



2026-05-28 Regular Meeting of the Board of Directors

Thursday, May 28, 2026, at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2026-05-28 REGULAR Meeting of the Board of Directors

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12. ADJOURN

REGULAR MEETING OF THE BOARD OF DIRECTORS

AGENDA

Thursday, May 28, 2026, at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

If you would like to view the live meeting or speak on an agenda item, you can access the meeting remotely:

Please use this zoom link: <https://tfhd.zoom.us/j/81070388983>

Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(669) 900 6833 or (669) 444 9171

Meeting ID: 810 7038 8983

Public comment will also be accepted by email to sarah.jackson@tfhd.com or online at <https://www.tfhd.com/board-of-directors/board-meetings/#comment>. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the **three-minute** time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**
6. **RECESS UNTIL 5:00 P.M.**
7. **OPEN SESSION – RECONVENE**

8. **INPUT AUDIENCE**

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

9. **INPUT FROM EMPLOYEE ASSOCIATIONS**

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
May 28, 2026, AGENDA – Continued

10. ITEMS FOR BOARD ACTION ♦

10.1. True North Strategic Plan ♦ ATTACHMENT

The Board of Directors will review and consider approval of the True North Strategic Plan.

10.2. TFHD Fiscal Year 2027 Budget ♦ ATTACHMENT

Board of Directors will review and consider approval of the Fiscal Year 2027 Budget.

10.3. TFHD 3 Year Capital Plan – FY 2028-2030 ♦ ATTACHMENT

Board of Directors will review and consider approval of the FY2028-2030 Capital Plan.

11. BOARD MEMBERS' REPORTS/CLOSING REMARKS

12. ADJOURN

Tahoe Forest Hospital District has enabled live captioning and live Spanish translation in Zoom. To turn on live captions (subtitles) follow these steps:

1. In your Zoom meeting, look at the bottom toolbar.

You will see one of the following buttons:

- Captions
- Show Captions
- CC / Live Transcript

2. Click the button and select:

- Show Captions

3. To turn On Spanish Translation (live interpreted captions)

- Click the small arrow (^) next to the Captions button.
- Toggle the Translation button to the “on” position.
- Select: Caption Language
- Choose: Spanish

ACCESSING PUBLIC MEETINGS

As a public service to the community, The Tahoe Forest Hospital District Board of Directors meetings are held in-person, and viewable through a live webcast on the District’s website at:

https://www.youtube.com/playlist?list=PLr_DSJ6rtN1ZhLFh9EOu-oyKQBRZQGyd-

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 25, 2026 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at (530) 582-3583 at least 24 hours in advance of the meeting.



AGENDA ITEM COVER SHEET

MEETING DATE: May 28, 2026	ITEM: 10.1. True North Strategic Plan
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
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: Tahoe Forest Health System launched the True North strategic planning process in response to significant changes across healthcare, including rising care and labor costs, workforce shortages, growing demand for outpatient and specialty care, higher expectations for convenience and patient experience, increased competition and healthcare consolidation and ongoing federal and state funding uncertainty. The organization also recognized the growing impact of remote and technology-enabled care models that are reshaping how patients access services. TFHS has experienced substantial growth across the organization, including a 41% increase in overall unique patient growth since FY 2019, significant increases in outpatient visits, lab utilization and pharmacy activity and growing demand from patients both inside and outside the region. In response, TFHS undertook a six-month strategic planning and community engagement effort known as "5,000 Voices" to better understand the healthcare expectations, experiences and concerns of patients, staff and community members. Approximately 6,500 community and staff voices helped shape the development of the strategy. Input was gathered through conversations, surveys, clinical, operational and financial data analysis, benchmarking, industry best practices and market insights. Feedback consistently emphasized the importance of improving access to care, simplifying the patient experience and ensuring services remain locally responsive and community-centered. The resulting True North strategy establishes a long-term framework to guide organizational priorities, investments and decision-making through 2030. The strategy is centered on three core aims: Health Within Reach, Community Guided and Transformation. Together, these priorities focus on improving access to care, strengthening community-informed decision-making and building a more aligned, accountable and sustainable health system.	

The presentation also demonstrates how the proposed FY 2027 budget and multi-year capital investments align with the organization's strategic direction and future sustainability goals.

SUMMARY/OBJECTIVES:

The Board will receive a presentation on the proposed True North 2030 Strategic Plan and the alignment of the FY 2027 budget and multi-year capital investments with the organization's strategic priorities. The presentation will review key findings from the community engagement process, major healthcare trends affecting the region and the proposed strategic focus areas intended to guide Tahoe Forest Health System through 2030.

Objectives of the presentation include:

- Review the strategic planning process and community engagement findings
- Present the three strategic aims of True North
- Highlight initiatives already underway to improve access, strengthen governance and modernize care delivery
- Demonstrate alignment between strategic priorities, capital investments and the proposed FY 2027 budget

SUGGESTED DISCUSSION POINTS:

- Key healthcare trends impacting Tahoe Forest Health System and rural healthcare organizations
- Demand growth for outpatient, specialty and virtual care services
- Access to care challenges and proposed solutions, including expanded clinic capacity, virtual care and affordability initiatives
- Strategic priorities under Health Within Reach, Community Guided and Transformation aims
- Alignment of capital investments with long-term strategic priorities
- Workforce growth, physician integration and organizational sustainability
- Financial outlook, operational indicators and key performance metrics
- Board role in supporting implementation and long-term strategic direction

SUGGESTED MOTION/ALTERNATIVES:

- Motion to approve the True North 2030 Strategic Plan as presented.

Alternatives:

- Motion to approve the True North 2030 Strategic Plan with modifications or additional direction from the Board.
- Motion to continue the True North 2030 Strategic Plan to June with requested modifications or additional direction from the Board incorporated.

LIST OF ATTACHMENTS:

True North 2030: Tahoe Forest Health System 2027–2030 Strategy & 2027 Budget Presentation

True North 2030: Tahoe Forest Health System's Strategic Approach Report

TRUE NORTH 2030:

Tahoe Forest Health System 2027-2030 Strategy
& 2027 Budget Presentation

Health within Reach | Community Guided | Transformation



For the community, by the community



RECOGNIZED FOR EXCELLENCE

Gene Upshaw
Memorial Cancer
Center

Level III
Trauma
Center

Pediatric
Readiness
Assessment

ACHC Primary
Stroke Center

Geriatric Emergency
Department
Accreditation

Baby-Friendly®
Designation



2

STATES



6

COUNTIES



2

HOSPITALS



25

BEDS

4

IVCH

37

SKILLED NURSING



50K+

RESIDENTS SERVED



166K+

OUTPATIENT VISITS



\$787M

FY 26 PROJECTED
GROSS REVENUE



1.9K

WORKFORCE



95+%

PATIENT SATISFACTION



30+

SPECIALTY SERVICES



88%

LOCALS RECEIVED
CARE SINCE 2023

Last September, We Posed The Question:

"What does it mean for a health system to be the center of health in a community?"



Since then, we've taken a deep dive into who we are

TFHS FACT

41% Overall unique patient growth from FY2019 to FY2025



5,000 Voices, Data & Industry Expertise

Informed the strategy, including:

Community and team member conversations

Clinical, operations & financial data

Surveys & benchmarking

Best practices & market insights

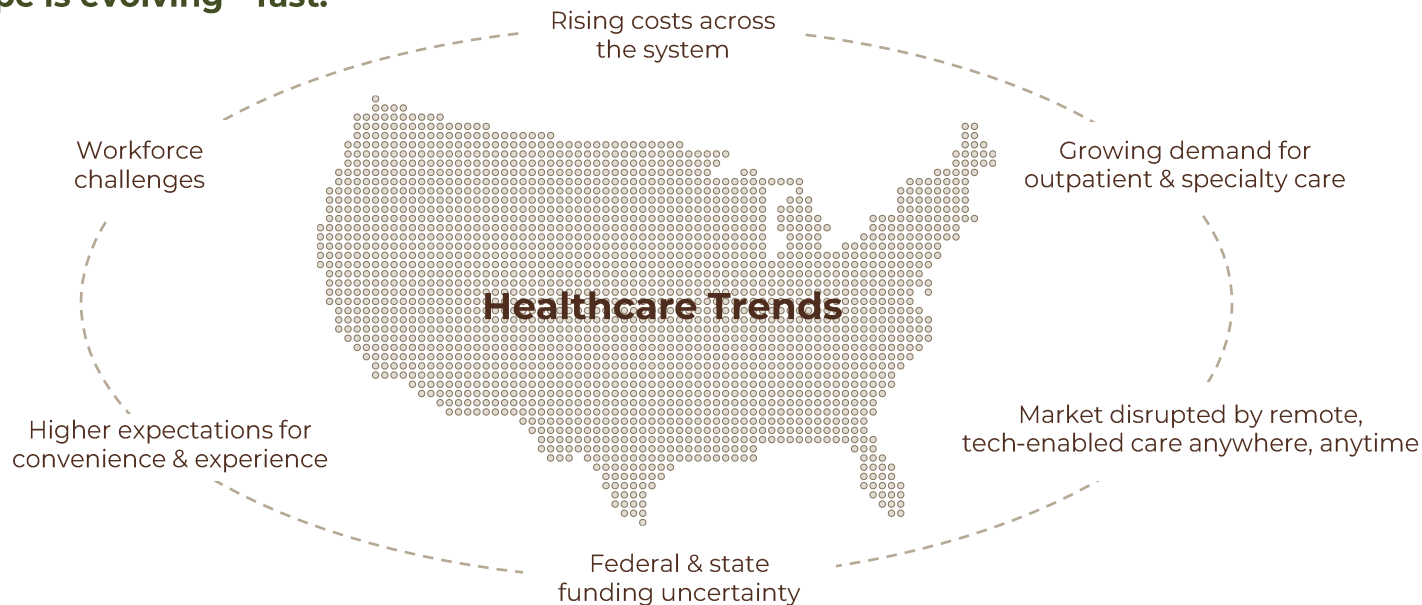
TFHS FACT

~6.5K Community and staff voices helped shape this plan



What We Heard

The landscape is evolving – fast.

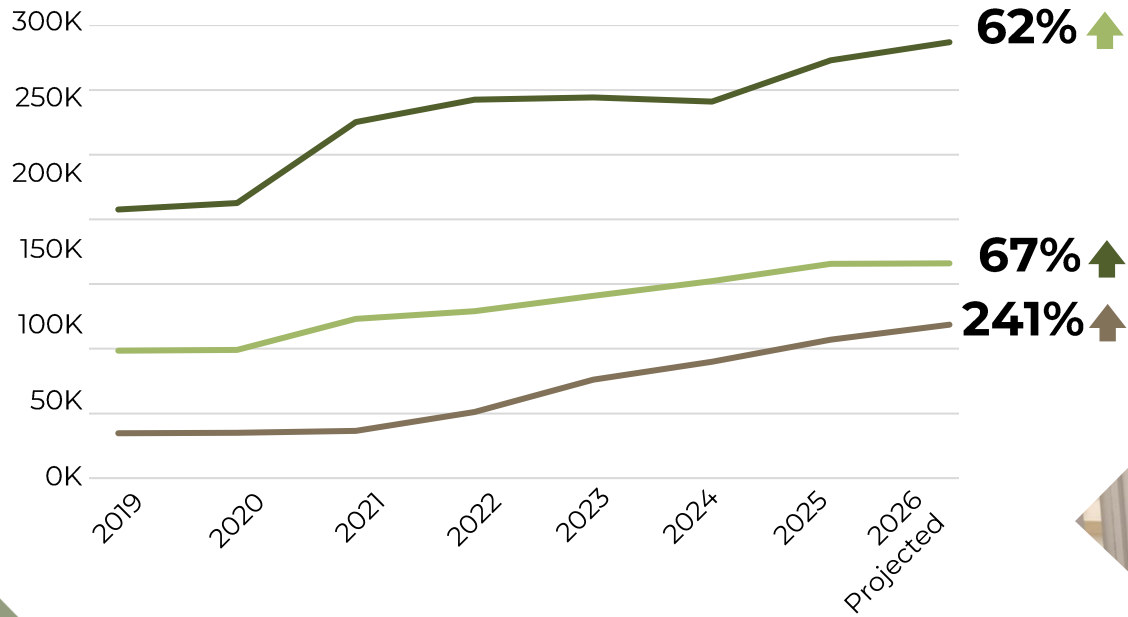


TFHS FACT

68% Growth in patients coming from outside the region since 2019



Growth at Tahoe Forest



- LAB TESTS
- VISITS
- RX REFILLS



TFHS FACT

257% Revenue growth over the past 10 years



Strategy To Action

Improve access

Invest where it matters most

Make clear, intentional choices

Adapt to changing needs

TFHS FACT

45% Of Nevada County babies born at Tahoe Forest Hospital



Tahoe Forest True North Aims:



Health Within Reach

Access, choice, lower
cost & convenience



Community Guided

Services shaped
by community



Transformation

Shared decisions,
stronger accountability





Health Within Reach

Care that is easy to access, easy to use & offers more choice

Expand options and choice

Improve cost transparency

Lower cost options

Enhance financial navigation

TFHS FACT

\$183M

Invested in space and equipment
over the past 10 years



ALREADY IN MOTION

\$700K

INVESTMENT

Mobile Clinic
1.5K visits/yr

\$59M

INVESTMENT

Sierra Center, North Shore
Clinic, Gateway West
55K clinic appointments

\$56K

INVESTMENT

Extended hours & virtual Care
for Primary Care & Pediatrics
5.1K visits/yr

\$404K

INVESTMENT

Cost transparency &
financial navigation efforts

\$2.3M

INVESTMENT

Lab Affordability Pilot



Community Guided

Care shaped by what matters most to our community

Modernize care model

Continued engagement with community & staff

Track & address trends & needs

Invest intentionally

Sustained, impactful collaboration

ALREADY IN MOTION

\$1.5M

INVESTMENT

Clinical AI tools

\$200K

INVESTMENT

Climate Action Plan

\$600K

INVESTMENT

Financial forecasting,
modeling & analysis

TFHS FACT

\$10M

Raised for Incline Village Community Hospital surgery enhancement, including \$7.8M from Dave & Cheryl Duffield Foundation

DAVE & CHERYL
DUFFIELD





Transformation

Shared decisions & stronger accountability

Align governance & executive leadership

Accelerate the culture of continuous improvement

Develop leaders for the future

Improve alignment & performance

Attract, grow & retain talent

Explore strategic collaborations, inside & out

TFHS FACT

87% 10 years growth in employed workforce



ALREADY IN MOTION

\$240K

INVESTMENT

Governance

\$350K

INVESTMENT

Community Fall Forum

\$1.2M

INVESTMENT

True North
Transformation Center

\$400K

INVESTMENT

Workforce strategy

\$300K

INVESTMENT

Data analysis, metric
development & monitoring

Measuring Success

Outcome measures — long-term progress

Operational indicators — day-to-day performance

Leading indicators — trends, risks & opportunities

JUNE BOARD MEETING:



**RECOMMEND KEY
PERFORMANCE
INDICATORS**

**OUTLINE KPI
TRANSPARENCY PLAN**

TFHS FACT

< 5%

Of ER Patients transferred when TFHS is unable to provide level of care needed



Proposed 2027 Budget

Revenue & Expenses

Full-time Equivalent Growth

Capital Investments

Key Financial Indicators



Statement of Revenue & Expense

	Fiscal Year 2027 Budget
Gross Revenue	\$ 832,633,020
Deductions from Revenue	(460,194,329)
Other Operating Revenue	22,526,539
Wellness Neighborhood Revenue*	1,598,991
Total Operating Revenue	\$ 396,564,221
Operating Expenses	383,169,448
EBIDA	\$ 13,394,773
Non-Operating Expense	(16,336,869)
Property Tax Revenue	16,396,485
Net Income	\$ 13,454,390

**Amount represents property tax revenues specifically allocated to fund the wellness neighborhood program.*

Note: EBIDA – Earning Before Interest, Depreciation and Amortization

1.6%

**EBIDA BASED ON
GROSS REVENUE**



\$18M

**TOTAL ANNUAL
PROPERTY TAX
REVENUES**



Impacts on Revenue

-\$2.3M

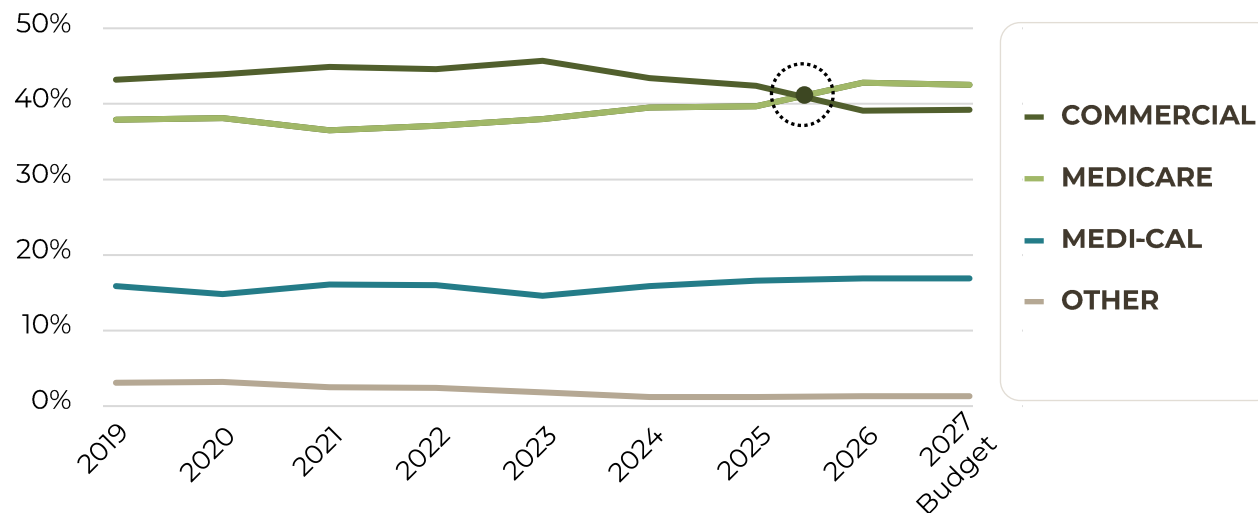
**NET REVENUE
REDUCTION PART OF
LAB AFFORDABILITY
PILOT**

25%

**PRICE REDUCTION ON
70% OF OUR LAB TESTS**



Payor Mix % Based on Total Gross Revenue



CalMatters

'I'm really scared': Elderly and disabled Californians with more than \$2,000 could lose Medi-Cal

Newsom has proposed restoring a \$2,000 limit on an individual's assets — including savings accounts and property other than a home and a car — and \$3,000 for...



Barron's

Many Retirees Find That Medicare Falls Short

Medicare doesn't go as far as expected in covering retirement healthcare costs. A little planning can help you build a more realistic budget...



***5% CHARGEMASTER RATE INCREASE (IN AGGREGATE) EFFECTIVE AUGUST 1, 2026**

Full-time Equivalent (FTE) Growth

	Budget FY 2026	Projected FY 2026	Budget FY 2027	Budget FY2027 vs Projected FY 2026	Budget FY 2027 vs Budget FY 2026
Employed FTE including APP	1,145	1,054	1,169	115	24
Employed Physician FTE	73	64	72	8	-1
Total	1,218	1,118	1,241	123	23

~1.9K

WORKFORCE

**EMPLOYED ~1,400
CONTRACTED ~500**



TFHS FACT

~60% Of TFHS employees live in the communities we serve



Operating Expenses

7.3%

**INCREASE IN
OPERATING EXPENSES**



	Projected FY 2026	Budget FY 2027
Salaries, Wages and Benefits	\$ 244,558,868	\$ 256,001,182
Professional Fees		
-Clinical	7,497,587	7,564,537
-Other	4,691,460	6,688,970
Supplies	59,271,982	66,437,104
Purchased Services	27,457,697	31,759,312
Other	13,536,706	14,718,343
Total Operating Expense	\$ 357,014,300	\$ 383,169,448

TFHS FACT

66.8% Of expenses are salaries, wages & benefits (budgeted)



Capital Investments

	Projected 2026	Budget FY 2027	FY 2028	FY 2029	FY 2030
Equipment	\$ 7,012,606	\$ 6,238,750	\$ 3,476,150	\$ 1,939,500	\$ 4,045,000
Information Technology	Included in equipment total above	\$ 5,659,758	\$ 1,205,000	\$ 1,245,000	\$ 1,670,000
Projects, Construction, and Properties	\$ 46,825,788	\$ 58,553,840	\$ 40,362,800	\$ 25,805,400	\$ 57,161,180
Total	\$ 53,838,394	\$ 70,452,348	\$ 45,043,950	\$ 28,989,900	\$ 62,876,180

**\$70.5M
Funded by:**

**\$2.3M MUNICIPAL
LEASE**

\$6.4M DONATIONS

\$61.8M OPERATIONS



TFHS FACT

\$261M Total planned capital investments over next 5 years



Capital Investments

57K+

VISIT CAPACITY
ADDED BY CAPITAL
INVESTMENTS

↑ +34%
vs 2025

Budget
FY 2027

Mobile Clinic	\$486K
Sierra Center Clinic	\$21.2M
North Shore Clinic	\$6.7M
Gateway West Clinic	\$31.8M
Physical Therapy Renovation	\$1.0M
Incline Village Surgical Enhancements	\$8.4M
Clinical AI Technology	\$1.5M

TFHS FACT

17K Emergency visits in 2025

Balance Sheet Key Indicators

	Projected FY 2026	Budget FY 2027	Standard and Poor's A- Ratings *
Days Cash on Hand	195.6	145.4	216.5
Days in Account Receivable	56	54	45.5
MADS Coverage	5.38x	4.53x	4.1x
Unrestricted Cash to Long-term Debt	191.1%	162.1%	170.7%
Long-term Debt to Capitalization	20.9%	19.3%	25.1%

**Based on Standard & Poor's U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2024 – Published August 7, 2025*

TFHS FACT

Key Indicators for Budget FY 2027 are BBB- or greater, in alignment with Fiscal Policy, ABD-11.



**PROCEED WITH
CAUTION**



Income Statement Key Indicators



**PROCEED WITH
CAUTION**

	Projected FY 2026	Budget FY 2027	Standard & Poor's A- Ratings *
EBIDA Margin	13.2%	10.8%	9.7%
Operating EBIDA Margin	10.9%	7.2%	6.0%
Operating Margin	3.6%	-0.3%	1.1%
Excess Margin	5.9%	3.3%	4.1%

**Based on Standard & Poor's U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2024 – Published August 7, 2025*

TFHS FACT

Key Indicators for Budget FY 2027 are BBB- or greater, in alignment with Fiscal Policy, ABD-11.



Shaping Our Future

Tonight

Accept True North Strategy

Approve 2027 TFHD Fiscal Year Budget

Approve TFHD Three Year Capital Plan – FY2028-2030

June

Measurement Framework

Now to 2030

Shared decision making

Ready for change

Focused investments

Clear vision for local care

A stronger, connected health system



Tahoe Forest Health Fall Forum: September 25

Featuring the **Thomas D. Hobday Medical Lectureship**



Jim Morrison

First skier to descend the North Face of Mount Everest via the Hornbein Couloir

Local Truckee Native, featured in National Geographic



Dr. Gurpreet Dhaliwal

One of the country's most gifted diagnosticians and renowned Speakers

Professor of medicine at UC San Francisco and among the nation's leading diagnosticians



SAVE
THE
DATE



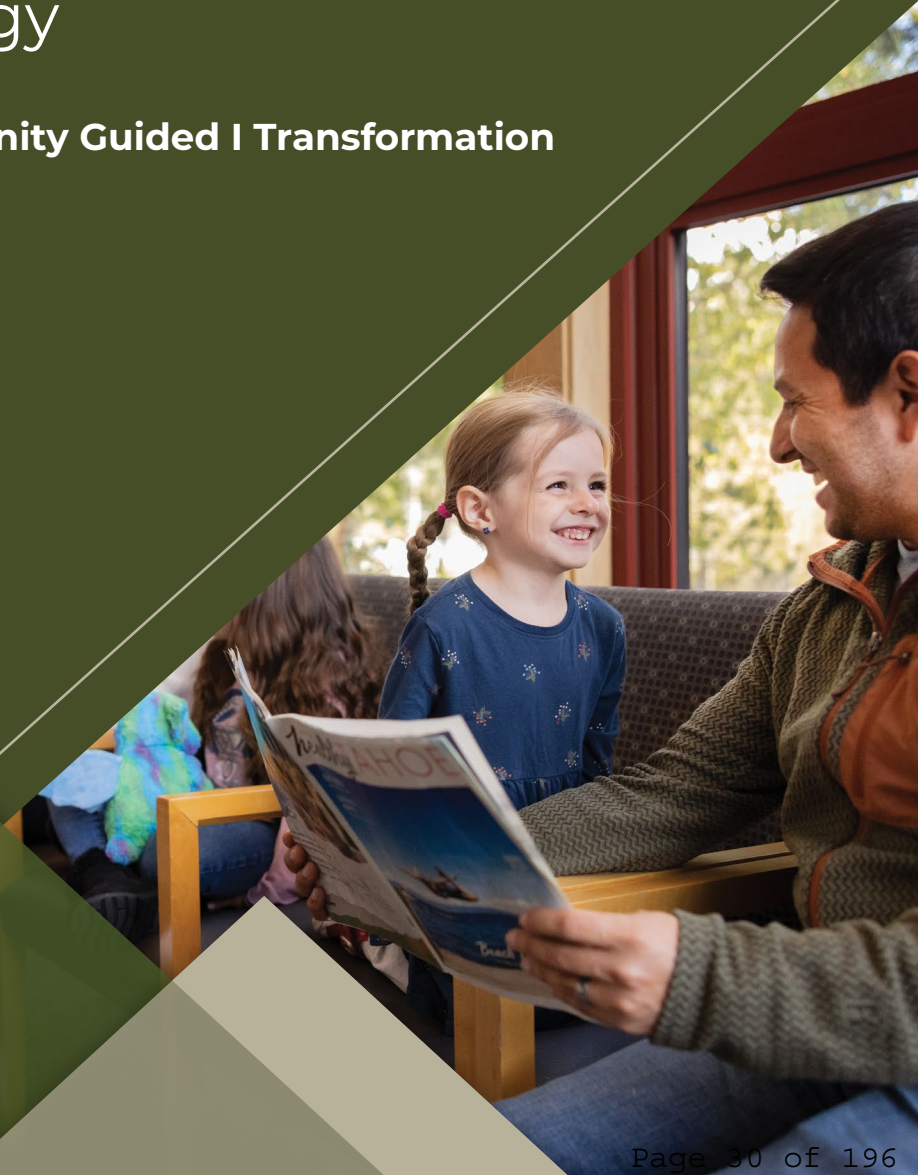


TAHOE FOREST
HEALTH SYSTEM

TRUE NORTH 2030

Tahoe Forest Health System
2027 - 2030 Strategy

Health Within Reach | Community Guided | Transformation



A Shared Commitment to the Future of Care

For generations, Tahoe Forest Health System has been part of this community, caring for neighbors, supporting families and helping this region flourish.

Today, we are at an important crossroads.

Healthcare is evolving, and so are the needs of our community. Expectations are higher, demand is growing and the way people want to get their care is changing.

Change can feel disruptive and uncertain, particularly in healthcare. But more importantly, it creates an opportunity to rethink how care is delivered, strengthen local access, invest in what matters most and shape a healthcare system that is better prepared for the future. The path ahead holds tremendous potential, and we are poised to shape what care looks like in this region for years to come.

This plan begins with listening.

Through our 5,000 Voices listening tour, we heard from thousands of patients, staff and community members. And what we heard was clear — people value the care they receive and the people who provide it. They also want care that is easier to access, easier to navigate and closer to home.

We also heard something more.

A belief that we can and must do more. That we can think bigger, act more boldly and better reflect the strength and character of the community we serve.



As a locally governed health system, we are accountable to this community. Our responsibility is not only to provide care, but to serve in a way that reflects the needs, priorities and voice of the people who call this region home. That means approaching our work not only for the community, but with it.

This is not a moment for incremental change.

It is a moment to rethink care delivery, to expand thoughtfully where it matters most and to strengthen the capabilities needed to meet what comes next. The True North strategic planning process calls on all of us, healthcare providers and community alike, to act with purpose, to make clear choices and to stay focused on what will strengthen our community, our healthcare and our well-being.

This work will take time, discipline and a shared commitment. We will move forward with transparency, continue listening and hold ourselves accountable for the progress we make.

This True North planning process offers a rare and invaluable opportunity to come together, boldly address the rapid economic, social and healthcare changes happening around us and make strategic decisions that will deliver a healthcare system that fits the unique and inspiring aspirations of the Tahoe region.



A handwritten signature in black ink that reads "Anna M. Roth".

Anna M. Roth
President & CEO

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A Defining Moment

The communities in the Tahoe Forest Health District are something different.

It's a place where you know your neighbors. Where the same person you ski with may also be your child's pediatrician. Where nature's beauty sets the tone for healthy living, and where shooting for the stars isn't the exception, it's the norm.

Beyond the breathtaking lakes, soaring peaks and endless outdoor recreation, these Sierra Nevada communities are defined by a deep sense of connection.

Tahoe Forest Health System reflects that same spirit.

Created by the residents of this region, TFHS has always been personal, locally grounded and committed to providing the highest level of care.

While the people who call Tahoe home share many sensibilities, they come from different backgrounds and places, including mountain and lake communities, the North and South Shore, long-time residents and part-time residents. What unites them is a shared expectation: a health system that is local, accessible, responsive and worthy of the community it serves.

This True North strategic plan reflects those voices and sets a clear path for how TFHS will grow, invest and evolve to meet the needs of this community.

Healthcare is changing, and this plan is designed to respond with focus and flexibility, while remaining grounded in a commitment to the people of this region. The decisions we make now will shape the future of care in our community.

Why This Moment Matters

Our community is changing. Healthcare needs are growing, expectations are rising and demand for care continues to increase.

TFHS has earned deep trust by providing high-quality, compassionate care. At the same time, important challenges remain:

- Getting timely access to care
- Receiving care close to home
- Understanding and affording the cost of care
- Navigating a rapidly changing healthcare landscape
- Responding to increased competition in the region



If we do not act, these challenges will continue to grow.

People may face longer wait times, fewer options for local care and greater difficulty accessing the services they need. More patients may need to travel outside the region for care.

Meeting these challenges demands more than incremental change. It requires clear priorities, focused investment and a willingness to act with purpose. It also requires discipline, strengthening the foundation of care first and building thoughtfully from there.

A Shared Commitment

True North reflects more than strategy. It is a shared commitment to the future of care for our community.

The opportunity ahead is to strengthen access, expand options, improve the care experience and ensure that services remain available close to home. This plan sets a clear direction for where we will focus, how we will grow and how we will deliver care in ways that better serve our community.

This work is also strengthened by the extraordinary generosity and partnership of our community through the Tahoe Forest Health System and Incline Village Community Hospital Foundations. Philanthropic investments continue to expand access to care, advance technology, support cancer and emergency services, strengthen women and newborn care and modernize critical facilities across the region. From major capital projects and diagnostic imaging enhancements to patient assistance programs and workforce support, these efforts reflect a community deeply invested in the future of local healthcare and the long-term success of True North.

By staying focused and working together, TFHS will continue to provide high-quality care while ensuring that it remains accessible, sustainable and within reach for every person we care for, now and in the future.

TFHS FACT

41%

more patients
cared for since
FY2019



About Tahoe Forest Health System

TFHS was born from a deep commitment to community and care.

In 1949, residents came together to form the Tahoe Forest Hospital District, following a generous land donation from the Joseph family after the tragic loss of Margaret Joseph. Their vision was simple but powerful: to ensure that no one in this community would have to leave the region to receive the care they needed.

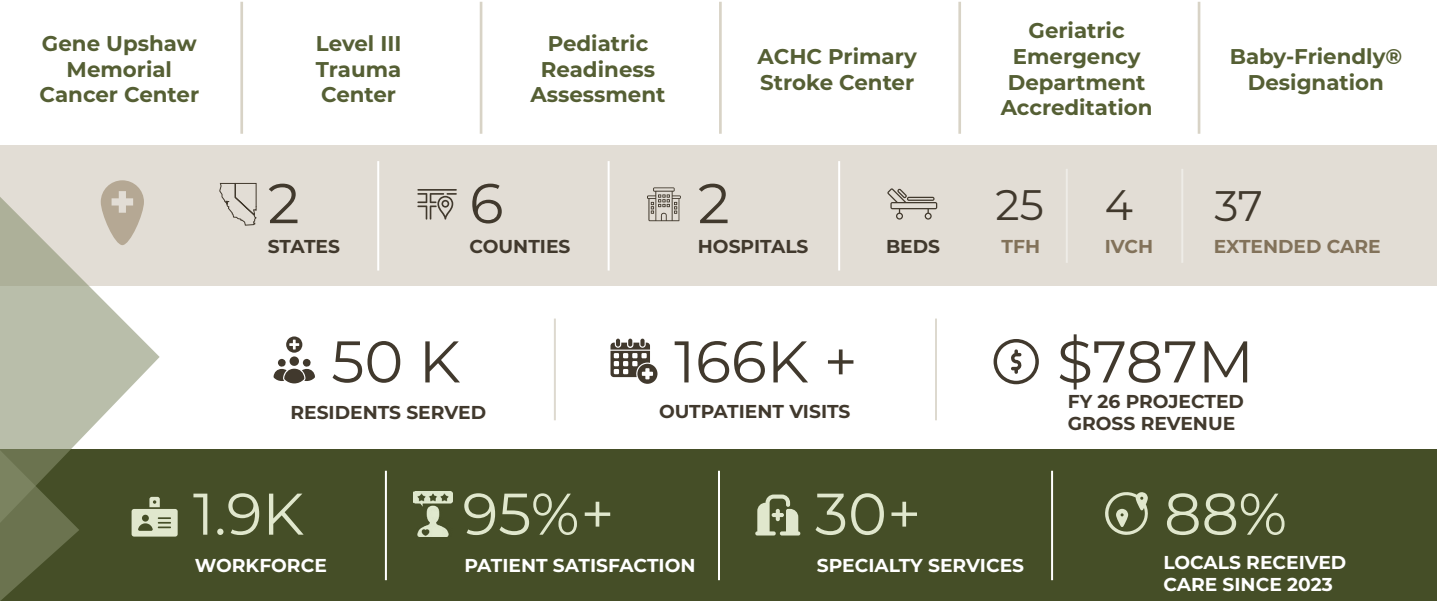
From a small, 12-bed hospital, TFHS has grown alongside the community it serves. Today, it is a locally governed health system providing care across Truckee and North Lake Tahoe.

TFHS offers a comprehensive range of services designed to meet the region's evolving needs.

For the community, by the community



RECOGNIZED FOR EXCELLENCE



MISSION

Enhance the health of our communities through excellence and compassion

VISION

Be the health system of choice and the best mountain health system in the nation

VALUES

Quality
Understanding
Excellence
Stewardship
Teamwork

From Winning Aspirations to True North

The Winning Aspirations have guided TFHS' strategy in recent years, defining what success looked like across community, service, quality, people and financial performance. They reflect long-standing commitments to the people we serve and the standards we hold ourselves to as an organization.

As the healthcare landscape and community expectations have evolved, so must our approach.

The True North Strategic Plan builds on this foundation by establishing a more focused, disciplined strategy for how TFHS will move forward. It clarifies where we will prioritize our efforts and how we will deliver on the commitments that matter most to our community.

This direction is grounded in what we heard from our community and what the data make clear: improving access, strengthening the care experience and reducing barriers to care must come first. These foundational elements shape everything else — from quality outcomes to workforce stability, thoughtful growth and long-term financial strength.

Four guiding commitments define this approach:

ACCESS FIRST:

prioritizing timely, reliable entry to care,
with primary care as the foundation

REDUCING BARRIERS TO CARE:

improving cost transparency and
helping patients navigate financial challenges

RELATIONSHIPS AND NAVIGATION:

delivering coordinated, personalized care
with clear guidance across the system

SEQUENCED, INTENTIONAL GROWTH:

strengthening foundational services before expanding

Together, these commitments establish a disciplined, community-driven path forward.

The principles reflected in the Winning Aspirations continue to inform this work. Rather than existing as a separate framework, they are carried forward through the implementation of True North, shaping how we define success and how we measure our impact over time.

While the aspirations naturally overlap across multiple aims, that overlap reflects the interconnected nature of healthcare, where access, quality, culture, community trust and financial strength are all interdependent and must work together to achieve lasting impact.

HEALTH WITHIN REACH

This aim focuses on how people experience care — timely access, clear guidance, reliable services, transparency and strong outcomes.

It touches on: service, quality and finance (partial)

COMMUNITY GUIDED

This aim is about listening, partnership, responsiveness and making growth decisions based on what the community needs.

It supports: community, people and finance (partial)

TRANSFORMATION

This aim is s the organizational engine — culture, governance, workforce, implementation and performance.

It will address: people and finance (partial)

We Asked. You Answered.

What our community needs from us now and in the future

What We Heard From Our Community

As part of this strategic planning process, TFHS undertook an ambitious six-month community outreach effort to hear from our patients, the community and our staff about their healthcare expectations, experiences and concerns.

Based on more than 6,500 individual points of feedback from people across the Tahoe region, a clear and consistent message emerged. Overall, people value TFHS, but their experience is not always as easy to access, navigate or afford as they would like.

Several themes stand out:

- Access is the single most pressing concern, with a clear need to improve timely access to primary care and other essential services
- People want improved access and transparent cost information, before expanding services
- There is a strong expectation that improvements should be sequenced, with foundational issues addressed first
- Care should feel connected, coordinated and easy to navigate, with clear guidance and continuity over time
- Trust in care is strong and built through consistent, relationship-based experiences

TFHS FACT

~6.5K

community and
staff voices helped
shape this plan



- Certain services are working well and valued, while gaps remain in key areas such as women's health, mental health and select specialties

A full summary of the Community Voices input is included in the appendix.

What We Know – Community Health Needs Assessment

The 2025 Community Health Needs Assessment highlights the most significant health challenges facing our region and where people experience the greatest barriers to care.

A summary of findings is included in the appendix and the full report is available online at tfhd.com/commitment/community-health/needs-assessments-reports/.

Priority Health Needs Identified

- Access to health care services, including the cost of prescriptions, the ability to get routine and preventive care and having a regular primary care provider
- Mental health, including depression, anxiety and suicide
- Substance use, including alcohol and drug-related impacts
- Chronic conditions, including heart disease, stroke and cancer
- Disabling conditions and caregiving needs
- Injury and violence prevention
- Oral health and access to dental coverage
- Social determinants of health, including food access and food insecurity

TFHS FACT

68%

growth in patients coming from outside the region since FY2019



What This Means

Where community needs and system realities intersect:

- Access is the foundation, and challenges in getting care affect everything else
- Barriers to care are layered, including cost, availability and navigation
- Trust in providers is strong, but the overall experience with the health system is not always consistent
- People need care that feels connected, coordinated and easy to navigate
- Behavioral health, chronic conditions and basic needs highlight the importance of ongoing, coordinated care

These shared priorities reflect what our community needs most today and set the foundation for how we will move forward:

Care close to home

Timely, reliable access to services

Lower cost, easy-to-understand care

A more connected, coordinated and easy-to-navigate care experience

A clear focus on strengthening the basics first, with thoughtful, sequenced growth

TFHS FACT

257%

10 year
revenue growth



We Must Lead What Comes Next

Healthcare is changing quickly and dramatically.

External trends, market forces and industry shifts are shaping how care is delivered, how people access services and how health systems operate across the country. These changes are already affecting our community and will continue to influence how care is provided in the years ahead.

