Tahoe Forest Hospital District

2025-04-22 Board Finance Committee

Pioneer Conference Room - Tahoe Forest Hospital

Tuesday, April 22, 2025 at 3:00 pm

10875 Pioneer Trail, Truckee CA 96161

Meeting Book - 2025-04-22 Board Finance Committee

Finance Committeee

TAHOE FOREST
HOSPITAL DISTRICT

FINANCE COMMITTEE
AGENDA

Tuesday, April 22, 2025 at 3:00 p.m.
Pioneer Conference Room – Tahoe Forest Hospital
10875 Pioneer Trail, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL
Mary Brown, Chair; Michael McGarry, Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee 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 Committee cannot take action on any item not on the agenda. The Committee 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.

5. APPROVAL OF MINUTES OF: 01/22/2025 .... ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Investment Portfolio Update .... ATTACHMENT
Finance Committee will receive an investment portfolio update from Chandler Asset Management.

6.2. Accounts Receivable Update .... ATTACHMENT
Finance Committee will receive an update on the status of accounts receivable.

6.3. Financial Reports
Finance Committee will review the following financial reports:

6.3.1. March 2025 Financial Report .... ATTACHMENT

6.3.2. Quarterly Review – Payor Mix... ATTACHMENT

6.4. Federal and State Medicaid Financial Impact Discussion .... ATTACHMENT
Finance Committee will receive an update on the financial impact on state programs due to proposed federal funding changes.

6.5. OIG and COVID Provider Relief Fund Audit Update
Finance Committee will receive and update on the results of the OIG and COVID Provider Relief Fund Audit.

6.6. Community Engagement Budget Discussion
Finance Committee will engage in discussion on budget needs for upcoming community engagement initiatives.

7. AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING

8. NEXT MEETING DATE

9. ADJOURN

*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 Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

FINANCE COMMITTEE DRAFT MINUTES

Wednesday January 22, 2025 at 3:00 p.m.
Donner Conference Room – Tahoe Forest Hospital
10978 Donner Pass Road, Suite 3, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 3:03 p.m.

2. ROLL CALL

Board: Mary Brown, Chair; Michael McGarry, Board Member
Staff in attendance: Louis Ward, Interim CEO/COO; Crystal Felix, Chief Financial Officer; Jaye Chasseur, Controller (via zoom); Martina Rochefort, Clerk of the Board; Sarah Jackson, Executive Assistant
Other: Alaynè Sampson of Chandler Asset Management (via zoom)

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

Chair Brown opened the committee meeting with thanks to Director Chamblin for his years of dedicated service to this committee.

Chair Brown updated the posted agenda to reorder item 6.3 to item 6.1.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 10/22/2024

Director McGarry moved to approve the Board Finance Committee minutes of October 22, 2024, second by Director Brown.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Investment Portfolio Update (reordered)

Alaynè Sampson of Chandler Asset Management introduced herself to Director McGarry, and recognized Director Chamblin for his year's dedication to this committee.

Finance Committee reviewed a written Chandler Asset Management economic update and investment portfolio update.

6.2. Accounts Receivable Update

Finance Committee received an update on the status of accounts receivable.

Chair Brown requested CFO spend a significant amount of the committee meeting on this topic to fully bring Director McGarry up to speed on the topic and the notable amount of work that have been accomplished to date.

CFO shared a staffing and contracting update. The District has contracted with Omega Healthcare; they took over accounts back in November and began working on accounts aged over 75 days. Our relationship with Omega has been great. In addition, the changes to the vendors of the Clearing House and the Statement Processor are expected to be positive. Partnership took over Medi-Cal claims. We did our first claims review with Partnership. They have been a great partner in trying to get claims processed correctly.

CFO reported that cash collections running 104.6% of our target. We will be honing in on AR over 120 days. We would like to reach an average of 55 days in AR with our mix of payors. AR days peaked to 75.6 days in November 2024, but CFO believes that with the new vendors, staff, and processes that we will continue to incrementally improve. December 2024 improved to 70.7 days.

CFO reviewed the updated debt collection policies and regulations surrounding medical debt.

EPIC work queues were reviewed. Current claims in the work queues at the end of December 2024 are at $3.2m. We would like work queues to be as low as possible and would like them to be consistent. Significant jumps like what happened in the 300 Work Queue (coding issues) require a more in depth investigation for cause.

CFO discussed the creation of the Revenue Integrity Team with a Revenue Cycle Analyst. Jenny Parvin, a Revenue Integrity RN, Moss Adams, and the Denials Management Committee work-. A Denials Management Committee meets quarterly and can elevate what we should be looking at. Development of this Committee will allow up to refine of our processes moving forward.

CFO reported that Patient Financial Services is almost fully staffed at 19.50 FTEs of 20.50 FTEs. 1 clerical support FTE is currently vacant.

Discussion was held regarding the Office of Healthcare Affordability.

6.3. Financial Reports

Finance Committee reviewed the following financial reports:

6.3.1. December 2024 Financial Report

CFO briefly reviewed the December 2024 Financial Report. Of note is that the District moved $10m from its Chandler Investment fund and $30m from its US Bank Maintenance & Operating account into the LAIF fund to maximize interest earnings capacity. CFO reviewed AR, and advised how we worked through a large number of charity care applications. At least fifteen of them met the catastrophic care criteria. Charity Care now anything considered medically necessary, and less documentation is required. Will be watching closely but expect that there will be an increase in applications.

6.3.2. Quarterly Review – Separate Business Units

Not reviewed due to time constraints.

6.3.3. Quarterly Review – Payor Mix

Not reviewed due to time constraints.

6.4. Committee Charter

Reviewed the Committee Charter.

Chair Brown questioned #5: “Annually review the financial plans for consistency with hospital and system-wide strategic objectives.”

CFO advised that that this committee formerly met monthly and reviewed the budget prior to it going to the full Board as well as staying on tract with the strategic objectives.

Discussion was held by Interim CEO and CFO about adjusting this duty to a one year financial break through goal. Do we have a define way to pay for the strategic objectives we set? It was questioned if this was a forward looking duty or a backward looking duty?

CFO advised that what she if putting in the budget for the coming year should be directly tied to a strategic objective, it allows for dialogue.

Chair Brown would like to spend more time on the expense side of #6: “Monitor financial indicators relative to industry benchmarks and like organizations” and benchmark our expenses.

Director McGarry concurs about understanding more on “the expense side” and how we can improve or streamline our expenses.

CFO updated on how she may be able to provide that data either through Moss Adams, OSHPD, or Axiom.

Director McGarry moved to approve the charter, second by Director Brown.

7. AGENDA INPUT FOR NEXT FINANCE COMMITTEE MEETING
Office of Healthcare Affordability at both Committee level and Board Meeting.

Continue Committee Charter Review and purpose of committee.

Alaynè Sampson of Chandler Asset Management may be attending the July District Board meeting for an in person update.

8. NEXT MEETING DATE
The next Finance Committee will be scheduled for April 2025.

9. ADJOURN
Meeting adjourned at 4:43 p.m.

INVESTMENT REPORT

Tahoe Forest Hospital District | Board Report | As of March 31, 2025

CHANDLER ASSET MANAGEMENT | chandlerasset.com

Chandler Team:

For questions about your account, please call (800) 317-4747,
or contact clientservice@chandlerasset.com

Labor Markets

- The U.S. economy added 228,000 jobs in March, exceeding consensus expectations, and the last two months were revised down by 48,000. Gains were led by healthcare, retail, social assistance, and transportation. The three-month moving average and six-month moving average payrolls totaled 152,000 and 181,000 respectively. The unemployment rate rose to 4.2% in March, and the labor participation rate edged up to 62.5%, remaining below the pre-pandemic level of 63.3%. The U-6 underemployment rate, which includes those who are marginally attached to the labor force and employed part time for economic reasons edged down to 7.9% in March from 8.0% in February. Average hourly earnings ticked down to an increase of 3.8% year-over-year in March.

Inflation

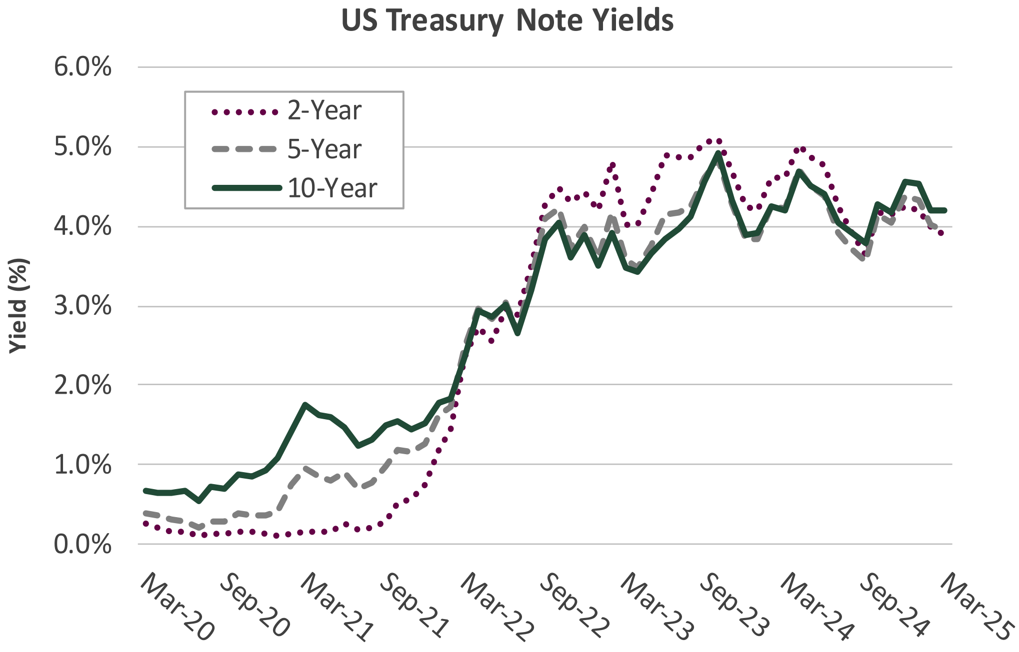
- In February, both the Consumer Price Index (CPI) and Core CPI, which excludes volatile food and energy components, posted more moderate increases than last month and came in lower than consensus expectations. The headline CPI rose 0.2% month-over-month and 2.8% year-over-year, while the Core CPI rose 0.2% month-over-month and 3.1% year-over-year. The Personal Consumption Expenditures (PCE) price index increased by 0.3% from the previous month and 2.5% year-over-year in February. The Core PCE deflator, which excludes food and energy and is the Fed's preferred gauge, accelerated its increase to 0.4% month-over-month and 2.8% from 2.6% year-over-year. Inflation remains above the Fed's 2% target.

Consumer

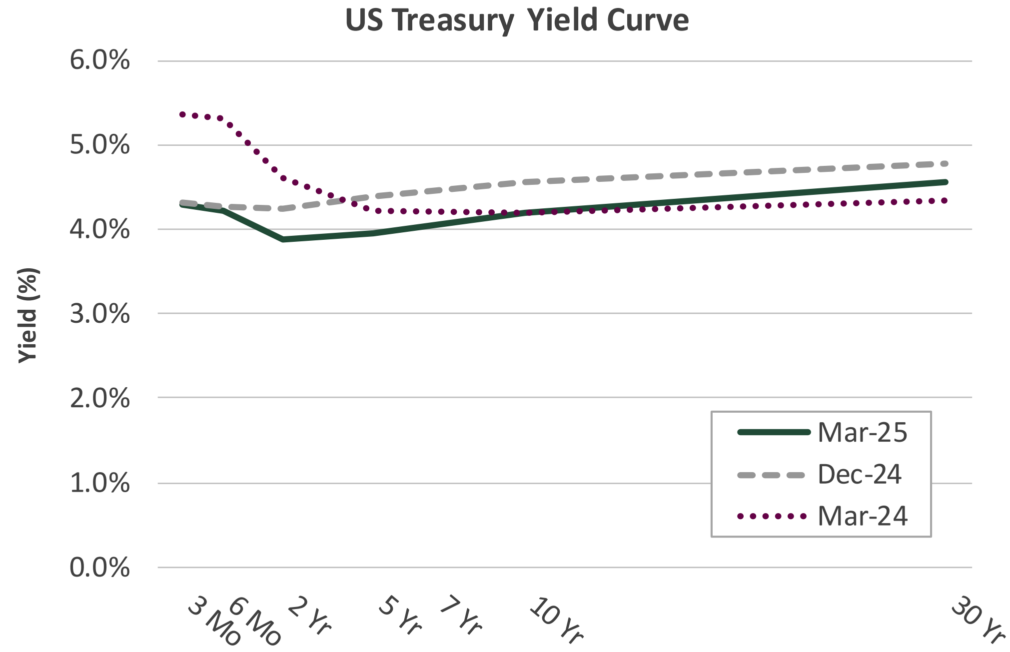
- The Advance Retail Sales report for February fell short of expectations, increasing 0.2% month-over-month following a 1.2% decline in January. Declines were broad-based across categories. However, control group sales, which feeds into gross domestic product and excludes food services, auto dealers, building materials stores, and gasoline stations, increased 1% in February. On a year-over-year basis, Retail Sales grew 3.1% in February versus 3.9% in January. The Conference Board's Consumer Confidence Index tumbled 7.2 points in March to 92.9, a notable decrease from February. Consumers' assessment of the present situation fell, with business conditions viewed as "good" by only 17.7% and jobs considered "plentiful" by 33.6%. Their expectations for income, business, and labor market conditions dropped, with pessimism about future employment prospects falling to a 12-year low. While the consumer has been resilient, rising inflation expectations, concerns about trade policies and tariffs, and general economic and policy uncertainty could pose potential risks to future spending.

Federal Open Market Committee (FOMC)

- As broadly anticipated, the Federal Open Market Committee (FOMC) left the Federal Funds Rate unchanged at the range of 4.25 - 4.50% at the March meeting. Fed Chair Powell emphasized increased uncertainty around the economic outlook and the need for "greater clarity" before making changes to interest rate policy. He also acknowledged possible transitory inflationary impacts from tariffs. The summary of economic projections (SEP) indicated lower GDP growth, higher inflation, and higher unemployment estimates than December projections, along with roughly two 25-basis point rate cuts this year. The FOMC also announced a slowdown in the pace of balance sheet reduction.



Source: Bloomberg



Source: Bloomberg

At the end of March, the 2-year Treasury yield was 74 basis points lower, and the 10-Year Treasury yield was 6 basis points higher, year-over-year. The spread between the 2-year and 10-year Treasury yield points on the curve widened to +32 basis points at March month-end versus +22 basis points at February month-end. The recent yield curve inversion which began in July 2022 was historically long. The average historical spread (since 2005) is about +99 basis points. The spread between the 3-month and 10-year Treasury yield points on the curve was -9 basis points in in March, unchanged from February.

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

Portfolio Characteristics

Average Modified Duration	2.56
Average Coupon	3.33%
Average Purchase YTM	3.65%
Average Market YTM	4.15%
Average Credit Quality*	AA+
Average Final Maturity	2.93
Average Life	2.61

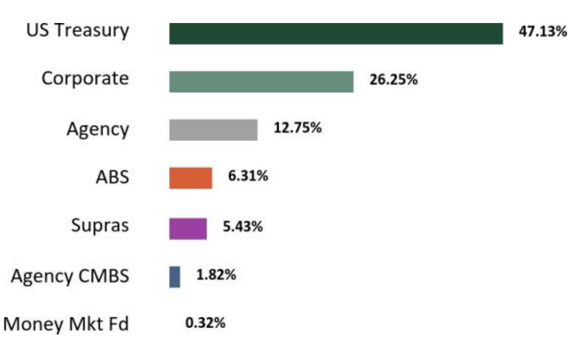
Account Summary

	End Values as of 02/28/2025	End Values as of 03/31/2025
Market Value	99,690,516.10	100,255,897.18
Accrued Interest	702,551.42	629,872.07
Total Market Value	**100,393,067.52**	**100,885,769.25**
Income Earned	284,695.26	303,820.87
Cont/WD	0.00	0.00
Par	100,979,075.09	101,237,185.75
Book Value	100,153,910.02	100,450,114.12
Cost Value	99,536,289.17	99,831,696.39

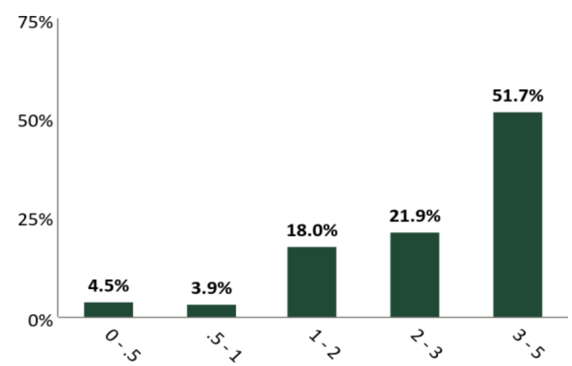
Top Issuers

Government of The United States	47.13%
Federal Home Loan Banks	6.36%
Inter-American Development Bank	2.45%
Federal Home Loan Mortgage Corp	2.45%
International Bank for Recon and Dev	2.45%
FNMA	2.44%
FHLMC	1.82%
Farm Credit System	1.51%

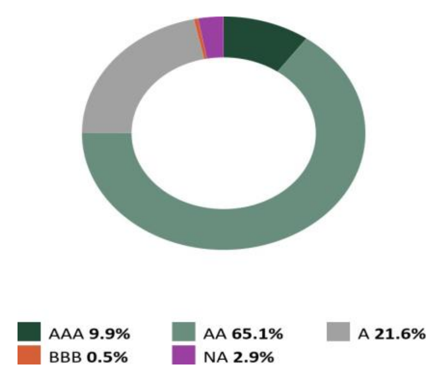
Sector Allocation



Maturity Distribution



Credit Quality (S&P)



Performance Review

Total Rate of Return**	1M	3M	YTD	1YR	2YRS	3YRS	5YRS	10YRS	Since Inception (11/01/21)
Tahoe Forest Hospital District	0.50%	2.08%	2.08%	5.68%	4.52%	2.92%	--	--	1.67%
Benchmark Return	0.52%	2.00%	2.00%	5.50%	3.96%	2.49%	--	--	1.16%

*The average credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.
**Periods over 1 year are annualized.
Benchmark: ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index Secondary Benchmark:

TFHD Cash Portfolio | Account #11057 | As of March 31, 2025

Portfolio Characteristics

Average Modified Duration	0.00
Average Coupon	3.96%
Average Purchase YTM	3.97%
Average Market YTM	3.97%
Average Credit Quality*	AAA
Average Final Maturity	0.00
Average Life	0.00

Account Summary

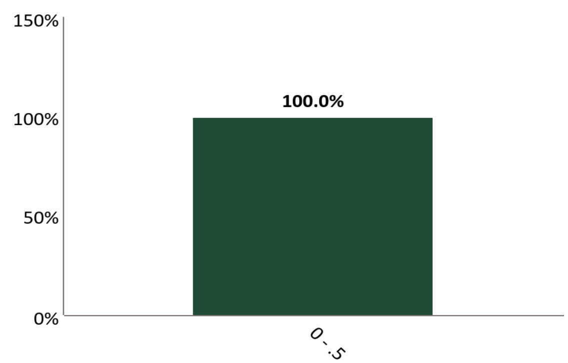
	End Values as of 02/28/2025	End Values as of 03/31/2025
Market Value	893,368.69	893,368.69
Accrued Interest	0.00	0.00
Total Market Value	**893,368.69**	**893,368.69**
Income Earned	3,020.05	2,721.98
Cont/WD	0.00	0.00
Par	893,368.69	893,368.69
Book Value	893,368.69	893,368.69
Cost Value	893,368.69	893,368.69

Top Issuers

First American Govt Oblig fund	100.00%

Sector Allocation

Maturity Distribution



Credit Quality (S&P)

*The average credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
ACQUISITIONS										
Purchase	01/29/2025	06051GMK2	650,000.00	BANK OF AMERICA CORP 4.979 01/24/2029	100.156	4.92%	(651,014.00)	(449.49)	(651,463.49)	0.00
Purchase	01/29/2025	91282CLN9	250,000.00	UNITED STATES TREASURY 3.5 09/30/2029	96.367	4.37%	(240,917.97)	(2,908.65)	(243,826.62)	0.00
Purchase	01/29/2025	91282CMD0	250,000.00	UNITED STATES TREASURY 4.375 12/31/2029	100.035	4.37%	(250,087.89)	(876.21)	(250,964.10)	0.00
Purchase	02/07/2025	63743HFX5	760,000.00	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP 4.95 02/07/2030	99.847	4.98%	(758,837.20)	0.00	(758,837.20)	0.00
Purchase	02/26/2025	91282CMA6	500,000.00	UNITED STATES TREASURY 4.125 11/30/2029	99.980	4.13%	(499,902.34)	(4,986.26)	(504,888.60)	0.00
Purchase	03/11/2025	47800DAD6	480,000.00	JDOT 2025 A3 4.23 09/17/2029	99.994	5.09%	(479,969.81)	0.00	(479,969.81)	0.00
Purchase	03/12/2025	44935CAD3	605,000.00	HART 2025-A A3 4.32 10/15/2029	99.985	4.84%	(604,910.76)	0.00	(604,910.76)	0.00
Purchase	03/18/2025	571748CA8	1,000,000.00	MARSH & MCLENNAN COMPANIES INC 4.65 03/15/2030	99.604	4.74%	(996,040.00)	(387.50)	(996,427.50)	0.00
Purchase	03/26/2025	91282CMG3	1,000,000.00	UNITED STATES TREASURY 4.25 01/31/2030	100.750	4.08%	(1,007,500.00)	(6,339.78)	(1,013,839.78)	0.00
Total Purchase			**5,495,000.00**				**(5,489,179.97)**	**(15,947.89)**	**(5,505,127.86)**	**0.00**
TOTAL ACQUISITIONS			**5,495,000.00**				**(5,489,179.97)**	**(15,947.89)**	**(5,505,127.86)**	**0.00**
DISPOSITIONS										
Sale	01/29/2025	06051GJD2	(650,000.00)	BANK OF AMERICA CORP 1.319 06/19/2026	98.670	1.22%	641,355.00	952.61	642,307.61	(8,877.14)
Sale	02/07/2025	91282CBT7	(750,000.00)	UNITED STATES TREASURY 0.75 03/31/2026	96.152	1.08%	721,142.58	2,008.93	723,151.51	(26,096.35)
Sale	03/11/2025	91282CBT7	(1,250,000.00)	UNITED STATES TREASURY 0.75 03/31/2026	96.629	1.08%	1,207,861.33	4,172.39	1,212,033.72	(37,890.02)
Sale	03/18/2025	91324PEC2	(1,000,000.00)	UNITEDHEALTH GROUP INC 1.15 05/15/2026	96.236	1.52%	962,360.00	3,929.17	966,289.17	(33,475.00)

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
Total Sale			**(3,650,000.00)**				**3,532,718.91**	**11,063.10**	**3,543,782.01**	**(106,338.51)**
TOTAL DISPOSITIONS			**(3,650,000.00)**				**3,532,718.91**	**11,063.10**	**3,543,782.01**	**(106,338.51)**

IMPORTANT DISCLOSURES

Information contained herein is confidential. Prices are provided by ICE Data Services Inc ("IDS"), an independent pricing source. In the event IDS does not provide a price or if the price provided is not reflective of fair market value, Chandler will obtain pricing from an alternative approved third party pricing source in accordance with our written valuation policy and procedures. Our valuation procedures are also disclosed in Item 5 of our Form ADV Part 2A.

Performance results are presented gross-of-advisory fees and represent the client's Total Return. The deduction of advisory fees lowers performance results. These results include the reinvestment of dividends and other earnings. Past performance may not be indicative of future results. Therefore, clients should not assume that future performance of any specific investment or investment strategy will be profitable or equal to past performance levels. All investment strategies have the potential for profit or loss. Economic factors, market conditions or changes in investment strategies, contributions or withdrawals may materially alter the performance and results of your portfolio.

Index returns assume reinvestment of all distributions. Historical performance results for investment indexes generally do not reflect the deduction of transaction and/or custodial charges or the deduction of an investment management fee, the incurrence of which would have the effect of decreasing historical performance results. It is not possible to invest directly in an index.

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Fixed income investments are subject to interest, credit and market risk. Interest rate risk: the value of fixed income investments will decline as interest rates rise. Credit risk: the possibility that the borrower may not be able to repay interest and principal. Low rated bonds generally have to pay higher interest rates to attract investors willing to take on greater risk. Market risk: the bond market in general could decline due to economic conditions, especially during periods of rising interest rates.

Ratings information have been provided by Moody's, S&P and Fitch through data feeds we believe to be reliable as of the date of this statement, however we cannot guarantee its accuracy.

Security level ratings for U.S. Agency issued mortgage-backed securities ("MBS") reflect the issuer rating because the securities themselves are not rated. The issuing U.S. Agency guarantees the full and timely payment of both principal and interest and carries a AA+/Aaa/AAA by S&P, Moody's and Fitch respectively.

Benchmark	Disclosure
ICE BofA 1-5 Yr Unsubordinated US Treasury & Agency Index	The ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index tracks the performance of US dollar denominated US Treasury and nonsubordinated US agency debt issued in the US domestic market. Qualifying securities must have an investment grade rating (based on an average of Moody's, S&P and Fitch). Qualifying securities must have at least one year remaining term to final maturity and less than five years remaining term to final maturity, at least 18 months to maturity at time of issuance, a fixed coupon schedule, and a minimum amount outstanding of $1 billion for sovereigns and $250 million for agencies.

INVESTMENT REPORT

Tahoe Forest Hospital District | As of March 31, 2025

CHANDLER ASSET MANAGEMENT | chandlerasset.com

Chandler Team:

For questions about your account, please call (800) 317-4747,
or contact clientservice@chandlerasset.com

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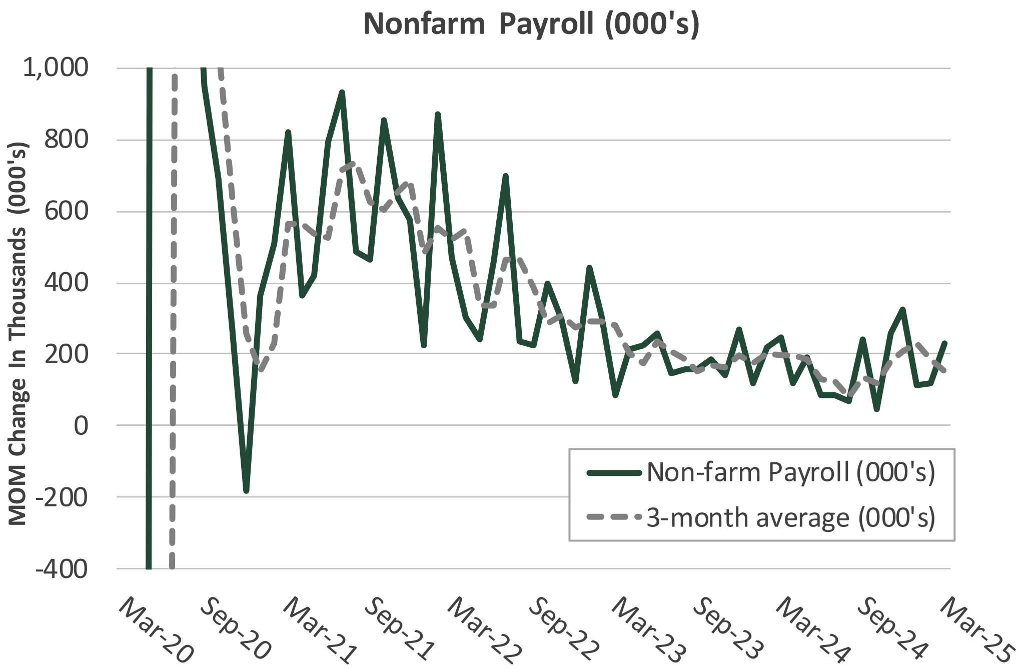
ECONOMIC UPDATE

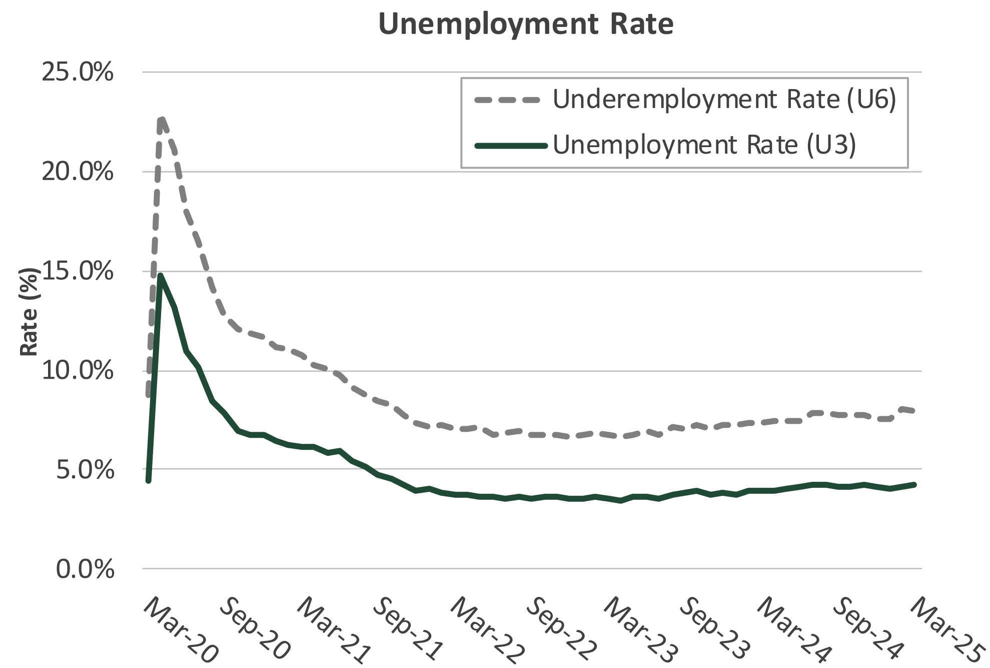
- Recent economic data suggest slower growth in 2025 and greater market uncertainty as the effects of fiscal policy unfold. Inflationary trends have subsided, but some components remain sticky, and core levels remain above the Fed's target. The labor market reflects improved balance between supply and demand for workers. While job creation has been robust, continuing jobless claims remain elevated. Given the economic outlook, we expect gradual normalization of monetary policy and a steepening yield curve.

- As broadly anticipated, the Federal Open Market Committee (FOMC) left the Federal Funds Rate unchanged at the range of 4.25 - 4.50% at the March meeting. Fed Chair Powell emphasized increased uncertainty around the economic outlook and the need for "greater clarity" before making changes to interest rate policy. He also acknowledged possible transitory inflationary impacts from tariffs. The summary of economic projections (SEP) indicated lower GDP growth, higher inflation, and higher unemployment estimates than December projections, along with roughly two 25-basis point rate cuts this year. The FOMC also announced a slowdown in the pace of balance sheet reduction.

- US Treasury yields declined, and the curve steepened in March. The 2-year Treasury yield declined 10 basis points to 3.89%, the 5-year Treasury fell 7 basis points to 3.95%, and the 10-year Treasury yield was unchanged 4.21%. The spread between the 2-year and 10-year Treasury yield points on the curve widened to +32 basis points at March month-end versus +22 basis points at February month-end. The spread between the 2-year Treasury and 10-year Treasury yield one year ago was -42 basis points. The spread between the 3-month and 10-year Treasury yield points on the curve was -9 basis points in March, unchanged from February.



Source: US Department of Labor



Source: US Department of Labor

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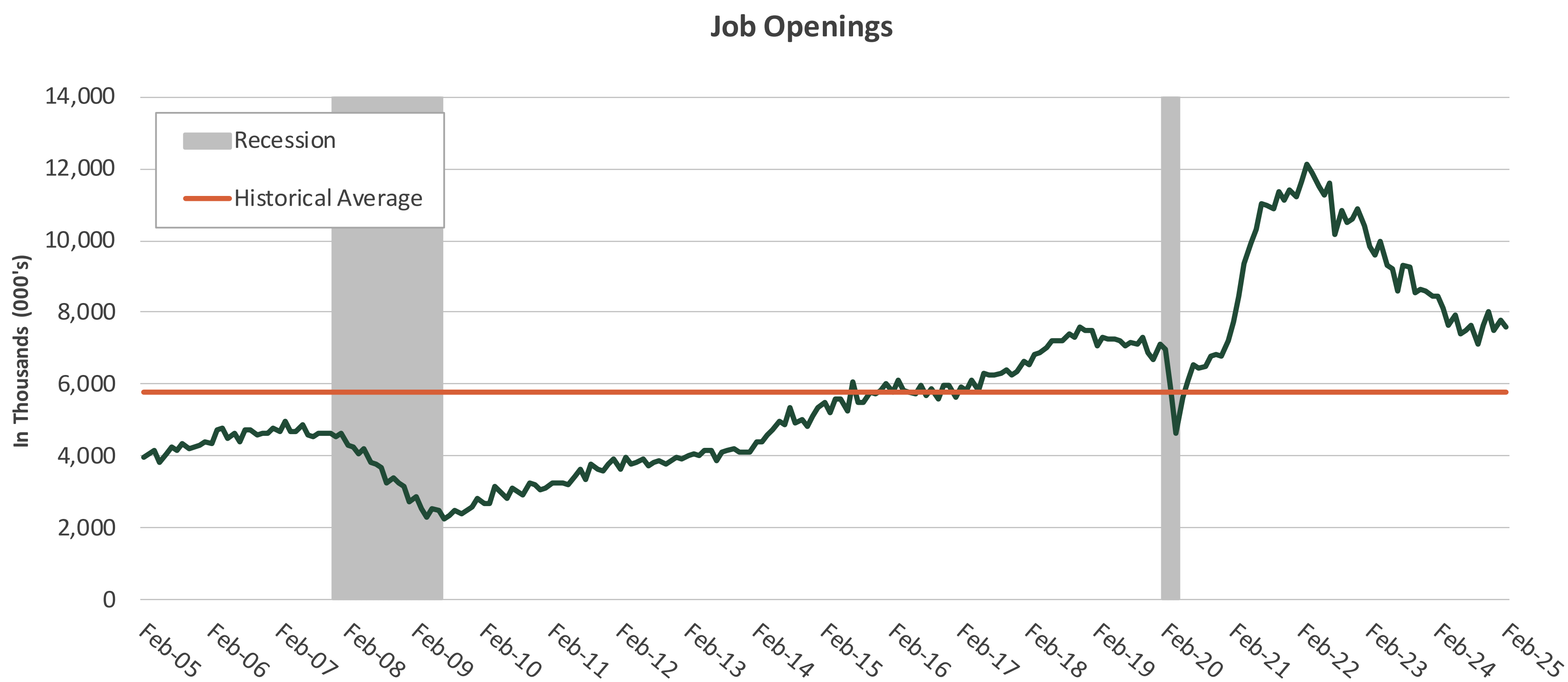
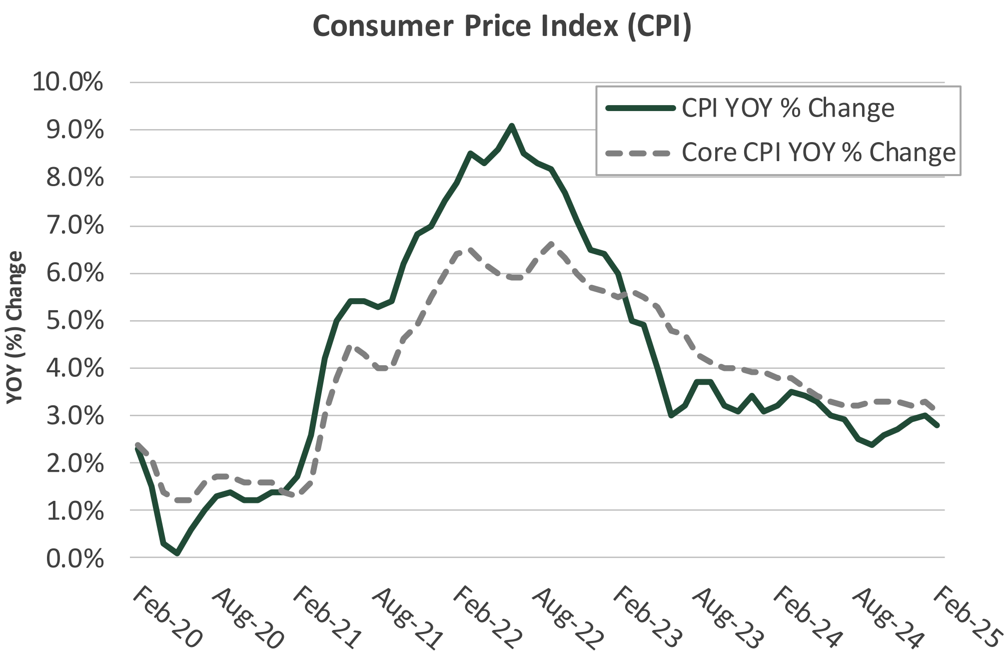
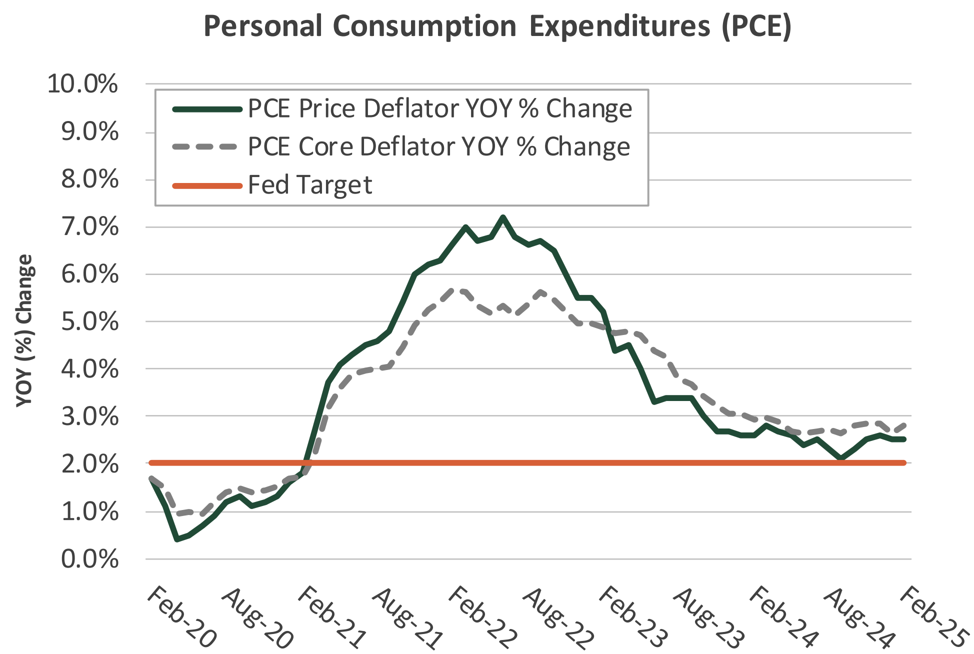


Source: US Department of Labor

The Labor Department's Job Openings and Labor Turnover Survey (JOLTS) fell to 7.57 million new job openings in February from 7.76 million new job openings in January. Job openings indicate a ratio of 1.1 jobs for each unemployed individual, representing a relatively balanced labor market.

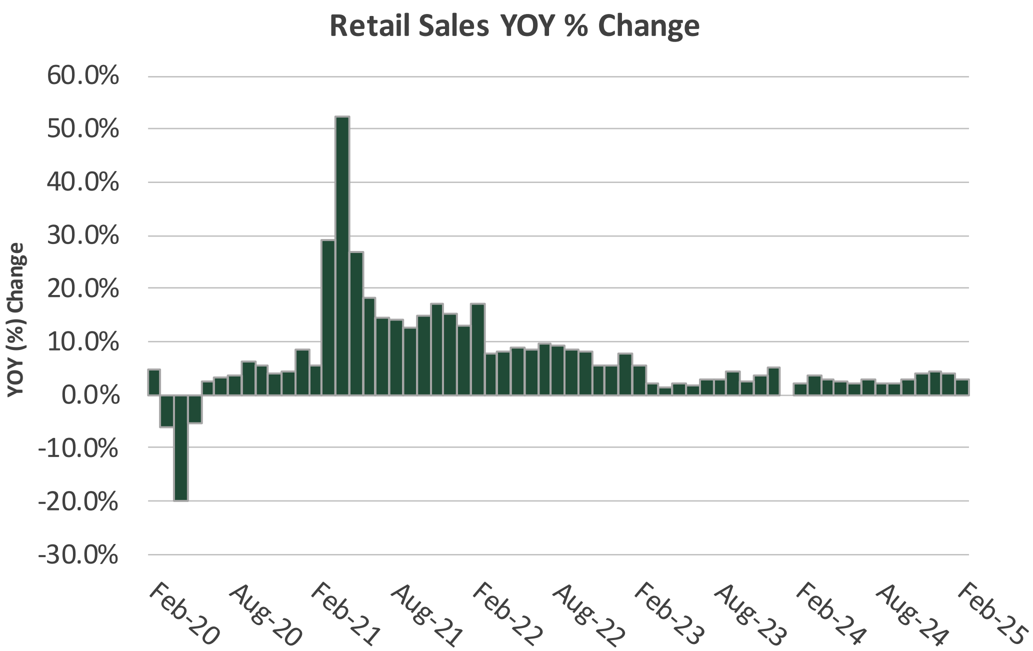


Source: US Department of Labor

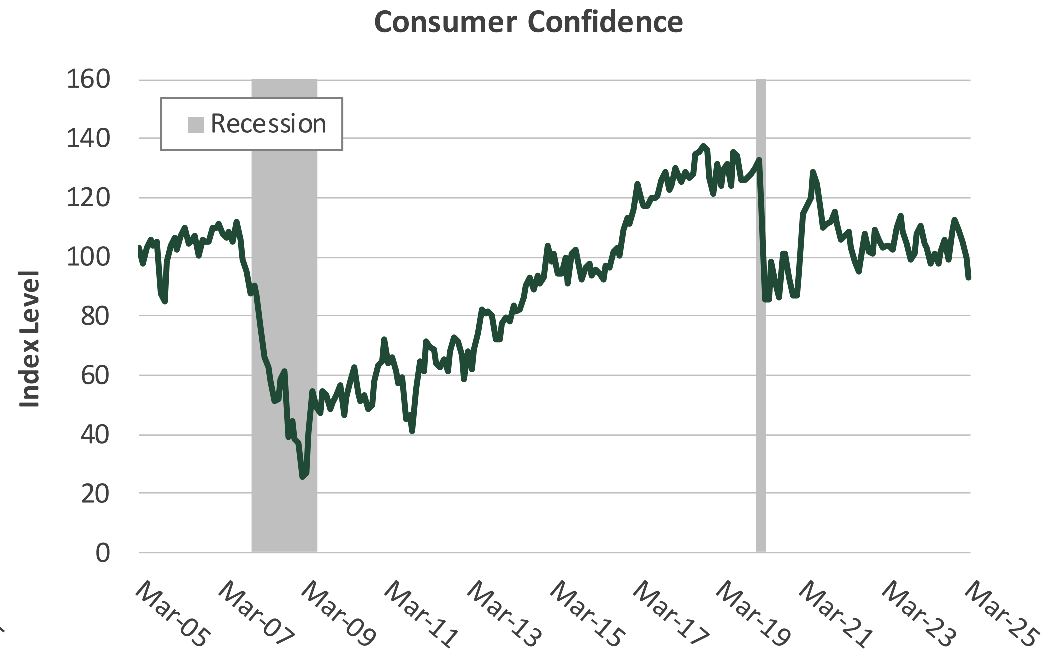


Source: US Department of Commerce

In February, both the Consumer Price Index (CPI) and Core CPI, which excludes volatile food and energy components, posted more moderate increases than last month and came in lower than consensus expectations. The headline CPI rose 0.2% month-over-month and 2.8% year-over-year, while the Core CPI rose 0.2% month-over-month and 3.1% year-over-year. The Personal Consumption Expenditures (PCE) price index increased by 0.3% from the previous month and 2.5% year-over-year in February. The Core PCE deflator, which excludes food and energy and is the Fed's preferred gauge, accelerated its increase to 0.4% month-over-month and 2.8% from 2.6% year-over-year.Inflation remains above the Fed's 2% target.

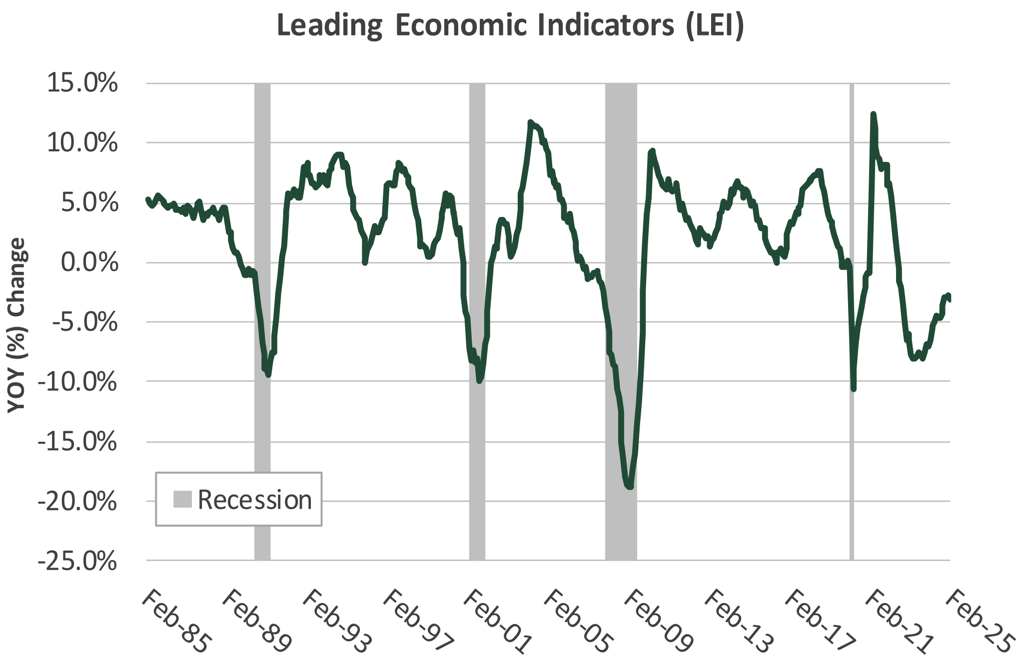


Source: US Department of Commerce

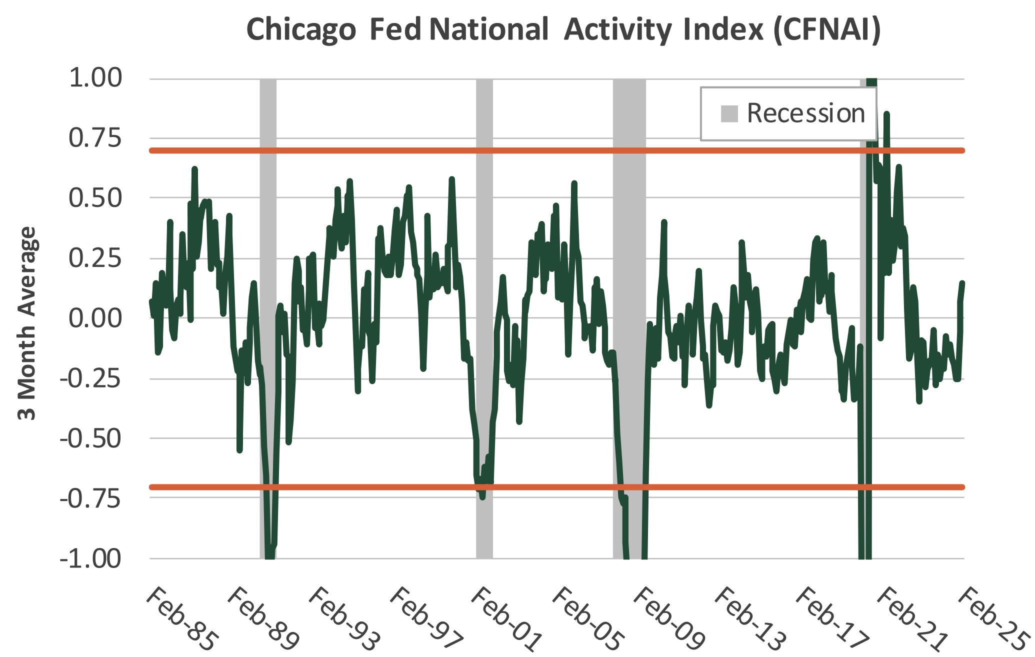


Source: The Conference Board
All time high is 144.70 (1/31/00); All time low is 25.30 (2/28/09)

The Advance Retail Sales report for February fell short of expectations, increasing 0.2% month-over-month following a 1.2% decline in January. Declines were broad-based across categories. However, control group sales, which feeds into gross domestic product and excludes food services, auto dealers, building materials stores, and gasoline stations, increased 1% in February. On a year-over-year basis, Retail Sales grew 3.1% in February versus 3.9% in January. The Conference Board's Consumer Confidence Index tumbled 7.2 points in March to 92.9, a notable decrease from February. Consumers' assessment of the present situation fell, with business conditions viewed as "good" by only 17.7% and jobs considered "plentiful" by 33.6%. Their expectations for income, business, and labor market conditions dropped, with pessimism about future employment prospects falling to a 12-year low. While the consumer has been resilient, rising inflation expectations, concerns about trade policies and tariffs, and general economic and policy uncertainty could pose potential risks to future spending.

