY26



## Scenario: Status Quo

- Scenario: Status Quo
- The following chart presents the projected annual net income of SCH and the year end cash balance under a "status quo" environment
- Based on the projected operating statement, SCH net income would decrease from (\$263K) in FY17 to ( $\$ 1.6 \mathrm{M}$ ) in FY26 and the cash balance would decrease from $\$ 4.6 \mathrm{M}$ in FY17 to ( $\$ 7.0 \mathrm{M}$ ) in FY26 due to the continued increase in operating expenses



## Scenario: Status Quo

- Scenario: Status Quo (continued)
- The following table presents the projected operating statement of SCH under a "status quo" environment
- Based on the projected operating statement, SCH net income would decrease from (\$263K) in FY17 to ( $\$ 1.6 \mathrm{M}$ ) in FY26 due to the continued increase in operating expenses

|  | Historical Year $2016$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Net patient service revenue | \$ 23,583,943 | \$ 25,815,437 | \$ 26,355,037 | \$ 27,010,299 | \$ 27,355,299 | \$ 27,928,836 | \$ 30,801,047 |
| Provision for Bad Debt | $(399,364)$ | $(664,347)$ | $(677,634)$ | $(691,186)$ | $(705,010)$ | $(719,110)$ | $(793,956)$ |
| Inkind Service - PERS/USAC | 1,826,822 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 |
| Other operating revenue | 390,349 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 |
| Total operating revenue | 25,401,750 | 25,923,645 | 26,449,958 | 27,091,668 | 27,422,844 | 27,982,281 | 30,779,646 |
| Operating expenses |  |  |  |  |  |  |  |
| Salaries | 11,331,579 | 12,502,205 | 12,752,250 | 13,007,295 | 13,267,440 | 13,532,789 | 14,941,293 |
| Benefits | 5,198,125 | 3,767,529 | 3,842,879 | 3,919,737 | 3,998,132 | 4,078,094 | 4,502,546 |
| Pension Expense | 3,797,916 | 2,750,485 | 2,805,495 | 2,861,605 | 2,918,837 | 2,977,214 | 3,287,084 |
| Professional fees | 3,489,597 | 3,812,512 | 3,926,887 | 4,044,694 | 4,166,035 | 4,291,016 | 4,974,464 |
| Supplies | 1,632,442 | 1,570,335 | 1,617,445 | 1,665,968 | 1,715,947 | 1,767,425 | 2,048,930 |
| Other operating expenses | 2,906,483 | 1,976,679 | 2,018,156 | 2,067,477 | 2,518,117 | 2,580,999 | 2,904,192 |
| Depreciation and amortization | 926,786 | 702,182 | 719,380 | 1,079,138 | 1,097,479 | 1,115,820 | 600,273 |
| Total operating expenses | 29,282,928 | 27,081,927 | 27,682,492 | 28,645,914 | 29,681,987 | 30,343,357 | 33,258,781 |
| Operating income (loss) | $(3,881,178)$ | $(1,158,282)$ | $(1,232,534)$ | $(1,554,246)$ | $(2,259,143)$ | $(2,361,076)$ | $(2,479,135)$ |
| Nonoperating revenues (expenses) |  |  |  |  |  |  |  |
| Total nonoperating revenue (expenses), net | 701,018 | 895,153 | 920,446 | 922,749 | 923,694 | 921,289 | 898,207 |
| Change in net position | $(3,180,160)$ | $(263,129)$ | $(312,088)$ | $(631,497)$ | $(1,335,450)$ | $(1,439,787)$ | $(1,580,928)$ |
| NET ASSETS, Beginning of year | $(3,215,856)$ | $(6,396,016)$ | $(6,659,145)$ | $(6,971,233)$ | $(7,602,729)$ | $(8,938,179)$ | $(16,746,514)$ |
| NET ASSETS, End of year | \$ (6,396,016) | \$ (6,659,145) | \$ (6,971,233) | \$ (7,602,729) | \$ (8,938,179) | \$(10,377,966) | \$(18,327,442) |