What We See Ahead

Workforce and Staffing

- Workforce shortages and rising labor costs are affecting healthcare systems across the country
- Staffing shortages will continue, especially in rural and mountain communities, making it harder to access specialty and hospital care

Cost and Financial Pressures

- The cost of care will continue to rise, while more patients rely on Medicare and Medi-Cal
- Rising costs for labor, supplies, medications and more are putting pressure on healthcare providers

How Care Is Delivered

- More care will move out of hospitals and into clinics and community settings
- Fewer patients will need hospital stays, but those who do will have more complex care needs
- Emergency departments will see more patients requiring more intensive care

Technology and Expectations

- People expect digital tools to make care easier, faster and more accessible
- Expectations for convenience and coordination will continue to grow

Policy and Coverage

- Changes in policy and coverage may increase the number of uninsured patients and create additional financial strain on providers and health systems



What This Means for TFHS

- Demand for emergency and complex care will continue to grow
- More patients will rely on Medicare and Medi-Cal, increasing financial pressure
- Patients expect care to be accessible, convenient and close to home
- More care will need to be delivered outside of the hospital, with better coordination and use of advanced technologies (virtual care and artificial intelligence)

How We Will Respond

- Expand access through clinics, virtual care and other convenient care options
- Reduce barriers to care through clearer guidance, transparency and efficient operations
- Invest in the services our community needs most so more people can receive care close to home
- Strengthen high-performing services and grow specialty care where we can have the greatest impact
- Build a more flexible organization that can adapt as community needs continue to change

TFHS FACT

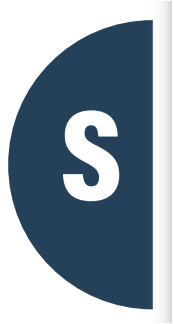
45%

of Nevada County babies born at Tahoe Forest Hospital



Strategic Assessment

This analysis reflects community input, operational insights and external market analysis.



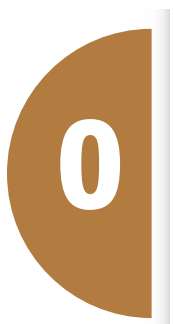
Strengths (Internal)

- High patient satisfaction and strong care quality
- Trusted local provider with deep community roots
- Strong position in a remote mountain region
- Large multi-specialty medical group
- Stable financial foundation



Weaknesses (Internal)

- Limited local access to some specialty care
- Recruiting and retaining workforce in a rural area
- Financial pressure from rising costs and reimbursement challenges
- Serving patients across a large mountain region



Opportunities (External)

- The changing healthcare environment challenges us to think differently locally
- Expand outpatient, virtual and community-based care
- Grow specialty services closer to home
- Improve access and coordination through technology
- Build strategic partnerships to strengthen care and sustainability
- Meet the needs of an aging and changing population



Threats (External)

- Growing regional affiliations with national partners and system consolidation
- Rising costs and continued reimbursement pressure
- Policy changes affecting coverage and uncompensated care
- Higher expectations for convenience and digital access

Strategic Implications

These trends and pressures make one thing clear: maintaining the status quo is not an option.

To meet the needs of our community and remain a strong, sustainable provider, TFHS must take a more focused and deliberate approach to how it grows, invests and delivers care.

Prioritize investments that improve access, strengthen quality and support long-term sustainability

Make clear choices about where to grow, where to partner and how to allocate resources

Adapt as needs continue to change, especially in access, workforce and care delivery

TFHS FACT

\$183M

invested in space
& equipment
over 10 years



Our True North

Our Path Forward

We have listened to our community and to the people who deliver care every day. We have learned from our data. And we have taken a close look at the challenges and opportunities that may reshape how we provide healthcare.

What we heard is clear. People want care that is easier to access, easier to understand and closer to home. They want services that reflect the region's needs and a healthcare system they can rely on.

At the same time, the healthcare landscape around us is changing. Costs are rising, workforce challenges continue and expectations for convenience, quality and coordination are increasing.

Together, these forces highlight the need for a thoughtful, bold and long-term strategic plan. While addressing immediate priorities, True North must also serve as an engine for building strong personnel, systems and infrastructure that will enable TFHS to meet future healthcare changes adroitly.

The True North Strategic Plan reflects what we heard, what we know about our community's needs and what it will take to deliver care that is accessible, high-quality and sustainable. It provides clear priorities and disciplined strategies.

Through this plan, TFHS will:

Expand access and strengthen care close to home

Set a clear direction for how and where we will grow

Align resources with the needs that matter most

Track progress through measurable outcomes

Strengthen trust through transparency and accountability

True North is built around three aims – where we will focus to make the greatest impact

Together, these aims create a clear and focused direction for the future of care in our region.

Tahoe Forest True Aims



Health Within Reach

Access, choice, lower cost & convenience



Community Guided

Services shaped by community



Transformation

Shared decisions, stronger accountability





Health Within Reach

Care that is easy to access, easy to use,
lower cost and offers more choice

What this Means for Our Community

Health Within Reach means making TFHS the community's trusted place for everyday care.

Access to care is one of the most urgent challenges in the Tahoe region. People want to see a provider when they need one, without long waits and clear options to meet their needs. When it's hard to get an appointment for regular care, it can affect everything, from specialty care to overall health.

Getting care can also feel complicated and hard to navigate. When it's difficult to know where to go or what to do next, people may put off the care they need.

This aim focuses on making care easier to access and easier to use. TFHS will improve access to regular care, expand same-day and urgent care options and offer more ways to get care, including virtual visits and care closer to home. We will also make the experience simpler so people can move through their care with greater ease, clarity and confidence, with more choice in how and where they get care.

GOAL:

Strengthen TFHS as the community's trusted, accessible health home by ensuring timely access and delivering affordable care in ways that meet patients' needs.

TFHS FACT

\$10M

raised for Incline Village Community Hospital surgery enhancement, including \$7.8M from Dave & Cheryl Duffield Foundation



KEY STRATEGIES

Modernize patients' experience across the system to ensure seamless, affordable and timely care

Provide a variety of care options that offer patients a choice in how they access care

Make healthcare access simple and intuitive for patients

Improve cost transparency and enhance financial navigation



INITIAL INVESTMENTS

- Primary care and front-line staffing
- Virtual care, mobile care and community-based services and infrastructure
- Strategic facility and campus investments that expand access and support future care delivery
- Systems that improve scheduling and patient navigation
- Targeted efforts to reduce the cost of common lab services
- Pilot efforts to lower costs and increase access for imaging services
- Digital and AI-enabled tools that improve patient experience, provider efficiency and decision-making



ALREADY IN MOTION

- System redesign: co-design and test improved care delivery, care teams, access to appointments and internal financial processes and billing
- Operational optimization
- Virtual care model research, pilot and testing
- Mobile Health Clinic, Sierra Center, Fabian Way Clinic and Gateway West Clinic: improving access, convenience and choices
- Lab Affordability Pilot
- Reintroduce financial assistance and customer service program
- Community pharmacy improvements: increase volume and improve timeliness, convenience and patient satisfaction
- Meds-to-Beds program launch
- Enhancing care technology





COMMUNITY GUIDED

Care and services shaped by
what matters most to our community

What this Means for Our Community

Community Guided means shaping care and services around what matters most to our community.

Healthcare needs are changing, and they don't look the same for everyone. In a region like Tahoe, people bring different experiences, expectations and priorities when it comes to their health. To serve this community well, we must keep listening and be willing to adapt.

This aim focuses on how we decide where and how to grow. Tahoe Forest Health System will continue to engage patients, staff and partners to understand changing needs and identify gaps in care. We will use those insights, along with healthcare trends, to guide where we invest, what services we expand and how care evolves over time.

In some cases, that may mean strengthening services locally. In others, it may mean working with trusted partners to expand access while maintaining our local focus and independence. Every decision will be guided by what best serves our community and what we can sustain over time.

GOAL:

Deliver exceptional, world-class care by strengthening and expanding services, guided by what matters most to our community, staff and partners.

TFHS FACT

87%

10 year growth
in employed
workforce





KEY STRATEGIES

Modernize care model to strengthen and expand services

Continuously engage with the communities we serve, including patients, staff and partners, to understand changing needs and priorities

Track healthcare trends and new opportunities to stay current and responsive

Invest in services that reflect community priorities and align with our capacity and long-term sustainability



INITIAL INVESTMENTS

- Market analysis and planning to guide future growth decisions
- Priority care programs and select specialty services
- Clinical staff and expertise in targeted areas
- Facilities and operational investments that support long-term growth and environmental and community sustainability
- Facilities, equipment and space needed to support growth
- Community engagement efforts to support ongoing input
- Clinical AI tools
- Financial forecasting, modeling and analysis



ALREADY IN MOTION

- Continue and expand opportunities for ongoing community engagement and input with staff, patients, community partners and the greater community
- Optimization project for service lines
- Financial optimization
- Partnership with UC Davis ICU telemedicine support

TFHS FACT

Only 5%

of ER patients transferred when TFHS is unable to provide care





TRANSFORMATION

Strengthening how decisions are made, sharing responsibility and building accountability so we can deliver on what matters most

What this Means for Our Community

Transformation is about how we make decisions and how we work together to deliver better care.

To meet the needs of our community today and in the future, we need to work in ways that are more open, consistent and accountable. That means being clear about how decisions are made, who is involved and how we follow through.

This aim focuses on strengthening leadership, improving how teams work together and building a culture of continuous improvement. TFHS will support leaders and staff in making thoughtful, consistent decisions, learning from what works and improving over time. We will also expand how patients, staff and community members take part in decision-making, so responsibility is shared and decisions are better informed.

With shared decisions and clear accountability, we can build trust, make better choices and follow through on the priorities that matter most.

GOAL:

Leverage the wisdom, ingenuity and insights of our community to find solutions, share power and operate with accountability and alignment.

TFHS FACT

~60%

of TFHS employees live in the communities we serve





KEY STRATEGIES

Prioritize shared decision-making by creating a structure for ongoing community involvement

Accelerate a culture of continuous improvement, collaboration and scientific rigor where teams stay curious, learn from others and improve how work gets done every day

Cultivate disciplined, accountable leaders who share decision-making with patients, colleagues and the community

Strengthen provider engagement, alignment and performance to improve access, quality, efficiency and care delivery

Attract, develop and retain a strong, talented workforce

Collaborate with partners to expand access and strengthen care



INITIAL INVESTMENTS

- Dedicated transformation leadership, including a Transformation Officer, to guide implementation and drive progress across the organization
- Leadership development and capability-building to support continuous improvement
- Efforts that strengthen culture, teamwork and effectiveness
- Systems to track progress and improve performance
- Tools that improve communication and transparency
- Data, digital and AI-enabled tools that improve decision-making
- Strengthen financial and operational systems that support sustainability, transparency and informed decision-making
- Workforce recruitment, development and training
- Strategic affiliations that expand access while maintaining local focus and control

TFHS FACT

17K

Emergency visits
in 2025



ALREADY IN MOTION

- Data analysis, metric development and monitoring
- Community Fall Forum
- True North Transformation Center
- Workforce strategy
- Building Process Improvement Department
- Strengthen governance



Turning Strategy into Action

This plan sets a clear direction for TFHS.

Turning this direction into action will require strong leadership, clear accountability and ongoing alignment across the organization. This work will be advanced through a disciplined transformation approach, with near-term milestones, regular performance reviews and rapid adjustment as needed to maintain momentum.

Each aim will be supported by focused work groups that will translate these strategies into detailed implementation plans.

These plans will include specific initiatives, timelines, resource needs, staff accountability and performance measures.

A consistent approach will guide progress:

Clear ownership and accountability for each aim and strategy

Focused workgroups to develop and implement detailed plans

Regular tracking of progress through defined metrics and reporting to leadership and the Board

Alignment of investments and resources with strategic aims

Incorporate scenario planning to assess financial, regulatory and market risks and inform strategic decision-making

This approach ensures that the plan remains actionable, adaptable and focused on delivering meaningful results for the community.

TFHS FACT

66.8%

of expenses are salaries, wages & benefits (budgeted)



Measuring Success

Clear Metrics. Transparent Progress. Real Accountability.

We will track clear measures tied to each strategic aim to keep the True North Strategic Plan focused, accountable and grounded in results.

The initial measures that follow reflect organizational priorities, operational goals, industry best practices and areas where the health system can make the greatest impact for patients and the community.

A dedicated measurement work group will refine and finalize the measures used to track progress across the organization. The group may adopt the recommended measures, prioritize selected indicators or develop additional measures to reflect evolving organizational goals, operational needs and community priorities.

The final framework will include:

Strategic outcome measures that track long-term progress

Operational indicators that measure day-to-day performance

Leading indicators that help identify trends, risks and opportunities early

Leadership and the Board will review performance regularly to support timely decision-making, strengthen accountability and guide continuous improvement.

TFHS will also share select measures transparently with staff and the community through dashboards and reporting tools, helping demonstrate progress, strengthen trust and show how community priorities continue to shape the organization’s work.

TFHS FACT

\$261M

total planned capital investments over next 5 years





Health Within Reach

ACCESS

- Third Next Available Appointment (TNAA)
- Days to imaging
- Days to surgery consult
- Same-day appointment fill rate
- PCP panel use %
- New patient leakage outside the market
- Call abandonment rate
- Appointment scheduling turnaround time
- Referral closure rate
- % patients with PCP attribution

CAPACITY & THROUGHPUT

- Provider template use
- Visit capacity added vs baseline
- APP utilization
- Visit no-show rate
- Cycle time per clinic visit
- Urgent care diversion from ED
- ED left without being seen (LWBS)
- Bed throughput/discharge before noon

CARE COST & FINANCIAL SUPPORT

- Average patient out-of-pocket cost
- % patients using financial assistance
- Reduced-cost care programs use
- Lab affordability program use
- Cost per RVU
- Median self-pay balance
- Price transparency tool use
- Bad debt trend
- Cost-to-collect

DIGITAL & CONVENIENCE

- Virtual visit use
- Portal adoption
- Online self-scheduling %
- Digital check-in use
- Patient navigation response time
- Mobile clinic use

PATIENT EXPERIENCE

- Access satisfaction
- Ease of scheduling
- Ease of navigation
- Communication score



Community Guided

MARKET & GROWTH

- Market share by specialty
- Service line growth %
- Outmigration leakage %
- Local retention rate
- New service ramp-up performance
- Contribution margin by service line
- Surgical block use
- Specialty clinic use
- Referral capture %

COMMUNITY ALIGNMENT

- Community advisory participation
- Community engagement sessions held
- Response themes closed-loop resolution %
- Public trust index
- Community sentiment tracking
- Geographic access equity

PARTNERSHIPS

- Strategic partnership ROI
- Telemedicine partnership use
- Co-managed service performance
- External referral dependency
- Academic partnership outputs

SUSTAINABILITY

- Operating margin by growth initiative
- Payback period on strategic investments
- Provider recruitment success rate
- Workforce-to-demand ratio
- Capacity vs demand growth



Transformation

WORKFORCE

- Vacancy rate
- Time-to-fill
- First-year turnover
- Leadership retention
- Employee engagement
- Burnout indicators
- Internal promotion rate
- Agency labor %
- Overtime %
- Workforce productivity

LEADERSHIP & ACCOUNTABILITY

- Strategic initiative completion %
- On-time milestone delivery
- KPI ownership compliance
- Monthly scorecard review completion
- Variance-to-target trend
- Decision turnaround time
- Action item closure rate

OPERATIONAL EXCELLENCE

- Operating margin
- EBIDA margin
- Productivity benchmarks
- Supply expense per adjusted discharge
- Revenue cycle KPIs: DNFB, cash collections, denial rate, clean claim rate
- Length of stay
- Capacity use
- Throughput improvement %

CONTINUOUS IMPROVEMENT

- Number of projects completed
- Financial impact
- Hours saved
- Automation impact
- Staff-generated improvement ideas
- Adoption rate of standard workflows

Looking Ahead

This plan reflects what we heard, where we are today and what we must do next.

The path forward is clear.

We must strengthen access to care, ensure it is timely, affordable and easier to navigate and focus on getting the basics right. From there, we will grow thoughtfully, expanding services in ways that respond to community needs and reflect the level of care our community expects and deserves.

This work will require more than incremental change.

It will require focus, discipline and a willingness to make clear choices. It will also require us to continue listening and to approach our work not only for the community, but with it.

Our True North is simple: to ensure that people in this community can get the care they need, when they need it, in a way that is accessible, affordable and close to home.

We will strengthen what matters most and grow where our community needs us.

This is not a plan that sits on a shelf. It is a commitment to action.

We will measure our progress, share what we learn and hold ourselves accountable to the community we serve. As needs evolve, we will continue to adapt while staying grounded in what matters most.

TFHS was built by this community and continues to be guided by it. That responsibility is carried forward in this plan and in the work ahead.

Together, we will strengthen access, build on what is working and ensure that care remains within reach for every person who calls Tahoe home, now and in the future.



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2024 Equity Report: tfhd.com/equity-report/





TAHOE FOREST
HEALTH SYSTEM

5,000 VOICES

Listening to Shape the Future of Care





As part of the True North strategic planning process, Tahoe Forest Health System launched the 5,000 Voices Initiative, a broad community engagement effort designed to ensure that the health system's future direction is guided by the people and communities it serves.

The initiative was built around a simple principle: meaningful healthcare planning starts with listening.

From October 2025 through June 2026, TFHS set a goal of gathering at least 5,000 voices from across the region, including residents, patients, staff, community partners, local businesses, second homeowners and visitors. The outreach effort was intentionally designed to meet people where they already are, both physically and digitally, creating accessible opportunities for conversation, feedback and participation.

Outreach Approach

The 5,000 Voices Initiative combined quantitative survey data with qualitative community conversations to better understand the experiences, concerns and priorities shaping healthcare needs across the region.

Engagement strategies included:

- Community listening sessions and open meet-ups
- Tabling at local events and community gatherings
- Digital and paper surveys
- QR code outreach campaigns
- Direct mail outreach
- MyChart engagement
- Workforce listening sessions
- Partner and stakeholder conversations
- Spanish-language outreach and bilingual engagement efforts

The initiative emphasized accessibility and inclusiveness throughout the process. Outreach materials were developed in both English and Spanish, and TFHS partnered with local organizations and bilingual staff to expand participation among historically underrepresented populations.

Community Engagement Highlights

Throughout the initiative, TFHS hosted and participated in dozens of outreach opportunities across the region, including community cafes, local events, recreation venues and neighborhood gatherings.

Examples included:

- Tahoe House, Tahoe City
- Happy Tiers Café, Incline Village
- Wild Cherries Coffee House, Truckee
- Alibi Ale Works, Incline Village
- Snowfest Streetfaire
- The Great Ski Race
- UNR Winterfest
- Dummy Downhill at Diamond Peak
- Community outreach events in Truckee and Kings Beach
- Mobile home park listening session with translation support

TFHS also partnered with community-based organizations, including Sierra Community House, to support broader outreach and participation.

Workforce Engagement

Recognizing that employees are critical voices in shaping the organization's future, TFHS also held dedicated workforce listening sessions as part of the initiative.

Staff engagement efforts included:

- In-person listening sessions
- Written feedback opportunities

- Story collection and interactive engagement activities
- Ongoing opportunities for input throughout the planning process

These conversations provided valuable operational insight and helped identify themes related to access, coordination, culture, communication and care delivery.

Participation and Reach

The 5,000 Voices Initiative exceeded its original engagement goal and generated one of the most comprehensive community listening efforts in the organization's history.

Key outreach metrics included:

- More than 6,500 total community and workforce inputs collected
- More than 61 engagement activities conducted
- Approximately 25% of feedback gathered through in-person outreach
- Significant participation from both full-time residents and second homeowners
- Dedicated Spanish-language outreach and translated engagement opportunities

What We Heard

Several themes consistently emerged throughout community and workforce conversations, including:

- Strong preference for care close to home
- Need for easier and faster access to care
- Desire for more convenient scheduling and navigation
- Interest in expanded virtual and same-day care options
- Importance of affordability and transparency
- Need to maintain high-quality local services as the region grows
- Desire for stronger communication and ongoing community connection



These insights directly informed the development and refinement of the True North strategic priorities and will continue to guide future organizational planning and decision-making.

A Continuing Commitment

The 5,000 Voices Initiative was not designed as a one-time campaign, but as the beginning of a more continuous and community-guided approach to strategic planning and engagement.

TFHS remains committed to ongoing listening, transparency and partnership with the communities it serves as the organization continues working toward its vision of becoming the best mountain health system in the nation.



TAHOE FOREST
HEALTH SYSTEM

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Summary of Findings

Full report available at:

tfhd.com/commitment/community-health/needs-assessments-reports/



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	• Cost of Prescriptions • Truckee-specific: • Outmigration for Health Care • Having a Personal Health Care Provider • Routine Checkups (Adults) • Key Informants: Access to Health Care ranked as a top concern
CANCER	• Leading Cause of Death • Cancer Prevalence
DISABLING CONDITIONS	• Caregiving

HEART DISEASE & STROKE	• Leading Cause of Death • Heart Disease Prevalence • Stroke Deaths • High Blood Pressure Prevalence
INJURY & VIOLENCE	• Unintentional Injury Deaths • Homicide Deaths
MENTAL HEALTH	• Diagnosed Depression • Diagnosed Anxiety • Suicide Deaths • Key Informants: Mental Health ranked as a top concern
ORAL HEALTH	• Dental Insurance Coverage
SOCIAL DETERMINANTS OF HEALTH	• Low Food Access • Food Insecurity • Key Informants: Social Determinants of Health ranked as a top concern
SUBSTANCE USE	• Alcohol-Induced Deaths • Unintentional Drug-Induced Deaths • Key Informants: Substance Use ranked as a top concern

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Use
2. Social Determinants of Health (Housing, Food Insecurity)
3. Mental Health
4. Access to Health Care Services
5. Oral Health
6. Disabling Conditions
7. Injury & Violence
8. Heart Disease & Stroke
9. Cancer



TAHOE FOREST
HEALTH SYSTEM

MARKET SHARE ASSESSMENT SUMMARY



Introduction

Tahoe Forest Health System (TFHS) commissioned Krentz Consulting LLC to conduct an updated Environmental and Market Assessment as part of its ongoing strategic planning efforts and development of the True North aims.

The assessment was designed to evaluate TFHS' internal performance, competitive positioning, service area demographics, market share, provider capacity, quality outcomes and future growth opportunities across the region. The work built upon prior strategic planning assessments and included presentations to TFHS leadership, the Administrative Council, Nurse Executive Committee and District Board.

The purpose of the assessment was to help inform long-term strategic direction, identify emerging risks and opportunities, and ensure TFHS remains positioned to meet the evolving healthcare needs of Truckee, Incline Village and the surrounding North Lake Tahoe communities.

HEALTH WITHIN REACH – Access, Choice & Better Experience

The market assessment validates TFHS' strategic focus on improving access, affordability and patient experience across the region. The organization continues to demonstrate strong market leadership in emergency services, ambulatory surgery and obstetrics while maintaining exceptional patient satisfaction outcomes.

Key findings supporting this aim include:

- Substantial growth in ambulatory visits and urgent care utilization following expanded provider recruitment and increased post-pandemic demand.
- TFHS maintained dominant emergency department market share across the Primary Service Area while strengthening regional trauma capabilities through designation as a Level III Trauma Center.
- Tahoe Forest Hospital earned the distinction of being the only hospital in the region with a 5-star patient satisfaction rating.

- Continued opportunity exists to reduce outmigration and keep more care local through expanded specialty care, outpatient surgery and cardiovascular services.

The assessment also identified several important challenges:

- Long access times and physician shortages persist in primary care, pediatrics and cardiology.
- Competitive pressure from ambulatory surgery centers and Reno-based providers continues to impact market share in orthopedics, ophthalmology and surgical specialties.

Collectively, these findings reinforce the need to modernize the patient experience, simplify access to care and expand care delivery options that meet patients where they are.

COMMUNITY GUIDED – Services Shaped by Community

The Krenz assessment strongly supports TFHS’ strategic commitment to developing services shaped by community needs, demographic trends and regional healthcare demands.

The assessment identified several major service line opportunities aligned with community demand and regional market gaps:

- Gastroenterology
- Orthopedics
- General Surgery
- Urology
- Ophthalmology
- Neurology
- Plastic Surgery
- Cardiac Catheterization and Electrophysiology
- Spine Surgery

Additional insights include:

- The primary service area is expected to see approximately 1,200 additional seniors over the next five years.
- Obstetrics remains a foundational community need despite broader statewide demographic aging trends.
- Significant outpatient surgical growth opportunities remain available locally, particularly at Incline Village Community Hospital.

These findings reinforce the importance of continuously engaging with the community, monitoring healthcare trends and investing in services that align with both community priorities and organizational sustainability.

TRANSFORMATION – Shared Decisions, Stronger Accountability

The Krenz assessment highlighted workforce stability, provider engagement and organizational alignment as the most critical strategic factors influencing TFHS' future success.

Key findings supporting this aim include:

- Provider turnover and lack of service-line depth were identified as major strategic vulnerabilities.
- Alignment between providers and organizational leadership declined significantly in recent years.
- Recruitment and retention challenges continue to affect access and service continuity in high-demand specialties.
- Space limitations and workforce supply constraints remain barriers to continued physician and advanced practice provider growth.

At the same time, the assessment demonstrated meaningful operational and quality improvements:

- TFHS achieved substantial improvements in quality outcomes and patient safety measures.

- The TFHS Skilled Nursing Facility improved to a 5-star CMS rating.
- Quality and timeliness metrics consistently met or exceeded national benchmarks.

These findings reinforce the importance of strengthening governance, cultivating accountable leadership, improving provider engagement and investing in workforce recruitment and retention.

Overall Strategic Alignment

The Market Assessment confirms that TFHS is well-positioned to succeed as a community health system serving the greater Truckee and North Lake Tahoe region.

The assessment validates the strategic direction established through the True North aims and underscores the importance of balancing growth, access, workforce stability and operational excellence.

Future success will depend on TFHS' ability to:

- Expand access while improving affordability and patient experience
- Invest strategically in services that matter most to the community
- Strengthen provider alignment, workforce stability and organizational accountability
- Continue reducing patient outmigration by keeping more care local
- Preserve the organization's role as an independent, community-focused health system delivering high-quality rural healthcare

Together, the Market Assessment and the True North aims establish a shared strategic framework designed to guide TFHS toward long-term sustainability, stronger regional impact and continued excellence in community healthcare.



TAHOE FOREST
HEALTH SYSTEM

PEOPLE & WORKFORCE STRATEGY

Advancing Access, Operational
Excellence, Transformation, and
Organizational Culture Through
Strategic Workforce Planning and
Leadership Development



PURPOSE

To ensure Tahoe Forest Health System (TFHS) sustains an engaged, high-performing workforce by aligning staffing and workforce capability with infrastructure growth, strengthening leadership, and enabling a forward-looking, data-driven approach to workforce planning. This approach anticipates evolving care models, technologies, and community needs while reinforcing disciplined position control and workforce sustainability.

This strategy is grounded in continuous listening to employees and Medical Staff, ensuring workforce decisions reflect real-time experience, emerging needs, and shared ownership of TFHS's future.

STRATEGIC FOUNDATIONS

- Workforce outcomes, including engagement, patient experience, access, and sustainability—are inherently interconnected
- Strategic workforce planning serves as a core organizational discipline guiding decisions across changing demand, technology, and care delivery models
- Position control ensures roles are intentional, aligned to strategy, and supported by readiness, not simply reactive need
- Workforce planning shifts from retrospective analysis to forward-looking, real-time, and connected data insights
- Workforce readiness must evolve alongside infrastructure, requiring alignment across staffing, leadership capability, training, and change management
- Workforce decisions integrate multiple inputs, including engagement data, cultural insights, workforce analytics, and patient experience outcomes
- Long-term sustainability depends on intentional development of workforce pipelines through education, community partnerships, and early career exposure
- Leadership is a shared responsibility across the organization and is demonstrated through behaviors, accountability, and alignment with organizational values

CONTINUOUS LISTENING & EMPLOYEE VOICE: Shaping the Strategy

TFHS's workforce strategy is grounded in structured, continuous listening across employees and Medical Staff. Input from engagement surveys, inclusion assessments, and enterprise dialogue informs decision-making and ensures the strategy remains aligned with lived experience and organizational priorities.

Insights are translated into action through a closed-loop process that includes:

- Identification of key themes and priorities
- Leader-driven action planning with defined ownership and timelines
- Integration into workforce decisions, including staffing, workflow design, and leadership expectations
- Ongoing measurement through engagement, retention, access, and patient experience outcomes
- Transparent communication reinforcing accountability and trust

This approach ensures listening drives measurable change.

Continuous Listening and Engagement Activity

The TFHS People and Workforce Strategy was informed by over 3,000 responses from within the TFHS Team



Engagement Activity	Audience	Date	Purpose	Engagement
Press Ganey Survey	Staff & Medical Staff	Jun-25	Measure engagement	1,007
Press Ganey Comments	Medical Staff	Jun-25	Leadership & alignment input	176
Press Ganey Comments	Staff	Jun-25	Care & culture input	706
BEAR Survey	Staff & Medical Staff	Oct-25	Inclusion assessment	399
BEAR Task Force	Staff	Mar-26	Inclusion action planning	11
Mentimeter	Staff & Medical Staff	Apr-26	Future workforce vision	274
Workforce Strategy Video	Staff & Medical Staff	Apr-26	Strategy awareness	474
Total Engagement				3,047

STRATEGIC WORKFORCE PLANNING APPROACH: From reactive staffing to future ready workforce capability

TFHS is transitioning from reactive staffing models to a disciplined workforce planning approach that aligns workforce capability with organizational strategy. Workforce planning is treated with the same rigor as financial and capital planning.

This approach emphasizes:

- Regular workforce planning cycles aligned with budget, capital planning, and service line strategy
- Focus on work design, task distribution, and skill alignment, not just headcount
- Use of task and skills insights to identify opportunities for redeployment, automation, and targeted development before adding FTEs
- Alignment of workforce supply with demand across roles, locations, and care models

Strategic workforce planning also incorporates community and academic partnerships to ensure long-term alignment between workforce supply and system demand, particularly in high-need and evolving areas of care.

STRATEGIC WORKFORCE PILLARS

1. Health Within Reach

Focus: Right work, right roles, right locations, and right scale to improve access and reduce barriers to care

Strategic Actions

- Align workforce capacity and deployment to access demand and care delivery needs
- Redesign work and task distribution to reduce inefficiencies and administrative burden
- Optimize skill mix and reduce reliance on premium labor
- Standardize onboarding, training, and performance expectations across all roles and locations
- Strengthen workforce pipelines through Community & Workforce Partnerships to support access-constrained service areas

Measures of Success

- Reduced patient wait times
- Workforce growth aligned to access demand
- Improved engagement and patient satisfaction
- Increased pipeline conversion into priority roles

2. Community & Workforce Partnerships

Focus: Building sustainable workforce pipelines through community alignment, education partnerships, and workforce ecosystem development

Strategic Actions

- Align workforce needs with local, regional, and specialty-focused education and training programs
- Develop education-to-employment pathways supporting high-demand and critical roles
- Ensure workforce growth is supported by infrastructure, workflow design, and skill readiness
- Expand outreach, career exposure, and workforce development initiatives
- Strengthen pipeline conversion into employment across priority and hard-to-fill roles
- Monitor workforce sustainability through engagement, retention, and workforce insight data

Measures of Success

- Increased hiring from local and partner pipelines
- Improved time-to-fill for priority roles
- Strong retention and engagement in targeted areas
- Alignment between workforce demand and education pathways
- Sustained workforce supply in critical service areas

3. Transformation

Focus: Preparing the workforce for future care models, innovation, and evolving technology

Strategic Actions

- Redesign roles, workflows, and task allocation before adding FTEs
- Use task and skills intelligence to identify automation, redeployment, and upskilling opportunities
- Align workforce development with digital platforms and emerging care models
- Support change through structured, insight-driven change management
- Leverage Community & Workforce Partnerships to anticipate and prepare for future skill needs

Measures of Success

- Successful adoption of new care models
- Improved workforce efficiency and resource utilization
- Sustained engagement during periods of change
- Increased readiness for future workforce demands

CROSS CUTTING ENABLERS

- Continuous listening (Press Ganey, BEAR, VAC, employee insights)
- Task and skills intelligence to inform workforce planning and decision-making
- Workforce data integration across capacity, engagement, and performance
- Early talent development and pipeline coordination
- Workforce co-design through employee participation and feedback

EARLY TALENT PIPELINE & COMMUNITY WORKFORCE DEVELOPMENT:

Building the future workforce through exposure, partnership, and experience.

TFHS invests in early talent pipelines through partnerships with schools, colleges, and community organizations to build long-term workforce sustainability.

Our shared efforts:

- Strengthen awareness of healthcare and technology careers
- Expand local recruitment pipelines
- Align workforce supply with future care delivery needs

All early talent initiatives are coordinated through the Community & Workforce Partnerships pillar to ensure alignment with system-wide workforce priorities.

LEADERSHIP, OWNERSHIP & CAPABILITY: Leadership as a shared organizational responsibility.

Leadership at TFHS is a shared organizational expectation and a critical enabler of the People & Workforce Strategy. While managers hold formal accountability for workforce stewardship, all employees contribute to workforce outcomes through their actions, behaviors, and alignment with organizational values.

Together, organizational and formal leadership ensure workforce decisions, engagement, and daily operations are aligned with access, workforce sustainability, and long-term strategy execution.

Organizational Leadership (All Employees)

Employees demonstrate leadership by:

- Taking ownership of patient experience, safety, and quality outcomes
- Actively engaging in continuous improvement, change efforts, and workforce transformation

- Contributing insights that inform workforce planning, work design, and future workforce needs
- Supporting team effectiveness, workforce sustainability, and a culture of accountability

Formal Leadership (Managers):

Managers are accountable for translating the People & Workforce Strategy into operational execution through:

- Workforce planning and position control aligned with demand, access, and organizational priorities
- Building engaged, high-performing teams that support retention and workforce stability
- Developing talent and advancing Community & Workforce Partnerships to strengthen sustainable pipelines aligned with workforce needs
- Integrating workforce insights, engagement data, and cultural feedback into decision-making
- Translating workforce strategy into action through work design, resource allocation, and performance management

Leaders are expected to operationalize the People & Workforce Strategy by aligning workforce decisions, talent development, and pipeline strategies with Community & Workforce Partnerships, ensuring workforce supply, capability, and deployment support both immediate operational needs and long-term sustainability.

Leadership Performance and Accountability

Leadership effectiveness is measured through a consistent and transparent framework that includes:

- Standardized expectations aligned to workforce outcomes, culture, and operational performance
- Calibration of performance to recognize high-performing leaders and address gaps
- Alignment of incentives and development planning to reinforce accountability
- Balanced leadership scorecards incorporating engagement, retention, patient experience, and workforce outcomes

Measures of Success

- Increased employee engagement and ownership
- Improved retention and workforce stability
- Strengthened pipeline development and early talent conversion
- Demonstrated use of workforce insights in decision-making
- Improved patient access, experience, and organizational sustainability

WORKFORCE GOVERNANCE & POSITION CONTROL

Workforce governance ensures disciplined, data-driven decision-making aligned with organizational strategy.

Key elements include:

- Centralized position control aligned to demand, access, and sustainability
- Workforce planning integrated with financial, capital, and service line strategies
- Dashboards that track workforce capacity, utilization, engagement, and skill alignment
- Structured planning cycles replacing reactive staffing models

Leaders are accountable for managing within workforce plans and prioritizing redeployment, development, and efficiency before requesting additional FTEs.

ACTIVE LISTENING TO SHAPE THE FUTURE WORKFORCE

TFHS is intentionally engaging employees in shaping the future of our workforce. As healthcare continues to evolve, understanding what work is done, what skills are needed, and how teams experience change is essential to delivering sustainable access, quality, and workforce outcomes.

Employee insights directly inform how we design roles, strengthen leadership capability, and align workforce planning with the organization's True North strategy.

Building the future workforce is a shared responsibility. Through continuous listening and disciplined action, the employee voice will remain central to how workforce decisions are made, implemented, and sustained across the organization.

	Health Within Reach	Community Workforce & Partnerships	Transformation	Early Talent Pipeline & Workforce Pipeline	Leadership, Engagement & Culture	Workforce Governance & Position Control
Objective	Align workforce capacity, skill mix, work design to improve access, reduce wait times, and support care delivery across all settings	Strengthen the local workforce ecosystem through intentional community partnerships, education alignment, and sustainable talent pipelines	Enable future-ready workforce through innovation, automation, and new care models	Build sustainable workforce pipelines aligned to future demand and community needs	Strengthen leadership capability, engagement, and shared accountability across the workforce	Ensure disciplined, data-driven workforce planning aligned to strategy, demand, and sustainability
Measures of Success	Patient wait times Workforce growth vs access demand Engagement & patient satisfaction Conversion of students/trainees to hires	Hiring from local pipelines (students, volunteers, training programs) Time-to-fill for priority roles Retention of community-based hires Alignment with workforce demand and education pathways	Adoption of new care models Workforce efficiency & utilization Engagement during change Financial/resource optimization	Hiring from student/volunteer pipelines Time-to-fill key roles Retention of early-career hires Alignment with education partners	Engagement scores & participation Retention & vacancies Participation in leadership development Leadership scorecard outcomes	Workforce capacity/utilization Engagement & patient satisfaction trends Internal mobility & redeployment Alignment with capital & service line plans

	Health Within Reach	Community Workforce & Partnerships	Transformation	Early Talent Pipeline & Workforce Pipeline	Leadership, Engagement & Culture	Workforce Governance & Position Control
Key Initiatives	Disciplined position control tied to demand & access constraints	Align workforce needs with local education & training partnerships to support early talent development	Redesign roles & workflows before adding FTEs	High school shadowing & career exposure programs	Leadership development series & training	Centralized position control governance
	Align staffing to facility growth, ambulatory, virtual, & community care	Expand clinical placements, internships, & work-based learning opportunities	Use task intelligence to automate & streamline work	Work-based learning & clinical partnerships	Standardized leadership expectations & onboarding	Workforce planning aligned with financial & capital cycles
	Task redistribution to reduce administrative burden	Build community-based recruitment pipelines for high-demand & hard-to-fill roles	Skills intelligence to identify redeployment & upskilling needs	Technology & innovation exposure (e.g., Tech Teens)	Balanced leadership scorecards (engagement, retention, outcomes)	Dashboards integrating capacity, engagement, skills, & mobility
	Optimize skill mix & reduce premium labor reliance	Participate in career exposure, outreach & workforce development initiatives	Align development with digital platforms & new care models	Structured volunteer programs	Calibration of leadership performance	Use of task & skills intelligence for decision-making
	Standardized onboarding, training & performance expectations	Strengthen education-to-employment pathways that convert local talent into long-term employees	Structured change management using BEAR & employee insights	Community outreach aligned to workforce needs	Incentives aligned to behaviors & results	Structured workforce planning cycles (not reactive staffing)
	Strengthen local pipelines (schools, volunteers, clinical placements)		Early exposure to technology-enabled care for future workforce		Continuous listening (Press Ganey, BEAR, VAC, Mentimeter)	
					Closed-loop	



TAHOE FOREST
HEALTH SYSTEM

AFFORDABILITY PILOT



Tahoe Forest Health System is launching a targeted Affordability Pilot designed to make care more accessible, reduce financial barriers and better support the long-term health of the community.

The pilot reflects a broader shift in strategy. Rather than relying primarily on narrowly targeted assistance programs that reach a limited number of individuals, Tahoe Forest will test new affordability approaches designed to benefit more patients across the region while evaluating long-term feasibility and sustainability.

This work directly supports the True North priority of keeping Health Within Reach and responds to consistent feedback gathered through the 5,000 Voices community engagement effort, where affordability and access emerged as major concerns.

