



# 2025-02-27 Regular Meeting of the Board of Directors

Thursday, February 27, 2025 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2025-02-27 Regular Meeting of the Board of Directors

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no related materials

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no related materials at time of posting

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no related materials at time of posting

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## REGULAR MEETING OF THE BOARD OF DIRECTORS REVISED AGENDA

Thursday, February 27, 2025 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Telephonic Location: Embassy Suites by Hilton

101 McInnis Pkwy, San Rafael, CA 94903

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

4. **INPUT AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION**

5.1. **Hearing (Health & Safety Code § 32155) ♦**

*Subject Matter: Fourth Quarter Corporate Compliance Report*

5.2. **Approval of Closed Session Minutes ♦**

5.2.1. 01/23/2025 Special Meeting

5.3. **Liability Claims: (Gov. Code § 54956.95) ♦**

*Claimant: Haley Bercot Rosman*

*Claim Against: Tahoe Forest Hospital District*

5.4. **Hearing (Health & Safety Code § 32155) ♦**

*Subject Matter: 2020-2024 Peer Review Summary Report*

*Number of items: One (1)*

5.5. **Hearing (Health & Safety Code § 32155) ♦**

*Subject Matter: 2024 Annual Quality Assurance/Performance Improvement Report*

*Number of items: Six (6)*

5.6. **TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦**

*Subject Matter: Medical Staff Credentials*

6. **DINNER BREAK**

**APPROXIMATELY 6:00 P.M.**

7. **OPEN SESSION – CALL TO ORDER**

**8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

**9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

**10. INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

**11. INPUT FROM EMPLOYEE ASSOCIATIONS**

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

**12. ITEMS FOR BOARD DISCUSSION**

**12.1 Presentation Honoring Current Board Member, Alyce Wong**

The Board of Directors will recognize and honor Board Member Alyce Wong’s service as Board Chair from 2019 – 2024.

**13. CONSENT CALENDAR ◆**

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

**13.1. Approval of Minutes of Meetings**

**13.1.1.** 01/23/2025 Special Meeting ..... ATTACHMENT

**13.2. Financial Reports**

**13.2.1.** Financial Report – January 2025 ..... ATTACHMENT

**13.3. Board Reports**

**13.3.1.** CNO Board Report ..... ATTACHMENT

**13.3.2.** CIO Board Report..... ATTACHMENT

**13.4. Approve Quarterly Corporate Compliance Report**

**13.4.1.** Fourth Quarter Corporate Compliance Report ..... ATTACHMENT

**14. ITEMS FOR BOARD DISCUSSION**

**14.1. Semi-Annual Retirement Plan Update** ..... ATTACHMENT

The Board of Directors will receive a semi-annual retirement plan update from Multnomah Group.

**14.2. Interim Chief Executive Officer Staff Report**..... ATTACHMENT

The Board of Directors will receive a staff report from the Interim Chief Executive Officer.

**14.3. Chief Medical Officer Staff Report**

The Board of Directors will receive a staff report from the Chief Medical Officer.

**14.4. Physician Compensation Redesign**

The Board of Directors will receive an update from ECG Management Consultants regarding the Physician Compensation Redesign project.

**14.5. Physician Compensation Administration**

The Board of Directors will receive an update from ECG Management Consultants regarding the Physician Compensation Administration project.

**14.6. Informational Update on Recent New Reports ..... ATTACHMENT**

The Board of Directors will provide an update regarding recent news reports relevant to TFHD’s future President & CEO.

**15. ITEMS FOR BOARD ACTION ◆**

**15.1. Resolution 2025-04 Affirms Mission of Tahoe Forest Health System ..... ATTACHMENT**

The Board of Directors will review and consider approval of a resolution affirming the mission of Tahoe Forest Health System.

**16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

**17. BOARD COMMITTEE REPORTS**

**18. BOARD MEMBERS REPORTS/CLOSING REMARKS**

**19. CLOSED SESSION CONTINUED**

**20. OPEN SESSION**

**21. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

**22. ADJOURN**

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is March 27, 2025 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site ([www.tfhd.com](http://www.tfhd.com)) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.*

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3583 at least 24 hours in advance of the meeting.

**REGULAR MEETING OF THE  
BOARD OF DIRECTORS  
DRAFT MINUTES**

Thursday, January 23, 2025 at 4:00 p.m.  
Tahoe Forest Hospital – Eskridge Conference Room  
10121 Pine Avenue, Truckee, CA 96161

**1. CALL TO ORDER**

Meeting was called to order at 4:03 p.m.

**2. ROLL CALL**

Board: Michael McGarry, Board Chair; Dr. Robert Darzynkiewicz, Vice Chair; Alyce Wong, Secretary; Mary Brown, Treasurer; Dale Chamblin, Board Member

Staff in attendance: Louis Ward, Interim Chief Executive Officer/Chief Operating Officer; Crystal Felix, Chief Financial Officer; Dr. Brian Evans, Chief Medical Officer; Dylan Crosby, Vice President of Facilities Management and Construction; Janet Van Gelder; Directors of Quality & Regulations; Christine O’Farrell, Risk Management; Ted Owens; Executive Director of Governance & Business Development; Matt Mushet, In-House Counsel; Sarah Jackson, Executive Assistant; Martina Rochefort, Clerk of the Board;

Other: David Ruderman, General Counsel; Gary Hicks, President of G.L. Hicks Financial, LLC

**3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

Item 6.3. was pulled from the agenda.

**4. INPUT AUDIENCE**

No public comment was received.

**5. ITEMS FOR BOARD ACTION ◆**

**5.1. Resolution 2025-03 Master Equipment Lease/Purchase Agreement**

The Board of Directors will review and consider approval of a resolution authorizing the execution and delivery of a Master Equipment Lease/Purchase Agreement and Separate Schedules thereto for the Acquisition, Financing and Leasing of Certain Equipment for the Public Benefit within the terms provided.

Discussion was held.

**ACTION: Motion made by Director Brown to approve the Resolutions 2025-03 Master Equipment Lease/Purchase Agreement as presented, seconded by Director Chamblin.**

**AYES: Directors Chamblin, Brown, Wong, Darzynkiewicz and McGarry**

**Abstention: None**

**NAYS: None**

**Absent: None**

**Open Session recessed at 4:18 p.m.**

**6. CLOSED SESSION**

**6.1. Liability Claims: (Gov. Code § 54956.95) ♦**

*Claimant: Aidan Osti*

*Claim Against: Tahoe Forest Hospital District*

**6.2. Approval of Closed Session Minutes ♦**

**6.2.1.** 12/19/2024 Special Meeting

**6.2.2.** 12/19/2024 Regular Meeting

**6.2.3.** 01/08/2025 Special Meeting

**6.3. Public Employee Appointment (Gov. Code § 54957)**

Title: President & Chief Executive Officer

**6.4. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦**

*Subject Matter: Medical Staff Credentials*

**7. DINNER BREAK**

**APPROXIMATELY 6:00 P.M.**

**8. OPEN SESSION – CALL TO ORDER**

**Open Session reconvened at 6:02 p.m.**

**9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

General Counsel reported out from Closed Session: Liability Claim item 6.1 was denied with a 5-0 vote. Closed Session Minutes items 6.2.1 – 6.2.3 were approved with a 5-0 vote. Item 6.4 Medical Staff Credentials was approved with a 5-0 vote.

**10. DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

none

**11. INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

Public comment was received by: Dr. Johanna Koch

**12. INPUT FROM EMPLOYEE ASSOCIATIONS**

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

None



**13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦**

**13.1. Medical Executive Committee (MEC) Meeting Consent Agenda..... ATTACHMENT**

*MEC recommends the following for approval by the Board of Directors:*

Policy Review – With Changes:

- *MSGEN-1603, Immunizations / Vaccinations for Medical Staff and Allied Health Professional Staff*

Policy Review – With No Changes:

- *MSCP-1, Clinical Privileges that Cross Specialty Lines*

Discussion was held.

**ACTION: Motion made by Director Wong to approve the Medical Executive Committee Consent Calendar as presented, seconded by Director Darzynkiewicz.**

**AYES: Directors Chamblin, Brown, Wong, Darzynkiewicz and McGarry**

**Abstention: None**

**NAYS: None**

**Absent: None**

**14. CONSENT CALENDAR**

**14.1. Approval of Minutes of Meetings**

**14.1.1. 12/19/2024 Special Meeting**

**14.1.2. 12/19/2024 Regular Meeting**

**14.1.3. 01/08/2025 Special Meeting**

**14.2. Financial Reports**

**14.2.1. Financial Report – December 2024**

**14.3. Board Reports**

**14.3.1. Interim CEO/COO Board Report**

**14.3.2. CMO Board Report**

**14.3.3. CIO Board Report**

**14.3.4. VP Provider Services Board Report**

**14.4. Approve Annual Resolution Authorizing Board Compensation**

**14.4.1. Resolution 2025-01**

**14.5. Affirm Annual Board Committee List & Charters**

**14.5.1. Resolution 2025-02**

Discussion was held.

**ACTION: Motion made by Director Darzynkiewicz to approve the Consent Calendar as presented, seconded by Director Chamblin.**

**AYES: Directors Chamblin, Brown, Wong, Darzynkiewicz and McGarry**

**Abstention: None**

**NAYS: None**

**Absent: None**

**15. ITEMS FOR BOARD DISCUSSION**

**15.1. Chief Nursing Officer Staff Report**

The Board of Directors will receive a staff report from the Chief Nursing Officer.  
Discussion was held.

**16. ITEMS FOR BOARD ACTION ◆**

**16.1. President & Chief Executive Officer (CEO) Employment Agreement**

The Board of Directors reviewed and considered approval of a President & CEO Employment Agreement.

Discussion was held.

**ACTION: Motion made by Director Wong to approve the President & Chief Executive Officer (CEO) Employment Agreement as presented, seconded by Director Brown.**

**AYES: Directors Chamblin, Brown, Wong, Darzynkiewicz and McGarry**

**Abstention: None**

**NAYS: None**

**Absent: None**

**17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY**

none

**18. BOARD COMMITTEE REPORTS**

Director Brown reported on the 01/22/2025 Board Finance Committee.

Director Chamblin reported on the 01/13/2025 IVCH Foundation.

**19. BOARD MEMBERS REPORTS/CLOSING REMARKS**

Chair McGarry, Director Brown, Director Brown, Director Chamblin and Director Darzynkiewicz all recognized Martina Rochefort for her outstanding service to Tahoe Forest Hospital during her tenure as Board Clerk over the last nearly 10 years.

Interim CEO/COO expressed well wishes and gratitude to Martina Rochefort.

**20. CLOSED SESSION CONTINUED**

None

**21. OPEN SESSION**

none

**22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY**

none

**23. ADJOURN**

**Meeting adjourned at 7:07 p.m.**

**TAHOE FOREST HOSPITAL DISTRICT  
JANUARY 2025 FINANCIAL REPORT  
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**Board of Directors**  
*Of Tahoe Forest Hospital District*  
**JANUARY 2025 FINANCIAL NARRATIVE**

The following is the financial narrative analyzing financial and statistical trends for the seven months ended January 31, 2025.

**Activity Statistics**

- ❑ TFH acute patient days were 436 for the current month compared to budget of 341. This equates to an average daily census of 14.1 compared to budget of 11.0.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Lab tests, Oncology Lab, Pathology, Blood units, Diagnostic Imaging, MRI, Ultrasound, CT Scans, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy and Outpatient Speech Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, Mammography, Radiation Oncology procedures, Nuclear Medicine, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy Aquatic.

**Financial Indicators**

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 47.7% in the current month compared to budget of 46.8% and to last month's 50.7%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.0% compared to budget of 46.9% and prior year's 46.7%.
- ❑ EBIDA was \$6,202,887 (9.2%) for the current month compared to budget of \$3,023,666 (5.0%), or \$3,179,221 (4.1%) above budget. Year-to-date EBIDA was \$28,139,645 (6.7%) compared to budget of \$17,897,063 (4.5%), or \$10,242,582 (2.2%) above budget.
- ❑ Net Income was \$6,383,731 for the current month compared to budget of \$2,495,002 or \$3,888,729 above budget. Year-to-date Net Income was \$27,721,603 compared to budget of \$14,183,862 or \$13,537,741 above budget.
- ❑ Cash Collections for the current month were \$29,017,104 which is 122% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$133,420,782 at the end of January compared to \$130,953,078 at the end of December.