## Scenario: Status Quo

- Scenario: Status Quo (continued)
- The following table presents the cash position of SCH under a "status quo" environment
- Based on the continued decline in net income, the SCH cash position would decline from $\$ 4.6 \mathrm{M}$ in FY17 to (\$7.0M) in FY26

|  | StATEMENT OF CASH flows |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Historical Year 2016 | $\begin{gathered} \text { Forecast Year } \\ 2017 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| Net cash provided by operating activities | 3,410,307 | 23,270 | 349,504 | 373,333 | $(237,185)$ | $(383,323)$ | (1,021,160) |
| Net cash provided (used) by Cap/Fin activities | $(271,397)$ | $(88,385)$ | $(638,385)$ | (1,477,437) | $(1,608,260)$ | (1,608,260) | $(550,000)$ |
| Net cash provided (used) by investing activities | 395 | 11,226 | 33,917 | 33,527 | 31,685 | 23,946 | 591 |
| NET INCREASE (DECREASE) IN CASH | 3,139,305 | $(53,888)$ | $(254,964)$ | $(1,070,577)$ | $(1,813,761)$ | $(1,967,637)$ | $(1,570,569)$ |
| CASH, BEGINNING OF YEAR | 1,471,397 | 4,610,702 | 4,556,814 | 4,301,850 | 3,231,273 | 1,417,511 | $(5,462,296)$ |
| CASH, END OF YEAR | \$ 4,610,702 | \$ 4,556,814 | \$ 4,301,850 | \$ 3,231,273 | \$ 1,417,511 | \$ (550,126) | \$ (7,032,865) |

- Conclusion:
- Unless SCH makes changes to the current operational environment, SCH would be dependent on external resources to sustain operations at the hospital


## Financial Modeling Summary

- Implementation of all Financial Modeling Recommendations
- Implementing all of the recommendations detailed in the financial modeling section of this report would improve both the net income and cash position by nearly $\$ 24 \mathrm{M}$ over the $10-$ year measured period as referenced below (see Appendix VI for detailed statements):
- The following chart present both a comparative operating statement and cash position for SCH should the organization implement all suggested recommendations:

Sitka Community Hospital


Year End Cash Balance


## Financial Modeling Summary

- Implementation of all Financial Modeling Recommendations
- The following tables present both a comparative operating statement and cash position for SCH should the organization implement all suggested recommendations:

- Recommendations:
- SCH should implement the suggested changes in order to improve the financial performance of the organization and remove the dependency of SCH on external funds to sustain operations


## Financial Modeling Summary

- Implementation of all Financial Modeling Recommendations except conversion of LTC Beds to CAH Beds
- The following tables present both a comparative operating statement and cash position for SCH should the organization implement all suggested recommendations except the conversion of LTC beds to CAH beds:
- Implementing all of the recommendations detailed in the financial modeling section of this report would improve both the net income and cash position by nearly $\$ 16 \mathrm{M}$ over the 10 -year measured period as referenced below (see Appendix VII for detailed statements):

- Recommendations:
- SCH should implement the suggested changes in order to improve the financial performance of the organization and remove the dependency of SCH on external funds to sustain operations

APPENDIX

## Scenario: Cost Report Improvements

- Scenario: Cost Report Improvements
- Stroudwater modeled operational changes to reflect best practice:
- ED Physician Stand-by Time: $\$ 670 \mathrm{~K}$ added back as an allowable expense in FY18 to reflect 20 minutes of professional time per ED visit
- Added back in $\$ 150 \mathrm{~K}$ in physician cost to $\mathrm{A} \& G$ to factor administrative work done by physicians
- Directly allocated $\$ 110 \mathrm{~K}$ in Ward Clerk wages to the Med/Surg Unit
- Increased Clinic Technical charges in FY18 by \$750K to reflect technical charge of \$75 per visit
- Implementing the cost report improvements would improve both the net income and the cash position by $\$ 4.9 \mathrm{M}$ over the measured period as referenced below (see Appendix I for detailed statements):