The pilot is designed as a phased approach that will allow Tahoe Forest to:

- Evaluate the operational and financial sustainability of broader affordability initiatives
- Measure the impact on patient access and utilization
- Better understand long-term community demand
- Identify opportunities to adapt similar affordability models in other areas, including imaging and additional outpatient services

The Affordability Pilot will initially run for three years, with regular performance and impact reviews throughout the pilot period.

Community Lab Affordability Pilot

As part of the Affordability Pilot, Tahoe Forest Health System will launch a Community Lab Affordability Pilot designed to reduce the cost of routine outpatient laboratory testing for a larger portion of the community.

The current Self-Pay Community Health Labs program provides reduced-cost testing for a limited number of cash-pay patients through a standalone program structure. While valuable for some individuals, the model reaches a relatively small number of people and requires patients to participate outside of their traditional care experience.

Under the new approach, Tahoe Forest will reduce the cost of approximately 70% of outpatient laboratory services by 25%, integrating affordability directly into the standard outpatient lab experience.

This shift allows the organization to move from a limited assistance model toward a broader affordability strategy intended to reach more patients, improve access to preventive care and simplify the patient experience.

Goals of the Pilot

- Reduce financial barriers to routine and preventive care
- Improve access to laboratory testing across the community
- Encourage earlier diagnosis and chronic disease management
- Simplify pricing and reduce administrative complexity
- Gather data to evaluate long-term sustainability and scalability
- Support long-term community health outcomes

Expected Community Impact

- More patients benefit annually compared to the current self-pay structure
- Improved access to preventive screenings and chronic disease monitoring
- Reduced delays in care tied to cost concerns
- Greater transparency and predictability in patient expenses
- Stronger alignment between affordability efforts and community health needs

Compliance and Sustainability Considerations

The Affordability Pilot also addresses important compliance and reimbursement concerns associated with the current Self-Pay Community Health Labs model.

Under the current structure, patients may receive discounted laboratory pricing without undergoing financial qualification screening. As a result, the program does not conform to traditional financial assistance or charity care frameworks typically relied upon for compliance with federal healthcare regulations.

In addition, several laboratory tests offered under the current self-pay structure are priced below Medicare reimbursement rates. Because Federal regulations generally prohibit healthcare organizations from routinely offering discounted services to Medicare beneficiaries at rates lower than Medicare reimbursement levels without appropriate financial qualification screening, continuation of the current structure may expose the health system to compliance risk.

The pilot creates a more sustainable and compliant approach by:

- Moving away from a separate below-market cash-pay structure
- Integrating affordability into standard outpatient pricing
- Applying reductions more broadly and consistently across patient populations
- Supporting transparent pricing practices aligned with regulatory expectations
- Reducing operational and compliance risk while expanding community benefit

Reimagining Community Financial Assistance

As part of the Affordability Pilot, Tahoe Forest Health System will redesign its financial assistance and charity care program to better reflect the evolving needs of the community in today's healthcare environment.

Traditional financial assistance programs can be difficult to understand and navigate, often involving complex administrative processes, and focusing primarily on emergent or urgent medical needs. Many patients may be unaware of available support services or uncertain about how to access them, which can lead to delays in seeking medically necessary care.

The redesigned approach will prioritize awareness, access, simplicity, and dignity, making it easier for community members to understand available resources and connect with care earlier and more consistently.

The updated model will:

- Increase community awareness of available financial support services
- Foster a more supportive and welcoming experience for patients seeking assistance
- Normalize conversations around financial assistance
- Expand assistance beyond emergency and urgent care services
- Support access to medically necessary care across the continuum of care
- Better align financial assistance with preventive and chronic disease management

Rather than waiting until a medical condition becomes urgent, the redesigned program aims to help community members access appropriate care earlier through support for outpatient services, diagnostics, follow-up care and other medically necessary treatments that contribute to improved long-term health outcomes.

Measuring Success

The three-year pilot will include regular review periods to evaluate:

- Community utilization and participation
- Financial sustainability
- Operational impact
- Access and preventive care outcomes
- Patient experience and satisfaction
- Opportunities for expansion into other service areas

The goal of the pilot is not only to improve affordability today, but also to generate the information needed to determine whether broader affordability strategies can be responsibly expanded across additional areas of the health system in the future.



TAHOE FOREST
HEALTH SYSTEM

ENVIRONMENTAL STEWARDSHIP & OPERATIONAL SUSTAINABILITY ASSESSMENT



Tahoe Forest Health System conducted an enterprise-wide environmental stewardship and operational sustainability assessment to better understand the environmental footprint, operational complexity, and resource utilization across the health system.

The assessment was designed to establish a foundational baseline of current-state conditions and identify trends, operational considerations, and future opportunities for continued evaluation.

Strategic Relevance

As Tahoe Forest Health System continues to evolve as an integrated regional health system, these assessments coupled with staff input and collaboration provide foundational operational insight into infrastructure, facilities, resource utilization, and environmental stewardship considerations across the enterprise.

The findings may help inform future discussions related to:

- Facility and infrastructure planning
- Operational efficiency
- Vendor and supply chain practices
- Waste handling and diversion systems
- Energy utilization
- Transportation and regional access considerations
- Workforce engagement and operational awareness
- Long-range sustainability and stewardship initiatives

These assessments establish an initial baseline for understanding system-wide environmental impacts and operational trends and provide a foundation for future evaluation as organizational priorities, infrastructure needs, and regional healthcare demands continue to evolve.

This work included two system level assessments completed during FY2025:

- A Greenhouse Gas (GHG) Inventory spanning FY2023–FY2025
- A system-wide Waste Audit and Operational Waste Assessment

Together, these assessments provide a broader understanding of how facilities, infrastructure, transportation, supply chains, and operational practices contribute to the overall environmental footprint of the organization. The assessments are intended to support and inform long-range operational planning, infrastructure discussions, and future sustainability considerations. They do not establish formal reduction targets or represent a finalized sustainability strategy.

Complimentary, an employee lead environmental stewardship work group was created in FY2025. This group is intended to inform and implement system wide initiatives. Starting with the Waste Audit, the group is focused on improving waste streams and reducing divertible waste that is currently going to the landfill.

Scope of Assessment

The greenhouse gas inventory evaluated operational emissions across 40 facilities representing approximately 382,825 square feet of enterprise operations, including hospitals, outpatient clinics, offices, workforce housing, leased facilities, and support buildings. The inventory included Scope 1, 2, and 3 emissions categories in alignment with Greenhouse Gas Protocol accounting standards.

The waste assessment included on-site waste characterization audits, visual assessments, invoice analysis, stakeholder interviews, and operational reviews conducted across multiple Tahoe Forest Health System locations. The review evaluated waste streams, diversion practices, operational handling processes, and opportunities for improved efficiency and diversion.

Current-State Findings & Key Themes

The assessments highlighted the operational scale and complexity of a growing integrated regional health system. Environmental impact was influenced not only by direct facility operations, but also by the broader realities of healthcare delivery, including purchased medical supplies, capital equipment, transportation, utilities, and regional service patterns.

Key findings included:

- Purchased goods and capital investments represented the largest contributors within the greenhouse gas inventory, reflecting the significant environmental impact associated with healthcare supply chains and infrastructure.
- Natural gas usage and purchased electricity represented major operational contributors across facilities and clinical operations.
- Patient transportation and employee commuting represented meaningful portions of system-wide emissions, reflecting the geographic realities of serving a large rural and regional service area.
- The waste assessment identified opportunities to improve waste diversion through standardized practices, operational education, improved sorting systems, and expanded vendor partnerships.
- Medical supply packaging, break room waste, and operational consumables represented significant portions of landfill waste volume.

The waste audit also identified operational opportunities for improved diversion and efficiency through existing recycling streams, additional recycling programs, and enhanced staff awareness and engagement efforts.

Baseline Metrics Snapshot

FY2025 enterprise-wide findings included:

- 40 facilities included in assessment activities
- Approximately 382,825 square feet evaluated
- Estimated FY2025 total emissions of 20,024 MTCO₂e across Scopes 1 - 3
- Current estimated waste diversion rate of 43% across evaluated operations
- Approximately 41% of landfill waste identified as potentially divertible through future operational programs and vendor partnerships
- Approximately 15% of waste identified as potentially reducible through improved utilization of existing waste streams and sorting practices
- Potential operational savings opportunities identified through waste reduction and diversion efforts



TAHOE FOREST
HEALTH SYSTEM

TRANSFORMATION MANAGEMENT STRUCTURE



Tahoe Forest Health System is launching a comprehensive transformation effort to further the goals and strategies identified in True North.

The Transformation Management Office (TMO) will serve as the central operating structure for governance modernization, executive leadership alignment, physician engagement and enterprise performance improvement.

The TMO will function as the organization's strategic coordination and accountability hub, ensuring that governance reforms, leadership initiatives, operational improvements and physician integration efforts are aligned, measurable, and executed in support of the broader Tahoe Forest strategic planning process and the aims established through True North.

This work directly advances the True North aims by strengthening organizational alignment, improving access to care, supporting operational transformation, reinforcing long-term sustainability and positioning TFHS to deliver measurable improvements in quality, patient experience, workforce engagement and community trust. The TMO will help connect strategic planning to execution by creating the structures, accountability mechanisms, and operational disciplines necessary to move True North aims from strategy into sustained organizational action.

Governance Workstream

A key priority will be strengthening governance discipline and clarifying organizational accountability structures.

This work will reinforce the distinction between the Board's fiduciary and policy-setting responsibilities and management's operational responsibilities while improving committee effectiveness, governance communication processes, Board education and strategic oversight capabilities. Governance modernization efforts will be integrated into the organization's broader transformation agenda to create stronger alignment between governance structures, executive accountability and strategic planning processes.

These efforts support the True North commitment to organizational stewardship, leadership accountability and disciplined execution in service of the community.

Action Items

- Establish a formal Governance Workstream.
- Develop a governance operating model defining Board, CEO, committee and executive leadership responsibilities.
- Review and update Board bylaws, committee charters and governance policies.
- Optimize Board and committee meeting cadence, agenda design and consent calendar utilization.
- Create a governance skills and expertise matrix to identify advisory gaps.
- Develop pathways for community and subject matter expert engagement consistent with California Health Care District law.

Executive Leadership Alignment Workstream

The Executive Leadership Alignment Workstream will focus on creating a more cohesive, disciplined and accountable executive leadership team capable of executing enterprise strategy in a coordinated manner.

Through CEO-led assessments, leadership role clarification, operating model redesign and enterprise KPI development, the TMO will support clearer decision rights, stronger leadership accountability and improved organizational alignment.

Action Items

- Conduct a CEO-led assessment of executive structure, performance and organizational barriers.
- Clarify executive leadership roles, decision rights and accountability structures.
- Establish enterprise operating rhythms, including weekly executive reviews and biweekly workstream accountability meetings.

- Develop executive scorecards and enterprise-wide KPIs and Objectives and Key Results (OKRs) aligned with strategic aims.
- Align leadership incentives and performance management structures with organizational goals.
- Implement leadership development, executive coaching and team-building initiatives.
- Define standardized governance communication expectations and executive reporting protocols.
- Create a leadership operating model that strengthens cross-functional coordination and strategic execution.

Physician Engagement, Integration and Productivity Workstream

This work is intended to improve physician alignment with organizational strategy while advancing operational efficiency, patient access and clinical performance.

System-wide efforts will focus on standardizing ambulatory operations, improving scheduling and workflow efficiency and establishing transparent physician performance metrics and reporting structures. In partnership with physician leadership, the TMO will also support the development of a Physician Advisory Council and the more formal participation of physicians in governance and strategic decision-making.

This work recognizes that the organization cannot hire its way out of access challenges, nor can long-term improvement depend on simply asking providers to work harder within systems that may not be optimized to support efficient, high-quality care delivery. Instead, the focus will be on partnering with physicians and operational leaders to redesign processes, improve workflows, reduce unnecessary administrative burden, optimize team-based care models and identify more effective ways for patients to access services across the system.

This work will support the Care System Redesign team in realizing the True North aims focused on improving access to care, strengthening the patient experience, and building a more sustainable and patient-centered healthcare delivery system.

Action Items

- Support establishment of a Physician Advisory Council with defined governance participation and accountability structures.
- Partner with physicians to evaluate the broader care delivery model and identify opportunities to improve patient access and coordination across the system.
- Reduce unnecessary administrative burden and improve efficiency through better operational alignment and technology optimization.
- Align physician compensation and incentive structures with organizational goals related to access, quality, documentation and value.
- Establish recurring physician performance review and operational improvement cadences.
- Strengthen physician participation in strategic planning, governance discussions and enterprise transformation initiatives.

Future State Options Workstream

Tahoe Forest holds a strong, differentiated market position and solid financial performance, making it an attractive partner for competitors and potential allies. To stay ahead of moves that could affect market share or performance, Tahoe Forest must proactively evaluate and shape the design of future partnerships and alliances.

Ongoing evaluation of strategic alliances is essential to strengthen our strategic flexibility; build care-delivery networks that enable coordinated care; access best practices, management capacity, and clinical talent development; enhance Tahoe Forest's competitive positioning; and ensure strong patient retention. This work will be pursued while preserving TFHS's independence, brand, and community benefit.

Action Items

- Develop downside case linked to competitive, regulatory and reimbursement risks; assess mitigation via partnerships.
- Design a “reverse due diligence” framework; codify “must-have” deal points (governance, asset use, service guarantees, license/accreditation covenants, workforce).
- Evaluate models: stand-alone with targeted improvements; partnership with larger systems; expanded regional integration; advisory board/task force per statute.
- Build readiness infrastructure for information demands (physician transparency, scheduling backlog resolution, service line profitability, strengthened RCM, normalized financials, document repository).
- Develop a strategic options workbook with criteria and comparative assessment.
- Prepare a reverse due diligence document and must-haves term sheet.
- Compile a partnership readiness Checklist and data room index.
- Complete recommendations for an advisory board/task force formation and charter.

Transformation Office Enterprise Action Items

The TMO will also serve as the central coordination point for enterprise performance management and organizational reporting.

Executive dashboards, physician productivity reporting, operational scorecards, strategic KPIs and recurring performance review cadences will provide leadership and the Board with clearer visibility into progress, risks, operational trends and strategic outcomes. This structure is intended to create a more disciplined management environment that supports data-informed decision-making, operational accountability and sustained organizational focus on the True North aims.

- Establish the TMO Steering Committee and assign administrative, executive and workstream leadership roles.

- Implement weekly executive steering committee reviews and monthly Board progress reporting.
- Develop enterprise dashboards tracking governance, operational, physician, financial and strategic performance indicators.
- Create standardized project management, reporting and accountability processes across all workstreams.
- Implement enterprise change management and stakeholder communication plans.
- Align strategic planning, budget development, operational priorities and performance management under the TMO framework.
- Develop a multi-year transformation roadmap with measurable milestones and decision points.
- Create ongoing monitoring and reporting structures to ensure sustainability of transformation initiatives.

Through this work, the TMO will serve as the operational and strategic backbone of Tahoe Forest Health System's broader transformation effort. By integrating governance modernization, executive leadership discipline, physician engagement, operational improvement and strategic planning into a coordinated enterprise framework.



AGENDA ITEM COVER SHEET

MEETING DATE: May 28, 2026	ITEM: 10.2. TFHD Fiscal Year 2027 Budget
DEPARTMENT: Administration / Finance	TYPE OF AGENDA ITEM: ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☒ Other FY 2027 Budget Document
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: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.3 states, "Adopts annual budgets of the District, including both operating and capital expenditure budgets." Further, Item E.1 states, "Assumes responsibility for the financial soundness and success of the District and its wholly owned subsidiaries."	
SUMMARY/OBJECTIVES: To provide the Board with an overview of the District's FY 2027 Budget, including projected earnings before interest, depreciation, and amortization (EBIDA), financial drivers, key financial indicators, strategic investments, and the impacts of evolving Federal and State policies, in a clear format to support informed decision-making and fulfillment of the Board's financial oversight responsibilities.	
SUGGESTED DISCUSSION POINTS: • Key changes from the prior fiscal year • Alignment with True North strategic priorities and goals • Labor costs (wages, benefits, staffing levels) • Inflationary pressures (materials, utilities, services) • Capital investment and infrastructure needs • Revenue Assumptions - current revenue structure and sources • Forecast assumptions - demand, growth, economic conditions • Proposed rate increase (structure of the increase, customer impact, comparison to regional peer health systems)	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Fiscal Year 2027 Budget as presented, inclusive of a 5 % rate increase in aggregate effective August 1, 2026.	

LIST OF ATTACHMENTS:
TFHD FY 2027 Budget

Tahoe Forest Hospital District
Operating & Capital Budget, and Ratio Analysis & Financial Forecasts
Fiscal Year 2027

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**Tahoe Forest Hospital District
Operating & Capital Budget, and Ratio Analysis & Financial Forecasts
Fiscal Year 2027**

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President and Chief Executive Officer Fiscal Year 2027 Budget Discussion

The FY 2027 budget is more than a financial plan; it is the deliberate operational implementation of True North. It is a clear statement of Tahoe Forest Health System's priorities, translating strategy into focused investment that strengthens access, operations and long-term sustainability.

The budget represents more than \$832 million in gross revenue and nearly \$397 million in operating revenue supporting a regional health system that serves communities across more than 3,500 square miles in six counties and two states. It supports nearly 1,500 employees, physicians and advanced practice providers delivering care across hospitals, clinics, specialty programs, emergency services, and community-based care settings while supporting more than 162,000 outpatient visits annually. Tahoe Forest Health System continues to grow in scale, complexity, and community impact.

At its core, the budget reflects a significant investment in both our workforce and the communities we serve. It prioritizes the people, infrastructure, access and services necessary to ensure our patients continue receiving high-quality care close to home while strengthening the teams who provide that care every day.

Healthcare continues to face rapid and sustained change. Rural health systems nationwide are facing significant pressure from workforce shortages, rising labor and supply costs, reimbursement uncertainty and increasing reliance on Medicare and Medicaid/Medi-Cal. At the same time, expectations for access, convenience, affordability, and coordinated care continue to grow.

Our communities have been clear about what matters most: timely access to care, personalized relationships, affordability, and preserving the trusted high-quality local services they depend on. This budget is designed to respond to those needs with discipline, focus, and intentional investment. The FY 2027 budget aligns directly with the three aims of the True North strategic plan: Health Within Reach, Community Guided, and Transformation. Investments prioritize foundational needs first, particularly improving access to care, strengthening front-line operations, supporting workforce stability, and modernizing the patients experience across the system.

Key investments include expanding primary care capacity, advancing virtual and mobile care models, improving scheduling and patient navigation, strengthening affordability initiatives, supporting operational optimization, and building the organizational infrastructure needed to execute transformation initiatives successfully. The budget also

includes more than \$70 million in planned capital investments across facilities, technology, and infrastructure, including the opening of the North Shore Clinic in late summer 2026, the Sierra Center in fall 2026, Gateway Phase 1 in spring 2027 and Gateway Phase 2 in winter 2027. These investments are expected to add capacity for over 55,000 annual outpatient visits in the coming years. Additional investments support mobile health initiatives and advanced digital and artificial intelligence capabilities that improve patient care and provider efficiency.

Importantly, this budget reflects a disciplined and sequenced approach to growth. As outlined in True North, Tahoe Forest Health System remains committed to strengthening core operations first while making thoughtful investments that improve long-term sustainability and respond to evolving community needs.

The budget reinforces the importance of accountability and measurable progress. Financial and operational resources are aligned to strategic priorities with clear expectations for performance, transparency and ongoing evaluation, operational efficiency, workforce stabilization, patient experience and responsible stewardship of community resources.

In Closing

As a locally governed health system, our responsibility extends beyond maintaining financial strength. Every investment must advance our mission to enhance the health of our communities through excellence and compassion. The FY 2027 budget positions Tahoe Forest Health System to strengthen access, improve care delivery and build a sustainable future for the communities we serve.

Following on the next page is a high-level summary of our FY 2027 Operating Budget.

Our FY 27 Operating Budget Summary:

Net Patient Revenue	372,438,691
Other Operating Revenue	22,526,539
Wellness Neighborhood Property Tax Revenue	1,598,991
Operating Expenses	(383,169,448)
EBIDA	\$ 13,394,773
Property Taxes - All	16,396,485
Depreciation	(25,881,854)
Interest Income - All	3,789,798
Interest Expense - All	(5,164,531)
Other Non-Operating Revenue/(Expense)	10,919,719
Net Income	\$ 13,454,390
EBIDA (on Gross Revenue)	1.6%
Return on Equity	3.5%
Days Cash on Hand	146
<u>Standard & Poor's Ratio Calculations:</u>	
EBIDA Margin	10.8%
Operating EBIDA Margin	7.2%
Operating Margin	-0.3%
Excess Margin	3.3%
Days Cash on Hand	145

Respectfully submitted:



Anna M. Roth, RN, MSN, MPH
President & Chief Executive Officer



Crystal Felix
Chief Financial Officer



TAHOE
FOREST
HEALTH
SYSTEM

Origination 08/1985
Date
Last 06/2024
Approved
Last Revised 06/2024
Next Review 06/2027

Department Board - ABD
Applicabilities System

Fiscal Policy, ABD-11

RISK:

Failure to have a sound fiscal policy that requires the District to maintain strong financial performance and strong cash reserves may result in diminished access to capital markets, as well as limiting Tahoe Forest Hospital District's (District) ability to fund essential services, and programs.

PURPOSE:

The purpose of this policy is to communicate the fiscal policy of the District as it relates to the operations of Tahoe Forest Hospital District and the various other services, programs and ventures which the District is or shall consider providing consistent with its Mission Statement and operating policies. It is the intention of the Board of Directors that this Fiscal Policy be disseminated to the hospital administrative and management team, as well as Medical Staff leadership, in order to achieve a broad based understanding of the fiscal goal of Tahoe Forest Hospital District. For the purposes of this policy statement, the term "services" shall apply to all hospital operations as well as other District services, programs or ventures.

POLICY:

A. RATIONALE

In view of the ever-changing reimbursement environment in which health care providers exist, the Board of Directors recognizes the importance of financial stability. A sound Fiscal Policy is necessary to assure the continuation of needed services, and as appropriate, expansion into new health-related facilities and services. To assure access to capital markets, it is in the best interest of the District to maintain strong financial performance and strong cash reserves. This philosophy is based upon, and consistent with, the Mission Statement and operating policies of the District.

B. POLICY STATEMENT

Our Fiscal Policy is to ensure the availability of capital to meet the future costs of carrying out the hospital's mission and serves as a prudent reserve to offset unexpected external forces. It

will be the responsibility of the District's President & Chief Executive Officer (CEO) to implement policies and procedures consistent with the Fiscal Policy of the Board of Directors. The District shall put forth a strong effort in every fiscal year on achieving, at a minimum, the Standard and Poor's (S&P) A- rating, targeting the median ratios of the A- rating or better. At no time shall the District target financial performance that would drop the District below an investment grade rating.

PROCEDURE:

A. OPERATING MARGIN AND EXCESS (NET INCOME) MARGIN

The District, through approval by the Board of Director's, shall set an annual budget that seeks to target or maintain Operating and Excess Margins at the median S&P ratios of an A- rating or better. The President & CEO shall in turn endeavor, consistent with the President & CEO's authority under the annual budget and duly-adopted District policies, to direct District operations throughout the fiscal year so as to maintain Operating and Excess Margins at the median S&P ratios of an A- rating or better. Unusual circumstances may arise that could require setting the annual budget at ratios lower than A-, however, at no time shall the annual budget target median ratios below an investment grade rating. The President & CEO shall direct management and staff to operate the District in a manner that achieves the goals of the annual budget.

B. FUND BALANCES AND TRANSFER PROCEDURES

The President & CEO shall, consistent with the President & CEO's authority under the annual budget, this Fiscal Policy, and duly-adopted District policies, authorize the movement of funds with the goal of achieving projected Days' Cash on Hand (the number of days of average expenses) at the median S&P ratios of an A- rating or better. There shall be a strong effort to maintain this minimum Days' Cash on Hand ratio to ensure appropriate cash reserves and to sustain sufficient funding for capital needs. Unusual circumstances may arise that could require setting the annual budget Days' Cash on Hand ratio lower than A-, however at no time shall the annual budget reflect a Days' Cash on Hand ratio below an investment grade rating. At least quarterly, a report of Day's Cash on Hand shall be presented to the Board of Directors.

C. MAINTENANCE AND OPERATING FUND

All receipts and revenues of any kind from the operation of the hospital shall be paid daily into the treasury of the District and placed in the Maintenance and Operations Fund. Monies in the maintenance and Operation Fund may be expended for any of the purposes of the District. The President & CEO will direct the allocation of monies in excess of 30 days forecasted cash to Board designated funds or transfer sufficient monies from Board designated funds into Maintenance and Operations Fund so that a minimum of 30 days working capital is maintained for the upcoming quarter. Fund transfers into Maintenance and Operations Fund from other funds to cover the minimum 30 days working capital will be in the following priority:

1. Cash Reserve Fund
2. Projects Fund

D. BOARD DESIGNATED FUNDS

Available funds will be funded in the priority order as listed. Bond Funds are held by the Bond Trustee until the fund reimburses the District for project expenditures. The reimbursed bond project expenditures will be deposited in the Maintenance and Operations Fund. Debt service is included in the Maintenance and Operations Fund.

- 1. Other Entity Funds:
Funds held for other entities such as Medical Staff and Auxiliary. Interest income accrues to the specific fund.
- 2. Projects Fund:
Board of Directors approved and designated projects. Fund to include, among others Building Funds and Capital Equipment Funds. Interest income will accrue to the Maintenance and Operations Fund.

E. **CASH RESERVE FUND**
Board of Directors approved funding to increase and provide sufficient reserves to sustain operational integrity; continued services at current levels; emergency purposes (safety net); credit worthiness; anticipated capital replacement needs. Interest income will accrue to the Maintenance and Operations Fund.

F. **RESTRICTED FUNDS**
Funds restricted to purchase assets or to fund program costs. These funds become unrestricted when the restriction is satisfied. Interest income accrues to the specific fund.

G. **DONATIONS**
Donated funds will be placed in the appropriate fund to be designated by the donor.

All Revision Dates
06/2024, 12/2021, 10/2018, 09/2016, 11/2015, 01/2014, 01/2012, 02/2010, 06/2007, 02/2006

Approval Signatures

Step Description	Approver	Date
	Louis Ward: COO & Acting CEO	06/2024
	Martina Rochefort: Clerk of the Board	06/2024

Tahoe Forest Hospital District Statement of Revenue and Expense

The following contains a detailed five-year historical Statement of Revenue and Expense, as well as the Projected FY 2026 and Budget FY 2027 for Tahoe Forest Hospital District and Incline Village Community Hospital.

The following are the highlights of the budget for FY 2027 for Tahoe Forest Hospital District:

• Gross Revenue	\$832,633,020
• Deductions from Revenue	(460,194,329)
• Other Operating Revenue	22,526,539
• Wellness Neighborhood Revenue	1,598,991
• Total Operating Revenue	396,564,221
• Operating Expenses	(383,169,448)
• EBIDA	13,394,773
• Non-Operating Expense	(16,336,869)
• Property Tax Revenue	16,396,485
• Net Income	13,454,390
• Return on Equity	3.5%
• Return on Gross Revenue EBIDA	1.6%

Gross Revenue was developed using a Gross Revenue per Unit calculation. Please refer to the “Volumes” and “Gross Revenue” narratives for additional detail.

Deductions from Revenue were developed by analyzing gross revenue by entity and payor category and applying the applicable contractual allowance percentage to the associated gross revenue. Deductions from Revenue also include provisions for Charity Care, budgeted at 2.0% overall, and Bad Debt, budgeted at 1.5% overall. Please refer to the “Deductions from Revenue” narrative for additional detail.

Other Operating Revenue consists of revenue from separate entities such as the Community Pharmacy, Hospice Thrift Stores, Tahoe Center for Health, Children’s Center, Cafeteria Sales, Rental Income, Rebates & Refunds, Medi-Cal QIP program, Hospital Quality Assurance Fee (HQAF) program, Nevada Private Hospital Provider Tax program, and the IVCH Emergency Department contract. We are anticipating FY 2027 to stay relatively flat when compared to Projected FY 2026, related to increases in funding from the Child Care Center and Community Pharmacy and decreases in funding from the Hospital Quality Assurance Fee and Medi-Cal QIP programs.

Salaries, Wages and Benefits reflect wage increases of 4.0% in FY 2027, inclusive of exempt and non-represented employees. Salaries and Wages for FY 2027 also include physicians who have joined the employment model and include an average increase of 5.0% in FY 2027.

The FY 2027 Budgeted FTEs related to the physician employment model reflects a 7.57 FTE increase when compared to Projected FY 2026 and a 1.07 FTE decrease when compared to Budget FY 2026. Those benefits that are calculated based upon wages such as employer taxes, deferred compensation, and pension have been adjusted to account for these increases in wages.

Management has developed a thoughtful FTE plan designed to align directly with the three aims of the True North strategic plan, while strengthening its operational infrastructure. The FY 2027 Budget reflects an increase of 24.45 FTEs compared to the FY 2026 Budget, and an increase of 115.32 FTEs compared to the Projected FY 2026 staffing levels.

Tahoe Forest Hospital District Statement of Revenue and Expense

Please refer to the “Resource Allocation/FTEs” narrative for additional detail.

Workers Compensation is budgeted to decrease in FY 2027 compared to Projected FY 2026, primarily due to the runout of large claims paid in FY 2026. The FY 2027 budget also incorporates the impact of increased FY 2027 budgeted FTEs, including physicians within the employment model. Projected FY 2026 Workers Compensation expense is expected to exceed the FY 2026 budget as a result of higher-than-anticipated settled claims during the fiscal year.

Health Insurance is budgeted to reflect a 12.6% increase. The increase in health insurance expense considers the budgeted growth in FY 2027 FTE’s, including physician staffing, and incorporates a reserve for higher-cost claims based on trends and claims experience observed in prior fiscal years.

Professional Fees reflect an increase of 16.9% when compared to Projected FY 2026. Professional Fees consist primarily of physician, therapy, legal, and consulting services. The increase in physician-related fees is attributable to contracted provider coverage within the Emergency Departments at Tahoe Forest and Incline Village, as well as Hospitalists, Anesthesia, and Clinic services.

The increase in consulting fees reflects ongoing investments in operational and strategic initiatives, including the integration and implementation of enhancements to the District’s operating and EMR systems, continued advancement of strategic priorities, supporting workforce stability, audit and regulatory filing services, climate action planning, community relation efforts, and transformation and redesign initiatives.

Supplies reflect an overall 12.1% increase when compared to Projected FY 2026. We applied an inflation factor of 5.0% for medical supplies, food/dietary supplies, and non-medical/office supplies, and a 10.0% increase to pharmaceutical supplies. The increase also accounts for increased supply usage due to clinical program enhancements, as well as factoring in modest cost savings through programs such as 340B for pharmaceutical supplies.

Purchased Services reflect a 15.7% increase compared to Projected FY 2026. Purchased services consist of contracted services that are outsourced rather than performed internally, including maintenance and repair services, snow removal, security, linen services, and other operational support functions.

The increase reflected in Budget FY 2027 primarily relates to additional services needed to support Human Resources, Project Management, Process Improvement initiatives, the Mobile Clinic pilot program, and various Administrative and Community Program initiatives. The increase also includes inflationary impacts associated with Information Technology service agreements necessary to maintain software systems, strengthen cybersecurity measures, and support network infrastructure.

Other Expenses reflect an 8.7% increase compared to Projected FY 2026. This increase is primarily attributable to higher costs in utilities, insurance (including physician professional liability coverage), outside training & travel, marketing, equipment and building rentals, licenses and taxes, and physician recruitment expenses. Highlights of these changes are listed below:

1. Utilities – Utility expenses are projected to increase by \$138,000, reflecting cost increases experienced during FY 2026, the inclusion of a 5.0% inflation factor in the FY 2027 Budget, and additional utility costs associated with new clinical and support service spaces.

Tahoe Forest Hospital District Statement of Revenue and Expense

2. Insurance – Insurance expense is projected to increase by \$202,000, primarily related to Risk, Directors & Officers, Comprehensive Liability, Crime/Cyber, and Physician Professional Liability coverage.
3. Outside Training and Travel – Expenses are budgeted to increase \$328,000 due to regulatory and compliance training requirements, consultant travel, professional education and related travel, and employee educational assistance programs. This is a category that remains a discretionary and actively managed expense area.
4. Marketing – Marketing expenses are projected to increase \$161,000 to support clinical and community programs, as well as community engagement initiatives and focused communication.
5. Equipment and Building Rentals – Rental expenses are projected to increase by \$224,000.
6. Licenses and Taxes – Licenses and taxes are projected to increase by \$41,000.
7. Physician Recruitment – Recruitment expenses are projected to increase by \$78,000 to support the onboarding of Primary Care, Pediatrician, and Specialty Care physicians.

District and County Taxes are slightly higher than Projected FY 2026. We are anticipating the FY 2027 budget to be \$12.2 million based on current real estate trends in Nevada and Placer counties. A component of property tax revenues is included in the Other Operating Revenue section to offset Community Health and Wellness Neighborhood expenses.

Interest Income FY 2027 is expected to decrease over Projected FY 2026 based on the investment activity of funds held with Chandler Investments, US Bank Treasury Obligations, and LAIF, and accounts for decreases in cash levels for construction projects and capital expenditures. In FY 2026, LAIF rates ranged from 3.82% to 4.26%, Chandler Investments interest rates ranged from 3.27% to 3.91% and, US Bank Treasury Obligations rates ranged from 3.27% to 3.91%. The District has budgeted a conservative annualized rate of 3.56% on its earnings held with LAIF and 3.20% with US Bank Treasury Obligations for FY 2027, based on projections from the Federal Reserve to introduce at least one rate cut in 2026.

Donations from the TFHS Foundation are expected to be \$2,271,313 in support of the following areas: Hospice, Women & Family, Emergency Services, Behavioral Health, Wellness Neighborhood, Cancer Center, Cardiology, Patient Care Enhancement, and for Areas of Greatest Need. IVCH Foundation is expected to contribute \$6,666,769 for the enhancement of the Surgical Services space, Emergency Services, and Capital Equipment needs in FY 2027.

Gain/(Loss) on Joint Venture based on ownership of the Truckee Surgery Center, LLC, we will book 99% of the Gain/(Loss) on the Joint Venture in TSC, LLC.

Gain/(Loss) on Market Investments based on funds held with Chandler Investments, taking a conservative approach based on current global activities that are influencing market conditions.

Depreciation is budgeted higher than Projected FY 2026 due to anticipated capital additions and investments and completed construction projects starting their depreciable life.

Interest Expense reflects a decrease of 8.4% compared to Projected FY 2026. This is a result of the maturities of debt in FY 2026.