**Balance Sheet**

- ❑ Working Capital is at 41.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 214.6 days. Working Capital cash increased a net \$1,884,000. Accounts Payable decreased \$2,467,000 and Accrued Payroll & Related Costs decreased \$4,621,000. The District received its installment of property tax revenues from Nevada and Placer counties for \$6,042,000 and received reimbursement from the CY23 IGT program for \$4,494,000, CY24 HQAF program for \$404,000 and \$379,000 from the CY23 DPNF program. Cash Collections were above target by 22%.
- ❑ Net Patient Accounts Receivable increased a net \$7,071,000. Cash collections were 122% of target. EPIC Days in A/R were 66.5 compared to 68.1 at the close of December, a 1.60 days decrease.
- ❑ Other Receivables and GO Bond Receivables decreased a net \$4,962,000 and \$2,654,000, respectively, after recording the receipt of property tax revenues received from Nevada and Placer counties.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,127,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, and received \$4,325,000 from California Health & Wellness and \$169,000 from Kaiser Permanente for the Districts participation in the CY23 IGT Rate Range program, \$404,000 for the Districts participation in the CY24 HQAF program and \$379,000 from Anthem for participation in the CY23 DPNF program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$602,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of January.
- ❑ GO Bond Tax Revenue Fund increased a net \$1,601,000. The District received \$3,110,000 in property tax revenues from Nevada and Placer counties and remitted the interest payments due on the General Obligation Bonds totaling \$1,509,000.
- ❑ Investment in TSC, LLC decreased a net \$136,000 after recording the estimated loss for January and truing up the losses for December.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for January on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable decreased \$2,467,000 due to the timing of the final check run in January.
- ❑ Accrued Payroll & Related Costs decreased a net \$4,621,000 due to a decrease in Accrued Payroll days in January.

January 2025 Financial Narrative

- ❑ Interest Payable GO Bond decreased a net \$1,257,000 after remitting the interest payments due on the General Obligation Bonds.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for January, decreasing the liability \$292,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$2,989,000. The District recorded payments to the Medicare program of \$518,000 for amounts due on its As Filed FY24 Medicare Cost Reports, recorded payback of overpayments to the Medi-Cal program of \$93,000 for prior fiscal year RHC payments, and booked a reserve of \$3,600,000 for a potential liability due for its FY25 Medicare Cost Report settlement.
- ❑ Health Insurance IBNR increased \$280,000 after making an adjustment to the liability based on information received from our Third Party Administrator.

**Operating Revenue**

- ❑ Current month's Total Gross Revenue was \$67,715,897 compared to budget of \$60,114,827 or \$7,601,070 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$8,147,538 compared to budget of \$7,507,037 or \$640,501 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$59,568,359 compared to budget of \$52,607,790 or \$6,960,569 above budget.
- ❑ Current month's Gross Revenue Mix was 35.13% Medicare, 15.97% Medi-Cal, .0% County, 1.37% Other, and 47.53% Commercial Insurance compared to budget of 40.18% Medicare, 15.42% Medi-Cal, .0% County, 1.21% Other, and 43.19% Commercial Insurance. Last month's mix was 36.83% Medicare, 15.84% Medi-Cal, .0% County, 0.94% Other, and 46.39% Commercial Insurance. Year-to-Date Gross Revenue Mix was 39.27% Medicare, 16.36% Medi-Cal, .0% County, 1.09% Other, and 43.28% Commercial Insurance compared to budget of 40.11% Medicare, 15.60% Med-Cal, .0% County, 1.20% Other, and 43.09% Commercial.
- ❑ Current month's Deductions from Revenue were \$35,443,099 compared to budget of \$31,993,716 or \$3,449,383 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 5.05% decrease in Medicare, a 0.54% increase to Medi-Cal, County at budget, a 0.16% increase in Other, and Commercial Insurance was above budget 4.34%. 2) Revenues were above budget 12.6%, and 3) the District booked a reserve for a potential liability due back to the Medicare program for its FY25 Medicare Cost Report settlement.

DESCRIPTION	January 2025 Actual	January 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	11,582,215	11,693,751	111,536	
Employee Benefits	4,752,227	4,038,359	(713,868)	Increased use of Paid Leave and Sick Leave and increases in year-to-date accrued Physician RVU Bonuses is creating a negative variance in Employee Benefits.
Benefits – Workers Compensation	28,571	105,867	77,296	
Benefits – Medical Insurance	2,321,137	2,642,413	321,276	The District received rebates from its Pharmacy Benefits Administrator, creating a positive variance in Benefits-Medical Insurance.
Medical Professional Fees	567,535	444,369	(123,166)	Anesthesia and Diagnostic Imaging Physician fees were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	327,021	397,360	70,339	Decreased use of outsourced resources for I/T project implementations and timing of a Physician Employment capabilities solution created a positive variance in Other Professional Fees.
Supplies	5,432,032	4,579,730	(852,302)	Oncology Drugs Sold to Patients and Medical Supplies sold to Patients Revenue were above budget, creating a negative variance in Pharmacy and Patient & Other Medical Supplies.
Purchased Services	2,157,152	2,151,705	(5,447)	Record retention, outsourced coding services, support services for UKG, and outsourced lab testing were above budget, creating a negative variance in Purchased Services.
Other Expenses	907,910	907,184	(726)	Equipment rentals, Dues and Subscriptions, and Building Rent were above budget, creating a negative variance in Other Expenses. Controllable expenses continue to be monitored, lending to the small negative variance in Other Expenses.
Total Expenses	28,075,799	26,960,738	(1,115,061)	

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF NET POSITION  
JANUARY 2025

	Jan-25	Dec-24	Jan-24	
<b>ASSETS</b>				
<b>CURRENT ASSETS</b>				
* CASH	\$ 35,757,176	\$ 33,872,889	\$ 28,202,259	1
PATIENT ACCOUNTS RECEIVABLE - NET	56,046,935	48,975,647	44,346,779	2
OTHER RECEIVABLES	7,917,666	12,879,853	11,062,599	3
GO BOND RECEIVABLES	23,864	2,678,025	36,208	3
ASSETS LIMITED OR RESTRICTED	11,190,975	10,853,351	11,788,690	
INVENTORIES	5,564,094	5,559,818	5,259,450	
PREPAID EXPENSES & DEPOSITS	4,373,505	4,430,477	4,019,332	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	23,503,127	27,630,396	24,668,460	4
<b>TOTAL CURRENT ASSETS</b>	<b>144,377,340</b>	<b>146,880,457</b>	<b>129,383,776</b>	
<b>NON CURRENT ASSETS</b>				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	51,005,777	50,799,062	10,441,863	1
* CASH INVESTMENT FUND	96,674,586	96,734,909	106,092,672	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	3,605,569	3,003,395	39,544	5
TOTAL BOND TRUSTEE 2017	22,752	22,672	21,592	
TOTAL BOND TRUSTEE 2015	971,792	834,662	1,002,136	
GO BOND TAX REVENUE FUND	2,962,827	1,361,748	2,814,150	6
DIAGNOSTIC IMAGING FUND	3,658	3,616	3,496	
DONOR RESTRICTED FUND	1,194,993	1,187,428	1,165,705	
WORKERS COMPENSATION FUND	48,470	21,591	26,880	
TOTAL	156,490,425	153,969,083	121,608,040	
LESS CURRENT PORTION	(11,190,975)	(10,853,351)	(11,788,690)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	145,299,450	143,115,732	109,819,350	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,541,435)	(4,405,143)	(3,821,955)	7
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,715,390	
PROPERTY & EQUIPMENT NET	197,174,838	195,522,754	198,205,341	
GO BOND CIP, PROPERTY & EQUIPMENT NET	1,972,421	1,936,839	1,791,406	
<b>TOTAL ASSETS</b>	<b>485,999,585</b>	<b>484,767,610</b>	<b>437,093,307</b>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	210,105	213,337	248,893	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	158,148	154,402	294,283	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,110,416	4,134,121	4,394,872	
GO BOND DEFERRED FINANCING COSTS	400,632	402,953	428,482	
DEFERRED FINANCING COSTS	105,068	106,108	117,551	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	10,821,695	10,958,631	7,125,987	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	24,886,135	25,204,826	28,497,257	8
<b>TOTAL DEFERRED OUTFLOW OF RESOURCES</b>	<b>\$ 40,692,198</b>	<b>\$ 41,174,378</b>	<b>\$ 41,107,327</b>	
<b>LIABILITIES</b>				
<b>CURRENT LIABILITIES</b>				
ACCOUNTS PAYABLE	9,908,425	12,375,830	\$ 6,897,142	9
ACCRUED PAYROLL & RELATED COSTS	21,378,434	25,999,817	23,781,596	10
INTEREST PAYABLE	329,669	375,932	382,456	
INTEREST PAYABLE GO BOND	(0)	1,257,263	(0)	11
SUBSCRIPTION LIABILITY	26,644,994	26,936,916	29,864,273	12
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,215,178	3,226,634	290,618	13
HEALTH INSURANCE PLAN	3,219,201	2,939,536	3,018,487	14
WORKERS COMPENSATION PLAN	2,297,841	2,297,841	3,287,371	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,771,063	2,771,063	2,586,926	
CURRENT MATURITIES OF GO BOND DEBT	2,440,000	2,440,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,126,098	4,126,098	3,979,480	
<b>TOTAL CURRENT LIABILITIES</b>	<b>79,330,903</b>	<b>84,746,931</b>	<b>76,283,349</b>	
<b>NONCURRENT LIABILITIES</b>				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,464,588	25,668,286	24,349,100	
GO BOND DEBT NET OF CURRENT MATURITIES	87,733,120	87,751,076	90,633,587	
DERIVATIVE INSTRUMENT LIABILITY	158,148	154,402	294,283	
<b>TOTAL LIABILITIES</b>	<b>192,686,759</b>	<b>198,320,695</b>	<b>191,560,320</b>	
<b>NET ASSETS</b>				
NET INVESTMENT IN CAPITAL ASSETS	332,810,032	326,433,866	285,474,608	
RESTRICTED	1,194,993	1,187,428	1,165,705	
<b>TOTAL NET POSITION</b>	<b>\$ 334,005,025</b>	<b>\$ 327,621,293</b>	<b>\$ 286,640,313</b>	

\* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT  
NOTES TO STATEMENT OF NET POSITION  
JANUARY 2025

1. Working Capital is at 41.8 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 214.6 days. Working Capital cash increased a net \$1,884,000. Accounts Payable decreased \$2,467,000 (See Note 9) and Accrued Payroll & Related Costs decreased \$4,621,000 (See Note 10). The District received its installment of property tax revenues from Nevada and Placer counties for \$6,042,000 (See Note 3) and received reimbursement from the CY23 IGT program for \$4,494,000, CY24 HQAF program for \$404,000 and \$379,000 from the CY23 DPNF program (See Note 4). Cash Collections were above target by 22% (See Note 2).
2. Net Patient Accounts Receivable increased a net \$7,071,000. Cash collections were 122% of target. EPIC Days in A/R were 66.5 compared to 68.1 at the close of December, a 1.60 days decrease.
3. Other Receivables and GO Bond Receivables decreased a net \$4,962,000 and \$2,654,000, respectively, after recording the receipt of property tax revenues received from Nevada and Placer counties.
4. Estimated Settlements, Medi-Cal & Medicare decreased a net \$4,127,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, and received \$4,325,000 from California Health & Wellness and \$169,000 from Kaiser Permanente for the Districts participation in the CY23 IGT Rate Range program, \$404,000 for the Districts participation in the CY24 HQAF program and \$379,000 from Anthem for participation in the CY23 DPNF program.
5. Unrealized Gain/(Loss) Cash Investment Fund increased \$602,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of January.
6. GO Bond Tax Revenue Fund increased a net \$1,601,000. The District received \$3,110,000 in property tax revenues from Nevada and Placer counties and remitted the interest payments due on the General Obligation Bonds totaling \$1,509,000.
7. Investment in TSC, LLC decreased a net \$136,000 after recording the estimated loss for January and truing up the losses for December.
8. To comply with GASB No. 96, the District recorded Amortization Expense for January on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
9. Accounts Payable decreased \$2,467,000 due to the timing of the final check run in January.
10. Accrued Payroll & Related Costs decreased a net \$4,621,000 due to a decrease in Accrued Payroll days in January.
11. Interest Payable GO Bond decreased a net \$1,257,000 after remitting the interest payments due on the General Obligation Bonds.
12. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for January, decreasing the liability \$292,000.
13. Estimated Settlements, Medi-Cal & Medicare increased a net \$2,989,000. The District recorded payments to the Medicare program of \$518,000 for amounts due on its As Filed FY24 Medicare Cost Reports, recorded payback of overpayments to the Medi-Cal program of \$93,000 for prior fiscal year RHC payments, and booked a reserve of \$3,600,000 for a potential liability due for its FY25 Medicare Cost Report settlement.
14. Health Insurance IBNR increased \$280,000 after making an adjustment to the liability based on information received from our Third Party Administrator.