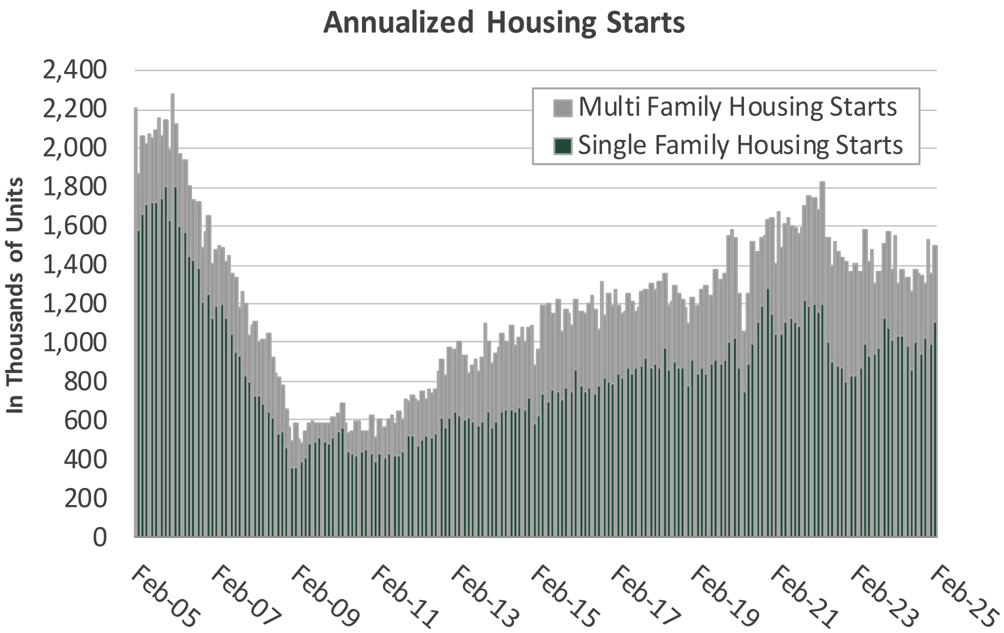


Source: The Conference Board

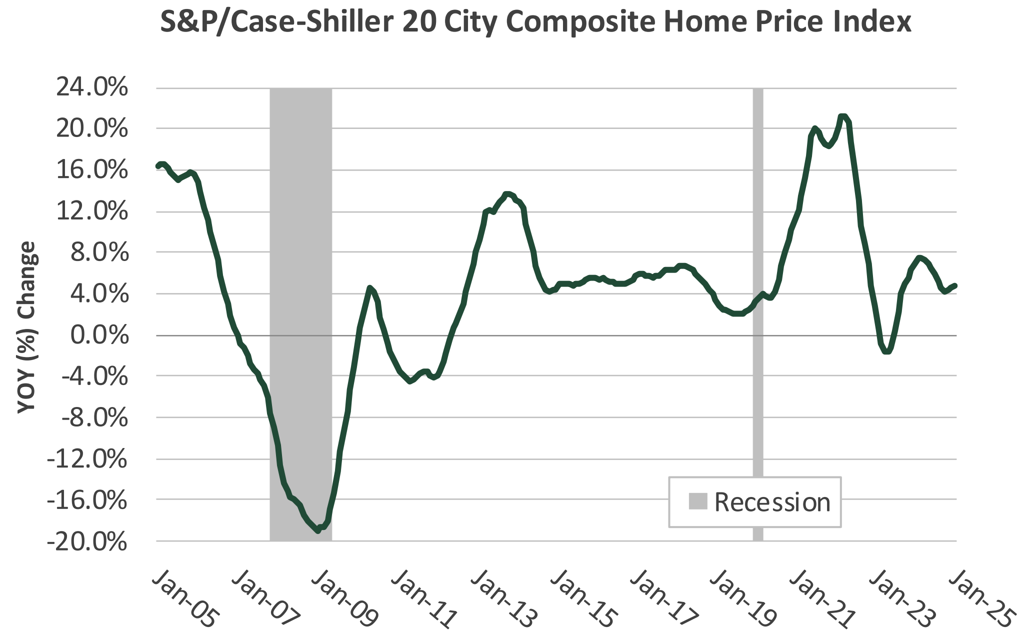


Source: Federal Reserve Bank of Chicago

The Conference Board's Leading Economic Index (LEI) fell by 0.3% in February, following a 0.2% decline in January. The LEI decreased year-over-year by 3.1%. The monthly decline was primarily driven by consumer assessments of future business conditions becoming more pessimistic. The Chicago Fed National Activity Index (CFNAI) increased to +0.18 in February from a revised -0.08 in January, reflecting stronger readings across production-related indicators and sales, orders, and inventories. The three-month moving average rose to +0.15 in February from +0.07 in January, indicating expectations of continued above-trend economic growth.

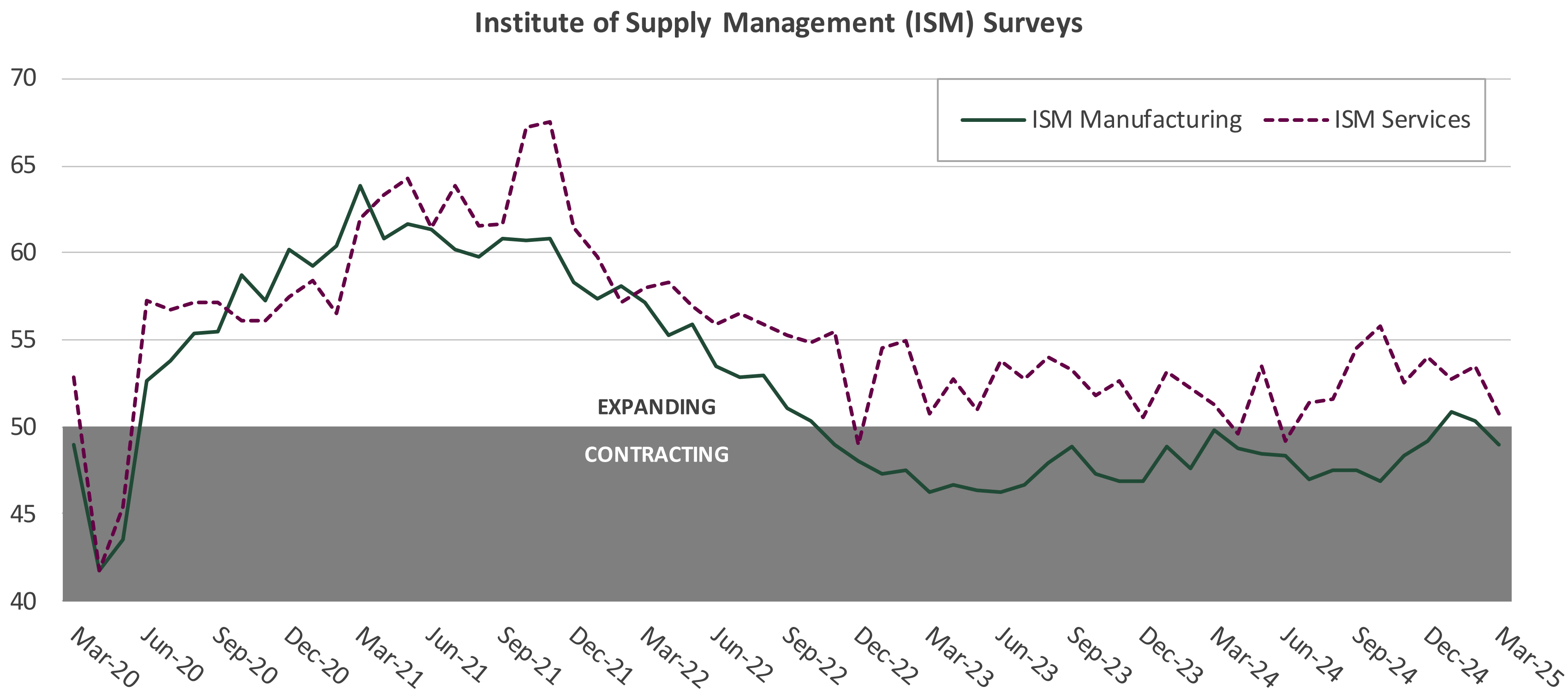


Source: US Department of Commerce



Source: S&P

Housing starts soared 11.2% to 1.5 million units in February as builders rebounded from adverse weather conditions in January. Total starts are down 2.9% compared to February 2024. Single family homes starts rose 11.4%, and multi-family starts increased 10.7%. The Freddie Mac 30-year fixed rate mortgage averaged approximately 6.8% in February. According to the Case-Shiller 20-City Home Price Index, housing prices rose 4.7% year-over-year in January, compared to 4.5% in December. While inventory constraints remain a challenge, the slight improvement in annual gains suggests gradual stabilization in the market. However, higher mortgage rates continue to weigh on affordability, limiting buyer demand and market activity.

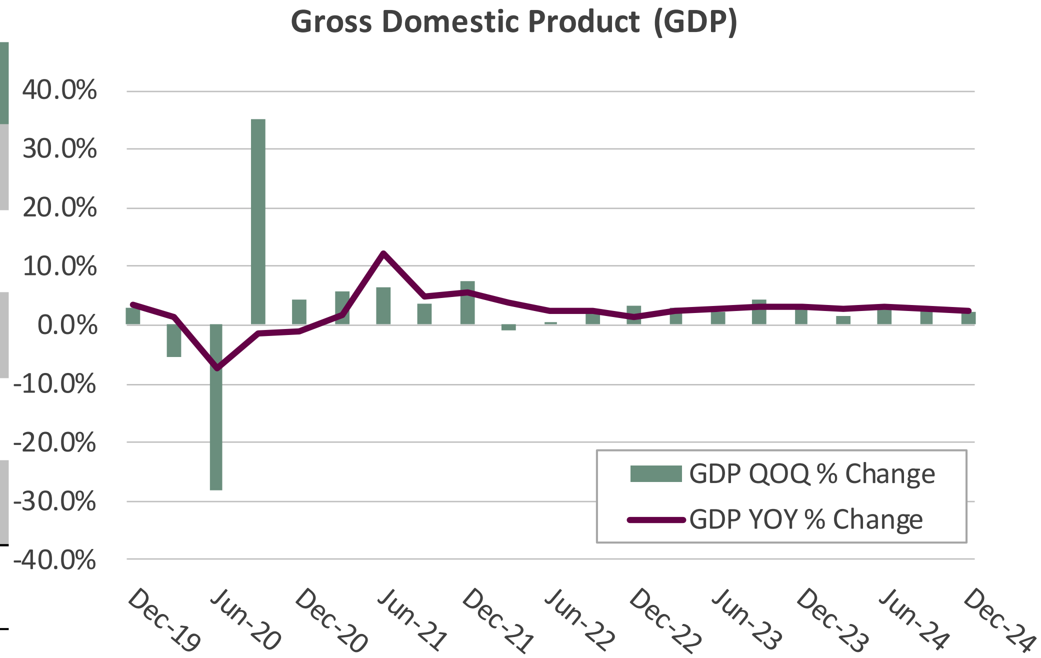


Source: Institute for Supply Management

The Institute for Supply Management (ISM) Manufacturing index dipped back into contraction at 49.0 in March from 50.3 in February. The survey reflected a decline in business activity, upward price pressures, and notably weaker employment. The ISM Services index declined to 50.8 in March from 53.5 in February as new orders, employment, and supplier deliveries all weakened. A reading over 50 indicates expansion, while a reading under 50 indicates contraction.

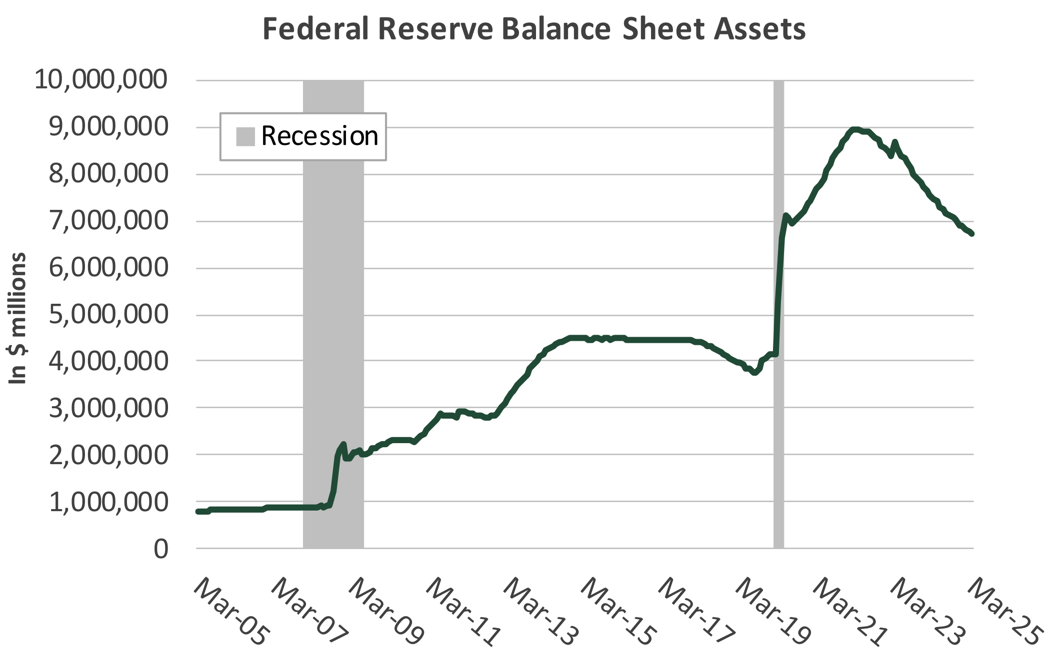
Components of GDP	3/24	6/24	9/24	12/24
Personal Consumption Expenditures	1.3%	1.9%	2.5%	2.7%
Gross Private Domestic Investment	0.6%	1.5%	0.2%	-1.0%
Net Exports and Imports	-0.6%	-0.9%	-0.4%	0.3%
Federal Government Expenditures	0.0%	0.3%	0.6%	0.3%
State and Local (Consumption and Gross Investment)	0.3%	0.3%	0.3%	0.3%
Total	**1.6%**	**3.0%**	**3.1%**	**2.4%**

Source: US Department of Commerce

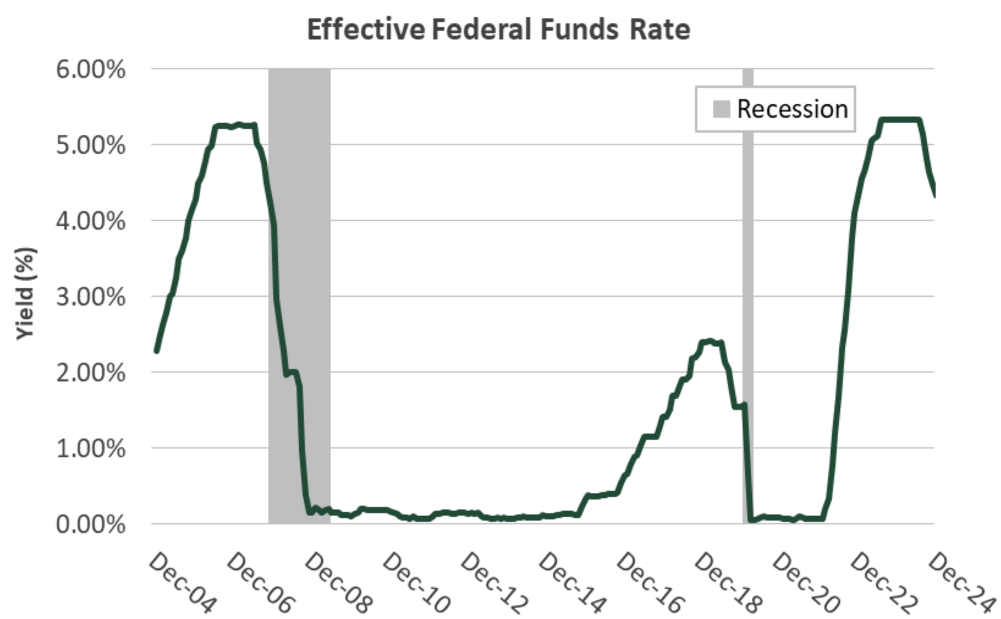


Source: US Department of Commerce

According to the third estimate, fourth quarter GDP increased at an annualized rate of 2.4 percent, revised up 0.1 percentage point from the second estimate. Growth continues to be powered by consumer spending and government spending, partly offset by a decrease in investment. Imports also decreased. Real GDP increased 2.8 percent in 2024. The consensus projection calls for 1.2% growth for the first quarter and 2.0% for the full year 2025.

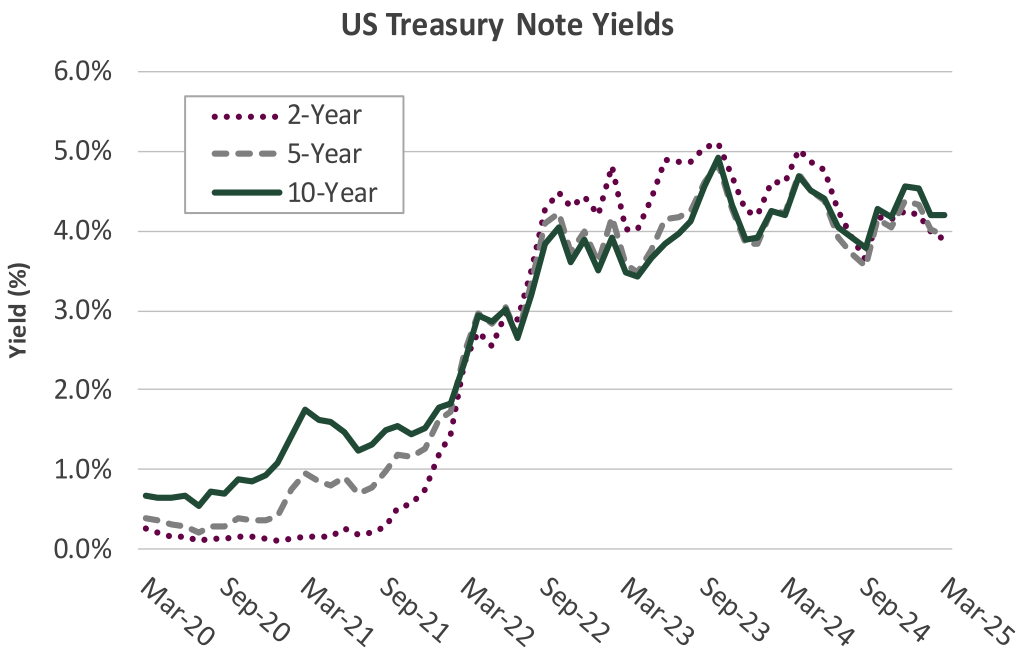


Source: Federal Reserve

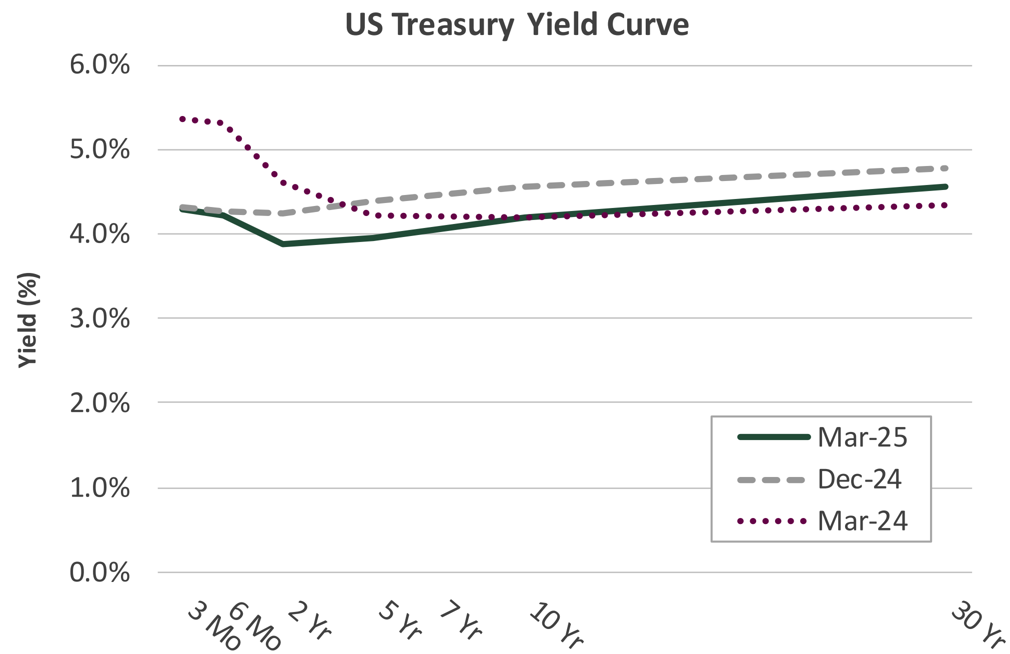


Source: Bloomberg

As broadly anticipated, the Federal Open Market Committee (FOMC) left the Federal Funds Rate unchanged at the range of 4.25 - 4.50% at the March meeting. Fed Chair Powell emphasized increased uncertainty around the economic outlook and the need for “greater clarity” before making changes to interest rate policy. He also acknowledged possible transitory inflationary impacts from tariffs. The summary of economic projections (SEP) indicated lower GDP growth, higher inflation, and higher unemployment estimates than December projections, along with roughly two 25-basis point rate cuts this year. The FOMC also announced a slowdown in the pace of balance sheet reduction. The monthly redemption cap on Treasuries will be reduced from $25 billion to $5 billion, while the cap on agencies and mortgage-backed securities will be maintained at $35 billion. Since the Fed began its Quantitative Tightening campaign in June 2022, securities holdings have declined by approximately $2.2 trillion to approximately $6.8 trillion.



Source: Bloomberg



Source: Bloomberg

At the end of March, the 2-year Treasury yield was 74 basis points lower, and the 10-Year Treasury yield was 6 basis points higher, year-over-year. The spread between the 2-year and 10-year Treasury yield points on the curve widened to +32 basis points at March month-end versus +22 basis points at February month-end. The recent yield curve inversion which began in July 2022 was historically long. The average historical spread (since 2005) is about +99 basis points. The spread between the 3-month and 10-year Treasury yield points on the curve was -9 basis points in in March, unchanged from February.

CHANDLER
ASSET MANAGEMENT

ACCOUNT PROFILE

Investment Objectives

Safety of principal is the foremost objective of the investment program. The investment portfolio shall remain sufficiently liquid to meet all requirements that may be reasonably anticipated. The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs.

Chandler Asset Management Performance Objective

The performance objective for the District is to achieve an annual rate of return on its portfolio that exceeds the return on a market index selected by District management.

Strategy

In order to achieve this objective, the portfolio invests in high-quality fixed income securities that comply with the investment policy and all regulations governing the funds.

STATEMENT OF COMPLIANCE

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

Rules Name	Limit	Actual	Compliance Status	Notes
AGENCY MORTGAGE SECURITIES (CMOS)				
Max % (MV; ABS, CMO, & MBS)	20.0	8.1	Compliant	
Max Maturity (Years)	5.0	3.2	Compliant	
ASSET-BACKED SECURITIES (ABS)				
Max % (MV; ABS, CMO & MBS)	20.0	8.1	Compliant	
Max % Issuer (MV)	5.0	1.0	Compliant	
Max Maturity (Years)	5	4	Compliant	
Min Rating (AA- by 1)	0.0	0.0	Compliant	
BANKERS' ACCEPTANCES				
Max % (MV)	40.0	0.0	Compliant	
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Days)	180	0.0	Compliant	
COMMERCIAL PAPER				
Max % (MV)	25.0	0.0	Compliant	
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Days)	270	0.0	Compliant	
Min Rating (A-1/P-1 or A- Issuer by S&P or Moody's)	0.0	0.0	Compliant	
CORPORATE MEDIUM TERM NOTES				
Max % (MV)	30.0	26.2	Compliant	
Max % Issuer (MV)	5.0	1.5	Compliant	
Max Maturity (Years)	5	4	Compliant	
Min Rating (A- by 1)	0.0	0.0	Compliant	
FEDERAL AGENCIES				
Max % (MV)	100.0	12.7	Compliant	
Max % Issuer (MV)	30.0	6.4	Compliant	
Max Callables (MV)	20.0	0.0	Compliant	
Max Maturity (Years)	5	3	Compliant	
LOCAL AGENCY INVESTMENT FUND (LAIF)				
Max % (MV)	100.0	0.0	Compliant	

Rules Name	Limit	Actual	Compliance Status	Notes
MONEY MARKET MUTUAL FUNDS				
Max % (MV)	20.0	0.3	Compliant	
Max % Issuer (MV)	20.0	0.3	Compliant	
Min Rating (AAA by 2)	0.0	0.0	Compliant	
MORTGAGE-BACKED SECURITIES (NON-AGENCY)				
Max % (MV; ABS, CMO, & MBS)	20.0	8.1	Compliant	
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Years)	5.0	0.0	Compliant	
Min Rating (AA- by 1)	0.0	0.0	Compliant	
MUNICIPAL SECURITIES (CA, LOCAL AGENCY)				
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Years)	5	0.0	Compliant	
MUTUAL FUNDS				
Max % (MV)	20.0	0.0	Compliant	
Max % Issuer (MV)	10.0	0.0	Compliant	
Min Rating (AAA by 2)	0.0	0.0	Compliant	
NEGOTIABLE CERTIFICATES OF DEPOSIT (NCD)				
Max % (MV)	30.0	0.0	Compliant	
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Years)	5	0.0	Compliant	
REPURCHASE AGREEMENTS				
Max Maturity (Years)	1.0	0.0	Compliant	
REVERSE REPURCHASE AGREEMENTS				
Max % (MV)	20.0	0.0	Compliant	
Max Maturity (Days)	92.0	0.0	Compliant	
SUPRANATIONAL OBLIGATIONS				
Max % (MV)	30.0	5.4	Compliant	
Max % Issuer (MV)	10.0	2.4	Compliant	
Max Maturity (Years)	5	3	Compliant	

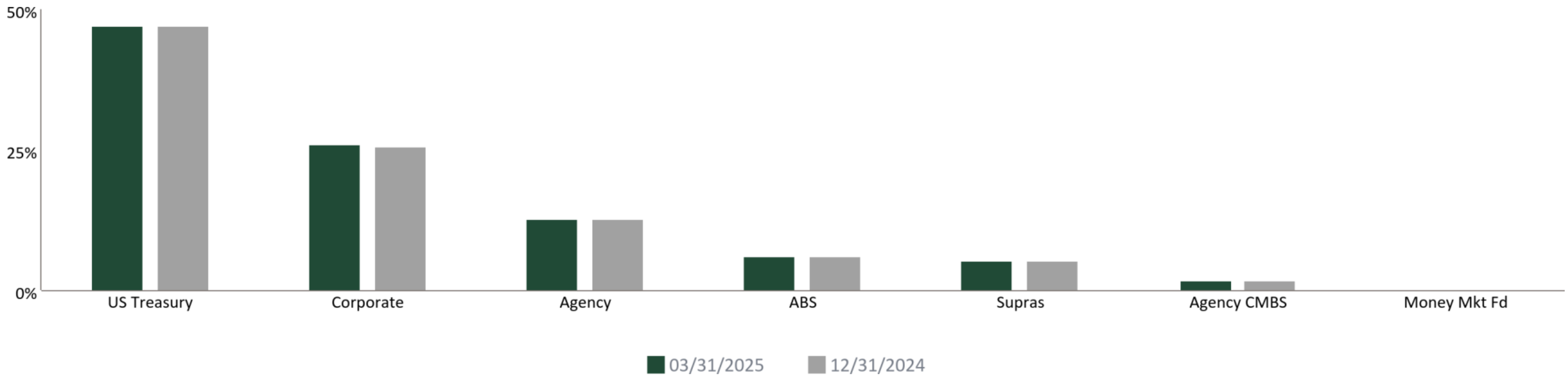
Rules Name	Limit	Actual	Compliance Status	Notes
Min Rating (AA- by 1)	0.0	0.0	Compliant	
U.S. TREASURIES				
Max % (MV)	100.0	47.1	Compliant	
Max Maturity (Years)	5	4	Compliant	

CHANDLER ASSET MANAGEMENT

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

	Benchmark*	3/31/2025 Portfolio	12/31/2024 Portfolio
Average Maturity (yrs)	2.65	2.93	3.00
Average Modified Duration	2.48	2.56	2.61
Average Purchase Yield		3.65%	3.51%
Average Market Yield	3.93%	4.15%	4.47%
Average Quality**	AA+	AA+	AA+
Total Market Value		100,885,769	98,850,678

*Benchmark: ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index
**The credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.



Sector as a Percentage of Market Value

Sector	03/31/2025	12/31/2024
US Treasury	47.13%	47.36%
Corporate	26.25%	25.69%
Agency	12.75%	12.87%
ABS	6.31%	6.22%
Supras	5.43%	5.48%
Agency CMBS	1.82%	1.83%
Money Mkt Fd	0.32%	0.55%
Cash	--	0.00%

ISSUERS

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

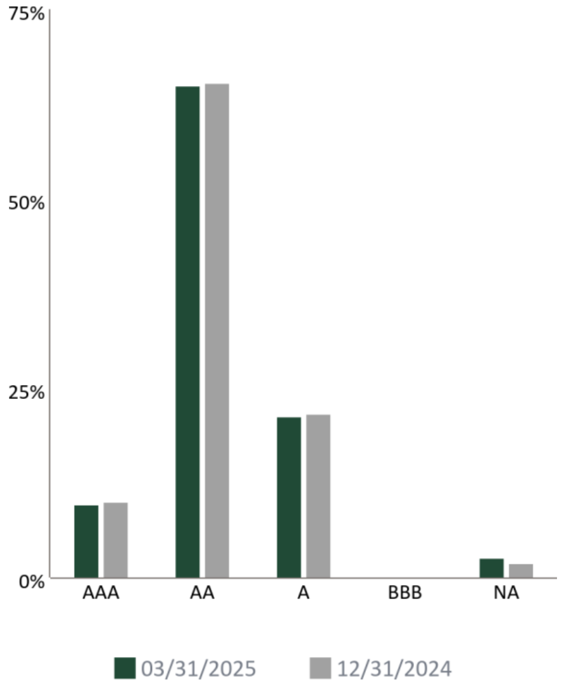
Issuer	Investment Type	% Portfolio
Government of The United States	US Treasury	47.13%
Federal Home Loan Banks	Agency	6.36%
Inter-American Development Bank	Supras	2.45%
Federal Home Loan Mortgage Corp	Agency	2.45%
International Bank for Recon and Dev	Supras	2.45%
FNMA	Agency	2.44%
FHLMC	Agency CMBS	1.82%
Farm Credit System	Agency	1.51%
Bank of America Corporation	Corporate	1.49%
JPMorgan Chase & Co.	Corporate	1.48%
John Deere Owner Trust	ABS	1.36%
U.S. Bancorp	Corporate	1.23%
Realty Income Corporation	Corporate	1.23%
Salesforce, Inc.	Corporate	1.23%
PACCAR Inc	Corporate	1.22%
BNY Mellon Corp	Corporate	1.22%
Morgan Stanley	Corporate	1.21%
UnitedHealth Group Incorporated	Corporate	1.15%
Public Service Enterprise Group Inco	Corporate	1.13%
Caterpillar Inc.	Corporate	1.10%
American Express Credit Master Trust	ABS	1.09%
Prologis, Inc.	Corporate	1.05%
Hyundai Auto Receivables Trust	ABS	1.05%
Chase Issuance Trust	ABS	1.02%
Marsh & McLennan Companies, Inc.	Corporate	1.00%
Apple Inc.	Corporate	0.99%
Amazon.com, Inc.	Corporate	0.98%
Berkshire Hathaway Inc.	Corporate	0.96%
The Charles Schwab Corporation	Corporate	0.96%
Duke Energy Corporation	Corporate	0.96%

Issuer	Investment Type	% Portfolio
The Toronto-Dominion Bank	Corporate	0.95%
Bank of Montreal	Corporate	0.95%
National Rural Utilities Cooperative	Corporate	0.77%
Toyota Motor Corporation	Corporate	0.60%
Mastercard Incorporated	Corporate	0.59%
Ford Credit Auto Owner Trust	ABS	0.59%
International Finance Corporation	Supras	0.53%
Mercedes-Benz Auto Receivables Trust	ABS	0.52%
Walmart Inc.	Corporate	0.50%
Dominion Energy, Inc.	Corporate	0.49%
Target Corporation	Corporate	0.44%
Northern Trust Corporation	Corporate	0.34%
First American Govt Oblig fund	Money Mkt Fd	0.32%
Honda Auto Receivables Owner Trust	ABS	0.25%
BMW Vehicle Owner Trust	ABS	0.23%
GM Financial Securitized Term	ABS	0.13%
Toyota Auto Receivables Owner Trust	ABS	0.08%
TOTAL		**100.00%**

QUALITY DISTRIBUTION

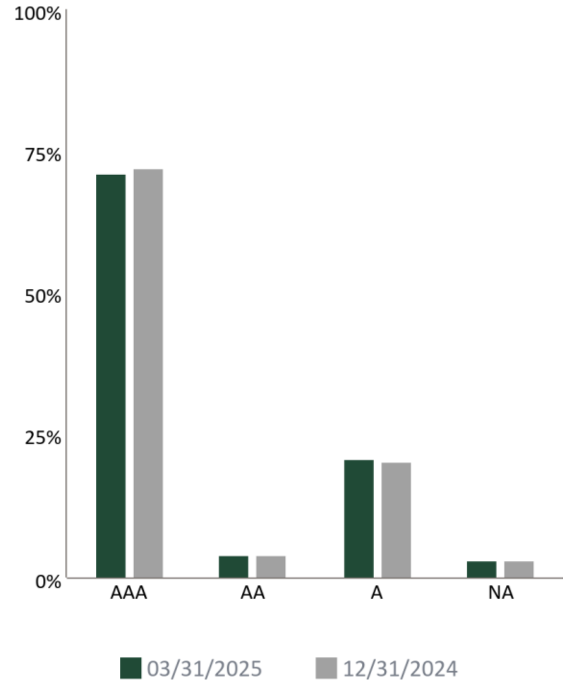
Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

S&P Rating



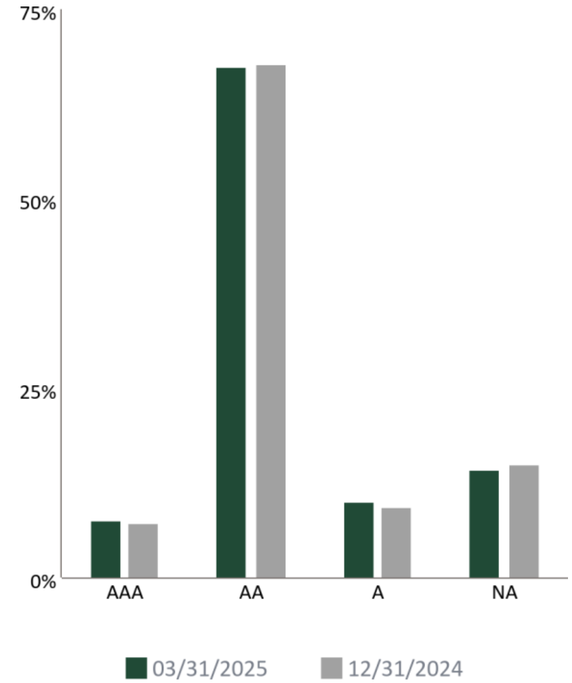
Rating	03/31/2025	12/31/2024
AAA	9.9%	10.3%
AA	65.1%	65.5%
A	21.6%	21.8%
BBB	0.5%	0.5%
NA	2.9%	2.0%

Moody's Rating



Rating	03/31/2025	12/31/2024
AAA	71.2%	72.1%
AA	4.2%	4.3%
A	21.1%	20.5%
NA	3.4%	3.1%

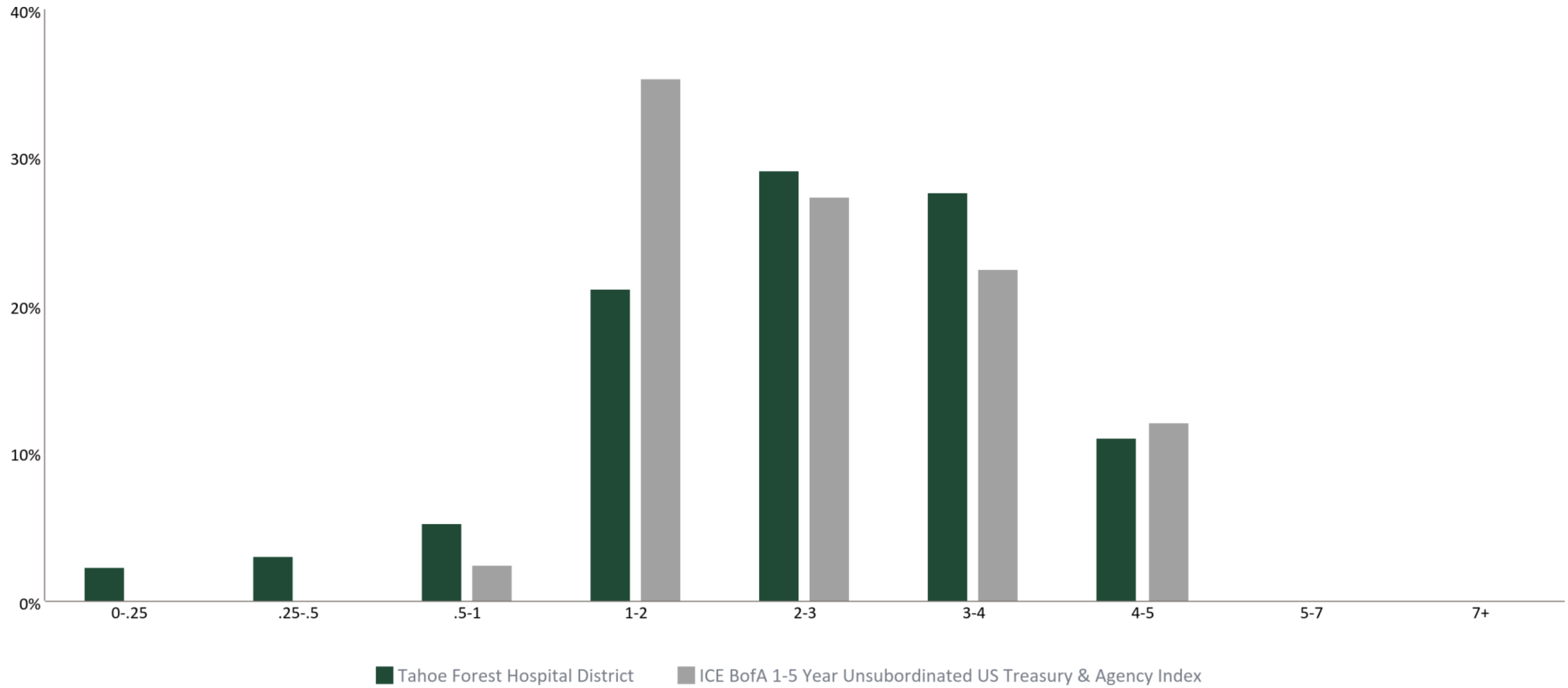
Fitch Rating



Rating	03/31/2025	12/31/2024
AAA	7.7%	7.5%
AA	67.5%	67.9%
A	10.3%	9.6%
NA	14.6%	15.1%

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

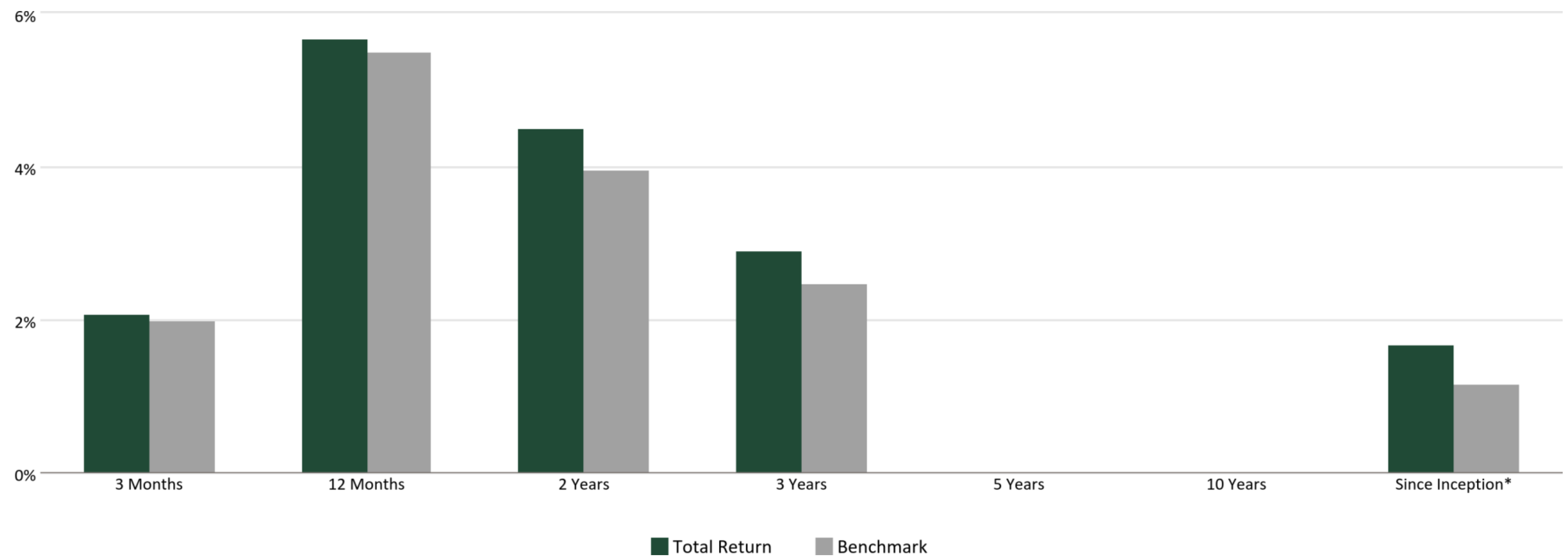
Portfolio Compared to the Benchmark



	0-.25	.25-.5	.5-1	1-2	2-3	3-4	4-5	5-7	7+
Portfolio	2.3%	3.1%	5.4%	21.2%	29.2%	27.7%	11.2%	0.0%	0.0%
ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index	0.0%	0.0%	2.6%	35.4%	27.3%	22.5%	12.1%	0.0%	0.0%

Tahoe Forest Hospital District | Account #10841 | As of March 31, 2025

Total Rate of Return : Inception | 11/01/2021



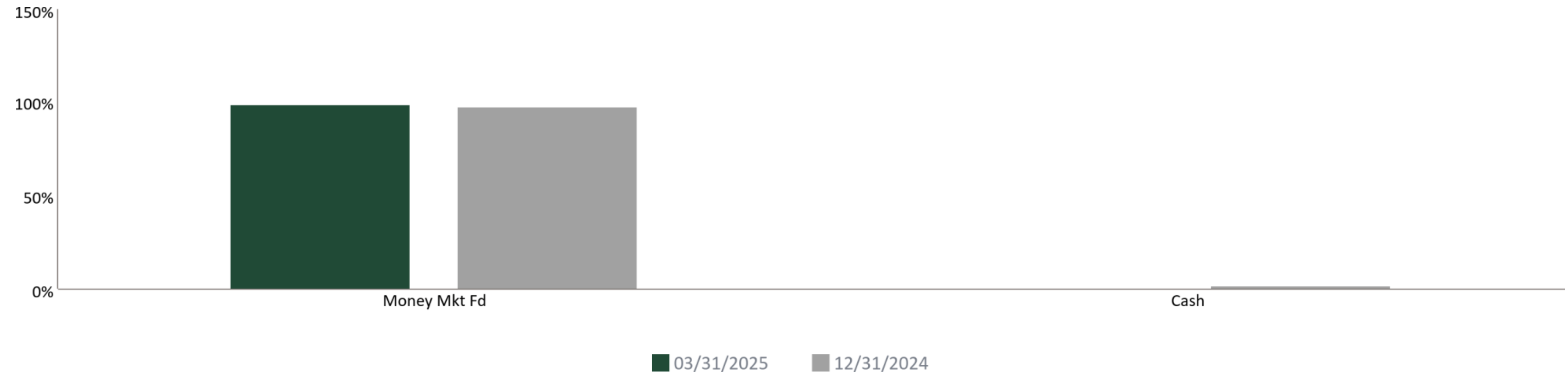
	3 Months	12 Months	2 Years	3 Years	5 Years	10 Years	Since Inception
TOTAL RATE OF RETURN							
Tahoe Forest Hospital District	2.08%	5.68%	4.52%	2.92%			1.67%
Benchmark	*2.00%*	*5.50%*	*3.96%*	*2.49%*			*1.16%*

*Periods over 1 year are annualized.
Benchmark: ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index
Total rate of return: A measure of a portfolio's performance over time. It is the internal rate of return, which equates the beginning value of the portfolio with the ending market value; it includes interest earnings, realized and unrealized gains and losses in the portfolio.

TFHD Cash Portfolio | Account #11057 | As of March 31, 2025

	3/31/2025 Portfolio	12/31/2024 Portfolio
Average Maturity (yrs)	0.00	0.00
Average Modified Duration	0.00	0.00
Average Purchase Yield	3.97%	4.02%
Average Market Yield	3.97%	4.02%
Average Quality**	AAA	AAA
Total Market Value	893,369	887,627

*Benchmark: NO BENCHMARK REQUIRED
**The credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.