| STATEMENT OF OPERATIONS Net Income | Historical Year 2016 | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \\ \hline \end{gathered}$ | Forecast Year 2023 | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | Forecast Year 2025 | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Status Quo | \$(3,180,160) | \$ $(263,129)$ | \$ (312,088) | \$ $(631,497)$ | \$(1,335,450) | \$(1,439,787) | \$(1,549,262) | \$(1,664,410) | \$(1,687,196) | \$(1,467,679) | \$(1,580,928) |
| Cost Report Improvement | $(3,180,160)$ | $(263,129)$ | 175,891 | $(127,855)$ | $(813,119)$ | $(901,815)$ | $(995,259)$ | $(1,093,946)$ | $(1,104,998)$ | $(885,005)$ | $(992,317)$ |
| Variance: | \$ | \$ | \$ 487,979 | \$ 503,642 | \$ 522,331 | \$ 537,972 | \$ 554,003 | \$ 570,463 | \$ 582,198 | \$ 582,674 | \$ 588,612 |
| YEAR END CASH BALANCE <br> Net Increase (Decrease) in Cash | Historical Year $2016$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | Forecast Year 2018 | Forecast Year 2019 | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \\ \hline \end{gathered}$ | Forecast Year $2023$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \end{gathered}$ | Forecast Year 2025 | $\begin{gathered} \text { Forecast Year } \\ 2026 \end{gathered}$ |
| Status Quo | \$ 4,610,702 | \$ 4,556,814 | \$ 4,301,850 | \$ 3,231,273 | \$ 1,417,511 | \$ (550,126) | \$(1,671,997) | \$(2,778,229) | \$(4,009,566) | \$(5,462,296) | \$(7,032,865) |
| Cost Report Improvement | 4,610,702 | 4,556,814 | 4,721,993 | 4,491,960 | 3,765,396 | 2,921,457 | 2,054,326 | 1,138,699 | 103,068 | $(1,152,929)$ | $(2,136,742)$ |
| Variance: | \$ | \$ | \$ 420,143 | \$ 1,260,687 | \$ 2,347,885 | \$ 3,471,583 | \$ 3,726,323 | \$ 3,916,927 | \$ 4,112,634 | \$ 4,309,367 | \$ 4,896,123 |

- Recommendations:
- Implement the cost report improvements mentioned above to leverage higher reimbursements from cost based payors
- SCH must work with the cost report preparer to ensure accurate inclusion of expenses in subsequent cost report years


## Scenario: LTC Bed Conversion to CAH Beds

- Scenario: LTC Bed Conversion to CAH Beds
- Stroudwater modeled operational changes to reflect best practice:
- SCH would designate the current LTC beds as CAH beds and use NF bed designation to more effectively leverage cost-based reimbursement
- Swing Bed - NF reimbursements based on current SNF rate of $\$ 957$ per day
- The rate was increased by $2 \%$ each year, then reset every $4^{\text {th }}$ year based on a cost-based rate
- Transitioning the beds to Swing Bed - NF will also remove the annual Medicare survey associated with LTC Facilities
- Changing the bed designation from LTC to CAH beds would improve both the net income and cash position by $\$ 11.4 \mathrm{M}$ over the measured period as referenced below (see Appendix II for detailed statements):

| STATEMENT OF OPERATIONS <br> Net Income | Historical Year $2016$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | Forecast Year 2020 | Forecast Year 2021 | Forecast Year 2022 | Forecast Year $2023$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \\ \hline \end{gathered}$ | Forecast Year $2026$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Status Quo | \$(3,180,160) | \$ $(263,129)$ | \$ (312,088) | \$ (631,497) | \$(1,335,450) | \$(1,439,787) | \$(1,549,262) | \$(1,664,410) | \$(1,687,196) | \$(1,467,679) | \$ (1,580,928) |
| Swing Bed - NF | $(3,180,160)$ | $(263,129)$ | 593,441 | 368,381 | $(201,877)$ | $(224,631)$ | $(250,285)$ | $(279,207)$ | $(226,120)$ | 40,555 | 8,510 |
| Variance: | \$ | \$ | \$ 905,529 | \$ 999,877 | \$ 1,133,573 | \$ 1,215,156 | \$ 1,298,977 | \$ 1,385,202 | \$ 1,461,076 | \$ 1,508,234 | \$ 1,589,439 |
| YEAR END CASH BALANCE Net Increase (Decrease) in Cash | Historical Year 2016 | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | Forecast Year 2020 | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \\ \hline \end{gathered}$ | Forecast Year 2026 |
| Status Quo | \$ 4,610,702 | \$ 4,556,814 | \$ 4,301,850 | \$ 3,231,273 | \$ 1,417,511 | \$ $(550,126)$ | \$(1,671,997) | \$(2,778,229) | \$(4,009,566) | \$(5,462,296) | \$ (7,032,865) |
| Swing Bed - NF | 4,610,702 | 4,556,814 | 5,062,441 | 5,317,651 | 5,186,779 | 5,011,198 | 4,880,065 | 4,769,997 | 4,604,878 | 4,268,477 | 4,275,740 |
| Variance: | \$ | \$ | \$ 760,591 | \$ 2,086,378 | \$ 3,769,267 | \$ 5,561,323 | \$ 6,552,062 | \$ 7,548,225 | \$ 8,614,443 | \$ 9,730,772 | \$ 11,308,605 |