**Tahoe Forest Hospital District  
Cash Investment  
January 31, 2025**

<b>WORKING CAPITAL</b>			
US Bank	\$ 34,660,708	4.00%	
US Bank/Incline Village Thrift Store	11,579		
US Bank/Truckee Thrift Store	49,721		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,035,168</u>	1.92%	
<b>Total</b>			<b>\$ 35,757,176</b>
 <b>BOARD DESIGNATED FUNDS</b>			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>96,674,586</u>	4.01%	
<b>Total</b>			<b>\$ 96,674,586</b>
Building Fund	\$ -		
Cash Reserve Fund	<u>51,005,777</u>	4.34%	
Local Agency Investment Fund			<b>\$ 51,005,777</b>
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,752
Bonds Cash 2015			\$ 971,792
GO Bonds Cash 2008			\$ 2,962,827
DX Imaging Education	\$ 3,658		
Workers Comp Fund - B of A	48,470		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
<b>Total</b>			<b><u>\$ 52,128</u></b>
<b>TOTAL FUNDS</b>			<b>\$ 187,447,039</b>
 <b>RESTRICTED FUNDS</b>			
Gift Fund			
US Bank Money Market	\$ 8,381	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,159,303</u>	4.34%	
<b>TOTAL RESTRICTED FUNDS</b>			<b><u>\$ 1,194,993</u></b>
<b>TOTAL ALL FUNDS</b>			<b><u><u>\$ 188,642,032</u></u></b>



TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION  
JANUARY 2025

CURRENT MONTH					YEAR TO DATE					PRIOR YTD JAN 2024
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 67,715,897	\$ 60,114,827	\$ 7,601,070	12.6%	Total Gross Revenue	\$ 419,642,348	\$ 400,891,995	\$ 18,750,353	4.7%	1	\$ 367,886,867
<b>Gross Revenues - Inpatient</b>										
\$ 3,641,218	\$ 3,028,592	\$ 612,626	20.2%	Daily Hospital Service	\$ 24,154,887	\$ 24,056,703	\$ 98,184	0.4%		\$ 23,066,957
4,506,320	4,478,445	27,875	0.6%	Ancillary Service - Inpatient	30,628,494	29,168,163	1,460,331	5.0%		28,443,231
8,147,538	7,507,037	640,501	8.5%	Total Gross Revenue - Inpatient	54,783,381	53,224,866	1,558,515	2.9%	1	51,510,188
59,568,359	52,607,790	6,960,569	13.2%	Gross Revenue - Outpatient	364,858,967	347,667,129	17,191,838	4.9%		316,376,679
59,568,359	52,607,790	6,960,569	13.2%	Total Gross Revenue - Outpatient	364,858,967	347,667,129	17,191,838	4.9%	1	316,376,679
<b>Deductions from Revenue:</b>										
34,766,254	29,873,393	(4,892,861)	-16.4%	Contractual Allowances	219,256,267	198,707,527	(20,548,740)	-10.3%	2	194,574,460
334,582	1,202,297	867,715	72.2%	Charity Care	1,794,945	8,017,840	6,222,895	77.6%	2	74,837
377,947	918,026	540,079	58.8%	Bad Debt	2,452,726	6,126,450	3,673,724	60.0%	2	3,764,148
(35,684)	-	35,684	0.0%	Prior Period Settlements	(1,024,456)	-	1,024,456	0.0%	2	(2,241,709)
35,443,099	31,993,716	(3,449,383)	-10.8%	Total Deductions from Revenue	222,479,482	212,851,817	(9,627,665)	-4.5%		196,171,736
100,890	117,317	16,427	14.0%	Property Tax Revenue- Wellness Neighborhood	711,254	772,118	60,864	7.9%		731,773
1,904,997	1,745,976	159,021	9.1%	Other Operating Revenue	12,812,025	12,092,374	719,651	6.0%	3	10,861,393
34,278,686	29,984,404	4,294,282	14.3%	<b>TOTAL OPERATING REVENUE</b>	210,686,145	200,904,670	9,781,475	4.9%		183,308,297
<b>OPERATING EXPENSES</b>										
11,582,215	11,693,751	111,536	1.0%	Salaries and Wages	77,819,287	79,347,851	1,528,564	1.9%	4	71,510,226
4,752,227	4,038,359	(713,868)	-17.7%	Benefits	26,840,975	25,202,661	(1,638,314)	-6.5%	4	23,893,638
28,571	105,867	77,296	73.0%	Benefits Workers Compensation	407,451	741,069	333,618	45.0%	4	628,057
2,321,137	2,642,413	321,276	12.2%	Benefits Medical Insurance	17,647,974	18,496,891	848,917	4.6%	4	15,618,659
567,535	444,369	(123,166)	-27.7%	Medical Professional Fees	3,668,066	3,210,584	(457,482)	-14.2%	5	3,630,022
327,021	397,360	70,339	17.7%	Other Professional Fees	2,448,723	2,906,919	458,196	15.8%	5	1,648,116
5,432,032	4,579,730	(852,302)	-18.6%	Supplies	32,523,000	31,433,779	(1,089,221)	-3.5%	6	27,996,270
2,157,152	2,151,705	(5,447)	-0.3%	Purchased Services	14,080,407	14,119,567	39,160	0.3%	7	12,516,424
907,910	907,184	(726)	-0.1%	Other	7,110,617	7,548,286	437,669	5.8%	8	6,359,030
28,075,799	26,960,738	(1,115,061)	-4.1%	<b>TOTAL OPERATING EXPENSE</b>	182,546,500	183,007,607	461,107	0.3%		163,800,442
<b>6,202,887</b>	<b>3,023,666</b>	<b>3,179,221</b>	<b>105.1%</b>	<b>NET OPERATING REVENUE (EXPENSE) EBIDA</b>	<b>28,139,645</b>	<b>17,897,063</b>	<b>10,242,582</b>	<b>57.2%</b>		<b>19,507,855</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
982,991	862,647	120,343	14.0%	District and County Taxes	6,252,413	6,087,632	164,781	2.7%	9	5,388,797
455,633	455,633	0	0.0%	District and County Taxes - GO Bond	3,189,432	3,189,432	0	0.0%		3,115,949
319,289	248,088	71,201	28.7%	Interest Income	2,595,622	1,712,615	883,007	51.6%	10	1,843,584
209,201	110,428	98,773	89.4%	Donations	692,058	772,999	(80,941)	-10.5%	11	532,915
(136,293)	(83,750)	(52,543)	-62.7%	Gain/(Loss) on Joint Investment	(599,692)	(586,250)	(13,442)	-2.3%	12	(411,108)
572,048	100,000	472,048	-472.0%	Gain/(Loss) on Market Investments	3,006,960	700,000	2,306,960	-329.6%	13	3,451,107
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	-
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	37,450	-	37,450	0.0%	15	-
(1,785,295)	(1,785,253)	(42)	0.0%	Depreciation	(12,495,930)	(12,493,833)	(2,097)	0.0%	16	(11,793,562)
(177,207)	(176,934)	(273)	-0.2%	Interest Expense	(1,269,530)	(1,268,971)	(559)	0.0%	17	(1,454,407)
(259,523)	(259,523)	0	0.0%	Interest Expense-GO Bond	(1,826,825)	(1,826,825)	0	0.0%		(1,895,020)
180,845	(528,664)	709,509	134.2%	<b>TOTAL NON-OPERATING REVENUE/(EXPENSE)</b>	(418,042)	(3,713,201)	3,295,159	88.7%		(1,221,745)
<b>\$ 6,383,731</b>	<b>\$ 2,495,002</b>	<b>\$ 3,888,729</b>	<b>155.9%</b>	<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>\$ 27,721,603</b>	<b>\$ 14,183,862</b>	<b>\$ 13,537,741</b>	<b>95.4%</b>		<b>\$ 18,286,110</b>
<b>NET POSITION - BEGINNING OF YEAR</b>					<b>306,283,422</b>					
<b>NET POSITION - AS OF JANUARY 31, 2025</b>					<b>\$ 334,005,025</b>					
<b>9.2%</b>	<b>5.0%</b>	<b>4.1%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>6.7%</b>	<b>4.5%</b>	<b>2.2%</b>			<b>5.3%</b>