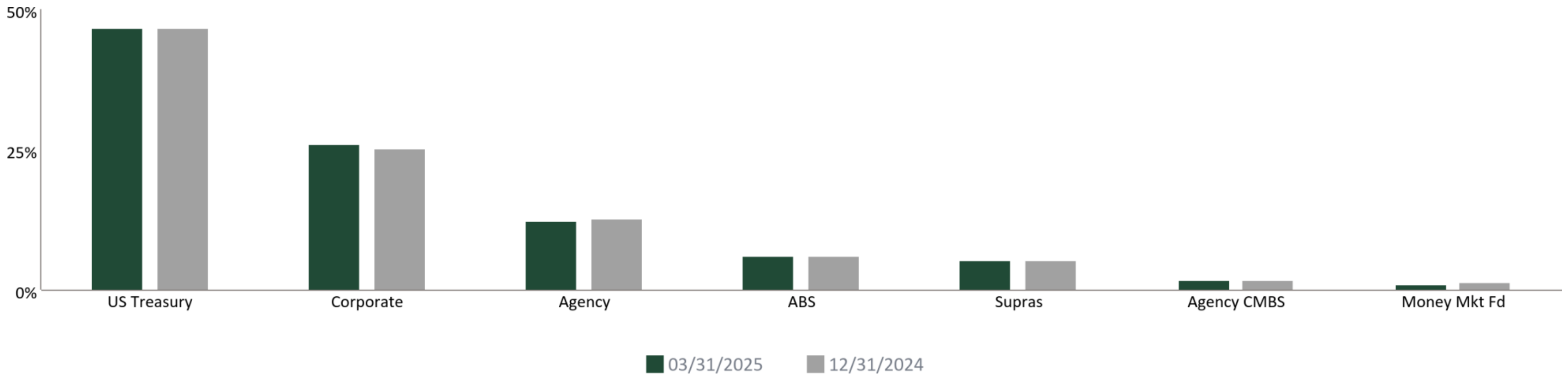


Sector as a Percentage of Market Value

Sector	03/31/2025	12/31/2024
Money Mkt Fd	100.00%	98.21%
Cash	--	1.79%

	3/31/2025 Portfolio	12/31/2024 Portfolio
Average Maturity (yrs)	2.91	2.97
Average Modified Duration	2.53	2.59
Average Purchase Yield	3.65%	3.52%
Average Market Yield	4.15%	4.47%
Average Quality**	AA+	AA+
Total Market Value	101,779,138	99,738,305

*Benchmark: NO BENCHMARK REQUIRED
**The credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.



Sector as a Percentage of Market Value

Sector	03/31/2025	12/31/2024
US Treasury	46.71%	46.93%
Corporate	26.02%	25.46%
Agency	12.64%	12.76%
ABS	6.25%	6.17%
Supras	5.38%	5.43%
Agency CMBS	1.81%	1.82%
Money Mkt Fd	1.20%	1.42%
Cash	--	0.02%

Issuer	Investment Type	% Portfolio
Government of The United States	US Treasury	46.71%
Federal Home Loan Banks	Agency	6.30%
Inter-American Development Bank	Supras	2.43%
Federal Home Loan Mortgage Corp	Agency	2.43%
International Bank for Recon and Dev	Supras	2.43%
FNMA	Agency	2.42%
FHLMC	Agency CMBS	1.81%
Farm Credit System	Agency	1.50%
Bank of America Corporation	Corporate	1.48%
JPMorgan Chase & Co.	Corporate	1.47%
John Deere Owner Trust	ABS	1.35%
U.S. Bancorp	Corporate	1.22%
Realty Income Corporation	Corporate	1.22%
Salesforce, Inc.	Corporate	1.22%
PACCAR Inc	Corporate	1.21%
BNY Mellon Corp	Corporate	1.21%
Morgan Stanley	Corporate	1.20%
First American Govt Oblig fund	Money Mkt Fd	1.20%
UnitedHealth Group Incorporated	Corporate	1.14%
Public Service Enterprise Group Inco	Corporate	1.12%
Caterpillar Inc.	Corporate	1.09%
American Express Credit Master Trust	ABS	1.08%
Prologis, Inc.	Corporate	1.04%
Hyundai Auto Receivables Trust	ABS	1.04%
Chase Issuance Trust	ABS	1.01%
Marsh & McLennan Companies, Inc.	Corporate	0.99%
Apple Inc.	Corporate	0.98%
Amazon.com, Inc.	Corporate	0.97%
Berkshire Hathaway Inc.	Corporate	0.96%
The Charles Schwab Corporation	Corporate	0.95%

Issuer	Investment Type	% Portfolio
Duke Energy Corporation	Corporate	0.95%
The Toronto-Dominion Bank	Corporate	0.95%
Bank of Montreal	Corporate	0.94%
National Rural Utilities Cooperative	Corporate	0.76%
Toyota Motor Corporation	Corporate	0.59%
Mastercard Incorporated	Corporate	0.59%
Ford Credit Auto Owner Trust	ABS	0.58%
International Finance Corporation	Supras	0.53%
Mercedes-Benz Auto Receivables Trust	ABS	0.52%
Walmart Inc.	Corporate	0.49%
Dominion Energy, Inc.	Corporate	0.49%
Target Corporation	Corporate	0.44%
Northern Trust Corporation	Corporate	0.34%
Honda Auto Receivables Owner Trust	ABS	0.25%
BMW Vehicle Owner Trust	ABS	0.22%
GM Financial Securitized Term	ABS	0.13%
Toyota Auto Receivables Owner Trust	ABS	0.08%
TOTAL		**100.00%**

CHANDLER ASSET MANAGEMENT

PORTFOLIO HOLDINGS

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
ABS									
43815GAC3	HAROT 2021-4 A3 0.88 01/21/2026	13,305.62	11/16/2021 0.89%	13,302.81 13,305.14	99.66 4.86%	13,260.41 3.25	0.01% (44.73)	AAA/NA AAA	0.81 0.08
43815BAC4	HAROT 2022-1 A3 1.88 05/15/2026	78,052.54	02/15/2022 1.89%	78,040.80 78,049.73	99.46 4.73%	77,632.47 65.22	0.08% (417.26)	AAA/AAA NA	1.12 0.19
05602RAD3	BMWOT 2022-A A3 3.21 08/25/2026	55,167.05	05/10/2022 3.63%	55,164.18 55,166.35	99.68 4.55%	54,990.65 29.51	0.05% (175.70)	AAA/AAA NA	1.40 0.24
47787JAC2	JDOT 2022 A3 2.32 09/15/2026	62,462.10	03/10/2022 2.34%	62,448.28 62,457.97	99.48 4.16%	62,136.07 64.41	0.06% (321.90)	AAA/NA AAA	1.46 0.28
89238FAD5	TAOT 2022-B A3 2.93 09/15/2026	77,460.45	04/07/2022 3.09%	77,458.64 77,460.02	99.56 4.55%	77,120.82 100.87	0.08% (339.20)	AAA/AAA NA	1.46 0.27
362554AC1	GMCAR 2021-4 A3 0.68 09/16/2026	20,624.01	10/13/2021 0.68%	20,623.48 20,623.91	99.47 4.91%	20,515.71 5.84	0.02% (108.20)	AAA/AAA NA	1.46 0.12
448977AD0	HART 2022-A A3 2.22 10/15/2026	111,019.49	03/09/2022 2.23%	111,015.22 111,018.21	99.56 4.39%	110,533.27 109.54	0.11% (484.94)	NA/AAA AAA	1.54 0.20
380146AC4	GMCAR 2022-1 A3 1.26 11/16/2026	24,971.53	01/11/2022 1.24%	24,969.36 24,971.05	99.47 4.55%	24,840.11 13.11	0.02% (130.94)	NA/AAA AAA	1.63 0.16
362585AC5	GMCAR 2022-2 A3 3.1 02/16/2027	82,164.16	04/05/2022 3.13%	82,146.99 82,158.12	99.49 4.67%	81,741.57 106.13	0.08% (416.55)	AAA/AAA NA	1.88 0.33
47800AAC4	JDOT 2022-B A3 3.74 02/16/2027	150,423.05	07/12/2022 3.77%	150,408.68 150,417.41	99.62 4.59%	149,844.38 250.04	0.15% (573.03)	AAA/NA AAA	1.88 0.47
448979AD6	HART 2023-A A3 4.58 04/15/2027	334,422.58	04/04/2023 5.14%	334,389.93 334,405.99	99.96 4.70%	334,304.42 680.74	0.33% (101.56)	NA/AAA AAA	2.04 0.48
43815JAC7	HAROT 2023-1 A3 5.04 04/21/2027	157,019.74	02/16/2023 5.09%	156,990.57 157,005.38	100.23 4.68%	157,376.16 219.83	0.16% 370.78	AAA/NA AAA	2.06 0.55
02582JJT8	AMXCA 2022-2 A 3.39 05/17/2027	710,000.00	05/17/2022 3.42%	709,842.95 709,991.13	99.84 4.72%	708,886.01 1,069.73	0.71% (1,105.12)	NA/AAA AAA	0.12 0.12
47800BAC2	JDOT 2022-C A3 5.09 06/15/2027	324,843.55	10/12/2022 3.29%	324,818.35 324,832.81	100.30 4.63%	325,832.31 734.87	0.33% 999.51	AAA/NA AAA	2.21 0.58
58768PAC8	MBART 2022-1 A3 5.21 08/16/2027	423,067.20	11/15/2022 5.28%	422,983.52 423,026.14	100.29 4.70%	424,303.02 979.64	0.42% 1,276.89	AAA/AAA NA	2.38 0.51
47800CAC0	JDOT 2023 A3 5.01 11/15/2027	346,592.78	02/22/2023 3.39%	346,529.63 346,557.58	100.29 4.66%	347,597.55 771.75	0.35% 1,039.97	AAA/NA AAA	2.63 0.71

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
58770AAC7	MBART 2023-1 A3 4.51 11/15/2027	100,789.07	01/18/2023 4.56%	100,776.97 100,782.65	99.97 4.60%	100,763.55 202.03	0.10% (19.10)	NA/AAA AAA	2.63 0.59
05592XAD2	BMWOT 2023-A A3 5.47 02/25/2028	169,908.94	07/11/2023 5.47%	169,878.83 169,889.98	100.66 4.59%	171,029.13 154.90	0.17% 1,139.16	NA/AAA AAA	2.91 0.70
02582JJZ4	AMXCA 2023-1 A 4.87 05/15/2026	380,000.00	06/07/2023 4.87%	379,966.29 379,983.29	100.55 4.40%	382,108.62 822.49	0.38% 2,125.33	NA/AAA AAA	1.12 1.07
161571HT4	CHAIT 2023-1 A 5.16 09/15/2028	1,015,000.00	09/07/2023 5.17%	1,014,718.64 1,014,805.50	101.13 4.39%	1,026,497.92 2,327.73	1.02% 11,692.42	NA/AAA AAA	3.46 1.37
34535VAD6	FORDO 2024-D A3 4.61 08/15/2029	585,000.00	11/19/2024 4.66%	584,981.22 584,982.63	100.64 4.34%	588,747.98 1,198.60	0.59% 3,765.34	AAA/NA AAA	4.38 2.01
47800DAD6	JDOT 2025 A3 4.23 09/17/2029	480,000.00	03/04/2025 5.09%	479,969.81 479,970.19	99.92 4.30%	479,621.86 1,298.67	0.48% (348.34)	AAA/NA AAA	4.47 2.38
44935CAD3	HART 2025-A A3 4.32 10/15/2029	605,000.00	03/04/2025 4.84%	604,910.76 604,911.82	99.88 4.42%	604,283.56 1,379.40	0.60% (628.26)	NA/AAA AAA	4.54 2.06
Total ABS		**6,307,293.86**	**4.42%**	**6,306,335.92** **6,306,772.99**	**100.27** **4.52%**	**6,323,967.55** **12,588.28**	**6.31%** **17,194.55**		**2.69** **1.07**
AGENCY									
3137EAEX3	FEDERAL HOME LOAN MORTGAGE CORP 0.375 09/23/2025	2,500,000.00	11/29/2021 1.11%	2,431,375.00 2,491,378.77	98.14 4.35%	2,453,509.55 208.33	2.45% (37,869.22)	AAA/AA AA	0.48 0.47
3135G06G3	FEDERAL NATIONAL MORTGAGE ASSOCIATION 0.5 11/07/2025	2,500,000.00	11/29/2021 1.13%	2,439,425.00 2,490,732.61	97.73 4.37%	2,443,263.23 5,000.00	2.44% (47,469.39)	AAA/AA AA	0.61 0.59
3130ATUS4	FEDERAL HOME LOAN BANKS 4.25 12/10/2027	1,000,000.00	05/15/2023 3.66%	1,024,620.00 1,014,500.58	100.86 3.91%	1,008,593.28 13,104.17	1.01% (5,907.30)	AAA/AA AA	2.70 2.49
3130ATS57	FEDERAL HOME LOAN BANKS 4.5 03/10/2028	2,300,000.00	-- 3.81%	2,371,668.00 2,342,360.20	101.62 3.91%	2,337,251.63 6,037.50	2.33% (5,108.57)	AAA/AA AA	2.94 2.73
3130AWC24	FEDERAL HOME LOAN BANKS 4.0 06/09/2028	1,500,000.00	06/28/2023 4.09%	1,494,150.00 1,496,228.42	100.25 3.91%	1,503,752.51 18,666.67	1.50% 7,524.09	AAA/AA AA	3.19 2.93
3130AWTR1	FEDERAL HOME LOAN BANKS 4.375 09/08/2028	1,500,000.00	09/12/2023 4.51%	1,491,165.00 1,493,909.57	101.48 3.91%	1,522,261.41 4,192.71	1.52% 28,351.84	AAA/AA AA	3.44 3.16
3133EPN50	FEDERAL FARM CREDIT BANKS FUNDING CORP 4.25 12/15/2028	1,500,000.00	12/28/2023 3.88%	1,525,080.00 1,518,730.46	100.83 4.00%	1,512,483.47 18,770.83	1.51% (6,246.99)	AAA/AA AA	3.71 3.36

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
Total Agency		**12,800,000.00**	**2.89%**	**12,777,483.00** **12,847,840.60**	**99.88** **4.09%**	**12,781,115.06** **65,980.21**	**12.75%** **(66,725.54)**		**2.18** **2.02**
AGENCY CMBS									
3137FG6X8	FHMS K-077 A2 3.85 05/25/2028	1,850,000.00	05/24/2023 4.24%	1,816,035.16 1,828,729.47	98.77 4.23%	1,827,234.46 5,935.42	1.82% (1,495.02)	AAA/AA AAA	3.15 2.84
Total Agency CMBS		**1,850,000.00**	**4.24%**	**1,816,035.16** **1,828,729.47**	**98.77** **4.23%**	**1,827,234.46** **5,935.42**	**1.82%** **(1,495.02)**		**3.15** **2.84**
CORPORATE									
037833DT4	APPLE INC 1.125 05/11/2025	1,000,000.00	-- 0.82%	1,010,556.00 1,000,082.53	99.62 4.58%	996,163.53 4,375.00	0.99% (3,919.00)	AAA/AA NA	0.11 0.11
06368FAC3	BANK OF MONTREAL 1.25 09/15/2026	1,000,000.00	09/23/2021 1.39%	993,110.00 997,979.34	95.54 4.45%	955,384.73 555.56	0.95% (42,594.61)	A/A AA	1.46 1.41
89114TZN5	TORONTO-DOMINION BANK 1.95 01/12/2027	1,000,000.00	01/25/2022 2.11%	992,295.35 997,230.41	95.70 4.49%	957,036.08 4,279.17	0.95% (40,194.33)	A/A AA	1.79 1.71
87612EBM7	TARGET CORP 1.95 01/15/2027	460,000.00	01/19/2022 1.99%	459,218.00 459,718.53	96.25 4.14%	442,752.05 1,893.67	0.44% (16,966.48)	A/A A	1.79 1.72
808513BY0	CHARLES SCHWAB CORP 2.45 03/03/2027	1,000,000.00	-- 2.79%	984,267.85 993,914.78	96.48 4.38%	964,802.52 1,905.56	0.96% (29,112.26)	A/A A	1.92 1.85
084664CZ2	BERKSHIRE HATHAWAY FINANCE CORP 2.3 03/15/2027	1,000,000.00	03/08/2022 2.54%	988,750.00 995,607.20	96.69 4.08%	966,863.24 1,022.22	0.96% (28,743.96)	AA/AA A	1.96 1.88
023135CF1	AMAZON.COM INC 3.3 04/13/2027	1,000,000.00	04/25/2022 3.34%	998,270.00 999,291.58	98.32 4.17%	983,207.16 15,400.00	0.98% (16,084.42)	A/AA AA	2.04 1.91
74340XBN0	PROLOGIS LP 2.125 04/15/2027	1,100,000.00	11/09/2022 5.14%	969,419.00 1,039,769.21	95.66 4.37%	1,052,291.00 10,778.47	1.05% 12,521.79	A/A NA	2.04 1.94
665859AW4	NORTHERN TRUST CORP 4.0 05/10/2027	345,000.00	05/05/2022 4.03%	344,441.10 344,764.62	99.55 4.23%	343,434.35 5,405.00	0.34% (1,330.27)	A/A A	2.11 1.97
927804GH1	VIRGINIA ELECTRIC AND POWER CO 3.75 05/15/2027	500,000.00	-- 3.71%	500,865.35 500,355.23	98.69 4.40%	493,473.94 7,083.33	0.49% (6,881.29)	A/BBB A	2.12 1.99
14913R3A3	CATERPILLAR FINANCIAL SERVICES CORP 3.6 08/12/2027	600,000.00	08/22/2022 3.81%	594,258.00 597,268.28	98.56 4.24%	591,383.26 2,940.00	0.59% (5,885.02)	A/A A	2.37 2.23

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
756109BG8	REALTY INCOME CORP 3.95 08/15/2027	1,250,000.00	03/03/2023 5.23%	1,187,450.00 1,216,604.01	98.88 4.45%	1,235,982.58 6,309.03	1.23% 19,378.57	A/A NA	2.38 2.23
931142EX7	WALMART INC 3.95 09/09/2027	500,000.00	-- 3.97%	499,453.50 499,733.33	99.72 4.07%	498,607.76 1,206.94	0.50% (1,125.58)	AA/AA AA	2.44 2.30
91324PEP3	UNITEDHEALTH GROUP INC 5.25 02/15/2028	1,120,000.00	03/08/2023 5.08%	1,128,041.60 1,124,624.37	102.55 4.29%	1,148,564.51 7,513.33	1.15% 23,940.14	A/A A	2.88 2.56
57636QAW4	MASTERCARD INC 4.875 03/09/2028	585,000.00	03/06/2023 4.90%	584,432.55 584,666.74	101.87 4.19%	595,920.17 1,742.81	0.59% 11,253.43	AA/A NA	2.94 2.64
79466LAF1	SALESFORCE INC 3.7 04/11/2028	1,250,000.00	08/23/2023 4.84%	1,191,400.00 1,211,672.62	98.52 4.23%	1,231,441.33 21,840.28	1.23% 19,768.71	A/A NA	3.03 2.78
74456QBU9	PUBLIC SERVICE ELECTRIC AND GAS CO 3.7 05/01/2028	1,150,000.00	09/06/2023 5.10%	1,084,208.50 1,106,345.77	98.11 4.36%	1,128,304.91 17,729.17	1.13% 21,959.14	A/A NA	3.08 2.83
06051GMK2	BANK OF AMERICA CORP 4.979 01/24/2029	650,000.00	01/28/2025 4.92%	651,014.00 650,956.32	101.01 4.74%	656,588.63 6,023.21	0.65% 5,632.30	A/A AA	3.82 2.58
69371RS80	PACCAR FINANCIAL CORP 4.6 01/31/2029	1,220,000.00	01/24/2024 4.64%	1,218,011.40 1,218,475.08	100.66 4.41%	1,228,077.52 9,509.22	1.22% 9,602.44	A/A NA	3.84 3.45
14913UAJ9	CATERPILLAR FINANCIAL SERVICES CORP 4.85 02/27/2029	500,000.00	05/21/2024 4.84%	500,215.00 500,176.35	101.60 4.40%	507,980.77 2,290.28	0.51% 7,804.42	A/A A	3.91 3.52
61747YFD2	MORGAN STANLEY 5.164 04/20/2029	1,200,000.00	05/30/2024 5.44%	1,188,336.00 1,190,841.30	101.36 4.97%	1,216,266.54 27,713.47	1.21% 25,425.24	A/A A	4.05 2.74
06406RBD8	BANK OF NEW YORK MELLON CORP 3.85 04/26/2029	1,250,000.00	09/10/2024 3.95%	1,244,612.50 1,245,257.21	98.09 4.37%	1,226,162.70 20,720.49	1.22% (19,094.51)	AA/A AA	4.07 3.66
91159HJM3	US BANCORP 5.775 06/12/2029	1,200,000.00	06/20/2024 5.26%	1,221,720.00 1,217,471.74	103.13 5.07%	1,237,607.92 20,982.50	1.23% 20,136.18	A/A A	4.20 2.85
46647PAV8	JPMORGAN CHASE & CO 4.203 07/23/2029	850,000.00	-- 4.89%	829,384.00 832,710.19	98.67 4.90%	838,668.93 6,748.15	0.84% 5,958.74	A/A AA	4.31 3.03
06051GHM4	BANK OF AMERICA CORP 4.271 07/23/2029	850,000.00	-- 4.90%	830,918.00 834,006.28	98.79 4.93%	839,684.79 6,857.33	0.84% 5,678.51	A/A AA	4.31 3.03
89236TMK8	TOYOTA MOTOR CREDIT CORP 4.55 08/09/2029	600,000.00	09/19/2024 4.14%	610,782.00 609,615.56	100.02 4.54%	600,126.41 3,943.33	0.60% (9,489.15)	A/A A	4.36 3.89
26442CAY0	DUKE ENERGY CAROLINAS LLC 2.45 08/15/2029	1,046,000.00	12/18/2024 4.72%	947,749.22 953,702.06	91.79 4.54%	960,143.99 3,274.56	0.96% 6,441.92	AA/A NA	4.38 4.06
46647PAX4	JPMORGAN CHASE & CO 4.452 12/05/2029	650,000.00	12/09/2024 4.72%	643,734.00 644,216.00	99.30 4.90%	645,480.19 9,324.47	0.64% 1,264.19	A/A AA	4.68 3.31

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
63743HFX5	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP 4.95 02/07/2030	760,000.00	02/04/2025 4.98%	758,837.20 758,870.95	101.31 4.64%	769,983.09 5,643.00	0.77% 11,112.14	A/NA A	4.86 4.18
571748CA8	MARSH & MCLENNAN COMPANIES INC 4.65 03/15/2030	1,000,000.00	03/17/2025 4.74%	996,040.00 996,070.41	100.18 4.61%	1,001,807.33 2,066.67	1.00% 5,736.92	A/A A	4.96 4.37
Total Corporate		**26,636,000.00**	**4.16%**	**26,151,790.12** **26,321,997.99**	**98.86** **4.49%**	**26,314,191.89** **237,076.20**	**26.25%** **(7,806.09)**		**3.10** **2.64**
MONEY MARKET FUND									
31846V203	FIRST AMER:GVT OBLG Y	318,891.89	-- 3.97%	318,891.89 318,891.89	1.00 3.97%	318,891.89 0.00	0.32% 0.00	AAA/AAA AAA	0.00 0.00
Total Money Market Fund		**318,891.89**	**3.97%**	**318,891.89** **318,891.89**	**1.00** **3.97%**	**318,891.89** **0.00**	**0.32%** **0.00**		**0.00** **0.00**
SUPRANATIONAL									
459058JL8	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM 0.5 10/28/2025	1,500,000.00	11/03/2021 1.06%	1,467,405.00 1,495,289.09	97.86 4.30%	1,467,974.07 3,187.50	1.46% (27,315.02)	AAA/AAA NA	0.58 0.56
4581X0DV7	INTER-AMERICAN DEVELOPMENT BANK 0.875 04/20/2026	1,500,000.00	11/03/2021 1.17%	1,480,635.00 1,495,429.53	96.72 4.09%	1,450,794.84 5,869.79	1.45% (44,634.69)	AAA/AAA NA	1.05 1.03
459058KT9	INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPM 3.5 07/12/2028	1,000,000.00	11/28/2023 4.55%	956,800.00 969,303.91	98.51 3.99%	985,133.03 7,680.56	0.98% 15,829.12	AAA/AAA NA	3.28 3.04
45950KDD9	INTERNATIONAL FINANCE CORP 4.5 07/13/2028	525,000.00	07/06/2023 4.53%	524,417.25 524,617.56	101.58 3.98%	533,299.30 5,118.75	0.53% 8,681.74	AAA/AAA NA	3.28 3.00
4581X0EN4	INTER-AMERICAN DEVELOPMENT BANK 4.125 02/15/2029	1,000,000.00	02/15/2024 4.31%	991,780.00 993,611.68	100.42 4.01%	1,004,159.75 5,270.83	1.00% 10,548.07	AAA/AAA NA	3.88 3.53
Total Supranational		**5,525,000.00**	**2.66%**	**5,421,037.25** **5,478,251.77**	**98.51** **4.10%**	**5,441,360.99** **27,127.43**	**5.43%** **(36,890.78)**		**2.07** **1.92**

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
US TREASURY									
91282CCW9	UNITED STATES TREASURY 0.75 08/31/2026	3,000,000.00	-- 0.93%	2,973,656.25 2,992,433.85	95.61 3.98%	2,868,281.25 1,956.52	2.86% (124,152.60)	AAA/AA AA	1.42 1.38
91282CCZ2	UNITED STATES TREASURY 0.875 09/30/2026	3,000,000.00	-- 1.15%	2,960,664.06 2,988,062.01	95.56 3.96%	2,866,757.82 71.72	2.86% (121,304.19)	AAA/AA AA	1.50 1.46
91282CDG3	UNITED STATES TREASURY 1.125 10/31/2026	3,000,000.00	11/16/2021 1.27%	2,979,492.19 2,993,447.48	95.70 3.96%	2,870,976.57 14,171.27	2.86% (122,470.91)	AAA/AA AA	1.59 1.53
912828Z78	UNITED STATES TREASURY 1.5 01/31/2027	1,250,000.00	-- 2.59%	1,188,476.56 1,226,494.86	95.75 3.92%	1,196,875.00 3,107.73	1.19% (29,619.86)	AAA/AA AA	1.84 1.78
91282CEF4	UNITED STATES TREASURY 2.5 03/31/2027	1,500,000.00	09/27/2022 4.27%	1,393,007.81 1,452,585.22	97.34 3.90%	1,460,157.00 102.46	1.46% 7,571.78	AAA/AA AA	2.00 1.92
91282CEW7	UNITED STATES TREASURY 3.25 06/30/2027	1,250,000.00	08/03/2022 2.94%	1,267,578.13 1,258,048.06	98.66 3.88%	1,233,203.75 10,212.36	1.23% (24,844.31)	AAA/AA AA	2.25 2.13
91282CKZ3	UNITED STATES TREASURY 4.375 07/15/2027	1,250,000.00	10/28/2024 4.07%	1,259,667.97 1,258,162.54	101.04 3.90%	1,262,939.45 11,481.35	1.26% 4,776.91	AAA/AA AA	2.29 2.14
91282CFH9	UNITED STATES TREASURY 3.125 08/31/2027	800,000.00	09/08/2022 3.36%	791,281.25 795,767.78	98.23 3.90%	785,812.50 2,173.91	0.78% (9,955.29)	AAA/AA AA	2.42 2.29
91282CFM8	UNITED STATES TREASURY 4.125 09/30/2027	950,000.00	12/20/2022 3.84%	961,541.02 956,035.21	100.58 3.88%	955,529.29 107.07	0.95% (505.92)	AAA/AA AA	2.50 2.35
91282CGC9	UNITED STATES TREASURY 3.875 12/31/2027	1,500,000.00	01/26/2023 3.62%	1,517,226.56 1,509,613.93	99.98 3.88%	1,499,648.43 14,611.53	1.50% (9,965.50)	AAA/AA AA	2.75 2.56
91282CGH8	UNITED STATES TREASURY 3.5 01/31/2028	1,500,000.00	12/11/2023 4.37%	1,450,957.03 1,466,406.70	98.95 3.89%	1,484,296.88 8,701.66	1.48% 17,890.17	AAA/AA AA	2.84 2.66
91282CBP5	UNITED STATES TREASURY 1.125 02/29/2028	1,300,000.00	04/12/2023 3.50%	1,162,789.06 1,218,119.78	92.48 3.88%	1,202,195.31 1,271.74	1.20% (15,924.47)	AAA/AA AA	2.92 2.81
91282CGT2	UNITED STATES TREASURY 3.625 03/31/2028	1,400,000.00	04/24/2023 3.60%	1,401,804.69 1,401,096.63	99.27 3.88%	1,389,828.13 138.66	1.39% (11,268.50)	AAA/AA AA	3.00 2.81
91282CHK0	UNITED STATES TREASURY 4.0 06/30/2028	1,500,000.00	07/26/2023 4.13%	1,489,218.75 1,492,896.35	100.34 3.89%	1,505,039.07 15,082.87	1.50% 12,142.72	AAA/AA AA	3.25 2.99
91282CHQ7	UNITED STATES TREASURY 4.125 07/31/2028	1,500,000.00	09/25/2023 4.29%	1,468,242.19 1,478,164.26	100.71 3.90%	1,510,605.47 10,255.52	1.51% 32,441.20	AAA/AA AA	3.33 3.07
91282CCV1	UNITED STATES TREASURY 1.125 08/31/2028	1,400,000.00	09/21/2023 4.66%	1,183,710.94 1,250,454.99	91.20 3.91%	1,276,734.37 1,369.57	1.27% 26,279.38	AAA/AA AA	3.42 3.29
91282CJA0	UNITED STATES TREASURY 4.625 09/30/2028	1,500,000.00	10/19/2023 4.97%	1,477,617.19 1,484,169.77	102.33 3.91%	1,534,921.88 189.55	1.53% 50,752.11	AAA/AA AA	3.50 3.21

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
91282CJF9	UNITED STATES TREASURY 4.875 10/31/2028	1,250,000.00	04/23/2024 4.66%	1,260,937.50 1,258,671.83	103.18 3.91%	1,289,794.93 25,587.02	1.29% 31,123.10	AAA/AA AA	3.59 3.21
91282CJW2	UNITED STATES TREASURY 4.0 01/31/2029	1,500,000.00	02/26/2024 4.31%	1,479,199.22 1,483,810.06	100.27 3.92%	1,504,101.57 9,944.75	1.50% 20,291.51	AAA/AA AA	3.84 3.50
91282CKD2	UNITED STATES TREASURY 4.25 02/28/2029	1,250,000.00	03/14/2024 4.28%	1,248,339.84 1,248,690.02	101.17 3.92%	1,264,648.44 4,619.57	1.26% 15,958.41	AAA/AA AA	3.91 3.57
91282CKG5	UNITED STATES TREASURY 4.125 03/31/2029	1,950,000.00	-- 4.62%	1,907,566.41 1,915,774.25	100.73 3.93%	1,964,244.15 219.77	1.96% 48,469.90	AAA/AA AA	4.00 3.66
91282CKP5	UNITED STATES TREASURY 4.625 04/30/2029	1,250,000.00	06/26/2024 4.35%	1,264,892.58 1,262,550.87	102.61 3.93%	1,282,568.36 24,274.86	1.28% 20,017.49	AAA/AA AA	4.08 3.63
91282CKT7	UNITED STATES TREASURY 4.5 05/31/2029	1,500,000.00	05/30/2024 4.58%	1,494,902.34 1,495,753.81	102.17 3.93%	1,532,519.54 22,623.63	1.53% 36,765.72	AAA/AA AA	4.17 3.72
91282CKX8	UNITED STATES TREASURY 4.25 06/30/2029	1,250,000.00	08/22/2024 3.73%	1,278,759.77 1,275,172.91	101.22 3.93%	1,265,235.00 13,354.63	1.26% (9,937.91)	AAA/AA AA	4.25 3.82
91282CLC3	UNITED STATES TREASURY 4.0 07/31/2029	1,800,000.00	-- 4.30%	1,797,523.44 1,797,886.32	100.26 3.93%	1,804,710.94 11,933.70	1.80% 6,824.63	AAA/AA AA	4.33 3.92
91282CFJ5	UNITED STATES TREASURY 3.125 08/31/2029	1,500,000.00	09/27/2024 3.55%	1,471,464.84 1,474,372.38	96.74 3.94%	1,451,074.22 4,076.09	1.45% (23,298.16)	AAA/AA AA	4.42 4.06
91282CLN9	UNITED STATES TREASURY 3.5 09/30/2029	1,450,000.00	-- 4.02%	1,417,105.47 1,419,560.90	98.18 3.94%	1,423,662.11 138.66	1.42% 4,101.21	AAA/AA AA	4.50 4.12
91282CLR0	UNITED STATES TREASURY 4.125 10/31/2029	1,250,000.00	11/19/2024 4.38%	1,243,896.48 1,244,342.58	100.73 3.95%	1,259,179.69 21,650.55	1.26% 14,837.10	AAA/AA AA	4.59 4.07
91282CMA6	UNITED STATES TREASURY 4.125 11/30/2029	1,750,000.00	-- 4.23%	1,741,552.73 1,742,034.93	100.77 3.94%	1,763,535.17 24,194.71	1.76% 21,500.24	AAA/AA AA	4.67 4.15
91282CMD0	UNITED STATES TREASURY 4.375 12/31/2029	1,500,000.00	-- 4.38%	1,499,550.78 1,499,574.51	101.82 3.95%	1,527,246.09 16,496.89	1.52% 27,671.58	AAA/AA AA	4.75 4.22
91282CMG3	UNITED STATES TREASURY 4.25 01/31/2030	1,000,000.00	03/25/2025 4.08%	1,007,500.00 1,007,474.61	101.28 3.96%	1,012,813.00 7,044.20	1.01% 5,338.40	AAA/AA AA	4.84 4.31
Total US Treasury		**47,800,000.00**	**3.56%**	**47,040,123.05 47,347,629.40**	**98.93 3.92%**	**47,249,135.34 281,164.54**	**47.13% (98,494.06)**		**3.19 2.93**
Total Portfolio		**101,237,185.75**	**3.65%**	**99,831,696.39 100,450,114.12**	**98.78 4.15%**	**100,255,897.18 629,872.07**	**100.00% (194,216.94)**		**2.93 2.56**

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
Total Market Value + Accrued						**100,885,769.25**			

HOLDINGS REPORT

TFHD Cash Portfolio | Account #11057 | As of March 31, 2025

Cusip	Security Description	Par Value/ Units	Purchase Date Purchase Yield	Cost Value Book Value	Mkt Price Mkt YTM	Market Value Accrued Int.	% of Port. Gain/Loss	Moody's/ S&P/ Fitch	Maturity Duration
MONEY MARKET FUND									
31846V203	FIRST AMER:GVT OBLG Y	893,368.69	-- 3.97%	893,368.69 893,368.69	1.00 3.97%	893,368.69 0.00	100.00% 0.00	AAA/AAA AAA	0.00 0.00
Total Money Market Fund		**893,368.69**	**3.97%**	**893,368.69 893,368.69**	**1.00 3.97%**	**893,368.69 0.00**	**100.00% 0.00**		**0.00 0.00**
Total Portfolio		**893,368.69**	**3.97%**	**893,368.69 893,368.69**	**1.00 3.97%**	**893,368.69 0.00**	**100.00% 0.00**		**0.00 0.00**
Total Market Value + Accrued						**893,368.69**			

TRANSACTIONS

Tahoe Forest Hospital District | Account #10841|01/01/2025 Through 03/31/2025|

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
ACQUISITIONS										
Purchase	01/29/2025	06051GMK2	650,000.00	BANK OF AMERICA CORP 4.979 01/24/2029	100.156	4.92%	(651,014.00)	(449.49)	(651,463.49)	0.00
Purchase	01/29/2025	91282CLN9	250,000.00	UNITED STATES TREASURY 3.5 09/30/2029	96.367	4.37%	(240,917.97)	(2,908.65)	(243,826.62)	0.00
Purchase	01/29/2025	91282CMD0	250,000.00	UNITED STATES TREASURY 4.375 12/31/2029	100.035	4.37%	(250,087.89)	(876.21)	(250,964.10)	0.00
Purchase	02/07/2025	63743HFX5	760,000.00	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP 4.95 02/07/2030	99.847	4.98%	(758,837.20)	0.00	(758,837.20)	0.00
Purchase	02/26/2025	91282CMA6	500,000.00	UNITED STATES TREASURY 4.125 11/30/2029	99.980	4.13%	(499,902.34)	(4,986.26)	(504,888.60)	0.00
Purchase	03/11/2025	47800DAD6	480,000.00	JDOT 2025 A3 4.23 09/17/2029	99.994	5.09%	(479,969.81)	0.00	(479,969.81)	0.00
Purchase	03/12/2025	44935CAD3	605,000.00	HART 2025-A A3 4.32 10/15/2029	99.985	4.84%	(604,910.76)	0.00	(604,910.76)	0.00
Purchase	03/18/2025	571748CA8	1,000,000.00	MARSH & MCLENNAN COMPANIES INC 4.65 03/15/2030	99.604	4.74%	(996,040.00)	(387.50)	(996,427.50)	0.00
Purchase	03/26/2025	91282CMG3	1,000,000.00	UNITED STATES TREASURY 4.25 01/31/2030	100.750	4.08%	(1,007,500.00)	(6,339.78)	(1,013,839.78)	0.00
Total Purchase			**5,495,000.00**				**(5,489,179.97)**	**(15,947.89)**	**(5,505,127.86)**	**0.00**
TOTAL ACQUISITIONS			**5,495,000.00**				**(5,489,179.97)**	**(15,947.89)**	**(5,505,127.86)**	**0.00**
DISPOSITIONS										
Sale	01/29/2025	06051GJD2	(650,000.00)	BANK OF AMERICA CORP 1.319 06/19/2026	98.670	1.22%	641,355.00	952.61	642,307.61	(8,877.14)
Sale	02/07/2025	91282CBT7	(750,000.00)	UNITED STATES TREASURY 0.75 03/31/2026	96.152	1.08%	721,142.58	2,008.93	723,151.51	(26,096.35)
Sale	03/11/2025	91282CBT7	(1,250,000.00)	UNITED STATES TREASURY 0.75 03/31/2026	96.629	1.08%	1,207,861.33	4,172.39	1,212,033.72	(37,890.02)
Sale	03/18/2025	91324PEC2	(1,000,000.00)	UNITEDHEALTH GROUP INC 1.15 05/15/2026	96.236	1.52%	962,360.00	3,929.17	966,289.17	(33,475.00)

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
Total Sale			**(3,650,000.00)**				**3,532,718.91**	**11,063.10**	**3,543,782.01**	**(106,338.51)**
TOTAL DISPOSITIONS			**(3,650,000.00)**				**3,532,718.91**	**11,063.10**	**3,543,782.01**	**(106,338.51)**

IMPORTANT DISCLOSURES

Information contained herein is confidential. Prices are provided by ICE Data Services Inc ("IDS"), an independent pricing source. In the event IDS does not provide a price or if the price provided is not reflective of fair market value, Chandler will obtain pricing from an alternative approved third party pricing source in accordance with our written valuation policy and procedures. Our valuation procedures are also disclosed in Item 5 of our Form ADV Part 2A.

Performance results are presented gross-of-advisory fees and represent the client's Total Return. The deduction of advisory fees lowers performance results. These results include the reinvestment of dividends and other earnings. Past performance may not be indicative of future results. Therefore, clients should not assume that future performance of any specific investment or investment strategy will be profitable or equal to past performance levels. All investment strategies have the potential for profit or loss. Economic factors, market conditions or changes in investment strategies, contributions or withdrawals may materially alter the performance and results of your portfolio.

Index returns assume reinvestment of all distributions. Historical performance results for investment indexes generally do not reflect the deduction of transaction and/or custodial charges or the deduction of an investment management fee, the incurrence of which would have the effect of decreasing historical performance results. It is not possible to invest directly in an index.

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This report is provided for informational purposes only and should not be construed as a specific investment or legal advice. The information contained herein was obtained from sources believed to be reliable as of the date of publication, but may become outdated or superseded at any time without notice. Any opinions or views expressed are based on current market conditions and are subject to change. This report may contain forecasts and forward-looking statements which are inherently limited and should not be relied upon as indicator of future results. Past performance is not indicative of future results. This report is not intended to constitute an offer, solicitation, recommendation or advice regarding any securities or investment strategy and should not be regarded by recipients as a substitute for the exercise of their own judgment.

Fixed income investments are subject to interest, credit and market risk. Interest rate risk: the value of fixed income investments will decline as interest rates rise. Credit risk: the possibility that the borrower may not be able to repay interest and principal. Low rated bonds generally have to pay higher interest rates to attract investors willing to take on greater risk. Market risk: the bond market in general could decline due to economic conditions, especially during periods of rising interest rates.

Ratings information have been provided by Moody's, S&P and Fitch through data feeds we believe to be reliable as of the date of this statement, however we cannot guarantee its accuracy.

Security level ratings for U.S. Agency issued mortgage-backed securities ("MBS") reflect the issuer rating because the securities themselves are not rated. The issuing U.S. Agency guarantees the full and timely payment of both principal and interest and carries a AA+/Aaa/AAA by S&P, Moody's and Fitch respectively.

BENCHMARK DISCLOSURES

Benchmark	Disclosure
ICE BofA 1-5 Yr Unsubordinated US Treasury & Agency Index	The ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index tracks the performance of US dollar denominated US Treasury and nonsubordinated US agency debt issued in the US domestic market. Qualifying securities must have an investment grade rating (based on an average of Moody's, S&P and Fitch). Qualifying securities must have at least one year remaining term to final maturity and less than five years remaining term to final maturity, at least 18 months to maturity at time of issuance, a fixed coupon schedule, and a minimum amount outstanding of $1 billion for sovereigns and $250 million for agencies.

TAHOE FOREST HOSPITAL DISTRICT

To: Finance Committee Board Members
From: Crystal Felix, CFO
Date: April 22, 2025

<u>Here is an update on the AR stats as March 31, 2025 per EPIC</u>

Days in AR were as follows:

- Mar 2025 – 61.5 days
- Feb 2025 – 65.1 days
- Jan 2025 – 69.4 days
- Last AR Update: Dec 2024 – 70.7 days

Amount in AR was as follows:

- Mar 2025 – $130,157,866
- Feb 2025 – $133,084,945
- Jan 2025 – $133,421,288
- Last AR Update: Dec 2024 – $130,953,796

Gross Revenue per Day was as follows:

- Average Quarter - $2,123,836
- Mar 2025 – $2,053,654
- Feb 2025 – $2,189,818
- Jan 2025 – $2,134,422
- Last AR Update: Dec 2024 – $1,871,026
- Last AR Update Quarter: $1,851,152

AR over 120 days old were as follows:

• Mar 2025	$48.2m	37.0%
• Feb 2025	$51.9m	39.0%
• Jan 2025	$54.5m	40.8%
• Last AR Update: Dec 2024	$54.5m	41.6%

Posted Cash Collections were as follows:

• For the entire FY 2025:	101.5% of target, or $254.6m
• Mar 2025	94.4% of target, or $30.4m
• Feb 2025	87.2% of target, or $27.5m
• Jan 2025	121.6% of target, or $29.0m
• For the entire FY 2024:	99.0% of target, or $294.3m
• For the entire FY 2023:	99.7% of target, or $268.6m

Claims holding (HB work queues listed) as of the end of Mar 2025 total $1.4m. Last AR Update Dec 2024 $3.2m.

200 WQ – Billing Issues
- Mar 2025 - $474k
- Feb 2025 - $513k
- Jan 2025 - $8.0m
- Last AR Update Dec 2024 - $1.7m

300 WQ – Coding Issues
- Mar 2025 - $14k
- Feb 2025 - $85k
- Jan 2025 - $48k
- Last AR Update Dec 2024 - $855k

500 WQ - Credentialing Issues
- Mar 2025 - $39k
- Feb 2025 - $158k
- Jan 2025 - $193k
- Last AR Update Dec 2024 - $287k

700 WQ – Claim Holds
- Mar 2025 - $893k
- Feb 2025 - $348k
- Jan 2025 - $449k
- Last AR Update Dec 2024 - $389k

Staffing Update:
- Director of Revenue Cycle – Position vacant and currently recruiting.
- Project Director Revenue Cycle – Position vacant. Considering replacement but want to secure Director of Revenue Cycle first. May create a Director of Revenue Integrity instead. More to come.
- Promoted our Senior Revenue Cycle Analyst, Max Hambrick, to Manager and will recruit another Analyst to join our team.

- FY 2025 Patient Financial Services (PFS) Dept. Budgeted FTEs – 20.50
- Current PFS Staffing FTEs – 20.50
    - Director PFS – 1 FTE
    - Supervisor PFS – 1 FTE
    - Patient Account Reps – 13 FTEs - 2 of the 13 FTE's are dedicated to Medi-Cal
    - Refund Specialist – 1 FTE
    - Payment Posting Specialist (PPS) – 2.5 FTEs
    - Clerical Support – 1 FTE, 1 Temporary FTE (Assignment ended 4/7/25)

Additional Items:

Revenue Cycle Projects

TFHD TPA Transition: The District contracted with Allied as our new Third Party Administrator (TPA) effective 1/1/25. We did encounter a few bumps during the transition in January and February, but beginning in March, we have had minimal issues and are stable. This will be the last report on this topic.

Cash Posting: Keenan payment processing – we continue to have a trickle of payments coming from Keenan as we wrap up the remainder of 2024 claims. We have worked through the transition with our new TPA, Allied, and as stated above, had a few bumps in January and February, but beginning in March, have had minimal issues and are stable. This will be the last report on this topic.

Credentialing Issues: Through the Access to Care (A2C) process improvement work, Provider Onboarding was identified as a key area for improvement for patient access and financial risk. The Payer Credentialing team will be involved in the next Rapid Improvement Event (RIE) to help streamline the process and time it takes to get our providers enrolled with the health plans, hopefully improving patient access, improving provider satisfaction, and decreasing financial risk. A portion of our team is currently in the Cohort 2 management systems training classes that began 4/15 and will be key participants in the RIE. More to come but this is very exciting for our team!

Vendor Status: As previously discussed, we contracted with Omega Healthcare as replacement of our previous vendors who were not performing. Omega is responsible for follow-up and collection efforts on unpaid balances for accounts aged 75 days from date of service (excluding traditional Medicare and our own Employee Health accounts). Initial billing and 60 day follow-up period is the responsibility of TFHD patient account reps. Omega has worked with our PFS team to identify our needs and build our Omega team to support TFHD accordingly.