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEARS ENDED JUNE 30, 2021, 2022, 2023, 2024, 2025, BUDGET 2026, PROJECTED 2026, and BUDGET 2027**

	AUDITED FYE 6/30/21	AUDITED FYE 6/30/22	AUDITED FYE 6/30/23	AUDITED FYE 6/30/24	AUDITED FYE 6/30/25	BUDGET FYE 6/30/26	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	VARIANCE \$	VARIANCE %
OPERATING REVENUE										
Total Gross Revenue	\$ 453,295,108	\$ 513,119,747	\$ 563,891,722	\$ 644,569,997	\$ 739,486,247	\$ 765,397,023	\$ 786,571,794	\$ 832,633,020	\$ 46,061,226	5.9%
Gross Revenues - Inpatient										
Daily Hospital Service	38,736,125	41,151,148	37,396,858	40,240,837	41,858,427	42,561,048	44,608,784	46,165,624	1,556,840	3.5%
Ancillary Service - Inpatient	45,688,905	53,225,614	44,962,771	51,187,024	52,796,946	54,851,867	49,765,815	50,938,020	1,172,205	2.4%
Total Gross Revenue - Inpatient	84,425,030	94,376,762	82,359,629	91,427,861	94,655,373	97,412,915	94,374,599	97,103,644	2,729,045	2.9%
Gross Revenue - Outpatient	368,870,078	418,742,985	481,532,093	553,142,136	644,830,875	667,984,108	692,197,195	735,529,376	43,332,181	6.3%
Total Gross Revenue - Outpatient	368,870,078	418,742,985	481,532,093	553,142,136	644,830,875	667,984,108	692,197,195	735,529,376	43,332,181	6.3%
Deductions from Revenue:										
Contractual Allowances	197,125,156	241,499,546	269,890,680	332,622,816	376,702,204	388,450,175	412,967,391	430,758,414	17,791,022	4.3%
Charity Care	15,499,800	13,477,214	3,420,814	513,427	3,655,415	15,307,941	4,260,220	16,650,339	12,390,119	290.8%
Bad Debt	5,554,948	(1,673,248)	6,981,628	7,474,896	5,409,946	11,734,652	8,413,740	12,785,576	4,371,837	-52.0%
Prior Period Settlements	(2,570,979)	(4,020,183)	(795,537)	(2,982,355)	(4,357,444)	-	(475,441)	-	475,441	100.0%
Total Deductions from Revenue	215,608,925	249,283,330	279,497,585	337,628,784	381,410,121	415,492,768	425,165,910	460,194,329	35,028,420	8.2%
Other Operating Revenue	12,397,711	14,648,926	17,201,440	22,561,978	25,159,311	22,942,810	22,478,598	22,526,539	47,942	0.2%
Wellness Neighborhood-RPT, Grants, Donations	1,188,926	1,142,445	1,337,904	1,232,883	1,319,794	1,447,425	1,000,008	1,598,991	598,983	59.9%
TOTAL OPERATING REVENUE	251,272,821	279,627,788	302,933,481	330,736,075	384,555,231	374,294,490	384,884,490	396,564,221	11,679,731	3.0%
OPERATING EXPENSES										
Salaries, Wages & Benefits	117,542,428	131,075,692	160,177,515	175,358,404	196,387,032	193,724,332	208,545,480	216,003,306	7,457,826	3.6%
Benefits Workers Compensation	2,099,779	1,098,819	1,392,340	(9,786)	881,391	1,383,780	1,763,090	1,441,460	(321,630)	-18.2%
Benefits Medical Insurance	15,007,642	15,525,285	21,955,036	26,293,783	30,808,357	36,592,296	34,250,298	38,556,416	4,306,118	12.6%
Professional Fees	16,961,139	18,797,519	9,197,324	9,272,106	10,871,486	12,321,059	12,189,047	14,253,507	2,064,460	16.9%
Supplies	31,196,014	36,916,580	42,663,659	46,680,660	55,275,760	62,210,894	59,271,982	66,437,104	7,165,123	12.1%
Purchased Services	22,792,775	24,601,642	23,660,314	22,806,472	25,791,861	27,084,718	27,457,697	31,759,312	4,301,615	15.7%
Other	10,416,636	11,021,846	12,574,571	11,246,758	12,653,079	13,421,168	13,536,706	14,718,343	1,181,637	8.7%
TOTAL OPERATING EXPENSE	216,016,411	239,037,383	271,620,759	291,648,398	332,668,965	346,738,247	357,014,299	383,169,448	26,155,149	7.3%
NET OPERATING REV(EXP) EBIDA	\$ 35,256,409	\$ 40,590,404	\$ 31,312,722	\$ 39,087,677	\$ 51,886,266	\$ 27,556,243	\$ 27,870,191	\$ 13,394,773	\$ (14,475,418)	-51.9%
NON-OPERATING REVENUE										
District and County Taxes	7,243,165	8,008,390	8,877,225	9,571,029	10,074,686	9,743,030	10,293,198	10,624,429	331,232	3.2%
District and County Taxes - GO Bond	4,900,434	5,568,851	5,707,806	5,581,281	5,718,313	5,622,306	5,622,306	5,772,056	149,750	2.7%
Interest Income	713,110	692,920	1,628,402	3,410,928	4,648,825	3,622,273	4,421,855	3,789,798	(632,057)	-14.3%
Donations	690,458	2,063,939	1,680,979	7,924,244	1,145,545	5,037,312	2,238,793	8,938,082	6,699,289	299.2%
Gain/(Loss) on Joint Venture	(520,535)	(414,976)	(1,334,977)	(530,896)	(1,468,572)	(1,822,588)	(869,910)	(1,234,365)	(364,454)	41.9%
Gain/(Loss) on Market Investments	-	(3,443,346)	388,616	4,069,946	5,909,320	3,600,000	3,304,376	3,240,000	(64,376)	-1.9%
Gain/(Loss) on Sale of Equip/Property	-	36,801	1,000	1,693	40,782	-	(8,640)	-	8,640	-100.0%
Gain/(Loss) on Split Dollar Cash Values	-	-	-	(42,286)	(15,343)	(48,000)	(15,000)	(24,000)	(9,000)	60.0%
Loss on Investment-TIRHR	-	-	-	(5,051,205)	89,547	-	-	-	-	0.0%
COVID-19 Emergency Funds	(3,567,509)	(1,092,739)	-	-	-	-	-	-	-	0.0%
Depreciation	(13,642,989)	(15,363,540)	(19,769,540)	(20,457,282)	(21,768,795)	(23,948,916)	(23,650,093)	(25,881,854)	(2,231,761)	9.4%
Interest Expense	(1,307,837)	(1,342,139)	(2,473,997)	(2,392,444)	(2,319,738)	(2,414,076)	(2,538,263)	(2,325,630)	212,632	-8.4%
Interest Expense - GO Bond	(3,484,475)	(3,416,267)	(3,329,946)	(3,243,466)	(3,124,437)	(2,989,151)	(2,989,147)	(2,838,901)	150,246	-5.0%
TOTAL NON-OPERATING REVENUE	(8,976,178)	(8,702,107)	(8,624,432)	(1,158,459)	(1,069,867)	(3,597,809)	(4,190,524)	59,616	4,250,140	-101.4%
EXCESS REVENUE(EXPENSE)	\$ 26,280,231	\$ 31,888,297	\$ 22,688,290	\$ 37,929,218	\$ 50,816,399	\$ 23,958,434	\$ 23,679,667	\$ 13,454,390	\$ (10,225,278)	-43.2%

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEARS ENDED JUNE 30, 2021, 2022, 2023, 2024, 2025, BUDGET 2026, PROJECTED 2026, and BUDGET 2027

	AUDITED FYE 6/30/21	AUDITED FYE 6/30/22	AUDITED FYE 6/30/23	AUDITED FYE 6/30/24	AUDITED FYE 6/30/25	BUDGET FYE 6/30/26	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	VARIANCE %
RETURN ON GROSS REVENUE EBIDA	7.8%	7.9%	5.6%	6.1%	7.0%	3.6%	3.5%	1.6%	-1.9%
RETURN ON EQUITY	14.0%	14.9%	9.2%	14.1%	16.6%	6.7%	6.6%	3.5%	-3.1%
RETURN ON EQUITY (excluding donations)	13.6%	13.9%	8.5%	11.2%	16.2%	5.3%	6.0%	1.2%	-4.8%
INPATIENT REV AS A % OF GROSS REV	18.6%	18.4%	14.6%	14.2%	12.8%	12.7%	12.0%	11.7%	
OUTPATIENT REV AS A % OF GROSS REV	81.4%	81.6%	85.4%	85.8%	87.2%	87.3%	88.0%	88.3%	
CONTRACTUAL ADJ AS A % OF GROSS REV	43.5%	47.1%	47.9%	51.6%	50.9%	50.8%	52.5%	51.7%	
CHARITY CARE AS A % OF GROSS REV	3.4%	2.6%	0.6%	0.1%	0.5%	2.0%	0.5%	2.0%	
BAD DEBT AS A % OF GROSS REV	1.2%	-0.3%	1.2%	1.2%	0.7%	1.5%	1.1%	1.5%	
SALARIES, WAGES & BEN AS A % OF NET REV	46.8%	46.9%	52.9%	53.0%	51.1%	51.8%	54.2%	54.5%	
WORKERS COMP AS A % OF NET REV	0.8%	0.4%	0.5%	0.0%	0.2%	0.4%	0.5%	0.4%	
MEDICAL INSURANCE AS A % OF NET REV	6.0%	5.6%	7.2%	8.0%	8.0%	9.8%	8.9%	9.7%	
PROFESSIONAL FEES AS A % OF NET REV	6.8%	6.7%	3.0%	2.8%	2.8%	3.3%	3.2%	3.6%	
SUPPLIES AS A % OF NET REV	12.4%	13.2%	14.1%	14.1%	14.4%	16.6%	15.4%	16.8%	
PURCHASED SVCS AS A % OF NET REV	9.1%	8.8%	7.8%	6.9%	6.7%	7.2%	7.1%	8.0%	
OTHER AS A % OF NET REV	4.1%	3.9%	4.2%	3.4%	3.3%	3.6%	3.5%	3.7%	

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEARS ENDED JUNE 30, 2021, 2022, 2023, 2024, 2025, BUDGET 2026, PROJECTED 2026 and BUDGET 2027

	AUDITED FYE 6/30/21	AUDITED FYE 6/30/22	AUDITED FYE 6/30/23	AUDITED FYE 6/30/24	AUDITED FYE 6/30/25	BUDGET FYE 6/30/26	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	VARIANCE \$	VARIANCE %
OPERATING REVENUE										
Total Gross Revenue	\$ 26,859,423	\$ 33,086,808	\$ 37,977,843	\$ 44,510,389	\$ 52,432,029	\$ 54,600,009	\$ 57,417,766	\$ 61,217,438	\$ 3,799,672	6.6%
Gross Revenues - Inpatient										
Daily Hospital Service	54,897	18,470	10,719	7,959	6,906	-	-	-	-	#DIV/0!
Ancillary Service - Inpatient	39,903	31,715	11,270	4,455	2,585	-	-	-	-	#DIV/0!
Total Gross Revenue - Inpatient	94,800	50,185	21,989	12,414	9,491	-	-	-	-	#DIV/0!
Gross Revenue - Outpatient	26,764,623	33,036,623	37,955,854	44,497,975	52,422,538	54,600,009	57,417,766	-	(57,417,766)	-100.0%
Total Gross Revenue - Outpatient	26,764,623	33,036,623	37,955,854	44,497,975	52,422,538	54,600,009	57,417,766	61,217,438	3,799,672	6.6%
Deductions from Revenue:										
Contractual Allowances	8,945,461	13,633,327	16,623,887	21,042,903	24,885,988	26,551,634	28,764,592	30,891,410	2,126,818	7.4%
Charity Care	1,259,187	1,218,437	570,972	141,152	679,354	1,092,000	1,014,207	1,222,350	208,143	20.5%
Bad Debt	677,186	128,688	1,041,627	1,473,955	1,256,732	819,000	1,362,675	916,763	(445,912)	-32.7%
Prior Period Settlements	(196,004)	130,002	(58,981)	(275,875)	(749,343)	-	(53,794)	-	53,794	-100.0%
Total Deductions from Revenue	10,685,830	15,110,455	18,177,505	22,382,134	26,072,730	28,462,634	31,087,680	33,030,523	1,942,843	6.2%
Other Operating Revenue	802,741	1,026,211	719,168	1,184,092	727,274	443,872	698,401	829,263	130,861	18.7%
TOTAL OPERATING REVENUE	16,976,335	19,002,563	20,519,506	23,312,347	27,086,573	26,581,247	27,028,488	29,016,178	1,987,690	7.4%
OPERATING EXPENSES										
Salaries, Wages & Benefits	6,946,843	8,168,098	10,019,239	10,832,288	11,832,069	11,483,783	13,971,652	13,686,189	(285,462)	-2.0%
Benefits Workers Compensation	79,412	20,411	52,159	(21,974)	19,202	41,471	95,922	70,144	(25,778)	-26.9%
Benefits Medical Insurance	855,391	879,825	1,392,472	1,611,553	1,923,163	2,174,064	2,048,786	2,323,062	274,276	13.4%
Professional Fees	2,896,265	3,166,792	1,833,834	1,929,061	2,125,212	2,217,360	2,159,488	2,190,561	31,073	1.4%
Supplies	654,256	599,282	737,500	1,424,289	1,362,803	1,659,982	1,844,079	2,213,314	369,235	20.0%
Purchased Services	816,760	904,167	831,820	808,851	1,126,631	1,242,179	1,163,157	1,233,267	70,110	6.0%
Other	1,061,276	1,223,040	1,394,980	1,393,276	1,254,235	1,364,080	1,429,003	1,473,678	44,675	3.1%
TOTAL OPERATING EXPENSE	13,310,202	14,961,616	16,262,004	17,977,345	19,643,314	20,182,918	22,712,087	23,190,216	478,129	2.1%
NET OPERATING REV(EXP) EBIDA	\$ 3,666,133	\$ 4,040,947	\$ 4,257,502	\$ 5,335,002	\$ 7,443,259	\$ 6,398,329	\$ 4,316,401	\$ 5,825,962	\$ 1,509,561	35.0%
NON-OPERATING REVENUE										
Donations	189,502	1,006,659	605,502	7,217,523	101,329	3,885,368	1,172,598	6,666,769	5,494,171	468.5%
Gain/(Loss) on Sale of Equip/Property	-	1,000	-	-	-	-	-	-	-	0.0%
COVID-19 Emergency Funds	(2,714,332)	(806,125)	-	-	-	-	-	-	-	0.0%
Depreciation	(783,693)	(1,106,589)	(1,335,583)	(1,764,702)	(2,368,062)	(2,484,258)	(2,475,959)	(2,282,157)	193,801	-7.8%
Interest Expense	-	(23,699)	(19,704)	(16,140)	(18,794)	(23,638)	(36,965)	(33,536)	3,429	-9.3%
TOTAL NON-OPERATING REVENUE	(3,308,523)	(928,754)	(749,785)	5,436,681	(2,285,527)	1,377,473	(1,340,326)	4,351,076	5,691,402	-424.6%
EXCESS REVENUE(EXPENSE)	\$ 357,610	\$ 3,112,193	\$ 3,507,717	\$ 10,771,683	\$ 5,157,732	\$ 7,775,801	\$ 2,976,075	\$ 10,177,038	\$ 7,200,963	242.0%

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FOR THE YEARS ENDED JUNE 30, 2021, 2022, 2023, 2024, 2025, BUDGET 2026, PROJECTED 2026 and BUDGET 2027

	AUDITED FYE 6/30/21	AUDITED FYE 6/30/22	AUDITED FYE 6/30/23	AUDITED FYE 6/30/24	AUDITED FYE 6/30/25	BUDGET FYE 6/30/26	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	VARIANCE %
RETURN ON GROSS REVENUE EBIDA	13.6%	12.2%	11.2%	12.0%	14.2%	11.7%	7.5%	9.5%	2.0%
RETURN ON EQUITY	1.7%	14.5%	14.3%	38.4%	13.3%	17.7%	6.8%	21.7%	14.9%
RETURN ON EQUITY (excluding donations)	0.8%	9.8%	11.8%	12.7%	13.0%	8.8%	4.1%	7.5%	3.4%
INPATIENT REV AS A % OF GROSS REV	0.4%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	
OUTPATIENT REV AS A % OF GROSS REV	99.6%	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
CONTRACTUAL ADJ AS A % OF GROSS REV	33.3%	41.2%	43.8%	47.3%	47.5%	48.6%	50.1%	50.5%	
CHARITY CARE AS A % OF GROSS REV	4.7%	3.7%	1.5%	0.3%	1.3%	2.0%	1.8%	2.0%	
BAD DEBT AS A % OF GROSS REV	2.5%	0.4%	2.7%	3.3%	2.4%	1.5%	2.4%	1.5%	
SALARIES, WAGES & BEN AS A % OF NET REV	40.9%	43.0%	48.8%	46.5%	43.7%	43.2%	51.7%	47.2%	
WORKERS COMP AS A % OF NET REV	0.5%	0.1%	0.3%	-0.1%	0.1%	0.2%	0.4%	0.2%	
MEDICAL INSURANCE AS A % OF NET REV	5.0%	4.6%	6.8%	6.9%	7.1%	8.2%	7.6%	8.0%	
PROFESSIONAL FEES AS A % OF NET REV	17.1%	16.7%	8.9%	8.3%	7.8%	8.3%	8.0%	7.5%	
SUPPLIES AS A % OF NET REV	3.9%	3.2%	3.6%	6.1%	5.0%	6.2%	6.8%	7.6%	
PURCHASED SVCS AS A % OF NET REV	4.8%	4.8%	4.1%	3.5%	4.2%	4.7%	4.3%	4.3%	
OTHER AS A % OF NET REV	6.3%	6.4%	6.8%	6.0%	4.6%	5.1%	5.3%	5.1%	

Tahoe Forest Hospital District Volumes

The budget process begins with reviewing annual historical volumes as well as the last several years of 12-month historical spreads, noting the highs and lows of each month. From this review process we were able to project volumes for FY 2027 that are in line with FY 2026 projected volumes, however, reflect upward trends in our Skilled Nursing facility, Home Health and Hospice visits, clinic areas and therapy services. We apply the spread of the FY 2027 volumes over the 12 months by averaging the historical monthly spreads to help smooth the seasonality we experience within the Health System.

Acute admissions are budgeted at 1,475, which is 1.2% lower than projected FY 2026. Acute inpatient days for FY 2027 are budgeted at 4,663, which is 3.3% lower than projected FY 2026, but in line with industry trends of services moving more to an outpatient setting. We are anticipating our average length of stay to be 3.2 for FY 2027 and our average daily census to be 12.8.

Below are a few areas worth noting:

DEPARTMENT	PROJECTED FY 2026	BUDGET FY 2027	VARIANCE	PERCENT INCREASE/ (DECREASE)
Tahoe Forest Hospital				
Total ICU Days	1,052	960	(92)	(8.7)%
Total Med/Surg Days	2,706	2,585	(121)	(4.5)%
Skilled Nursing Facility	11,244	12,410	1,166	10.4%
Total OB Days	1,243	1,303	60	4.8%
Total Deliveries	382	410	28	7.3%
Emergency Department visits	14,099	14,400	301	2.1%
Home Health & Hospice Visits	3,510	3,620	110	3.1%
Multi-Specialty Clinics				
Otolaryngology (ENT) & Audiology	2,040	2,100	60	2.9%
Mobile Clinic Pilot	0	740	740	100.0%
Pediatrics	10,849	13,078	2,229	20.5%
Sports Medicine	3,843	7,000	3,157	82.1%
Urgent Care-Truckee	16,524	17,798	1,274	7.7%
Primary Care-2 nd Floor MOB	25,331	27,427	2,096	8.3%
Primary Care/Urgent Care-Tahoe City	12,876	13,500	624	4.8%
Incline Village Community Hospital				
Emergency Visits	3,947	4,200	253	6.4%
Health Clinic & Weekend Walk-in Clinic	9,432	9,900	468	5.0%
Mammography	1,004	1,086	82	8.2%
Ultrasound	1,247	1,294	47	3.8%
Cat Scans	1,900	2,132	232	12.2%
TCFH				
Physical, Aquatic, Speech, and Occupational Therapies	98,955	111,470	12,515	12.6%

Tahoe Forest Hospital District Volumes

The following are explanations for the larger variances:

- 1) Skilled Nursing Facility: Patient Days have been budgeted higher to account for the occupancy increase we are witnessing in the latter half of FY 2026.
- 2) OB Days and Deliveries: Total OB Days have been increased to account for the increases in Deliveries we are experiencing in FY 2026 and expect to see in FY 2027.
- 3) Home Health and Hospice Visits: Volumes have been set to account for the uptick in patient visits we are observing in FY 2026.
- 4) Multi-Specialty Clinics:
 - a. Mobile Clinic pilot: The District will launch a Mobile Clinic pilot in the second half of FY 2027 to enhance access to care, directly advancing the “Health within Reach” strategic priority.
 - b. Pediatrics: The District is seeking to expand access to care through an extended-hours pilot program starting the beginning of the second half of FY 2027, directly advancing the “Health within Reach” strategic priority.
 - c. Sports Medicine: An increase in volumes was budgeted to capture the addition of Dr. Liehr, who joined in October 2025.
 - d. Urgent Care-Truckee: Volumes were increased to account for the move to Sierra Center in the 2nd Quarter of FY 2027, increasing capacity for patient visits.
 - e. Primary Care-2nd Floor MOB: Volumes have been increased to reflect the recruitment of an additional Primary Care physician and the implementation of an extended-hours pilot program starting the beginning of the second half of FY 2027. These initiatives are intended to improve access to care, directly advancing the “Health within Reach” strategic priority.
 - f. Primary Care/Urgent Care-Tahoe City: Volumes were increased to account for the opening of our Primary Care North Shore Clinic in August 2026, increasing space capacity for additional patient visits in that region.
- 5) IVCH Emergency Department: Volumes were increased for the FY 2027 year as we continue to see growth in this service line.
- 6) IVCH Health Clinic & Weekend Walk-in Clinic: Volumes have been increased to reflect the growth in patient demand following the addition of the Weekend Walk-in Clinic. This expansion is enabling increased patient access throughout the week as well in the Health Clinic.
- 7) IVCH Imaging Services: We have budgeted volume increases in Mammography, Ultrasounds, and Cat Scans to account for the continued growth in these important service lines offered in the Incline Village community.
- 8) TCFH Physical, Aquatic, Speech, and Occupational Therapies: Volumes for FY 2027 have been increased in Aquatic Physical Therapy to reflect full year utilization of the additional pool lane rentals. Volumes have also been increased in Physical Therapy and Occupational Therapy procedures to account for expanded patient care space resulting from the removal of the pool at The Center for Health.

DEPARTMENTAL VOLUME TRENDS

		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
16010	ICU										
	<i>ICU - Inpatient Days</i>	434	545	200	196	152	160	162	180	18	11.1%
	<i>ICU - Med/Surg Days</i>	401	326	384	452	506	450	546	480	(66)	-12.1%
	<i>ICU - Stepdown Days</i>	696	576	428	351	270	260	344	300	(44)	-12.8%
	<i>ICU - Swing Days</i>	8	85	1	1	2	0	1	0	(1)	-100.0%
	<i>ICU - Short Stays - Observation</i>	33	22	27	59	110	92	143	120	(23)	-16.1%
	<i>ICU TFHD Summary</i>	1,572	1,554	1,040	1,059	1,040	962	1,196	1,080	(116)	-9.7%
16170	Med Surg										
	<i>M/S - Inpatient Days</i>	2,720	2,936	2,499	2,467	2,468	2,424	2,528	2,400	(128)	-5.1%
	<i>M/S - Swing Days</i>	114	326	286	278	145	150	178	185	7	3.9%
	<i>M/S 3170- Short Stays-Observation</i>	353	336	297	435	1,222	900	1,384	1,400	16	1.2%
	<i>Med-Surg TFHD Summary</i>	3,187	3,598	3,082	3,180	3,835	3,474	4,090	3,985	(105)	-2.6%
16380	Obstetrics										
	<i>OB/GYN Patient Days</i>	1,026	1,167	1,356	1,285	1,273	1,270	1,241	1,300	59	4.8%
	<i>Med/Surg Days in OB</i>	8	4	1	3	4	1	2	3	1	50.0%
	<i>OB - Swing Days</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>OB - Short Stays - Observation</i>	4	10	5	11	9	11	9	10	1	11.1%
	<i>OB Days TFHD Summary</i>	1,038	1,181	1,362	1,299	1,286	1,282	1,252	1,313	61	4.9%
16530	Nursery										
	<i>Newborn days</i>	546	623	486	493	543	573	519	557	38	7.3%
16580	Skilled Nursing Facility										
	<i>SNF days</i>	8,496	7,473	9,422	10,948	10,960	11,680	11,244	12,410	1,166	10.4%
17010	Emergency Room										
	<i>Admits from E/R</i>	706	244	10	11	12	8	4	3	(1)	-25.0%
	<i>E/R Visits - Total Registrations</i>	12,291	13,700	15,905	14,010	14,094	14,400	14,099	14,400	301	2.1%

DEPARTMENTAL VOLUME TRENDS

		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
17791	TC Occupational Therapy										
	<i>OT - TC O/P Procedures</i>	2,723	2,680	2,508	1,941	3,129	2,800	3,666	3,840	174	4.7%
17773	TC Physical Therapy										
	<i>PT - TC O/P Procedures</i>	28,094	29,880	28,407	25,758	28,400	28,400	27,948	28,200	252	0.9%
17510	Oncology Lab										
	<i>Oncology Lab tests</i>	6,736	7,161	6,708	7,102	8,045	7,956	7,950	8,154	204	2.6%
17290	Home Health										
	<i>Home Health Nursing Units</i>	1,332	1,892	1,419	1,409	1,510	1434	1,294	1345	51	3.9%
	<i>Home Health Aide Units</i>	49	145	95	86	77	80	54	56	2	3.7%
	<i>Home Health Speech Therapy Units</i>	57	66	50	59	42	38	66	68	2	3.0%
	<i>Home Health Occupational Therapy Units</i>	574	547	575	612	853	827	641	665	24	3.7%
	<i>Home Health Social Services Units</i>	127	134	22	31	45	56	50	52	2	4.0%
	<i>Home Health PT Units</i>	842	1,006	998	963	1,008	961	881	916	35	4.0%
	<i>Home Health - Medicare Visits</i>	2,501	3,007	2,699	2,758	2,895	2,771	2,354	2,407	53	2.2%
	<i>Home Health - MediCal Visits</i>	76	279	163	83	65	62	35	36	1	3.4%
	<i>Home Health - Commercial Visits</i>	336	441	239	234	518	508	403	412	9	2.2%
	<i>Home Health - Self Pay Visits</i>	68	55	62	86	59	59	44	45	1	1.4%
	<i>Home Health Visits TFHD Summary</i>	2,981	3,782	3,163	3,161	3,537	3,400	2,837	2,900	63	2.2%
17310	Hospice										
	<i>Hospice Medicare Visits</i>	924	737	884	653	397	497	612	655	43	7.0%
	<i>Hospice MediCal Visits</i>	34	25	47	22	37	48	0	0	0	0.0%
	<i>Hospice Commercial Visits</i>	128	87	100	61	120	123	61	65	4	6.2%
	<i>Hospice Other Visits</i>	2	16	4	1	5	6	0	0	0	0.0%
	<i>Hospice Medicare Days</i>	2,348	1,733	2,161	1,178	701	831	1,556	1,688	132	8.5%
	<i>Hospice MediCal Days</i>	121	25	120	25	53	66	0	0	0	0.0%
	<i>Hospice Commercial Days</i>	231	158	160	70	225	212	179	194	15	8.4%
	<i>Hospice Other Days</i>	0	11	2	0	10	12	0	0	0	0.0%
	<i>Hospice Days TFHD Summary</i>	2,700	1,927	2,443	1,273	989	1,121	1,735	1,882	147	8.5%

DEPARTMENTAL VOLUME TRENDS										
	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
17400 Labor and Delivery										
Total Deliveries	331	366	375	367	379	385	382	410	28	7.3%
17420 Surgery										
OR I/P minutes	27,438	36,222	27,170	32,760	36,904	35,553	29,454	30,165	711	2.4%
OR O/P minutes	149,571	146,974	155,438	167,468	183,152	172,679	208,441	209,547	1,106	0.5%
OR I/P Cases	371	467	391	457	463	440	308	312	4	1.3%
OR O/P Cases	2,247	2,032	1,998	2,186	2,522	2,331	2,772	3,029	257	9.3%
Surgey Minutes TFHD	177,009	183,196	182,608	200,228	220,056	208,232	237,895	243,053	5,158	2.2%
Surgery Cases TFHD	2,618	2,499	2,389	2,643	2,985	2,771	3,080	3,341	261	8.5%
17428 Pain Clinic										
Pain Center minutes	1,844	461	0	0	0	0	0	0	0	0.0%
17427 PAAS										
I/P Recovery minutes	25,583	33,121	24,410	20,903	23,045	22,087	15,311	15,751	440	2.9%
O/P Recovery minutes	78,198	71,940	74,907	75,460	76,568	74,329	78,550	78,976	426	0.5%
ASD minutes	282,634	288,718	281,925	296,591	319,669	304,648	331,756	334,439	2,683	0.8%
Total PAAS Minutes Summary	386,415	393,779	381,242	392,954	419,282	401,064	425,617	429,166	3,549	0.8%
17450 Anesthesia										
Anesthesia - I/P minutes	32,993	42,026	33,392	38,502	42,422	40,906	34,906	35,748	842	2.4%
Anesthesia - O/P minutes	138,253	137,144	146,514	153,520	172,020	161,531	194,425	195,274	849	0.4%
Anesthesia - Elsewhere minutes	1,907	1,377	1,449	2,114	1,003	1,235	1,246	1,448	202	16.2%
Anesthesia - G/I I/P Minutes	3,174	3,321	1,046	920	2,225	2,224	1,436	1,550	114	7.9%
Anesthesia - G/I O/P Minutes	28,342	35,330	28,274	42,055	45,625	42,591	47,783	49,091	1,308	2.7%
Anesthesia TFHD Summary	204,669	219,198	210,675	237,111	263,295	248,487	279,796	283,111	3,315	1.2%

DEPARTMENTAL VOLUME TRENDS

	2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
	Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
17500 Laboratory										
<i>Lab - TFH I/P Tests</i>	37,314	33,645	29,121	28,389	28,178	27,843	29,234	28,280	(954)	-3.3%
<i>Lab - TFH O/P Tests</i>	151,166	137,561	123,521	165,563	178,851	175,845	191,597	191,871	274	0.1%
<i>Lab - MOB O/P Tests - 8664</i>	535	0	0	0	0	0	0	0	0	0.0%
<i>Lab - Tahoe City O/P Tests - 7875</i>	215	76	43	63	395	340	43	40	(3)	-7.0%
<i>Lab - Incline Village O/P Tests</i>	12,172	14,634	12,607	4,294	0	14,427	15,480	15,600	120	0.8%
<i>Lab - Send Outs IP</i>	3,064	2,988	2,925	2,768	3,296	3,294	3,671	3,562	(109)	-3.0%
<i>Lab - Send Outs OP</i>	26,414	21,511	23,335	26,797	28,335	28,150	28,220	28,771	551	2.0%
<i>Laboratory TFHD Summary</i>	230,880	210,415	191,552	227,874	239,055	249,899	268,245	268,124	(121)	0.0%
17540 Blood Bank										
<i>Total Blood Units</i>	724	742	486	389	590	515	512	504	(8)	-1.6%
17590 EKG										
<i>EKG - I/P Procedures</i>	459	446	393	505	397	397	457	460	3	0.7%
<i>EKG - O/P Procedures</i>	3,146	2,901	3,371	3,210	3,164	3,078	4,223	4,516	293	6.9%
<i>EKG TFHD Summary</i>	3,605	3,347	3,764	3,715	3,561	3,475	4,680	4,976	296	6.3%
17593 Cardiac Rehab										
<i>Cardiac Rehab - Phase II</i>	1,582	1,823	1,773	2,460	1,738	2,100	2,098	2,200	102	4.9%
17630 Diagnostic Imaging										
<i>Diagnostic Imaging - I/P Exams</i>	1,439	1,439	1,161	1,384	1,314	1,323	1,224	1,165	(59)	-4.8%
<i>Diagnostic Imaging - O/P Exams</i>	9,078	10,415	5,011	5,701	5,862	5,800	5,606	5,650	44	0.8%
<i>Vascular I/P Exams</i>	234	209	239	205	186	179	233	179	(54)	-23.2%
<i>Vascular O/P Exams</i>	2,382	2,268	2,449	1,419	1,302	1,271	1,562	1,606	44	2.8%
<i>Diagnostic Imaging TFHD Summary</i>	10,517	11,854	6,172	7,085	7,176	7,123	6,830	6,815	(15)	-0.2%
<i>Vascular Image TFHD Summary</i>	2,616	2,477	2,688	1,624	1,488	1,450	1,795	1,785	(10)	-0.6%
17632 Womens Imaging Center										
<i>Mammography Exams</i>	5,387	5,993	6,329	6,196	6,441	6,200	7,173	7,200	27	0.4%

DEPARTMENTAL VOLUME TRENDS										
	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
17633 MOB Diagnostic Imaging										
MOB O/P Exams - Xrays -17633	1,312	0	0	0	0	0	0	0	0	0.0%
17641 Oncology										
Oncology Procedures	9,639	11,377	10,449	11,465	12,110	11,810	13,251	13,644	393	3.0%
17642 Radiation Oncology										
Radiation Oncology Procedures	6,902	5,858	5,853	5,177	5,625	5,212	5,075	5,077	2	0.0%
17650 Nuclear Medicine										
Nuclear Med - I/P Exams	33	26	15	7	5	4	7	10	3	42.9%
Nuclear Med - O/P Exams	384	367	351	364	353	365	354	372	18	5.1%
Nuc Med TFHD Summary	417	393	366	371	358	369	361	382	21	5.8%
17660 MRI										
MRI - I/P Exams	87	92	67	65	106	110	132	131	(1)	-0.8%
MRI - O/P Exams	2,687	2,751	2,479	3,577	4,283	3,800	4,600	4,805	205	4.5%
MRI TFHD Summary	2,774	2,843	2,546	3,642	4,389	3,910	4,732	4,936	204	4.3%
17670 Ultrasound										
Ultrasound - I/P Exams	214	214	190	184	202	187	247	188	(59)	-23.9%
Ultrasound - O/P Exams	1,255	1,270	1,280	3,162	3,414	3,393	3,984	4,183	199	5.0%
Ultrasound TFHD Summary	1,469	1,484	1,470	3,346	3,616	3,580	4,231	4,371	140	3.3%
17672 Briner Ultrasound										
Breast Ultrasound Exams	2,216	2,392	2,267	2,298	2,284	2,222	2,407	2,584	177	7.4%
17680 CT										
CT - I/P Exams	679	660	683	689	667	696	697	694	(3)	-0.4%
CT - O/P Exams	6,379	7,183	7,890	8,703	9,066	8,768	9,773	9,786	13	0.1%
Cat Scan TFHD Summary	7,058	7,843	8,573	9,392	9,733	9,464	10,470	10,480	10	0.1%

DEPARTMENTAL VOLUME TRENDS										
	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
17685 PET CT										
PET CT - I/P Exams	5	4	4	2	1	0	4	5	1	25.0%
PET CT - O/P Exams	370	403	418	485	606	560	703	723	20	2.8%
PET Cat Scan TFHD Summary	375	407	422	487	607	560	707	728	21	3.0%
17631 Vascular Imaging										
Vascular I/P Exams	234	209	239	205	186	179	233	179	(54)	-23.2%
Vascular O/P Exams	2,382	2,268	2,449	1,419	1,302	1,271	1,562	1,606	44	2.8%
Vascular Image TFHD Summary	2,616	2,477	2,688	1,624	1,488	1,450	1,795	1,785	(10)	-0.6%
17710 Pharmacy										
Pharmacy - I/P units	94,296	103,158	85,939	86,105	83,770	81,535	84,593	82,169	(2,424)	-2.9%
Pharmacy - O/P units	112,836	110,437	116,528	131,456	143,041	141,796	157,607	160,393	2,786	1.8%
Pharmacy TFHD Summary	207,132	213,595	202,467	217,561	226,811	223,331	242,200	242,562	362	0.1%
17711 Oncology Drugs Sold to Patients										
Oncology Pharmacy Units	6,806	7,809	6,799	7,145	7,751	7,810	7,780	8,158	378	4.9%
17720 Respiratory Therapy										
RT - I/P Procedures (formerly: Minutes)	7,915	9,049	8,057	7,795	7,718	7,886	7,908	7,525	(383)	-4.8%
RT - O/P Procedures (formerly Minutes)	3,912	3,874	4,553	5,215	5,707	5,458	7,332	7,357	25	0.3%
RT TFHD Summary	11,827	12,923	12,610	13,010	13,425	13,344	15,240	14,882	(358)	-2.3%
17730 Pulmonary Function										
Pulmonary - I/P Procedures	791	1,306	1,405	1,569	1,603	1,728	672	638	(34)	-5.1%
Pulmonary - O/P Procedures	1,017	1,368	1,692	1,530	1,661	1,631	762	780	18	2.4%
Pulmonary TFHD Summary	1,808	2,674	3,097	3,099	3,264	3,359	1,434	1,418	(16)	-1.1%

DEPARTMENTAL VOLUME TRENDS

	2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
	Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
17760 Gastro-Intestinal Services										
<i>Gastro/Int OR I/P Minutes</i>	1,406	1,394	243	1,145	2,541	2,779	2,261	2,308	47	2.1%
<i>Gastro/Int OR O/P Minutes</i>	26,145	29,168	22,752	55,750	55,262	51,524	50,537	51,939	1,402	2.8%
<i>Gastro/Int I/P Recovery Minutes</i>	571	551	346	233	698	610	262	256	(6)	-2.3%
<i>Gastro/Int O/P Recovery Minutes</i>	618	439	167	213	501	265	1,398	1,418	20	1.4%
<i>Gastro/Int OR I/P Cases</i>	84	74	33	38	58	59	47	49	2	4.3%
<i>Gastro/Int OR O/P Cases</i>	1,590	1,823	1,886	2,311	2,090	1,987	1,948	2,000	52	2.7%
<i>Gastro/Int Total Minutes Summary</i>	28,740	33,449	23,508	57,341	59,002	55,178	54,458	55,921	1,463	2.7%
<i>Total Gastro/Int Total Cases Summary</i>	1,674	1,897	1,919	2,349	2,148	2,046	1,995	2,049	54	2.7%
17770 Physical Therapy										
<i>PT - TK I/P Procedures</i>	7,602	8,861	8,135	8,007	8,326	10,115	4,116	3,988	(128)	-3.1%
17771 Wound Care										
<i>Wound Care - O/P Procedures</i>	0	0	0	0	0	0	3188	3204	16	0.5%
17780 Speech Therapy										
<i>ST - I/P Procedures</i>	247	58	51	118	97	101	37	53	16	43.2%
17790 Occupational Therapy										
<i>OT - I/P Procedures</i>	4,834	4,585	4,911	5,394	6,019	5,737	4,824	5,211	387	8.0%
18340 Dietary										
<i>Patient Meals</i>	48,053	46,004	49,670	53,969	54,557	54,839	96,432	94,904	(1,528)	-1.6%
<i>Pantries</i>	10,865	11,286	12,337	14,901	15,009	14,786	25,187	24,605	(582)	-2.3%
<i>Non-Patient Meals</i>	64,849	195,583	248,018	280,101	303,505	300,400	323,412	324,000	588	0.2%
<i>Dietary TFHD Summary</i>	123,767	252,873	310,025	348,971	373,072	370,025	445,031	443,509	(1,522)	-0.3%
18350 Laundry & Linen										
<i>Pounds</i>	319,303	336,112	309,272	346,991	384,216	374,500	436,416	436,800	384	0.1%

DEPARTMENTAL VOLUME TRENDS										
	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
19530 Child Care Center										
<i>Child Care Days</i>	20,589	21,779	22,340	22,556	20,548	22,000	18,828	18,840	12	0.1%
18560 Admitting & Communication										
<i>Registrations</i>	302,153	340,336	279,449	290,964	310,787	319,480	318,120	319,200	1,080	0.3%
18590 Financial Administration										
<i>Acute Admissions</i>	1,776	1,479	1,504	1,554	1,469	1,474	1,493	1,475	(18)	-1.2%
<i>Swing Admissions</i>	20	32	37	27	24	26	20	24	4	20.0%
<i>Acute Patient Days</i>	5,285	5,554	4,868	4,754	4,673	4,565	4,823	4,663	(160)	-3.3%
<i>Swing Days</i>	122	411	287	279	147	150	179	185	6	3.4%
<i>Adjusted Patient Days</i>	29,037	32,432	32,924	35,765	37,656	34,404	41,690	41,562	(128)	-0.3%
<i>ICU Average Daily Census</i>	4	4	3	3	3	2	3	3	(0)	-8.7%
<i>OB/GYN Average Daily Census</i>	3	3	4	4	3	3	3	4	0	4.8%
<i>Medical / Surgical - Acute - ADC</i>	7	8	7	7	7	7	7	7	(0)	-5.1%
<i>Medical / Surgical - Swing - ADC</i>	0	1	1	1	0	0	0	1	0	3.9%
<i>Acute Discharges</i>	1,776	1,479	1,504	1,554	1,469	1,474	1,493	1,475	(18)	-1.2%
<i>Swing Discharges</i>	20	32	37	27	24	26	20	24	4	20.0%
<i>Avg Length of Stay</i>	3	4	3	3	3	3	3	3	(0)	-2.1%
<i>Total Admissions TFHD</i>	1,796	1,511	1,541	1,581	1,493	1,500	1,513	1,499	(14)	-0.9%
<i>Total Discharges TFHD</i>	1,796	1,511	1,541	1,581	1,493	1,500	1,513	1,499	(14)	-0.9%
18660 Occ Health										
<i>Occupational Health Visits - 18660</i>	2,402	2,406	2,557	2,829	2,243	3,000	3,722	3,960	238	6.4%
17516 Lab Draw Occ Health										
<i>Lab Draw Test - OH - 17516</i>	535	1,742	813	825	853	780	388	400	12	3.1%

		DEPARTMENTAL VOLUME TRENDS									
		2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
17073	Otolaryngology (ENT) Clinic	1,801	1,658	1,515	760	2,058	2,835	2,040	2,100	60	2.9%
17078	General Surgery Clinic	1,119	2,305	1,138	1,275	1,293	1,323	1,164	1,200	36	3.1%
17090	I/M Pulmonology Clinic	3,544	3,110	2,549	2,809	3,123	5,150	3,528	3,600	72	2.0%
17079	Cardiology/Family Practice Clinic	5,949	7,843	5,786	3,642	5,726	5,625	5,172	5,220	48	0.9%
17080	Hematology/Oncology Clinic	4,329	4,595	4,707	5,025	5,468	5,400	5,916	6,000	84	1.4%
17088	Internal Medicine Clinic	4,401	4,009	3,369	5,271	3,836	3,350	5,000	5,155	155	3.1%
17081	Radiation Oncology Clinic	484	585	672	697	782	730	841	850	9	1.1%
17082	Urology Clinic	2,101	964	2,488	3,267	3,343	3,364	3,060	3,120	60	2.0%
17096	Gastroenterology Clinic	2,373	2,259	3,128	3,147	2,836	3,944	3,552	3,600	48	1.4%
17077	Pediatrics Clinic	8,794	10,081	11,551	11,795	11,925	13,000	10,849	13,078	2,229	20.5%
17075	Women's (OB/GYN) Clinic	6,450	5,455	5,611	6,281	7,478	8,814	7,452	7,500	48	0.6%
17801	Audiology Clinic	303	0	0	0	0	0	0	0	0	0.0%
17086	Sports Medicine Clinic	1,919	2,300	2,169	2,308	2,283	1,800	3,843	7,000	3,157	82.1%
17087	Orthopededics Clinic	12,657	12,888	13,772	14,669	14,183	14,275	14,652	14,700	48	0.3%
17089	Neurology Clinic	1,117	1,359	1,269	1,244	1,358	1,348	1,128	1,200	72	6.4%
17083	Urgent Care-Truckee	0	0	8,116	14,739	15,747	15,000	16,524	17,798	1,274	7.7%
17092	Primary Care-Truckee	13,448	14,840	17,175	20,162	27,279	25,085	25,331	27,427	2,096	8.3%