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**JANUARY 2025**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>JAN 2025</u>	<u>YTD 2025</u>
<b>1) Gross Revenues</b>			
Acute Patient Days were above budget 27.86% or 95 days. Swing Bed days were below budget 86.95% or 20 days.	Gross Revenue -- Inpatient	\$ 640,501	\$ 1,558,515
	Gross Revenue -- Outpatient	6,960,569	17,191,838
	Gross Revenue -- Total	<u>\$ 7,601,070</u>	<u>\$ 18,750,353</u>
<p>Outpatient volumes were above budget in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, Pathology, Blood units, Diagnostic Imaging, Medical Oncology procedures, MRI, Ultrasound, CT Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy and Outpatient Speech Therapy.</p> <p>Outpatient volumes were below budget in the following departments: Hospice Visits, Mammography, Radiation Oncology procedures, Nuclear Medicine, Briner Ultrasounds, PET CT, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical Therapy, Physical Therapy Aquatic, &amp; Occupational Therapy.</p>			
<b>2) Total Deductions from Revenue</b>			
The payor mix for January shows a 5.05% decrease to Medicare, a 0.54% increase to Medi-Cal, 0.16% increase to Other, County at budget, and a 4.34% increase to Commercial when compared to budget. We saw a negative variance in Contractuals due to revenues coming in above budget 12.6% and the District booked a reserve for a potential liability due for its FY25 Medicare Cost Report settlement. The shift from Medicare to Commercial helped minimize the negative variance in Contractual Allowances.	Contractual Allowances	\$ (4,892,861)	\$ (20,548,740)
	Charity Care	867,715	6,222,895
	Bad Debt	540,079	3,673,724
	Prior Period Settlements	35,684	1,024,456
	Total	<u>\$ (3,449,383)</u>	<u>\$ (9,627,665)</u>
<b>3) Other Operating Revenue</b>			
Retail Pharmacy revenues were above budget 35.60%.	Retail Pharmacy	\$ 238,640	\$ 1,040,279
	Hospice Thrift Stores	7,299	11,582
	The Center (non-therapy)	(2,520)	39,549
IVCH ER Physician Guarantee is tied to collections which came in below budget in January.	IVCH ER Physician Guarantee	(33,160)	(255,680)
	Children's Center	(46,658)	(100,547)
Additional volumes were budgeted starting in October with the expectation space expansion would be complete. This is creating a negative variance in Children's Center revenues.	Miscellaneous	10,752	(200)
	Oncology Drug Replacement	-	-
	Grants	(15,333)	(15,333)
Quality Metrics Incentive and MIPS Bonus payments created a positive variance in Miscellaneous.	Total	<u>\$ 159,021</u>	<u>\$ 719,651</u>
<b>4) Salaries and Wages</b>			
	Total	<u>\$ 111,536</u>	<u>\$ 1,528,564</u>
<b>Employee Benefits</b>			
An increased use of Paid Leave and Sick Leave along with PL/SL Payouts created a negative variance in PL/SL.	PL/SL	\$ (225,222)	\$ (974,103)
	Nonproductive	(282,615)	(535,430)
	Pension/Deferred Comp	(11,926)	(29,033)
	Standby	20,610	79,380
An increase in the year-to-date accrued Physician RVU Bonuses and an employment related matter created a negative variance in Nonproductive.	Other	(214,716)	(179,127)
	Total	<u>\$ (713,868)</u>	<u>\$ (1,638,314)</u>
Negative variance in Other is related to Employer Payroll taxes.			
<b>Employee Benefits - Workers Compensation</b>	Total	<u>\$ 77,296</u>	<u>\$ 333,618</u>
<b>Employee Benefits - Medical Insurance</b>	Total	<u>\$ 321,276</u>	<u>\$ 848,917</u>
The District received rebates from our Pharmacy Benefits Administrator, creating a positive variance in Employee Benefits - Medical Insurance.			
<b>5) Professional Fees</b>			
Anesthesia Physician Fees and Diagnostic Imaging Physician Fees were above budget, creating a negative variance in Miscellaneous.	Miscellaneous	\$ (123,022)	\$ (567,799)
	Human Resources	(55,840)	(216,046)
	IVCH ER Physicians	(29,440)	(62,007)
	Oncology	611	(26,374)
Consulting Services provided by the District's new Health Insurance TPA and services provided for external employee relations created a negative variance in Human Resources.	Managed Care	(4,082)	(15,488)
	Corporate Compliance	-	(2,470)
	Medical Staff Services	6,000	25,978
Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.	Administration	(22,137)	26,758
	Patient Accounting/Admitting	1,714	52,417
Outsourced consulting fees for the Reliability & Management Systems project and an Environmental Assessment study created a negative variance in Administration.	Marketing	14,198	59,608
	Multi-Specialty Clinics	3,862	65,520
	TFH Locums	21,412	89,529
Emergency Department and Hospitalist Physician fees were below budget, creating a positive variance in TFH Locums.	Financial Administration	46,011	103,311
	Information Technology	19,091	229,379
Decreased use of outsourced resources for implementations/integrations created a positive variance in Information Technology.	Multi-Specialty Clinics Administration	68,795	238,398
	Total	<u>\$ (52,827)</u>	<u>\$ 714</u>
Timing of a Physician Employment Management Capabilities and Technology Solution created a positive variance in Multi-Specialty Clinics Administration.			

**TAHOE FOREST HOSPITAL DISTRICT**  
**NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION**  
**JANUARY 2025**

		<u>Variance from Budget</u>	
		<u>Fav / &lt;Unfav&gt;</u>	
		<u>JAN 2025</u>	<u>YTD 2025</u>
<b>6) <u>Supplies</u></b>			
Oncology Drugs Sold to Patients revenues were above budget 50.59%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (335,130)	\$ (863,464)
Medical Supplies Sold to Patients Revenue was above budget 27.31%, creating a negative variance in Patient & Other Medical Supplies.	Patient & Other Medical Supplies	(500,250)	(256,271)
	Minor Equipment	(7,709)	(13,122)
	Food	(14,626)	75
	Other Non-Medical Supplies	(612)	7,697
	Office Supplies	6,025	35,865
	<b>Total</b>	<b>\$ (852,302)</b>	<b>\$ (1,089,221)</b>
<b>7) <u>Purchased Services</u></b>			
Record retention and outsourced coding services were above budget, creating a negative variance in Medical Records.	Medical Records	\$ (17,171)	\$ (257,068)
Support services for UKG's post implementation and employee health screenings created a negative variance in Human Resources.	Human Resources	(32,312)	(121,464)
Outsourced lab testing and Genetic Disease screenings created a negative variance in Laboratory.	Laboratory	(36,529)	(99,537)
Outsourced billing and collections services were below budget, creating a positive variance in Patient Accounting.	Diagnostic Imaging Services - All The Center	(1,881)	(37,057)
Snow removal services and Laundry and Linen costs were below budget, creating a positive variance in Miscellaneous.	The Center	(3,218)	(13,615)
Equipment maintenance in ENT, Laboratory and Sterile Processing created a negative variance in Department Repairs.	Pharmacy IP	272	(4,762)
Budgeted Information Technology projects did not kick off as anticipated during the budgeting process, creating a positive variance in this category.	Home Health/Hospice	(1,777)	9,678
	Community Development	3,333	13,133
	Patient Accounting	18,472	24,983
	Miscellaneous	17,871	50,280
	Multi-Specialty Clinics	8,853	77,626
	Department Repairs	(18,661)	94,639
	Information Technology	57,302	302,324
	<b>Total</b>	<b>\$ (5,447)</b>	<b>\$ 39,160</b>
<b>8) <u>Other Expenses</u></b>			
Oxygen tank rentals created a negative variance in Equipment Rent.	Marketing	\$ 4,939	\$ (135,189)
We saw negative variances in Dues and Subscriptions in Information Technology and Administration departments.	Other Building Rent	(8,818)	(66,327)
Outside Training and Travel were below budget, creating a positive variance.	Equipment Rent	(7,752)	(4,603)
A contribution to the Truckee Micro Transit pilot program created a negative variance in Miscellaneous.	Multi-Specialty Clinics Bldg. Rent	(1,210)	352
	Multi-Specialty Clinics Equip Rent	(999)	892
	Dues and Subscriptions	(5,190)	1,189
	Physician Services	1,335	2,376
	Insurance	(3,692)	18,511
	Human Resources Recruitment	6,488	43,239
	Utilities	1,194	119,141
	Outside Training & Travel	51,786	218,859
	Miscellaneous	(38,808)	239,229
	<b>Total</b>	<b>\$ (726)</b>	<b>\$ 437,669</b>
<b>9) <u>District and County Taxes</u></b>			
A pass thru of property taxes from the Town of Truckee created a positive variance in District and County Taxes.	<b>Total</b>	<b>\$ 120,343</b>	<b>\$ 164,781</b>
<b>10) <u>Interest Income</u></b>			
Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.	<b>Total</b>	<b>\$ 71,201</b>	<b>\$ 883,007</b>
<b>11) <u>Donations</u></b>			
The TFHS Foundation transferred funds to the District for the Women and Family Birthing Simulator, creating a positive variance in Donations-Operational.	IVCH	\$ (49,994)	\$ (337,053)
	Operational	148,767	256,112
	<b>Total</b>	<b>\$ 98,773</b>	<b>\$ (80,941)</b>
<b>12) <u>Gain/(Loss) on Joint Investment</u></b>			
	<b>Total</b>	<b>\$ (52,543)</b>	<b>\$ (13,442)</b>
<b>13) <u>Gain/(Loss) on Market Investments</u></b>			
The District booked the value of unrealized gains in its holdings with Chandler Investments.	<b>Total</b>	<b>\$ 472,048</b>	<b>\$ 2,306,960</b>
<b>14) <u>Gain/(Loss) on Sale or Disposal of Assets</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u></b>			
	<b>Total</b>	<b>\$ -</b>	<b>\$ 37,450</b>
<b>16) <u>Depreciation Expense</u></b>			
	<b>Total</b>	<b>\$ (42)</b>	<b>\$ (2,097)</b>
<b>17) <u>Interest Expense</u></b>			
	<b>Total</b>	<b>\$ (273)</b>	<b>\$ (559)</b>

INCLINE VILLAGE COMMUNITY HOSPITAL  
STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2025

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JAN 2024		
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
<b>OPERATING REVENUE</b>										
\$ 4,558,770	\$ 3,969,123	\$ 589,647	14.9%	Total Gross Revenue	\$ 31,085,685	\$ 29,040,729	\$ 2,044,956	7.0%	1	\$ 25,652,077
<b>Gross Revenues - Inpatient</b>										
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,558,770	3,969,123	589,647	14.9%	Gross Revenue - Outpatient	31,085,685	29,040,729	2,044,956	7.0%		25,652,077
4,558,770	3,969,123	589,647	14.9%	Total Gross Revenue - Outpatient	31,085,685	29,040,729	2,044,956	7.0%	1	25,652,077
<b>Deductions from Revenue:</b>										
1,866,455	1,736,821	(129,634)	-7.5%	Contractual Allowances	14,694,111	12,756,276	(1,937,835)	-15.2%	2	12,059,534
26,660	79,382	52,722	66.4%	Charity Care	453,434	580,815	127,381	21.9%	2	130,086
83,695	59,537	(24,158)	-40.6%	Bad Debt	725,690	435,611	(290,079)	-66.6%	2	808,949
-	-	-	0.0%	Prior Period Settlements	(291,973)	-	291,973	0.0%	2	(149,617)
1,976,811	1,875,740	(101,071)	-5.4%	Total Deductions from Revenue	15,581,262	13,772,702	(1,808,560)	-13.1%	2	12,848,952
35,910	100,552	(64,642)	-64.3%	Other Operating Revenue	200,112	717,746	(517,634)	-72.1%	3	502,692
2,617,869	2,193,935	423,934	19.3%	<b>TOTAL OPERATING REVENUE</b>	15,704,534	15,985,773	(281,239)	-1.8%		13,305,817
<b>OPERATING EXPENSES</b>										
719,023	679,636	(39,387)	-5.8%	Salaries and Wages	4,891,347	5,049,831	158,484	3.1%	4	4,599,040
249,065	237,048	(12,017)	-5.1%	Benefits	1,525,229	1,519,279	(5,950)	-0.4%	4	1,426,691
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	8,118	22,117	13,999	63.3%	4	23,831
144,983	165,194	20,211	12.2%	Benefits Medical Insurance	1,101,400	1,156,355	54,955	4.8%	4	957,162
192,113	162,959	(29,154)	-17.9%	Medical Professional Fees	1,244,220	1,189,890	(54,330)	-4.6%	5	1,080,339
2,292	2,431	139	5.7%	Other Professional Fees	16,399	17,017	618	3.6%	5	15,194
199,906	115,691	(84,215)	-72.8%	Supplies	868,165	854,276	(13,889)	-1.6%	6	822,706
101,556	92,199	(9,357)	-10.1%	Purchased Services	590,544	582,601	(7,943)	-1.4%	7	437,332
104,804	99,325	(5,479)	-5.5%	Other	718,621	686,802	(31,819)	-4.6%	8	887,768
1,715,834	1,557,643	(158,191)	-10.2%	<b>TOTAL OPERATING EXPENSE</b>	10,964,042	11,078,168	114,126	1.0%		10,250,063
<b>902,035</b>	<b>636,292</b>	<b>265,743</b>	<b>41.8%</b>	<b>NET OPERATING REV(EXP) EBIDA</b>	<b>4,740,492</b>	<b>4,907,605</b>	<b>(167,113)</b>	<b>-3.4%</b>		<b>3,055,754</b>
<b>NON-OPERATING REVENUE/(EXPENSE)</b>										
1,124	51,118	(49,994)	-97.8%	Donations-IVCH	20,776	357,829	(337,053)	-94.2%	9	238,434
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10	-
(203,527)	(203,527)	(0)	0.0%	Depreciation	(1,424,601)	(1,422,754)	(1,847)	-0.1%	11	(861,057)
(1,029)	(1,029)	-	0.0%	Interest Expense	(7,788)	(7,788)	-	0.0%	12	(9,911)
(203,433)	(153,438)	(49,995)	-32.6%	<b>TOTAL NON-OPERATING REVENUE/(EXP)</b>	<b>(1,411,613)</b>	<b>(1,072,713)</b>	<b>(338,900)</b>	<b>-31.6%</b>		<b>(632,534)</b>
<b>\$ 698,602</b>	<b>\$ 482,854</b>	<b>\$ 215,748</b>	<b>44.7%</b>	<b>EXCESS REVENUE(EXPENSE)</b>	<b>\$ 3,328,879</b>	<b>\$ 3,834,892</b>	<b>\$ (506,013)</b>	<b>-13.2%</b>		<b>\$ 2,423,220</b>
<b>19.8%</b>	<b>16.0%</b>	<b>3.8%</b>		<b>RETURN ON GROSS REVENUE EBIDA</b>	<b>15.2%</b>	<b>16.9%</b>	<b>-1.6%</b>			<b>11.9%</b>