Payer Specific issues:

1. Medi-Cal

    a) Partnership Health Plan (PHP) (Medi-Cal managed care) became contracted with TFHD 1/1/24. We requested a billing/claims review with PHP due to ongoing issues we were having with denials, unclear claim presentation rules, and reimbursement/contract issues. Meeting took place on 2/26/25. PHP was very collaborative. A follow-up meeting took place on 3/19/25. We continue to have a few issues but several have been resolved or clarified. In addition, we continue to work with Mercy (EPIC) to correct/automate billing requirements to prevent billing issues from occurring in the future as much as possible.

    b) Our current clearinghouse continues to fail in supporting our PHP claims. In January 2025, up to $10 million in claims were rejected due to what they called a “special character issue”. They believed the issue was a TFHD system issue. Thanks to the diligence of our analysts, they were able to get the clearinghouse to understand the issue was on their end, and the clearinghouse resolved it in February 2025, which allowed our claims to transmit. (See the fluctuation in the 200 WQ).

c) Medi-Cal Remittances: Remittances, when posted electronically, were not posting the contractual allowance to the patients account, leaving balances on them. Mercy was able to correct this in EPIC going forward, as well as batch fix accounts retrospectively. The retrospective batch fix removed approximately $5.7 million of contractual allowances from our AR.

d) We continue to expect to see reductions in our Medi-Cal/Medicaid AR, particularly in the over 120 day categories, by the end of June 2025.

2. Commercial/Tri-Care/Workers Comp
   a. Teams have been developed with Omega to support TFHD PFS staff. Focus is on older alive accounts that need billing, follow-up or appealed. Expectation of reduction in these aging categories by end of June 2025.

Clearinghouse and Patient Statement Vendor Projects: In January 2025, we kicked off the Clearinghouse Transition Project to SSI, as well as the Patient Statement Transition Project to SureBill. We expect the Clearinghouse Project to be completed by the end of May 2025. This project remains on track. The Patient Statement Project was completed in early April with the first statements going out from our new vendor in April 2025. This project was completed early and has shown success so far. There is a second part to the Patient Statement Project, which is automation by Mercy to eliminate the need for staff to transfer files from EPIC to SureBill. This will kick-off shortly when Mercy has the available resources.

Onsite Meeting with Mercy and EPIC: Mercy was onsite April 1 and met with members from our PFS, Revenue Integrity, and Revenue Cycle Analyst teams. It was a collaborative discussion on how Mercy might better support TFHD in making the Revenue Cycle a bit easier and efficient for our team. Mercy left the meeting with a number of items for follow-up and will connect with our team again in the very near future for further work and discussion. On April 2, I had a chance to meet with Mercy and team members from EPIC. The provided valuable feedback on areas where we might be able to leverage some of the EPIC technologies that we have not implemented to help with revenue cycle efficiencies. Again, very engaging and hope to further discuss options with Mercy.

Revenue Cycle Team: The Revenue Cycle Analyst Team members completed their EPIC Affiliate Builder training courses with Mercy and have been assigned their Mentor for the "hands on" training component. As a reminder, each team member will become certified in Hospital Billing (HB) and Professional Billing (PB). This will allow our analysts to have a seat at the table with Mercy when developing and building the "back end" of our system for billing, as well as make corrections to existing builds and workflows.

The Revenue Cycle Analyst Team, Revenue Integrity Clinical Analyst, and our PFS Director, have been working closely on identified issues as well. Presently they are approximately 54 known issues being worked on for resolution. Some of the specific big issues are as follows:

1. Omega transition, WQ setup, AR cleanup
2. Partnership Health Plan contract, billing, collection, denial issues
3. TPA, Allied, for the TFHD health plan.
4. New patient statement vendor. Finalize move to SureBill from Inovalon.
5. New Clearinghouse vendor. Current project to move to SSI from Inovalon.

6. Payer Plan Table updates in EPIC
7. Services review (new or existing): Tenex, US Plasma, Fecal transplant, IOLs, Plastics, Audiology, Epiphany, IVCH Weekend Walk-in Clinic build, would care/skin grafting, Aquatics, Cochlear Implants, Every Woman Counts program
8. New Regulatory Changes: Changes to RHCs 1/1/25, Medi-Cal TRI payment posting
9. Directed Payment program claims reconciliation with the Medi-Cal Managed Care plans.

Additional issues span topics in the following areas: charge capture, charge splitting, claim presentation, claim rejections, work queue development and refinement, pricing development, contract EPIC loading, ABN issues, remittance advice loading and code matching, Mercy ticket resolution to name a few.

TAHOE FOREST HOSPITAL DISTRICT
MARCH 2025 FINANCIAL REPORT
INDEX

Board of Directors
Of Tahoe Forest Hospital District
MARCH 2025 FINANCIAL NARRATIVE

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

Activity Statistics

- ❑ TFH acute patient days were 356 for the current month compared to budget of 353. This equates to an average daily census of 11.5 compared to budget of 11.4.

- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Lab tests, Oncology Lab, Blood units, Diagnostic Imaging, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasounds, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy and Outpatient Physical Therapy.

- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Hospice Visits, Pathology, EKGs, Radiation Oncology procedures, Gastroenterology cases, Outpatient Physical Therapy Aquatic and Occupational Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.8% in the current month compared to budget of 46.8% and to last month's 43.8%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.9% compared to budget of 46.9% and prior year's 47.4%.

- ❑ EBIDA was $5,017,599 (7.8%) for the current month compared to budget of $1,428,101 (2.6%), or $3,589,499 (5.3%) above budget. Year-to-date EBIDA was $36,235,262 (6.7%) compared to budget of $20,204,814 (4.0%), or $16,030,448 (2.7%) above budget.

- ❑ Net Income was $4,559,700 for the current month compared to budget of $866,264 or $3,693,437 above budget. Year-to-date Net Income was $35,732,509 compared to budget of $15,351,158 or $20,381,351 above budget.

- ❑ Cash Collections for the current month were $30,414,117 which is 94% of targeted Net Patient Revenue.

- ❑ EPIC Gross Accounts Receivables were $130,157,572 at the end of March compared to $133,084,439 at the end of February.

Balance Sheet

- ❑ Working Capital is at 51.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 222.2 days. Working Capital cash increased a net $198,000. Accounts Payable decreased $1,338,000 and Accrued Payroll & Related Costs decreased $2,179,000. The District received reimbursement from the FY24 Medi-Cal Outpatient Supplemental AB915 program for $2,286,000 and remitted $1,881,000 to the State for participation in the CY23 Rate Range IGT and Prime/QIP programs. Cash Collections were below target by 6%.

- ❑ Net Patient Accounts Receivable decreased a net $1,348,000. Cash collections were 94% of target. EPIC Days in A/R were 62.1 compared to 66.5 at the close of February, a 4.40 days decrease. The Business Office, along with the District's new outsourced billing and collections vendor, worked on collecting and cleaning up older claims, lending to the decrease in Net Patient Accounts Receivable.

- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net $1,203,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received $2,286,000 from the State of California for the Medi-Cal AB915 funding for FY24, and remitted $1,881,000 to the State for participation in the CY23 Rate Range IGT and Prime/QIP programs.

- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased $540,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of March.

- ❑ GO Bond Tax Revenue Fund increased $4,000 after recording the March property tax revenues received from Placer County.

- ❑ Investment in TSC, LLC decreased a net $419,000 after recording the estimated loss for March and truing-up the losses for January and February.

- ❑ To comply with GASB No. 63, the District has booked an adjustment to the asset and offsetting liability to reflect the fair value of the Morgan Stanley (formerly Piper Jaffray) swap transaction at the close of March.

- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for March on its Right-To-Use Subscription assets, decreasing the asset $319,000.

- ❑ Accounts Payable decreased $1,338,000 due to the timing of the final check run in March.

- ❑ Accrued Payroll & Related Costs decreased a net $2,179,000 after funding the Employers portion of Deferred Compensation.

- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for March, decreasing the liability $294,000.

March 2025 Financial Narrative

Operating Revenue

- Current month's Total Gross Revenue was $63,939,489 compared to budget of $55,570,137 or $8,369,352 above budget.

- Current month's Gross Inpatient Revenue was $7,611,302 compared to budget of $6,822,886 or $788,416 above budget.

- Current month's Gross Outpatient Revenue was $56,328,186 compared to budget of $48,747,251 or $7,580,935 above budget.

- Current month's Gross Revenue Mix was 38.06% Medicare, 17.22% Medi-Cal, .0% County, 1.54% Other, and 43.18% Commercial Insurance compared to budget of 40.59% Medicare, 15.36% Medi-Cal, .0% County, 1.17% Other, and 42.88% Commercial Insurance. Last month's mix was 38.72% Medicare, 16.42% Medi-Cal, .0% County, 1.54% Other, and 43.32% Commercial Insurance. Year-to-Date Gross Revenue Mix was 39.07% Medicare, 16.47% Medi-Cal, .0% County, 1.19% Other, and 43.27% Commercial Insurance compared to budget of 40.16% Medicare, 15.62% Med-Cal, .0% County, 1.20% Other, and 43.02% Commercial.

- Current month's Deductions from Revenue were $32,738,197 compared to budget of $29,579,736 or $3,158,461 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 2.52% decrease in Medicare, a 1.86% increase to Medi-Cal, County at budget, a 0.37% increase in Other, and Commercial Insurance was above budget 0.29%, and 2) Revenues were above budget 15.1%.

DESCRIPTION	March 2025 Actual	March 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	12,208,231	11,461,601	(746,629)	We saw increases in Technical, RN, Management, and Registry categories along with additional physicians joining the employment model, creating a negative variance in Salaries & Wages.
Employee Benefits	3,890,211	3,659,033	(231,178)	A true-up of year-to-date Physician RVU Bonus accruals created a negative variance in Employee Benefits.
Benefits – Workers Compensation	95,635	105,867	10,232	
Benefits – Medical Insurance	2,762,683	2,642,413	(120,270)	
Medical Professional Fees	567,002	423,044	(143,959)	Anesthesia and Diagnostic Imaging Physician fees and IVCH ER Physician call coverage created a negative variance in Medical Professional Fees.
Other Professional Fees	250,099	348,310	98,211	Budgeted consulting fees for a Revenue Integrity Program Development project and the Physician Compensation Plan were below budget, creating a positive variance in Other Professional Fees.
Supplies	4,690,607	4,512,670	(177,937)	Drugs Sold to Patients revenues and Medical Supplies Sold to Patients revenues were above budget, creating negative variance in Pharmacy and Patient Chargeable Supplies.
Purchased Services	2,594,719	2,112,754	(481,965)	Outsourced billing and collection services, Medical Records retention and coding services, support services for the UKG Scheduling Module implementation, and various Department Repairs created a negative variance in Purchased Services.
Other Expenses	1,141,392	1,076,131	(65,261)	Marketing campaigns and Utility costs were above budget, creating a negative variance in Other Expenses.
Total Expenses	28,200,579	26,341,823	(1,858,757)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
MARCH 2025

	Mar-25	Feb-25	Mar-24	
ASSETS				
CURRENT ASSETS				
* CASH	$ 44,806,755	$ 44,608,629	$ 32,646,401	1
PATIENT ACCOUNTS RECEIVABLE - NET	53,062,689	54,410,493	53,469,285	2
OTHER RECEIVABLES	10,202,018	8,812,372	12,934,398	
GO BOND RECEIVABLES	931,107	479,497	921,961	
ASSETS LIMITED OR RESTRICTED	10,777,293	12,034,225	11,657,072	
INVENTORIES	5,551,914	5,550,648	5,231,898	
PREPAID EXPENSES & DEPOSITS	3,850,555	4,362,156	3,393,125	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	20,640,353	19,437,529	22,844,184	3
TOTAL CURRENT ASSETS	149,822,684	149,695,550	143,098,323	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	51,005,777	51,005,777	10,441,863	1
* CASH INVESTMENT FUND	96,636,376	96,683,810	105,959,660	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	5,142,762	4,602,626	118,456	4
MUNICIPAL LEASE 2025	4,593,879	4,593,879	-	
TOTAL BOND TRUSTEE 2017	22,910	22,910	21,949	
TOTAL BOND TRUSTEE 2015	1,008,392	1,008,392	1,166,457	
GO BOND TAX REVENUE FUND	2,966,850	2,962,827	2,818,668	5
DIAGNOSTIC IMAGING FUND	3,658	3,658	3,496	
DONOR RESTRICTED FUND	1,194,994	1,194,994	1,165,707	
WORKERS COMPENSATION FUND	33,847	13,520	26,037	
TOTAL	162,609,446	162,092,393	121,722,293	
LESS CURRENT PORTION	(10,777,293)	(12,034,225)	(11,657,072)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	151,832,153	150,058,168	110,065,221	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,044,464)	(4,625,185)	(3,908,065)	6
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	197,454,256	197,893,793	197,548,011	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,219,847	2,035,826	1,791,406	
TOTAL ASSETS	498,001,447	496,775,123	450,311,867	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	203,640	206,872	242,428	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	204,560	158,148	190,274	7
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,063,007	4,086,711	4,347,463	
GO BOND DEFERRED FINANCING COSTS	395,990	398,311	423,841	
DEFERRED FINANCING COSTS	102,987	104,028	115,471	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	10,505,193	10,663,444	7,000,981	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	24,248,753	24,567,444	28,098,298	8
TOTAL DEFERRED OUTFLOW OF RESOURCES	$ 39,724,130	$ 40,184,958	$ 40,418,756	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	9,677,079	11,015,556	$ 10,679,901	9
ACCRUED PAYROLL & RELATED COSTS	19,430,679	21,609,340	20,844,745	10
INTEREST PAYABLE	207,394	148,552	256,450	
INTEREST PAYABLE GO BOND	502,905	251,453	523,238	
SUBSCRIPTION LIABILITY	26,057,866	26,351,979	29,542,426	11
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,102,931	6,149,062	466,246	
HEALTH INSURANCE PLAN	3,219,201	3,219,201	3,018,487	
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	4,371,046	4,371,046	3,935,762	
TOTAL CURRENT LIABILITIES	77,078,005	80,625,092	77,336,553	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,729,872	31,005,446	24,152,080	
GO BOND DEBT NET OF CURRENT MATURITIES	87,697,209	87,715,165	90,597,676	
DERIVATIVE INSTRUMENT LIABILITY	204,560	158,148	190,274	7
TOTAL LIABILITIES	195,709,646	199,503,850	192,276,583	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	340,820,936	336,261,237	297,288,333	
RESTRICTED	1,194,994	1,194,994	1,165,707	
TOTAL NET POSITION	$ 342,015,931	$ 337,456,230	$ 298,454,040	

* Amounts included for Days Cash on Hand calculation

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

1. Working Capital is at 51.7 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 222.2 days. Working Capital cash increased a net $198,000. Accounts Payable decreased $1,338,000 (See Note 9) and Accrued Payroll & Related Costs decreased $2,179,000 (See Note 10). The District received reimbursement from the FY24 Medi-Cal Outpatient Supplemental AB915 Program in the amount of $2,286,000 and remitted $1,881,000 to the State for participation in the CY23 Rate Range IGT and Prime/QIP programs (See Note 3). Cash Collections were below target by 6% (See Note 2).

2. Net Patient Accounts Receivable decreased a net $1,348,000. Cash collections were 94% of target. EPIC Days in A/R were 62.1 compared to 66.5 at the close of February, a 4.40 days decrease. The Business Office, along with the District's new outsourced billing and collections vendor, worked on collecting and cleaning up older claims, lending to the decrease in Net Patient Accounts Receivable.

3. Estimated Settlements, Medi-Cal & Medicare increased a net $1,203,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received $2,286,000 from the State of California for the Medi-Cal AB915 funding for FY24, and remitted $1,881,000 to the State for participation in the CY23 Rate Range IGT and Prime/QIP programs.

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11. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for March, decreasing the liability $294,000.

Tahoe Forest Hospital District
Cash Investment
March 31, 2025

WORKING CAPITAL				
US Bank	$ 43,546,851	3.95%		
US Bank/Incline Village Thrift Store	30,426			
US Bank/Truckee Thrift Store	191,129			
US Bank/Payroll Clearing	-			
Umpqua Bank	1,038,349	1.92%		
Total			$	44,806,755
BOARD DESIGNATED FUNDS				
US Bank Savings	$ -			
Chandler Cash Portfolio Fund	893,369	3.97%		
Chandler Investment Fund	95,743,007	VAR		
Total			$	96,636,376
Building Fund	$ -			
Cash Reserve Fund	51,005,777	4.48%		
Local Agency Investment Fund			$	51,005,777
Municipal Lease 2018			$	4,593,879
Bonds Cash 2017			$	22,910
Bonds Cash 2015			$	1,008,392
GO Bonds Cash 2008			$	2,966,850
DX Imaging Education	$ 3,658			
Workers Comp Fund - B of A	33,847			
Insurance				
Health Insurance LAIF	-			
Comprehensive Liability Insurance LAIF	-			
Total			$	37,505
TOTAL FUNDS			$	201,078,445
RESTRICTED FUNDS				
Gift Fund				
US Bank Money Market	$ 8,382	0.09%		
Foundation Restricted Donations	27,309			
Local Agency Investment Fund	1,159,303	4.48%		
TOTAL RESTRICTED FUNDS			$	1,194,994
TOTAL ALL FUNDS			$	202,273,439

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2025

	Current Status	Desired Position	Target	Bond Covenants	FY 2025 Jul 24 to Mar 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19
Return On Equity: Increase (Decrease) in Net Position Net Position			FYE 5.9% Budget 3rd Qtr 4.5%		10.5%	12.4%	11.2%	13.0%	12.3%	17.1%	13.1%
EPIC Days in Accounts Receivable (excludes SNF) Gross Accounts Receivable 90 Days Gross Accounts Receivable 365 Days			FYE 60 Days		62 68	69 71	59 62	63 67	65 67	89 73	69 71
Days Cash on Hand Excludes Restricted: Cash + Short-Term Investments (Total Expenses - Depreciation Expense)/ by 365			Budget FYE 217 Days Budget 3rd Qtr 210 Days Projected 3rd Qtr 221 Days	Bond Covenant 60 Days A- 234 Days BBB- 136 Days	222	229	197	234	272	246	179
EPIC Accounts Receivable over 120 days (excludes payment plan, legal and charitable balances)			22%		36%	31%	24%	27%	26%	31%	35%
EPIC Accounts Receivable over 120 days (includes payment plan, legal and charitable balances)			27%		38%	35%	33%	36%	32%	40%	42%
Cash Receipts Per Day (based on 60 day lag on Patient Net Revenue)			FYE Budget $850,123 End 3rd Qtr Based on Budgeted Net Revenue $863,494 End 3rd Qtr Based on Actual Net Revenue $915,992		$918,142	$804,216	$713,016	$634,266	$603,184	$523,994	$473,890
Debt Service Coverage: Excess Revenue over Exp + Interest Exp + Depreciation Debt Principal Payments + Interest Expense			Without GO Bond 13.12 With GO Bond 4.85	1.95	19.87 7.05	15.47 6.88	9.74 5.25	9.72 5.22	8.33 4.49	9.50 5.06	20.45 4.12

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

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAR 2024
ACTUAL	BUDGET	VAR$	VAR%		ACTUAL	BUDGET	VAR$	VAR%		
				OPERATING REVENUE						
$ 63,939,489	$ 55,570,137	$ 8,369,352	15.1%	Total Gross Revenue	$ 543,250,756	$ 506,804,977	$ 36,445,779	7.2%	1	$ 476,847,577
				Gross Revenues - Inpatient						
$ 2,998,544	$ 3,084,112	$ (85,568)	-2.8%	Daily Hospital Service	$ 30,690,117	$ 30,651,061	$ 39,056	0.1%		$ 29,977,372
4,612,758	3,738,774	873,984	23.4%	Ancillary Service - Inpatient	40,450,986	37,545,079	2,905,907	7.7%		37,224,813
7,611,302	6,822,886	788,416	11.6%	Total Gross Revenue - Inpatient	71,141,103	68,196,140	2,944,963	4.3%	1	67,202,185
56,328,186	48,747,251	7,580,935	15.6%	Gross Revenue - Outpatient	472,109,653	438,608,837	33,500,816	7.6%		409,645,393
56,328,186	48,747,251	7,580,935	15.6%	Total Gross Revenue - Outpatient	472,109,653	438,608,837	33,500,816	7.6%	1	409,645,393
				Deductions from Revenue:						
31,263,901	27,618,478	(3,645,423)	-13.2%	Contractual Allowances	283,295,617	251,270,112	(32,025,505)	-12.7%	2	247,025,423
810,487	1,111,403	300,915	27.1%	Charity Care	2,673,987	10,136,100	7,462,113	73.6%	2	410,282
1,129,217	849,855	(279,361)	-32.9%	Bad Debt	4,287,340	7,746,174	3,458,834	44.7%	2	5,348,021
(465,407)	-	465,407	0.0%	Prior Period Settlements	(1,489,863)	-	1,489,863	0.0%	2	(2,037,187)
32,738,197	29,579,736	(3,158,461)	-10.7%	Total Deductions from Revenue	288,767,080	269,152,385	(19,614,695)	-7.3%		250,746,539
132,904	115,798	(17,105)	-14.8%	Property Tax Revenue- Wellness Neighborhood	929,623	997,619	67,996	6.8%		946,579
1,883,984	1,663,724	220,260	13.2%	Other Operating Revenue	16,513,798	15,406,481	1,107,318	7.2%	3	16,142,087
33,218,179	27,769,923	5,448,256	19.6%	TOTAL OPERATING REVENUE	271,927,096	254,056,691	17,870,405	7.0%		243,189,704
				OPERATING EXPENSES						
12,208,231	11,461,601	(746,629)	-6.5%	Salaries and Wages	100,414,324	101,201,655	787,331	0.8%	4	92,708,542
3,890,211	3,659,033	(231,178)	-6.3%	Benefits	33,910,363	32,267,581	(1,642,783)	-5.1%	4	30,483,074
95,635	105,867	10,232	9.7%	Benefits Workers Compensation	564,000	952,804	388,804	40.8%	4	754,561
2,762,683	2,642,413	(120,270)	-4.6%	Benefits Medical Insurance	23,026,873	23,781,717	754,844	3.2%	4	19,485,364
567,002	423,044	(143,959)	-34.0%	Medical Professional Fees	4,741,642	4,063,280	(678,362)	-16.7%	5	4,456,030
250,099	348,310	98,211	28.2%	Other Professional Fees	3,144,244	3,602,989	458,745	12.7%	5	2,255,063
4,690,607	4,512,670	(177,937)	-3.9%	Supplies	41,854,060	39,970,785	(1,883,275)	-4.7%	6	35,566,052
2,594,719	2,112,754	(481,965)	-22.8%	Purchased Services	18,807,481	18,330,507	(476,974)	-2.6%	7	16,204,149
1,141,392	1,076,131	(65,261)	-6.1%	Other	9,228,846	9,680,559	451,713	4.7%	8	8,363,379
28,200,579	26,341,823	(1,858,757)	-7.1%	TOTAL OPERATING EXPENSE	235,691,834	233,851,877	(1,839,957)	-0.8%		210,276,213
5,017,599	**1,428,101**	**3,589,499**	**251.3%**	**NET OPERATING REVENUE (EXPENSE) EBIDA**	**36,235,262**	**20,204,814**	**16,030,448**	**79.3%**		**32,913,491**
				NON-OPERATING REVENUE/(EXPENSE)						
847,061	864,166	(17,105)	-2.0%	District and County Taxes	7,993,973	7,822,061	171,912	2.2%	9	6,898,991
455,633	455,633	(0)	0.0%	District and County Taxes - GO Bond	4,100,698	4,100,699	(0)	0.0%		4,006,220
292,123	249,353	42,770	17.2%	Interest Income	3,253,675	2,188,166	1,065,509	48.7%	10	2,228,168
91,892	110,428	(18,536)	-16.8%	Donations	797,958	993,856	(195,898)	-19.7%	11	646,893
(419,279)	(83,750)	(335,529)	-400.6%	Gain/(Loss) on Joint Investment	(1,102,721)	(753,750)	(348,971)	-46.3%	12	(497,218)
559,261	100,000	459,261	-459.3%	Gain/(Loss) on Market Investments	4,554,894	900,000	3,654,894	-406.1%	13	3,415,959
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets		-	-	0.0%	14	11,000
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	37,450	-	37,450	0.0%	15	-
(1,806,610)	(1,812,654)	6,045	0.3%	Depreciation	(16,109,150)	(16,119,142)	9,992	0.1%	16	(15,233,389)
(218,458)	(185,491)	(32,968)	-17.8%	Interest Expense	(1,683,661)	(1,639,675)	(43,985)	-2.7%	17	(1,855,879)
(259,523)	(259,523)	-	0.0%	Interest Expense-GO Bond	(2,345,870)	(2,345,870)	-	0.0%		(2,434,399)
(457,899)	(561,837)	103,938	18.5%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(502,753)	(4,853,656)	4,350,903	89.6%		(2,813,654)
$ 4,559,700	**$ 866,264**	**$ 3,693,437**	**426.4%**	**INCREASE (DECREASE) IN NET POSITION**	**$ 35,732,509**	**$ 15,351,158**	**$ 20,381,351**	**132.8%**		**$ 30,099,836**
				NET POSITION - BEGINNING OF YEAR	**306,283,422**					
				NET POSITION - AS OF MARCH 31, 2025	**$ 342,015,931**					
7.8%	**2.6%**	**5.3%**		**RETURN ON GROSS REVENUE EBIDA**	**6.7%**	**4.0%**	**2.7%**			**6.9%**

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

	Variance from Budget Fav / <Unfav>	
	MAR 2025	**YTD 2025**

1) Gross Revenues

Acute Patient Days were above budget 0.85% or 3 days. Swing Bed days were below budget 46.7% or 14 days. Higher acuity levels in our patients created a positive variance in Inpatient Ancillary Service revenues.

	MAR 2025	YTD 2025
Gross Revenue -- Inpatient	$ 788,416	$ 2,944,963
Gross Revenue -- Outpatient	7,580,935	33,500,816
Gross Revenue -- Total	$ 8,369,352	$ 36,445,779

Outpatient volumes were above budget in the following departments: Surgery Cases, Laboratory tests, Oncology Lab, Blood units, Diagnostic Imaging, Mammography, Nuclear Medicine, MRI, Ultrasound, Briner Ultrasounds, CT Scans, PET CT, Drugs Sold to Patients, Respiratory Therapy, Tahoe City Physical and Occupational Therapies, and Outpatient Physical Therapy.

Outpatient volumes were below budget in the following departments: Emergency Department visits, Home Health visits, Hospice visits, Lab Send Out tests, Pathology, EKGs, Medical Oncology procedures, Radiation Oncology procedures, Oncology Drugs Sold to Patients, Gastroenterology cases, and Outpatient Physical Therapy Aquatic, Speech and Occupational Therapies.

2) Total Deductions from Revenue

The payor mix for March shows a 2.52% decrease to Medicare, a 1.86% increase to Medi-Cal, 0.37% increase to Other, County at budget, and a 0.29% increase to Commercial when compared to budget. We saw a shift from Medicare into Medi-Cal and Other, revenues were above budget 15.1%, and we saw a decrease of 7.21% in A/R over 120 days, lessening the negative variance in Contractual Allowances.

	MAR 2025	YTD 2025
Contractual Allowances	$ (3,645,423)	$ (32,025,505)
Charity Care	300,915	7,462,113
Bad Debt	(279,361)	3,458,834
Prior Period Settlements	465,407	1,489,863
Total	$ (3,158,461)	$ (19,614,695)

The District completed its final audit for the IVCH FY23 Medicare Cost Report, resulting in additional monies due to the District.

3) Other Operating Revenue

Community Pharmacy (formerly Retail Pharmacy) revenues were above budget 30.34%.

IVCH ER Physician Guarantee is tied to collections which came in above budget in March.

Rebates & Refunds, MIPS Bonus payments and the Nevada Private Hospital Provider Tax Fees were below budget, creating a negative variance in Miscellaneous.

	MAR 2025	YTD 2025
Community Pharmacy	$ 203,359	$ 1,410,810
Hospice Thrift Stores	2,098	8,802
The Center (non-therapy)	1,040	38,439
IVCH ER Physician Guarantee	90,053	(201,624)
Children's Center	(7,138)	(157,035)
Miscellaneous	(53,819)	53,926
Oncology Drug Replacement	-	-
Grants	(15,333)	(46,000)
Total	$ 220,260	$ 1,107,318

4) Salaries and Wages

	MAR 2025	YTD 2025
Total	$ (746,629)	$ 787,331

We saw increases in Technical, RN, Management and Registry salary categories along with additional physicians joining the employment model with sign-on bonuses. This is creating a negative variance in Salaries and Wages.

Employee Benefits

An employee related matter and true-up of the year-to-date accrued Physician RVU Bonuses, created a negative variance in Nonproductive.

	MAR 2025	YTD 2025
PL/SL	$ (14,986)	$ (1,062,776)
Nonproductive	(254,074)	(552,668)
Pension/Deferred Comp	(2,632)	(34,258)
Standby	14,501	124,648
Other	26,013	(117,729)
Total	$ (231,178)	$ (1,642,783)

Employee Benefits - Workers Compensation

	MAR 2025	YTD 2025
Total	$ 10,232	$ 388,804

Employee Benefits - Medical Insurance

	MAR 2025	YTD 2025
Total	$ (120,270)	$ 754,844

5) Professional Fees

Anesthesia Physician Fees and Diagnostic Imaging Physician Fees were above budget, creating a negative variance in Miscellaneous.

Consulting services provided by the District's new Health Insurance Broker and services provided for external employee relations created a negative variance in Human Resources.

Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.

An increase in outsourced legal services created a negative variance in Medical Staff Services.

Budgeted Professional Fees for a Revenue Integrity Program Development project were below budget, creating a positive variance in Patient Accounting/Admitting.

Emergency Department and Hospitalist Physician fees were below budget, creating a positive variance in TFH Locums.

A true-up of prior period accruals created a positive variance in Administration.

Budgeted consulting fees for the Physician Compensation Plan were below budget, creating a positive variance in Multi-Specialty Clinics Administration.

	MAR 2025	YTD 2025
Miscellaneous	$ (128,963)	$ (776,328)
Human Resources	(112,311)	(403,387)
IVCH ER Physicians	(38,033)	(104,297)
Oncology	1,945	(38,160)
Managed Care	11,861	(9,259)
Corporate Compliance	-	(2,470)
Medical Staff Services	(10,895)	(26)
Multi-Specialty Clinics	(4,502)	45,781
Marketing	10,723	82,317
Patient Accounting/Admitting	20,000	83,274
Financial Administration	6,636	117,548
TFH Locums	28,506	144,572
Administration	105,339	167,299
Multi-Specialty Clinics Administration	48,884	208,758
Information Technology	15,060	264,761
Total	$ (45,748)	$ (219,617)

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

Variance from Budget, Fav / <Unfav>

6) Supplies

Drugs Sold to Patients revenues were above budget 10.09%, creating a negative variance in Pharmacy Supplies.

Medical Supplies Sold to Patients Revenue were above budget 18.43%, creating a negative variance in Patient & Other Medical Supplies.

We saw negative variances in Other Non-Medical Supplies in the Medical Supplies Sold to Patients, Plant Maintenance, and Information Systems.

	MAR 2025	YTD 2025
Pharmacy Supplies	$ (15,757)	$ (1,200,905)
Patient & Other Medical Supplies	(99,604)	(627,251)
Minor Equipment	(18,141)	(47,583)
Other Non-Medical Supplies	(51,430)	(39,853)
Food	(450)	(9,438)
Office Supplies	7,446	41,755
Total	$ (177,937)	$ (1,883,275)

7) Purchased Services

Outsourced billing and collections services, focusing on the collection of older claims by our new vendor/partner, created a negative variance in Patient Accounting.

Record retention and outsourced coding services were above budget, creating a negative variance in Medical Records.

Support services for the implementation of the UKG scheduling module created a negative varian in Human Resources.

Outsourced lab testing created a negative variance in Laboratory.

Outsourced services provided to the Access Center created a negative variance in Miscellaneous.

CAM reconciliation invoices for Tahoe City Primary Care/Urgent Care Clinic created a negative variance in The Multi-Specialty Clinics.

Equipment maintenance and repairs for Med/Surg, Surgical Services, Laboratory, and Diagnostic Imaging created a negative variance in Department Repairs.

Budgeted Information Technology projects did not kick off as anticipated during the budgeting process, creating a positive variance in this category.

	MAR 2025	YTD 2025
Patient Accounting	$ (393,171)	$ (375,071)
Medical Records	(27,572)	(285,098)
Human Resources	(21,863)	(162,820)
Laboratory	(14,503)	(119,923)
Diagnostic Imaging Services - All	(267)	(46,540)
Miscellaneous	(25,797)	(37,627)
The Center	(12,396)	(28,748)
Pharmacy IP	(4,823)	(8,568)
Community Development	(1,667)	14,800
Home Health/Hospice	4,255	19,180
Multi-Specialty Clinics	(26,384)	48,964
Department Repairs	(15,676)	111,120
Information Technology	57,899	393,358
Total	$ (481,965)	$ (476,974)

8) Other Expenses

Media Branding, Community sponsorships, Billboard advertising and Marketing Campaigns for the Center created a negative variance in Marketing.

A Physician Compensation and Benchmarking subscription created a negative variance in Dues and Subscriptions.

An out-of-pocket deductible expense created a negative variance in Insurance.

Natural Gas/Propane, Water/Sewer and Cell phone costs were above budget, creating a negative variance in Utilities.

Physician Recruitment expenses, postage and budgeted Community program support and sponsorships were below budget, creating a positive variance in Miscellaneous.

	MAR 2025	YTD 2025
Marketing	$ (28,832)	$ (141,408)
Other Building Rent	(8,425)	(86,637)
Equipment Rent	(3,137)	(27,456)
Dues and Subscriptions	(9,243)	(17,291)
Insurance	(17,195)	(4,649)
Multi-Specialty Clinics Bldg. Rent	(2,348)	(4,345)
Multi-Specialty Clinics Equip Rent	(2,229)	(2,665)
Physician Services	1,270	4,971
Human Resources Recruitment	(2,002)	47,727
Utilities	(9,618)	60,107
Outside Training & Travel	(27)	247,686
Miscellaneous	16,524	375,673
Total	$ (65,261)	$ 451,713

9) District and County Taxes

	MAR 2025	YTD 2025
Total	$ (17,105)	$ 171,912

10) Interest Income

Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.

	MAR 2025	YTD 2025
Total	$ 42,770	$ 1,065,509

11) Donations

	MAR 2025	YTD 2025
IVCH	$ (51,118)	$ (439,290)
Operational	32,582	243,392
Total	$ (18,536)	$ (195,898)

12) Gain/(Loss) on Joint Investment

The District trued-up its losses in TSC, LLC for January and February, creating a negative variance in Gain/(Loss) on Joint Investment.

	MAR 2025	YTD 2025
Total	$ (335,529)	$ (348,971)

13) Gain/(Loss) on Market Investments

The District booked the value of unrealized gains in its holdings with Chandler Investments.

	MAR 2025	YTD 2025
Total	$ 459,261	$ 3,654,894

14) Gain/(Loss) on Sale or Disposal of Assets

	MAR 2025	YTD 2025
Total	$ -	$ -

15) Gain/(Loss) on Sale or Disposal of Equipment

	MAR 2025	YTD 2025
Total	$ -	$ 37,450

16) Depreciation Expense

	MAR 2025	YTD 2025
Total	$ 6,045	$ 9,992

17) Interest Expense

	MAR 2025	YTD 2025
Total	$ (32,968)	$ (43,985)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
KEY FINANCIAL INDICATORS
MARCH 2025

	Current Status	Desired Position	Target	FY 2025 Jul 24 to Mar 25	FY 2024 Jul 23 to June 24	FY 2023 Jul 22 to June 23	FY 2022 Jul 21 to June 22	FY 2021 Jul 20 to June 21	FY 2020 Jul 19 to June 20	FY 2019 Jul 18 to June 19
Total Margin: Increase (Decrease) In Net Position Total Gross Revenue			FYE 2.7% 3rd Qtr 3.0%	6.6%	5.9%	6.3%	6.2%	5.8%	8.5%	5.7%
Charity Care: Charity Care Expense Gross Patient Revenue			FYE 2.0% 3rd Qtr 2.0%	.5%	.1%	.6%	2.6%	3.4%	4.0%	3.8%
Bad Debt Expense: Bad Debt Expense Gross Patient Revenue			FYE 1.5% 3rd Qtr 1.5%	.8%	1.2%	1.2%	-.01%	1.2%	1.4%	.1%
Incline Village Community Hospital: EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue			FYE 15.7% 3rd Qtr 16.0%	15.8%	12.0%	12.2%	12.2%	13.7%	.1%	11.5%
Operating Expense Variance to Budget (Under<Over>)			-0-	$(1,839,957)	$380,780	$(1,499,954)	$(10,431,192)	$(8,685,969)	$(9,484,742)	$(13,825,198)
EBIDA: Earnings before interest, Depreciation, amortization Net Operating Revenue <Expense> Gross Revenue			FYE 3.7% 3rd Qtr 4.0%	6.7%	6.1%	6.3%	7.9%	7.8%	6.2%	7.1%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
MARCH 2025

CURRENT MONTH					YEAR TO DATE					PRIOR YTD MAR 2024
ACTUAL	BUDGET	VAR$	VAR%		ACTUAL	BUDGET	VAR$	VAR%		
				OPERATING REVENUE						
$ 4,027,736	$ 3,825,894	$ 201,842	5.3%	Total Gross Revenue	$ 38,919,408	$ 36,299,224	$ 2,620,184	7.2%	1	$ 32,546,952
				Gross Revenues - Inpatient						
$ -	$ -	$ -	0.0%	Daily Hospital Service	$ -	$ -	$ -	0.0%		$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%		-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1	-
4,027,736	3,825,894	201,842	5.3%	Gross Revenue - Outpatient	38,919,408	36,299,224	2,620,184	7.2%		32,546,952
4,027,736	3,825,894	201,842	5.3%	Total Gross Revenue - Outpatient	38,919,408	36,299,224	2,620,184	7.2%	1	32,546,952
				Deductions from Revenue:						
1,800,982	1,677,409	(123,573)	-7.4%	Contractual Allowances	18,453,430	15,933,852	(2,519,578)	-15.8%	2	14,897,002
49,142	76,518	27,376	35.8%	Charity Care	487,443	725,984	238,541	32.9%	2	113,414
171,801	57,388	(114,413)	-199.4%	Bad Debt	990,379	544,488	(445,891)	-81.9%	2	1,005,531
(457,370)	-	457,370	0.0%	Prior Period Settlements	(749,343)	-	749,343	0.0%	2	(149,617)
1,564,554	1,811,315	246,761	13.6%	Total Deductions from Revenue	19,181,909	17,204,324	(1,977,585)	-11.5%	2	15,866,329
144,193	85,623	58,570	68.4%	Other Operating Revenue	531,513	897,149	(365,636)	-40.8%	3	766,432
2,607,375	2,100,202	507,173	24.1%	TOTAL OPERATING REVENUE	20,269,011	19,992,049	276,962	1.4%		17,447,055
				OPERATING EXPENSES						
721,197	764,922	43,724	5.7%	Salaries and Wages	6,251,703	6,505,541	253,838	3.9%	4	5,851,459
253,959	230,119	(23,840)	-10.4%	Benefits	1,996,086	1,967,224	(28,862)	-1.5%	4	1,844,521
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	12,302	28,436	16,134	56.7%	4	30,640
172,563	165,194	(7,370)	-4.5%	Benefits Medical Insurance	1,437,378	1,486,742	49,365	3.3%	4	1,194,193
181,144	143,397	(37,747)	-26.3%	Medical Professional Fees	1,586,334	1,490,657	(95,677)	-6.4%	5	1,373,503
1,919	2,431	512	21.1%	Other Professional Fees	21,480	21,879	399	1.8%	5	18,606
132,274	104,184	(28,090)	-27.0%	Supplies	1,119,579	1,052,040	(67,539)	-6.4%	6	1,006,802
102,275	91,498	(10,777)	-11.8%	Purchased Services	788,779	761,912	(26,867)	-3.5%	7	588,642
106,352	96,482	(9,870)	-10.2%	Other	911,741	872,229	(39,512)	-4.5%	8	1,059,175
1,673,776	1,601,385	(72,391)	-4.5%	TOTAL OPERATING EXPENSE	14,125,382	14,186,660	61,278	0.4%		12,967,540
933,599	**498,817**	**434,781**	**87.2%**	**NET OPERATING REV(EXP) EBIDA**	**6,143,629**	**5,805,389**	**338,240**	**5.8%**		**4,479,515**
				NON-OPERATING REVENUE/(EXPENSE)						
-	51,118	(51,118)	-100.0%	Donations-IVCH	20,776	460,066	(439,290)	-95.5%	9	241,450
-	-	-	0.0%	Gain/ (Loss) on Sale			-	0.0%	10	-
(204,898)	(204,898)	(0)	0.0%	Depreciation	(1,834,398)	(1,832,551)	(1,847)	-0.1%	11	(1,106,632)
(2,231)	(2,231)	-	0.0%	Interest Expense	(12,279)	(12,279)	-	0.0%	12	(12,493)
(207,129)	(156,011)	(51,118)	-32.8%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,825,901)	(1,384,764)	(441,137)	-31.9%		(877,675)
$ 726,470	**$ 342,806**	**$ 383,663**	**111.9%**	**EXCESS REVENUE(EXPENSE)**	**$ 4,317,728**	**$ 4,420,625**	**$ (102,897)**	**-2.3%**		**$ 3,601,840**
23.2%	**13.0%**	**10.1%**		**RETURN ON GROSS REVENUE EBIDA**	**15.8%**	**16.0%**	**-0.2%**			**13.8%**

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

Variance from Budget Fav<Unfav>

1) Gross Revenues

Outpatient volumes were above budget in Lab tests, EKGs, Mammography, Ultrasounds, CT Scans, Drugs Sold to Patients and Oncology Drugs Sold to Patients.

Outpatient volumes were below budget in Emergency Department Visits, Surgery cases, Lab Send Out Tests, Diagnostic Imaging, Respiratory, Physical, Speech and Occupational Therapies.

	MAR 2025	YTD 2025
Gross Revenue -- Inpatient	$ -	$ -
Gross Revenue -- Outpatient	201,842	2,620,184
Total	$ 201,842	$ 2,620,184

2) Total Deductions from Revenue

We saw a shift in our payor mix with a 2.08% decrease in Medicare, a 2.62% increase in Medicaid, a 0.80% decrease in Commercial insurance, a 0.26% increase in Other, and County was at budget. Revenues were over budget 5.3%, we saw a shift from Medicare and Commercial into Medicaid and Other, creating a negative variance in Contractual Allowances.

The District completed its final audit for the IVCH FY23 Medicare Cost Report, resulting in additional monies due to the District.

	MAR 2025	YTD 2025
Contractual Allowances	$ (123,573)	$ (2,519,578)
Charity Care	27,376	238,541
Bad Debt	(114,413)	(445,891)
Prior Period Settlement	457,370	749,343
Total	$ 246,761	$ (1,977,585)

3) Other Operating Revenue

IVCH ER Physician Guarantee is tied to collections, coming in above budget in March.

Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.

	MAR 2025	YTD 2025
IVCH ER Physician Guarantee	$ 90,053	$ (201,624)
Miscellaneous	(31,483)	(164,012)
Total	$ 58,570	$ (365,636)

4) Salaries and Wages

	MAR 2025	YTD 2025
Total	$ 43,724	$ 253,838

Employee Benefits

An employment related matter created a negative variance in Nonproductive.

	MAR 2025	YTD 2025
PL/SL	$ 15,207	$ (84,011)
Pension/Deferred Comp	0	(0)
Standby	1,203	4,729
Other	2,563	5,005
Nonproductive	(42,814)	45,416
Total	$ (23,840)	$ (28,862)

Employee Benefits - Workers Compensation

	MAR 2025	YTD 2025
Total	$ 1,068	$ 16,134

Employee Benefits - Medical Insurance

	MAR 2025	YTD 2025
Total	$ (7,370)	$ 49,365

5) Professional Fees

Increased use of Call coverage created a negative variance in IVCH ER Physicians.

	MAR 2025	YTD 2025
IVCH ER Physicians	$ (38,033)	$ (104,296)
Administration	-	-
Foundation	512	401
Miscellaneous	94	1,594
Multi-Specialty Clinics	192	7,023
Total	$ (37,235)	$ (95,278)

6) Supplies

Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget 73.75%, creating a negative variance in Pharmacy Supplies.

	MAR 2025	YTD 2025
Pharmacy Supplies	$ (20,025)	$ (28,638)
Non-Medical Supplies	(3,259)	(13,265)
Minor Equipment	(3,904)	(11,553)
Patient & Other Medical Supplies	(962)	(11,503)
Food	(220)	(3,326)
Office Supplies	280	745
Total	$ (28,090)	$ (67,539)

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

	Variance from Budget Fav<Unfav> MAR 2025	Variance from Budget Fav<Unfav> YTD 2025

7) Purchased Services

Equipment maintenance for Surgery, Laboratory and Diagnostic Imaging created a negative variance in Department Repairs.

Stewardship expenses for a Donor recognition event created a negative variance in Foundation.

	MAR 2025	YTD 2025
Engineering/Plant/Communications	$ (257)	$ (12,993)
Miscellaneous	(1,860)	(11,008)
Diagnostic Imaging Services - All	(738)	(8,994)
Department Repairs	(8,528)	(6,619)
Pharmacy	610	(266)
Multi-Specialty Clinics	744	1,927
Foundation	(1,845)	2,667
EVS/Laundry	619	3,187
Laboratory	478	5,233
Total	$ (10,777)	$ (26,867)

8) Other Expenses

Subscription services for Lab and Physical Therapy created a negative variance in Dues and Subscriptions.

Natural Gas/Propane, Electricity and Water/Sewer costs were above budget, creating a negative variance in Utilities.