- Recommendations:
- Pursue changing the LTC beds to Swing Bed to leverage more favorable reimbursement from Medicare for other cost-based days


## Scenario: Elimination of OB Program

- Scenario: Elimination of OB Program
- Stroudwater modeled operational changes based on best practice:
- SCH would eliminate the OB program based on volumes within the department, overall cost, and the ability of staff to maintain core competencies based on volumes within the department
- Stroudwater removed both the revenue and expenses generated by the program
- Since MEH also operates an OB program, Sitka residents will still be able to receive services within the community
- Eliminating the OB program would improve both the net income and cash position by $\$ 1.7 \mathrm{M}$ over the measured period as referenced below (see Appendix III for detailed statements):

| STATEMENT OF OPERATIONS Net Income | $\begin{gathered} \text { Historical Year } \\ 2016 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Status Quo | \$(3,180,160) | \$ $(263,129)$ | \$ (312,088) | \$ (631,497) | \$(1,335,450) | \$(1,439,787) | \$(1,549,262) | \$(1,664,410) | \$(1,687,196) | \$(1,467,679) | \$(1,580,928) |
| OB Elimination | $(3,180,160)$ | $(263,129)$ | $(146,893)$ | $(459,488)$ | $(1,156,361)$ | $(1,255,553)$ | $(1,359,742)$ | $(1,469,458)$ | $(1,491,267)$ | (1,274,426) | $(1,383,317)$ |
| Variance: | \$ | \$ | \$ 165,195 | \$ 172,008 | \$ 179,089 | \$ 184,234 | \$ 189,520 | \$ 194,952 | \$ 195,930 | \$ 193,254 | \$ 197,611 |
| YEAR END CASH BALANCE <br> Net Increase (Decrease) in Cash | Historical Year $2016$ | $\begin{aligned} & \text { Forecast Year } \\ & 2017 \end{aligned}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | Forecast Year $2020$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | Forecast Year 2022 | Forecast Year $2023$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \end{gathered}$ | Forecast Year $2026$ |
| Status Quo | \$ 4,610,702 | \$ 4,556,814 | \$ 4,301,850 | \$ 3,231,273 | \$ 1,417,511 | \$ (550,126) | \$(1,671,997) | \$(2,778,229) | \$(4,009,566) | \$(5,462,296) | \$(7,032,865) |
| OB Elimination | 4,610,702 | 4,556,814 | 4,452,259 | 3,891,994 | 2,823,692 | 1,627,313 | 397,024 | $(892,758)$ | $(2,313,341)$ | $(3,957,605)$ | $(5,330,969)$ |
| Variance: | \$ | \$ | \$ 150,409 | \$ 660,721 | \$ 1,406,180 | \$ 2,177,438 | \$ 2,069,021 | \$ 1,885,471 | \$ 1,696,225 | \$ 1,504,691 | \$ 1,701,896 |

- Recommendations:
- SCH should consider eliminating the OB program based on the revenue and costs associated with maintaining the program


## Scenario: Reduction in Surgical Services

- Scenario: Reduction in Surgical Services
- Stroudwater modeled operational changes based on best practice:
- SCH would reduce surgical services from the current 24/7 to scheduled, daytime surgeries, M - F
- Since most of the surgeries performed at SCH are Endoscopes, SCH should not realize a reduction in surgical revenue
- Since MEH also operates a full surgical program, community members can receive emergent surgical services at that hospital
- Stroudwater reduced surgical costs by $\$ 250 \mathrm{~K}$ which takes into account the reduction in physician, nursing, and support staff from a $24 / 7$ schedule to a 40 -hour work week consisting of scheduled daytime surgeries
- Implementing the reduction in surgical services would improve both the net income and cash position by $\$ 1.9 \mathrm{M}$ over the measured period as referenced below (see Appendix IV for detailed statements):