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2025**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>JAN 2025</b>	<b>YTD 2025</b>
<b>1) Gross Revenues</b>			
<p>Outpatient volumes were above budget in Emergency Department Visits, Surgery cases, Lab tests, Diagnostic Imaging, Mammography, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Respiratory and Occupational Therapy.</p> <p>Outpatient volumes were below budget in Lab Send Out Tests, EKGs, Ultrasounds, CT Scans, Physical and Speech Therapies.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Total</p>	<p>\$ - \$ -</p> <p style="border-top: 1px solid black;">589,647 2,044,956</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 589,647 \$ 2,044,956</p>	
<b>2) Total Deductions from Revenue</b>			
<p>We saw a shift in our payor mix with a 2.78% decrease in Medicare, a 1.30% increase in Medicaid, a 2.08% increase in Commercial insurance, a 0.61% decrease in Other, and County was at budget. Revenues were over budget 14.90% and AR over 90 Days increased 12.14%, creating a negative variance in Contractual Allowances.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Bad Debt</p> <p>Prior Period Settlement</p> <p>Total</p>	<p>\$ (129,634) \$ (1,937,835)</p> <p>52,722 127,381</p> <p>(24,158) (290,079)</p> <p>- 291,973</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (101,071) \$ (1,808,560)</p>	
<b>3) Other Operating Revenue</b>			
<p>IVCH ER Physician Guarantee is tied to collections, coming in below budget in December.</p> <p>Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.</p>	<p>IVCH ER Physician Guarantee</p> <p>Miscellaneous</p> <p>Total</p>	<p>\$ (33,160) \$ (255,680)</p> <p>(31,483) (261,954)</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (64,642) \$ (517,634)</p>	
<b>4) Salaries and Wages</b>			
<p>We saw negative variances in RN and Management Salaries.</p>	<p>Total</p>	<p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (39,387) \$ 158,484</p>	
<b>Employee Benefits</b>			
<p>We saw greater use of Paid Leave in January, creating a negative variance in PL/SL.</p> <p>Employer taxes created a negative variance in Other.</p>	<p>PL/SL</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Nonproductive</p> <p>Total</p>	<p>\$ (12,907) \$ (83,046)</p> <p>(0) (0)</p> <p>2,194 1,640</p> <p>(15,609) (2,057)</p> <p>14,305 77,513</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (12,017) \$ (5,950)</p>	
<b>Employee Benefits - Workers Compensation</b>			
	<p>Total</p>	<p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 1,068 \$ 13,999</p>	
<b>Employee Benefits - Medical Insurance</b>			
	<p>Total</p>	<p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ 20,211 \$ 54,955</p>	
<b>5) Professional Fees</b>			
<p>Increased use of Call coverage created a negative variance in IVCH ER Physicians.</p>	<p>IVCH ER Physicians</p> <p>Administration</p> <p>Foundation</p> <p>Miscellaneous</p> <p>Multi-Specialty Clinics</p> <p>Total</p>	<p>\$ (29,440) \$ (62,007)</p> <p>- -</p> <p>140 620</p> <p>94 1,407</p> <p>192 6,268</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (29,015) \$ (53,712)</p>	
<b>6) Supplies</b>			
<p>We saw a decrease in COVID reagent purchases, creating a positive variance in Patient &amp; Other Medical Supplies.</p> <p>Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 69.27%, creating a negative variance in Pharmacy Supplies.</p>	<p>Patient &amp; Other Medical Supplies</p> <p>Non-Medical Supplies</p> <p>Minor Equipment</p> <p>Food</p> <p>Office Supplies</p> <p>Pharmacy Supplies</p> <p>Total</p>	<p>\$ 7,000 \$ (12,331)</p> <p>(1,377) (11,119)</p> <p>(2,007) (3,000)</p> <p>(313) (2,758)</p> <p>418 1,787</p> <p>(87,936) 13,532</p> <p style="border-top: 1px solid black; border-bottom: 3px double black;">\$ (84,215) \$ (13,889)</p>	

**INCLINE VILLAGE COMMUNITY HOSPITAL  
NOTES TO STATEMENT OF REVENUE AND EXPENSE  
JANUARY 2025**

		<b>Variance from Budget</b>	
		<b>Fav&lt;Unfav&gt;</b>	
		<b>JAN 2025</b>	<b>YTD 2025</b>
<b>7) <u>Purchased Services</u></b>			
Snow removal for January came in above budget, creating a negative variance in Miscellaneous.	Engineering/Plant/Communications	\$ (246)	\$ (11,444)
	Miscellaneous	(1,378)	(8,616)
	Diagnostic Imaging Services - All	604	(3,981)
	Pharmacy	(30)	(83)
	Multi-Specialty Clinics	1,268	836
	EVS/Laundry	864	981
	Department Repairs	(12,603)	1,442
	Laboratory	(166)	4,910
	Foundation	2,330	8,013
	<b>Total</b>	<b>\$ (9,357)</b>	<b>\$ (7,943)</b>
<b>8) <u>Other Expenses</u></b>			
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Miscellaneous	\$ (5,682)	\$ (55,964)
	Other Building Rent	(5,821)	(39,005)
	Equipment Rent	(1,403)	(4,868)
	Multi-Specialty Clinics Bldg. Rent	(538)	(4,018)
	Physician Services	-	-
	Insurance	58	2,866
	Marketing	2,011	4,511
	Dues and Subscriptions	301	12,755
	Utilities	1,913	18,854
	Outside Training & Travel	3,682	33,048
	<b>Total</b>	<b>\$ (5,479)</b>	<b>\$ (31,819)</b>
<b>9) <u>Donations</u></b>	<b>Total</b>	<b>\$ (49,994)</b>	<b>\$ (337,053)</b>
<b>10) <u>Gain/(Loss) on Sale</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>
<b>11) <u>Depreciation Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ (1,847)</b>
<b>12) <u>Interest Expense</u></b>	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>

TAHOE FOREST HOSPITAL DISTRICT  
STATEMENT OF CASH FLOWS

	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL JAN 2025	BUDGET JAN 2025	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	35,100,134	\$ 6,202,887	\$ 3,023,665	\$ 3,179,222	10,393,751	11,583,711	8,510,637	4,612,035
Interest Income	3,282,148		3,000,000	3,620,720	326,617	350,000	(23,383)	1,070,746	1,073,356	726,617	750,000
Property Tax Revenue	10,670,390		10,420,000	10,844,672	6,041,880	5,700,000	341,880	570,592	132,200	6,041,880	4,100,000
Donations	8,217,116		1,325,000	1,045,517	157,139	110,417	46,722	200,422	135,873	377,972	331,250
Debt Service Payments	(3,477,709)		(3,588,480)	(3,396,080)	(307,694)	(292,649)	(15,045)	(1,149,659)	(579,506)	(801,068)	(865,847)
Property Purchase Agreement	(811,928)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Muni Lease/2025 Muni Lease Copier	(715,417)		(396,294)	(335,428)	-	-	-	-	-	(83,857)	(251,571)
2017 VR Demand Bond	(41,568)		(61,200)	-	-	-	-	-	-	-	-
2015 Revenue Bond	(122,530)		(743,423)	(795,185)	(105,357)	(87,890)	(17,467)	(689,828)	-	(105,357)	-
Physician Recruitment	(1,786,265)		(1,575,636)	(1,453,540)	(134,676)	(137,098)	2,422	(256,850)	(376,525)	(408,872)	(411,294)
Investment in Capital	(146,666)		(1,000,000)	(538,000)	(33,333)	(83,333)	50,000	-	(88,000)	(200,001)	(249,999)
Equipment	(4,906,204)		(3,026,710)	(4,599,654)	(966,560)	(189,363)	(777,198)	(815,094)	(2,113,275)	(1,345,286)	(326,000)
Municipal Lease Reimbursement	-		2,200,000	1,825,000	-	-	-	-	-	1,340,000	485,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	(375,000)	-	(124,028)	124,028	-	-	(150,000)	(225,000)
Building Projects/Properties	(11,602,725)		(25,877,332)	(21,263,281)	(2,049,734)	(2,785,000)	735,266	(1,464,737)	(2,414,212)	(7,619,734)	(9,764,598)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	1,276,284	(7,071,287)	(1,813,753)	(5,257,534)	4,489,776	(1,939,760)	(1,455,478)	181,746
Change in Settlement Accounts	5,273,357	N2	2,005,000	4,909,747	7,115,813	8,815,108	(1,699,295)	(4,239,029)	(6,649,704)	7,170,949	8,627,531
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(6,295,794)	68,694	(500,000)	568,694	(2,884,641)	(2,579,847)	(281,306)	(550,000)
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(9,922,330)	(7,453,743)	600,000	(8,053,743)	(985,268)	(5,983,319)	(6,953,743)	4,000,000
Change in Cash Balance	39,452,464		2,208,325	12,231,934	2,030,679	12,811,064	(10,780,385)	5,186,858	(8,077,236)	5,361,440	11,106,118
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	181,406,861	181,406,861	-	184,297,240	189,484,098	181,406,862	186,768,302
Ending Unrestricted Cash	184,297,240		186,505,565	196,529,174	183,437,540	194,217,925	(10,780,385)	189,484,098	181,406,862	186,768,302	197,874,420
Operating Cash	184,297,240		186,505,565	196,529,174	183,437,540	194,217,925	(10,780,385)	189,484,098	181,406,862	186,768,302	197,874,420
Expense Per Day	803,390		860,294	859,033	854,958	857,100	(2,142)	825,149	845,451	857,777	859,033
Days Cash On Hand	229		217	229	215	227	(12)	230	215	218	230

Footnotes:

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.



**Community**

*Aspire to be an integrated partner in an exceptionally healthy and thriving community*

- Med/Surg & ICU
  - Working to keep more patients here versus transfer out (i.e. trauma level 3; stroke program)
  - High School Student Shadowing Program with Truckee High School starting in March on both Med/Surg and ICU.
- Endoscopy
  - 14% increase in endoscopy procedural volume in 2024 as we've added more available endoscopy OR days to promote preventative care in our community.

**Service**

*Aspire to deliver a timely, outstanding patient and family experience*

- Respiratory Department
  - We are currently replacing our existing PFT machine with a new, state-of-the-art system that will provide faster test results and improved service for our patients.
- Ambulatory Surgery and Endoscopy
  - The patient experience is always a priority for ASD and Endoscopy staff as evident by maintaining a Press Ganey mean score of 98% for 2024.
  - Updated Endoscopy website at TFHD.com to include procedural prep instructions in English and Spanish

**Quality**

*Aspire to deliver the best possible outcomes for our patients*

- Med/Surg & ICU
  - Designated Lead RN Roles
    - These RNs focus on various quality initiatives and complete real time audits to ensure patient safety, consistency, and proactive quality reviews.
    - Act as a liaison between bedside and management to ensure staff is heard.
    - Identify areas in need of further education or attention to ensure each patient is receiving the best care possible.
  - PCT Supervisor of MS/ICU
    - Position allows for growth within the department.
    - Allows for closer supervision over 16 team members learning the basics of patient care, continuous telemetry monitoring, ADLs, vital signs, etc.
- Education is an important part of ASD and Endo to ensure we are equipped to deliver the best possible care for our patients, especially as we have recently added new



service lines. Physicians are invited to present at our department skills day to further promote improved communication between nurses and doctors and safe patient care.