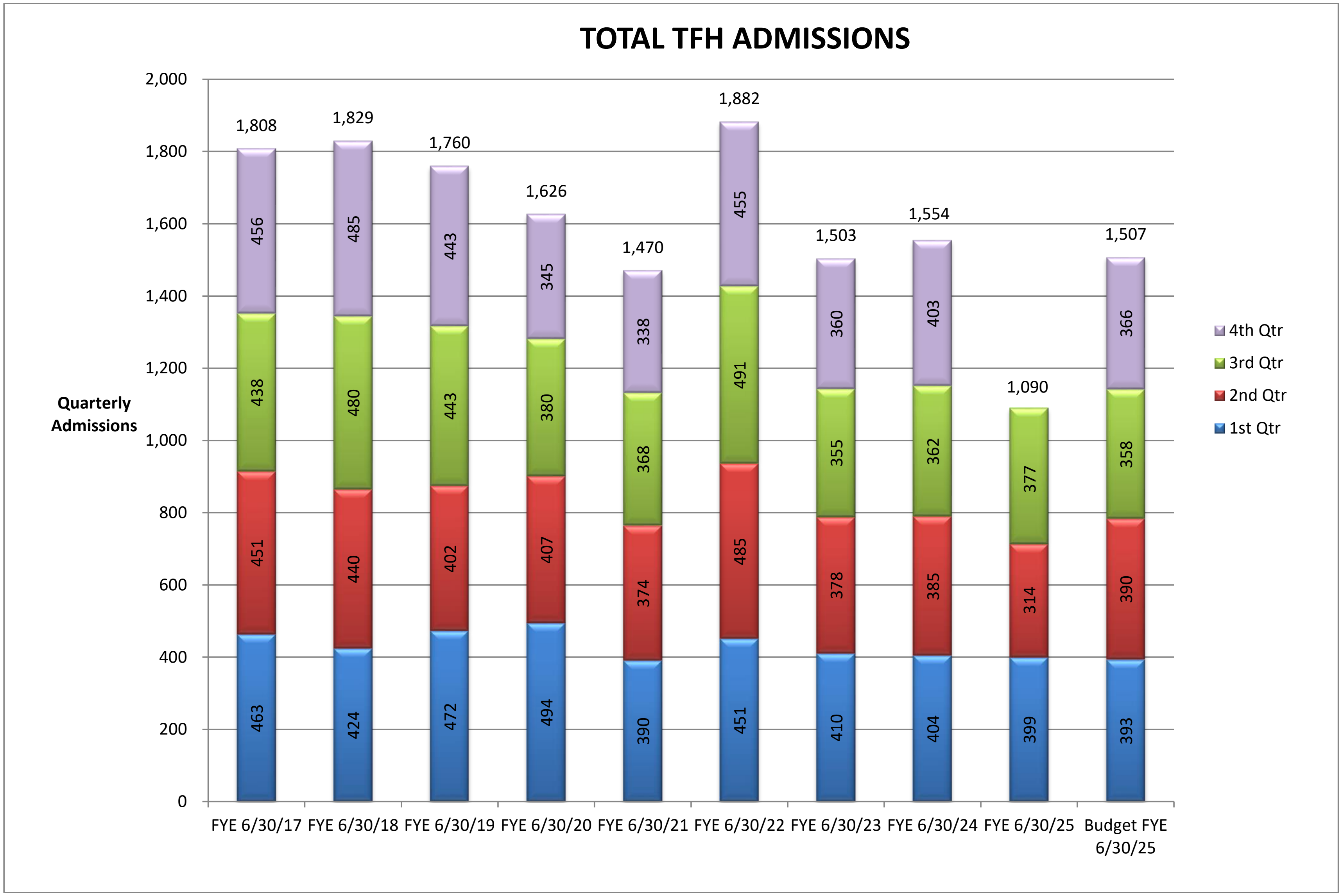
	MAR 2025	YTD 2025
Miscellaneous	$ (180)	$ (55,464)
Other Building Rent	(5,513)	(50,030)
Equipment Rent	196	(6,877)
Multi-Specialty Clinics Bldg. Rent	(1,218)	(6,455)
Physician Services	-	-
Insurance	58	2,983
Marketing	(1,335)	7,912
Dues and Subscriptions	(1,830)	12,924
Utilities	(1,784)	15,382
Outside Training & Travel	1,735	40,114
Total	$ (9,870)	$ (39,512)

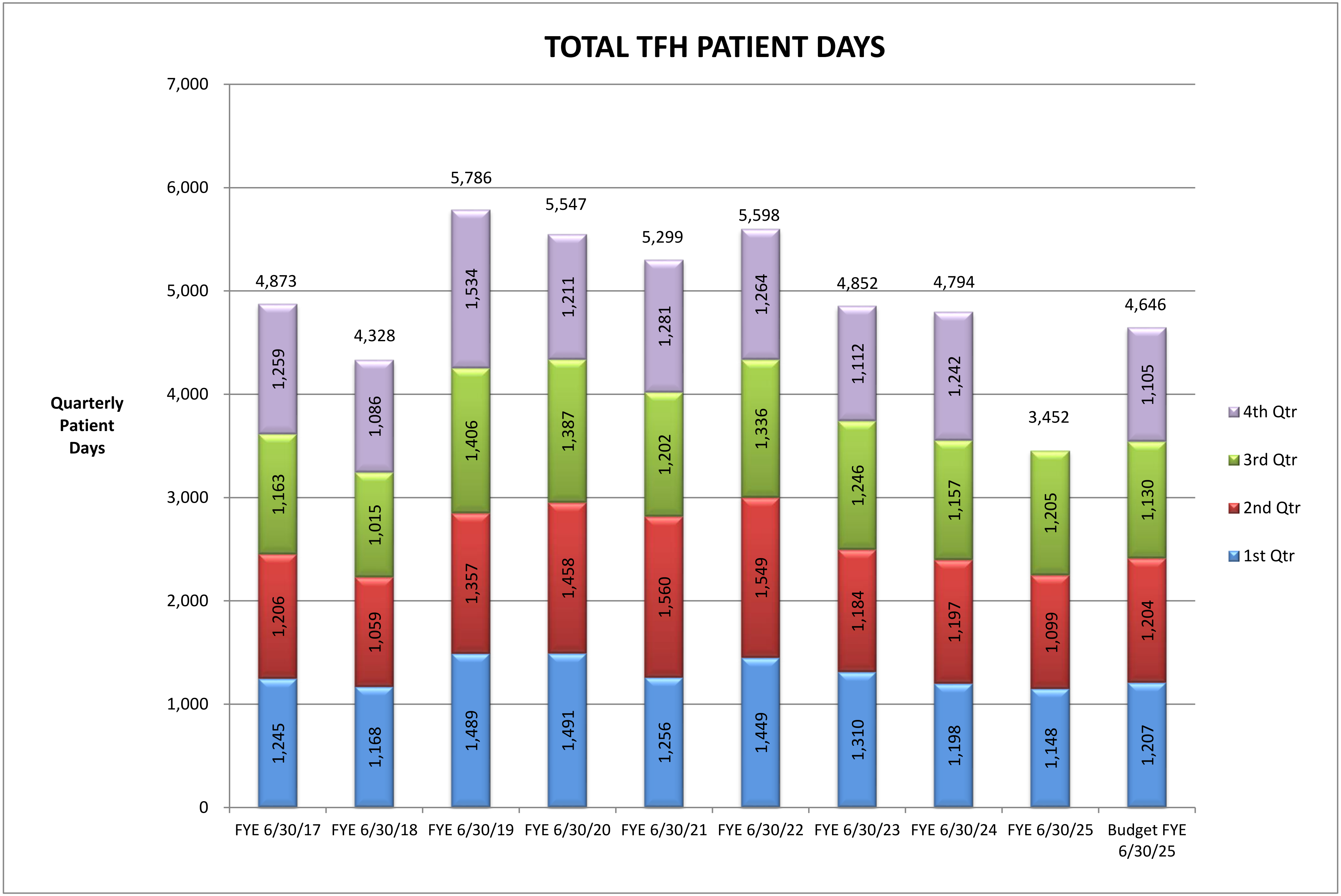
		MAR 2025	YTD 2025
9) **Donations**	Total	$ (51,118)	$ (439,290)
10) **Gain/(Loss) on Sale**	Total	$ -	$ -
11) **Depreciation Expense**	Total	$ -	$ (1,847)
12) **Interest Expense**	Total	$ -	$ -

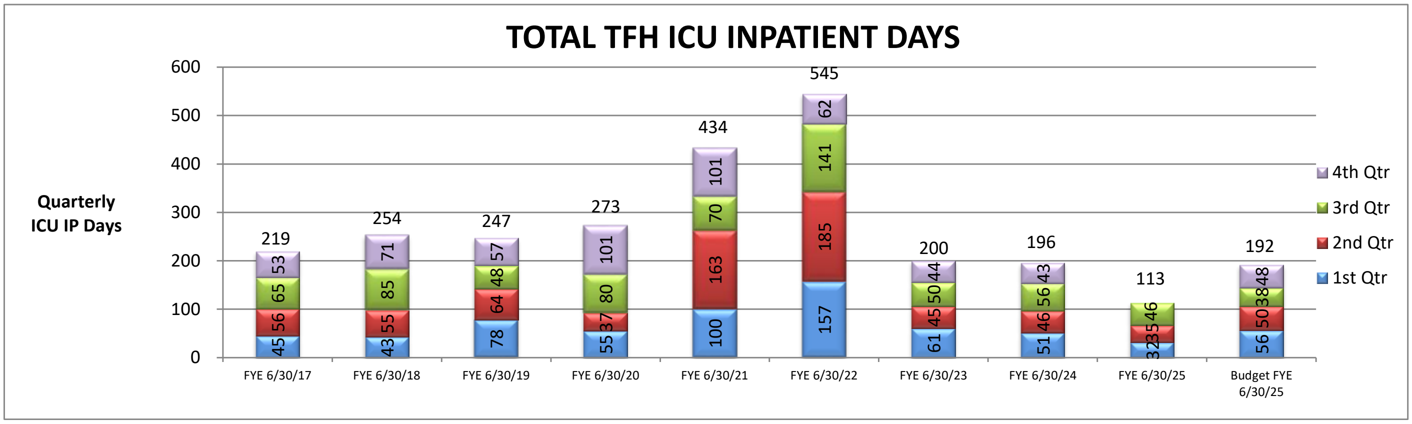
TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

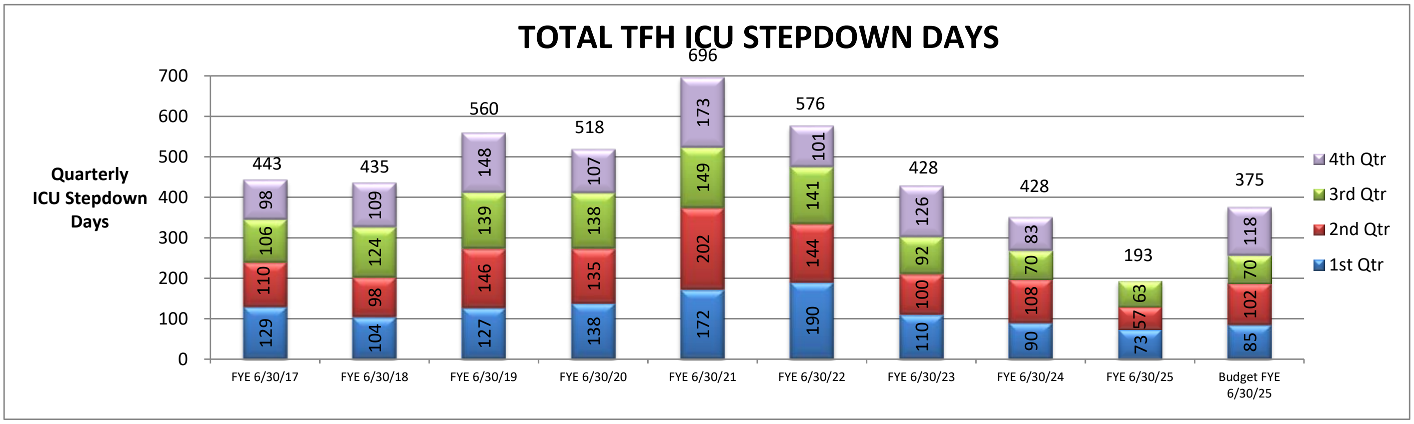
	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	**ACTUAL MAR 2025**	**BUDGET MAR 2025**	**DIFFERENCE**	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	40,888,000	$ 5,017,599	$ 1,428,101	$ 3,589,498	10,393,751	11,583,711	14,298,503	4,612,035
Interest Income	3,282,148		3,000,000	3,291,714	95,541	160,000	(64,459)	1,070,746	1,073,356	597,611	550,000
Property Tax Revenue	10,670,390		10,420,000	10,853,059	8,387	-	8,387	570,592	132,200	6,050,267	4,100,000
Donations	8,217,116		1,325,000	1,203,348	-	110,417	(110,417)	200,422	135,873	535,803	331,250
Debt Service Payments	(3,477,709)		(3,588,480)	(3,390,790)	(151,071)	(151,518)	446	(1,149,659)	(579,506)	(795,778)	(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	(715,417)		(396,294)	(334,982)	(83,411)	(83,857)	446	-	-	(83,411)	(251,571)
Copier	(41,568)		(61,200)	-	-	-	-	-	-	-	-
2017 VR Demand Bond	(122,530)		(743,423)	(795,185)	-	-	-	(689,828)	-	(105,357)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,448,697)		-	-	(256,850)	(376,525)	(404,028)	(411,294)
Physician Recruitment	(146,666)		(1,000,000)	(371,332)	-	(83,334)	83,334	-	(88,000)	(33,333)	(249,999)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(5,079,791)	(124,749)	(189,363)	64,613	(815,094)	(2,113,275)	(1,489,113)	(662,309)
Municipal Lease Reimbursement	-		2,200,000	1,825,632		-	-	-	-	1,340,632	485,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	-	-	-	-	-	-	-	-
Building Projects/Properties	(11,602,725)		(25,877,332)	(21,262,642)	(948,362)	(2,785,000)	1,836,638	(1,464,737)	(2,414,212)	(4,711,279)	(12,672,414)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	(151,019)	1,347,804	2,974,345	(1,626,541)	4,489,776	(1,939,760)	(4,087,041)	1,386,006
Change in Settlement Accounts	5,273,357	N2	2,005,000	4,286,245	(1,248,955)	(2,847,467)	1,598,512	(4,239,029)	(6,649,704)	9,866,339	5,308,639
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(4,807,306)	(68,517)	(250,000)	181,483	(2,884,641)	(1,234,601)	(138,064)	(550,000)
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(12,611,087)	(3,776,986)	(100,000)	(3,676,986)	(985,268)	(5,983,319)	(10,392,500)	4,750,000
Change in Cash Balance	39,452,464		2,208,325	14,674,029	150,691	(1,733,819)	1,884,510	5,186,858	(8,077,237)	11,042,047	6,522,361
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	192,298,217	192,298,217	-	184,297,240	189,484,098	181,406,861	192,448,908
Ending Unrestricted Cash	184,297,240		186,505,565	198,971,269	192,448,908	190,564,398	1,884,510	189,484,098	181,406,861	192,448,908	198,971,269
Operating Cash	184,297,240		186,505,565	198,971,269	192,448,908	190,564,398	1,884,510	189,484,098	181,406,861	192,448,908	198,971,269
Expense Per Day	803,390		860,294	865,456	866,334	859,458	6,876	825,149	845,451	866,334	865,456
Days Cash On Hand	229		217	230	222	222	0	230	215	222	230

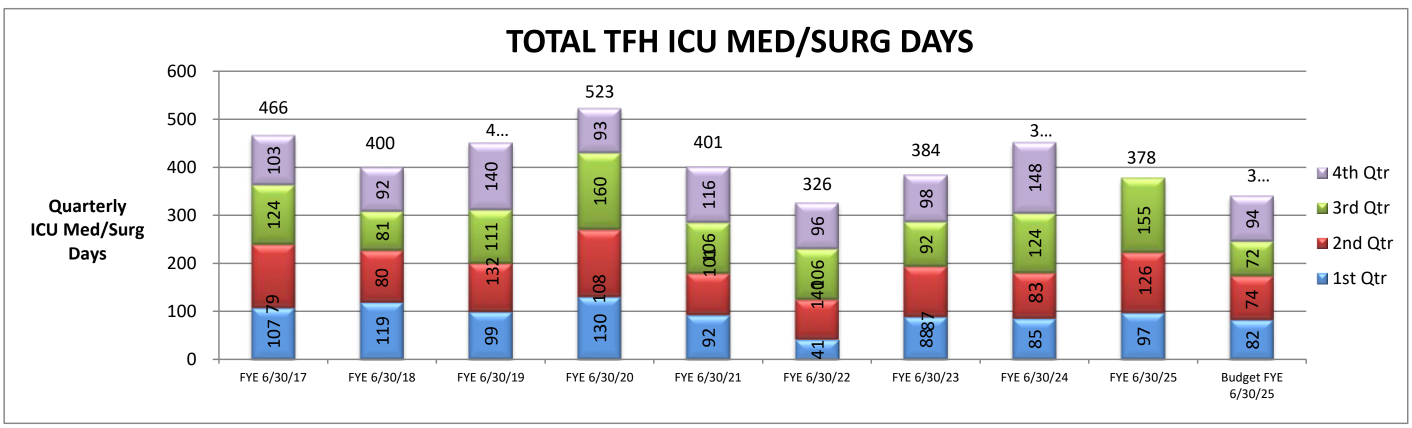
Footnotes:
N1 - Change in Accounts Receivable reflects the 30 day delay in collections.
N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.
N3 - Change in Other Assets reflect fluctuations in asset accounts 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.

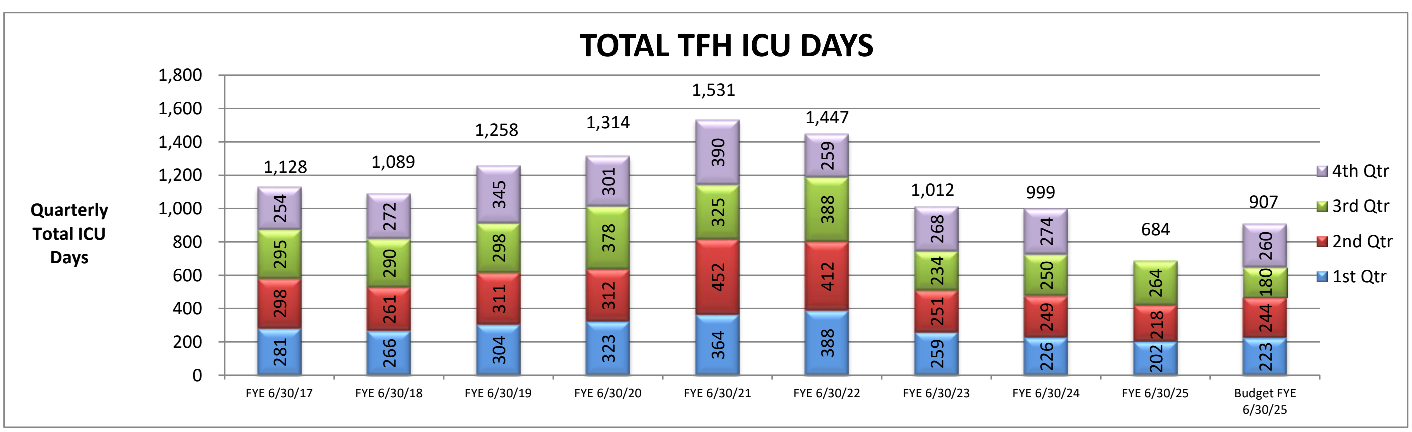

TOTAL TFH ADMISSIONS
Quarterly Admissions
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
1,808
1,829
1,760
1,626
1,470
1,882
1,503
1,554
1,090
1,507
456
485
443
345
338
455
360
403
366
438
480
443
380
368
491
355
362
377
358
451
440
402
407
374
485
378
385
314
390
463
424
472
494
390
451
410
404
399
393
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

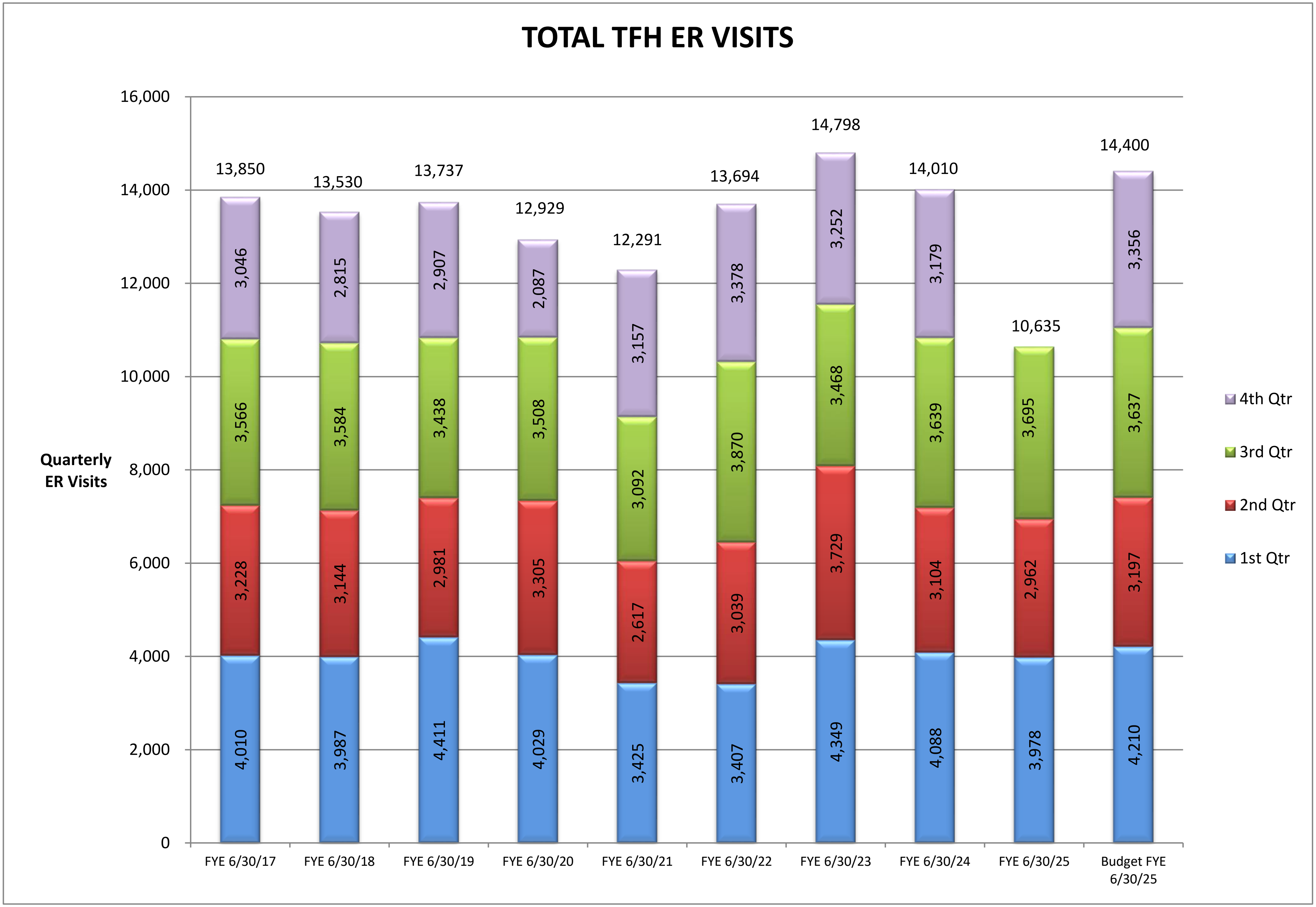

TOTAL TFH PATIENT DAYS
Quarterly Patient Days
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
4,873
4,328
5,786
5,547
5,299
5,598
4,852
4,794
3,452
4,646
1,245
1,206
1,163
1,259
1,168
1,059
1,015
1,086
1,489
1,357
1,406
1,534
1,491
1,458
1,387
1,211
1,256
1,560
1,202
1,281
1,449
1,549
1,336
1,264
1,310
1,184
1,246
1,112
1,198
1,197
1,157
1,242
1,148
1,099
1,205
1,207
1,204
1,130
1,105
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

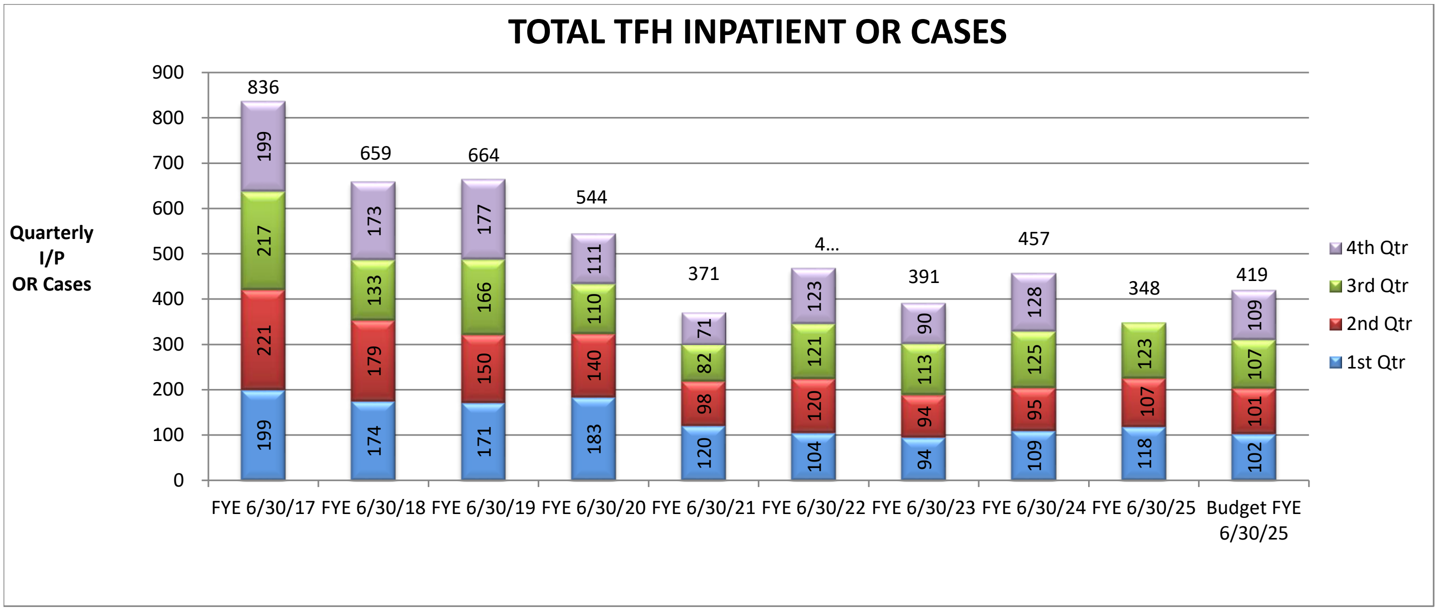

TOTAL TFH ICU INPATIENT DAYS
Quarterly ICU IP Days
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
219
254
247
273
434
545
200
196
113
192

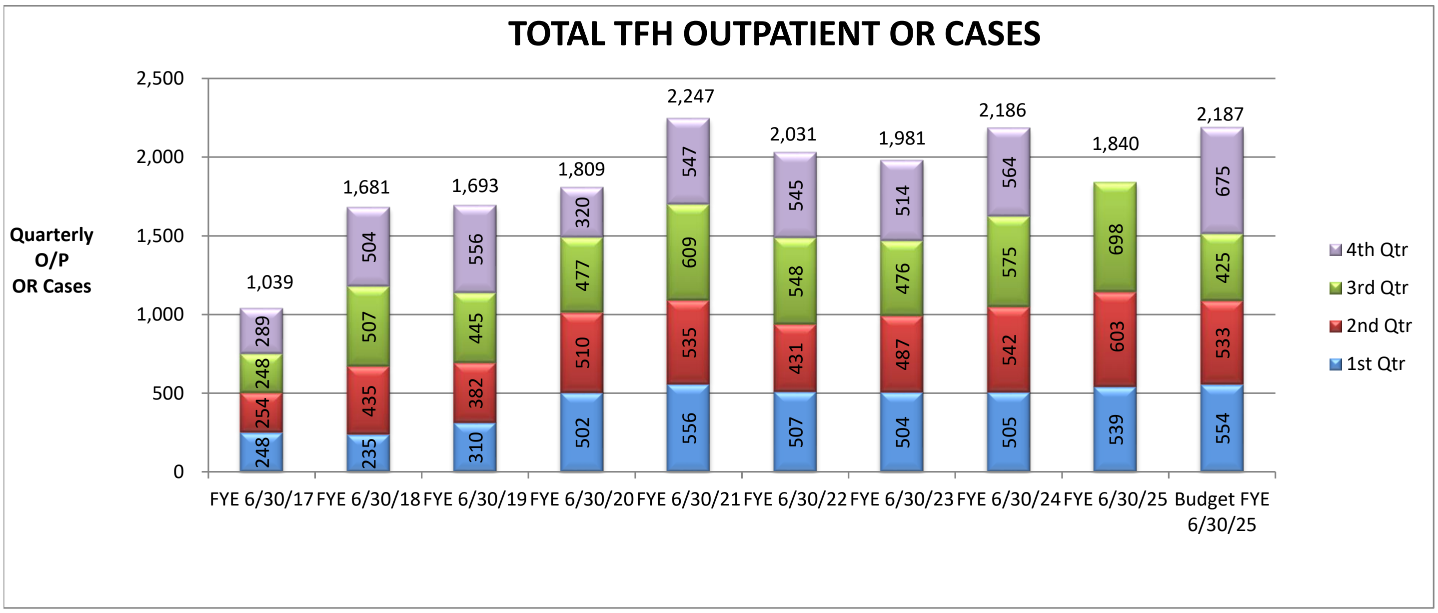

TOTAL TFH ICU STEPDOWN DAYS
Quarterly ICU Stepdown Days
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
443
435
560
518
696
576
428
428
193
375

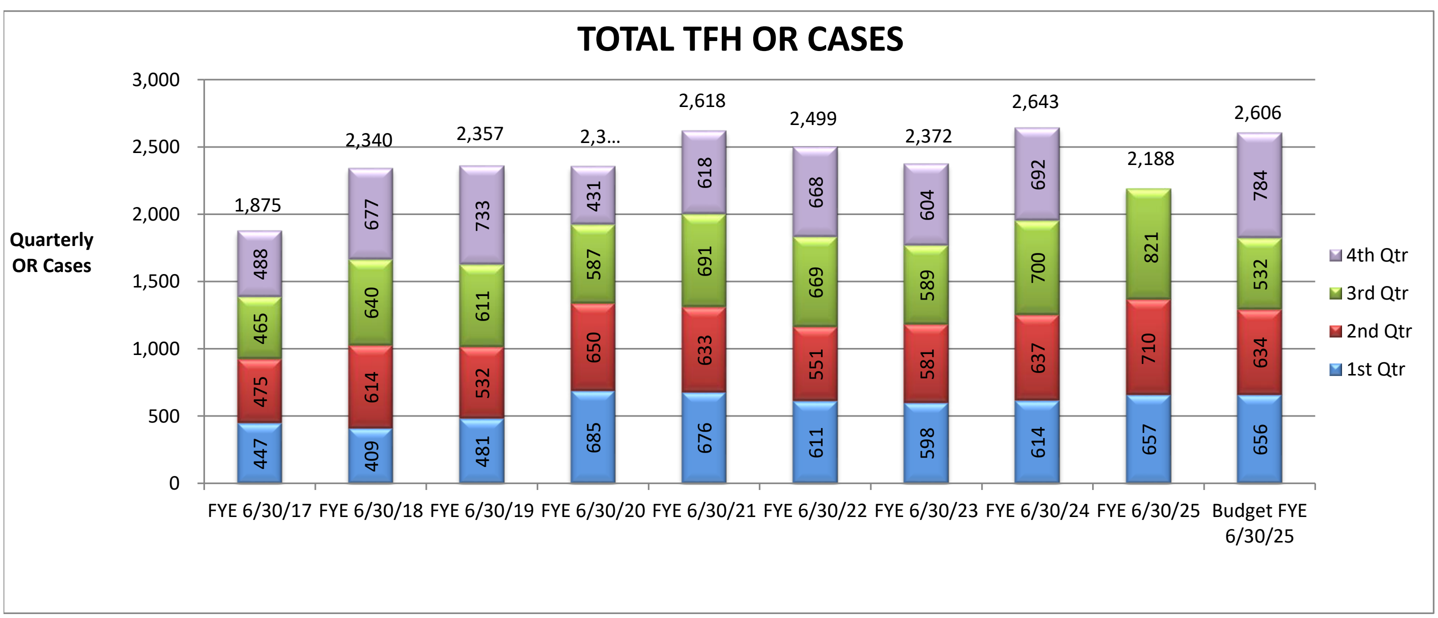

TOTAL TFH ICU MED/SURG DAYS
Quarterly ICU Med/Surg Days
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
466
400
4...
523
401
326
384
3...
378
3...

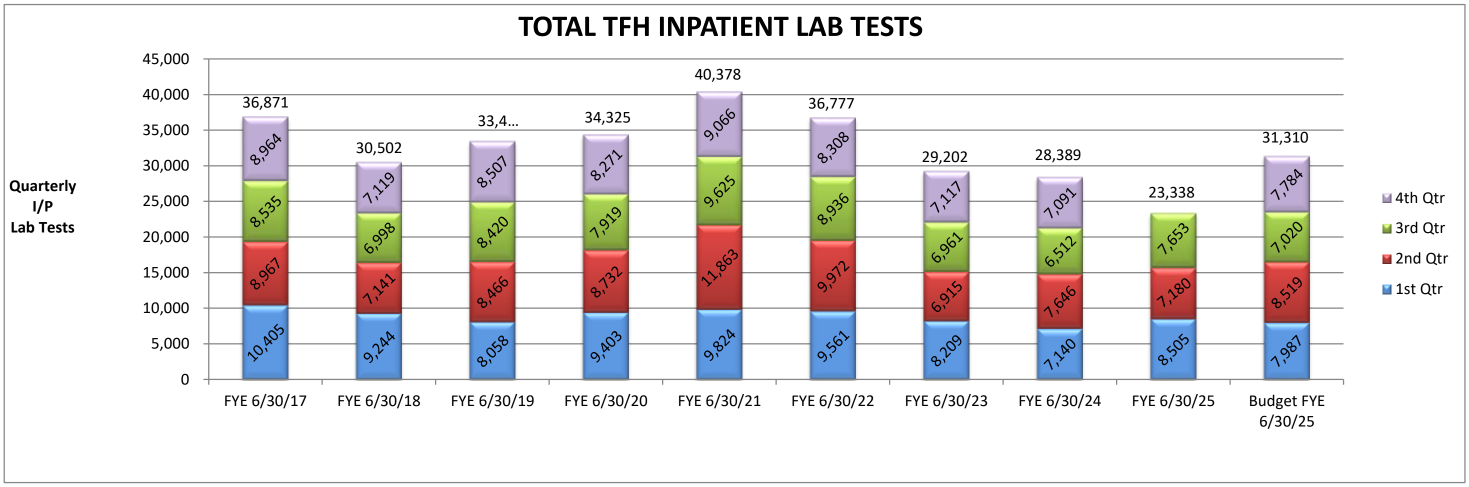

TOTAL TFH ICU DAYS
Quarterly Total ICU Days
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
1,128
1,089
1,258
1,314
1,531
1,447
1,012
999
684
907

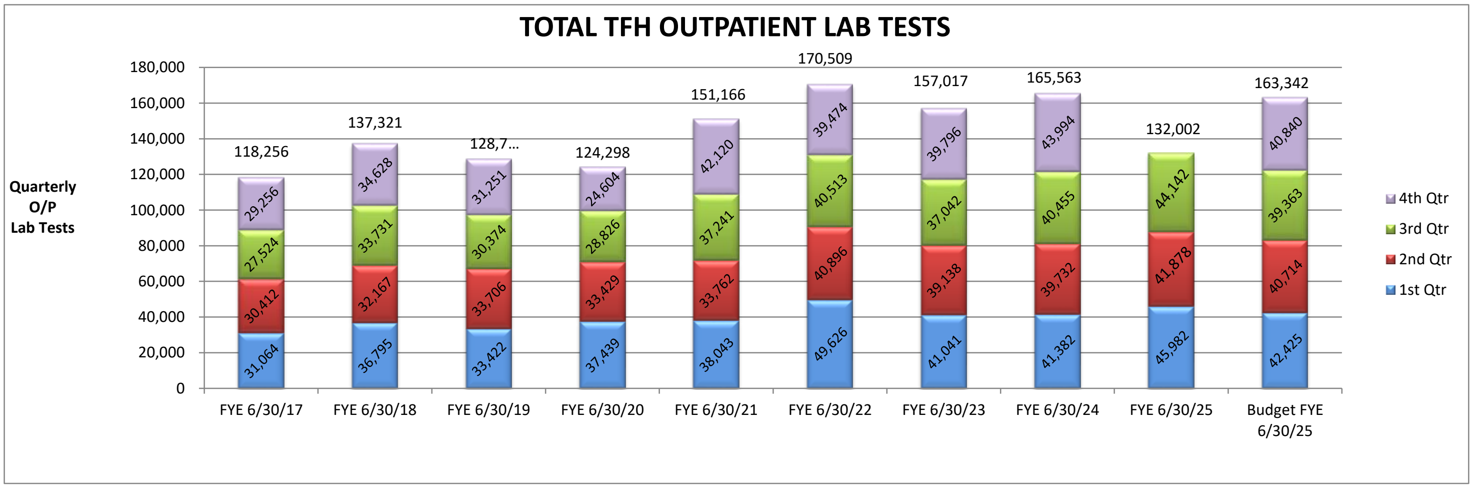

TOTAL TFH ER VISITS
Quarterly ER Visits
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
13,850
13,530
13,737
12,929
12,291
13,694
14,798
14,010
10,635
14,400
3,046
2,815
2,907
2,087
3,157
3,378
3,252
3,179
3,356
3,566
3,584
3,438
3,508
3,092
3,870
3,468
3,639
3,695
3,637
3,228
3,144
2,981
3,305
2,617
3,039
3,729
3,104
2,962
3,197
4,010
3,987
4,411
4,029
3,425
3,407
4,349
4,088
3,978
4,210
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

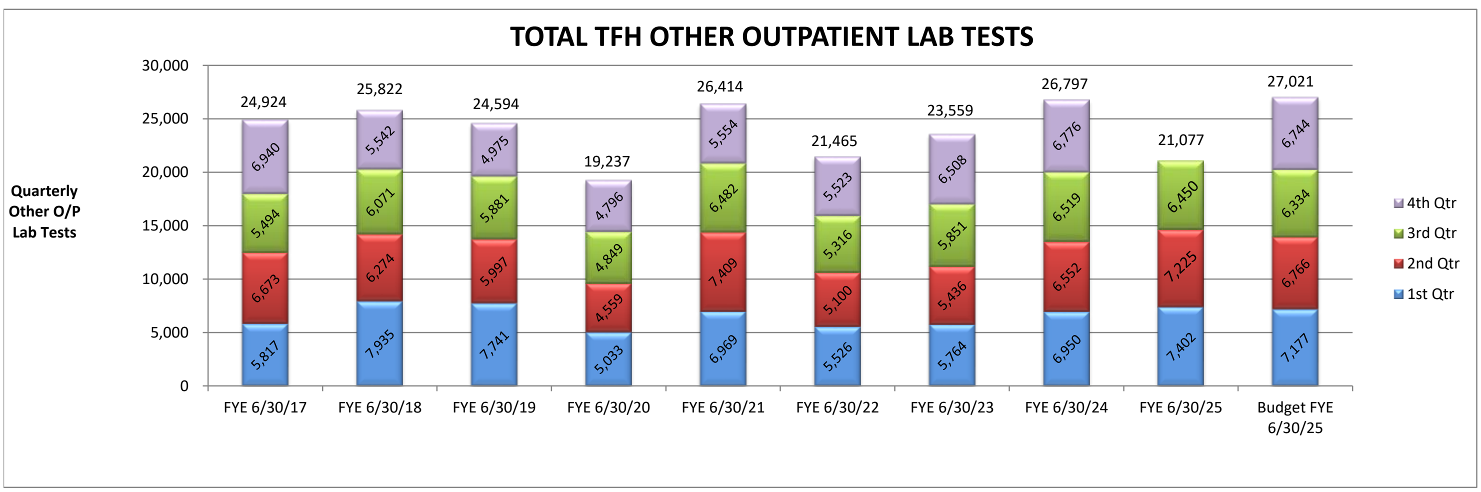

TOTAL TFH INPATIENT OR CASES
Quarterly I/P OR Cases
900
800
700
600
500
400
300
200
100
0
836
659
664
544
371
4...
391
457
348
419
199
217
221
199
173
133
179
174
177
166
150
171
111
110
140
183
71
82
98
120
123
121
120
104
90
113
94
94
128
125
95
109
123
107
118
109
107
101
102
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

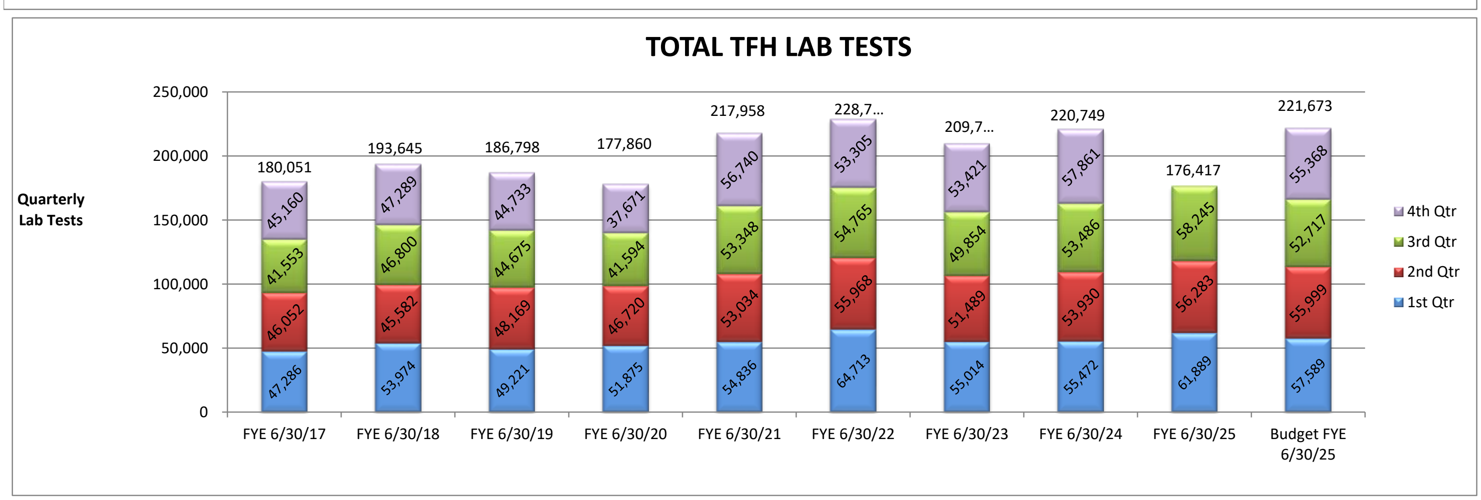

TOTAL TFH OUTPATIENT OR CASES
Quarterly O/P OR Cases
2,500
2,000
1,500
1,000
500
0
1,039
1,681
1,693
1,809
2,247
2,031
1,981
2,186
1,840
2,187
289
248
254
248
504
507
435
235
556
445
382
310
320
477
510
502
547
609
535
556
545
548
431
507
514
476
487
504
564
575
542
505
698
603
539
675
425
533
554
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

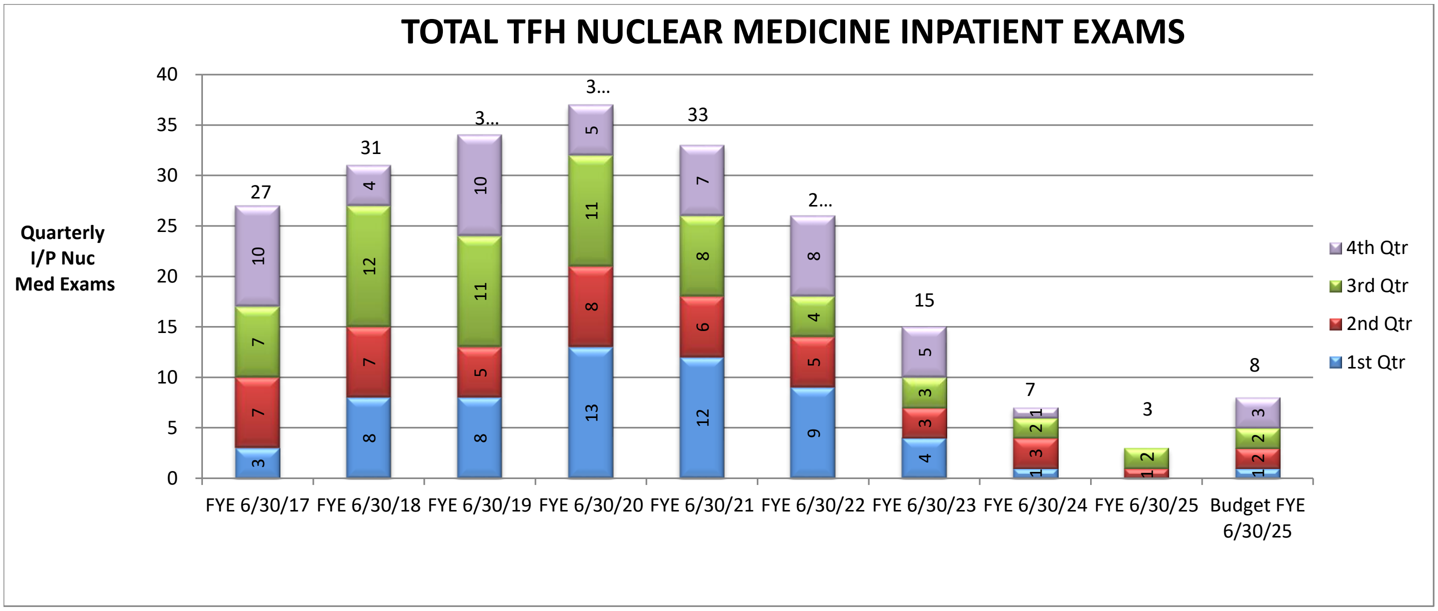

TOTAL TFH OR CASES
Quarterly OR Cases
3,000
2,500
2,000
1,500
1,000
500
0
1,875
2,340
2,357
2,3...
2,618
2,499
2,372
2,643
2,188
2,606
488
465
475
447
677
640
614
409
733
611
532
481
431
587
650
685
618
691
633
676
668
669
551
611
604
589
581
598
692
700
637
614
821
710
657
784
532
634
656
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

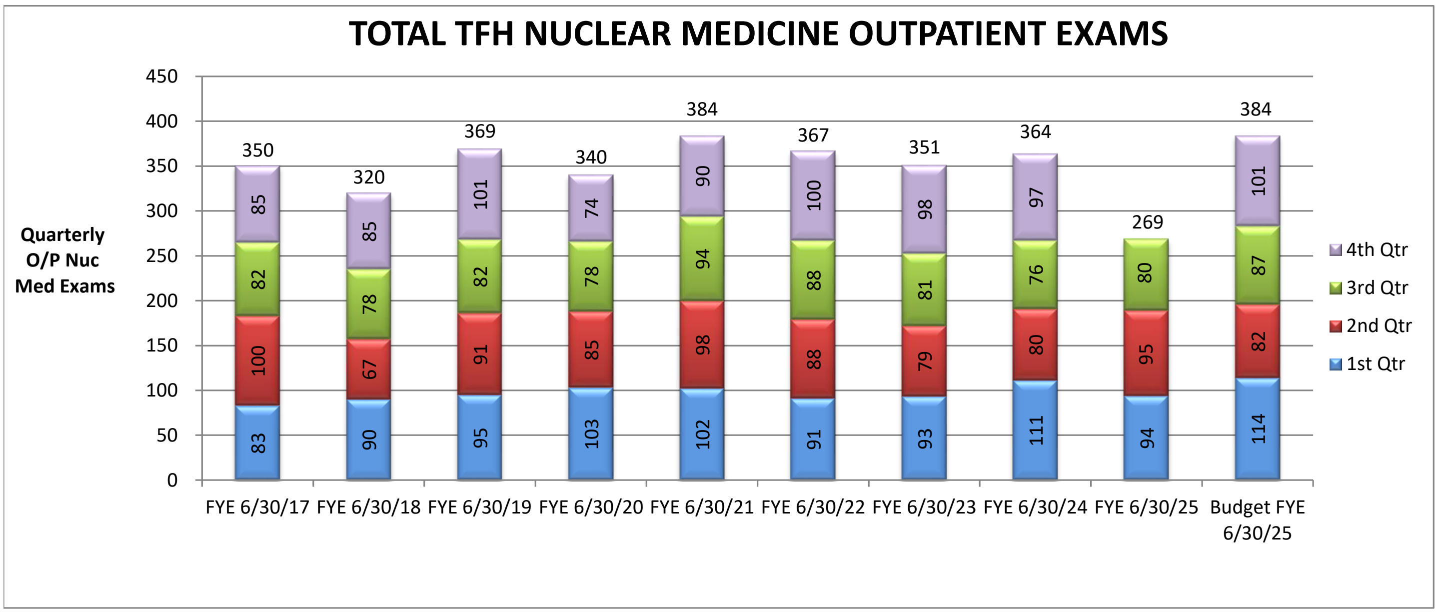

TOTAL TFH INPATIENT LAB TESTS
Quarterly I/P Lab Tests
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
FYE 6/30/17: 10,405; 8,967; 8,535; 8,964; 36,871
FYE 6/30/18: 9,244; 7,141; 6,998; 7,119; 30,502
FYE 6/30/19: 8,058; 8,466; 8,420; 8,507; 33,4...
FYE 6/30/20: 9,403; 8,732; 7,919; 8,271; 34,325
FYE 6/30/21: 9,824; 11,863; 9,625; 9,066; 40,378
FYE 6/30/22: 9,561; 9,972; 8,936; 8,308; 36,777
FYE 6/30/23: 8,209; 6,915; 6,961; 7,117; 29,202
FYE 6/30/24: 7,140; 7,646; 6,512; 7,091; 28,389
FYE 6/30/25: 8,505; 7,180; 7,653; 23,338
Budget FYE 6/30/25: 7,987; 8,519; 7,020; 7,784; 31,310
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