| STATEMENT OF OPERATIONS Net Income | Historical Year $2016$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Status Quo | \$(3,180,160) | \$ $(263,129)$ | \$ (312,088) | \$ (631,497) | \$(1,335,450) | \$(1,439,787) | \$(1,549,262) | \$(1,664,410) | \$(1,687,196) | \$(1,467,679) | \$(1,580,928) |
| Surgical Services Reduction | $(3,180,160)$ | $(263,129)$ | $(121,400)$ | $(436,945)$ | $(1,135,379)$ | (1,234,299) | $(1,338,237)$ | $(1,447,726)$ | $(1,468,172)$ | $(1,248,015)$ | $(1,356,831)$ |
| Variance: | \$ | \$ | \$ 190,688 | \$ 194,552 | \$ 200,071 | \$ 205,488 | \$ 211,025 | \$ 216,684 | \$ 219,024 | \$ 219,665 | \$ 224,097 |
| YEAR END CASH BALANCE <br> Net Increase (Decrease) in Cash | Historical Year 2016 | $\begin{aligned} & \text { Forecast Year } \\ & 2017 \end{aligned}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \end{gathered}$ | Forecast Year 2019 | Forecast Year $2020$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \end{gathered}$ | Forecast Year $2023$ | Forecast Year 2024 | Forecast Year $2025$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \end{gathered}$ |
| Status Quo | \$ 4,610,702 | \$ 4,556,814 | \$ 4,301,850 | \$ 3,231,273 | \$ 1,417,511 | \$ (550,126) | \$(1,671,997) | \$(2,778,229) | \$(4,009,566) | \$(5,462,296) | \$(7,032,865) |
| Surgical Services Reduction | 4,610,702 | 4,556,814 | 4,479,487 | 3,942,246 | 2,895,259 | 1,720,221 | 511,526 | $(756,430)$ | $(2,153,976)$ | $(3,772,278)$ | $(5,119,057)$ |
| Variance: | \$ | \$ | \$ 177,637 | \$ 710,974 | \$ 1,477,748 | \$ 2,270,346 | \$ 2,183,523 | \$ 2,021,798 | \$ 1,855,590 | \$ 1,690,017 | \$ 1,913,808 |

- Recommendations:
- SCH should change the surgical program from the current $24 / 7$ schedule to scheduled surgeries M F based on the services sought at SCH


## Scenario: Clinic Optimization

- Scenario: Clinic Optimization
- Stroudwater modeled operational changes based on best practice:
- Based on the complement of providers and hours of operation, SCH can increase the number of annual visits by 2,500 through marketing and delivery optimization at no cost increase
- Stroudwater increased both the Professional Fee and technical charge revenue by $\$ 75$ each to account for volume growth
- As a provider-based clinic, SCH should implement the 340B program to realize the net financial benefit of the program
- SCH would realize a net financial benefit of roughly $\$ 500 \mathrm{~K}$ based on increased projected visits
- Implementing clinic optimization strategies would improve both the net income and cash position by $\$ 8.1 \mathrm{M}$ over the measured period as referenced below (see Appendix $V$ for detailed statements):

- Recommendations:
- SCH should implement the 340B program to realize the net financial benefit of the program
- SCH should work to optimize the clinic and increase marketing efforts to improve the number of annual visits at the clinic