- January Ambulatory/ Endo Surgery Skills day focusing on ophthalmology procedures, pediatric emergencies, 'stroke alert' workflow, new equipment: insulin pens and B. Braun Catheters
- January Endoscopy Only Skills day focusing on room set up for Bronchoscopies and ERCPs, future EUS pathology and room set up

## **People**

*Aspire for a highly engaged culture that inspires teamwork and joy*

- Med/Surg & ICU
  - We have a joined MS/ICU resilience staff meeting planned for February to set our goals and focuses as a team for 2025.
  - Med/Surg has a group of nurses that put together something special for staff going through hard times.
  - Med/Surg and ICU put on potlucks to celebrate special moments or milestones for staff.
- Ambulatory Surgery and Endoscopy
  - Several staff members in both ASD and Endo are active members in the Peak Program and Peer Support Group

## **Finance**

*Aspire for long-term financial strength*

- MedSurg & ICU
  - Sustainability
    - We are constantly monitoring care standards within our service line and tailoring our care to meet individual patient needs and preferences.
    - Adding new services, such as pacemaker placements or the trauma and stroke programs, have allowed for Tahoe Forest to admit a new dynamic of patients to the ICU.
- Recently added service lines to fit the growing needs of the community:
  - Ambulatory Surgery
    - Pediatric ENT
  - Endoscopy
    - ERCP procedures added at TFH with Dr. Singh
    - Increased available procedure days at TFH to 5 days/ week
    - More consistent weekly presence at IVCH in 2024



**By: Jake Dorst**  
Chief Information and Innovation Officer

**DATE: 02/14/2025**

**Service:**

*Aspire to deliver a timely, outstanding patient and family experience.*

**Clinical:**

1. HealthIE NV and SVMS/SSI Epic integration (HIEs)
2. Provider Efficiency UserWeb opportunities rollout, Smart Users. Clinic PAG (Physician Advisory Group) rollout for Epic.
3. ClinDoc/OptTime Affiliate builder enhancements-Ian and Adam, done!
4. Slicer Dicer-planning, validation, roll out
5. Monthly Epic/Mercy Collab meetings
6. Signal data support and rollout-Clinic leadership
7. Aura project-Testing phase
8. Epiphany project-Testing phase
9. Pyxis Upgrade-GoLive next week (2/10)
10. Fair Warning-discovery
11. AMB Analyst hire-search, possible Consultant. Enhanced support and efficiencies.
12. Monthly Epic Updates (change window)
13. Nursing Informatics meetings with Mercy
14. Mercy Teams and Micro365 enhancements and integration into their Mercy ServiceNow with TF leadership
15. Tickets/break fixes
16. Inpatient Epic support group, advisory team rollout.
17. Transition to Dimensions in UKG
18. Affiliate Builder support in Cadence/Radiant

**AMB:**

1. HCC's (Hierarchical Condition Category) coding, discovery/education. Quality initiative
2. InBasket messaging: outside providers. Efficiencies. Outside Events. Tickets in with Mercy post Upgrade. Workgroup on this.
3. Smart sets (aka order sets for clinic)

4. Referrals-outside orgs, outside of Epic
5. INF2 Process-Pharmacy. Investigation
6. Sexual Orientation Gender Identification -SOGI (holistically)-Testing phase.
7. Sensitive/Blocking Charts (do's and don'ts) shared tipsheet again (MS/Sandi)-working on updating APPs (midlevel's)
8. MyChart proxy-reminder, share tipsheet (MS/Sandi, Leads)
9. Healthcare Maintenance (HCM) enhancements/education, data/dashboard and bug fixes
10. Steps Forward-Sam S, less clicks etc. opportunities, Enhancement collab with clinic leadership and Sam Smith

#### **Inpatient:**

1. Collaborative team working on Anesthesia nerve block billing – refining the build with Mercy, work in progress
2. Participating in CPN-Connect server upgrade project (aka GE fetal monitoring)
3. Participating in Stroke care optimization team
4. Provider support specials – Ortho, GI, ENT
5. Physician day-day asks & EPCS resets

#### **ED:**

1. Smart phrase builds
2. Heavy lifting/focus on Dimensions/UKG transition from Schedule Everywhere

#### **Lab:**

1. Epiphany/Cardio Server
2. Aura- Natera. – I think you were on this call yesterday. They are working on results coming back to Epic with the interface specialists.
3. We had the budget meeting also to add new Urinalysis instruments at both hospitals and potentially strip readers in the clinics.
4. Also, replacing the Chemistry instrument project which is now moved to the fall of 2025 with the Cepheid Molecular platform which will also be at both hospitals and the Urgent Care. This one is expected to kick off sooner. Date to be determined.

#### **Surgery:**

1. eConsent workflow for iRAD
2. Robotic Knee workflow
3. PAN PreOp checklist smartphrase revamp
4. Anesthesia machines information gathering
5. Pyxis upgrade
6. Cardio server
7. SOGI exploration
8. Affiliate Builder – Finished classes and 1 of 3 tests. Still have a project and 2 tests to complete.

#### **IT Technical Update:**

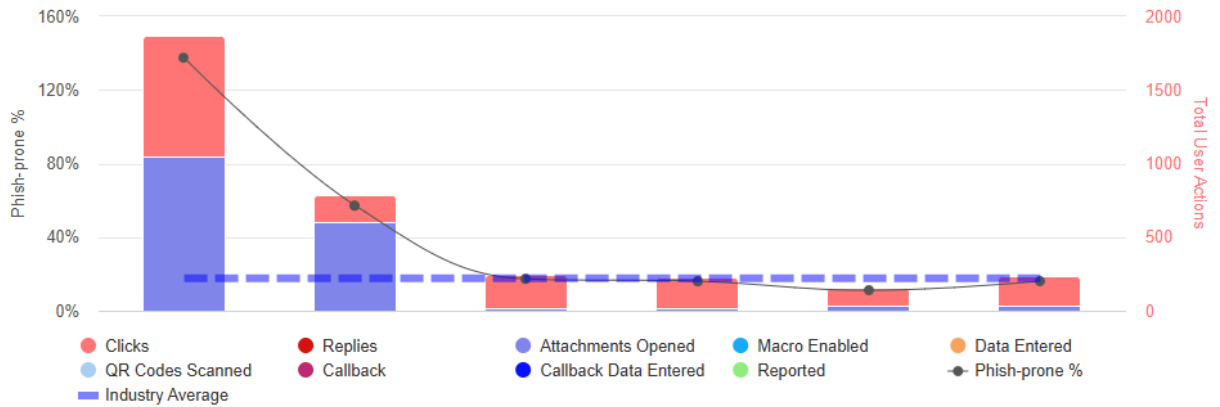
- 365 has been successfully deployed to our next scheduled Beta Test Team, Human Resources. While there have been some minor technical issues and challenges with the new interface, the

team has adapted brilliantly. Their resilience and adaptability have been commendable, ensuring a smooth transition and continued productivity.

- Microsoft 365 will be deployed to the Home Health Hospice team within the next 3 weeks. Following this, the Administrative Counsel will be the next group to receive the deployment prior to a larger roll out to the district.
- TFHS Finance, IT and Internal Counsel continue to work with Microsoft to maintain Rural/CAH status under their definition which differs from other state and federal entities. By maintaining current “Rural” status we can take advantage of significant licensing cost savings YOY.
- Our fax environment has been upgraded with new servers and software to enhance reliability and performance. This upgrade aims to reduce issues experienced by district staff and increase productivity across the board.
- We have selected a new contractor to review and optimize our Citrix environment. This vendor offers increased availability of talented staff while reducing cost by 25%.
- All district PCs need to be upgraded to Windows 11 by October 2025. While the majority of systems are prepared for this upgrade, and many have already been upgraded, there will need to be an investment made in the next FY to replace ~300 systems. We are negotiating bulk purchases now in order to maintain capital spend efficacy.
- With the rapid advancements in artificial intelligence (AI), it is crucial for us to implement robust policies and oversight to maintain a secure environment at TFHS. We are collaborating with the CIO to send a district-wide email for initial visibility. By the end of February, we will establish a comprehensive process to govern the use of AI at TFHS, ensuring ethical, transparent, and accountable use of AI technologies.
- ScheduleAnywhere (clinical scheduling cloud hosted solution) will be replaced due to its limited integration capabilities with critical systems like HRIS and payroll, potential inefficiencies, and lack of advanced compliance management and reporting features. Our strategy is to streamline operations, reduce costs, and improve efficiency by minimizing the number of vendors we work with and maximizing the use of existing technologies and integrations. Solution will comprise of a module in our HRMS system (UKG) and integrate well with existing HR investments and solutions.
- Knowbe4.com (software TFHS leverages to test users on their ability to identify malicious email). The solution is becoming more aware of common operations and organizational structure which is allowing it to create more focused emails that are very difficult for staff to evaluate as dangerous. The most recent month showed a slight uptick in individuals that either clicked on test malicious links or downloads (see chart below). I.T. SECPS (Security Operations) is working with training to integrate on demand training in the future when individuals click these test links.

### Phishing Security Tests - Last 6 Months

1776 Clicks, 0 Replies, 1755 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 0 QR Codes Scanned, 0 Callback, 0 Callback Data Entered, 0 Reported



- Our Email security and filters appear to be performing their job well. Out of the 1,544,306 emails sent to TFHS staff over the past 30 days, our systems identified and blocked 1,366,633 malicious or spam emails. This removed potentially 88.95% of email from our staffs input. A phenomenal productivity success.

Message Category	%	Messages
Stopped by IP Reputation Filtering	77.6%	1,198,717
Stopped by Domain Reputation Filtering	0.0%	530
Stopped as Invalid Recipients	0.4%	6,208
Spam Detected	1.0%	14,932
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.0%	129
Stopped by Content Filter	0.2%	3,819
Stopped by DMARC	0.6%	9,007
S/MIME Verification/Decryption Failed	0.0%	0
<b>Total Threat Messages:</b>	<b>79.3%</b>	<b>1,224,336</b>
Marketing Messages	5.1%	79,308
Social Networking Messages	0.1%	1,255
Bulk Messages	4.0%	61,734
<b>Total Graymails:</b>	<b>9.2%</b>	<b>142,297</b>
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	11.5%	177,673
<b>Total Attempted Messages:</b>		<b>1,544,306</b>



# TAHOE FOREST

## HOSPITAL DISTRICT

**Board Informational Report**  
**Quarterly Compliance Officer's Report**  
**By: Scott Kraft and Sean Weiss**  
Compliance Officers, DoctorsManagement, LLC

**DATE:** February 27, 2025

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Dear Members of the Board,

As the appointed Compliance Officers for Tahoe Forest Health System (TFHS), we (Scott G. Kraft and Sean M. Weiss) are pleased to submit this compliance officer's open session report for 2024 Quarter 4.

### **Written Policies and Procedures**

We have begun to revise and clarify HIPAA related policies and undertake a comprehensive evaluation of HIPAA Compliance throughout the organization. This is part of an ongoing review of current policies. We have focused on HIPAA as it probably has among the highest risk exposure if there is not clear compliance.

### **Current Corporate Compliance Committee:**

This is the composition of the Corporate Compliance Committee as of February 27, 2025:

Sean M Weiss, DoctorsManagement – Compliance Officer  
Scott G. Kraft, DoctorsManagement – Compliance Officer  
Louis Ward, Interim Chief Executive Officer/Chief Operating Officer  
Jan Iida, RN- Chief Nursing Officer  
Crystal Felix – Chief Financial Officer  
Brian Evans, MD – Chief Medical Officer  
Jake Dorst – Chief Information and Innovation Officer  
Alex MacLennan – Chief Human Resources Officer  
Matt Mushet – In-house Legal Counsel  
Bernice Zander, Health Information Management Director  
Scott Baker, Vice President of Physician Services  
Sarah Swezey, Privacy Officer  
Amanda Pratt, Compliance Analyst and Auditor

### **Education and Training**

## OPEN SESSION

**Health Stream** – We are starting a review of the documentation loaded into HealthStream and their relevance to current operations at Tahoe Forest. We expect to complete this review over the next quarter. We are unsure if we will make changes, but we want to ensure that Health Stream content is up-to-date and relevant to the compliance and core needs of the health system. This review arose from migration of provider disclosures to Health Stream.