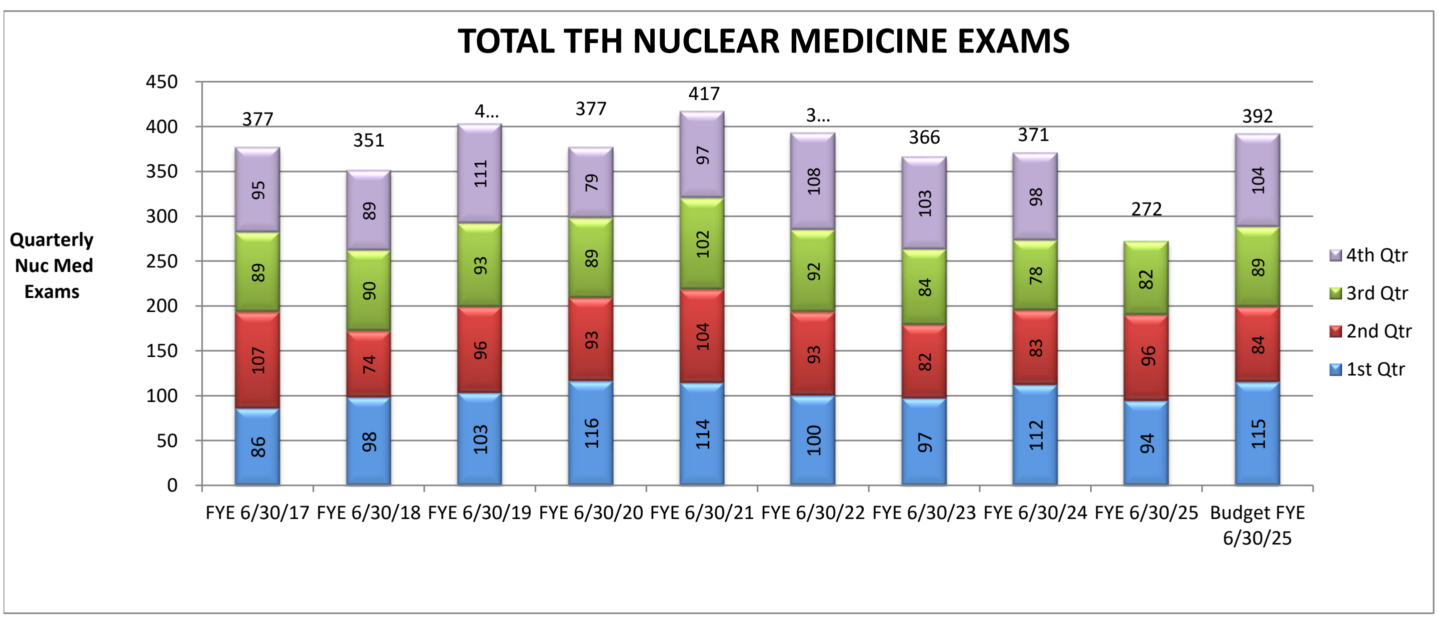

TOTAL TFH OUTPATIENT LAB TESTS
Quarterly O/P Lab Tests
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
FYE 6/30/17: 31,064; 30,412; 27,524; 29,256; 118,256
FYE 6/30/18: 36,795; 32,167; 33,731; 34,628; 137,321
FYE 6/30/19: 33,422; 33,706; 30,374; 31,251; 128,7...
FYE 6/30/20: 37,439; 33,429; 28,826; 24,604; 124,298
FYE 6/30/21: 38,043; 33,762; 37,241; 42,120; 151,166
FYE 6/30/22: 49,626; 40,896; 40,513; 39,474; 170,509
FYE 6/30/23: 41,041; 39,138; 37,042; 39,796; 157,017
FYE 6/30/24: 41,382; 39,732; 40,455; 43,994; 165,563
FYE 6/30/25: 45,982; 41,878; 44,142; 132,002
Budget FYE 6/30/25: 42,425; 40,714; 39,363; 40,840; 163,342
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

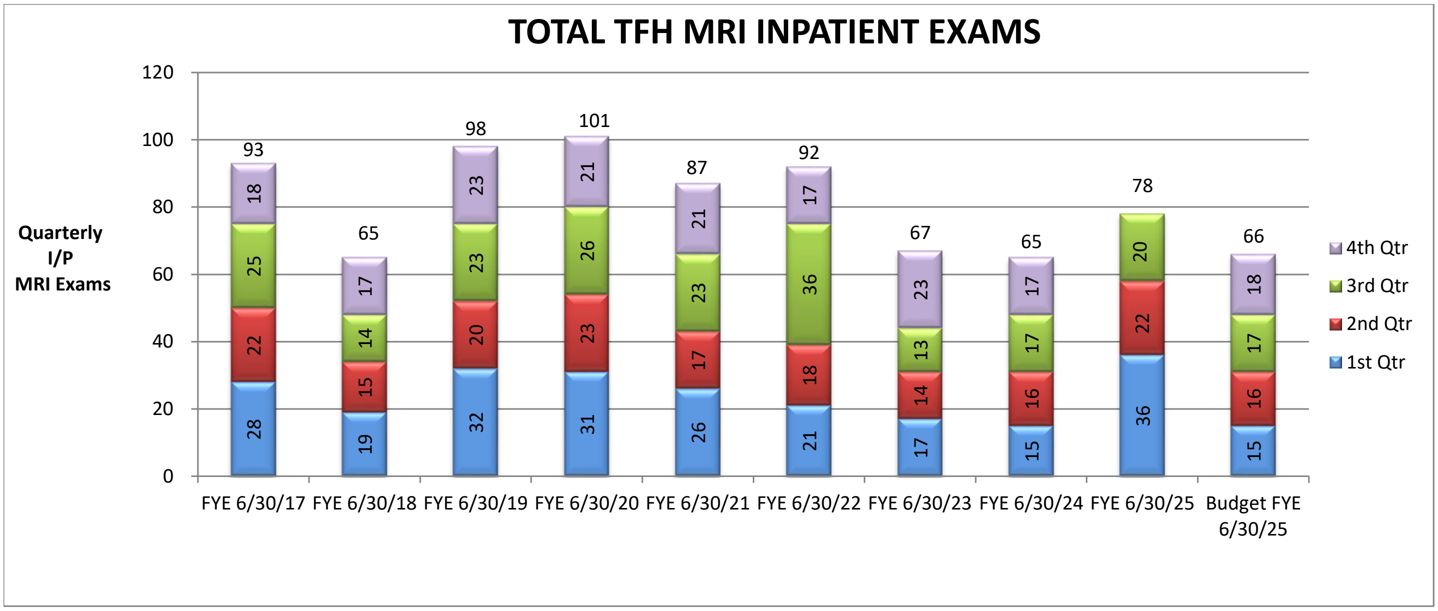

TOTAL TFH OTHER OUTPATIENT LAB TESTS
Quarterly Other O/P Lab Tests
30,000
25,000
20,000
15,000
10,000
5,000
0
FYE 6/30/17: 5,817; 6,673; 5,494; 6,940; 24,924
FYE 6/30/18: 7,935; 6,274; 6,071; 5,542; 25,822
FYE 6/30/19: 7,741; 5,997; 5,881; 4,975; 24,594
FYE 6/30/20: 5,033; 4,559; 4,849; 4,796; 19,237
FYE 6/30/21: 6,969; 7,409; 6,482; 5,554; 26,414
FYE 6/30/22: 5,526; 5,100; 5,316; 5,523; 21,465
FYE 6/30/23: 5,764; 5,436; 5,851; 6,508; 23,559
FYE 6/30/24: 6,950; 6,552; 6,519; 6,776; 26,797
FYE 6/30/25: 7,402; 7,225; 6,450; 21,077
Budget FYE 6/30/25: 7,177; 6,766; 6,334; 6,744; 27,021
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

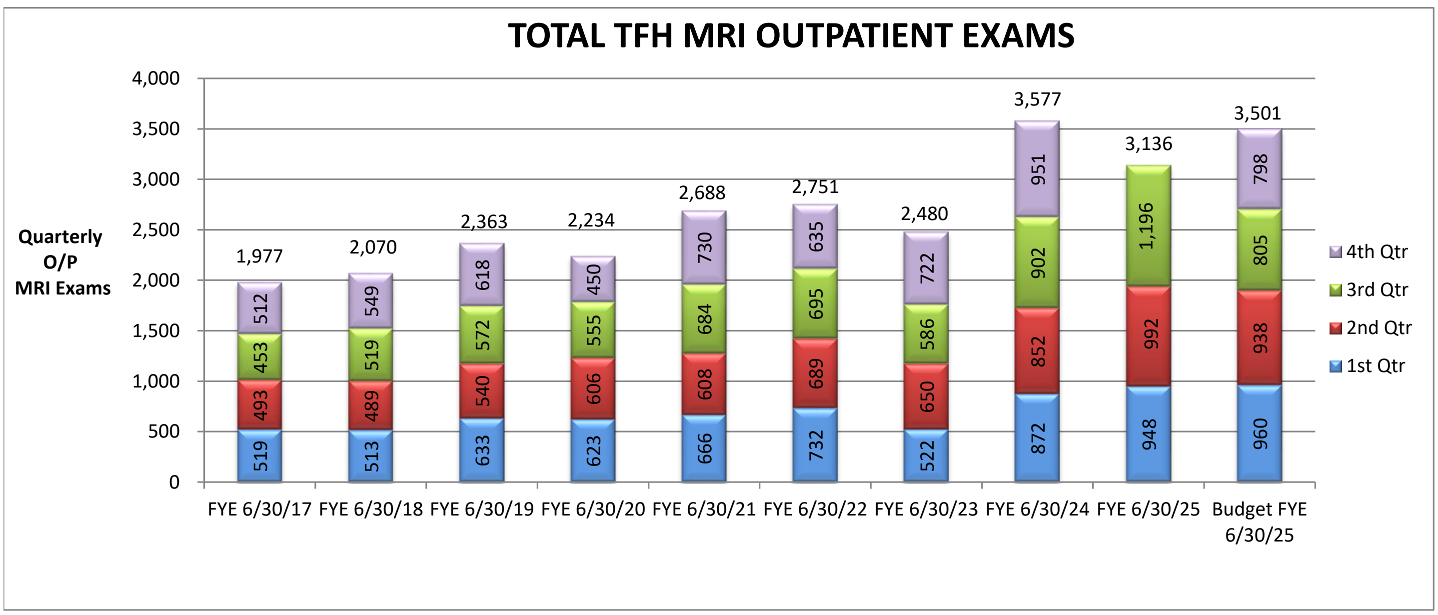

TOTAL TFH LAB TESTS
Quarterly Lab Tests
250,000
200,000
150,000
100,000
50,000
0
FYE 6/30/17: 47,286; 46,052; 41,553; 45,160; 180,051
FYE 6/30/18: 53,974; 45,582; 46,800; 47,289; 193,645
FYE 6/30/19: 49,221; 48,169; 44,675; 44,733; 186,798
FYE 6/30/20: 51,875; 46,720; 41,594; 37,671; 177,860
FYE 6/30/21: 54,836; 53,034; 53,348; 56,740; 217,958
FYE 6/30/22: 64,713; 55,968; 54,765; 53,305; 228,7...
FYE 6/30/23: 55,014; 51,489; 49,854; 53,421; 209,7...
FYE 6/30/24: 55,472; 53,930; 53,486; 57,861; 220,749
FYE 6/30/25: 61,889; 56,283; 58,245; 176,417
Budget FYE 6/30/25: 57,589; 55,999; 52,717; 55,368; 221,673
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

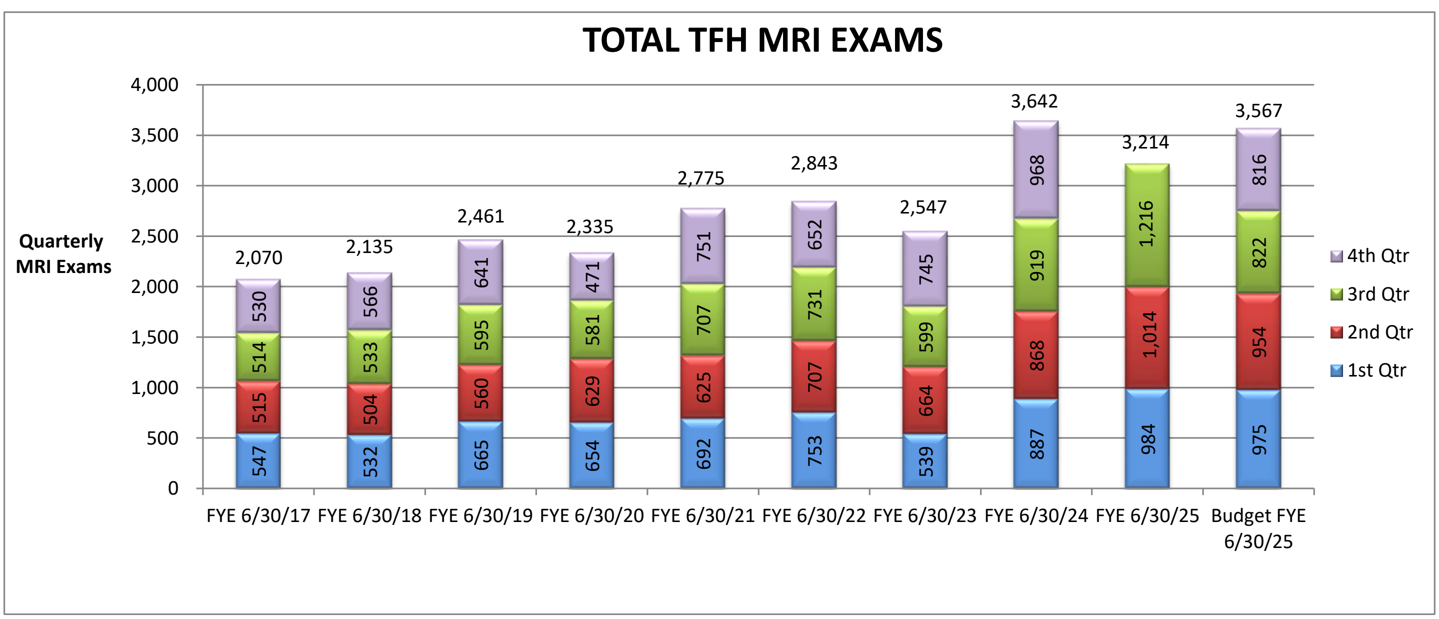

TOTAL TFH NUCLEAR MEDICINE INPATIENT EXAMS
Quarterly I/P Nuc Med Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25

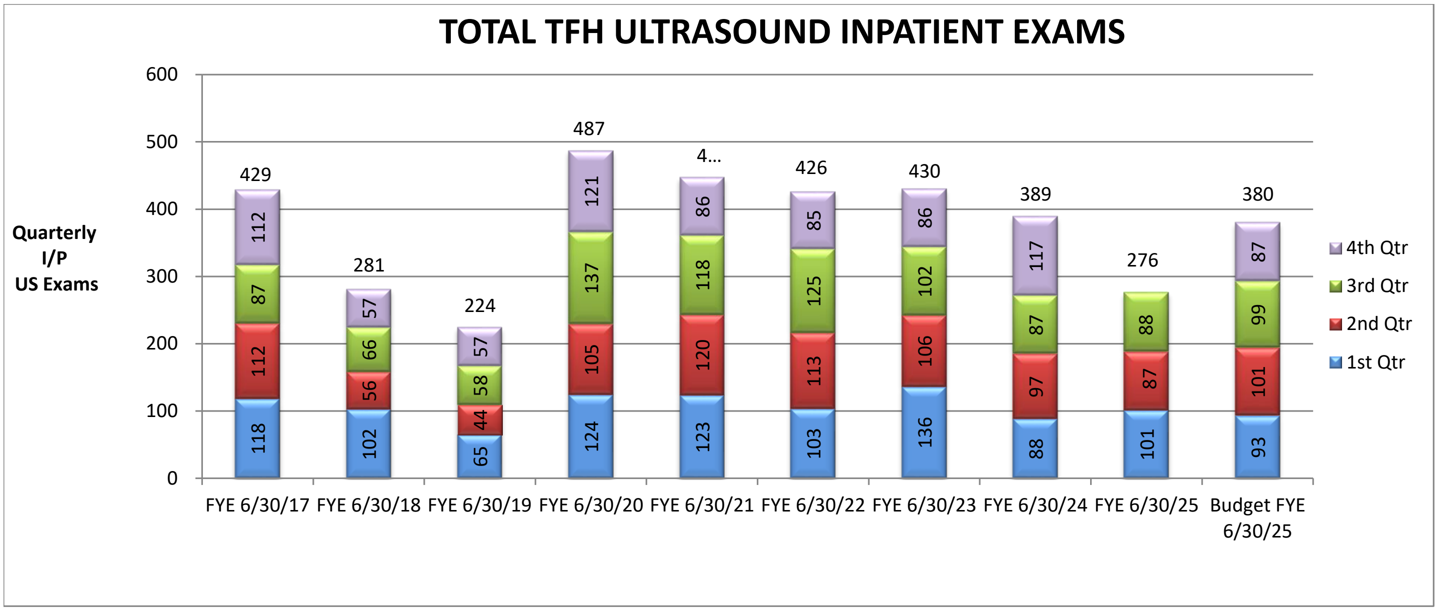

TOTAL TFH NUCLEAR MEDICINE OUTPATIENT EXAMS
Quarterly O/P Nuc Med Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25

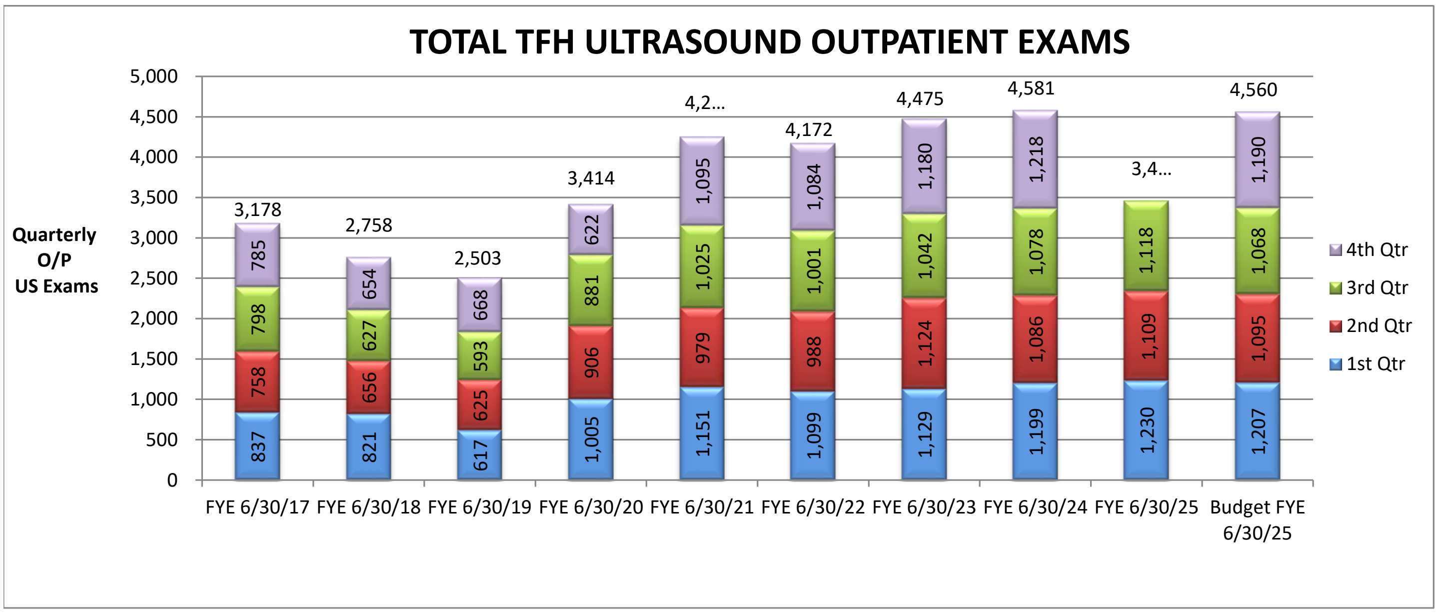

TOTAL TFH NUCLEAR MEDICINE EXAMS
Quarterly Nuc Med Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17
FYE 6/30/18
FYE 6/30/19
FYE 6/30/20
FYE 6/30/21
FYE 6/30/22
FYE 6/30/23
FYE 6/30/24
FYE 6/30/25
Budget FYE 6/30/25

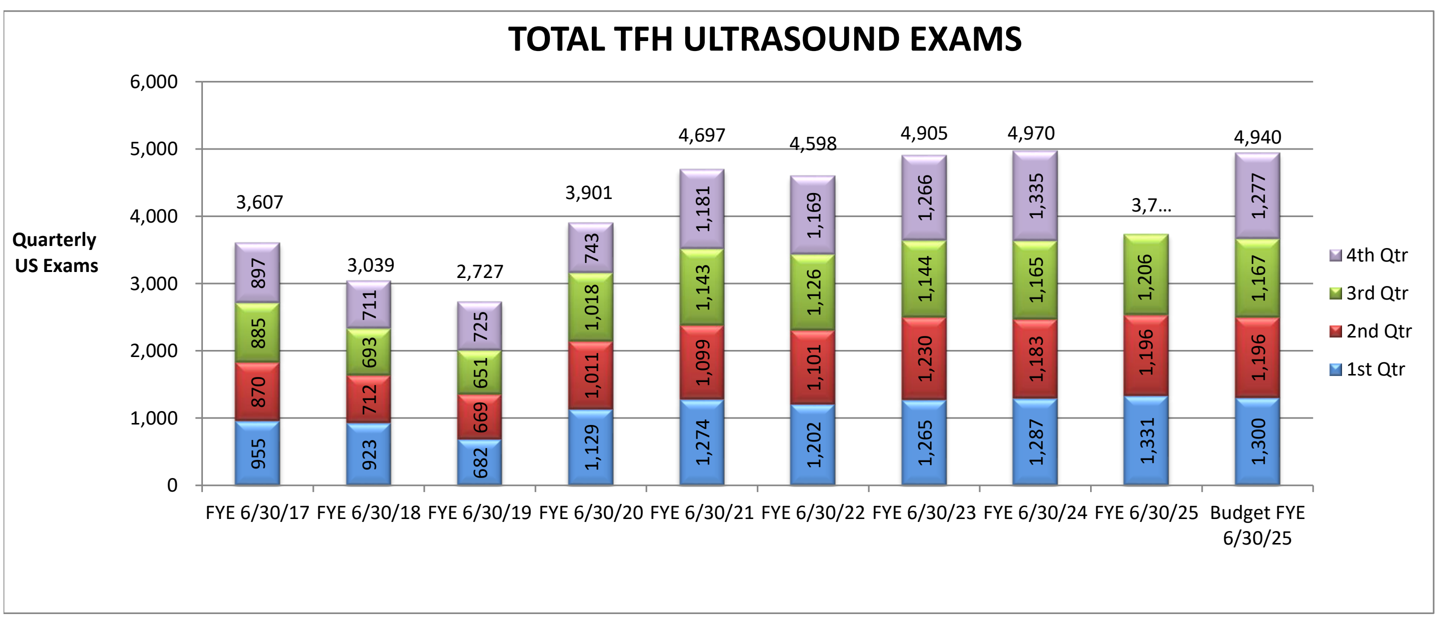

TOTAL TFH MRI INPATIENT EXAMS
Quarterly I/P MRI Exams
0
20
40
60
80
100
120
FYE 6/30/17: 28, 22, 25, 18, 93
FYE 6/30/18: 19, 15, 14, 17, 65
FYE 6/30/19: 32, 20, 23, 23, 98
FYE 6/30/20: 31, 23, 26, 21, 101
FYE 6/30/21: 26, 17, 23, 21, 87
FYE 6/30/22: 21, 18, 36, 17, 92
FYE 6/30/23: 17, 14, 13, 23, 67
FYE 6/30/24: 15, 16, 17, 17, 65
FYE 6/30/25: 36, 22, 20, 78
Budget FYE 6/30/25: 15, 16, 17, 18, 66
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

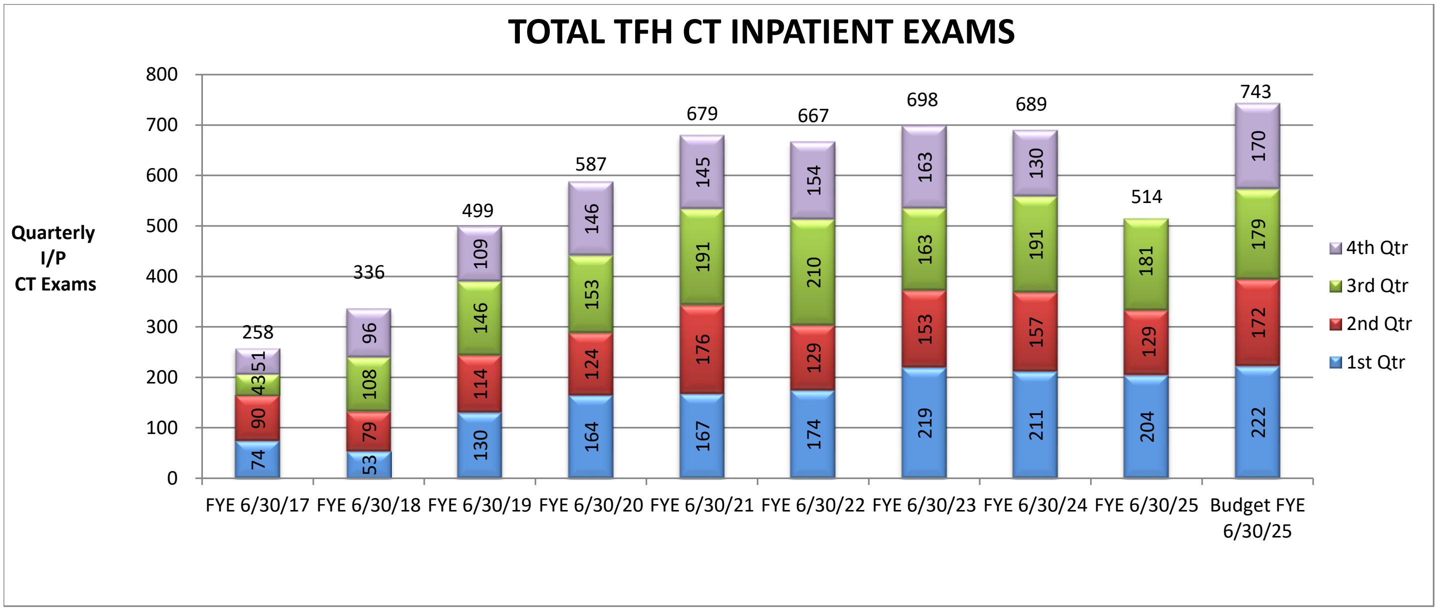

TOTAL TFH MRI OUTPATIENT EXAMS
Quarterly O/P MRI Exams
0
500
1,000
1,500
2,000
2,500
3,000
3,500
4,000
FYE 6/30/17: 519, 493, 453, 512, 1,977
FYE 6/30/18: 513, 489, 519, 549, 2,070
FYE 6/30/19: 633, 540, 572, 618, 2,363
FYE 6/30/20: 623, 606, 555, 450, 2,234
FYE 6/30/21: 666, 608, 684, 730, 2,688
FYE 6/30/22: 732, 689, 695, 635, 2,751
FYE 6/30/23: 522, 650, 586, 722, 2,480
FYE 6/30/24: 872, 852, 902, 951, 3,577
FYE 6/30/25: 948, 992, 1,196, 3,136
Budget FYE 6/30/25: 960, 938, 805, 798, 3,501
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

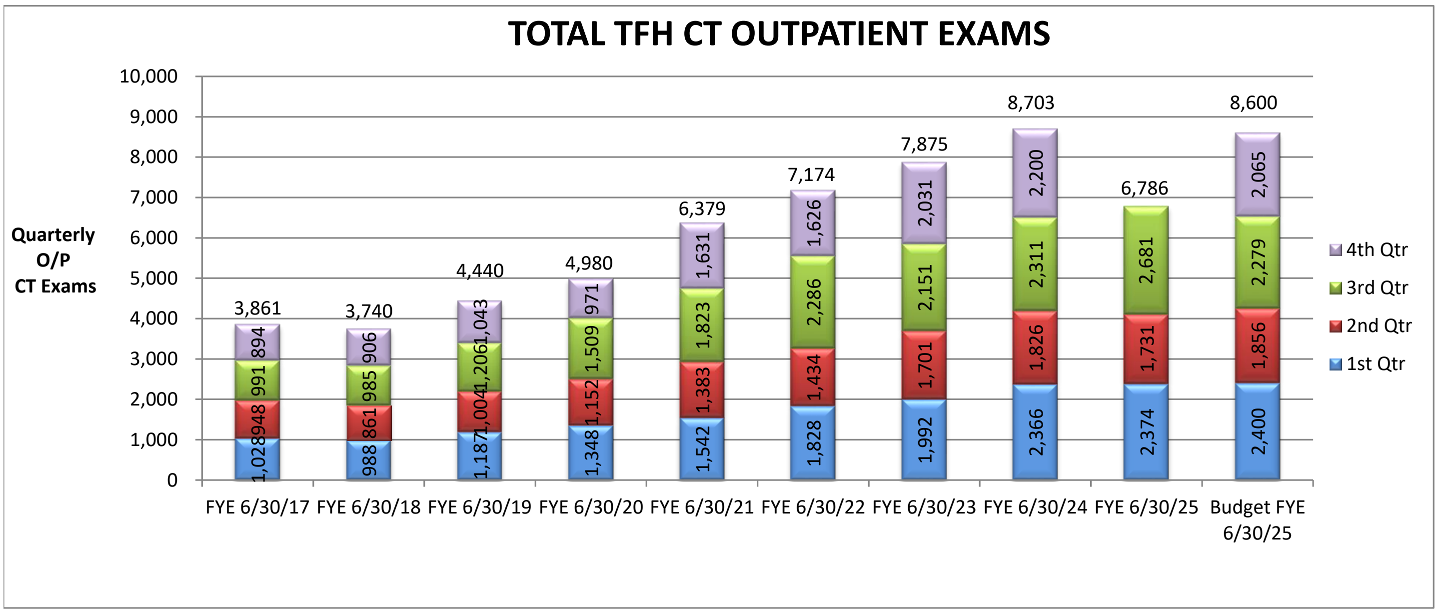

TOTAL TFH MRI EXAMS
Quarterly MRI Exams
0
500
1,000
1,500
2,000
2,500
3,000
3,500
4,000
FYE 6/30/17: 547, 515, 514, 530, 2,070
FYE 6/30/18: 532, 504, 533, 566, 2,135
FYE 6/30/19: 665, 560, 595, 641, 2,461
FYE 6/30/20: 654, 629, 581, 471, 2,335
FYE 6/30/21: 692, 625, 707, 751, 2,775
FYE 6/30/22: 753, 707, 731, 652, 2,843
FYE 6/30/23: 539, 664, 599, 745, 2,547
FYE 6/30/24: 887, 868, 919, 968, 3,642
FYE 6/30/25: 984, 1,014, 1,216, 3,214
Budget FYE 6/30/25: 975, 954, 822, 816, 3,567
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

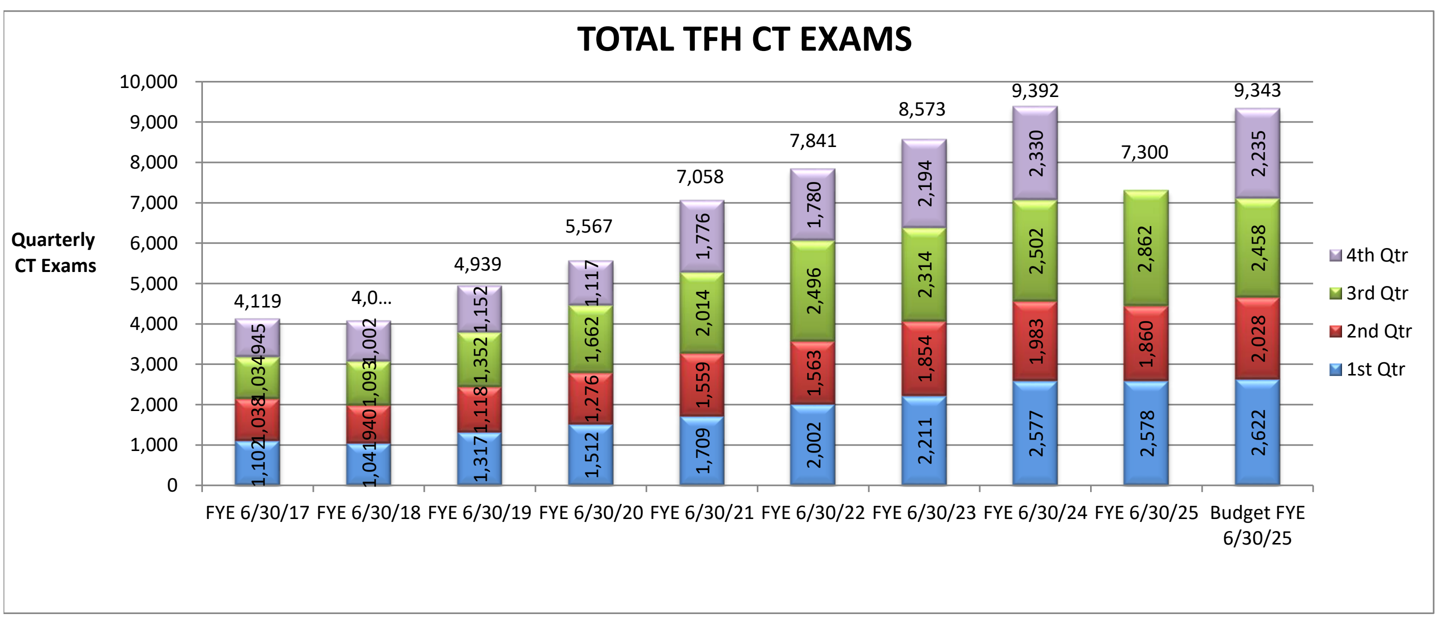

TOTAL TFH ULTRASOUND INPATIENT EXAMS
Quarterly I/P US Exams
0
100
200
300
400
500
600
FYE 6/30/17: 118, 112, 87, 112, 429
FYE 6/30/18: 102, 56, 66, 57, 281
FYE 6/30/19: 65, 44, 58, 57, 224
FYE 6/30/20: 124, 105, 137, 121, 487
FYE 6/30/21: 123, 120, 118, 86, 4...
FYE 6/30/22: 103, 113, 125, 85, 426
FYE 6/30/23: 136, 106, 102, 86, 430
FYE 6/30/24: 88, 97, 87, 117, 389
FYE 6/30/25: 101, 87, 88, 276
Budget FYE 6/30/25: 93, 101, 99, 87, 380
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

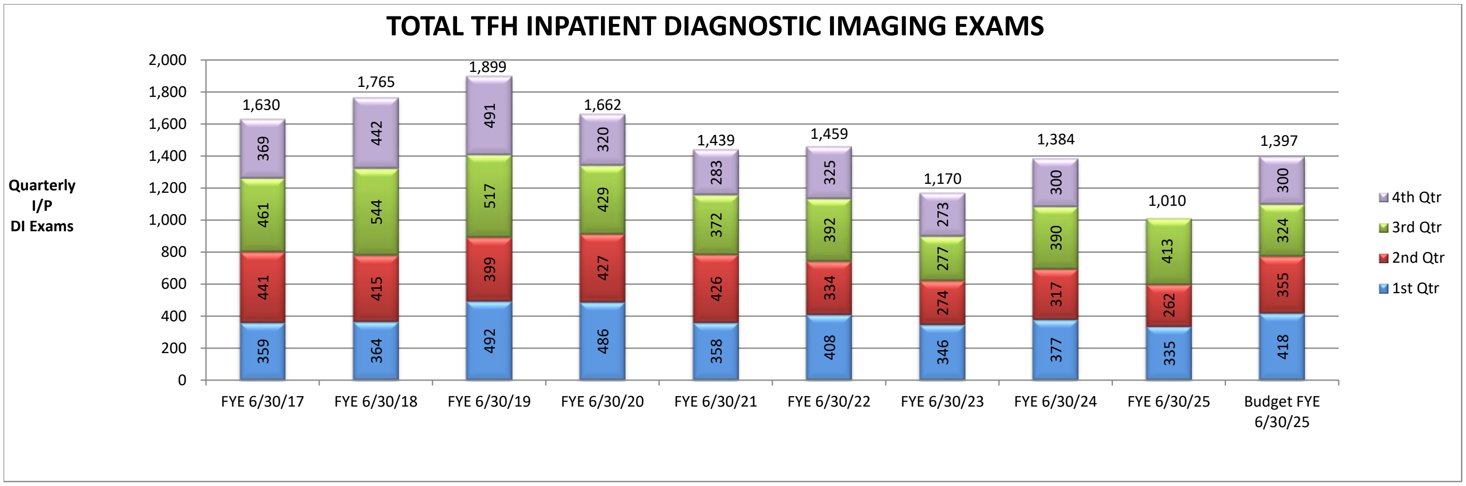

TOTAL TFH ULTRASOUND OUTPATIENT EXAMS
Quarterly O/P US Exams
0
500
1,000
1,500
2,000
2,500
3,000
3,500
4,000
4,500
5,000
FYE 6/30/17: 837, 758, 798, 785, 3,178
FYE 6/30/18: 821, 656, 627, 654, 2,758
FYE 6/30/19: 617, 625, 593, 668, 2,503
FYE 6/30/20: 1,005, 906, 881, 622, 3,414
FYE 6/30/21: 1,151, 979, 1,025, 1,095, 4,2...
FYE 6/30/22: 1,099, 988, 1,001, 1,084, 4,172
FYE 6/30/23: 1,129, 1,124, 1,042, 1,180, 4,475
FYE 6/30/24: 1,199, 1,086, 1,078, 1,218, 4,581
FYE 6/30/25: 1,230, 1,109, 1,118, 3,4...
Budget FYE 6/30/25: 1,207, 1,095, 1,068, 1,190, 4,560
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

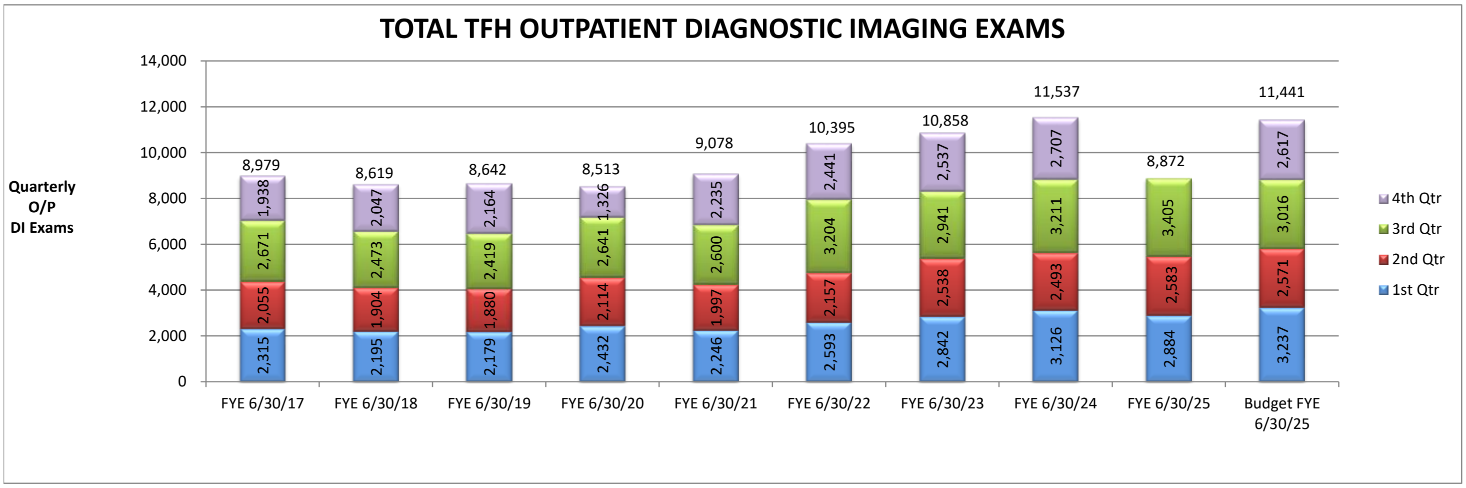

TOTAL TFH ULTRASOUND EXAMS
Quarterly US Exams
0
1,000
2,000
3,000
4,000
5,000
6,000
FYE 6/30/17: 955, 870, 885, 897, 3,607
FYE 6/30/18: 923, 712, 693, 711, 3,039
FYE 6/30/19: 682, 669, 651, 725, 2,727
FYE 6/30/20: 1,129, 1,011, 1,018, 743, 3,901
FYE 6/30/21: 1,274, 1,099, 1,143, 1,181, 4,697
FYE 6/30/22: 1,202, 1,101, 1,126, 1,169, 4,598
FYE 6/30/23: 1,265, 1,230, 1,144, 1,266, 4,905
FYE 6/30/24: 1,287, 1,183, 1,165, 1,335, 4,970
FYE 6/30/25: 1,331, 1,196, 1,206, 3,7...
Budget FYE 6/30/25: 1,300, 1,196, 1,167, 1,277, 4,940
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr

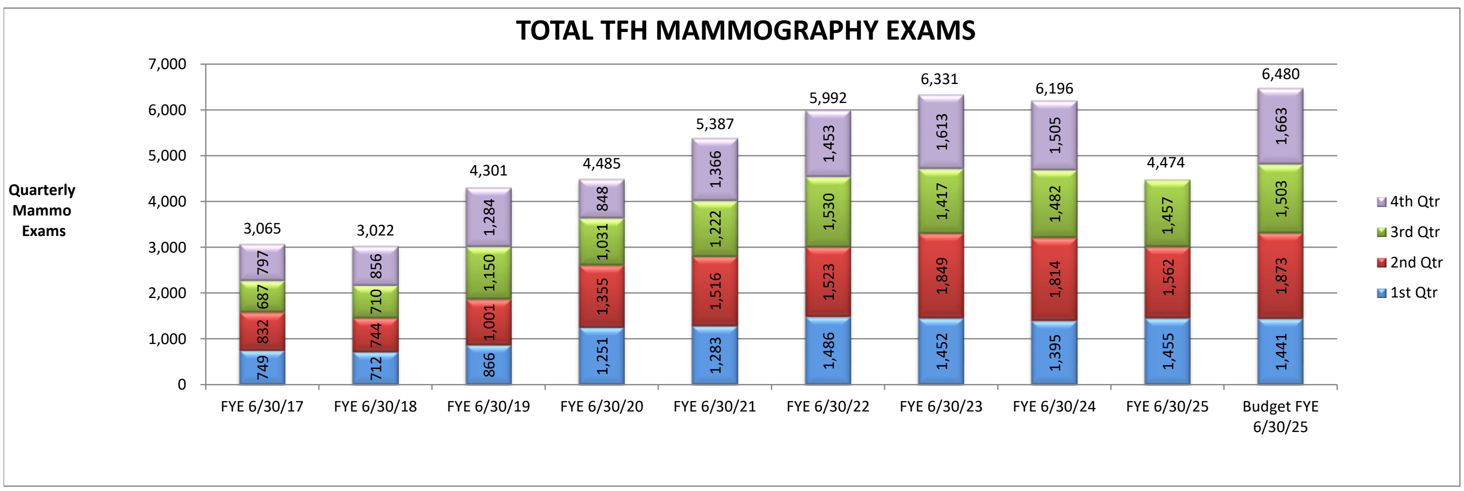

TOTAL TFH CT INPATIENT EXAMS
Quarterly I/P CT Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
258 336 499 587 679 667 698 689 514 743

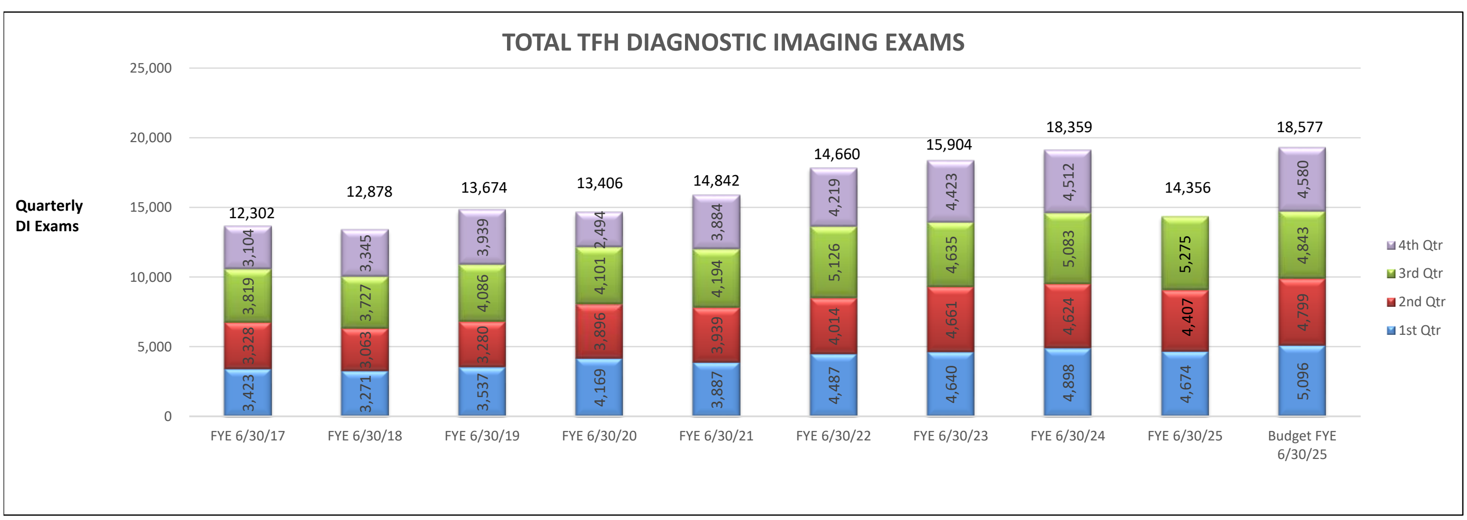

TOTAL TFH CT OUTPATIENT EXAMS
Quarterly O/P CT Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
3,861 3,740 4,440 4,980 6,379 7,174 7,875 8,703 6,786 8,600