		DEPARTMENTAL VOLUME TRENDS									
		2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
17093	Urgent Care-Tahoe City	8,915	8,887	8,832	9,073	12,682	12,800	12,876	9,250	(3,626)	-28.2%
17094	Primary Care/Urgent Care-Olympic Valley	3,187	4,232	3,642	3,187	2,494	2,600	2,466	2,565	99	4.0%
17093	Primary Care-Tahoe City	0	0	0	0	0	0	0	4,250	4,250	0.0%
17097	Endocrinology Clinic	1,537	1,976	2,397	2,472	2,610	2,550	2,724	2,760	36	1.3%
17099	Cardiology/Family Practice Mobile Clinic	0	0	0	0	0	0	0	740	740	0.0%
17315	Palliative Care Clinic	547	635	870	1,037	848	875	696	720	24	3.4%
17830	Behavioral Health Clinic	980	0	457	1,089	526	1,450	672	675	3	0.4%
18777	Respiratory Illness Clinic COVID-19 Testing	2,135	0	0	0	0	0	0	0	0	0.0%
19550	Retail Pharmacy Prescriptions	36,569	51,201	76,116	90,005	107,079	105,200	118,999	130,899	11,900	10.0%

		DEPARTMENTAL VOLUME TRENDS									
		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
26170	Med-Surg										
	Inpatient Days	12	3	2	1	1	0	0	0	0	0.0%
	Observation Days	7	7	9	4	9	10	10	10	0	0.0%
	Med Surg Days IVCH Summary	19	10	11	5	10	10	10	10	0	0.0%
27010	Emergency Room										
	Total Emergency Visits	3,193	3,777	3,926	3,927	3,753	3,950	3,947	4,200	253	6.4%
27074	Ophthalmology	46	1,238	1,347	1,291	1,715	1,650	1,852	1,920	68	3.7%
27076	Hospitalists	0	0	0	0	0	0	15	18	3	20.0%
27083	Weekend Walk-In Clinic	0	0	0	0	363	1,100	1,098	1,200	102	9.3%
27084	Primary Care Clinic										
	Now Included in 27085	1,569	0	0	0	0	0	0	0	0	0.0%
27085	IVCH Health Clinic	5,358	7,326	7,903	7,464	8,684	9,020	8,334	8,700	366	4.4%
27100	IVCH Orthopedics	0	0	0	1414	1260	1200	677	1080	403	59.5%
27830	IVCH Behavioral Health	120	491	553	609	498	470	572	600	28	4.9%

DEPARTMENTAL VOLUME TRENDS

		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
27420	Surgery										
	<i>OR IP Minutes</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>OR OP Minutes</i>	4,333	4,280	4,026	9,697	14,737	13,650	4,735	4,013	(722)	-15.2%
	<i>OR IP Cases</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>OR OP Cases</i>	54	57	87	296	508	280	106	89	(17)	-16.0%
	<i>Surgery Cases IVCH Summary</i>	54	57	87	296	508	280	106	89	(17)	-16.0%
	<i>Surgery Minutes IVCH Summary</i>	4,333	4,280	4,026	9,697	14,737	13,650	4,735	4,013	(722)	-15.2%
27429	SPD										
	<i>Surgery Cases IVCH Summary</i>	54	57	87	296	508	280	106	89	(17)	-16.0%
27427	PAAS										
	<i>PACU IP Minutes</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>PACU OP Minutes</i>	1,433	923	188	104	75	116	0	0	0	0.0%
	<i>Total ASD Minutes</i>	9,928	9,295	7,967	18,894	28,457	28,112	9,287	7,934	(1,353)	-14.6%
	<i>PAAS IVCH Summary</i>	11,361	10,218	8,155	18,998	28,532	28,228	9,287	7,934	(1,353)	-14.6%
27450	Anesthesia										
	<i>Anesthesia IP Minutes</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>Anesthesia OP Minutes</i>	4,162	4,092	3,753	9,093	13,645	14,346	4,552	3,921	(631)	-13.9%
	<i>Anesthesia Minutes IVCH Summary</i>	4,162	4,092	3,753	9,093	13,645	14,346	4,552	3,921	(631)	-13.9%
27470	Med Supplies sold to Patients										
	<i>Total Emergency Visits</i>	3,193	3,777	3,926	3,927	3,753	3,950	3,947	4,200	253	6.4%
27500	Lab										
	<i>Lab - Inpatient Billable Tests</i>	55	43	11	7	4	0	0	0	0	0.0%
	<i>Lab - Outpatient Billable Tests</i>	30,222	32,561	38,823	39,565	43,490	42,318	46,296	46,491	195	0.4%
	<i>EKG</i>	633	654	796	844	883	879	725	798	73	10.1%
	<i>Reference Lab</i>	5,146	5,646	4,271	4,202	3,959	4,194	4,411	4,390	(21)	-0.5%
	<i>Blood</i>	0	0	0	0	0	0	0	0	0	0.0%
	<i>Laboratory IVCH Summary</i>	36,056	38,904	43,901	44,618	48,336	47,391	51,432	51,679	247	0.5%

DEPARTMENTAL VOLUME TRENDS											
		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
27590	EKG										
	EKG	633	654	796	844	883	879	725	798	73	10.1%
27630	Diagnostic Imaging										
	Radiology - I/P Exams	3	2	1	0	1	0	0	0	0	0.0%
	Radiology - O/P Exams (Inc. Mammo Thru FY23)	992	1,031	1,238	1,348	1,467	1,525	1,442	1,485	43	3.0%
	Radiology - ER Exams	1,574	1,615	1,631	1,520	1,455	1,496	1,536	1,572	36	2.3%
	Diagnostic Imaging IVCH Summary	2,569	2,648	2,870	2,868	2,923	3,021	2,978	3,057	79	2.7%
27632	Mammography										
	Mammography - O/P Exams	0	0	0	94	1,166	1,200	1,004	1,086	82	8.2%
27670	Ultrasound										
	Ultrasound - O/P Exams	49	722	832	1164	1235	1211	1247	1294	47	3.8%
27680	Cat Scan										
	CT - I/P Exams	3	1	0	0	0	0	0	0	0	0.0%
	CT - O/P Exams	352	308	351	432	433	450	532	600	68	12.8%
	CT - ER Exams	670	836	1,013	1,094	1,260	1,200	1,368	1,532	164	12.0%
	CT IVCH Summary	1,025	1,145	1,364	1,526	1,693	1,650	1,900	2,132	232	12.2%
27710	Drugs Sold to Patients										
	Pharmacy - I/P Units	137	62	51	20	10	0	0	0	0	0.0%
	Pharmacy - O/P Units	11,297	12,467	12,732	13,537	15,068	16,004	16,104	17,281	1,177	7.3%
	Pharmacy IVCH Summary	11,434	12,529	12,783	13,557	15,078	16,004	16,104	17,281	1,177	7.3%
27720	Respiratory Therapy										
	RT - I/P Procedures	9	2	1	0	1	0	0	0	0	0.0%
	RT - O/P Procedures	538	607	283	80	28	34	7	7	0	0.0%
	RT IVCH Summary	547	609	284	80	29	34	7	7	0	0.0%

DEPARTMENTAL VOLUME TRENDS										
	2021 Actual	2022 Actual	2023 Actual	2024 Actual	2025 Actual	2026 Budget	2026 Projected	2027 Budget	Variance Inc/(Dec)	% Inc/(Dec)
27760 Gastroenterology										
Gastroeneterology - I/P Procedures	0	0	0	0	0	0	0	0	0	0.0%
Gastroenterology - O/P Procedures	0	0	0	0	0	1100	396	316	(80)	-20.2%
Gastroenterology IVCH Summary	0	0	0	0	0	1,100	396	316	(80)	-20.2%
27770 Physical Therapy										
PT - Procedures	30,842	30,319	31,269	34,342	34,714	34,600	40,062	40,800	738	1.8%
27780 Speech Therapy										
ST - Procedures	130	52	201	215	84	90	78	84	6	7.7%
27790 Occupational Therapy										
OT - Procedures	2,139	1,863	2,196	2,981	2,983	3,450	1,960	2,066	106	5.4%
27874 Sleep Clinic										
Sleep Clinic Visits	32	0	0	0	0	0	0	0	0	0.0%
28340 Dietary										
Patient Meals	874	1,189	1,201	1,181	1,235	1,248	1,188	1,206	18	1.5%
Pantry	2,064	988	1,116	1,613	1,753	1,881	1,644	1,673	29	1.8%
Dietary IVCH Summary	2,938	2,177	2,317	2,794	2,988	3,129	2,832	2,879	47	1.7%
28560 Admitting										
Registrations	35,384	46,142	32,143	34,226	39,014	40,200	39,260	39,900	640	1.6%
28610 Administration										
Acute Admissions	7	2	1	1	1	0	0	0	0	0.0%

		DEPARTMENTAL VOLUME TRENDS									
		2021	2022	2023	2024	2025	2026	2026	2027	Variance	%
		Actual	Actual	Actual	Actual	Actual	Budget	Projected	Budget	Inc/(Dec)	Inc/(Dec)
57770	Physical Therapy PT - TK O/P Procedures	65,037	67,083	75,631	89,024	82,097	82,898	80,371	91,686	11,315	14.1%
57771	Aquatic Therapy PT - Aquatic & PT/OT Group Aquatic	3,700	4,234	4,759	4,997	1,815	5,000	2,230	3,234	1,004	45.0%
57780	Speech Therapy ST - O/P Procedures	1,613	1,662	1,940	1,790	1,861	1,800	1,823	1,850	27	1.5%
57790	Occupational Therapy OT - O/P Procedures	10,886	12,689	14,599	15,639	14,647	14,700	14,531	14,700	169	1.2%
58660	Occupational Health Testing TCFH - Occupational Hlth Testing	1,262	987	415	1,285	1,335	1,200	1,559	1650	91	5.8%
58771	Fitness Center TCFH - Memberships	730	101	0	0	0	0	0	0	0	0.0%
58775	HP Fitness/Wellness/Massage TCFH - Fitness/Weight/Nutrition/Other	1,956	2,977	3,098	2,236	11,651	12,000	16,540	17,000	460	2.8%

Tahoe Forest Hospital District Gross Revenue - Payor Mix

FY 2027 Budgeted Gross Revenue is \$832.6 million. This is a \$46.4 million increase to our gross revenue when compared to Projected FY 2026. FY 2027 gross revenue is 11.7% Inpatient and 88.3% Outpatient

The FY 2027 Budget incorporates a rate increase (up to 5% in aggregate) effective August 1, 2026. However, of this increase, the District will only realize approximately 2.25% in net revenue due to how we are reimbursed from Medicare and Medi-Cal, our contractual arrangements with insurance plans, charity care, and bad debt.

In addition, to help address concerns regarding healthcare affordability, the FY 2027 budget includes a lab pricing pilot program that reduces pricing by 25% for 70% of our lab tests, which represent tests most commonly utilized by patients and providers.

Gross Revenue Payor Mix for the FY 2027 budget reflects trends comparable to those observed in FY 2026. We made marginal adjustments to our Medicare and Commercial percentages.

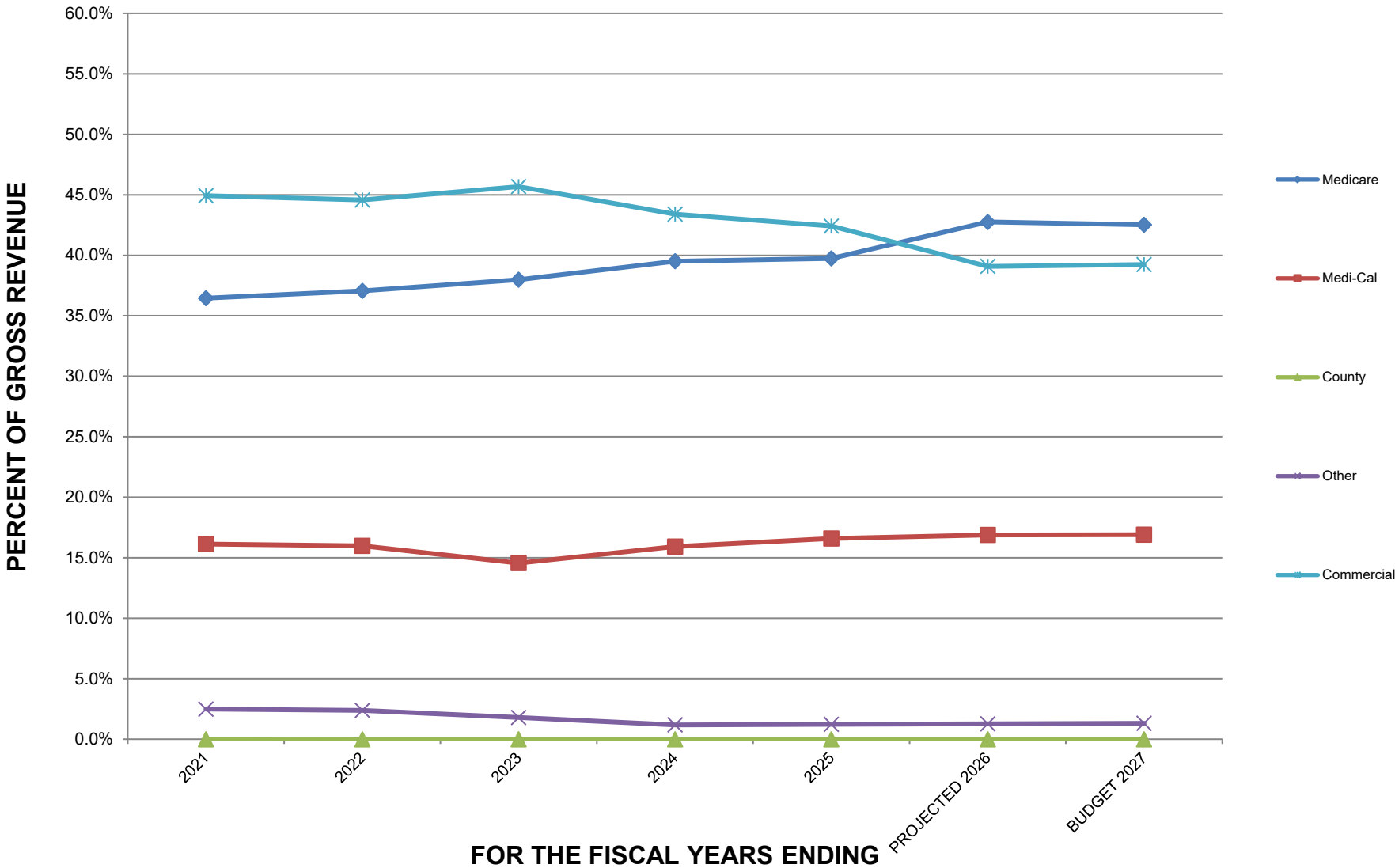
Payor Mix	Budget FY 2027	Projected FY 2026
Medicare	42.5%	42.8%
Medi-Cal	16.9%	16.9%
County	0.0%	0.0%
Other	1.3%	1.3%
Commercial	39.2%	39.1%

Budgeted EBIDA for FY 2027 is \$13.4 million, representing a \$13.3 million decrease from Projected FY 2026. This net decrease is reflective of an increase in Net Patient Revenues, increases in Salaries, Wages & Benefits, Professional Fees, Supplies, Purchased Services, and Other Expenses. A rate increase planned for August 1, 2026 is necessary to help balance these budgeted cost increases, inflation, and payor mix changes. Return on Gross Revenue **EBIDA is 1.6%**, projecting 1.8% lower than Projected FY 2026.

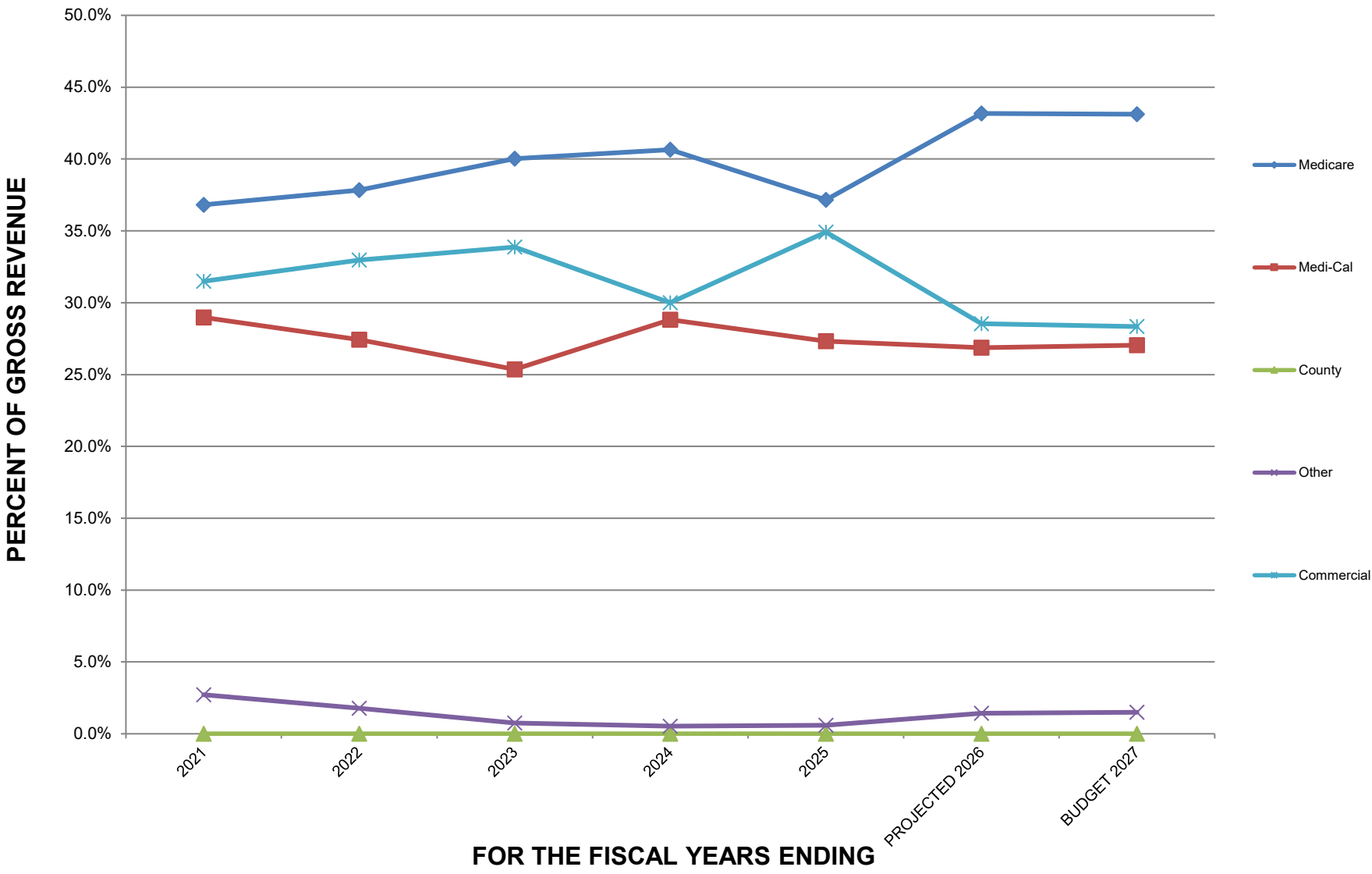
Budgeted Net Income/(Loss) for FY 2027 is a profit of \$13.5 million, a decrease of \$9.0 million from Projected FY 2026. The decrease is related to an increase in Operating Expenses, decreases in Gain/(Loss) on Joint Venture and Unrealized Market Investments, a decrease in Interest Income and increases to our Depreciation Expense brought on by anticipated capital equipment, potential building and land acquisitions, and completion of construction projects.

Return on Equity is estimated to be 3.5%, a decrease of 2.8% from the Projected FY 2026 Return on Equity. This decrease is due to the lower budgeted Net Income combined with a lower Net Asset (Fund) Balance.

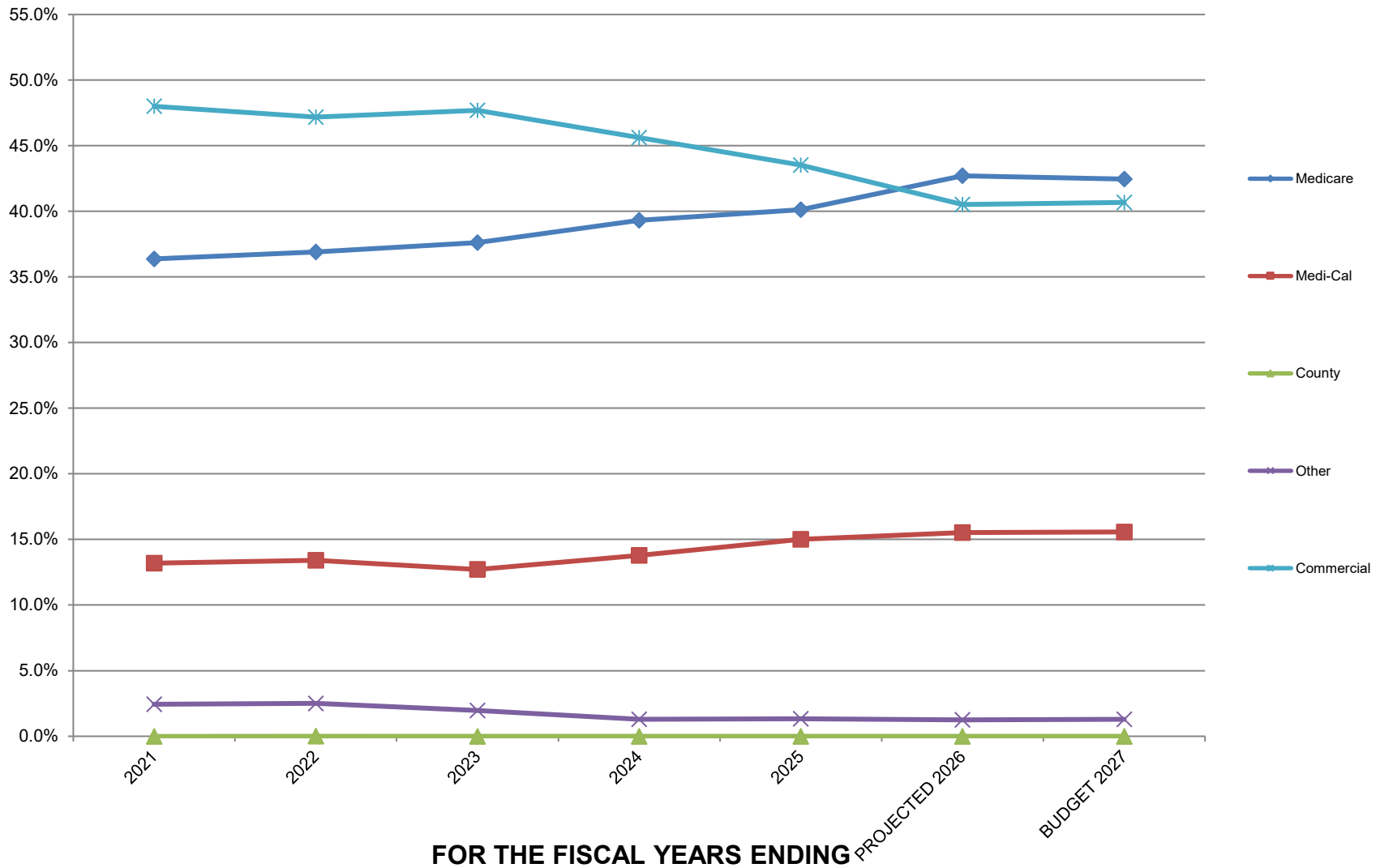
GROSS REVENUE PAYOR MIX TRENDING



INPATIENT REVENUE PAYOR MIX TRENDING



OUTPATIENT REVENUE PAYOR MIX TRENDING



TAHOE FOREST HOSPITAL DISTRICT
PERCENT OF GROSS REVENUE BY PAYOR

INPATIENT	2021	2022	2023	2024	2025	PROJECTED 2026	BUDGET 2027
Medicare	36.8%	37.8%	40.0%	40.7%	37.2%	43.2%	43.1%
Medi-Cal	29.0%	27.4%	25.4%	28.8%	27.3%	26.9%	27.0%
County	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	2.7%	1.8%	0.7%	0.5%	0.6%	1.4%	1.5%
Commercial	31.5%	33.0%	33.9%	30.0%	34.9%	28.5%	28.3%

OUTPATIENT	2021	2022	2023	2024	2025	PROJECTED 2026	BUDGET 2027
Medicare	36.4%	36.9%	37.6%	39.3%	40.1%	42.7%	42.5%
Medi-Cal	13.2%	13.4%	12.7%	13.8%	15.0%	15.5%	15.6%
County	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	2.4%	2.5%	2.0%	1.3%	1.3%	1.3%	1.3%
Commercial	48.0%	47.2%	47.7%	45.6%	43.5%	40.5%	40.7%

TOTAL	2021	2022	2023	2024	2025	PROJECTED 2026	BUDGET 2027
Medicare	36.5%	37.1%	38.0%	39.5%	39.7%	42.8%	42.5%
Medi-Cal	16.1%	16.0%	14.6%	15.9%	16.6%	16.9%	16.9%
County	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	2.5%	2.4%	1.8%	1.2%	1.2%	1.3%	1.3%
Commercial	44.9%	44.6%	45.7%	43.4%	42.4%	39.1%	39.2%

Tahoe Forest Hospital District Deductions from Revenue

Deductions from Revenue are comprised of Contractual Allowances, Charity Care, Bad Debt, and Prior Period Settlements.

Contractual Allowances have been budgeted at \$460.2 million (55.3% of budgeted gross revenue) for FY 2027, representing an increase of \$36.0 million from Projected FY 2026 (\$424.2 million, 54.1%). The increase in our Contractual Allowances is directly attributed to the increase in our FY 2027 budgeted gross revenue, along with shifts from inpatient revenue to outpatient revenue, and slight changes in payor mix.

Contractual Allowances have been calculated based on gross revenue and reimbursement rates by payor. We also have accounted for additional reimbursement the District will see related to its participation in the AB113 Non-Designated Public Hospital program, Rate Range program, the AB915 Medi-Cal Outpatient Supplemental program, and the Designated Public Hospital Directed Payment program. This additional reimbursement is budgeted at approximately \$17.2 million, an increase of \$323 thousand from budgeted FY 2026.

Charity Care has been budgeted at 2.0% of gross revenue, totaling \$16.7 million and Bad Debt has been budgeted at 1.5% of gross revenue, totaling \$12.8 million. These assumptions reflect both current conditions and anticipated future economic trends, including potential federal policy changes to Medicaid/Medi-Cal, Medi-Cal eligibility reverification implications, continued shift towards higher self-pay responsibility driven by high-deductible health plans, and updates to the District's Financial Assistance policies. In addition, these projections support the District's pricing pilot programs and broader efforts to serve and support affordability for the community. Projected FY 2026 is reflecting \$4.4 million in Charity Care (0.6%) and \$7.2 million in Bad Debt (0.9%).

Prior Period Settlements represent reimbursement or settlements the District may receive or pay related to previous fiscal years.

Overall, as a percentage of gross revenue, our Deductions from Revenue is 55.3% of gross revenue, as compared to Projected FY 2026's 54.1%.

Tahoe Forest Hospital District Employee Resource Allocation/FTE's

Management has developed a thoughtful FTE plan designed to align directly with the three aims of the True North strategic plan, while strengthening its operational infrastructure. The FY 2027 Budget reflects an increase of 24.45 FTEs compared to the FY 2026 Budget, and an increase of 115.32 FTEs compared to the Projected FY 2026 staffing levels.

The increase in Budgeted FY 2027 FTEs relative to Projected FY 2026 FTEs is primarily attributable to the restoration to core staffing levels, as well as targeted investments in key infrastructure departments that are essential to supporting operational efficiency, scalability, and long-term organizational performance. Additional staffing has been identified in Information Technology, Accounting and the establishment of a Central Budgeting Office, Revenue Cycle, Patient Access, the Access Center, Business Intelligence, Transformation and Process Improvement, Human Resources, and Medical Staff services to strengthen core business functions and better position the organization to meet future demands.

We have also accounted for additional staffing needs in our Emergency Department to support our Trauma program, Skilled Nursing Facility, Surgical services, and Oncology program. Additions were also necessary for our overhead and support departments in Housekeeping, Engineering, Materials Management, and the Child Care Center.

The approximate overall net increase for FY 2027 as compared to Projected FY 2026, as well as Budget FY 2026 is outlined below:

<i>Additional FTEs added to Programs or Services:</i>	<i>Budget FY 2027 vs Projected FY 2026</i>	<i>Budget FY 2027 vs Budget FY 2026</i>
Emergency Department	2.42	.42
Labor and Delivery	3.11	-.32
Surgical Services	2.91	.22
Diagnostic Imaging	.90	-2.06
Women's Imaging Center	.91	.98
Ultrasound	.34	1.37
Cat Scan	.66	.53
Wound Care	2.69	2.69
Physical Therapy Tahoe City	.33	.06
Dietary	1.19	.29
Pharmacy Overhead	2.30	1.03
Materials Management	1.35	.99
Housekeeping	2.60	1.00
Engineering	4.38	1.09
Information Technology	7.33	4.98
Accounting/Central Budgeting Office	5.25	3.15
Patient Financial Services	3.68	.65
Patient Registration	3.61	-2.00
Access Center/Central Scheduling	13.70	.99
Revenue Cycle	2.82	1.99
Administration	2.80	3.34
Corporate Compliance	.57	.00
Community Relations/Marketing	1.03	1.00
Human Resources	2.91	2.22
Medical Staff	.94	1.00
Quality	.64	.00
Community Case Management	1.99	-.28
Business Intelligence	4.68	3.99

**Tahoe Forest Hospital District
Employee Resource Allocation/FTE's**

Process Improvement	2.40	-.25
IVCH Emergency Department	1.15	4.89
IVCH Patient Registration	.77	-.56
IVCH Central Scheduling	.49	.25
Skilled Nursing Facility	1.47	-1.34
Hospice	.68	.14
Oncology Programs	1.25	-.95
Child Care Center	2.08	-.05
Multi-Specialty Clinics and MSC Administrative Support	22.83	5.38
Community Pharmacy	.75	-1.69
The Center for Health	.86	-3.69
Initiative Programs	1.42	-.43
Total Additional FTE's	114.19	31.02
<i>FTE Decreases to Core Staffing Levels:</i>		
Medical Records	-.67	-.80
Nursing Administration	.10	-1.46
IVCH Med/Surg	-.05	-3.99
IVCH Mammography	-.01	-.48
IVCH Cat Scan	.00	-.82
IVCH Occupational Therapy	-.94	-.06
Medi-Cal QIP Program	-.39	-1.14
Total FTE Decrease	-1.96	-8.75
Total	112.23	22.27

It is important to note that the increase in our FTEs over the last several years has been due to growth and development of programs and services provided by Tahoe Forest Hospital District and Incline Village Community Hospital, as well as staying up to date with technology and meeting increasing regulatory requirements.

As with each year, Management intends to use its discretion to appropriately balance the FTE requirements for FY 2027 with the financial welfare of the District.

In addition to the District's Employee Resource Allocation/FTEs we have included a separate summary of Employed Physician FTEs. Budgeted Physician FTEs for FY 2027 total 71.57 compared to FY 2026 projected FTEs of 64.00 and FY 2026 budgeted FTEs of 72.64. The FY 2027 budget consists of 51.99 Physician FTEs related to clinic operations and 19.58 Physician FTEs in other health system departments, covering the Emergency Department, Hospitalist program, Radiology and Anesthesia groups, Medical Directorships, and Medical Staff chairs.

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
16010	ICU	16.44	13.55	11.61	16.09	15.58	11.95	12.76	12.65	-0.11	0.70
16170	Med-Surg	28.42	25.33	26.53	31.44	32.64	31.48	31.54	31.49	-0.05	0.01
17010	Emergency Room	27.21	23.69	25.04	29.44	30.69	28.45	26.46	28.87	2.41	0.42
17180	Ski Aid - Sugar Bowl	0.26	0.22	0.23	0.26	0.22	0.25	0.21	0.25	0.04	0.00
17181	Ski Aid - Boreal	0.22	0.24	0.24	0.25	0.21	0.30	0.23	0.30	0.07	0.00
17182	Ski Aid -Alpine	0.56	0.43	0.42	0.42	0.23	0.40	0.21	0.30	0.09	-0.10
17400	Labor and Delivery	18.66	15.34	17.99	22.83	23.96	22.74	19.31	22.42	3.11	-0.32
17403	Perinatal	0.65	0.64	0.76	0.68	0.04	0.00	0.02	0.02	0.00	0.02
17420	Surgery	21.07	16.96	17.52	22.24	25.50	26.50	24.18	26.72	2.54	0.22
17427	PAAS	15.96	13.68	14.07	18.05	20.45	18.20	18.33	18.35	0.02	0.15
17428	Pain Clinic	0.54	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17429	Sterile Processing	9.78	8.03	8.24	9.82	9.90	8.48	8.11	8.48	0.37	0.00
17500	Laboratory	23.60	23.44	24.23	25.14	25.20	24.41	23.46	23.70	0.24	-0.71
17515	Tahoe City Lab Draw	1.06	1.19	1.25	1.65	1.53	1.37	1.83	1.72	-0.11	0.35
17517	Gateway Lab Draw	1.51	1.83	2.42	2.90	3.88	3.97	3.41	3.34	-0.07	-0.63
17593	Cardiac Rehab	1.46	1.68	1.48	1.52	1.62	1.75	1.63	1.76	0.13	0.01
17630	Diagnostic Imaging	17.45	16.41	16.13	17.82	20.71	20.62	17.66	18.56	0.90	-2.06
17632	Womens Imaging Center	4.61	4.78	4.61	4.94	4.63	5.05	5.12	6.03	0.91	0.98
17633	MOB Diagnostic Imaging	1.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17650	Nuclear Medicine	1.38	1.43	1.75	1.95	1.63	1.49	1.56	1.53	-0.03	0.04
17660	MRI	2.55	2.45	2.92	3.32	3.76	3.56	3.91	3.96	0.05	0.40
17670	Ultrasound	6.53	3.83	3.74	7.07	7.47	5.28	6.31	6.65	0.34	1.37
17672	Briner Imaging	1.23	1.04	1.06	1.37	1.18	1.17	0.94	0.93	-0.01	-0.24
17680	Cat Scan	2.92	3.12	3.31	4.43	4.44	5.06	4.93	5.59	0.66	0.53
17685	PET CT	0.49	0.47	0.30	0.06	0.23	0.35	0.23	0.23	0.00	-0.12
17720	Respiratory Therapy	7.64	6.11	6.44	7.98	8.17	7.98	8.00	7.98	-0.02	0.00
17760	Gastro-Intestinal Services	6.11	6.17	5.90	7.42	8.14	7.89	7.91	8.13	0.22	0.24
17770	Physical Therapy - Inpatient	0.00	0.00	3.57	2.77	2.72	2.97	2.51	2.49	-0.02	-0.48
17771	Wound Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.69	2.69	2.69
17773	Physical Therapry - Tahoe City	0.00	0.00	6.94	7.16	7.59	7.62	7.35	7.68	0.33	0.06
17780	Speech Therapy - Inpatient	0.00	0.00	0.08	0.19	0.30	0.22	0.21	0.25	0.04	0.03
17790	Occupational Therapy - Inpatient	0.00	0.00	1.69	1.86	2.14	1.82	1.88	1.86	-0.02	0.04
17791	Occupational Therapy - Tahoe City	0.00	0.00	0.67	0.69	0.95	0.60	0.89	0.85	-0.04	0.25
18210	Education	2.61	2.53	2.73	2.60	3.11	3.79	3.58	3.79	0.21	0.00

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
18340	Dietary	30.23	27.73	30.20	33.90	35.37	36.66	35.76	36.95	1.19	0.29
18390	Pharmacy Overhead	12.19	9.94	10.50	14.63	14.60	13.38	12.11	14.41	2.30	1.03
18400	Materials Management	11.00	10.57	11.68	12.15	12.40	12.97	12.61	13.96	1.35	0.99
18440	Housekeeping	31.15	30.76	27.33	30.31	30.82	27.92	26.32	28.92	2.60	1.00
18460	Engineering	17.26	15.20	15.54	19.17	20.91	20.04	16.75	21.13	4.38	1.09
18480	Information Technology	25.42	25.30	25.06	25.95	26.26	27.93	25.58	32.91	7.33	4.98
18493	Project Management Office	4.00	3.82	3.84	4.00	4.76	4.99	4.68	4.99	0.31	0.00
18510	Accounting	7.61	6.85	8.54	8.57	8.12	8.72	6.62	9.63	3.01	0.91
18520	Central Budgeting Office	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.24	2.24	2.24
18530	Patient Financial Services	13.70	12.02	12.76	14.85	17.75	19.45	16.42	20.10	3.68	0.65
18560	Patient Registration & Communications	31.17	30.78	36.07	37.53	37.04	44.73	39.12	42.73	3.61	-2.00
18570	Access Center/Centralized Scheduling	49.68	52.15	60.22	64.66	69.27	81.78	69.07	82.77	13.70	0.99
18590	Financial Administration	1.02	1.11	0.97	1.00	1.00	1.00	1.00	1.00	0.00	0.00
18591	Revenue Cycle	3.92	3.82	3.84	4.00	3.33	5.48	4.65	7.47	2.82	1.99
18593	Managed Care	0.60	0.25	1.17	1.29	2.11	2.31	2.17	2.39	0.22	0.08
18610	Administration	6.30	6.17	6.75	8.57	8.77	8.23	8.77	11.57	2.80	3.34
18612	Corporate Compliance	0.00	0.00	0.00	0.00	0.07	1.00	0.43	1.00	0.57	0.00
18620	Board of Directors	0.08	0.08	0.07	0.07	0.07	0.10	0.09	0.10	0.01	0.00
18630	Community Relations/Marketing	2.04	1.91	1.94	2.32	4.22	3.99	3.96	4.99	1.03	1.00
18632	Community Development	1.00	0.96	0.96	1.00	1.00	1.00	1.00	1.00	0.00	0.00
18650	Human Resources	8.82	10.17	9.34	9.80	10.07	10.17	9.48	12.39	2.91	2.22
18700	Medical Records	5.19	6.16	6.68	6.16	6.94	7.78	7.65	6.98	-0.67	-0.80
18710	Medical Staff	3.00	2.52	3.84	4.60	4.03	2.99	3.05	3.99	0.94	1.00
18720	Nursing Administration	13.30	12.37	11.08	12.09	11.95	9.09	7.53	7.63	0.10	-1.46
18740	Quality	4.04	4.31	5.35	5.29	5.32	6.58	5.94	6.58	0.64	0.00
18750	Nursing Case Management	6.55	5.55	5.46	6.30	6.03	5.86	5.80	6.24	0.44	0.38
18751	Community Case Management	6.59	5.85	6.56	7.75	11.62	15.48	13.21	15.20	1.99	-0.28
18753	Infection Control/Employee Health	0.57	0.97	0.97	1.01	1.00	1.00	1.00	1.00	0.00	0.00
18770	Population (Community) Health	1.72	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00	0.00
18794	Business Intelligence	0.00	0.00	0.00	0.08	3.54	5.98	5.29	9.97	4.68	3.99
18795	Process Improvement	0.00	0.00	0.00	0.00	0.00	2.74	0.09	2.49	2.40	-0.25
18777	Emergency Preparedness/COVID-19	24.03	8.78	1.92	0.07	0.00	0.00	0.00	0.07	0.07	0.07
19553	The Gift Tree	0.60	0.00	0.00	0.00	0.02	0.04	0.00	0.00	0.00	-0.04
TOTAL TFH		544.74	490.85	522.51	591.50	627.21	645.11	590.83	672.37	81.54	27.26