**Provider Education** – We continue to monitor the current acceptance rate for optional provider training based on audit results. We have begun to test different approaches to encourage provider education, such as engaging clinic site managers to work with individual providers on scheduling.

**Medical Necessity** – We have prepared outreach to providers to outline the importance of their role in helping Tahoe Forest Health System better contain costs and ensure the maximum charity care can be provided by understanding that medically necessary orders may be required to be provided for patients, regardless of their ability to pay. This is especially important for

### **Effective Lines of Compliance Reporting**

A weekly compliance log is maintained for all calls to the Compliance Hotline and/or reports to the Compliance Department.

### **Compliance Reporting/Detected Offenses/Corrective Action Plans:**

- We completed an investigation into reports of multiple potential HIPAA concerns within one department of the Health System. These investigations included a risk assessment of personnel and we are working on ensuring HIPAA training is appropriate for the organization.
- An audit was performed related to one provider who was reported to have potentially accessed the provider's own chart, as well as a family member who is also part of the system. Our review found this access to be appropriate under HIPAA.
- We have completed a review of the DNR process and there was one concern for which responsibility was taken after a patient's DNR was changed repeatedly. We don't believe the system has risk in this area at present.
- A physician assistant self-reported accessing a patient's chart in error. An investigation did not show a reportable violation.
- A report was submitted that some providers were inadvertently overpaid for CEU hours. We are seeking recovery from the provider and reviewing the system that tracks and pays for hours. There is no indication this was intentional or the providers even knew overpayments had occurred. The money has been repaid.
- We are engaged with Human Resources to define a more specified process for investigations to define fact-finding by compliance, interview structures with human resources and their role in interfacing with managers in a way that ensures compliance with collective bargaining.
- We investigated a report that one employee who was in a short-term relationship with another employee and may have inappropriately accessed the individual's record (but also has legitimate reasons to review the chart). We have completed fact finding

## OPEN SESSION

interviews and, once completed, will determine if we need to revise fraternization policies.

- We have had a provider express concerns related to how Tahoe Forest uses 5150 psychiatric holds (72 hour behavioral health holds) and 1799 holds (temporary holds to seek behavioral health placement). Tahoe Forest is not a designated facility for 5150 holds so we want to ensure we have a process to ensure patients are held properly under the law and can arrange transfers as needed.
- We are reviewing a report that there may be rules written into EPIC facility billing that improperly bundles charges.

### **Auditing & Monitoring**

- We are currently performing an audit related to some ultrasound services to determine whether the services are being properly performed, images properly stored and there are not missed billing opportunities in circumstances where an informal image is taken.
- A report was received of a potential measurement error in a treatment room. A preliminary audit and investigation shows the error is so minor that it is not expected to have impacted care.
- We are auditing the use of Spravato within the facility to determine if the treatment is being rendered in line with both the vendor's guidance and the payer guidance for how to perform and bill observation.
- A routine Break the Glass audit showed a provider accessing the provider's own chart and potentially sending in orders and medications. A discussion was had with this provider and additional education is warranted. This was sent to the chief medical officer for review.

It was determined that, with the completion of additional, more recent audits, that we would review the results of those audits and form the basis of an education strategy.

### **Ongoing Compliance Support**

We have added more broad monitoring tools to better detect inappropriate chart access and will work with Amanda Pratt, Compliance Analyst and Sarah Swezey, Privacy Officer, on monitoring violations.

These tools will require employees in some instances to explain why access to specific charts is needed as a condition of access to those charts. We will monitor any impact on productivity that may arise.

We will continue to proactively outreach to different departments to explain the function of compliance, how we support TFHS and answer questions, as part of our initiative to better integrate compliance functions into TFHS.

We are also available to answer queries from the Board of Directors.



OPEN SESSION

Sincerely,  
Sean M. Weiss  
[sweiss@drsmgmt.com](mailto:sweiss@drsmgmt.com)

Scott G. Kraft  
[skraft@drsmgmt.com](mailto:skraft@drsmgmt.com)

Chief Compliance Officers  
Tahoe Forest Health System



# MULTNOMAH GROUP

**Retirement Plans Oversight Presentation  
Tahoe Forest Hospital District Board of Directors  
Period Q3 & Q4, 2024**

February 27, 2025

# Q3, 2024 Activities

- **Reviewed Performance of the Plan investments as of 6.30.2024**
  - Removed Invesco Developing Markets and replaced it with DFA Emerging Markets fund due to poor performance.
  - Removed JPMorgan Equity Income fund and replace with MFS Value due to a Portfolio Manger change.
  - All remaining funds were rated Satisfactory by Multnomah Group's Investment Committee.
- **Reviewed the Plan Assets**
  - No issues were found.
- **Received Multnomah Group's Annual Fee Benchmarking Report**
  - Participants pay \$73.57, which is between the range of \$55 - \$92.
  - Committee considered these fees reasonable for services received.
- **Received Multnomah Group's Administrative Working Group Report**
  - There are three areas of review for the meeting:
    1. Detailed review of Plan administration.
    2. Review Fidelity administration and education services.
    3. Strategic goals for Plans and Committee.
  - Committee agreed to engaging Fidelity's fee-for-service Enhanced Lost Participant Services to locate missing participants.
- **Fiduciary Education**
  - ✓ Non due to time.

# Q4, 2024 Activities

- **Reviewed Performance of the Plan investments as of 6.30.2024**
  - With the previous fund changes for Invesco and JPMorgan in process, all remaining funds were rated Satisfactory by Multnomah Group's Investment Committee.
- **Began a Review of "Fidelity's Guaranteed Income Direct" Service**
  - Is a brokerage window that allows a participant to purchase an annuity outside of the plan.
  - The annuity window shop 4 insurance companies.
  - Insurance companies provide institutional pricing.
  - Multnomah Group will review the comparative analysis documents and pricing for further discussion at the next meeting .
- **Reviewed Performance of t**
  - Discussed the SECURE Act legislation for 2024 and 2025 and the recordkeeper's ability to administer the provisions, agreeing to make several de minimis enhancements to the Plan.
- **Reviewed Performance**
  - Received Multnomah Group's 2024 Regulatory Update
- **Fiduciary Education**
  - ✓ Understanding SOC Reports

# Breakdown of Plans

401(1) Employer Contribution Plan	457(b) Employee Contribution Plan
<ul style="list-style-type: none"><li>Plan Assets increased from<ul style="list-style-type: none"><li>\$86.6 MM as of September 30, 2024</li><li>\$92.4 MM as of December 31, 2024</li><li><b>+ \$5.8 MM</b></li></ul></li></ul> <p>As of September 30, 2024, reporting:</p> <ul style="list-style-type: none"><li>➤ With the previously approved fund changes for JPMorgan Equity Income and Invesco Developing Markets, all investments are scored “Satisfactory” by Multnomah Group’s Investment Committee.</li></ul>	<ul style="list-style-type: none"><li>Plan Assets increased from<ul style="list-style-type: none"><li>\$106.8 MM as of September 30, 2024</li><li>\$115.5 MM as of December 31, 2024</li><li><b>+ \$8.7 MM</b></li></ul></li><li>Investments: Same</li></ul> <p>For the period June 30, 2024, to December 31, 2024:</p> <ul style="list-style-type: none"><li>➤ <b>Participation Rate</b> increased from: 84.6% to 86.0%</li><li>➤ <b>Ave. Deferral Rate</b> remained at 10%</li><li>➤ <b>Total Savings Rate</b> (EE &amp; ER) increased from: 14% to 14.2%</li></ul> <p><i>* Auto-enrollment is set at 6%</i></p>

# Questions

# Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.



By: Louis Ward  
Interim CEO

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## Community

*Aspire to be an integrated partner in an exceptionally healthy and thriving community*

- **Tahoe Forest Health System is now a member of the Climate Transformation Alliance**

We are pleased to announce that we have joined the Climate Transformation Alliance of the North Tahoe Area, reflecting our commitment to environmental sustainability. Additionally, we have partnered with a consultant from Waste Free Tahoe to enhance our waste management practices and strengthen our environmental stewardship initiatives.

- **TFHS cares for the sick and heal the injured without regard to ethnicity, national origin, or citizenship status**

At Tahoe Forest Health System, our mission is clear: *to care for the sick and heal the injured—without regard to ethnicity, national origin, or citizenship status*. There is a special trust between patients and healthcare providers, and no one should ever be afraid to seek care for themselves or their loved ones because they fear being deported.

California and federal health information privacy laws prohibit hospitals, physicians, other healthcare providers, or employees from sharing patient information with law enforcement officers without a valid warrant or court order. We do not collect immigration status from any of our patients. **The hospitals and clinics within Tahoe Forest Health System are safe places. If you need care, seek care.**

*En Tahoe Forest Health System, nuestra misión es clara: cuidar a los enfermos y curar a los heridos, sin importar la etnia, el origen nacional o el estado de migratorio. Existe una confianza especial entre los pacientes y los proveedores de atención médica (doctores y enfermeras), y nadie debería tener miedo de buscar atención médica para sí mismo o para sus seres queridos por temor a ser deportado.*

*Las leyes de privacidad de la información médica de California y federales prohíben que los hospitales, los médicos, otros proveedores de atención médica o los empleados que compartan información de los pacientes con los agentes de la ley sin una orden oficial válida. No preguntamos información sobre el estado migratorio de ninguno de nuestros pacientes. **Los hospitales y las clínicas dentro de Tahoe Forest Health System son lugares seguros. Si necesita atención médica, búsquela.***



## People

*Aspire for a highly engaged culture that inspires teamwork and joy*

- **Tahoe Forest Health System to welcome a new CEO**

Tahoe Forest Health System is pleased to announce the appointment of our new President and Chief Executive Officer, Anna M. Roth, RN, MS, MPH. With over 30 years of experience in healthcare, Anna will come to Tahoe Forest Health System from Contra Costa Health, whereas the CEO she oversaw its \$3 billion system and addressed diverse community health needs. As a registered nurse and an experienced leader, Anna brings a deep commitment to excellence, compassion, and expanding access to care. We look forward to the leadership and vision she will bring to our organization.

## Service

*Aspire to deliver a timely, outstanding patient and family experience*

- **IVCH Foundation Receives \$7.8 Million grant for Surgery Enhancement Project**

The Incline Village Community Hospital (IVCH) Foundation is thrilled to announce a generous \$7.8 million grant from the Dave & Cheryl Duffield Foundation to fund the IVCH Surgery Enhancement Project. This initiative will modernize and expand the hospital's surgical suite, improving access to high-quality procedures and ensuring state-of-the-art patient care. Enhancements include a new procedure room, upgraded air handling systems, expanded data infrastructure, and modernized post-operative recovery areas.

The existing surgical space has faced increasing demand, and this expansion will allow more procedures to be performed locally, reducing the need for patients to travel long distances. In recognition of this transformative gift, the enhanced surgical suite will be named in honor of the Dave & Cheryl Duffield Foundation. The IVCH Foundation Board has also committed to raising an additional \$2 million for necessary equipment, ensuring the project fully meets the community's evolving needs.

We extend our deepest gratitude to the Dave & Cheryl Duffield Foundation for their generosity and commitment to rural healthcare excellence. This project represents a significant step forward in providing world-class medical care to the communities we serve. Stay tuned for updates as we embark on this exciting transformation!

- **Increased Diagnostic Imaging hours available to the communities we serve**

Our Diagnostic Imaging department has introduced several new and expanded services to better serve our patients:

- Sunday ultrasound and MRI services at Tahoe Forest Hospital began January 12th
- A third weekly mammography day starts February 13th at Incline Village Community Hospital
- Expanded radiologist coverage now includes three radiologists Monday-Friday, with extended hours from 7:00 AM to 9:00 PM and virtual support after hours

- **Patient Satisfaction Scores**

Our second Quarter Press Ganey patient satisfaction scores have improved overall with a significant improvement within the Inpatient Departments. Additionally, the Multi-Specialty Clinics experienced increased scores from the first quarter. It is great to see these improvements, which is a true testament to the work and the commitment of our team.