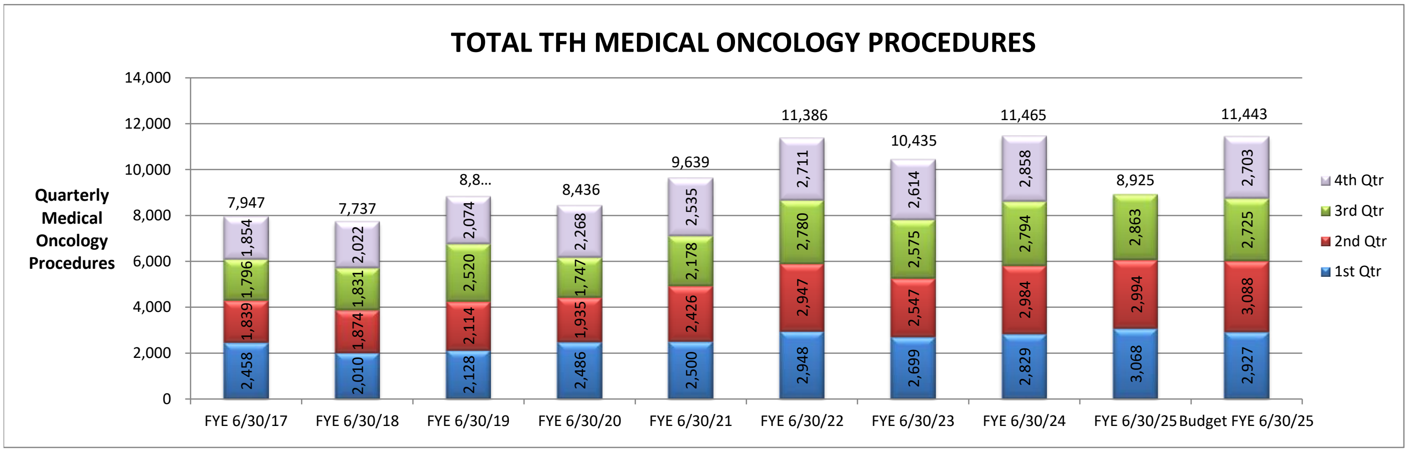

TOTAL TFH CT EXAMS
Quarterly CT Exams
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
4,119 4,0... 4,939 5,567 7,058 7,841 8,573 9,392 7,300 9,343

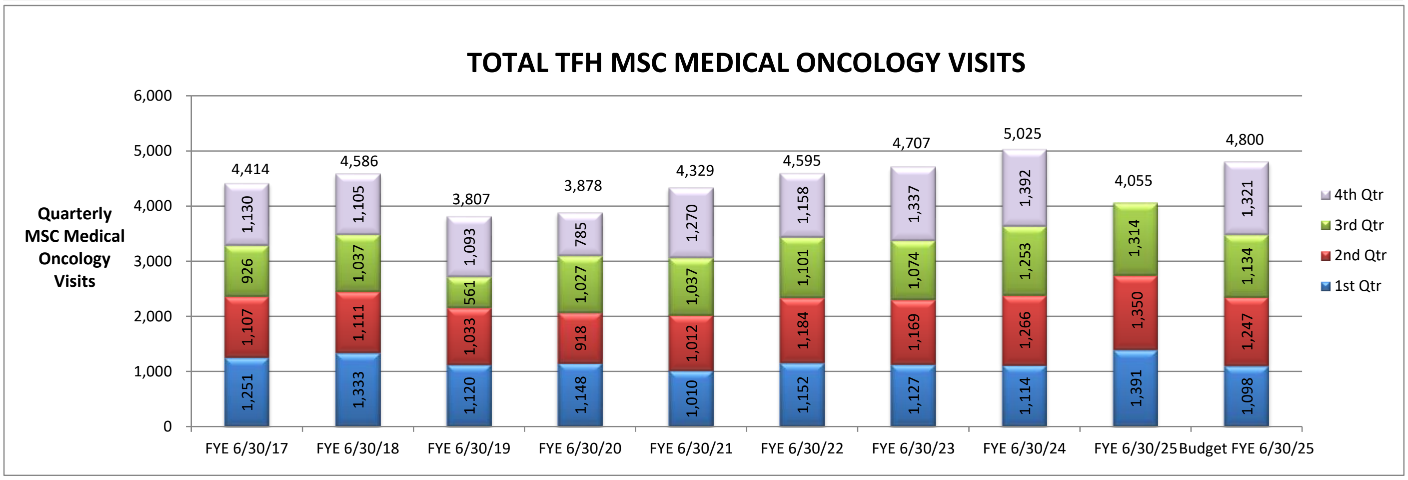

TOTAL TFH INPATIENT DIAGNOSTIC IMAGING EXAMS
Quarterly I/P DI Exams
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
1st Qtr: 359 364 492 486 358 408 346 377 335 418
2nd Qtr: 441 415 399 427 426 334 274 317 262 355
3rd Qtr: 461 544 517 429 372 392 277 390 413 324
4th Qtr: 369 442 491 320 283 325 273 300 300
Totals: 1,630 1,765 1,899 1,662 1,439 1,459 1,170 1,384 1,010 1,397

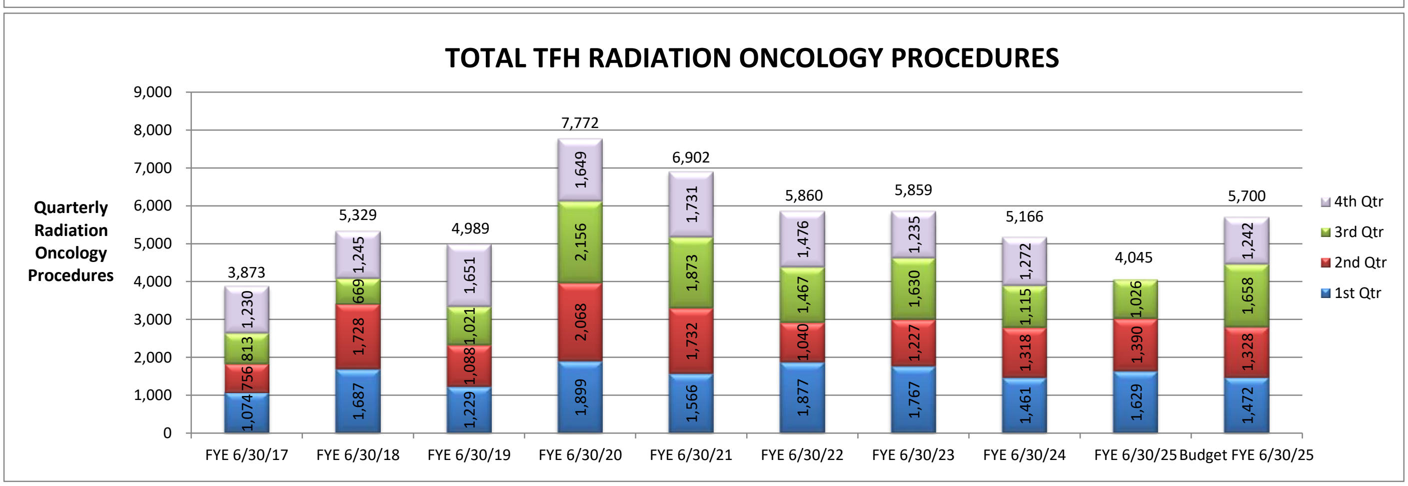

TOTAL TFH OUTPATIENT DIAGNOSTIC IMAGING EXAMS
Quarterly O/P DI Exams
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
1st Qtr: 2,315 2,195 2,179 2,432 2,246 2,593 2,842 3,126 2,884 3,237
2nd Qtr: 2,055 1,904 1,880 2,114 1,997 2,157 2,538 2,493 2,583 2,571
3rd Qtr: 2,671 2,473 2,419 2,641 2,600 3,204 2,941 3,211 3,405 3,016
4th Qtr: 1,938 2,047 2,164 1,326 2,235 2,441 2,537 2,707 2,617
Totals: 8,979 8,619 8,642 8,513 9,078 10,395 10,858 11,537 8,872 11,441

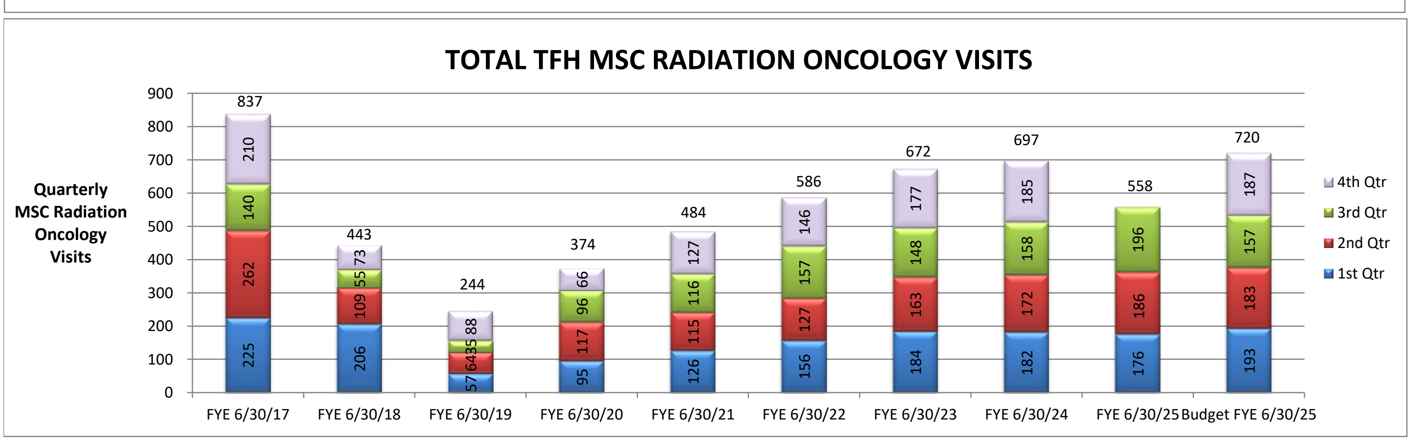

TOTAL TFH MAMMOGRAPHY EXAMS
Quarterly Mammo Exams
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
1st Qtr: 749 712 866 1,251 1,283 1,486 1,452 1,395 1,455 1,441
2nd Qtr: 832 744 1,001 1,355 1,516 1,523 1,849 1,814 1,562 1,873
3rd Qtr: 687 710 1,150 1,031 1,222 1,530 1,417 1,482 1,457 1,503
4th Qtr: 797 856 1,284 848 1,366 1,453 1,613 1,505 1,663
Totals: 3,065 3,022 4,301 4,485 5,387 5,992 6,331 6,196 4,474 6,480

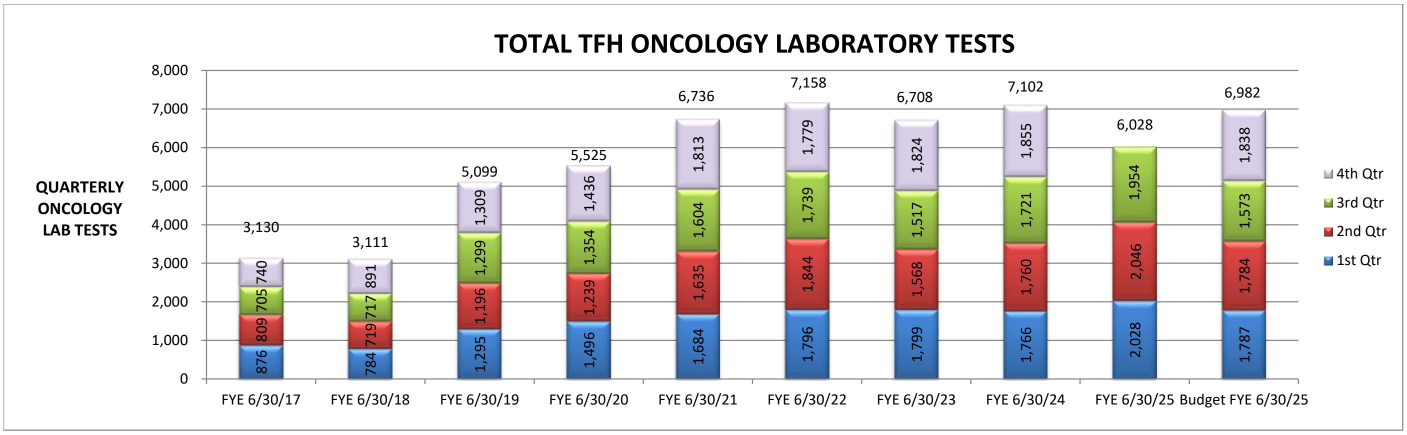

TOTAL TFH DIAGNOSTIC IMAGING EXAMS
Quarterly DI Exams
FYE 6/30/17 FYE 6/30/18 FYE 6/30/19 FYE 6/30/20 FYE 6/30/21 FYE 6/30/22 FYE 6/30/23 FYE 6/30/24 FYE 6/30/25 Budget FYE 6/30/25
1st Qtr: 3,423 3,271 3,537 4,169 3,887 4,487 4,640 4,898 4,674 5,096
2nd Qtr: 3,328 3,063 3,280 3,896 3,939 4,014 4,661 4,624 4,407 4,799
3rd Qtr: 3,819 3,727 4,086 4,101 4,194 5,126 4,635 5,083 5,275 4,843
4th Qtr: 3,104 3,345 3,939 2,494 3,884 4,219 4,423 4,512 4,580
Totals: 12,302 12,878 13,674 13,406 14,842 14,660 15,904 18,359 14,356 18,577


TOTAL TFH MEDICAL ONCOLOGY PROCEDURES
Quarterly Medical Oncology Procedures
0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 2,458 1,839 1,796 1,854 7,947
FYE 6/30/18 2,010 1,874 1,831 2,022 7,737
FYE 6/30/19 2,128 2,114 2,520 2,074 8,8...
FYE 6/30/20 2,486 1,935 1,747 2,268 8,436
FYE 6/30/21 2,500 2,426 2,178 2,535 9,639
FYE 6/30/22 2,948 2,947 2,780 2,711 11,386
FYE 6/30/23 2,699 2,547 2,575 2,614 10,435
FYE 6/30/24 2,829 2,984 2,794 2,858 11,465
FYE 6/30/25 3,068 2,994 2,863 8,925
Budget FYE 6/30/25 2,927 3,088 2,725 2,703 11,443

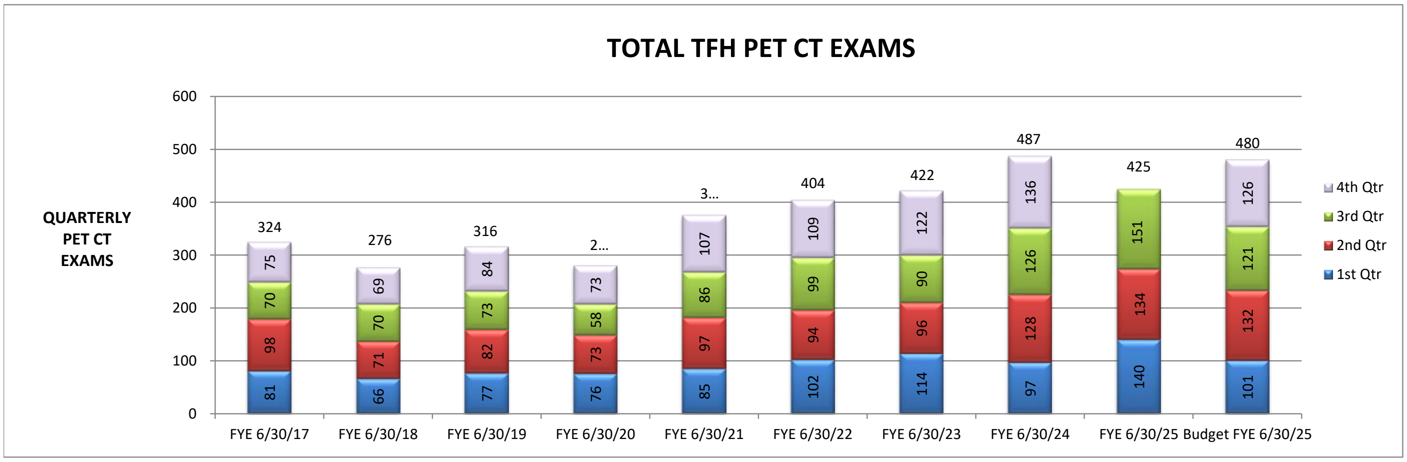

TOTAL TFH MSC MEDICAL ONCOLOGY VISITS
Quarterly MSC Medical Oncology Visits
0
1,000
2,000
3,000
4,000
5,000
6,000
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 1,251 1,107 926 1,130 4,414
FYE 6/30/18 1,333 1,111 1,037 1,105 4,586
FYE 6/30/19 1,120 1,033 561 1,093 3,807
FYE 6/30/20 1,148 918 1,027 785 3,878
FYE 6/30/21 1,010 1,012 1,037 1,270 4,329
FYE 6/30/22 1,152 1,184 1,101 1,158 4,595
FYE 6/30/23 1,127 1,169 1,074 1,337 4,707
FYE 6/30/24 1,114 1,266 1,253 1,392 5,025
FYE 6/30/25 1,391 1,350 1,314 4,055
Budget FYE 6/30/25 1,098 1,247 1,134 1,321 4,800


TOTAL TFH RADIATION ONCOLOGY PROCEDURES
Quarterly Radiation Oncology Procedures
0
1,000
2,000
3,000
4,000
5,000
6,000
7,000
8,000
9,000
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 1,074 756 813 1,230 3,873
FYE 6/30/18 1,687 1,728 669 1,245 5,329
FYE 6/30/19 1,229 1,088 1,021 1,651 4,989
FYE 6/30/20 1,899 2,068 2,156 1,649 7,772
FYE 6/30/21 1,566 1,732 1,873 1,731 6,902
FYE 6/30/22 1,877 1,040 1,467 1,476 5,860
FYE 6/30/23 1,767 1,227 1,630 1,235 5,859
FYE 6/30/24 1,461 1,318 1,115 1,272 5,166
FYE 6/30/25 1,629 1,390 1,026 4,045
Budget FYE 6/30/25 1,472 1,328 1,658 1,242 5,700

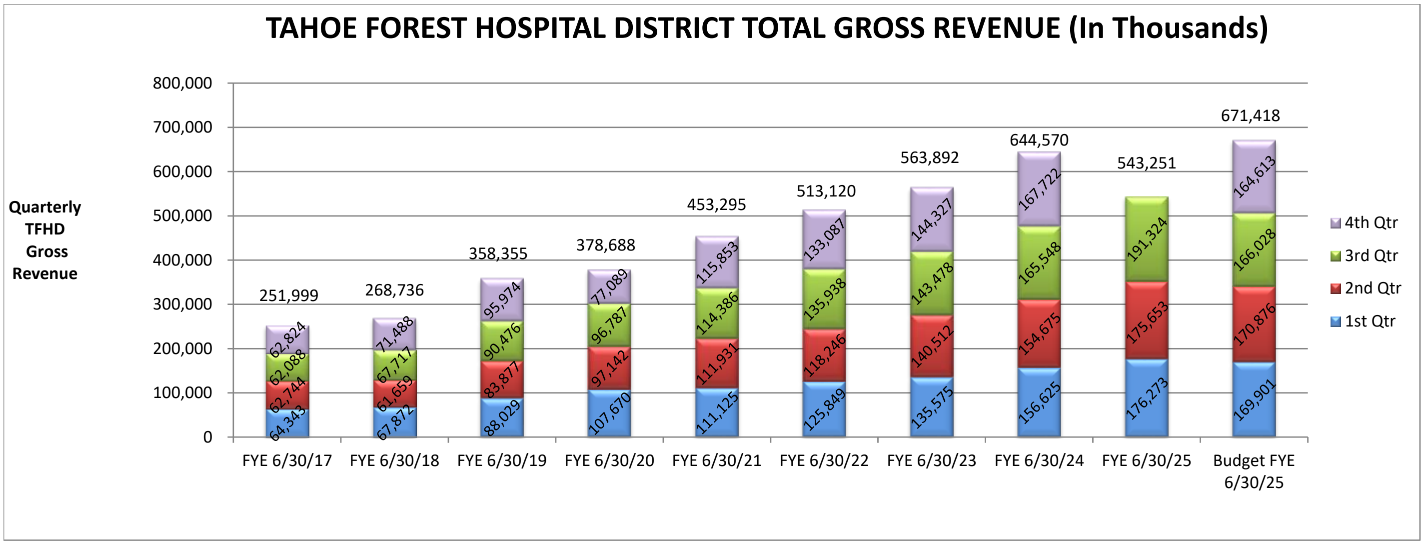

TOTAL TFH MSC RADIATION ONCOLOGY VISITS
Quarterly MSC Radiation Oncology Visits
0
100
200
300
400
500
600
700
800
900
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17 225 262 140 210 837
FYE 6/30/18 206 109 55 73 443
FYE 6/30/19 57 64 35 88 244
FYE 6/30/20 95 117 96 66 374
FYE 6/30/21 126 115 116 127 484
FYE 6/30/22 156 127 157 146 586
FYE 6/30/23 184 163 148 177 672
FYE 6/30/24 182 172 158 185 697
FYE 6/30/25 176 186 196 558
Budget FYE 6/30/25 193 183 157 187 720

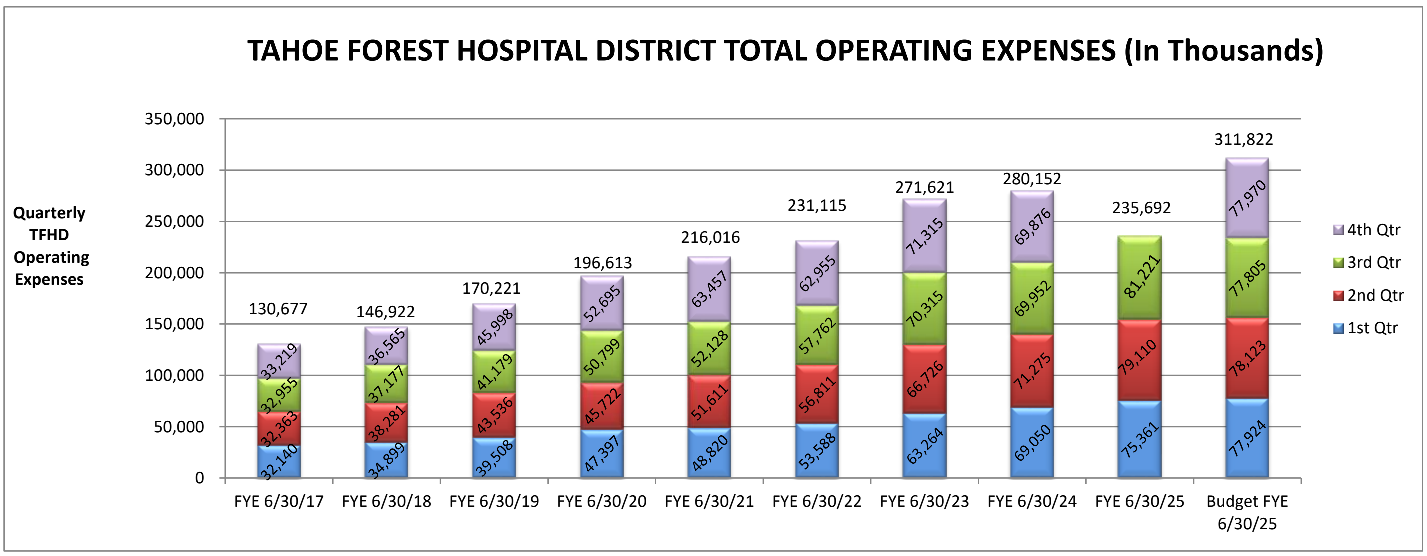


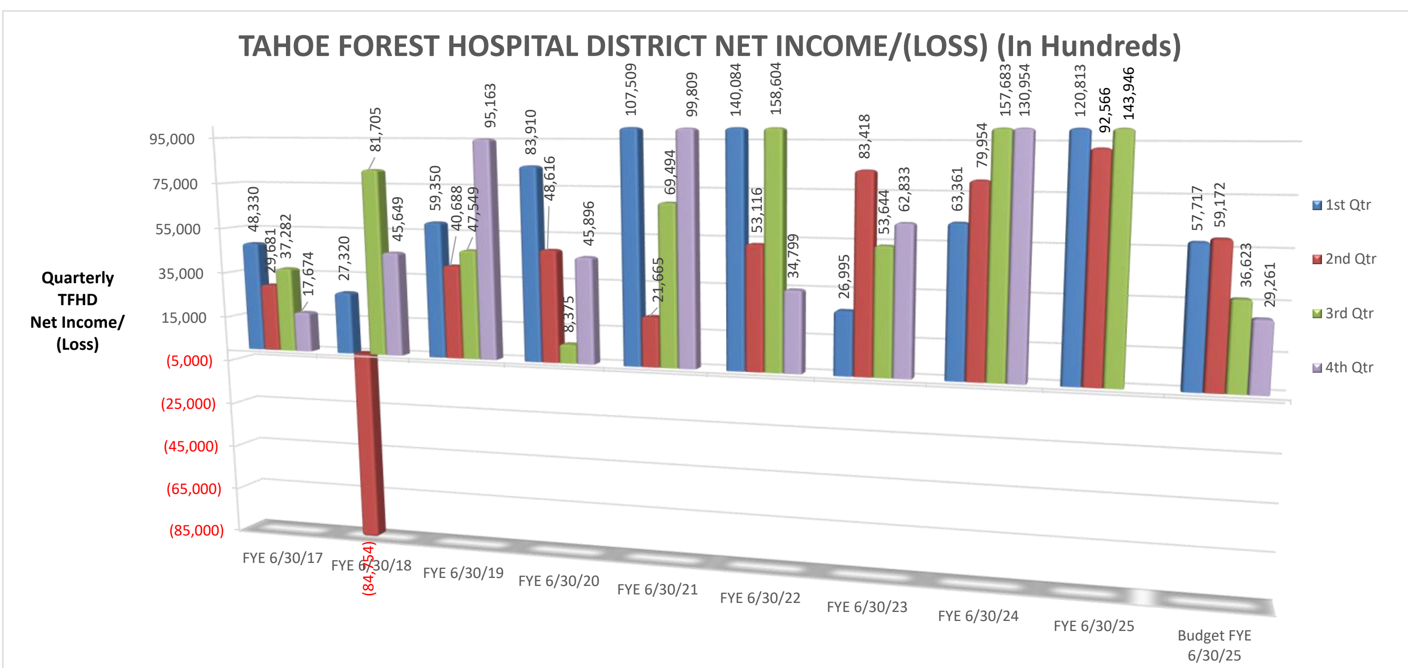
TOTAL TFH ONCOLOGY LABORATORY TESTS
QUARTERLY ONCOLOGY LAB TESTS
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17: 876, 809, 705, 740; 3,130
FYE 6/30/18: 784, 719, 717, 891; 3,111
FYE 6/30/19: 1,295, 1,196, 1,299, 1,309; 5,099
FYE 6/30/20: 1,496, 1,239, 1,354, 1,436; 5,525
FYE 6/30/21: 1,684, 1,635, 1,604, 1,813; 6,736
FYE 6/30/22: 1,796, 1,844, 1,739, 1,779; 7,158
FYE 6/30/23: 1,799, 1,568, 1,517, 1,824; 6,708
FYE 6/30/24: 1,766, 1,760, 1,721, 1,855; 7,102
FYE 6/30/25: 2,028, 2,046, 1,954; 6,028
Budget FYE 6/30/25: 1,787, 1,784, 1,573, 1,838; 6,982

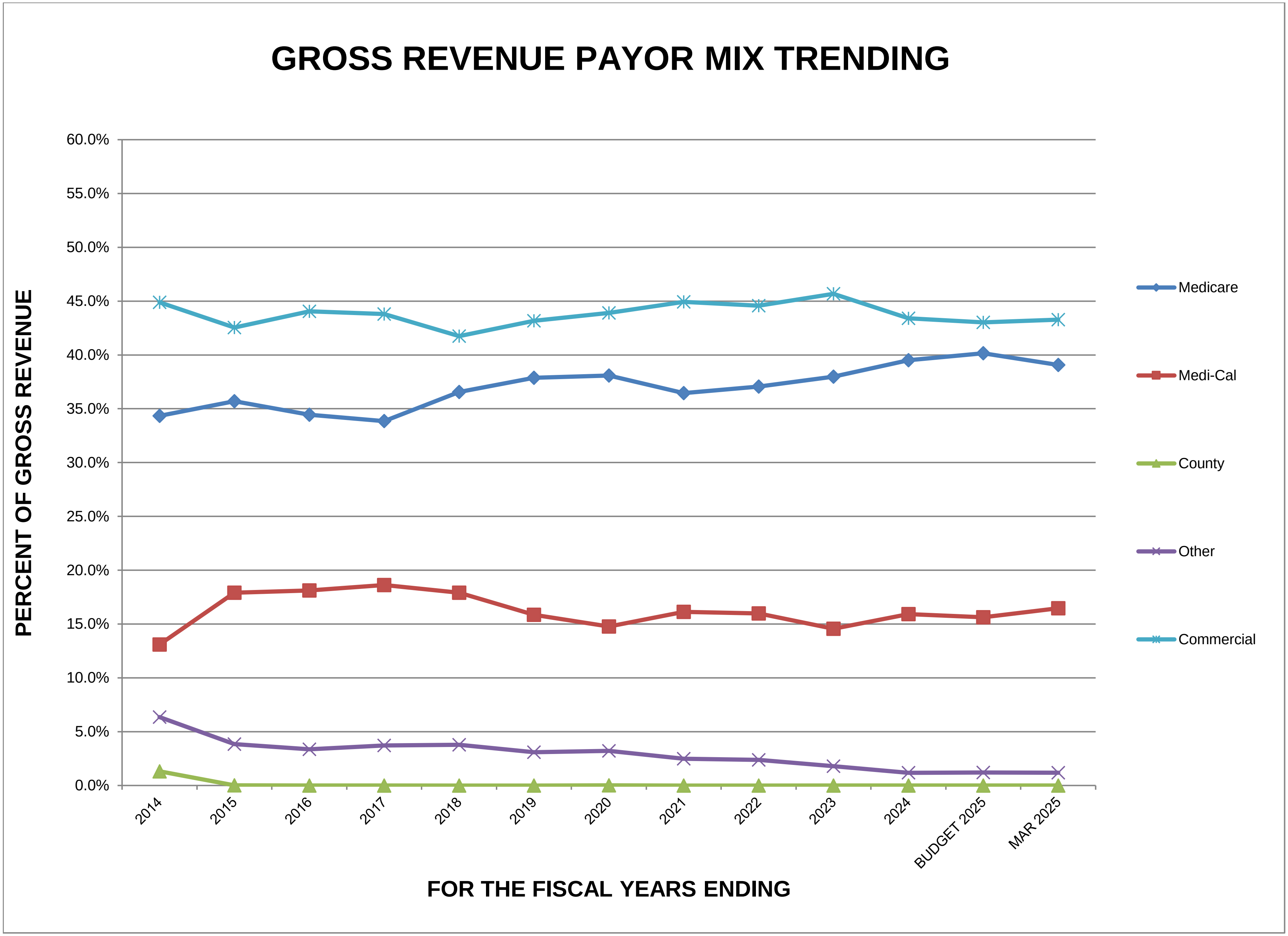


TOTAL TFH PET CT EXAMS
QUARTERLY PET CT EXAMS
600
500
400
300
200
100
0
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr
FYE 6/30/17: 81, 98, 70, 75; 324
FYE 6/30/18: 66, 71, 70, 69; 276
FYE 6/30/19: 77, 82, 73, 84; 316
FYE 6/30/20: 76, 73, 58, 73; 2...
FYE 6/30/21: 85, 97, 86, 107; 3...
FYE 6/30/22: 102, 94, 99, 109; 404
FYE 6/30/23: 114, 96, 90, 122; 422
FYE 6/30/24: 97, 128, 126, 136; 487
FYE 6/30/25: 140, 134, 151; 425
Budget FYE 6/30/25: 101, 132, 121, 126; 480


TAHOE FOREST HOSPITAL DISTRICT TOTAL GROSS REVENUE (In Thousands)
Quarterly TFHD Gross Revenue
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
FYE 6/30/17: 251,999 (64,343; 62,744; 62,088; 62,824)
FYE 6/30/18: 268,736 (67,872; 61,659; 67,717; 71,488)
FYE 6/30/19: 358,355 (88,029; 83,877; 90,476; 95,974)
FYE 6/30/20: 378,688 (107,670; 97,142; 96,787; 77,089)
FYE 6/30/21: 453,295 (111,125; 111,931; 114,386; 115,853)
FYE 6/30/22: 513,120 (125,849; 118,246; 135,938; 133,087)
FYE 6/30/23: 563,892 (135,575; 140,512; 143,478; 144,327)
FYE 6/30/24: 644,570 (156,625; 154,675; 165,548; 167,722)
FYE 6/30/25: 543,251 (176,273; 175,653; 191,324)
Budget FYE 6/30/25: 671,418 (169,901; 170,876; 166,028; 164,613)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TAHOE FOREST HOSPITAL DISTRICT TOTAL OPERATING EXPENSES (In Thousands)
Quarterly TFHD Operating Expenses
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
FYE 6/30/17: 130,677 (32,140; 32,363; 32,955; 33,219)
FYE 6/30/18: 146,922 (34,899; 38,281; 37,177; 36,565)
FYE 6/30/19: 170,221 (39,508; 43,536; 41,179; 45,998)
FYE 6/30/20: 196,613 (47,397; 45,722; 50,799; 52,695)
FYE 6/30/21: 216,016 (48,820; 51,611; 52,128; 63,457)
FYE 6/30/22: 231,115 (53,588; 56,811; 57,762; 62,955)
FYE 6/30/23: 271,621 (63,264; 66,726; 70,315; 71,315)
FYE 6/30/24: 280,152 (69,050; 71,275; 69,952; 69,876)
FYE 6/30/25: 235,692 (75,361; 79,110; 81,221)
Budget FYE 6/30/25: 311,822 (77,924; 78,123; 77,805; 77,970)
4th Qtr
3rd Qtr
2nd Qtr
1st Qtr


TAHOE FOREST HOSPITAL DISTRICT NET INCOME/(LOSS) (In Hundreds)
Quarterly TFHD Net Income/ (Loss)
95,000
75,000
55,000
35,000
15,000
(5,000)
(25,000)
(45,000)
(65,000)
(85,000)
FYE 6/30/17: 48,330; 29,681; 37,282; 17,674
FYE 6/30/18: 27,320; (84,754); 81,705; 45,649
FYE 6/30/19: 59,350; 40,688; 47,549; 95,163
FYE 6/30/20: 83,910; 48,616; 8,375; 45,896
FYE 6/30/21: 107,509; 21,665; 69,494; 99,809
FYE 6/30/22: 140,084; 53,116; 158,604; 34,799
FYE 6/30/23: 26,995; 83,418; 53,644; 62,833
FYE 6/30/24: 63,361; 79,954; 157,683; 130,954
FYE 6/30/25: 120,813; 92,566; 143,946
Budget FYE 6/30/25: 57,717; 59,172; 36,623; 29,261
1st Qtr
2nd Qtr
3rd Qtr
4th Qtr


GROSS REVENUE PAYOR MIX TRENDING
PERCENT OF GROSS REVENUE
60.0%
55.0%
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2014
2015
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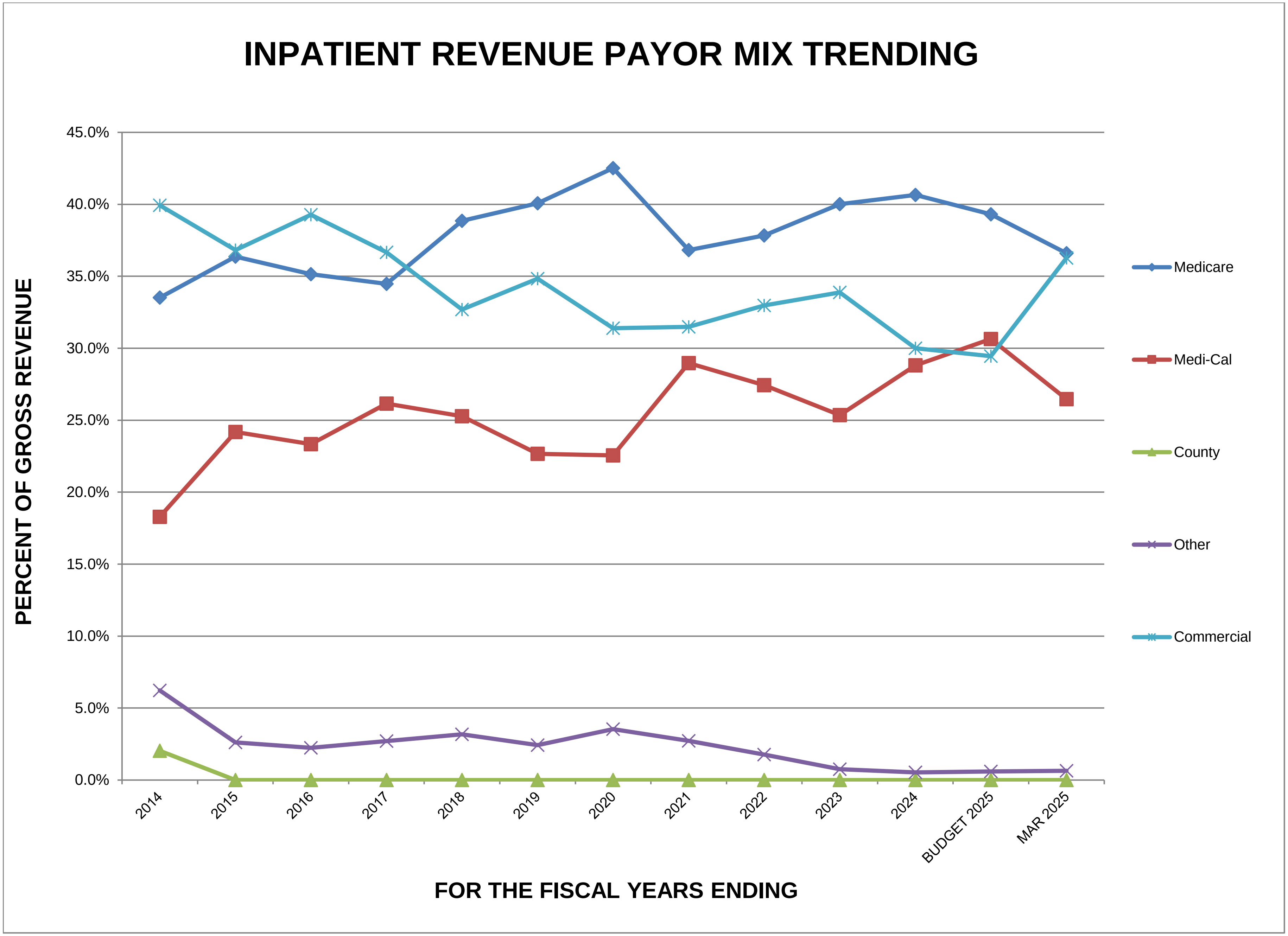
2017
2018
2019
2020
2021
2022
2023
2024
BUDGET 2025
MAR 2025
FOR THE FISCAL YEARS ENDING
Medicare
Medi-Cal
County
Other
Commercial



INPATIENT REVENUE PAYOR MIX TRENDING
PERCENT OF GROSS REVENUE
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2014
2015
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2017
2018
2019
2020
2021
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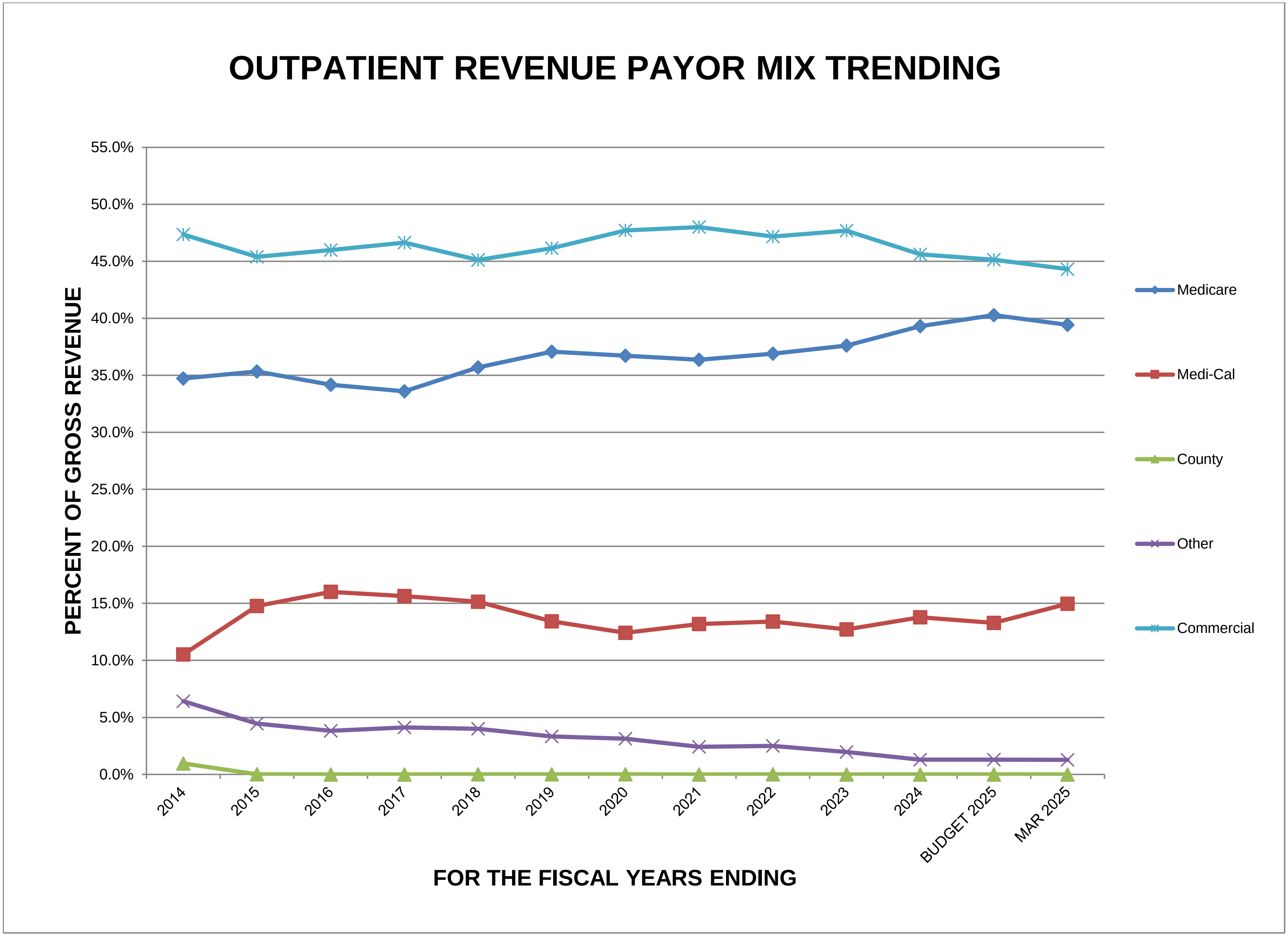
2023
2024
BUDGET 2025
MAR 2025
FOR THE FISCAL YEARS ENDING
Medicare
Medi-Cal
County
Other
Commercial



OUTPATIENT REVENUE PAYOR MIX TRENDING
PERCENT OF GROSS REVENUE
55.0%
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
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2014
2015
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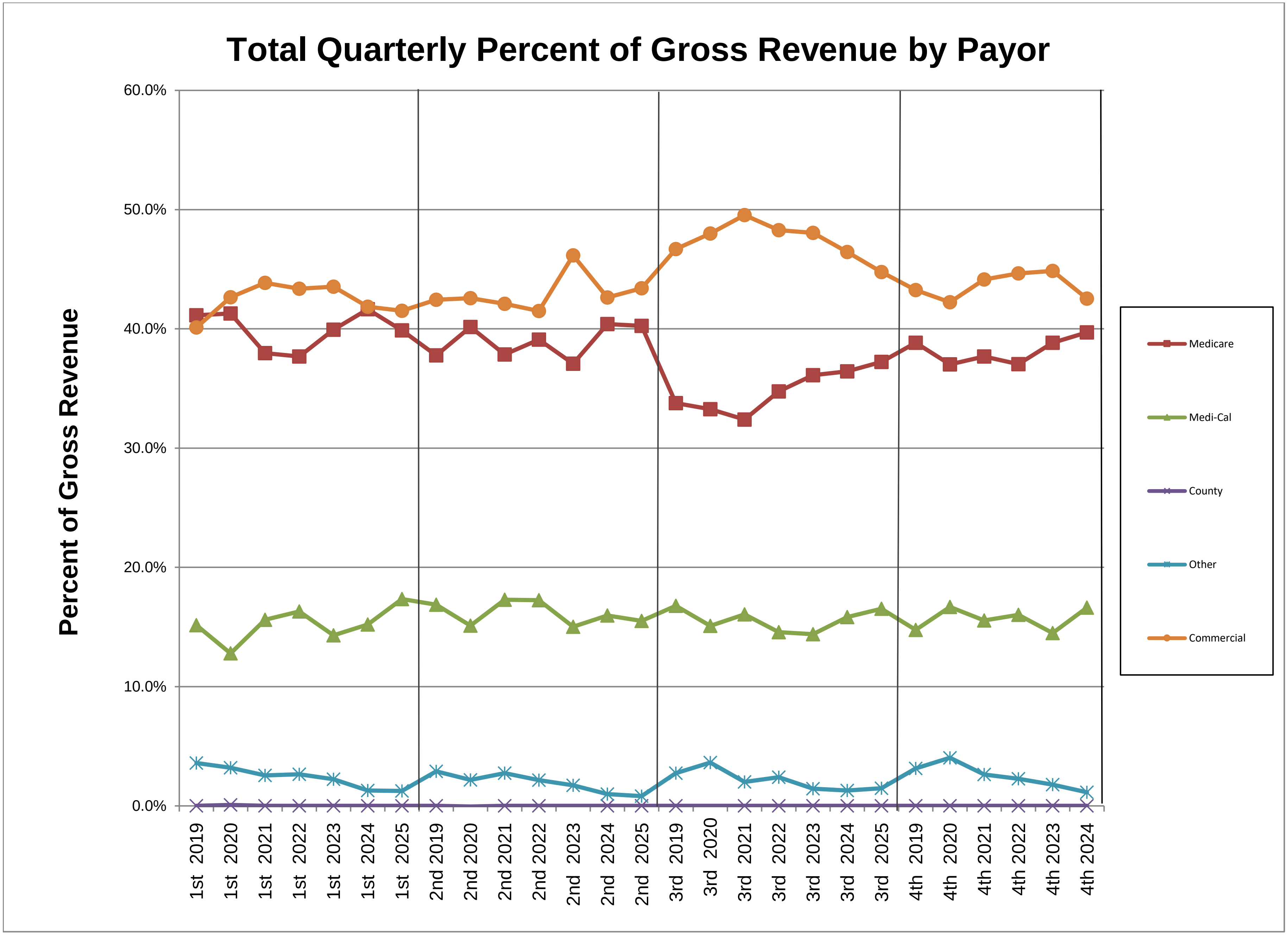
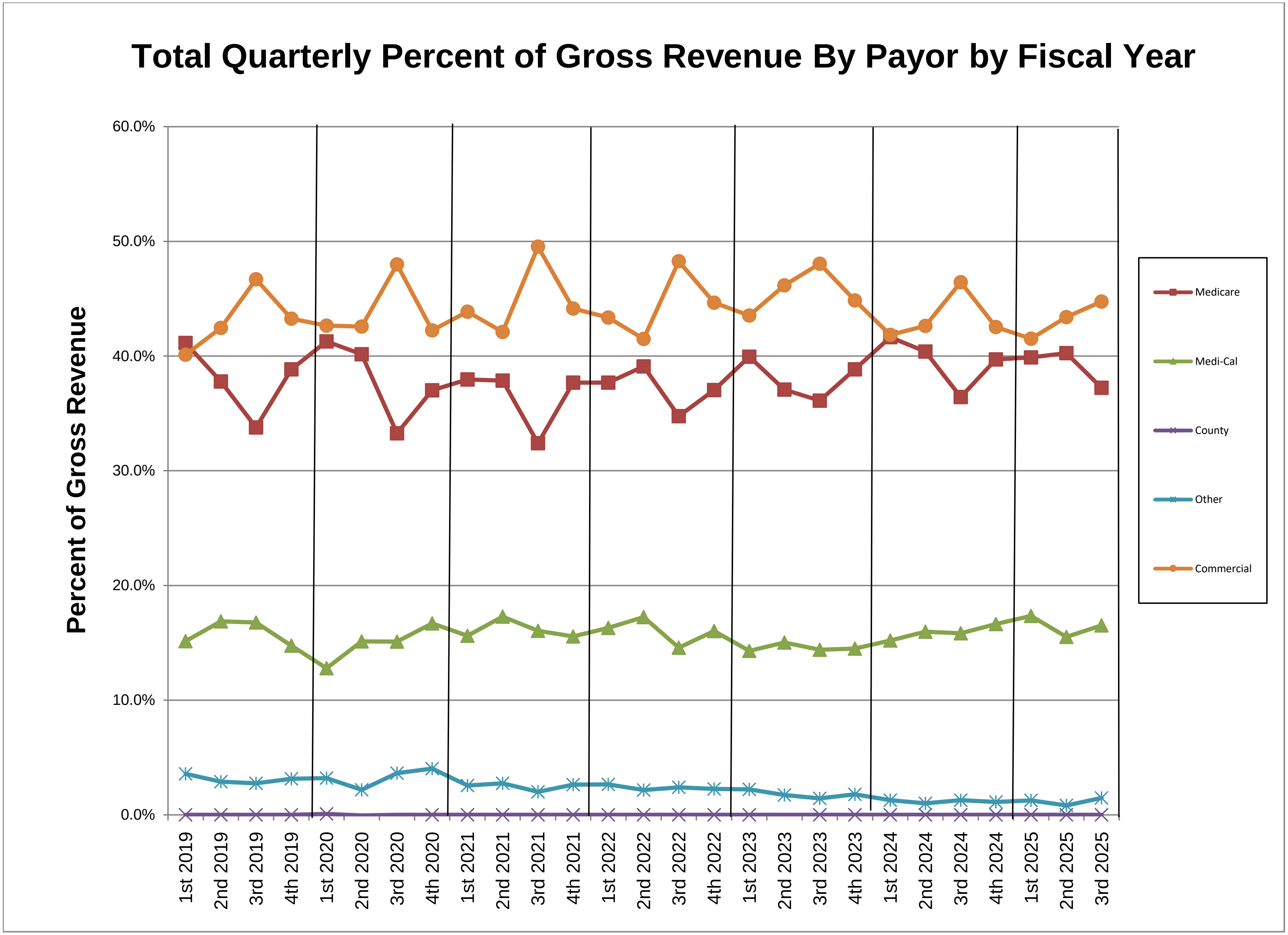
2021
2022
2023
2024
BUDGET 2025
MAR 2025
FOR THE FISCAL YEARS ENDING
Medicare
Medi-Cal
County
Other
Commercial



Total Quarterly Percent of Gross Revenue by Payor
Percent of Gross Revenue
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1st 2019
1st 2020
1st 2021
1st 2022
1st 2023
1st 2024
1st 2025
2nd 2019
2nd 2020
2nd 2021
2nd 2022
2nd 2023
2nd 2024
2nd 2025
3rd 2019
3rd 2020
3rd 2021
3rd 2022
3rd 2023
3rd 2024
3rd 2025
4th 2019
4th 2020
4th 2021
4th 2022
4th 2023
4th 2024
Medicare
Medi-Cal
County
Other
Commercial


Total Quarterly Percent of Gross Revenue By Payor by Fiscal Year
Percent of Gross Revenue
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1st 2019
2nd 2019
3rd 2019
4th 2019
1st 2020
2nd 2020
3rd 2020
4th 2020
1st 2021
2nd 2021
3rd 2021
4th 2021
1st 2022
2nd 2022
3rd 2022
4th 2022
1st 2023
2nd 2023
3rd 2023
4th 2023
1st 2024
2nd 2024
3rd 2024
4th 2024
1st 2025
2nd 2025
3rd 2025
Medicare
Medi-Cal
County
Other
Commercial

AGENDA ITEM COVER SHEET

TAHOE FOREST
HOSPITAL DISTRICT

MEETING DATE: April 22, 2025	**ITEM:** 6.4 Federal and State Medicaid Financial Impact Discussion
DEPARTMENT: Finance	**TYPE OF AGENDA ITEM:** ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Operating Officer	**SUPPORTIVE DOCUMENT ATTACHED** ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other **Background information only**
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	**PERSONNEL** ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A

BACKGROUND:
With the recent change in the Presidency has come increased pressures on budget cuts at the federal and also state levels. Medicaid/Medi-Cal funding appears to be on the radar for cuts. Included in your packet is some background reading provided by the District Hospital Leadership Forum highlighting the current volatility in the government and the potential areas of impact.