## Appendix I

- Scenario: Cost Report Improvements



## Appendix II

- Scenario: Skilled Nursing Facility to Swing Bed - NF



## Appendix III

- Scenario: Elimination of OB Program



## Appendix IV

- Scenario: Reduction in Surgical Services



## Appendix V

- Scenario: Clinical Optimization



## Appendix VI

## - Scenario: Consolidation of All Scenarios

|  | SITKA COMMUNITY HOSPITAL STATEMENTS OF OPERATIONS |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Historical Year 2016 | Forecast Year $2017$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | Forecast Year $2022$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| Net patient service revenue | \$ 23,583,943 | \$25,815,437 | \$ 27,626,165 | \$ 28,382,987 | \$ 28,862,649 | \$ 29,518,570 | \$ 30,187,288 | \$ 30,870,961 | \$ 31,520,825 | \$ 32,060,648 | \$ 32,787,509 |
| Provision for Bad Debt | $(399,364)$ | $(664,347)$ | $(762,630)$ | $(777,883)$ | $(793,440)$ | $(809,309)$ | $(825,495)$ | $(842,005)$ | $(858,845)$ | $(876,022)$ | $(893,542)$ |
| Inkind Service - PERS/USAC | 1,826,822 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 |
| 340 BProgram |  |  | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 |
| Other operating revenue | 390,349 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 |
| Total operating revenue | 25,401,750 | 25,923,645 | 28,132,815 | 28,874,384 | 29,338,489 | 29,978,541 | 30,631,073 | 31,298,236 | 31,931,260 | 32,453,906 | 33,163,246 |
| Operating expenses |  |  |  |  |  |  |  |  |  |  |  |
| Salaries | 11,331,579 | 12,502,205 | 12,292,117 | 12,537,960 | 12,788,719 | 13,044,493 | 13,305,383 | 13,571,491 | 13,842,921 | 14,119,779 | 14,402,175 |
| Benefits | 5,198,125 | 3,767,529 | 3,944,108 | 4,022,991 | 4,103,451 | 4,185,520 | 4,269,230 | 4,354,615 | 4,441,706 | 4,530,541 | 4,621,152 |
| Pension Expense | 3,797,916 | 2,750,485 | 2,704,266 | 2,758,351 | 2,813,518 | 2,869,788 | 2,927,184 | 2,985,728 | 3,045,443 | 3,106,351 | 3,168,478 |
| Professional fees | 3,489,597 | 3,812,512 | 3,926,887 | 4,044,694 | 4,166,035 | 4,291,016 | 4,419,746 | 4,552,339 | 4,688,909 | 4,829,576 | 4,974,464 |
| Supplies | 1,632,442 | 1,570,335 | 1,617,445 | 1,665,968 | 1,715,947 | 1,767,425 | 1,820,448 | 1,875,061 | 1,931,313 | 1,989,252 | 2,048,930 |
| Other operating expenses | 2,906,483 | 1,976,679 | 1,985,252 | 2,033,541 | 2,483,366 | 2,545,428 | 2,606,074 | 2,668,215 | 2,731,911 | 2,797,203 | 2,864,132 |
| Depreciation and a mortization | 926,786 | 702,182 | 719,380 | 1,079,138 | 1,097,479 | 1,115,820 | 1,134,161 | 1,152,501 | 1,038,928 | 585,265 | 600,273 |
| Total operating expenses | 29,282,928 | 27,081,927 | 27,189,455 | 28,142,643 | 29,168,515 | 29,819,490 | 30,482,226 | 31,159,950 | 31,721,131 | 31,957,968 | 32,679,604 |
| Operating income (loss) | $(3,881,178)$ | $(1,158,282)$ | 943,360 | 731,741 | 169,974 | 159,051 | 148,846 | 138,286 | 210,129 | 495,938 | 483,643 |
| Nonoperating revenues (expenses) |  |  |  |  |  |  |  |  |  |  |  |
| Total nonoperating revenue (expenses), net | 701,018 | 895,153 | 920,446 | 922,749 | 937,883 | 951,897 | 962,873 | 971,507 | 980,393 | 989,626 | 998,660 |
| Change in net position | $(3,180,160)$ | $(263,129)$ | 1,863,806 | 1,654,490 | 1,107,857 | 1,110,949 | 1,111,719 | 1,109,793 | 1,190,521 | 1,485,564 | 1,482,303 |
| NET ASSETS, Beginning of year | $(3,215,856)$ | $(6,396,016)$ | $(6,659,145)$ | $(4,795,339)$ | $(3,140,848)$ | $(2,032,991)$ | (922,043) | 189,677 | 1,299,470 | 2,489,991 | 3,975,555 |
| NET ASSETS, End of year | \$ (6,396,016) | \$(6,659,145) | \$ (4,795,339) | \$ ( $3,140,848$ ) | \$ (2,032,991) | \$ (922,043) | \$ 189,677 | \$ 1,299,470 | \$ 2,489,991 | \$ 3,975,555 | \$ 5,457,858 |
|  |  |  |  | Statement of cash flows |  |  |  |  |  |  |  |
|  | $\begin{gathered} \text { Historical Year } \\ 2016 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \end{gathered}$ |
| Net cash provided by operating activities | 3,410,307 | 23,270 | 2,312,693 | 2,644,805 | 2,172,970 | 2,124,851 | 2,131,839 | 2,138,439 | 2,102,099 | 1,949,896 | 1,928,359 |
| Net cash provided (used) by Cap/Fin activities | (271,397) | (88,385) | (638,385) | $(1,138,385)$ | (1,041,244) | (1,023,323) | (967,988) | (934,938) | (934,938) | $(934,938)$ | $(550,000)$ |
| Net cash provided (used) by investing activities | 395 | 11,226 | 33,917 | 33,527 | 45,874 | 57,005 | 65,517 | 73,891 | 82,777 | 92,010 | 101,044 |
| Net increase (decrease) in cash | 3,139,305 | $(53,888)$ | 1,708,225 | 1,539,948 | 1,177,600 | 1,158,534 | 1,229,368 | 1,277,392 | 1,249,938 | 1,106,968 | 1,479,403 |
| CASH, beginning of year | 1,471,397 | 4,610,702 | 4,556,814 | 6,265,039 | 7,804,986 | 8,982,586 | 10,141,120 | 11,370,488 | 12,647,880 | 13,897,817 | 15,004,786 |
| CASH, end of year | \$ 4,610,702 | \$ 4,556,814 | \$ 6,265,039 | \$ 7,804,986 | \$ 8,982,586 | \$ 10,141,120 | \$ 11,370,488 | \$ 12,647,880 | \$ 13,897,817 | \$ 15,004,786 | \$ 16,484,189 |