Report provided by Dylan Crosby, Vice President Facilities and Construction Management, Safety Officer

**Active Moves:**

- No Planned Moves

**Planned Moves:**

- Out Patient Lab Move to Gateway Suite 9 move to allow phase 1 start of the Gateway RHC Project.
- MSC Admin to 10800 Donner Pass Rd Unit 2A, the location is currently under contract.

**Active Projects:**

**Project:** Tahoe Forest Hospital Seismic Improvements and Imaging Replacements

**Background:** In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

**Summary of Work:** Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category “NPC” 4 status. Diagnostic Imaging scope includes replacing X-Ray Room 2, Fluoroscopy and CT as well as creating a new radiologist reading room and patient shower in the Emergency Department.

**Phase 1:** 1990 Building – Portions of the Surgical Department; 1993 Building – Portions of the Dietary Department; CT Replacement.

**Phase 2:** X-Ray and Fluoroscope Replacement.

**Phase 2:** 1978 Building – Diagnostic Imaging, portions of Emergency Department; Med Gas Building – Primary Med Gas distribution building; Radiologist reading room

**Update Summary**

Phase 1 is complete, along with the new CT. The flooring product in the Operation Rooms is defective, TFHD are working with the General Contractor on corrective work.

Phase 2, X-Ray room 2 and Fluoroscopy are permitting and under review of HCAI. This portion of work will likely overlap with Phase 3 work.

Phase 3 scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings, this scope of work has been approved and permitted. The Seismic scope of work for 1978 & Med Gas building is 40% complete.

**Start of Construction:** Spring 2024

**Estimated Completion:** Winter 2026

**Projects in Planning:**

**Project:** Gateway RHC Expansion

**Background:** With the longevity of the existing Gateway Building in the Master Plan staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide additional Primary Care service complimented by Specialists.

**Summary of Work:** Remodel the building in its entirety to expand the District’s Rural Health Care presents. Includes also a new surface parking lot, new building shell, new roof and improved frontage.

**Update Summary** Construction Drawings are underway. The Town development permit has been submitted and deemed completed and accepted. A tentative planning commission review is scheduled for 3/18/2025.

**Start of Construction:** Spring 2025

**Estimated Completion:** Winter 2026/2027

**Project:** TFHD MEP Replacements

**Background:** In order to meet the environment required for patient care, various end of life mechanical and electrical systems are in process of being replaced.

**Summary of Work:** Replace the four air handlers that support the 1990 building, replace the air handler that supports the 1978 building, provide reliability improvements to the western addition air handler, add addition cooling to the South Building MPOE and replace end of life ATS'.

**Update Summary** The Design is complete and the project is under HCAI review. Staff are reviewing the gross maximum price contract.

**Start of Construction:** Fall 2025

**Estimated Completion:** Winter 2026/2027

**Project:** Tahoe City Clinic – Fabian Way

**Background:** The District has acquired new space in Tahoe City, Dollar Point, to move clinical services.

**Summary of Work:** Remodel the two structures to provide a new clinic with supported lab draw and imaging services. Site Improvements to improve parking, access and best management practices.

**Update Summary:** The Design is complete and the Project is under Placer County review.

**Start of Construction:** Spring 2025

**Estimated Completion:** Fall 2025

**Project:** Sierra Center (formerly Rite Aid)

**Background:** The District is seeking to lease a substantial amount of area to consolidate clinic and retail activities subsequently creating lease consolidation and campus flexibility.

**Summary of Work:** Remodel interiors to meet clinic activities and retail services.

**Update Summary** Construction Drawings are at 50% complete. The Town has responded to the submitted zoning clearance with minor comments regarding primarily the signage. The Team is working on a revised signage materiality.

**Start of Construction:** Spring 2025

**Estimated Completion:** Winter 2025/2026

**Project:** NPC 5

**Background:** The 2030 seismic compliance deadline is approaching. There are interim steps of compliance, which include plan submittal to HCAI January 1<sup>st</sup>, 2026 and Permit Issuance by January 1<sup>st</sup>, 2028. The scope of work required to meet NPC 5 compliance includes, removing the 1952 and 1966 buildings, demolition, and constructing water and wastewater storage for what HCAI considers acute care services. Interior construction and moves are required in order to vacate the 1952 and 1966 buildings, which include moving Respiratory Therapy, Material Management and Environmental Services. Also included in this project is replacing Nuclear Medicine and the Heating Hot water Boiler system due to adjacency, timing and efficiency of scale.

**Summary of Work:** Phase 1: Remodel Cardiac Rehab for Respiratory Therapy, remodel Respiratory therapy for Materials Management and EVS. Replace Nuclear Medicine and Heating Hot Water Boiler Plant. Phase 2: Demolish the 1952/1966 building install required water and wastewater storage.

**Update Summary** A request for Qualification is published for phase 1 scope of work with a due date of 1/23/2025. Staff are working with the Criteria Architect/Engineering teams and HCAI to solidify the water and wastewater tank sizing by way of a water-rationing plan.

**Start of Construction:** Winter 2025/2026

**Estimated Completion:** Fall 2028

**Project:** Reno- Corporate Point 2<sup>nd</sup> Floor

**Background:** TFHS established a Reno location in 2021. In 2024, the District amended this lease to almost double the Reno foot print to a total of 26,339 SF.

**Summary of Work:** Owner will build to suit the suite. District staff will be responsible for furnishing and installing all fixed furniture and equipment.

**Update Summary** Staff has collaborated with the design team and solidified a space layout. The project is in permitted and minor construction. Staff are working on procurement of all fixed furniture and equipment.

**Start of Construction:** Winter 2024/2025

**Estimated Completion:** Spring 2025

**Project:** Childcare Expansion.

**Background:** In order to accommodate the childcare needs of the staff, staff are pursuing a project on APN: 018-630-020.

**Summary of Work:** The project includes the design and construction of a new modular building to expand the childcare center by an additional 48 children. Additionally there is a site work package to incorporate new parking, play areas, generator pad and integration into the existing childcare site.

**Update Summary** Schematic design is nearing completion. Staff are reviewing and circulation to lock in scope of work. A zoning clearance is being prepared for the Town.

**Start of Construction:** Spring 2025

**Estimated Completion:** Winter 2025/2026

**Project:** IVCH Procedure Room

**Background:** Incline Village Community Hospital is seeking additional surgical space to expand services and optimize flow and efficiency. In addition there are supportive functions(registration, IT infrastructure, Air Handler Replacement and new employee breakrooms) that warrant replacement or updating to allocate space appropriately and support patient care.

**Summary of Work:** This project includes: Reconstructing the first floor locker rooms into a new employee break room and expanded IT Data closet, separate but adjacent spaces. This move will allow for the reconstruction of the current employee breakroom to be redesigned into surgical support space for pre- and post- operative bays. In addition a new procedure space will be added to the surgical department and supportive building infrastructure, a new air handler, be added for required air exchange rates. Registration and the main waiting room are to be updated and improved to provide adequate space and support the anticipated increased demand.

**Update Summary:** A Request for Qualifications is underway with a due date of 2/27/2025.

**Start of Construction:** Winter 2025/2026

**Estimated Completion:** Spring 2027



# Office of the County Counsel Contra Costa County

Thomas L. Geiger  
County Counsel

Monika L. Cooper  
Rebecca J. Hooley  
Steven P. Rettig  
Cynthia A. Schwerin  
Stephen M. Siptroth  
Assistants

December 18, 2024

Candice Nguyen, Reporter  
NBC Bay Area  
2450 North First Street  
San Jose, CA 95131

Via email to: [Candice.nguyen@nbcuni.com](mailto:Candice.nguyen@nbcuni.com)

Dear Ms. Nguyen:

The Office of the County Counsel represents Contra Costa County and the Contra Costa County Health Services Department. This afternoon, you posted on your Instagram account that NBC Bay Area will be airing a report today on its 11 pm newscast regarding the Health Services Department's Enhanced Care Management program. In the trailer you posted, entitled "Nurse Prompts Action," you say in part: "Now, after our reporting, the state is opening a criminal investigation into a Bay Area health care system and the County is taking new action." You also posted the following statement: "A criminal investigation by the state. Action by a Bay Area county."

As the Health Services Department informed you in November, when you contacted them for comment, the Health Services Department is unaware of any criminal investigation being conducted by the state regarding the Department's Enhanced Care Management program. As of this writing, my office and the Health Services Department continue to be unaware of any criminal investigation being conducted by the state regarding this matter. I caution you and your station against broadcasting any false statement by you or anyone else stating that the Health Services Department is under criminal investigation, if in fact the Health Services Department is not under criminal investigation.

The California Department of Health Care Services (DHCS), which regulates the Health Services Department's Enhanced Care Management program, provided me with a copy of your request for information from DHCS and its response. You asked:

Have the issues that were reported to CCHP been addressed – particularly the issues detailed in [our report](#) – by both CCHP and DHCS? More than six months have passed since NBC Bay Area brought these concerns to DHCS.

DHCS responded to you as follows:

Resolution of the identified issues remains in progress. It is DHCS' understanding that CCHP has begun to implement some measures to address the

Candice Nguyen  
December 18, 2024  
Page 2

concerns. However, until DHCS has completed and issued its 2024 annual compliance audit of CCHP, DHCS cannot confirm whether all issues have been fully resolved. To the extent deficiencies remain unresolved, DHCS will pursue a Corrective Action Plan (CAP) from CCHP to remediate any remaining issues.

As previously communicated, DHCS reviewed CCHP's ECM program processes and monitoring efforts of their subcontractors during DHCS' 2023 annual compliance audit for CCHP. DHCS issued a single ECM-related finding, noting that CCHP did not classify two member complaints about ECM benefits as formal grievances. DHCS imposed a CAP on CCHP that resulted in a satisfactory resolution of the grievance classification finding.

Nowhere in this response from DHCS is there any indication, explicit or implicit, that the state is conducting a criminal investigation regarding this issue. If you are relying solely on sources other than state officials for your reporting, this appears at a minimum to violate your station's sourcing policy found in "NBC Bay Area News Standards and Publishing Principles." I trust you will abide by the station's accuracy and fairness policy, and only broadcast information that is factually accurate.

Thank you for your attention to this matter.

Very truly yours,



Thomas L. Geiger  
County Counsel

cc: Stephanie Adrouny, Vice President of News, NBC Bay Area  
([stephanie.adrouny@nbcuni.com](mailto:stephanie.adrouny@nbcuni.com))

**TAHOE FOREST HOSPITAL DISTRICT  
RESOLUTION NO. 2025-04**

**RESOLUTION TO AFFIRM THE MISSION OF TAHOE FOREST HEALTH  
SYSTEM: TO ENHANCE THE HEALTH OF OUR COMMUNITIES THROUGH  
EXCELLENCE AND COMPASSION IN ALL WE DO**

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WHEREAS, the TAHOE FOREST HOSPITAL DISTRICT (“District”) is a hospital district duly organized and existing under the “Local Health Care District Law” of the State of California; and

WHEREAS, the Tahoe Forest Hospital District Board of Directors affirms the mission of the Tahoe Forest Health System; and

WHEREAS, the mission of the Tahoe Forest Health System is: to enhance the health of our communities through excellence and compassion in all we do; and

WHEREAS, in light of recent executive orders, we want to assure you that our commitment to patient care remains unchanged and is without regard to a patient’s ethnicity, national origin or citizenship status; and

WHEREAS, California, Nevada and federal health information privacy laws prohibit hospitals, physicians, other healthcare providers, or employees from disclosing patient information to a law enforcement officer without a valid warrant or court order. If asked about a specific patient or presented with a legal request for information, Tahoe Forest Health System will not **confirm or deny the patient's presence—simply refer the officer to the House Supervisor on duty**; and

NOW, THEREFORE, BE IT RESOLVED Resolution 2025-04 To Affirm the Mission of the Tahoe Forest Health System: To Enhance the Health our Communities through Excellence and Compassion in all We Do, be

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 27<sup>th</sup> day of February, 2025 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

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Michael McGarry  
Chairperson, Board of Directors  
Tahoe Forest Hospital District

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Alyce Wong  
Secretary, Board of Directors  
Tahoe Forest Hospital District