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
26170	Med-Surg	4.95	4.56	4.44	4.87	4.67	4.19	0.25	0.20	-0.05	-3.99
27010	Emergency Room	7.25	6.30	6.98	7.83	8.17	7.58	11.32	12.47	1.15	4.89
27189	Ski Aid-Diamond Peak	0.20	0.18	0.21	0.21	0.19	0.25	0.22	0.20	-0.02	-0.05
27420	Surgery	0.33	0.29	0.35	0.65	1.22	0.47	0.44	0.33	-0.11	-0.14
27429	Sterile Processing	0.07	0.05	0.07	0.20	0.24	0.14	0.27	0.23	-0.04	0.09
27430	PAAS	0.09	0.13	0.10	0.16	0.15	0.25	0.32	0.22	-0.10	-0.03
27500	Laboratory	5.50	3.77	4.23	5.88	5.88	4.54	4.07	4.32	0.25	-0.22
27630	Diagnostic Imaging	3.51	1.48	1.72	3.64	4.33	2.38	3.88	3.99	0.11	1.61
27632	Mammography	0.00	0.00	0.00	0.00	0.16	0.83	0.36	0.35	-0.01	-0.48
27670	Ultrasound	0.03	0.73	0.68	0.87	0.93	0.92	0.75	0.80	0.05	-0.12
27680	Cat Scan	1.29	0.97	0.97	1.96	1.10	1.04	0.22	0.22	0.00	-0.82
27760	Gastroenterology	0.00	0.00	0.00	0.00	0.00	0.93	0.86	1.01	0.15	0.08
27770	Physical Therapy	0.00	0.00	6.76	7.52	7.72	8.77	8.34	8.52	0.18	-0.25
27780	Speech Therapy	0.00	0.00	0.15	0.23	0.23	0.20	0.19	0.17	-0.02	-0.03
27790	Occupational Therapy	0.00	0.00	0.64	0.76	0.93	0.83	0.61	0.53	-0.08	-0.30
28340	Dietary	1.24	1.44	1.47	1.48	1.19	1.16	2.04	1.10	-0.94	-0.06
28390	Pharmacy Overhead	0.21	0.18	0.15	0.01	0.00	0.10	0.00	0.00	0.00	-0.10
28440	Housekeeping	2.10	1.95	2.00	2.15	1.92	1.99	2.20	2.29	0.09	0.30
28460	Engineering	0.30	0.20	0.15	0.00	0.07	0.40	0.29	0.31	0.02	-0.09
28560	Admitting	6.88	6.83	6.31	6.94	6.91	7.69	6.36	7.13	0.77	-0.56
28570	Central Scheduling	0.99	0.95	0.97	1.01	0.95	1.00	0.76	1.25	0.49	0.25
28610	Administration	1.16	1.12	1.15	0.73	0.51	0.60	0.63	0.35	-0.28	-0.25
28720	Nursing Administration	0.84	1.00	0.85	0.89	0.91	0.90	0.94	1.00	0.06	0.10
28777	Emergency Preparedness	0.36	0.59	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL IVCH		37.30	32.72	40.47	47.99	48.38	47.16	45.32	46.99	1.67	-0.17
TOTAL SKILLED NURSING FACILITY		29.26	24.57	27.66	32.48	33.50	35.40	32.59	34.06	1.47	-1.34
TOTAL HOME HEALTH		4.64	4.38	6.75	7.61	7.83	7.68	7.40	7.70	0.30	0.02

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
17310	Hospice	5.80	2.86	2.50	2.31	1.78	1.65	1.68	2.02	0.34	0.37
19555	Thrift Store Truckee	6.17	5.80	5.94	6.64	6.15	6.21	6.03	6.33	0.30	0.12
19560	Thrift Store Incline (Formerly Kings Beach)	1.41	1.06	1.05	1.03	1.11	1.20	0.81	0.85	0.04	-0.35
TOTAL HOSPICE AND THRIFT		13.38	9.72	9.49	9.98	9.04	9.06	8.52	9.20	0.68	0.14
17510	Oncology Lab	1.13	1.06	0.78	0.92	0.99	0.89	1.02	1.01	-0.01	0.12
17641	Medical Oncology (Infusion Center)	25.13	24.30	27.55	31.92	33.00	33.87	32.22	32.87	0.65	-1.00
17642	Radiation Oncology	2.27	3.48	3.38	3.43	3.56	4.49	3.81	4.42	0.61	-0.07
TOTAL ONCOLOGY PROGRAM		28.53	28.84	31.71	36.27	37.55	39.25	37.05	38.30	1.25	-0.95
TOTAL CHILDCARE CENTER		15.41	16.03	16.20	14.54	18.47	20.00	17.87	19.95	2.08	-0.05
17073	Otolaryngology (ENT) Clinic	4.83	0.00	4.16	4.31	6.12	7.02	6.56	6.98	0.42	-0.04
17074	Primary Care	0.07	0.00	0.00	4.59	0.00	0.00	0.00	0.00	0.00	0.00
17075	2nd Floor Cancer Center Clinics	24.97	30.90	28.81	31.62	32.40	33.80	33.13	34.91	1.78	1.11
17077	Pediatrics Clinic	13.02	12.46	13.88	17.79	16.65	17.84	15.61	18.25	2.64	0.41
17078	General Surgery Clinic	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17079	Cardiology/Family Practice Clinic	16.61	18.94	15.63	20.35	22.27	23.19	21.90	24.74	2.84	1.55
17082	Urology Clinic	0.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17083	Urgent Care-Truckee	0.00	0.00	7.03	20.14	19.73	19.39	18.56	22.33	3.77	2.94
17085	TFH Health Clinic	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17086	Sports Medicine Clinic	1.29	5.18	5.01	5.85	6.10	7.46	13.21	8.33	-4.88	0.87
17087	Orthopedics Clinic	21.94	26.09	28.09	30.73	31.26	33.65	30.59	32.11	1.52	-1.54
17089	Neurology Clinic	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17090	Internal Medicine/Pulmonology Clinic	8.53	7.73	8.20	9.52	10.14	10.54	10.66	10.97	0.31	0.43
17092	Primary Care/Urgent Care-Truckee	16.34	16.00	27.04	28.44	33.52	39.91	32.44	39.63	7.19	-0.28
17093	Urgent Care-Tahoe City	6.99	6.75	8.01	10.93	12.35	15.10	13.58	7.94	-5.64	-7.16
17094	Primary Care/Urgent Care-Squaw Valley	2.54	2.79	3.00	2.46	3.41	3.55	2.34	2.39	0.05	-1.16
17095	Primary Care-North Shore Clinic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.67	5.67	5.67
17096	Gastroenterology Clinic	0.19	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00
17097	Endocrinology Clinic	0.16	0.00	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00
17099	Cardiology/Family Practice Mobile Clinic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.48	1.48	1.48
17186	Community Vaccine Clinic	1.38	2.05	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17315	Palliative Care	2.08	2.00	2.42	2.68	2.28	2.61	2.90	3.09	0.19	0.48

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
17830	Behavioral Health	5.10	6.04	11.51	9.13	8.70	6.08	6.17	5.73	-0.44	-0.35
18660	Occupational Health	9.61	11.37	11.65	12.14	12.53	12.83	11.95	12.42	0.47	-0.41
18715	Clinics Administration	11.76	13.17	18.87	15.84	13.37	12.46	9.36	6.98	-2.38	-5.48
18717	Clinics Operations Administration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.48	6.48	6.48
27074	Ophthalmology Clinic	0.13	3.32	3.30	3.94	3.89	3.99	3.83	3.99	0.16	0.00
27083	Weekend Walk-In Clinic	0.00	0.00	0.00	0.00	0.05	1.50	0.09	1.34	1.25	-0.16
27084	IVCH Primary Care Clinic	2.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27085	IVCH Health Clinic	8.38	12.43	11.64	11.94	12.87	13.27	14.61	13.96	-0.65	0.69
27100	IVCH Orthopedics	0.00	0.00	0.00	0.00	1.06	0.75	0.00	0.60	0.60	-0.15
27186	Community Vaccine Clinic	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27830	Behavioral Health	1.15	0.00	0.00	1.24	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MULTI-SPECIALTY CLINIC SERVICES		161.13	177.22	208.30	243.74	248.70	264.94	247.49	270.32	22.83	5.38
TOTAL COMMUNITY PHARMACY		6.24	7.53	11.23	16.54	15.13	17.15	14.71	15.46	0.75	-1.69
18615	TFH Foundation	2.67	2.00	1.76	2.54	3.78	4.24	3.70	4.14	0.44	-0.10
28615	IVCH Foundation	0.83	0.98	0.88	1.03	1.25	1.00	1.17	1.00	-0.17	0.00
TOTAL FOUNDATIONS		3.50	2.98	2.64	3.57	5.03	5.24	4.87	5.14	0.27	-0.10
TOTAL VOLUNTEERS		0.43	0.76	0.77	0.75	0.80	0.80	0.74	0.78	0.04	-0.02
57770	Physical Therapy - Outpatient	0.00	0.00	21.66	26.53	27.15	28.42	24.96	25.50	0.54	-2.92
57771	Physical Therapy Aquatic - Outpatient	0.00	0.00	0.79	0.80	0.58	0.40	0.61	0.60	-0.01	0.20
57780	Speech Therapy - Outpatient	0.00	0.00	1.48	1.52	1.56	1.40	1.39	1.40	0.01	0.00
57790	Occupational Therapy - Outpatient	0.00	0.00	2.82	3.48	3.36	3.44	3.51	3.59	0.08	0.15
58660/58771	Center Operations - Retail	3.58	2.83	3.37	3.44	3.37	4.96	3.60	3.84	0.24	-1.12
TOTAL CENTER OPERATIONS		3.58	2.83	30.12	35.77	36.02	38.62	34.07	34.93	0.86	-3.69

TAHOE FOREST HOSPITAL DISTRICT
TOTAL FTE SUMMARY - HISTORICAL TREND
BUDGET FY 2027

Dept #	Dept Name	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
18633	Wellness Neighborhood	4.89	6.60	7.13	6.70	4.61	5.15	4.19	5.86	1.67	0.71
18634	Medi-Cal PRIME Project	3.52	3.71	3.03	3.16	2.20	2.35	1.60	1.21	-0.39	-1.14
18792	JPA Housing Project	0.50	0.98	1.82	2.11	1.99	1.99	1.85	1.99	0.14	0.00
TOTAL INITIATIVE PROGRAMS		8.91	11.29	11.98	11.97	8.80	9.49	7.64	9.06	1.42	-0.43
18495	Systems Upgrade (EPIC & Premier FY18)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18465	Construction Labor	3.36	3.47	4.98	5.11	4.82	5.39	5.32	5.48	0.16	0.09
TOTAL CAPITALIZED LABOR		3.36	3.47	4.98	5.11	4.82	5.39	5.32	5.48	0.16	0.09
GRAND TOTAL TFHD		860.41	813.19	924.81	1057.82	1101.28	1145.29	1054.42	1169.74	115.32	24.45

TAHOE FOREST HOSPITAL DISTRICT
TOTAL PHYSICIAN FTE SUMMARY
BUDGET FY 2027

Dept #	Dept Name	FYE 2021	FYE 2022	FYE 2023	FYE 2024	FYE 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
17073	Otolaryngology (ENT) Clinic	1.01	0.99	1.09	1.10	1.66	1.99	1.79	1.99	0.20	0.00
17075	2nd Floor Cancer Center Clinics	4.60	11.25	9.36	4.82	4.56	6.05	4.56	5.31	0.75	-0.74
17077	Pediatrics Clinic	3.94	4.44	4.57	4.37	5.31	5.39	4.90	5.14	0.24	-0.25
17078	General Surgery Clinic	1.90	0.00	0.00	1.83	1.86	1.80	1.79	1.80	0.01	0.00
17079	Cardiology/Family Practice Clinic	1.75	3.52	2.49	1.41	1.42	1.85	1.71	2.05	0.34	0.20
17080	Hematology/Oncology Clinic	0.00	1.55	2.90	2.87	3.35	3.18	2.83	3.35	0.52	0.17
17082	Urology Clinic	1.08	0.00	0.00	1.78	1.84	1.12	1.06	1.00	-0.06	-0.12
17083	Urgent Care-Truckee	0.00	0.00	0.38	0.68	1.47	1.34	1.72	1.34	-0.38	0.00
17085	TFH Health Clinic	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17086	Sports Medicine Clinic	0.92	1.10	1.26	1.27	1.57	1.83	1.94	2.24	0.30	0.41
17087	Orthopedics Clinic	3.24	3.71	3.71	3.88	3.98	4.04	3.58	4.04	0.46	0.00
17088	Internal Medicine	1.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17089	Neurology Clinic	0.97	0.00	0.00	1.30	1.35	1.28	1.33	1.28	-0.05	0.00
17090	Internal Medicine/Pulmonology Clinic	0.76	1.55	1.53	0.84	0.84	1.75	1.53	1.71	0.18	-0.04
17092	Primary Care/Urgent Care-Truckee	2.43	2.10	4.85	7.66	8.69	9.24	7.45	9.89	2.44	0.65
17093	Urgent Care-Tahoe City	2.77	2.68	1.84	2.00	3.16	2.91	2.88	2.37	-0.51	-0.54
17094	Primary Care/Urgent Care-Squaw Valley	0.91	0.94	0.89	1.18	0.74	1.05	0.47	0.78	0.31	-0.27
17095	Primary Care-North Shore Clinic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.87	0.87	0.87
17096	Gastroenterology Clinic	1.89	0.00	0.00	1.24	2.06	2.79	1.55	1.80	0.25	-0.99
17097	Endocrinology Clinic	0.83	0.00	0.00	0.86	0.79	0.74	0.71	0.74	0.03	0.00
17830	Behavioral Health	0.00	0.00	0.00	0.00	0.62	0.00	0.03	0.00	-0.03	0.00
18660	Occupational Health	0.14	0.21	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27074	Ophthalmology Clinic	0.10	0.91	0.99	1.34	1.46	1.34	1.50	1.42	-0.08	0.08
27083	IVCH Weekend Walk-In Clinic	0.00	0.00	0.00	0.00	0.01	0.10	0.01	0.01	0.00	-0.09
27084	IVCH Primary Care Clinic	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27085	IVCH Health Clinic	2.11	3.73	3.17	2.77	2.74	2.81	2.69	2.66	-0.03	-0.15
27086	IVCH Internal Medicine/Pediatrics Clinic	0.45	0.00	0.00	0.41	0.00	0.00	0.00	0.00	0.00	0.00
27100	IVCH Orthopedic Surgery	0.14	0.00	0.28	0.25	0.75	0.20	0.20	0.20	0.00	0.00
TOTAL MULTI-SPECIALTY CLINIC SERVICES		34.26	38.68	39.32	43.86	50.23	52.80	46.23	51.99	5.76	-0.81

TAHOE FOREST HOSPITAL DISTRICT
TOTAL PHYSICIAN FTE SUMMARY
BUDGET FY 2027

Dept #	Dept Name	FYE 2021	FYE 2022	FYE 2023	FYE 2024	FYE 2025	BUDGET FY 2026	PROJECTED FY 2026	BUDGET FY 2027	BUDGET FY 2027 vs PROJECTED FY 2026	BUDGET FY 2027 vs BUDGET FY 2026
16010	ICU	0.00	0.05	0.00	0.00	0.09	0.11	0.00	0.21	0.21	0.10
16580	Skilled Nursing Facility	0.14	0.11	0.11	0.00	0.16	0.17	0.16	0.15	-0.01	-0.02
17010	Emergency Department	0.60	0.66	0.50	0.00	0.34	0.81	0.35	0.79	0.44	-0.02
17076	Hospitalist	3.57	3.74	3.46	4.51	5.06	4.64	4.63	4.76	0.13	0.12
17290	Home Health	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01
17310	Hospice	0.19	0.22	0.21	0.00	0.20	0.14	0.18	0.20	0.02	0.06
17315	Palliative Care	0.01	0.01	0.09	0.00	0.53	0.10	0.09	0.37	0.28	0.27
17450	Anesthesiology	0.00	0.21	0.52	5.71	6.54	6.68	5.52	6.54	1.02	-0.14
17630	Diagnostic Imaging	0.00	2.20	4.17	4.38	5.25	6.09	6.43	3.28	-3.15	-2.81
18240	Medical Postgraduate Education	0.00	0.00	0.00	0.00	0.01	0.08	0.00	0.08	0.08	0.00
18610	Administration	0.00	0.02	0.03	0.00	0.00	0.00	0.01	0.00	-0.01	0.00
18633	Wellness Neighborhood	0.05	0.04	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18710	Medical Staff	0.03	0.24	0.20	0.00	0.43	0.34	0.01	0.29	0.28	-0.05
18715	Physician Services	0.14	0.12	0.76	0.00	0.38	0.00	0.00	0.00	0.00	0.00
18740	Quality Management	0.04	0.04	0.07	0.00	0.07	0.08	0.08	0.08	0.00	0.00
18753	Infection Control	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18777	Respiratory Illness Clinic	0.41	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27010	IVCH Emergency Department	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
27076	IVCH Hospitalist	0.00	0.00	0.00	0.00	0.00	0.20	0.00	0.00	0.00	-0.20
27450	IVCH Anesthesiology	0.00	0.00	0.00	0.00	0.02	0.20	0.31	0.23	-0.08	0.03
27450	IVCH Diagnostic Imaging	0.00	0.00	0.00	0.00	0.09	0.20	0.00	2.59	2.59	2.39
TOTAL OTHER HEALTH SYSTEM DEPARTMENTS		5.26	7.71	10.14	14.60	19.17	19.84	17.77	19.58	1.81	-0.26
GRAND TOTAL TFHD		39.52	46.39	49.46	58.46	69.40	72.64	64.00	71.57	7.57	-1.07

Tahoe Forest Hospital District Statement of Cash Flows

The District is projecting that as of June 30, 2027 we will have approximately \$154.7 million in unrestricted cash available for the Days Cash on Hand calculation, which represents 146 days. We are projecting FY 2026 to end at \$194.3 million, or 197 days.

The Statement of Cash Flow for FY 2027 does include the cash infusion of \$2.29 million from the 2025 Municipal Lease.

According to rating information provided by S&P called “U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2024”, dated August 7, 2025, the following represent median ratios for Days Cash on Hand (DCOH) by rating:

AA+	387 DCOH
AA-	374 DCOH
A+	315 DCOH
A	227 DCOH
A-	217 DCOH
BBB+	160 DCOH
BBB	126 DCOH
BBB-	109 DCOH

The Board Fiscal Policy states that “the District shall put forth a strong effort in every fiscal year on achieving, at a minimum, the Standard and Poor’s (S&P) A- rating, targeting the median ratios of the A- rating or better”. It also states, “There shall be a strong effort to maintain this minimum Days’ Cash on Hand ratio to ensure appropriate cash reserves and to sustain sufficient funding for capital needs.” FY 2027 DCOH falls below the A- ratio, but not below the BBB- ratio (the lowest level allowed per the Fiscal Policy).

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PROJECTED FYE 2026		BUDGET FYE 2027	BUDGET 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	27,870,191		13,394,773	5,051,115	1,777,456	3,401,228	3,164,974
Interest Income	4,755,755		3,800,000	950,000	950,000	950,000	950,000
Property Tax Revenue	11,762,020		12,225,000	650,000	135,000	6,800,000	4,640,000
Donations	2,141,941		8,938,082	384,521	384,521	384,521	7,784,521
Emergency Funds	-		-	-	-	-	-
Debt Service Payments	(3,532,346)		(3,380,396)	(1,328,615)	(661,525)	(728,730)	(661,525)
Property Purchase Agreement	(541,285)		-	-	-	-	-
Municipal Lease 2025	(1,000,930)		(1,000,932)	(250,233)	(250,233)	(250,233)	(250,233)
2017 VR Demand Bond	(767,496)		(734,295)	(667,090)	-	(67,205)	-
2015 Revenue Bond	(1,222,636)		(1,645,169)	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(171,333)		(150,000)	(50,000)	(33,334)	(33,333)	(33,333)
Investment in Capital							
Equipment	(7,012,606)		(6,238,750)	(2,153,750)	(1,208,200)	(1,512,500)	(1,364,300)
Municipal Lease Reimbursement	2,371,777		2,287,591	-	-	-	2,287,591
IT/EMR/Business Systems	-		(5,659,758)	(2,959,478)	(1,053,838)	(1,391,117)	(255,325)
Building Projects/Properties	(46,825,788)		(58,553,840)	(16,987,700)	(17,739,541)	(12,972,750)	(10,853,849)
Change in Accounts Receivable	5,026,456	N1	(289,055)	(1,953,663)	3,717,142	(1,808,496)	(244,039)
Change in Settlement Accounts	(7,052,471)	N2	3,242,000	(8,763,250)	(1,425,750)	4,816,750	8,614,250
Change in Other Assets	(7,244,035)	N3	(4,000,000)	(3,400,000)	(1,000,000)	(1,900,000)	2,300,000
Change in Other Liabilities	(1,842,363)	N4	(5,220,000)	2,500,000	(7,550,000)	(1,755,000)	1,585,000
Change in Cash Balance	(19,752,804)		(39,604,352)	(28,060,820)	(23,708,070)	(5,749,427)	17,913,965
Beginning Unrestricted Cash	214,054,647		194,301,843	194,301,843	166,241,023	142,532,954	136,783,526
Ending Unrestricted Cash	194,301,843		154,697,491	166,241,023	142,532,954	136,783,526	154,697,491
Operating Cash	194,301,843		154,697,491	166,241,023	142,532,954	136,783,526	154,697,491
Expense Per Day	985,076		1,056,151	1,047,708	1,046,222	1,054,153	1,056,151
Days Cash On Hand	197		146	159	136	130	146

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.

Tahoe Forest Hospital District Capital Expenditures & Highlighted Investments

Based on our FY 2027 Statement of Revenue and Expense, and projected cash flow outlook for FY 2027, staff recommends Board approval of a capital budget authorization not to exceed \$70.5 million.

Upon approval, the District's President & Chief Executive Officer will be delegated authority to administer and manage capital expenditures within the approved budget. Capital investments designated as "Mission Critical" and "Priority 1" shall be prioritized for funding and execution. Expenditures categorized as "High" and "Priority 2" will be considered secondarily for funding and execution. Expenditures categorized as "Medium", "Low", or "Priority 3", will be considered lower priority and may be deferred to FY 2028 or subsequent fiscal years, subject to available funding and evolving operational needs.

Consistent with established practice, the District will continue to actively monitor financial performance, including cash position and liquidity, prior to authorizing capital expenditures, with decisions guided by established priority rankings and fiscal prudence.

The \$70.5 million will be funded through operations, cash reserves, municipal lease funds (\$2.29 million), and donations (\$6.4 million). A summary is provided below:

1. Equipment - \$6,238,750
2. IT/EMR/Business Systems - \$5,659,758
3. Building/Projects/Properties - \$58,553,840

In addition, we have included the District's multi-year capital plan through FY 2030.

Note:

The District will be revising the Capital Expenditures policy, DMM-4, effective July 1, 2027, to update the capitalization thresholds to \$5,000 for single items and \$7,500 for multiple quantity items.

The policy currently states an item with an estimated useful life of at least two years, and a cost of at least \$1,500, or if the item is acquired in quantity, and the cost of the quantity is at least \$5,000, its cost must be capitalized. The amounts in the current policy will be revised as stated above.

Tahoe Forest Hospital District Capital Expenditures & Highlighted Investments

Investments

Sierra Center, Truckee, CA – Estimated Opening November 2026

Project Cost: \$21.2 million

Sierra Center will house Urgent Care, Occupational Health, Cardiac Rehabilitation, Community Pharmacy, Wellness, and Lab services, improving patient visit capacity by 18,000 visits per year.

North Shore Clinic, Tahoe City, CA – Estimated Opening August 2026

Project Cost: \$6.7 million

North Shore Clinic will house Primary Care, improving patient visit capacity by 8,000 visits per year.

Gateway West, Truckee, CA – Phase One Estimated Opening March 2027 Phase Two Estimated Opening December 2027

Project Cost: \$31.8 million

Gateway West will house Primary Care and Behavioral Health services, improving patient visit capacity by 24,000 visits per year.

Physical Therapy, Truckee, CA – Estimated Completion March 2027

Project Cost: \$1.0 million

Removal of indoor therapy pool and renovation to the space to add five additional patient treatment tables

Incline Village Community Hospital - Surgical Services Enhancement project, Incline Village, NV – Estimated Completion July 2027

Project Cost: \$8.4 million

IVCH Surgical Services Enhancement project is funded through donations provided by the Incline Village Community Hospital Foundation. These enhancements will expand and modernize the surgical suite area, post-surgical recovery area, and patient registration area. These enhancements will allow us to improve the patient experience while adding surgical capacity.

**Tahoe Forest Hospital District
Capital Expenditures & Highlighted Investments**

Investments (continued)

Mobile Health Clinic vehicle – Estimated Opening January 2027

Project Cost: \$486,000

Advanced Digital and Artificial Intelligence Capabilities – Implementation slated throughout FY 2027

Project Cost: \$1.5 million

Tahoe Forest Hospital District
FY 2027 Capital Budget - Quarterly Cash Flow

FY 2027 Capital Budget:

	FY 2027	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
TFH Equipment	\$ 5,487,850	\$ 1,976,750	\$ 1,123,600	\$ 1,187,500	\$ 1,200,000
IVCH Equipment	649,100	132,000	45,500	315,500	156,100
TCFH Equipment	101,800	45,000	39,100	9,500	8,200
Total Equipment	<u>\$ 6,238,750</u>	<u>\$ 2,153,750</u>	<u>\$ 1,208,200</u>	<u>\$ 1,512,500</u>	<u>\$ 1,364,300</u>
Total IT/EMR/Business Systems	<u>\$ 5,659,758</u>	<u>\$ 2,959,478</u>	<u>\$ 1,053,838</u>	<u>\$ 1,391,117</u>	<u>\$ 255,325</u>
TFH Building/Projects/Properties	\$ 49,903,290	\$ 14,774,700	\$ 14,235,541	\$ 10,649,200	\$ 10,243,849
IVCH Building/Projects/Properties	8,444,550	2,100,000	3,430,000	2,304,550	610,000
TCFH/TSC Building/Projects/Properties	206,000	113,000	74,000	19,000	-
Total Building/Projects/Properties	<u>\$ 58,553,840</u>	<u>\$ 16,987,700</u>	<u>\$ 17,739,541</u>	<u>\$ 12,972,750</u>	<u>\$ 10,853,849</u>
Total	<u>\$ 70,452,348</u>	<u>\$ 22,100,928</u>	<u>\$ 20,001,579</u>	<u>\$ 15,876,367</u>	<u>\$ 12,473,474</u>

Tahoe Forest Hospital District
Multi-year Capital Plan

	CAPITAL BUDGET 2027, PLUS 3 YEAR CAPTIAL PLAN				FUTURE CAPITAL PLAN	
	BUDGET FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
<u>INVESTMENT IN CAPITAL</u>						
Capital Equipment	\$ 6,238,750	\$ 3,476,150	\$ 1,939,500	\$ 4,045,000	\$ 3,000,000	\$ 3,000,000
IT/EMR/Business Systems	5,659,758	1,205,000	1,245,000	1,670,000	2,000,000	2,000,000
Building/Projects/Properties	58,553,840	40,362,800	25,805,400	57,161,180	63,856,720	50,150,000
Total	\$ 70,452,348	\$ 45,043,950	\$ 28,989,900	\$ 62,876,180	\$ 68,856,720	\$ 55,150,000

Tahoe Forest Hospital District Ratio Analysis and Financial Forecasts

Within this section you will find the District Standard and Poor's ratio calculations for Audited FY 2021 – FY 2025, Projected 2026, Budget 2027, 5-year forecast through 2032, the Median Ratios for the U.S. Not-For Profit Health Care Stand-Alone Hospital Median Financial Ratios ranging from BBB- to AA+, and the definitions of each ratio (how it's calculated, what it means and if the trend should be up or down).

This section contains two sets of 5-year forecasts for Tahoe Forest Hospital District's Balance Sheet, Income Statement, Statement of Cash Flows, and Ratio's. The first set reflects minor additional debt from phase II of the Municipal Lease. The second reflects additional new debt totaling \$75 million. The forecasts demonstrate what the District's cash position would look like based upon EBIDA amounts, pressure from future capital investment requirements, and the impact of future additional debt for the facility, construction projects, and properties.

The first forecast demonstrates potential and probable depletion of the District's cash position by 2031, and inability to maintain BBB- ratios. The second forecast reflects \$75 million of additional debt to fund possible future capital expenditures to help stabilize the District's cash position reflecting Days Cash on Hand above the BBB- ratio level through FY 2032.

Both forecasts demonstrate imperativeness for the District to remain focused on improving access, as it will be necessary to increase volume and revenues, while improving efficiency and decreasing expenses, to strengthen the overall financial condition of the District in the next 5 years.

TAHOE FOREST HOSPITAL DISTRICT
SUMMARY OF FINANCIAL STATEMENTS AND RATIO ANALYSIS (000's OMITTED) - WITH MUNICIPAL LEASE DEBT \$10 MILLION TOTAL

	Audited 2021	Audited 2022	Audited 2023	Audited 2024	Audited 2025	Projected 2026	Budget 2027	Forecast 2028	Forecast 2029	Forecast 2030	Forecast 2031	Forecast 2032
Net Patient Revenue	\$237,686	\$263,836	\$284,394	\$306,941	\$358,076	\$361,406	\$372,439	\$386,613	\$401,492	\$417,132	\$433,596	\$450,953
Tax Revenue	13,333	14,720	15,923	16,385	17,113	16,916	17,995	19,230	20,027	20,643	21,282	21,934
Other Operating Revenue	11,752	13,979	16,289	21,988	24,595	22,479	22,527	22,639	22,752	22,866	22,980	23,095
Total Operating Revenues	262,771	292,535	316,606	345,314	399,784	400,800	412,961	428,482	444,271	460,641	477,859	495,981
Total Operating Expenses	234,961	260,059	297,561	320,062	362,255	386,192	414,216	427,492	443,426	461,691	478,469	495,868
Income from Operations	27,810	32,477	19,045	25,252	37,529	14,608	(1,255)	990	845	(1,050)	(610)	114
Net Nonoperating Income	(408)	373	6,667	12,651	25,545	9,071	14,710	8,194	8,234	8,505	7,878	7,098
Excess of Revenue Over Expenses	27,402	32,850	25,711	37,903	63,074	23,680	13,454	9,185	9,079	7,455	7,268	7,211
Add Depreciation & Amortization Expense	14,798	18,209	19,757	20,445	21,756	23,650	25,882	27,239	27,734	29,902	29,893	29,739
Add Interest Expense on Revenue Debt	1,437	2,602	2,474	2,392	2,320	2,538	2,326	2,391	2,257	2,119	1,974	1,826
Add Interest Expense on GO Debt	3,484	3,416	3,330	3,243	3,124	2,989	2,839	2,581	2,429	2,261	2,078	1,916
Less GO Bond Ad Valorem Taxes	(4,900)	(5,569)	(5,708)	(5,581)	(5,718)	(5,622)	(5,772)	(6,273)	(6,487)	(6,697)	(6,918)	(7,138)
Less Unrestricted Ad Valorem Taxes	(8,432)	(9,151)	(10,215)	(10,804)	(11,394)	(11,293)	(12,223)	(12,957)	(13,540)	(13,946)	(14,364)	(14,795)
Impairment losses	0	0	0	0	0	0	0	0	0	0	0	0
EBIDA	\$47,121	\$57,076	\$51,272	\$63,984	\$90,275	\$52,857	\$44,501	\$41,396	\$41,500	\$41,737	\$41,213	\$40,693
Operating EBIDA	\$47,529	\$56,703	\$44,606	\$51,333	\$64,730	\$43,786	\$29,791	\$33,202	\$33,266	\$33,232	\$33,335	\$33,595
EBIDA Margin	17.9%	19.5%	16.2%	18.5%	22.6%	13.2%	10.8%	9.7%	9.3%	9.1%	8.6%	8.2%
Operating EBIDA Margin	18.1%	19.4%	14.1%	14.9%	16.2%	10.9%	7.2%	7.7%	7.5%	7.2%	7.0%	6.8%
Operating Margin	10.6%	11.1%	6.0%	7.3%	9.4%	3.6%	-0.3%	0.2%	0.2%	-0.2%	-0.1%	0.0%
Excess Margin	10.4%	11.2%	8.1%	11.0%	15.8%	5.9%	3.3%	2.1%	2.0%	1.6%	1.5%	1.5%
MADS Coverage Ratio - No Go Bond	9.86x	11.95x	10.73x	16.94x	23.89x	15.91x	13.39x	10.37x	10.40x	10.55x	11.27x	13.61x
MADS Coverage Ratio	4.73x	5.73x	5.15x	6.88x	9.71x	5.38x	4.53x	3.95x	3.96x	3.98x	3.95x	4.08x
Cash and Cash Equivalents	\$91,298	\$25,419	\$32,012	\$67,445	\$45,716	\$26,060	\$31,685	\$32,685	\$33,967	\$35,304	\$36,698	\$38,154
Board Designated Assets	75,556	131,181	115,878	116,852	168,339	168,242	123,013	123,605	128,444	97,124	59,311	34,845
Total Unrestricted Cash	\$166,854	\$156,600	\$147,890	\$184,297	\$214,055	\$194,302	\$154,697	\$156,290	\$162,411	\$132,427	\$96,010	\$73,000
Daily Cash Requirements	\$603	\$663	\$761	\$821	\$933	\$993	\$1,064	\$1,097	\$1,139	\$1,183	\$1,229	\$1,277
Days' Cash on Hand	276.6	236.3	194.3	224.5	229.5	195.6	145.4	142.5	142.6	111.9	78.1	57.2
Net Other Long-term Debt	\$24,006	\$19,517	\$20,265	\$17,798	\$20,516	\$17,920	\$15,229	\$15,423	\$11,987	\$8,418	\$5,048	\$2,236
Net GO Bond Long-term Debt	\$100,455	\$98,782	\$92,510	\$89,882	\$86,964	\$83,747	\$80,204	\$76,311	\$72,054	\$67,416	\$62,374	\$56,951
Unrestricted Net Assets	210,708	241,984	265,980	307,366	361,369	385,049	398,503	407,688	416,767	424,221	431,489	438,700
Total Capital	\$335,169	\$360,283	\$378,754	\$415,046	\$468,850	\$486,716	\$493,937	\$499,423	\$500,807	\$500,056	\$498,911	\$497,887
Unrestricted Cash to L-T Debt - No GO Bond	695.0%	802.4%	729.8%	1035.5%	1043.4%	1084.3%	1015.8%	1013.3%	1354.9%	1573.1%	1902.0%	3264.7%
Unrestricted Cash to L-T Debt	134.1%	132.4%	131.1%	171.2%	199.2%	191.1%	162.1%	170.4%	193.3%	174.6%	142.4%	123.3%
L-T Debt to Capitalization - No GO Bond	10.2%	7.5%	7.1%	5.5%	5.4%	4.4%	3.7%	3.6%	2.8%	1.9%	1.2%	0.5%
L-T Debt to Capitalization	37.1%	32.8%	29.8%	25.9%	22.9%	20.9%	19.3%	18.4%	16.8%	15.2%	13.5%	11.9%
Net Accounts Receivable	\$35,774	\$41,866	\$48,555	\$51,526	\$60,522	\$55,496	\$55,101	\$55,079	\$54,999	\$57,141	\$59,397	\$61,774
Net Patient Revenue	\$237,686	\$263,836	\$284,394	\$306,941	\$358,076	\$361,406	\$372,439	\$386,613	\$401,492	\$417,132	\$433,596	\$450,953
Days in Accounts Receivable	55	58	62	61	62	56	54	52	50	50	50	50
Ratio is within the A- to AA+ range												
Ratio is within BBB- to BBB+ range												
Ratio is not in acceptable range												

Note: Audited number are based on the consolidated audited financial statements. Projected, Budget, and Forecasts are based on TFHD only, not consolidated with the Foundations.