## Appendix VII

- Scenario: Consolidation of All Scenarios Except LTC Conversion to CAH Beds

|  | SITKA COMMUNITY HOSPITAL STATEMENTS OF OPERATIONS |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Historical Year 2016 | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | Forecast Year $2022$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| Net patient service revenue | \$ 23,583,943 | \$25,815,437 | \$ 27,073,621 | \$ 27,753,675 | \$ 28,123,989 | \$ 28,715,093 | \$ 29,317,828 | \$ 29,934,013 | \$ 30,520,817 | \$ 31,011,344 | \$ 31,666,392 |
| Provision for Bad Debt | $(399,364)$ | $(664,347)$ | $(702,290)$ | $(716,336)$ | $(730,662)$ | $(745,276)$ | $(760,181)$ | $(775,385)$ | $(790,892)$ | $(806,710)$ | $(822,844)$ |
| Inkind Service - PERS/USAC | 1,826,822 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 | 373,920 |
| 3408 Program |  |  | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 | 496,725 |
| Other operating revenue | 390,349 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 | 398,635 |
| Total operating revenue | 25,401,750 | 25,923,645 | 27,640,611 | 28,306,619 | 28,662,607 | 29,239,097 | 29,826,927 | 30,427,909 | 30,999,204 | 31,473,914 | 32,112,828 |
| Operating expenses |  |  |  |  |  |  |  |  |  |  |  |
| Salaries | 11,331,579 | 12,502,205 | 12,292,117 | 12,537,960 | 12,788,719 | 13,044,493 | 13,305,383 | 13,571,491 | 13,842,921 | 14,119,779 | 14,402,175 |
| Benefits | 5,198,125 | 3,767,529 | 3,944,108 | 4,022,991 | 4,103,451 | 4,185,520 | 4,269,230 | 4,354,615 | 4,441,706 | 4,530,541 | 4,621,152 |
| Pension Expense | 3,797,916 | 2,750,485 | 2,704,266 | 2,758,351 | 2,813,518 | 2,869,788 | 2,927,184 | 2,985,728 | 3,045,443 | 3,106,351 | 3,168,478 |
| Professional fees | 3,489,597 | 3,812,512 | 3,926,887 | 4,044,694 | 4,166,035 | 4,291,016 | 4,419,746 | 4,552,339 | 4,688,909 | 4,829,576 | 4,974,464 |
| Supplies | 1,632,442 | 1,570,335 | 1,617,445 | 1,665,968 | 1,715,947 | 1,767,425 | 1,820,448 | 1,875,061 | 1,931,313 | 1,989,252 | 2,048,930 |
| Otheroperating expenses | 2,906,483 | 1,976,679 | 1,985,252 | 2,033,541 | 2,483,366 | 2,545,428 | 2,606,074 | 2,668,215 | 2,731,911 | 2,797,203 | 2,864,132 |
| Depreciation and amortization | 926,786 | 702,182 | 719,380 | 1,079,138 | 1,097,479 | 1,115,820 | 1,134,161 | 1,152,501 | 1,038,928 | 585,265 | 600,273 |
| Total operating expenses | 29,282,928 | 27,081,927 | 27,189,455 | 28,142,643 | 29,168,515 | 29,819,490 | 30,482,226 | 31,159,950 | 31,721,131 | 31,957,968 | 32,679,604 |
| Operating income (loss) | $(3,881,178)$ | $(1,158,282)$ | 451,156 | 163,976 | $(505,909)$ | (580,392) | $(655,300)$ | (732,041) | (721,927) | $(484,054)$ | $(566,776)$ |