SUMMARY/OBJECTIVES:
To provide the Committee information about what the current focus of the federal and state governments are in regards to budget cuts and how that potentially could financially impact the District.

SUGGESTED DISCUSSION POINTS:
Opportunity to discuss advocacy efforts to help protect the District financially.

SUGGESTED MOTION/ALTERNATIVES:
No motion being requested. Discussion only.

LIST OF ATTACHMENTS: Federal & State Budget Cut Impacts

DISTRICT HOSPITAL LEADERSHIP FORUM

February 3, 2025

To: DHLF Executive Committee

From: Ryan Witz, DHLF

Subject: Federal Changes and Risks

Objective: To provide an update on the changes with the federal administration and discuss early proposals that may impact the Medicaid program.

Elections and Congressional Impact

Earlier this year, the 119th Congress was sworn in and has signaled a huge shift in power in Washington, as Republicans take control of both chambers of Congress. Republicans maintained control of the House in the November elections but will hold a historically narrow margin. Mike Johnson was re-elected as Speaker. In the Senate, a dozen new senators join the ranks with Senator John Thune as the Majority Leader. In the next several months, Congress will need to come to an agreement over a plan to fund the government through the end of the current fiscal year (September 30, 2025) and plans to use the budget reconciliation process to renew several tax cuts.

Areas that DHLF continues to focus on with our Federal Advocacy:

- Postpone Medicaid Disproportionate Share Hospital (DSH) cuts beyond 3/31/2025
- Protecting against "site neutral" policies
- Protect hospitals from any additional cuts to Medicare and Medicaid funding

Early proposals suggesting a significant impact to the Medicaid program:

In early January, a list (attached) of potential cuts to Medicare and Medicaid were being circulated—targeting topline savings of $5.3-$5.7 trillion. This one-pager included various proposals targeting health care but did not provide a lot of detail.

More recently, as budget reconciliation discussions start to pick up steam, another version of potential cuts to health care is being circulated around the Capitol. They include:

- Expanding site-neutral Medicare payments
- Converting Medicaid to per capita funding

- Eliminating enhanced federal matching rates to Medicaid expansion states
- Establishing work requirements for Medicaid
- Restricting use of Medicaid provider taxes and state-directed payments
- Reducing Medicare area wage index payments
- Eliminating Medicare coverage of bad debt
- Reducing uncompensated care payments to disproportionate share hospitals (DSH)
- Reducing federal subsidies for coverage through the Affordable Care Act

These are only proposals, but if enacted, they would have a significant impact on California's health care system and the Medicaid program to the tune of tens of billions of dollars.

Next Steps—What is the Budget Reconciliation Process?

Reconciliation is a powerful tool that Congress has used to enact major deficit-increasing and deficit-reducing legislation, such as the Clinton deficit reduction package, multiple rounds of the Bush tax cuts, the second part of the Affordable Care Act (ACA), the Trump tax cuts, the American Rescue Plan Act, and the Inflation Reduction Act. Reconciliation is a special process within the budget resolution to make changes to tax laws, mandatory spending, or the debt ceiling. It allows legislation to pass with a simple majority in the Senate, bypassing the filibuster (which normally requires 60 votes to overcome).

The process begins when the budget resolution includes reconciliation instructions—directives to specific committees to draft legislation meeting certain financial goals. There are restrictions:

1) Changes must affect federal revenues, mandatory spending, or the debt limit.
2) The Byrd Rule prohibits "extraneous" provisions unrelated to budget goals.

Disposition: For discussion.

1) Discussion around what it could mean for California.
2) Discuss the known advocacy plans of other organizations and DHLF plans to visit Washington D.C.

10|1|2026

DISTRICT HOSPITAL
LEADERSHIP FORUM

April 2, 2025

To: DHLF Executive Committee

From: Charity Bracy, Federal Advocate
Ryan Witz, DHLF

Subject: Federal Changes and Risks; Planning Advocacy

Objective: To provide an update on early budget reconciliation proposals that would have an impact on the Medicaid program and the need for federal advocacy.

Environment in DC: Congress and the Administration on Budget Reconciliation.

Over the next several months, Congress will need to come to an agreement over a plan to use the budget reconciliation process to make significant cuts to programs in order to renew several expiring tax cuts and to increase the debt ceiling.

House

Last month, the House-passed a budget resolution which directed $880 billion (over 10-years) in cuts under the Energy & Commerce Committee. Ahead of the vote on the budget resolution, DHLF working alongside CHA, helped support our district hospitals in the key CA Republicans districts to voice their concern over the proposed Medicaid cuts. While our collective advocacy efforts did not keep those CA Republicans from supporting the House-budget resolution, Congressman Valadao (R- Central Valley) did communicate back he was getting promises from House leadership that the final budget reconciliation would not include cutting Medicaid benefits and that the Senate bill will include fewer cuts to provider so it'll all get worked out in the Senate.

Since the House passed the budget resolution, the Congressional Budget Office (CBO) issued a report saying there is no way to get to $880 billion in cuts without cutting the Medicaid program. CA Republicans and Republicans from other states have more recently shifted their messaging away from cutting the Medicaid program to targeting waste, fraud and abuse in the Medicaid program. However, everything is still on the table at this time (FMAP changes, per capita caps, etc.) especially since it's unclear exactly what constitutes fraud and abuse in the eyes of the policymakers. The House Speaker would like to complete budget reconciliation by Memorial Day.

Senate

The Senate passed a very different budget resolution last month which included minimal cuts to Medicaid because their strategy was following a two-bill approach that would deal with the tax extenders later. The House and Senate have been debating on how to proceed since first step in the reconciliation process is having one uniformed budget resolution that passes both chambers.

Today (April 2nd), the Senate unveiled its "retooled" budget blue print that will come to the floor tomorrow (April 3rd) for its consideration. It will likely spill into the weekend for passage since there is expected to be many amendments. The House would then need to act before April 10th since that starts a two-week recess. The compromised budget resolution includes separate directions and amounts for the House vs Senate Committees. This novel approach was needed to meet demands coming from Members in both chambers that either wanted bigger or smaller cuts. By default, this means that it is possible that the House cuts will be larger than the Senate cuts and the differences would then later down the road have to be worked out in a small conference committee once both chambers pass their separate bills.

The new Senate budget resolution would give Senate committees a minimum floor of only a few billion dollars and keep the House's cuts of $1.5 trillion for its own committees. The Senate plan also raises the debt ceiling by $5 trillion.

Next Steps- Both the House and the Senate must pass the same budget resolution. After that, the next steps are:

- Policy and Tax Committees has until May 9th to write their portions of the bill.
- Senate Finance Committee has until May 16th to propose how to increase the debt ceiling.
- This then would leave about 10-days for the bill to pass both the House and the Senate to meet the Memorial Day goal.

Since it is expected that two very different bills could pass each Chamber, it is likely that the real decisions and compromise will happen in a conference committee with a smaller group of decision makers in leadership positions.

Early proposals suggest a significant impact to the Medicaid program.

As we discussed during the February Board meeting, in early January, a list of potential cuts to Medicare and Medicaid were circulated—targeting topline savings of $5.3-$5.7 trillion. While there hasn't been anything new offered in writing from committee since January, it's clear the concepts under consideration for making cuts haven't deviated.

More recently, the Speaker and others have started to shift the messaging to saying they don't want to cut Medicaid including benefits and provider rates and focus instead on eliminating "*waste, fraud, and abuse*" to get to the savings. While they say they understand providers' concerns on programs that impact revenue and payments, they are also pointing to reports like Paragon's "California's Insurance Tax Shuffle" which characterize Medicaid provider tax structures as illegal, money laundering schemes. Ultimately, it remains unclear how this will translate into cuts for the financing of Medicaid which could lead to devastating cuts in the Medi-Cal program.

What does this mean for our federal advocacy efforts?

All of the work on federal advocacy in 2025 will require an organized industry approach to increase chances of success. DHLF is working very closely with CHA and other state trade associations to be in sync with messaging, targets and approach.

The environment in Washington D.C. has changed since DHLF's last trip to DC in 2019 due to COVID, and with the new Administration. It is increasingly challenging to secure meetings with Members of Congress and their staff unless all participants live in the Congressional District. This is a departure from protocols that used to allow for meetings with representatives of a trade association as long as at least one meeting attendee lived in the district.

This means in person meetings in Washington D.C. with Members of Congress will have to be more targeted with participants. In the past, a CEO who went on the DHLF trip may have historically participated in 6-8 meetings over the course of 2-days to share their experiences. They would have met with the CEO's member of Congress, the 2 Senators' offices, and a variety of other meetings with House members. However, under the new rules, we now anticipate the CEO now will only participate in 3 meetings (Member of Congress and 2 Senators).

Given that CA Democrats are most certainly not going to vote for this package and, while it will be important to keep in touch with those offices and to share important facts and figures to support their position, the 8 Republicans from CA are our target. The conversations with Democratic offices can happen virtually or when they are home in the district. Included below is a list of the CA Republican Members of Congress that have district hospitals in their Congressional District that are the core focus of any federal advocacy including an advocacy trip to Washington D.C.

We've also included a brief description of outreach and advocacy that has occurred in the last few months to the extent we were made aware of it by the hospitals.

- **CA-21: David Valadao**
    - Sierra View (Donna has had several conversations with Valadao's office on the subject in the last month)
    - Kaweah Delta (Rual Clinic in the Congressional District)

- **CA-23: Jay Obernolte**
    - Bear Valley (Evan sent a letter and participated in a town hall)
    - Mountains Community

- **CA-5: Tom McClintock**
    - John C Fremont

- **CA-20: Vince Fong**
    - Kern Valley Medical Center
    - Kaweah Delta has a building in this congressional district. Gary had a meeting with staff and the members on this subject last month.

- **CA-3: Kevin Kiley**
    - Southern Inyo

- Northern Inyo
- Tahoe Forest *
- Mammoth *
- Eastern Plumas *
- Plumas *
- Seneca*
  - * *Participated in a zoom meeting in March 2025*

- **CA-1: Doug LaMalfa**
  - Mayers Memorial
  - Surprise Valley
  - Modoc Hospital

With an ever-evolving timeline for when this work will be debated, it's nearly impossible to find a perfect time to be in Washington D.C. That being said, this topic will likely be ongoing until and possibly even through the August recess since completion on such a monumental bill before Memorial Day seems impossible.

DHLF Staff Recommendation:

- ***In-Person Visit:*** DHLF could plan to visit Washington D.C. in person with a targeted group of CEOs in June or July, but it is also possible that September could be equally as important. Targeted CEOs include those with a Republican Member of Congress.

- ***Hospital Tours / District Meetings:*** Getting key Members of Congress to hospitals for tours and visiting with staff and members in the district is equally as effective and important and *should be the focus in the short term with the May 9th deadline* for committees to recommend their cuts.

- ***Virtual Visits:*** Virtual visits and conference calls have been equally as effective in the beginning stages of advocacy around reconciliation and will be a tool that DHLF will continue to employ throughout. This should also be the focus in the short-term with the May 9th deadline

Disposition: For discussion.

1) Discussion around what it could mean for California.
2) Discuss DHLF plans to visit Washington D.C. and the targets.

Attachments:

1) *CHA Factsheet: California Medicaid Relies on a Variety of Funding Sources*
2) *Paragon Report on California's MCO Tax*
3) *AHA's Response to Paragon Report*
4) *CHA Talking Points on Medicaid Provider Taxes*

DISTRICT HOSPITAL
LEADERSHIP FORUM

April 11, 2025

To: DHLF Executive Committee

From: Ryan Witz, DHLF

Subject: State Legislative & Budget Update

Objective: To provide the Executive Committee with an update on key state legislative items.

As we convene for our April Executive Committee meeting, it is important to recall where we are in the California state budget and legislative process and highlight some significant challenges on the horizon with the State Budget.

Legislative Timeline:

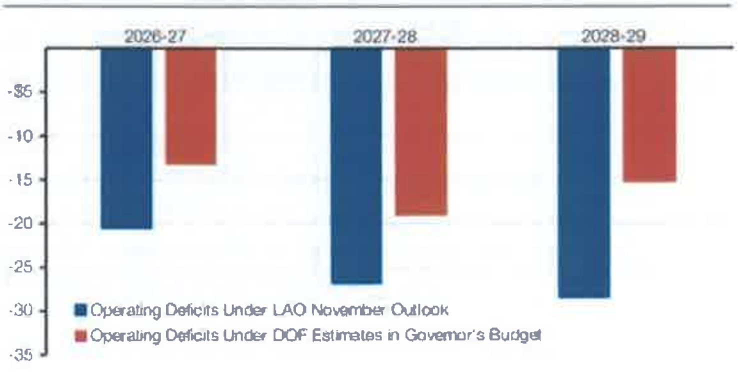
- Upcoming major deadlines:
  - May 2nd is the last day for fiscal bills to be heard in policy committees.
  - May 14th is when Governor Newsom releases his "May Revise" budget proposal.
  - June 6th last day for bills to pass "house of origin."
  - June 15th Budget Bill must be passed by midnight.

State Budget has a structural problem

Even without Federal cuts, there are significant risks at the state level unless the Administration and Legislature implement spending reductions. Assuming current trends, both the LAO's November Outlook and Governor's January Budget highlighted multiyear deficits.

Multiyear Deficits Persist

LAO and DOF Estimates of Multiyear Budget Condition (In Billions)



DOF = Department of Finance

Thankfully, in 2014, voters passed Proposition 2 which increased the requirements for creating budget reserves and ensuring we have a sufficient "rainy day fund" to avoid budget cuts during volatile times. As we discussed previously, the Governor's January Budget is "balanced" but only because the proposal includes pulling $7.1 billion from the reserves. As we understand the Governor's Budget, the state only has sufficient reserves to continue funding the government until 2027-28.

California State Budget
Total Reserves by Fiscal Year
2025-26 Governor's Budget

	2024-25	2025-26	2026-27	2027-28	2028-29
Total Reserves	$27,500	$16,979	$3,690	($15,459)	($30,828)

Source: California Department of Finance

Latest actions—

- The Department of Health Care Services (DHCS) testified in front of the Legislature last month, they will need a total of $6.2 billion state General Fund resources (likely more than $12 billion in total funding when adding federal funding), just to continue making payments through the end of June.
    - The $6.2 billion will include drawing from their loan authority ($3.4 billion) and a new appropriation ($2.8 billion).

- Over this past weekend, we saw SB 100 (Wiener) get amended to include the current year funding solutions (e.g., "Budget Bill Junior").
    - The bill included an augmentation of Medi-Cal General Fund resources of $4 billion and $8 billion in federal funding.

Given the trajectory the state is on, we are anticipating the May Revise will include some "proposed solutions" to cut or reduce Medi-Cal spending.

Key Legislation:

Sponsor Legislation:

- **SB 246 (Grove) Graduate Medical Education (GME).** This is our sponsor bill to increase Medi-Cal investments in Graduate Medical Education. Senator Grove and Senator Caballero are authors.
    - **DHLF – SPONSOR**
    - DHLF sponsored bill on GME funding is SB 246.
    - Great news—SB 246 was heard in Senate Health last week and passed "*on consent.*" It now moves to Senate Appropriations (4/21).
    - Attached is the Senate Health analysis.

SPENDING REFORM OPTIONS
Policy Explainer
Topline Savings: *$5.3 - $5.7 T*

1. **REPEAL MAJOR BIDEN HEALTH RULES ($*420B)***
2. **STRENGTHEN MEDICARE FOR SENIORS *($479B)***
   - *Site Neutral – $146B*
   - *Uncompensated Care – $229B*
   - *Bad Debt – $42B*
   - *BCA Mandatory Sequester Extension - $62B*
3. **MAKING MEDICAID WORK FOR THE MOST VULNERABLE *($2.3T)***
   - *Per Capita Caps - up to $918B*
   - *Equalize Medicaid Payments for Able Bodied Adults - up to $690B*
   - *Limit Medicaid Provider Taxes - $175B*
   - *Lower FMAP Floor - $387B*
   - *Special FMAP Treatment for DC – $8B*
   - *Repeal American Rescue Plan FMAP Incentive – $18B*
   - Medicaid Work Requirements - $120B
4. **REIMAGINING THE AFFORDABLE CARE ACT (ACA) ($*151B)***
   - *Recapture Excess Premium Tax Credit – $46B*
   - *Limit Health Program Eligibility Based on Citizenship Status - $35B*
   - *Repeal the Prevention Public Health Fund – $15B*
   - *Appropriate Cost Sharing Reductions - $55B*
5. **ENDING CRADLE-TO-GRAVE DEPENDENCE *($347B)***
   - *Reinstate the Trump-era Public Charge Rule -- $15B*
   - *Reduce TANF by 10 Percent – $15B*
   - *Eliminate the TANF Contingency Fund -- $6B*
   - *Reform the Thrifty Food Plan -- up to $274B*
   - *Eliminate the Social Services Block Grant – $15B*
   - *SNAP Reforms – $22B*

1. **REVERSING BIDEN CLIMATE POLICIES *($468B)***
   - *Discontinue the Green New Deal Provisions in the 2021 Infrastructure Bill – $300B*
   - *Repeal EV Mandate – $112B*
   - *Repeal IRA green energy grant s– $56B*

1. **OTHER: ($917B-$1T)**
   - *End the Student Loan Bailout – $200-330B*
   - *Rescind all Unspent COVID Money – $11B*
   - *Auction Spectrum – $60 billion*
   - *Repeal Orderly Liquidation Authority – $22 billion*
   - *Increase FERS Contributions – $45 billion*
   - *Other federal employee benefit reforms – $32 billion*
   - *Restrict emergency spending to recent average—$500B*
   - *Eliminate the TSP G Fund Subsidy – $47B*

1. **POTENTIAL TAX OFFSETS: *($227-$527B)***
   - *Green energy tax credits – $200 - $500B, depending on political viability*
   - *SSN CTC Requirement – $27B*

Appendix: Extracted Items from the Ways & Means List (Pages 18-22 of 50)

Medicaid FMAP Penalty for covering Illegal Aliens with State-Only Money
TBD on Savings
VIABILITY: HIGH / MEDIUM / LOW

- This option would impose a reduction in a state's FMAP if the state uses state-only funding to provide coverage to illegal aliens through the state's Medicaid program. States currently offering Medicaid coverage for illegal aliens include California and New York.

Lower Medicaid Matching Rate Floor
Up to $387 billion in 10-year savings
VIABILITY: HIGH / MEDIUM / LOW

- There is currently a floor for states' federal medical assistance percentage (FMAP) set in statute at 50%. This option would lower the floor and allow all states' FMAPs to be set according to the formula. This option would primarily impact high-income states, like California and New York.

Equalize FMAP for ACA Expansion Population
$561 billion in 10-year savings
VIABILITY: HIGH / MEDIUM / LOW

- The Obamacare Medicaid expansion gives preferential treatment to able-bodied adults over children or individuals with disabilities with a set 90 percent Federal Medical Assistance Percentage (FMAP) federal reimbursement for the Obamacare adult expansion population. This policy would end Obamacare's preferential treatment for adults over children by equalizing federal reimbursement of expansion adults to the normal FMAP formula.

Establish Medicaid Work Requirements
$100 billion in 10-year savings
VIABILITY: HIGH / MEDIUM / LOW

- The policy would restore the dignity of work by implementing work requirements for able-bodied adults without dependents to qualify for Medicaid coverage, as included in the House-passed Limit, Save, Grow Act (H.R. 2811). Certain populations would be exempted, such as pregnant women, primary caregivers of dependents, individuals with disabilities or health-related barriers to employment, and full-time students.

EPIC PARAGON HEALTH INSTITUTE

California's Insurance Tax Shuffle:
How Federal Money Ends Up Paying for Medicaid for Illegal Immigrants

Paul Winfree, Ph.D. | President and CEO
Economic Policy Innovation Center

Brian Blase, Ph.D. | President
Paragon Health Institute

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Executive Summary

- **California's "Money Laundering" Tactics:** The state taxes Medicaid insurers and then makes higher payments to those same insurers with that tax revenue. The higher payments enable the state to claim additional federal matching dollars. These federal funds leave California with surplus money to spend elsewhere. This scheme effectively allows the state to "launder" federal Medicaid funds without spending any of its own money.

- **Unrestricted Medicaid Expansion:** California uses this influx of federal money to fund large-scale Medicaid expansions. The most significant of these are extending Medicaid coverage to illegal immigrants and eliminating the asset test so wealthy people can qualify for taxpayer-financed long-term care. Because the federal dollars are money laundered, the state circumvents restrictions on federal Medicaid funding for illegal immigrants.

- **Broader Implications for Medicaid Financing:** California's approach highlights how states exploit the Medicaid financing structure, which burdens federal taxpayers with extra costs. This practice exploded during the Biden Administration as annual federal Medicaid spending exceeded estimates by 25 percent. The pervasiveness of Medicaid money laundering drives up federal spending and underscores the need for fundamental reforms to ensure Medicaid dollars are not used for inappropriate spending.

Medicaid spending is supposed to be jointly financed by the federal government and states. However, states are increasingly designing Medicaid money laundering schemes that result in massive federal expenditures without any state financial obligation. The state of California, colluding with insurance companies who cover Medicaid beneficiaries, has created one of the most outrageous ones yet – a money laundering scheme that results in California obtaining more than $19 billion in federal money without any state contribution over the period from April 2023 through December 2026. That money is used to implement major expansions in the Medicaid program to fund illegal immigrants and long-term care (LTC) for the wealthy. This scheme enriches insurers, attracts illegal immigrants to the United States, and adds mountains to the federal debt, all at the expense of working Americans.

This outrageous use of federal funds is characteristic of the Medicaid program and demonstrates the need to fundamentally reform the way it is financed. Under the current program, the federal government covers 50 percent of the costs of the disabled, pregnant women, single mothers, and children on Medicaid in California. Federal taxpayers cover 90 percent of Medicaid costs for able-bodied working-age adults without children. But, in California, these new schemes mean that federal taxpayers are paying 100 percent of Medicaid costs for illegal immigrants and the extremely wealthy brought on to the program following the elimination of the asset test for LTC.

For 20 years, California has imposed a tax on insurers to help pay for Medicaid for the program's beneficiaries.[1] In essence, these taxes permit the state to spend more on Medicaid, obtain federal reimbursement for that Medicaid expenditure, and raise payment rates to those insurers, who in turn increase downstream rates for many providers. In 2023, California dramatically increased its insurer tax in a money laundering scheme to get the federal government to cover costly Medicaid expansions. With the Biden Administration's approval, the state is currently using (and will continue to use) this insurer tax to generate billions of federal dollars in costly expansions without spending any additional state funds.

Major Expansions of California's Medicaid Program

In 2024, California expanded the state's Medicaid program (also known as Medi-Cal) in two major ways. First, the state expanded Medicaid coverage to illegal immigrants between the ages of 26 and 49.[2] While the state had previously

[1] California Department of Health Care Services, "Managed Care Organization Provider Tax," May 2023, at https://www.dhcs.ca.gov/Documents/LGA/Governors-Budget/DHCS-MCO-Tax-Primer-5-26-23.pdf.

[2] Over time, California has expanded Medicaid (Medicaid managed care) plans to cover illegal immigrants. In 2016, the state expanded eligibility to those ages 18 and younger. In 2020, the state expanded eligibility to those aged 19 to

granted Medicaid eligibility to illegal immigrants in other age groups, the 26 to 49 age bracket is by far the largest in California (and nationally), comprising about 75 percent of individuals who are in the country illegally.[3] Expanding coverage to this group is expected to cost $3.9 billion from California's General Fund from January 2024 to June 2025.[4] [5]

Second, California completely abolished its asset tests for Medicaid LTC.[6] Eliminating the asset test enables heirs of wealthy seniors to protect those assets with taxpayer-financed LTC services, such as nursing home and community-based services, through California's Medicaid program. Such an expansion extends eligibility for Medicaid, a welfare program, to extremely wealthy households while also discouraging private, responsible planning for LTC.

California's change led to an enrollment surge. In 2024, California's Legislative Analyst's Office (LAO) observed "a sharp increase in Medicaid enrollment among the senior population."[7] Monthly Medicaid enrollment increased from 1,600 new senior recipients per month in the last six months of 2023 to 14,500 new senior recipients per month from January to July 2024. LAO concluded the "full elimination of the asset limit test" was "the key driver of this caseload surge."[8] Recently, LAO estimated that the increased senior caseload will cost the state's General Fund $700 million in FY 2024-2025—significantly higher than the $230 million the state would have spent if its original enrollment estimate was correct.[9]

Using the Insurer Tax to Fund Excessive State Costs

To fund the program's growth, California has resorted to using a Medicaid money laundering scheme to have federal taxpayers indirectly pay for the state's

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25. In 2022, the state expanded eligibility to those 50 and older. The state maintains that state general funds are used to pay for these expansions. However, as this paper shows, the cost is borne by the federal taxpayer.

[3] Legislative Analyst's Office, "The 2020-2021 Budget: Analysis of the Medi-Cal Budget", February 2020, at https://lao.ca.gov/reports/2020/4161/Medi-Cal-Budget-021420.pdf.

[4] California Department of Health Care Services, "2023-24 Budget Act," July 2023, at https://www.dhcs.ca.gov/Documents/Budget-Highlights/DHCS-FY-2023-24-Budget-Act-Highlights-07-13-23.pdf.

[5] California Department of Health Care Services, "2025-26 Governor's Budget," January 2025, at https://www.dhcs.ca.gov/Documents/Budget-Highlights/DHCS-FY-2025-26-Governors-Budget-Highlights.pdf.

[6] In 2021, Gov. Gavin Newsom signed Assembly Bill 133 into law, which abolished Medicaid's asset test for eligibility. This allows anyone, regardless of wealth, to enroll in Medicaid's LTC. The first phase increased the asset limit from $2,000 to $130,000, effective July 1, 2022. The second phase removed the asset test entirely, effective January 1, 2024.

[7] The California Legislature's Nonpartisan Fiscal and Policy Advisor, "The 2025-26 Budget: Medi-Cal Fiscal Outlook," November 2024, at https://lao.ca.gov/Publications/Report/4941.

[8] Ibid.

[9] The California Legislature's Nonpartisan Fiscal and Policy Advisor, "The 2025-26 Budget: Understanding Recent Increases in the Medi-Cal Senior Caseload," March 2025, at https://lao.ca.gov/Publications/Report/5010.

largesse. The federal government permits states to engage in these tactics within certain limits.

In 2023, the Centers for Medicare and Medicaid Services (CMS) approved California's expanded tax on insurers.[10] The state had previously taxed insurers a monthly per-enrollee fee of $55. However, the state tripled that tax to $182.50 per month per enrollee in 2023 for Medicaid insurance plans (or $2,190 per plan annually) but only assessed a $1.75 monthly fee per enrollee for private insurance plans (or $21 per plan annually).[11] Under the approved plan, the tax on Medicaid insurance plans increased to $187.50 per enrollee per month in 2025 and is scheduled to increase to $192.50 per enrollee per month in 2026. Meanwhile, the tax on private insurance plans increased to $2 per enrollee per month in 2025 with a scheduled increase to $2.25 per enrollee per month in 2026. The tax is higher on Medicaid insurance plans because the state receives matching federal funds when they pay those plans to provide Medicaid coverage. The same is not true for commercial insurers. In a sense, the tax on commercial insurers is merely a pretext to meet federal standards aimed at reducing the extent of this obvious kickback scheme.

CMS approved the Medicaid Provider Tax based on a loophole in regulations. Normally, the statute requires that all provider taxes be broad-based and uniform. However, California used a perverse statistical test established through regulation in 1993.[12] CMS acknowledged that California's tax did not abide by the statute's broad-based and uniform requirements. Nonetheless, CMS approved the tax while stating they would change the regulations in the future. Unfortunately, in the waning days of the Biden Administration, CMS approved another corrupt insurer tax for New York.[13] Other states will follow suit unless this scheme is addressed by Congress, given the broad authority states currently have to abuse the provider tax loophole.

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[10] Department of Health and Human Services Centers for Medicare and Medicaid Services, *CA MCO Tax Waiver Approval and Companion Letter*, December 2023, at https://www.dhcs.ca.gov/Documents/CA-MCO-Tax-Waiver.pdf.
[11] Ibid.
[12] California Department of Health Care Services, "Managed Care Organization Provider Tax," May 26, 2023, https://www.dhcs.ca.gov/Documents/LGA/Governors-Budget/DHCS-MCO-Tax-Primer-5-26-23.pdf.
[13] Grace Ashford, "New York Has a Budget Trick to Try on the Federal Government," New York Times, April 5, 2024, https://www.nytimes.com/2024/04/05/nyregion/medicaid-budget-taxes.html.

How the Scheme Works

EXPOSING CALIFORNIA'S MEDICAID TAX SCAM

California is gaming the system -
"Laundering" federal money to cover illegal immigrants through Medicaid.

FOLLOW THE MONEY

California dramatically **RAISES TAXES** on Medicaid Insurers.

↓

This generates **$16.7 BILLION IN REVENUE** for the California General Fund.

THIS IS WHERE THE SHELL GAME BEGINS

California is *required* to pay Medicaid Providers the **SAME AMOUNT** as the tax raised.

$16.7B raised in tax revenue = $16.7B in higher payments to Medicaid Insurers.

The federal government **MATCHES payments** California made to Medicaid, *so*:

↓

California **INVOICES the federal government** for $16.7 billion.

↓

The federal government pays a 60% match. California **RECEIVES $9.5 BILLION.**

California then spends:

$5.6 billion on expanded state programs. *and* **$3.9 BILLION TO PUT ILLEGAL IMMIGRANTS ON MEDICAID.**

**The above numbers represent tax revenue raised between July 2023 - June 2025. The spending on illegal immigrants is from January 2024 until June 2025.*

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In 2023, California dramatically increased the tax on Medicaid insurers. During the 2023-2024 and 2024-2025 fiscal years, this tax generated $16.7 billion. The state deposited these amounts into the state's general fund.

A 2016 CMS regulation requires California to increase Medicaid capitation rates by the same amount as the tax (i.e., $16.7 billion in this case) thereby offsetting the tax.[14] This allows California to claim reimbursement from the federal government for its share of the higher payments. With an average federal match of about 60 percent (both expansion and non-expansion populations are covered by Medicaid plans), the federal government reimbursed California $9.5 billion for the tax payments made between July 2023 and June 2025. In essence, California's Medicaid money laundering resulted in the state obtaining $9.5 billion without any increase in state costs.

To boost the insurers complicit in designing the money laundering scheme, California set aside $4.3 billion for "plan augmentations," which increase the insurers' rates further. The remaining $5.2 billion was redirected to other state programs.

California Launders Federal Money to Enroll Illegal Immigrants in Medicaid Plans

California uses $3.9 billion of its money laundering scheme to pay the full cost of Medicaid coverage to illegal immigrants, resulting in health insurance plans wholly paid by the American taxpayer. Federal law prohibits federal Medicaid funds from covering illegal immigrants.[15] Therefore, technically California must pay for this population using state money. However, as this scheme shows, the state directly increased capitation rates to offset the tax, the increased capitation rates are then fully covered by the federal government, and the state can use the equivalent amount of revenue to pay for costs such as Medicaid for illegal immigrants.

California's Medicaid expansion has cost more than earlier projections because of the significant increase in illegal immigration during the Biden Administration. In 2020, the LAO estimated that expanding Medicaid benefits to illegal immigrants would cost about $3 billion per year and cover 1.15 million

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[14] Capitation, as defined by CMS, is a means of "paying health care providers or organizations in which they receive a predictable, upfront, set amount of money to cover the predicted cost of all or some of the health care services for a specific patient over a certain period of time." In this case, the Medicaid insurance plans are being paid to cover the amount of the tax. Centers for Medicare and Medicaid Services, "Capitation and Pre-Payment," at https://www.cms.gov/priorities/innovation/key-concepts/capitation-and-pre-payment.
[15] Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Section 401(a) of the 8 USC § 1611.

people.[16] Today, the Migration Policy Institute estimates there are 2.74 million illegal immigrants in California - although the actual number is likely even higher.[17]

The cost of covering all California's illegal immigrants through Medicaid (and not just the January 2024 expansion to those ages 25 to 49) is much more expensive than initially projected. While the state originally projected it would cost $3 billion per year, California officials recently said the state expects to spend $9.5 billion for illegal immigrants' Medicaid from FY 2024-2025.[18] [19] Coincidentally, this is how much funding California has generated since 2023 from the federal government as a result of their enhanced Medicaid insurer laundering scheme.

Conclusion

California's Medicaid insurer tax is just one example of how states have broken the federal-state partnership to obtain federal funds with no state financing responsibility to pay for their spendthriftness. But since the dollars they use are not *technically* federal funds, the state can get around having to abide by any long-standing guardrails.

With these schemes, states such as California can funnel more and more federal dollars through insurers without states picking up any of the bill. And, the ease with which states can launder federal funds to obtain more federal Medicaid money is what causes perverse expansions of the program, including federal dollars funding illegal immigrants' health care and permitting the wealthiest Americans to join a welfare program so taxpayers can fund their LTC.

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[16] Legislative Analyst's Office, "The 2020-2021 Budget: Analysis of the Medi-Cal Budget", February 2020, at https://lao.ca.gov/reports/2020/4161/Medi-Cal-Budget-021420.pdf.
[17] Migration Policy Institute, U.S. Census Bureau, "Unauthorized Immigrant Population, 2019", accessed March 7th, 2025, https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CA.
[18] Legislative Analyst's Office, "The 2020-2021 Budget: Analysis of the Medi-Cal Budget", February 2020, at https://lao.ca.gov/reports/2020/4161/Medi-Cal-Budget-021420.pdf.
[19] Kenneth Schrupp, "California spending $9.5B on healthcare for undocumented immigrants this year," February 2025, at https://www.thecentersquare.com/california/article_14d06ede-e975-11ef-8542-cf8d17e0a983.html.

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Setting the Record Straight: Beware of Opinions Masquerading as Facts

Mar 27, 2025 - 12:33 PM by Ashley Thompson, AHA Senior Vice President, Public Policy Analysis and Development (/people/ashley-thompson)

For health care organizations that care for the 70 million Medicaid patients in the U.S., provider taxes are a life vest that keep state Medicaid programs afloat and allow them to continue providing critical health care services for their communities. While policymakers in Congress look to finance an extension of the 2017 tax cuts, some are advocating for further limits on states' ability to use provider taxes to help finance their Medicaid programs.

Some new reports have displayed a gross misunderstanding of both the legitimacy of various Medicaid financing arrangements and the consequences of stripping those resources from states trying to provide health care access to their most vulnerable residents. For example, a recent report from the Paragon Health Institute, "Addressing Medicaid Money Laundering: The Lack of Integrity with Medicaid Financing and the Need for Reform" recycles misguided opinions.

Medicaid is not a money laundering scheme. Medicaid is a complex program that takes into account state and federal priorities to provide coverage for children, older adults, people with disabilities, and low-income adults. Let's be clear: Any suggestion that provider taxes are anything but longstanding, legally vetted, state and federally approved tax arrangements, is dishonest and a distraction from what these proposals truly are — a way to cut the Medicaid program.

The primary way states generate revenue to pay for state programs, including Medicaid, is through taxes — this includes income tax, sales tax or, in the case of Medicaid, provider taxes. All are legally permissible ways for states to raise money to pay for their portion of the Medicaid program.

Provider taxes are a longstanding, legitimate and heavily regulated tax arrangement which states can levy on health care organizations, including hospitals and health systems, nursing facilities, and managed care organizations to pay for their portion of the Medicaid program. Nearly every state (49 states and the District of Columbia) uses some form of provider taxes, and many have done so for decades. In most cases, for a state to implement a provider tax, state legislators are required to first vote on provider tax arrangements. They then must be reviewed and approved by the federal government. Once established, the taxes are then overseen by both state and federal regulators. As an example of the federal oversight, Congress limits these taxes to no more than 6% of net patient revenue.

Nearly every state Medicaid program would be hurt by lowering the limit on provider taxes, and state residents would be put in the crosshairs of these cuts. States with strained budgets will need to shore up funding from elsewhere, either by raising taxes on their residents or cutting health care coverage and benefits for some of our most vulnerable people. For many states, a budget gap of this magnitude simply could not be backfilled through other funding sources.

For providers, this also could mean steep reimbursement cuts and increased uncompensated care. Even with provider tax financing, state Medicaid programs do not cover the cost of caring for Medicaid patients. Nationally, the Medicaid shortfall — the difference between the hospital's cost of serving Medicaid patients and the payments it receives for services — was $27.5 billion in 2023. These numbers underscore that further strain on hospital revenue would likely require them to reduce or eliminate service offerings, reduce staffing, or — to an entire community's loss — close altogether.

Provider taxes are fundamental to the Medicaid financing structure in nearly every state. The accusation by some that these carefully reviewed, legitimate tax mechanisms are fraudulent is false and a distraction. Just because someone does not like a law, it does not mean that those adhering to the law are committing "money laundering." Attacks on provider taxes are an attempt to disguise unjustifiable federal funding cuts to Medicaid, which will be devastating to Medicaid patients and our communities.

Medicaid provider taxes protect access to care for everyone. We urge Congress to protect Medicaid and reject efforts to mislead and distort the facts about the legitimate use of provider taxes to care for patients.

Ashley Thompson is AHA's Senior Vice President, Public Policy Analysis and Development.

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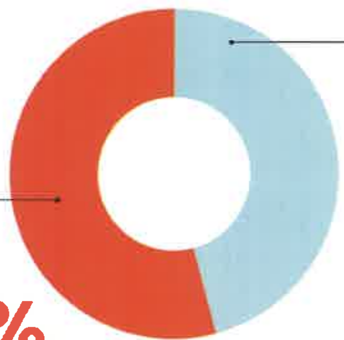
California Medicaid Relies on a Variety of Funding Sources — ANY Cuts Would Be Devastating for Patients

How Medicaid pays for health care

Medicaid reimburses providers through base rates (standard payments for health services) and a patchwork of more than 20 other payment programs including directed payments (funded by provider taxes).

Cuts to non-base reimbursement would have the same effect as cuts to base rates: health care services lost, hospitals closed, and Californians in jeopardy.



54%

Base revenue

Hospital base Medicaid revenue:
$22.2 Billion

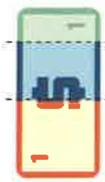
46%

Patch financing to cover Medicaid shortfall:

- Directed payments *(including revenue from provider taxes)*
- Disproportionate share hospital payments
- Graduate medical education
- Intergovernmental transfers
- Quality incentives
- *More*

Hospital non-base Medicaid reimbursement:
$19.2 Billion

Taking all reimbursement into account, Medicaid pays just **80 cents for every dollar** it costs to care for patients; if non-base reimbursement went away, that would drop to an unsustainable **45 cents on the dollar.**



All Medicaid: 80 cents for every dollar

Without non-base payments: 45 cents for every dollar

By the numbers: The impact of cuts

A cut of just 10% to non-base Medicaid payments is the equivalent of removing:

- **14,000 nurses** from California's hospitals
- **1,300 MRI machines** from California
- **5,600 surgeons** from operating rooms

Protect Medicaid

In the race to find federal budget savings, lawmakers should not target Medicaid reimbursement — no matter what form it comes. Patients, hospitals, and California as a whole simply cannot sustain this loss.

Myths v. Facts

Myth: Provider taxes abuse the Medicaid system.
Fact: Provider taxes are not wasteful, nor are they an abuse of the Medicaid system. They are the product of a longstanding and audited partnership between state and federal governments.

Myth: Non-base payments are excessive and unnecessary.
Fact: Non-base reimbursement represents nearly half of all hospital Medicaid revenue and is vital to ensuring access to health care services.

Myth: Provider taxes are unusual.
Fact: These taxes are part of 49 state Medicaid programs.

Myth: Provider taxes are how states freelance within the Medicaid system.
Fact: These taxes are rigorously reviewed by the Centers for Medicare & Medicaid Services.

Myth: Non-base payments are a new way to fund Medicaid.
Fact: A variety of non-base Medicaid payment programs have been created over decades to mitigate the extreme shortfall in Medicaid reimbursement compared to the cost of providing health care services.

California Hospital Association

California Hospital Association

Medicaid Provider Taxes Protect Californians' Access to Care

Medicaid provider taxes are a cornerstone of the Medicaid financing structure.

Without federal revenue generated from these taxes, reimbursement for care provided to patients covered by Medicaid would be woefully insufficient and health care access would be at grave risk. For many hospitals, losing this revenue would mean closure of service lines; for others, it would threaten their viability altogether.

Cutting Medicaid means millions of Americans — regardless of what type of insurance they have — would lose access to their health care providers.

Medicaid and California's hospital tax

- In California, Medicaid pays 80 cents for each dollar spent on care; without the additional payments from the hospital tax, reimbursement would drop to just 70 cents on the dollar.
- The **federal Medicaid statute expressly authorizes provider taxes** as permissible sources of funding the nonfederal share of program expenditures, in recognition of finite state revenue sources.
- State Medicaid agencies work closely with CMS to ensure provider taxes comply with all federal requirements and CMS must approve every program year after year. California's hospital tax program has been approved for more than 10 years.
- Forty-five states rely on a form of a hospital tax. California's hospital tax program is broadly similar to states such as Indiana, Tennessee, West Virginia, Georgia, and Nebraska.
- Approximately one-third of Californians are covered by Medicaid — nearly 15 million people. Without the hospital field's ability to self-finance additional payments via the hospital tax, some 150 hospitals in California would lose money — greatly increasing the risk of service line and facility closures.
- Hospitals pay provider taxes to the state before receiving any federal funds to care for patients. This is increasingly difficult to do with more than half of hospitals in California currently losing money.

FAST FACTS ABOUT MEDICAID PROVIDER TAXES

- They are part of 49 state Medicaid programs.
- They are rigorously reviewed by the Centers for Medicare & Medicaid Services (CMS).
- They are vital to ensuring access to health care services.
- They are a financial pillar for urban and rural safety net providers.

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