**TAHOE FOREST HOSPITAL DISTRICT
BALANCE SHEET - 5 YEAR FORECAST**

	PROJECTED 2026	BUDGET 2027	FORECAST 2028	FORECAST 2029	FORECAST 2030	FORECAST 2031	FORECAST 2032
ASSETS							
CURRENT ASSETS							
* CASH	\$ 26,059,577	\$ 31,684,527	\$ 32,685,272	\$ 33,966,816	\$ 35,303,622	\$ 36,698,475	\$ 38,154,462
PATIENT ACCOUNTS RECEIVABLE - NET	55,495,877	55,100,519	55,079,114	54,998,931	57,141,356	59,396,689	61,774,315
OTHER RECEIVABLES	9,445,711	10,201,368	10,813,450	11,300,055	11,639,057	11,988,228	12,347,875
GO BOND RECEIVABLES	99,745	99,745	99,745	99,745	99,745	99,745	99,745
ASSETS LIMITED OR RESTRICTED	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216
INVENTORIES	7,484,569	8,389,345	8,717,236	9,036,698	9,372,363	9,725,584	10,097,817
PREPAID EXPENSES & DEPOSITS	3,222,170	3,726,966	3,627,544	3,736,371	3,848,462	3,963,916	4,082,833
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	34,304,139	31,062,139	28,967,139	27,954,489	26,992,472	26,078,555	25,210,334
TOTAL CURRENT ASSETS	152,676,004	156,828,824	156,553,715	157,657,321	160,961,292	164,515,406	168,331,597
NON CURRENT ASSETS							
ASSETS LIMITED OR RESTRICTED:							
* CASH RESERVE FUND	74,318,485	27,889,183	27,280,845	30,920,030	-	-	-
* CASH INVESTMENT FUND	93,923,781	95,123,781	96,323,781	97,523,781	97,123,819	59,311,283	34,845,424
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	9,767,343	11,007,343	11,627,310	12,620,022	13,011,865	12,938,735	11,550,133
MUNICIPAL LEASE 2025 & 2028	2,222,102	-	-	-	-	-	-
TOTAL BOND TRUSTEE 2017	23,853	23,853	23,853	23,853	23,853	23,853	23,853
TOTAL BOND TRUSTEE 2015	1,066,180	1,645,169	1,645,169	1,645,169	1,645,169	1,645,169	1,645,168
TOTAL TRUSTEE GATEWAY WEST	883,639	883,639	-	-	-	-	-
GO BOND TAX REVENUE FUND	5,358,952	4,470,466	4,719,716	4,988,991	5,278,341	5,573,359	5,886,390
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,700	3,700	3,700	3,700	3,700
DONOR RESTRICTED FUND	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655
WORKERS COMPENSATION FUND	27,672	20,000	20,000	20,000	20,000	20,000	20,000
TOTAL	188,798,361	142,269,788	142,847,028	148,948,200	118,309,400	80,718,753	55,177,323
LESS CURRENT PORTION	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)
TOTAL ASSETS LIMITED OR RESTRICTED - NET	172,234,146	125,705,572	126,282,812	132,383,984	101,745,185	64,154,537	38,613,107
NONCURRENT ASSETS AND INVESTMENTS:							
INVESTMENT IN TSC, LLC	(6,325,790)	(7,560,155)	(8,760,155)	(9,960,155)	(11,160,155)	(12,360,155)	(13,560,155)
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972
PROPERTY & EQUIPMENT, CIP NET	235,775,358	280,345,853	293,950,685	295,060,911	328,034,686	366,998,653	392,409,958
TOTAL ASSETS	556,076,690	557,037,066	569,744,030	576,859,032	581,297,980	585,025,414	587,511,479
DEFERRED OUTFLOW OF RESOURCES:							
DEFERRED LOSS ON DEFEASANCE	155,155	116,366	77,578	38,789	-	-	-
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	178,888	178,888	178,888	178,888	178,888	178,888	178,888
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,707,437	3,422,977	3,138,517	2,854,057	2,569,597	2,285,137	2,000,677
GO BOND DEFERRED FINANCING COSTS	361,177	333,327	305,477	277,627	249,777	221,927	194,077
DEFERRED FINANCING COSTS	87,382	74,890	62,398	49,906	37,414	24,922	12,430
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,293,478	13,324,189	13,009,756	12,695,323	12,380,890	12,066,457	11,752,024
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	21,036,019	18,683,652	16,289,646	14,895,640	13,501,634	12,107,628	10,713,622
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 38,819,535	\$ 36,134,289	\$ 33,062,259	\$ 30,990,230	\$ 28,918,200	\$ 26,884,959	\$ 24,851,718
TOTAL ASSETS	\$ 594,896,225	\$ 593,171,355	\$ 602,806,289	\$ 607,849,262	\$ 610,216,180	\$ 611,910,373	\$ 612,363,195

TAHOE FOREST HOSPITAL DISTRICT
BALANCE SHEET - 5 YEAR FORECAST

	PROJECTED 2026	BUDGET 2027	FORECAST 2028	FORECAST 2029	FORECAST 2030	FORECAST 2031	FORECAST 2032
LIABILITIES							
CURRENT LIABILITIES							
ACCOUNTS PAYABLE	\$ 16,460,185	16,898,414	\$ 22,879,690	\$ 23,776,772	\$ 24,712,536	\$ 25,688,932	\$ 26,708,123
ACCRUED PAYROLL & RELATED COSTS	36,520,967	27,800,989	29,052,034	30,359,375	31,725,547	33,153,196	34,645,090
INTEREST PAYABLE	368,829	259,196	224,138	187,923	150,510	111,855	71,917
INTEREST PAYABLE GO BOND	1,200,389	1,364,716	1,283,991	1,208,341	1,123,359	1,031,391	951,566
SUBSCRIPTION LIABILITY	23,042,559	20,690,192	19,296,186	17,902,180	16,508,174	15,114,168	13,720,162
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211
HEALTH INSURANCE PLAN	5,628,800	6,338,041	6,528,182	6,724,028	6,925,749	7,133,521	7,347,527
WORKERS COMPENSATION PLAN	2,315,069	1,892,745	1,977,918	2,066,924	2,159,936	2,257,133	2,358,704
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,876,447	2,962,741	3,051,623	3,143,172	3,237,467	3,334,591	3,434,628
CURRENT MATURITIES OF GO BOND DEBT	3,030,000	3,355,000	3,705,000	4,070,000	4,450,000	4,855,000	5,235,000
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,606,719	4,906,317	4,122,368	4,783,945	4,894,258	5,008,845	5,127,878
TOTAL CURRENT LIABILITIES	<u>99,366,174</u>	<u>89,784,561</u>	<u>95,437,341</u>	<u>97,538,870</u>	<u>99,203,746</u>	<u>101,004,844</u>	<u>102,916,806</u>
NONCURRENT LIABILITIES							
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,427,889	28,068,877	26,493,898	24,387,732	22,085,074	19,565,208	16,129,884
GO BOND DEBT NET OF CURRENT MATURITIES	84,143,786	80,905,152	77,277,730	73,246,519	68,796,519	63,941,519	58,706,519
DERIVATIVE INSTRUMENT LIABILITY	178,888	178,888	178,888	178,888	178,888	178,888	178,888
TOTAL LIABILITIES	<u>214,116,736</u>	<u>198,937,478</u>	<u>199,387,856</u>	<u>195,352,008</u>	<u>190,264,226</u>	<u>184,690,458</u>	<u>177,932,097</u>
NET ASSETS							
NET INVESTMENT IN CAPITAL ASSETS	379,576,834	393,031,223	402,215,779	411,294,599	418,749,300	426,017,260	433,228,444
RESTRICTED	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655
TOTAL NET POSITION	<u>\$ 380,779,488</u>	<u>\$ 394,233,878</u>	<u>\$ 403,418,433</u>	<u>\$ 412,497,254</u>	<u>\$ 419,951,955</u>	<u>\$ 427,219,914</u>	<u>\$ 434,431,098</u>
TOTAL LIABILITIES AND NET POSITION	<u>\$ 594,896,225</u>	<u>\$ 593,171,355</u>	<u>\$ 602,806,289</u>	<u>\$ 607,849,262</u>	<u>\$ 610,216,180</u>	<u>\$ 611,910,373</u>	<u>\$ 612,363,195</u>

* Amounts included for Days Cash on Hand calculation

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE - 5 YEAR FORECAST**

	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	FORECAST FYE 6/30/28	FORECAST FYE 6/30/29	FORECAST FYE 6/30/30	FORECAST FYE 6/30/31	FORECAST FYE 6/30/32
OPERATING REVENUE							
Total Gross Revenue	\$ 786,571,794	\$ 832,633,020	\$ 870,157,515	\$ 909,789,426	\$ 951,699,016	\$ 996,079,725	\$ 1,043,141,499
Gross Revenues - Inpatient							
Daily Hospital Service	44,608,784	46,165,624	48,012,249	49,932,739	51,930,048	54,007,250	56,167,540
Ancillary Service - Inpatient	49,765,815	50,938,020	52,975,541	55,094,563	57,298,345	59,590,279	61,973,890
Total Gross Revenue - Inpatient	94,374,599	97,103,644	100,987,790	105,027,302	109,228,394	113,597,530	118,141,431
Gross Revenue - Outpatient	692,197,195	735,529,376	769,169,725	804,762,124	842,470,622	882,482,196	925,000,068
Total Gross Revenue - Outpatient	692,197,195	735,529,376	769,169,725	804,762,124	842,470,622	882,482,196	925,000,068
Deductions from Revenue:							
Contractual Allowances	412,967,391	430,758,414	452,781,991	476,133,620	500,921,886	527,269,683	555,311,016
Charity Care	4,260,220	16,650,339	17,400,725	18,193,252	19,031,327	19,918,818	20,859,922
Bad Debt	8,413,740	12,785,576	13,361,787	13,970,359	14,613,906	15,295,398	16,018,060
Prior Period Settlements	(475,441)	-	-	-	-	-	-
Total Deductions from Revenue	425,165,910	460,194,329	483,544,503	508,297,231	534,567,119	562,483,899	592,188,998
Other Operating Revenue	22,478,598	22,526,539	22,639,172	22,752,368	22,866,130	22,980,461	23,095,363
Wellness Neighborhood-RPT, Grants, Donations	1,000,008	1,598,991	1,662,951	1,729,469	1,798,647	1,870,593	1,945,417
TOTAL OPERATING REVENUE	384,884,490	396,564,221	410,915,135	425,974,031	441,796,674	458,446,880	475,993,282
OPERATING EXPENSES							
Salaries, Wages & Benefits	208,545,480	216,003,306	225,723,454	235,881,010	246,495,655	257,587,960	269,179,418
Benefits Workers Compensation	1,763,090	1,441,460	1,506,326	1,574,110	1,644,945	1,718,968	1,796,321
Benefits Medical Insurance	34,250,298	38,556,416	39,713,108	40,904,502	42,131,637	43,395,586	44,697,453
Professional Fees	12,189,047	14,253,507	13,231,112	13,628,046	14,036,887	14,457,994	14,891,733
Supplies	59,271,982	66,437,104	69,033,743	71,563,637	74,221,841	77,019,076	79,966,871
Purchased Services	27,457,697	31,759,312	30,912,091	31,839,454	32,794,638	33,778,477	34,791,831
Other	13,536,706	14,718,343	15,159,893	15,614,690	16,083,131	16,565,625	17,062,594
TOTAL OPERATING EXPENSE	357,014,299	383,169,448	395,279,728	411,005,449	427,408,734	444,523,684	462,386,222
NET OPERATING REV(EXP) EBIDA	\$ 27,870,191	\$ 13,394,773	\$ 15,635,407	\$ 14,968,582	\$ 14,387,940	\$ 13,923,196	\$ 13,607,059
NON-OPERATING REVENUE							
District and County Taxes	10,293,198	10,624,429	11,293,875	11,810,414	12,147,432	12,493,868	12,849,979
District and County Taxes - GO Bond	5,622,306	5,772,056	6,272,981	6,486,681	6,696,719	6,917,781	7,138,131
Interest Income	4,421,855	3,789,798	3,867,437	3,907,247	4,060,266	3,310,686	2,400,244
Donations	2,238,793	8,938,082	2,350,733	2,350,733	2,468,269	2,591,683	2,721,267
Gain/(Loss)	2,410,826	1,981,635	1,976,000	1,976,000	1,976,000	1,976,000	1,976,000
Depreciation	(23,650,093)	(25,881,854)	(27,239,364)	(27,734,063)	(29,902,372)	(29,892,722)	(29,738,662)
Interest Expense	(2,538,263)	(2,325,630)	(2,391,079)	(2,257,485)	(2,118,672)	(1,974,423)	(1,826,399)
Interest Expense - GO Bond	(2,989,147)	(2,838,901)	(2,581,435)	(2,429,289)	(2,260,882)	(2,078,109)	(1,916,435)
TOTAL NON-OPERATING REVENUE	(4,190,524)	59,616	(6,450,851)	(5,889,762)	(6,933,240)	(6,655,236)	(6,395,875)
EXCESS REVENUE(EXPENSE)	\$ 23,679,667	\$ 13,454,390	\$ 9,184,556	\$ 9,078,820	\$ 7,454,701	\$ 7,267,960	\$ 7,211,184
PREVIOUS FORECASTS FROM FY26 BUDGET	\$ 23,958,434	\$ 23,386,024	\$ 18,971,236	\$ 16,827,840	\$ 16,622,774	\$ 16,771,241	\$ 16,070,065
CURRENT FORECASTS VS PREVIOUS	\$ (278,767)	\$ (9,931,634)	\$ (9,786,680)	\$ (7,749,020)	\$ (9,168,073)	\$ (9,503,281)	\$ (8,858,881)

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE - 5 YEAR FORECAST

	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	FORECAST FYE 6/30/28	FORECAST FYE 6/30/29	FORECAST FYE 6/30/30	FORECAST FYE 6/30/31	FORECAST FYE 6/30/32
RETURN ON GROSS REVENUE EBIDA	3.5%	1.6%	1.8%	1.6%	1.5%	1.4%	1.3%
RETURN ON EQUITY	6.6%	3.5%	2.3%	2.3%	1.8%	1.7%	1.7%
RETURN ON EQUITY (excluding donations)	6.0%	1.2%	1.7%	1.7%	1.2%	1.1%	1.1%
INPATIENT REV AS A % OF GROSS REV	12.0%	11.7%	11.6%	11.5%	11.5%	11.4%	11.3%
OUTPATIENT REV AS A % OF GROSS REV	88.0%	88.3%	88.4%	88.5%	88.5%	88.6%	88.7%
CONTRACTUAL ADJ AS A % OF GROSS REV	52.5%	51.7%	52.0%	52.3%	52.6%	52.9%	53.2%
CHARITY CARE AS A % OF GROSS REV	0.5%	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%
BAD DEBT AS A % OF GROSS REV	1.1%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
SALARIES, WAGES & BEN AS A % OF NET REV	54.2%	54.5%	54.9%	55.4%	55.8%	56.2%	56.6%
WORKERS COMP AS A % OF NET REV	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
MEDICAL INSURANCE AS A % OF NET REV	8.9%	9.7%	9.7%	9.6%	9.5%	9.5%	9.4%
PROFESSIONAL FEES AS A % OF NET REV	3.2%	3.6%	3.2%	3.2%	3.2%	3.2%	3.1%
SUPPLIES AS A % OF NET REV	15.4%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%
PURCHASED SVCS AS A % OF NET REV	7.1%	8.0%	7.5%	7.5%	7.4%	7.4%	7.3%
OTHER AS A % OF NET REV	3.5%	3.7%	3.7%	3.7%	3.6%	3.6%	3.6%

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS - 10 YEAR FORECAST - WITH MUNICIPAL LEASE DEBT \$10 MILLION

	PROJECTED FYE 2026		BUDGET FYE 2027	FORECAST FYE 2028	FORECAST FYE 2029	FORECAST FYE 2030	FORECAST FYE 2031	FORECAST FYE 2032
Net Operating Rev/(Exp) - EBIDA	\$ 27,870,191		\$ 13,394,773	\$ 15,635,407	\$ 14,968,582	\$ 14,387,940	\$ 13,923,196	\$ 13,607,059
Interest Income	4,755,755		3,800,000	3,848,027	3,897,295	4,022,011	3,498,081	2,627,854
Property Tax Revenue	11,762,020		12,225,000	12,920,155	13,510,730	13,925,770	14,343,543	14,773,849
Donations	2,141,941		8,938,082	3,009,468	2,350,733	2,456,516	2,579,342	2,708,309
Emergency Funds	-		-	-	-	-	-	-
Debt Service Payments	(3,532,346)		(3,380,396)	(4,028,755)	(4,019,046)	(4,009,142)	(3,999,041)	(3,655,095)
Property Purchase Agreement	(541,285)		-	-	-	-	-	-
Municipal Lease (March 2025)	(1,000,930)		(1,000,932)	(1,000,929)	(1,000,929)	(1,000,929)	(1,000,929)	(667,286)
2017 VR Revenue Bond	(767,496)		(734,295)	(714,332)	(704,623)	(694,720)	(684,618)	(674,315)
2015 Revenue Bond	(1,222,636)		(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)
Muni Lease (July 2027)	-		-	(668,325)	(668,325)	(668,325)	(668,325)	(668,325)
Physician Recruitment	(171,333)		(150,000)	(150,000)	(150,000)	(150,000)	(150,000)	(150,000)
Investment in Capital								
Equipment	(7,012,606)		(6,238,750)	(3,476,150)	(1,939,500)	(4,045,000)	(3,000,000)	(3,000,000)
Muni Lease Reimbursement	2,371,777		2,287,591	4,000,000	-	-	-	-
IT/EMR/Business Systems	-		(5,659,758)	(1,205,000)	(1,245,000)	(1,670,000)	(2,000,000)	(2,000,000)
Building Projects/Properties	(46,825,788)		(58,553,840)	(40,362,800)	(25,805,400)	(57,161,180)	(63,856,720)	(50,150,000)
Change in Accounts Receivable	5,026,456	N1	(289,055)	21,405	80,183	(2,142,425)	(2,255,333)	(2,377,627)
Change in Settlement Accounts	(7,052,471)	N2	3,242,000	2,095,000	1,012,650	962,017	913,917	868,221
Change in Other Assets	(7,244,035)	N3	(4,000,000)	1,724,190	914,894	786,757	817,846	850,797
Change in Other Liabilities	(1,842,363)	N4	(5,220,000)	7,561,460	2,544,608	2,653,550	2,767,486	2,886,761
Change in Cash Balance	(19,752,804)		(39,604,352)	1,592,407	6,120,729	(29,983,186)	(36,417,684)	(23,009,871)
Beginning Unrestricted Cash	214,054,647		194,301,843	154,697,491	156,289,898	162,410,628	132,427,441	96,009,757
Ending Unrestricted Cash	194,301,843		154,697,491	156,289,898	162,410,628	132,427,441	96,009,757	72,999,886
Expense Per Day	985,076		1,056,151	1,089,509	1,132,227	1,176,787	1,223,282	1,271,815
Days Cash On Hand	197		146	143	143	113	78	57

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.

TAHOE FOREST HOSPITAL DISTRICT
SUMMARY OF FINANCIAL STATEMENTS AND RATIO ANALYSIS (000's OMITTED) - WITH MUNICIPAL LEASE DEBT \$10 MILLION TOTAL AND NEW DEBT \$75 MILLION

	Audited 2021	Audited 2022	Audited 2023	Audited 2024	Audited 2025	Projected 2026	Budget 2027	Forecast 2028	Forecast 2029	Forecast 2030	Forecast 2031	Forecast 2032
Net Patient Revenue	\$237,686	\$263,836	\$284,394	\$306,941	\$358,076	\$361,406	\$372,439	\$386,613	\$401,492	\$417,132	\$433,596	\$450,953
Tax Revenue	13,333	14,720	15,923	16,385	17,113	16,916	17,995	19,230	20,027	20,643	21,282	21,934
Other Operating Revenue	11,752	13,979	16,289	21,988	24,595	22,479	22,527	22,639	22,752	22,866	22,980	23,095
Total Operating Revenues	262,771	292,535	316,606	345,314	399,784	400,800	412,961	428,482	444,271	460,641	477,859	495,981
Total Operating Expenses	234,961	260,059	297,561	320,062	362,255	386,192	414,216	427,492	443,426	465,790	482,512	499,850
Income from Operations	27,810	32,477	19,045	25,252	37,529	14,608	(1,255)	990	845	(5,150)	(4,653)	(3,869)
Net Nonoperating Income	(408)	373	6,667	12,651	25,545	9,071	14,710	8,194	8,234	10,129	11,691	10,482
Excess of Revenue Over Expenses	27,402	32,850	25,711	37,903	63,074	23,680	13,454	9,185	9,079	4,979	7,038	6,613
Add Depreciation & Amortization Expense	14,798	18,209	19,757	20,445	21,756	23,650	25,882	27,239	27,734	29,902	29,893	29,739
Add Interest Expense on Revenue Debt	1,437	2,602	2,474	2,392	2,320	2,538	2,326	2,391	2,257	6,218	6,017	5,809
Add Interest Expense on GO Debt	3,484	3,416	3,330	3,243	3,124	2,989	2,839	2,581	2,429	2,261	2,078	1,916
Less GO Bond Ad Valorem Taxes	(4,900)	(5,569)	(5,708)	(5,581)	(5,718)	(5,622)	(5,772)	(6,273)	(6,487)	(6,697)	(6,918)	(7,138)
Less Unrestricted Ad Valorem Taxes	(8,432)	(9,151)	(10,215)	(10,804)	(11,394)	(11,293)	(12,223)	(12,957)	(13,540)	(13,946)	(14,364)	(14,795)
Impairment losses	0	0	0	0	0	0	0	0	0	0	0	0
EBIDA	\$47,121	\$57,076	\$51,272	\$63,984	\$90,275	\$52,857	\$44,501	\$41,396	\$41,500	\$43,361	\$45,026	\$44,077
Operating EBIDA	\$47,529	\$56,703	\$44,606	\$51,333	\$64,730	\$43,786	\$29,791	\$33,202	\$33,266	\$33,232	\$33,335	\$33,595
EBIDA Margin	17.9%	19.5%	16.2%	18.5%	22.6%	13.2%	10.8%	9.7%	9.3%	9.4%	9.4%	8.9%
Operating EBIDA Margin	18.1%	19.4%	14.1%	14.9%	16.2%	10.9%	7.2%	7.7%	7.5%	7.2%	7.0%	6.8%
Operating Margin	10.6%	11.1%	6.0%	7.3%	9.4%	3.6%	-0.3%	0.2%	0.2%	-1.1%	-1.0%	-0.8%
Excess Margin	10.4%	11.2%	8.1%	11.0%	15.8%	5.9%	3.3%	2.1%	2.0%	1.1%	1.5%	1.3%
MADS Coverage Ratio - No Go Bond	9.86x	11.95x	10.73x	16.94x	23.89x	15.91x	13.39x	10.37x	10.40x	4.78x	5.14x	4.84x
MADS Coverage Ratio	4.73x	5.73x	5.15x	6.88x	9.71x	5.38x	4.53x	3.95x	3.96x	2.78x	2.90x	2.92x
Cash and Cash Equivalents	\$91,298	\$25,419	\$32,012	\$67,445	\$45,716	\$26,060	\$31,685	\$32,685	\$33,967	\$35,641	\$37,031	\$38,482
Board Designated Assets	75,556	131,181	115,878	116,852	168,339	168,242	123,013	123,605	128,444	167,895	128,243	102,163
Total Unrestricted Cash	\$166,854	\$156,600	\$147,890	\$184,297	\$214,055	\$194,302	\$154,697	\$156,290	\$162,411	\$203,535	\$165,273	\$140,645
Daily Cash Requirements	\$603	\$663	\$761	\$821	\$933	\$993	\$1,064	\$1,097	\$1,139	\$1,194	\$1,240	\$1,288
Days' Cash on Hand	276.6	236.3	194.3	224.5	229.5	195.6	145.4	142.5	142.6	170.4	133.3	109.2
Net Other Long-term Debt	\$24,006	\$19,517	\$20,265	\$17,798	\$20,516	\$17,920	\$15,229	\$15,423	\$11,987	\$81,341	\$76,843	\$72,840
Net GO Bond Long-term Debt	\$100,455	\$98,782	\$92,510	\$89,882	\$86,964	\$83,747	\$80,204	\$76,311	\$72,054	\$67,416	\$62,374	\$56,951
Unrestricted Net Assets	210,708	241,984	265,980	307,366	361,369	385,049	398,503	407,688	416,767	421,746	428,784	435,397
Total Capital	\$335,169	\$360,283	\$378,754	\$415,046	\$468,850	\$486,716	\$493,937	\$499,423	\$500,807	\$570,503	\$568,000	\$565,188
Unrestricted Cash to L-T Debt - No GO Bond	695.0%	802.4%	729.8%	1035.5%	1043.4%	1084.3%	1015.8%	1013.3%	1354.9%	250.2%	215.1%	193.1%
Unrestricted Cash to L-T Debt	134.1%	132.4%	131.1%	171.2%	199.2%	191.1%	162.1%	170.4%	193.3%	136.8%	118.7%	108.4%
L-T Debt to Capitalization - No GO Bond	10.2%	7.5%	7.1%	5.5%	5.4%	4.4%	3.7%	3.6%	2.8%	16.2%	15.2%	14.3%
L-T Debt to Capitalization	37.1%	32.8%	29.8%	25.9%	22.9%	20.9%	19.3%	18.4%	16.8%	26.1%	24.5%	23.0%
Net Accounts Receivable	\$35,774	\$41,866	\$48,555	\$51,526	\$60,522	\$55,496	\$55,101	\$55,079	\$54,999	\$57,141	\$59,397	\$61,774
Net Patient Revenue	\$237,686	\$263,836	\$284,394	\$306,941	\$358,076	\$361,406	\$372,439	\$386,613	\$401,492	\$417,132	\$433,596	\$450,953
Days in Accounts Receivable	55	58	62	61	62	56	54	52	50	50	50	50
Ratio is within the A- to AA+ range												
Ratio is within BBB- to BBB+ range												
Ratio is not in acceptable range												

Note: Audited number are based on the consolidated audited financial statements. Projected, Budget, and Forecasts are based on TFHD only, not consolidated with the Foundations.

TAHOE FOREST HOSPITAL DISTRICT
BALANCE SHEET - 5 YEAR FORECAST - WITH NEW DEBT \$75 MILLION

	PROJECTED 2026	BUDGET 2027	FORECAST 2028	FORECAST 2029	FORECAST 2030	FORECAST 2031	FORECAST 2032
ASSETS							
CURRENT ASSETS							
* CASH	\$ 26,059,577	\$ 31,684,527	\$ 32,685,272	\$ 33,966,816	\$ 35,640,591	\$ 37,030,759	\$ 38,481,798
PATIENT ACCOUNTS RECEIVABLE - NET	55,495,877	55,100,519	55,079,114	54,998,931	57,141,356	59,396,689	61,774,315
OTHER RECEIVABLES	9,445,711	10,201,368	10,813,450	11,300,055	11,639,057	11,988,228	12,347,875
GO BOND RECEIVABLES	99,745	99,745	99,745	99,745	99,745	99,745	99,745
ASSETS LIMITED OR RESTRICTED	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216	16,564,216
INVENTORIES	7,484,569	8,389,345	8,717,236	9,036,698	9,372,363	9,725,584	10,097,817
PREPAID EXPENSES & DEPOSITS	3,222,170	3,726,966	3,627,544	3,736,371	3,848,462	3,963,916	4,082,833
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	34,304,139	31,062,139	28,967,139	27,954,489	27,954,489	27,954,489	27,954,489
TOTAL CURRENT ASSETS	152,676,004	156,828,824	156,553,715	157,657,321	162,260,278	166,723,625	171,403,088
NON CURRENT ASSETS							
ASSETS LIMITED OR RESTRICTED:							
* CASH RESERVE FUND	74,318,485	27,889,183	27,280,845	30,920,030	69,171,048	28,318,912	1,039,409
* CASH INVESTMENT FUND	93,923,781	95,123,781	96,323,781	97,523,781	98,723,781	99,923,781	101,123,781
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	9,767,343	11,007,343	11,627,310	12,620,022	12,456,400	12,016,617	9,652,644
MUNICIPAL LEASE 2025 & 2027	2,222,102	-	-	-	-	-	-
TOTAL BOND TRUSTEE 2017	23,853	23,853	23,853	23,853	23,853	23,853	23,853
TOTAL BOND TRUSTEE 2015	1,066,180	1,645,169	1,645,169	1,645,169	1,645,169	1,645,169	1,645,168
TOTAL TRUSTEE GATEWAY WEST	883,639	883,639	-	-	-	-	-
GO BOND TAX REVENUE FUND	5,358,952	4,470,466	4,719,716	4,988,991	5,278,341	5,573,359	5,886,390
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,700	3,700	3,700	3,700	3,700
DONOR RESTRICTED FUND	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655
WORKERS COMPENSATION FUND	27,672	20,000	20,000	20,000	20,000	20,000	20,000
TOTAL	188,798,361	142,269,788	142,847,028	148,948,200	188,524,946	148,728,045	120,597,600
LESS CURRENT PORTION	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)	(16,564,216)
TOTAL ASSETS LIMITED OR RESTRICTED - NET	172,234,146	125,705,572	126,282,812	132,383,984	171,960,730	132,163,829	104,033,384
NONCURRENT ASSETS AND INVESTMENTS:							
INVESTMENT IN TSC, LLC	(6,325,790)	(7,560,155)	(8,760,155)	(9,960,155)	(11,160,155)	(12,360,155)	(13,560,155)
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972	1,716,972
PROPERTY & EQUIPMENT, CIP NET	235,775,358	280,345,853	293,950,685	295,060,911	328,034,162	366,998,101	392,409,374
TOTAL ASSETS	556,076,690	557,037,066	569,744,030	576,859,032	652,811,986	655,242,373	656,002,663
DEFERRED OUTFLOW OF RESOURCES:							
DEFERRED LOSS ON DEFEASANCE	155,155	116,366	77,578	38,789	-	-	-
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	178,888	178,888	178,888	178,888	178,888	178,888	178,888
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,707,437	3,422,977	3,138,517	2,854,057	2,569,597	2,285,137	2,000,677
GO BOND DEFERRED FINANCING COSTS	361,177	333,327	305,477	277,627	249,777	221,927	194,077
DEFERRED FINANCING COSTS	87,382	74,890	62,398	49,906	37,414	24,922	12,430
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	13,293,478	13,324,189	13,009,756	12,695,323	12,380,890	12,066,457	11,752,024
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	21,036,019	18,683,652	16,289,646	14,895,640	13,501,634	12,107,628	10,713,622
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 38,819,535	\$ 36,134,289	\$ 33,062,259	\$ 30,990,230	\$ 28,918,200	\$ 26,884,959	\$ 24,851,718
TOTAL ASSETS	\$ 594,896,225	\$ 593,171,355	\$ 602,806,289	\$ 607,849,262	\$ 681,730,186	\$ 682,127,331	\$ 680,854,379

**TAHOE FOREST HOSPITAL DISTRICT
BALANCE SHEET - 5 YEAR FORECAST - WITH NEW DEBT \$75 MILLION**

	PROJECTED 2026	BUDGET 2027	FORECAST 2028	FORECAST 2029	FORECAST 2030	FORECAST 2031	FORECAST 2032
LIABILITIES							
CURRENT LIABILITIES							
ACCOUNTS PAYABLE	\$ 16,460,185	16,898,414	\$ 22,879,690	\$ 23,776,772	\$ 24,712,536	\$ 25,688,932	\$ 26,708,123
ACCRUED PAYROLL & RELATED COSTS	36,520,967	27,800,989	29,052,034	30,359,375	31,725,547	33,153,196	34,645,090
INTEREST PAYABLE	368,829	259,196	224,138	187,923	150,510	111,855	71,917
INTEREST PAYABLE GO BOND	1,200,389	1,364,716	1,283,991	1,208,341	1,123,359	1,031,391	951,566
SUBSCRIPTION LIABILITY	23,042,559	20,690,192	19,296,186	17,902,180	16,508,174	15,114,168	13,720,162
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211	3,316,211
HEALTH INSURANCE PLAN	5,628,800	6,338,041	6,528,182	6,724,028	6,925,749	7,133,521	7,347,527
WORKERS COMPENSATION PLAN	2,315,069	1,892,745	1,977,918	2,066,924	2,159,936	2,257,133	2,358,704
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,876,447	2,962,741	3,051,623	3,143,172	3,237,467	3,334,591	3,434,628
CURRENT MATURITIES OF GO BOND DEBT	3,030,000	3,355,000	3,705,000	4,070,000	4,450,000	4,855,000	5,235,000
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,606,719	4,906,317	4,122,368	4,783,945	5,961,565	6,136,357	6,318,990
TOTAL CURRENT LIABILITIES	99,366,174	89,784,561	95,437,341	97,538,870	100,271,053	102,132,355	104,107,918
NONCURRENT LIABILITIES							
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,427,889	28,068,877	26,493,898	24,387,732	95,007,450	91,360,073	86,733,637
GO BOND DEBT NET OF CURRENT MATURITIES	84,143,786	80,905,152	77,277,730	73,246,519	68,796,519	63,941,519	58,706,519
DERIVATIVE INSTRUMENT LIABILITY	178,888	178,888	178,888	178,888	178,888	178,888	178,888
TOTAL LIABILITIES	214,116,736	198,937,478	199,387,856	195,352,008	264,253,909	257,612,834	249,726,961
NET ASSETS							
NET INVESTMENT IN CAPITAL ASSETS	379,576,834	393,031,223	402,215,779	411,294,599	416,273,622	423,311,842	429,924,763
RESTRICTED	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655	1,202,655
TOTAL NET POSITION	\$ 380,779,488	\$ 394,233,878	\$ 403,418,433	\$ 412,497,254	\$ 417,476,277	\$ 424,514,496	\$ 431,127,418
TOTAL LIABILITIES AND NET POSITION	\$ 594,896,225	\$ 593,171,355	\$ 602,806,289	\$ 607,849,262	\$ 681,730,186	\$ 682,127,331	\$ 680,854,379

* Amounts included for Days Cash on Hand calculation

**TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE - 5 YEAR FORECAST - WITH NEW DEBT \$75 MILLION**

	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	FORECAST FYE 6/30/28	FORECAST FYE 6/30/29	FORECAST FYE 6/30/30	FORECAST FYE 6/30/31	FORECAST FYE 6/30/32
OPERATING REVENUE							
Total Gross Revenue	\$ 786,571,794	\$ 832,633,020	\$ 870,157,515	\$ 909,789,426	\$ 951,699,016	\$ 996,079,725	\$ 1,043,141,499
Gross Revenues - Inpatient							
Daily Hospital Service	44,608,784	46,165,624	48,012,249	49,932,739	51,930,048	54,007,250	56,167,540
Ancillary Service - Inpatient	49,765,815	50,938,020	52,975,541	55,094,563	57,298,345	59,590,279	61,973,890
Total Gross Revenue - Inpatient	94,374,599	97,103,644	100,987,790	105,027,302	109,228,394	113,597,530	118,141,431
Gross Revenue - Outpatient	692,197,195	735,529,376	769,169,725	804,762,124	842,470,622	882,482,196	925,000,068
Total Gross Revenue - Outpatient	692,197,195	735,529,376	769,169,725	804,762,124	842,470,622	882,482,196	925,000,068
Deductions from Revenue:							
Contractual Allowances	412,967,391	430,758,414	452,781,991	476,133,620	500,921,886	527,269,683	555,311,016
Charity Care	4,260,220	16,650,339	17,400,725	18,193,252	19,031,327	19,918,818	20,859,922
Bad Debt	8,413,740	12,785,576	13,361,787	13,970,359	14,613,906	15,295,398	16,018,060
Prior Period Settlements	(475,441)	-	-	-	-	-	-
Total Deductions from Revenue	425,165,910	460,194,329	483,544,503	508,297,231	534,567,119	562,483,899	592,188,998
Other Operating Revenue	22,478,598	22,526,539	22,639,172	22,752,368	22,866,130	22,980,461	23,095,363
Wellness Neighborhood-RPT, Grants, Donations	1,000,008	1,598,991	1,662,951	1,729,469	1,798,647	1,870,593	1,945,417
TOTAL OPERATING REVENUE	384,884,490	396,564,221	410,915,135	425,974,031	441,796,674	458,446,880	475,993,282
OPERATING EXPENSES							
Salaries, Wages & Benefits	208,545,480	216,003,306	225,723,454	235,881,010	246,495,655	257,587,960	269,179,418
Benefits Workers Compensation	1,763,090	1,441,460	1,506,326	1,574,110	1,644,945	1,718,968	1,796,321
Benefits Medical Insurance	34,250,298	38,556,416	39,713,108	40,904,502	42,131,637	43,395,586	44,697,453
Professional Fees	12,189,047	14,253,507	13,231,112	13,628,046	14,036,887	14,457,994	14,891,733
Supplies	59,271,982	66,437,104	69,033,743	71,563,637	74,221,841	77,019,076	79,966,871
Purchased Services	27,457,697	31,759,312	30,912,091	31,839,454	32,794,638	33,778,477	34,791,831
Other	13,536,706	14,718,343	15,159,893	15,614,690	16,083,131	16,565,625	17,062,594
TOTAL OPERATING EXPENSE	357,014,299	383,169,448	395,279,728	411,005,449	427,408,734	444,523,684	462,386,222
NET OPERATING REV(EXP) EBIDA	\$ 27,870,191	\$ 13,394,773	\$ 15,635,407	\$ 14,968,582	\$ 14,387,940	\$ 13,923,196	\$ 13,607,059
NON-OPERATING REVENUE							
District and County Taxes	10,293,198	10,624,429	11,293,875	11,810,414	12,147,432	12,493,868	12,849,979
District and County Taxes - GO Bond	5,622,306	5,772,056	6,272,981	6,486,681	6,696,719	6,917,781	7,138,131
Interest Income	4,421,855	3,789,798	3,867,437	3,907,247	5,684,372	7,123,740	5,784,571
Interest Income - GO Bond	-	-	-	-	-	-	-
Donations	2,238,793	8,938,082	2,350,733	2,350,733	2,468,269	2,591,683	2,721,267
Gain/(Loss)	2,410,826	1,981,635	1,976,000	1,976,000	1,976,000	1,976,000	1,976,000
Depreciation	(23,650,093)	(25,881,854)	(27,239,364)	(27,734,063)	(29,902,372)	(29,892,722)	(29,738,662)
Interest Expense	(2,538,263)	(2,325,630)	(2,391,079)	(2,257,485)	(6,218,456)	(6,017,218)	(5,808,989)
Interest Expense - GO Bond	(2,989,147)	(2,838,901)	(2,581,435)	(2,429,289)	(2,260,882)	(2,078,109)	(1,916,435)
TOTAL NON-OPERATING REVENUE	(4,190,524)	59,616	(6,450,851)	(5,889,762)	(9,408,917)	(6,884,976)	(6,994,138)
EXCESS REVENUE(EXPENSE)	\$ 23,679,667	\$ 13,454,390	\$ 9,184,556	\$ 9,078,820	\$ 4,979,023	\$ 7,038,219	\$ 6,612,921
PREVIOUS FORECASTS FROM FY26 BUDGET	\$ 23,958,434	\$ 23,386,024	\$ 18,971,236	\$ 16,827,840	N/A	N/A	N/A
CURRENT FORECASTS VS PREVIOUS	\$ (278,767)	\$ (9,931,634)	\$ (9,786,680)	\$ (7,749,020)	N/A	N/A	N/A

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUE AND EXPENSE - 5 YEAR FORECAST - WITH NEW DEBT \$75 MILLION

	PROJECTED FYE 6/30/26	BUDGET FYE 6/30/27	FORECAST FYE 6/30/28	FORECAST FYE 6/30/29	FORECAST FYE 6/30/30	FORECAST FYE 6/30/31	FORECAST FYE 6/30/32
RETURN ON GROSS REVENUE EBIDA	3.5%	1.6%	1.8%	1.6%	1.5%	1.4%	1.3%
RETURN ON EQUITY	6.6%	5.9%	2.3%	2.3%	1.2%	1.7%	1.6%
RETURN ON EQUITY (excluding donations)	6.0%	1.2%	1.7%	1.7%	0.6%	1.1%	0.9%
INPATIENT REV AS A % OF GROSS REV	12.0%	11.7%	11.6%	11.5%	11.5%	11.4%	11.3%
OUTPATIENT REV AS A % OF GROSS REV	88.0%	88.3%	88.4%	88.5%	88.5%	88.6%	88.7%
CONTRACTUAL ADJ AS A % OF GROSS REV	52.5%	51.7%	52.0%	52.3%	52.6%	52.9%	53.2%
CHARITY CARE AS A % OF GROSS REV	0.5%	2.0%	2.1%	2.2%	2.3%	2.4%	2.5%
BAD DEBT AS A % OF GROSS REV	1.1%	1.5%	1.6%	1.7%	1.8%	1.9%	2.0%
SALARIES, WAGES & BEN AS A % OF NET REV	54.2%	54.5%	54.9%	55.4%	55.8%	56.2%	56.6%
WORKERS COMP AS A % OF NET REV	0.5%	0.4%	0.4%	0.4%	0.4%	0.4%	0.4%
MEDICAL INSURANCE AS A % OF NET REV	8.9%	9.7%	9.7%	9.6%	9.5%	9.5%	9.4%
PROFESSIONAL FEES AS A % OF NET REV	3.2%	3.6%	3.2%	3.2%	3.2%	3.2%	3.1%
SUPPLIES AS A % OF NET REV	15.4%	16.8%	16.8%	16.8%	16.8%	16.8%	16.8%
PURCHASED SVCS AS A % OF NET REV	7.1%	8.0%	7.5%	7.5%	7.4%	7.4%	7.3%
OTHER AS A % OF NET REV	3.5%	3.7%	3.7%	3.7%	3.6%	3.6%	3.6%

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS - 5 YEAR FORECAST - WITH NEW DEBT \$75 MILLION

	PROJECTED FYE 2026		BUDGET FYE 2027	FORECAST FYE 2028	FORECAST FYE 2029	FORECAST FYE 2030	FORECAST FYE 2031	FORECAST FYE 2032
Net Operating Rev/(Exp) - EBIDA	\$ 27,870,191		\$ 13,394,773	\$ 15,635,407	\$ 14,968,582	\$ 14,387,940	\$ 13,923,196	\$ 13,607,059
Interest Income	4,755,755		3,800,000	3,848,027	3,897,295	5,240,091	6,763,898	6,119,363
Property Tax Revenue	11,762,020		12,225,000	12,920,155	13,510,730	13,925,770	14,343,543	14,773,849
Donations	2,141,941		8,938,082	3,009,468	2,350,733	2,456,516	2,579,342	2,708,309
Emergency Funds	-		-	-	-	-	-	-
Debt Service Payments	(3,532,346)		(3,380,396)	(4,028,755)	(4,019,046)	(9,119,243)	(9,109,142)	(8,765,196)
Property Purchase Agreement	(541,285)		-	-	-	-	-	-
Municipal Lease (March 2025)	(1,000,930)		(1,000,932)	(1,000,929)	(1,000,929)	(1,000,929)	(1,000,929)	(667,286)
2017 VR Revenue Bond	(767,496)		(734,295)	(714,332)	(704,623)	(694,720)	(684,618)	(674,315)
2015 Revenue Bond	(1,222,636)		(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)	(1,645,169)
Muni Lease (July 2027)	-		-	(668,325)	(668,325)	(668,325)	(668,325)	(668,325)
New Debt	-		-	-	-	(5,110,101)	(5,110,101)	(5,110,101)
Physician Recruitment	(171,333)		(150,000)	(150,000)	(150,000)	(150,000)	(150,000)	(150,000)
Investment in Capital								
Equipment	(7,012,606)		(6,238,750)	(3,476,150)	(1,939,500)	(4,045,000)	(3,000,000)	(3,000,000)
Muni Lease Reimbursement	2,371,777		2,287,591	4,000,000	-	-	-	-
Debt Reimbursement	-		-	-	-	75,000,000	-	-
IT/EMR/Business Systems	-		(5,659,758)	(1,205,000)	(1,245,000)	(1,670,000)	(2,000,000)	(2,000,000)
Building Projects/Properties	(46,825,788)		(58,553,840)	(40,362,800)	(25,805,400)	(57,161,180)	(63,856,720)	(50,150,000)
Change in Accounts Receivable	5,026,456	N1	(289,055)	21,405	80,183	(2,142,425)	(2,255,333)	(2,377,627)
Change in Settlement Accounts	(7,052,471)	N2	3,242,000	2,095,000	1,012,650	962,017	913,917	868,221
Change in Other Assets	(7,244,035)	N3	(4,000,000)	1,724,190	914,894	786,757	817,846	850,797
Change in Other Liabilities	(1,842,363)	N4	(5,220,000)	7,561,460	2,544,608	2,653,550	2,767,486	2,886,761
Change in Cash Balance	(19,752,804)		(39,604,352)	1,592,407	6,120,729	41,124,792	(38,261,968)	(24,628,464)
Beginning Unrestricted Cash	214,054,647		194,301,843	154,697,491	156,289,898	162,410,628	203,535,420	165,273,452
Ending Unrestricted Cash	194,301,843		154,697,491	156,289,898	162,410,628	203,535,420	165,273,452	140,644,988
Expense Per Day	985,076		1,056,151	1,089,509	1,132,227	1,188,020	1,234,359	1,282,727
Days Cash On Hand	197		146	143	143	171	134	110

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.