| Nonoperating revenues (expenses) |  |  |  |  |  |  |  |  |  |  |  |
| Total nonoperating revenue (expenses), net | 701,018 | 895,153 | 920,446 | 922,749 | 934,862 | 944,847 | 951,022 | 954,323 | 957,375 | 960,258 | 962,451 |
| Change in net position | $(3,180,160)$ | $(263,129)$ | 1,371,602 | 1,086,725 | 428,954 | 364,455 | 295,722 | 222,282 | 235,448 | 476,205 | 395,675 |
| NET ASSETS, Beginning of year | $(3,215,856)$ | $(6,396,016)$ | $(6,659,145)$ | $(5,287,543)$ | $(4,200,817)$ | (3,771,863) | $(3,407,409)$ | $(3,111,687)$ | $(2,889,405)$ | $(2,653,957)$ | $(2,177,752)$ |
| NET ASSETS, End of year | \$ (6,396,016) | \$(6,659,145) | \$ ( $5,287,543)$ | \$ (4,200,817) | \$ (3,771,863) | \$ (3,407,409) | \$ (3,111,687) | \$ (2,889,405) | \$ (2,653,957) | \$ (2,177,752) | \$ ( $1,782,077)$ |
|  |  |  |  | Statement of cash flows |  |  |  |  |  |  |  |
|  | $\begin{gathered} \text { Historical Year } \\ 2016 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2017 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2018 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2019 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2020 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2021 \\ \hline \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2022 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2023 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2024 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2025 \end{gathered}$ | $\begin{gathered} \text { Forecast Year } \\ 2026 \\ \hline \end{gathered}$ |
| Net cash provided by operating activities | 3,410,307 | 23,270 | 1,894,734 | 2,087,354 | 1,511,781 | 1,394,117 | 1,336,559 | 1,277,180 | 1,178,517 | 976,528 | 887,590 |
| Net cash provided (used) by Cap/Fin activities | (271,397) | $(88,385)$ | (638,385) | (1,138,385) | $(1,041,244)$ | (1,023,323) | (967,988) | (934,938) | (934,938) | (934,938) | $(550,000)$ |
| Net cash provided (used) by investing activities | 395 | 11,226 | 33,917 | 33,527 | 42,853 | 49,955 | 53,666 | 56,707 | 59,759 | 62,642 | 64,835 |
| NET INCREASE (DECREASE) IN CASH | 3,139,305 | $(53,888)$ | 1,290,266 | 982,497 | 513,390 | 420,749 | 422,236 | 398,949 | 303,338 | 104,233 | 402,425 |
| CASH, BEGINNING OF YEAR | 1,471,397 | 4,610,702 | 4,556,814 | 5,847,080 | 6,829,576 | 7,342,967 | 7,763,716 | 8,185,952 | 8,584,901 | 8,888,239 | 8,992,472 |
| CASH, end of year | \$ 4,610,702 | \$ 4,556,814 | \$ 5,847,080 | \$ 6,829,576 | \$ 7,342,967 | \$ 7,763,716 | \$ 8,185,952 | \$ 8,584,901 | \$ 8,888,239 | \$ 8,992,472 | \$ 9,394,897 |

## Appendix VIII

- Scenario: Status Quo


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