		Standard & Poor's Stand-Alone All Hospitals Median Ratios								Comparatives for Tahoe Forest Hospital District		
	Trend	BBB-	BBB	BBB+	A-	A	A+	AA-	AA+	BBB- Good	Better	AA+ Best
EBIDA Margin	↑	7.2%	8.9%	7.0%	9.7%	9.4%	11.7%	11.8%	15.8%	7.2%	9.8%	15.8%
Operating EBIDA Margin	↑	5.0%	6.9%	5.2%	6.0%	8.3%	7.0%	7.7%	10.6%	5.0%	6.9%	10.6%
Operating Margin	↑	0.2%	0.6%	-0.5%	1.1%	3.3%	1.6%	3.5%	6.7%	0.2%	1.6%	6.7%
Excess Margin	↑	2.8%	2.7%	1.7%	4.1%	5.1%	6.5%	6.4%	10.3%	2.8%	4.4%	10.3%
Days' Cash on Hand	↑	108.5	126.3	160.2	216.5	227.1	314.5	374.3	386.7	108.5	236.5	386.7
Days in Accounts Receivable	↓	49.1	47.3	45.5	45.5	46.5	48.4	48.3	62.7	49.1	46.9	62.7
L-T Debt to Capital	↓	39.4%	31.6%	26.1%	25.1%	22.6%	20.5%	16.5%	19.1%	39.4%	23.7%	19.1%
MADS Coverage Ratio (x)	↑	2.9	2.9	2.9	4.1	5.4	5.4	7.2	8.1	2.9	4.7	8.1
Unrestricted Cash to Debt	↑	118.0%	147.6%	176.4%	170.7%	239.7%	297.7%	403.4%	355.0%	118.0%	239.3%	355.0%

U.S. Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2024 - August 7, 2025

Best Ratio

Worst Ratio

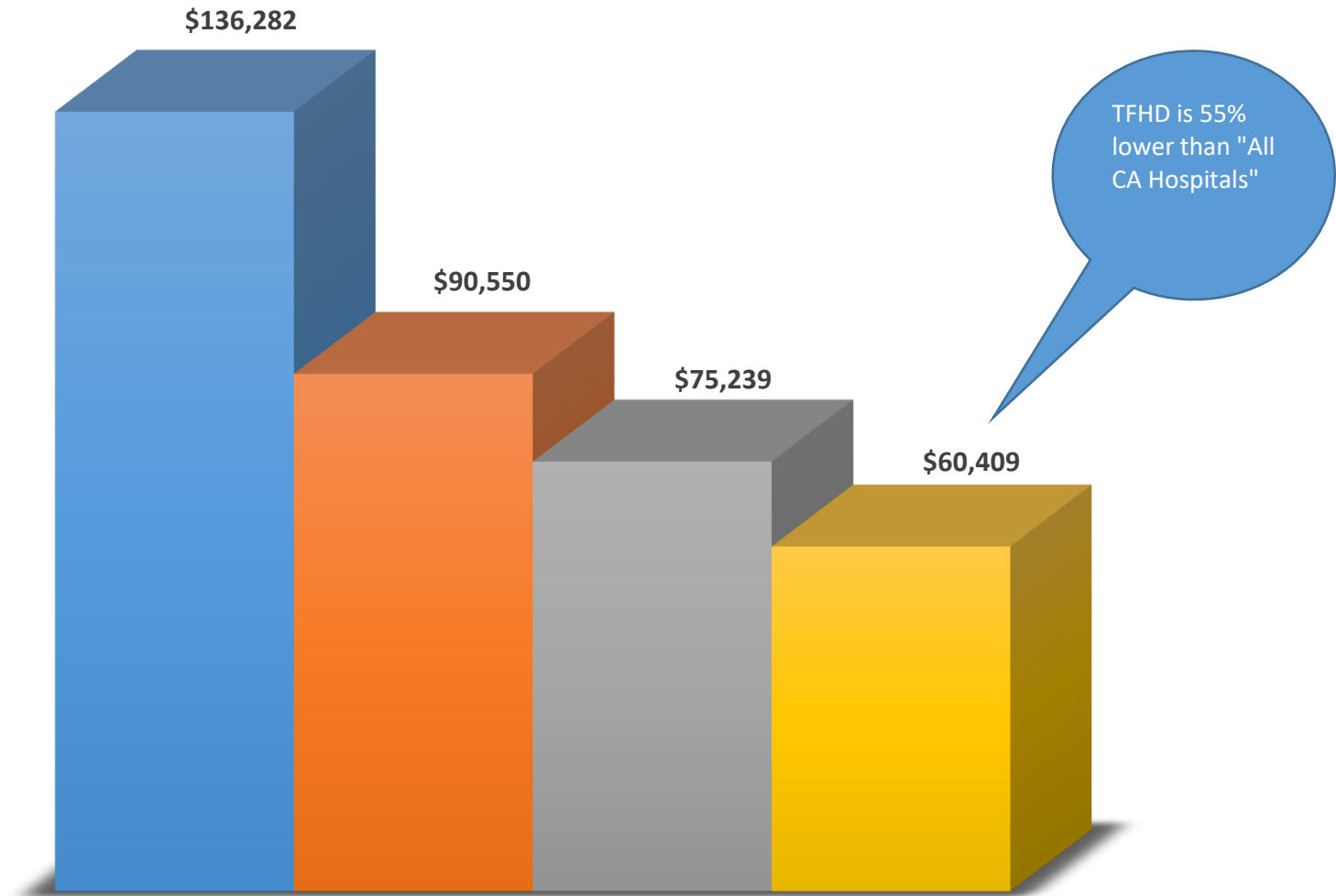
Ratio	Calculation, Definition, and Meaning	Trend
EBIDA Margin	Net income before interest, depreciation, and amortization expense / total operating revenue Measures total cash flow before financial costs (interest). Example: A 7% EBIDA means that each dollar of total operating revenue generates roughly \$.07 in cash flow before any interest expense is paid.	Up
Operating EBIDA Margin	Operating income (income from operations) before interest, depreciation and amortization / total operating revenue Measures operating cash flow before financial costs (interest).	Up
Operating Margin	Operating income / total operating revenue Measures operating profitability. Example: A Margin of 2% means that each dollar of operating revenue generates \$.02 in profits. Typically is a better measure of the sustainable profitability of an organization.	Up
Excess Margin	Net income / total operating revenue Measures overall profitability.	Up
Days' Cash on Hand	Unrestricted cash reserves / [(operating expense minus depreciation and amortization expense)/365] Measures the number of days the organization could continue to pay its average daily cash obligations without new cash resources becoming available.	Up
Days in Accounts Receivable	Net patient accounts receivable / net patient revenue Measures the average time an organization takes to collect its receivables. The quicker receivables are converted into cash, the more liquid the organization is.	Down
L-T Debt to Capital	Long-term debt / (unrestricted net assets+long-term debt) Ratio measures the proportion of debt financing in a business's permanent (long-term) financing mix. This ratio best measures a business's true capital structure.	Down
MADS Coverage Ratio (x)	Net available for debt service (EBIDA) / maximum annual debt service Measures the number of dollars of cash flow available to make the maximum existing debt payment per dollar of debt expense (principal and interest). This ratio recognizes that (1) cash flow pays the bills and (2) debt expense includes principal repayments as well as interest expense.	Up
Unrestricted Cash to Debt	Unrestricted cash reserves / long-term debt Measures the ability of current cash and near-cash holdings to meet a business's debt obligations.	Up

PROFESSIONAL FEES PAID ANALYSIS																	
SUB ACCT & DETAIL	FY 2021 TOTAL	% OF TOTAL PRO FEES	FY 2022 TOTAL	% OF TOTAL PRO FEES	FY 2023 TOTAL	% OF TOTAL PRO FEES	FY 2024 TOTAL	% OF TOTAL PRO FEES	FY 2025 TOTAL	% OF TOTAL PRO FEES	FY 2026 BUDGET	% OF TOTAL PRO FEES	PROJECTED FY 2026 TOTAL	% OF TOTAL PRO FEES	FY 2027 BUDGET	% OF TOTAL PRO FEES	
320 - Physician Fees	\$ 8,649,373.16	51.0%	\$ 8,426,856.27	44.8%	\$ 6,162,064.40	67.0%	\$ 6,019,178.23	64.9%	\$ 6,356,527.14	58.5%	\$ 7,572,793.00	61.5%	\$ 7,464,822.70	61.2%	\$ 7,564,537.00	53.1%	
Medical Director Fees	\$ 103,366.50	0.6%	\$ 30,070.00	0.2%	66,631.25	0.7%	\$ 260,523.70	2.8%	\$ 303,747.00	2.8%	\$ 457,710.00	3.7%	\$ 271,251.40	2.2%	\$ 365,141.00	2.6%	
Medicine Call	\$ 459,792.57	2.7%	\$ 569,460.85	3.0%	559,898.29	6.1%	\$ 677,970.00	7.3%	\$ 1,130,091.26	10.4%	\$ 840,877.00	6.8%	\$ 1,035,783.59	8.5%	\$ 1,277,288.00	9.0%	
Hospitalists Fees	\$ 404,264.93	2.4%	\$ 523,576.27	2.8%	580,269.64	6.3%	\$ 334,185.92	3.6%	\$ 68,626.54	0.6%	\$ 126,568.00	1.0%	\$ 269,623.02	2.2%	\$ 286,506.00	2.0%	
Anesthesia	\$ 2,132,254.01	12.6%	\$ 2,601,458.16	13.8%	1,028,928.50	11.2%	\$ 783,186.00	8.4%	\$ 611,866.00	5.6%	\$ 1,581,000.00	12.8%	\$ 964,282.25	7.9%	\$ 678,516.00	4.8%	
Physician Fees	\$ -	0.0%	\$ 190,106.11	1.0%	19,085.16	0.2%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Multi-specialty Clinic Physician Fees	\$ 3,187,723.25	18.8%	\$ 2,116,561.33	11.3%	1,435,033.79	15.6%	\$ 1,709,631.08	18.4%	\$ 1,423,442.31	13.1%	\$ 1,439,420.00	11.7%	\$ 2,160,992.54	17.7%	\$ 2,614,816.00	18.3%	
Medical Staff Chair Fees	\$ 44,400.00	0.3%	\$ 75,137.50	0.4%	42,175.00	0.5%	\$ 14,850.00	0.2%	\$ 10,325.00	0.1%	\$ -	0.0%	\$ 34,338.00	0.3%	\$ 38,250.00	0.3%	
Med Staff Chairs - Wellness Neighborhood	\$ -	0.0%	\$ -	0.0%	150.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 26,250.00	0.2%	\$ -	0.0%	\$ -	0.0%	
Radiology Guarantee	\$ 426,362.30	2.5%	\$ 368,029.34	2.0%	519,890.36	5.7%	\$ 206,245.46	2.2%	\$ 740,411.84	6.8%	\$ 777,283.00	6.3%	\$ 417,663.78	3.4%	\$ -	0.0%	
Medi-Cal Prime	\$ 800.00	0.0%	\$ -	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Sleep Medicine Clinic IVCH	\$ 61,729.65	0.4%	\$ 1,618.47	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Laboratory	\$ 116,257.47	0.7%	\$ 152,847.21	0.8%	109,104.49	1.2%	\$ 151,433.55	1.6%	\$ 170,476.89	1.6%	\$ 190,125.00	1.5%	\$ 218,849.62	1.8%	\$ 208,460.00	1.5%	
IVCH Medicine Call	\$ 1,712,422.48	10.1%	\$ 1,797,991.03	9.6%	1,800,897.92	19.6%	\$ 1,881,152.52	20.3%	\$ 1,897,540.30	17.5%	\$ 2,133,560.00	17.3%	\$ 2,092,038.50	17.2%	\$ 2,095,560.00	14.7%	
321 - Therapist Fees	\$ 5,921,565.76	34.9%	\$ 7,778,296.70	41.4%	\$ 83,662.55	0.9%	\$ 69,062.62	0.7%	\$ 94,407.75	0.9%	\$ 86,000.00	0.7%	\$ 130,668.39	1.1%	\$ 117,000.00	0.8%	
Cancer Center (Therapist Fees)	\$ 10,307.25	0.1%	\$ 75,935.95	0.4%	68,274.80	0.7%	\$ 69,062.62	0.7%	\$ 94,407.75	0.9%	\$ 86,000.00	0.7%	\$ 130,668.39	1.1%	\$ 117,000.00	0.8%	
Home Health/Hospice Fees	\$ 267,189.41	1.6%	\$ 335,390.51	1.8%	4,790.14	0.1%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Occupational Therapy	\$ 910,428.85	5.4%	\$ 1,268,357.51	6.7%	7,066.03	0.1%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Physical Therapy	\$ 4,492,411.92	26.5%	\$ 5,825,309.38	31.0%	3,231.58	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Speech Therapy	\$ 241,228.33	1.4%	\$ 273,303.35	1.5%	300.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
323 - Legal Fees	\$ 662,296.42	3.9%	\$ 652,763.00	3.5%	\$ 924,947.42	10.1%	\$ 441,521.11	4.8%	\$ 498,343.27	4.6%	\$ 671,874.00	5.5%	\$ 344,643.01	2.8%	\$ 366,179.00	2.6%	
American Arbitrations	\$ 22,725.00	0.1%	\$ -	0.0%	56,000.00	0.6%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Beta Healthcare Group RMS	\$ -	0.0%	\$ -	0.0%	17,352.18	0.2%	\$ 88,323.23	1.0%	\$ 6,372.50	0.1%	\$ 180,000.00	1.5%	\$ 59,753.58	0.5%	\$ 72,000.00	0.5%	
Brooke Barnum-Roberts	\$ 21,460.00	0.1%	\$ -	0.0%	(2,120.00)	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Colantuono, Highsmith, Whatley-District	\$ 51,493.70	0.3%	\$ 4,177.80	0.0%	39,922.30	0.4%	\$ 38,449.00	0.4%	\$ (1,000.41)	0.0%	\$ 36,000.00	0.3%	\$ 31,549.20	0.3%	\$ 30,000.00	0.2%	
Colantuono, Highsmith, Whatley-Board	\$ 24,365.00	0.1%	\$ 13,456.14	0.1%	14,360.74	0.2%	\$ 39,887.16	0.4%	\$ 49,813.77	0.5%	\$ 50,400.00	0.4%	\$ 38,420.68	0.3%	\$ 42,000.00	0.3%	
ECG Management - Corp Compliance	\$ 1,450.00	0.0%	\$ -	0.0%	31,192.42	0.3%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Hooper, Lundy, & Bookman	\$ 146,841.79	0.9%	\$ 244,025.55	1.3%	129,360.80	1.4%	\$ 6,690.50	0.1%	\$ 74,619.86	0.7%	\$ 106,000.00	0.9%	\$ 60,485.50	0.5%	\$ 80,000.00	0.6%	
Hooper, Lundy, & Bookman- Corp Compliance	\$ 80,234.10	0.5%	\$ -	0.0%	-	0.0%	\$ 4,430.00	0.0%	\$ 2,405.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
King and Spalding	\$ 225,581.61	1.3%	\$ 313,468.84	1.7%	352,925.65	3.8%	\$ 607.50	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 3,900.00	0.0%	\$ 24,000.00	0.2%	
Legal Fees HR	\$ 6,407.59	0.0%	\$ -	0.0%	-	0.0%	\$ 21,495.50	0.2%	\$ 6,949.30	0.1%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Litigation Services & Technologies of Nevada	\$ -	0.0%	\$ -	0.0%	200.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Littler Medelson, P C	\$ 6,438.75	0.0%	\$ -	0.0%	418.75	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 3,710.80	0.0%	\$ -	0.0%	
Melendres & Melendres	\$ 1,155.00	0.0%	\$ -	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Porter Simon	\$ 11,907.08	0.1%	\$ -	0.0%	100.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Rybicki & Associates P C	\$ 49,568.71	0.3%	\$ 77,209.67	0.4%	47,008.15	0.5%	\$ 3,957.00	0.0%	\$ 33,201.55	0.3%	\$ 20,000.00	0.2%	\$ 77,105.55	0.6%	\$ 72,464.00	0.5%	
Trucker Huss	\$ 1,280.00	0.0%	\$ -	0.0%	5,000.00	0.1%	\$ -	0.0%	\$ 11,042.50	0.1%	\$ -	0.0%	\$ 497.50	0.0%	\$ -	0.0%	
Wilson Sonsini Goodrich - TIRHR	\$ 139.50	0.0%	\$ -	0.0%	1,666.67	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	
Other Legal	\$ 11,248.59	0.1%	\$ 425.00	0.0%	231,559.76	2.5%	\$ 237,681.22	2.6%	\$ 314,939.20	2.9%	\$ 279,474.00	2.3%	\$ 69,220.20	0.6%	\$ 45,715.00	0.3%	

PROFESSIONAL FEES PAID ANALYSIS																
SUB ACCT & DETAIL	FY 2021 TOTAL	% OF TOTAL PRO FEES	FY 2022 TOTAL	% OF TOTAL PRO FEES	FY 2023 TOTAL	% OF TOTAL PRO FEES	FY 2024 TOTAL	% OF TOTAL PRO FEES	FY 2025 TOTAL	% OF TOTAL PRO FEES	FY 2026 BUDGET	% OF TOTAL PRO FEES	PROJECTED FY 2026 TOTAL	% OF TOTAL PRO FEES	FY 2027 BUDGET	% OF TOTAL PRO FEES
325 - Consulting Fees	\$ 1,727,903.29	10.2%	\$ 1,939,603.32	10.3%	\$ 2,026,649.11	22.0%	\$ 2,742,344.49	29.6%	\$ 3,922,207.74	36.1%	\$ 3,990,392.00	32.4%	\$ 4,248,913.15	34.9%	\$ 6,205,791.00	43.5%
Cancer Center:																
Radiation Oncology Consulting	\$ 180,179.42	1.1%	\$ 209,848.16	1.1%	199,645.90	2.2%	\$ 219,898.95	2.4%	\$ 224,086.75	2.1%	\$ 210,120.00	1.7%	\$ 173,971.00	1.4%	\$ 207,000.00	1.5%
District Matters	\$ 20,685.00	0.1%	\$ 232,112.17	1.2%	119,683.74	1.3%	\$ 763,712.94	8.2%	\$ 745,858.36	6.9%	\$ 726,000.00	5.9%	\$ 586,793.97	4.8%	\$ 1,451,000.00	10.2%
Engineering / Facilities	\$ 9,155.69	0.1%	\$ -	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 100,000.00	0.7%
Finance Administration:																
Bond Services & Rating Agency Fees	\$ -	0.0%	\$ -	0.0%	550.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Cost Report, OSHPD & SCO, Reimbu Analysis	\$ 57,839.00	0.3%	\$ -	0.0%	47,358.00	0.5%	\$ 52,437.74	0.6%	\$ 98,269.50	0.9%	\$ 146,800.00	1.2%	\$ 61,115.25	0.5%	\$ 261,000.00	1.8%
Audit / Tax Firm	\$ 81,061.45	0.5%	\$ 188,443.46	1.0%	126,511.92	1.4%	\$ 155,692.50	1.7%	\$ 147,477.74	1.4%	\$ 129,750.00	1.1%	\$ 151,432.40	1.2%	\$ 99,750.00	0.7%
Strategic / Financial / Market Planning & Analysis	\$ -	0.0%	\$ -	0.0%	45,333.00	0.5%	\$ 98,042.50	1.1%	\$ -	0.0%	\$ 50,000.00	0.4%	\$ 239,236.80	2.0%	\$ 171,650.00	1.2%
Foundations	\$ 48,173.75	0.3%	\$ 50,640.04	0.3%	52,837.58	0.6%	\$ 57,023.45	0.6%	\$ 53,764.08	0.5%	\$ 143,495.00	1.2%	\$ 131,213.52	1.1%	\$ 138,311.00	1.0%
Human Resources	\$ 243,398.75	1.4%	\$ 320,211.92	1.7%	310,536.59	3.4%	\$ 256,282.07	2.8%	\$ 1,032,438.35	9.5%	\$ 854,607.00	6.9%	\$ 1,207,824.91	9.9%	\$ 1,096,200.00	7.7%
Information Technology	\$ 232,658.94	1.4%	\$ 160,117.61	0.9%	368,825.49	4.0%	\$ 554,486.53	6.0%	\$ 474,652.35	4.4%	\$ 460,000.00	3.7%	\$ 598,965.11	4.9%	\$ 1,396,000.00	9.8%
Strata (Formerly KaufmanHall):																
Hospital Advisor/Budget Advisor/Cost Accounting	\$ 462,215.00	2.7%	\$ 272,987.25	1.5%	115,500.00	1.3%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 105,000.00	0.7%
Marketing	\$ 129,505.00	0.8%	\$ 203,440.00	1.1%	221,827.14	2.4%	\$ 268,813.00	2.9%	\$ 293,434.00	2.7%	\$ 550,000.00	4.5%	\$ 337,802.75	2.8%	\$ 265,000.00	1.9%
Medical Staff	\$ -	0.0%	\$ -	0.0%	-	0.0%	\$ 19,150.77	0.2%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
MSC/Managed Care	\$ 176,200.40	1.0%	\$ 187,372.75	1.0%	380,731.70	4.1%	\$ 279,086.13	3.0%	\$ 737,605.79	6.8%	\$ 523,500.00	4.2%	\$ 675,811.76	5.5%	\$ 702,000.00	4.9%
Nursing/Quality Consulting	\$ -	0.0%	\$ (815.77)	0.0%	19,919.17	0.2%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ 100,000.00	0.7%
Process Improvement/Change Management	\$ -	0.0%	\$ 12,526.50	0.1%	-	0.0%	\$ -	0.0%	\$ 102,651.32	0.9%	\$ 182,200.00	1.5%	\$ 69,600.00	0.6%	\$ 96,000.00	0.7%
Pharmacy - Inpatient	\$ 37,025.45	0.2%	\$ -	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
PRIME Program	\$ -	0.0%	\$ -	0.0%	-	0.0%	\$ 100.00	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Community Pharmacy	\$ 8,161.85	0.0%	\$ 5,581.77	0.0%	8,837.23	0.1%	\$ 11,688.00	0.1%	\$ 11,969.50	0.1%	\$ 13,920.00	0.1%	\$ 14,195.68	0.1%	\$ 16,880.00	0.1%
Skilled Nursing Facility	\$ -	0.0%	\$ 150.00	0.0%	-	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Tahoe Institute for Rural Health Research	\$ 28,066.50	0.2%	\$ 38,753.51	0.2%	8,551.65	0.1%	\$ 5,929.91	0.1%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Other Consulting	\$ 13,577.09	0.1%	\$ 56,983.95	0.3%	-	0.0%	\$ -	0.0%	\$ -	0.0%		0.0%	\$ 950.00	0.0%	\$ -	0.0%
GRAND TOTAL TFHS	\$ 16,961,138.63	100.0%	\$ 18,797,519.29	100.0%	\$ 9,197,323.48	100.0%	\$ 9,272,106.45	100.0%	\$ 10,871,485.90	100.0%	\$ 12,321,059.00	100.0%	\$ 12,189,047.25	100.0%	\$ 14,253,507.00	100.0%

GROSS INPATIENT REVENUE PER DISCHARGE

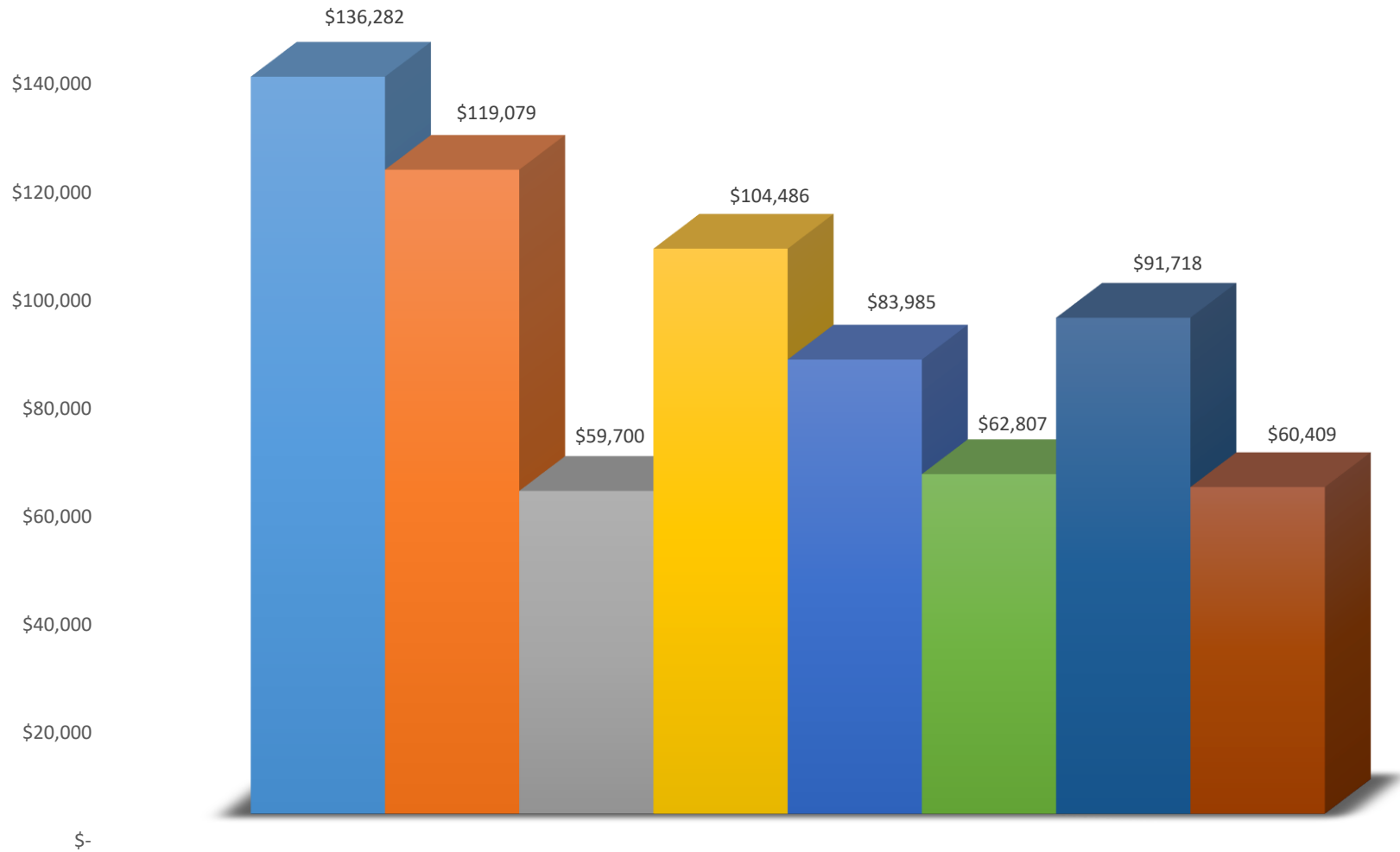
■ All CA Hospitals (298) ■ All CA District Hospitals (32) ■ All CA Rural Hospitals (58) ■ TFHD



SOURCE: 2024 HCAI Hospital Annual Financial Data Profile - Based on 10-06-2025 Data Extract from HCAI Hospital Annual Disclosure Reports
Website: <https://data.chhs.ca.gov/dataset/hospital-annual-financial-data-selected-data-pivot-tables>

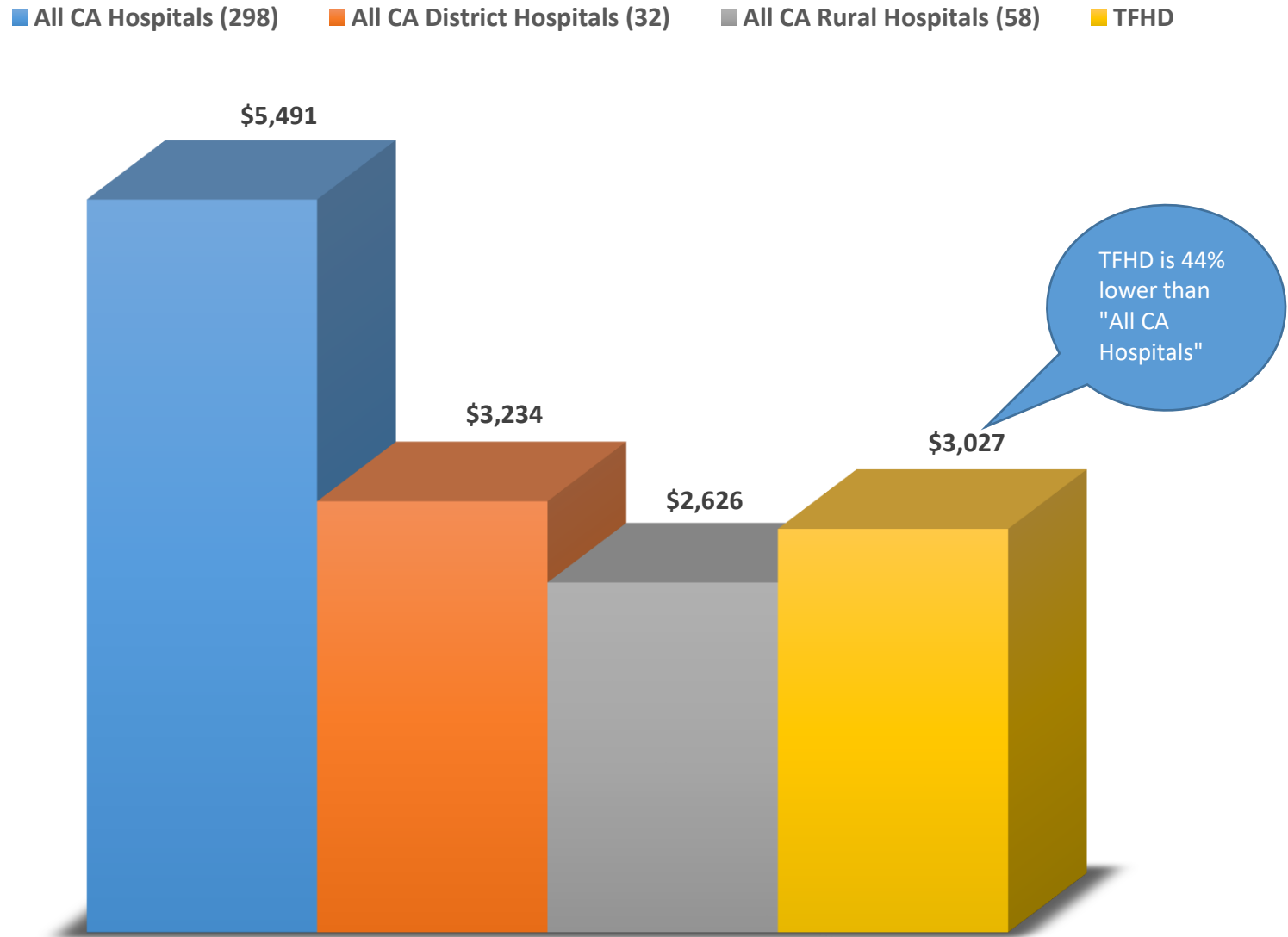
GROSS INPATIENT REVENUE PER DISCHARGE

■ CA Statewide Average ■ Barton Memorial Hospital ■ Mammoth Hospital
 ■ Marshall Medical Center ■ Sierra Nevada Memorial Hospital ■ Sutter Auburn Faith Hospital
 ■ Sutter Roseville Medical Center ■ Tahoe Forest Hospital



SOURCE: 2024 HCAI Hospital Annual Financial Data Profile - Based on 10-06-2025 Data Extract from HCAI Hospital Annual Disclosure Reports
 Website: <https://data.chhs.ca.gov/dataset/hospital-annual-financial-data-selected-data-pivot-tables>

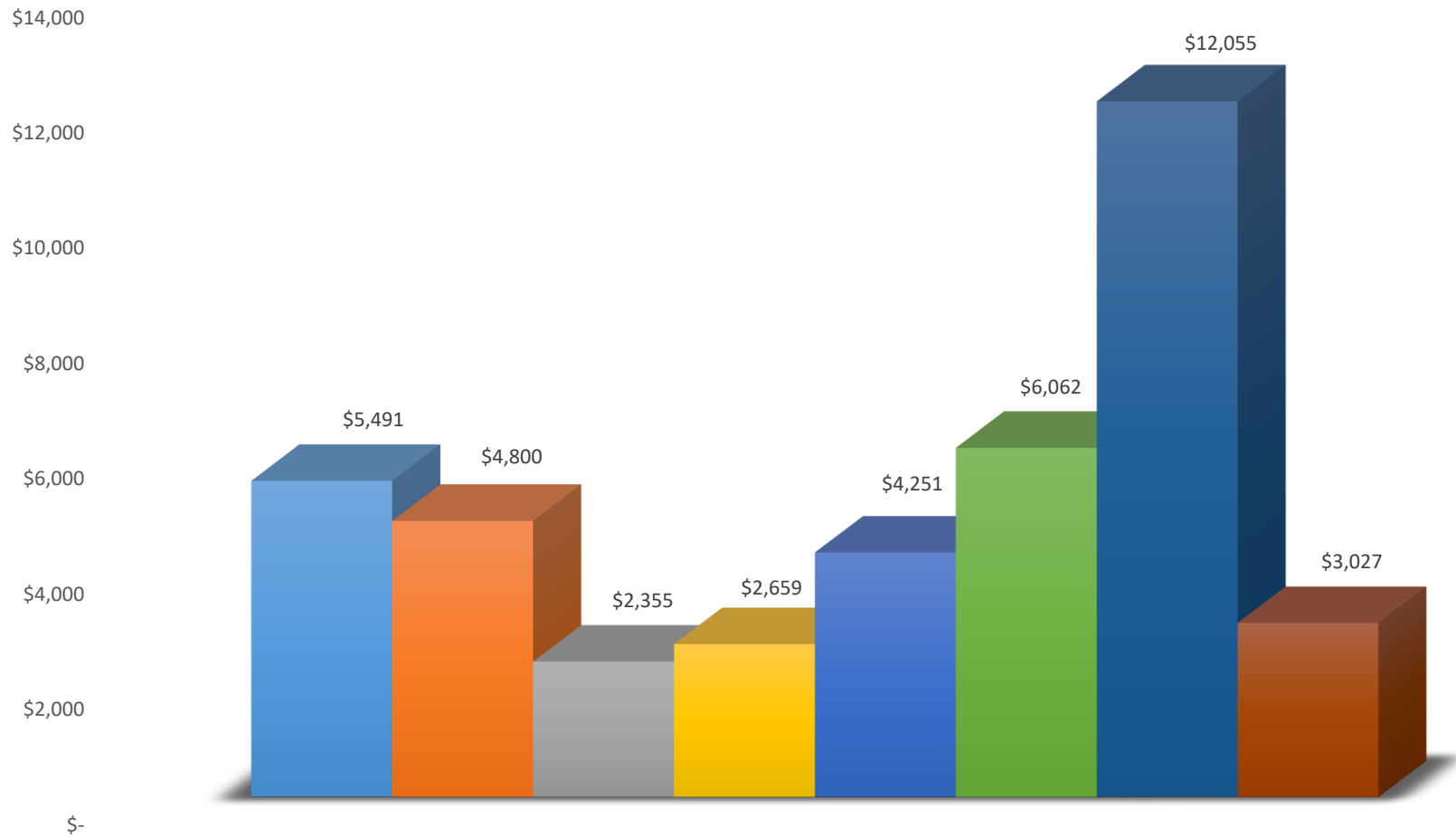
GROSS OUTPATIENT REVENUE PER VISIT



SOURCE: 2024 HCAI Hospital Annual Financial Data Profile - Based on 10-06-2025 Data Extract from HCAI Hospital Annual Disclosure Reports
Website: <https://data.chhs.ca.gov/dataset/hospital-annual-financial-data-selected-data-pivot-tables>

GROSS OUTPATIENT REVENUE PER VISIT

■ CA Statewide Average ■ Barton Memorial Hospital ■ Mammoth Hospital
 ■ Marshall Medical Center ■ Sierra Nevada Memorial Hospital ■ Sutter Auburn Faith Hospital
 ■ Sutter Roseville Medical Center ■ Tahoe Forest Hospital



SOURCE: 2024 HCAI Hospital Annual Financial Data Profile - Based on 10-06-2025 Data Extract from HCAI Hospital Annual Disclosure Reports
 Website: <https://data.chhs.ca.gov/dataset/hospital-annual-financial-data-selected-data-pivot-tables>

TAHOE FOREST HOSPITAL DISTRICT (TFHD)
CHARGE COMPARISON

		Note Reference	CPT Code	Prior To 8/1/2026 TFHD	Rate Increase Effective 8/1/2026 TFHD	Percentile Ranking	Inclusive of TFHD		CALIFORNIA				4 Hospital Average	% TFHD is Higher or (Lower) than the 4 CA Hospital Average
							Average	Median	Barton Memorial	Sutter Auburn Faith	Marshall Medical	Dignity Sierra Nevada		
Emergency Room	Visit - Level 1	(A)	99281	\$ 511	\$ 613	50%	\$ 685	\$ 674	\$ 790	\$ 603	\$ 735	\$ 596	\$ 681	-10.0%
	Visit - Level 2	(A) (B)	99282	\$ 927	\$ 1,112	0%	\$ 1,377	\$ 1,379	\$ 1,637	\$ 1,527	\$ 1,230	\$ 1,232	\$ 1,407	-20.9%
	Visit - Level 3	(A) (B)	99283	\$ 1,673	\$ 2,008	0%	\$ 2,446	\$ 2,447	\$ 2,684	\$ 2,882	\$ 2,210	\$ 2,026	\$ 2,451	-18.1%
	Visit - Level 4	(A) (B)	99284	\$ 2,763	\$ 3,316	0%	\$ 4,096	\$ 4,172	\$ 4,726	\$ 4,634	\$ 3,710	\$ 3,973	\$ 4,261	-22.2%
	Visit - Level 5	(A) (B)	99285	\$ 4,064	\$ 4,877	0%	\$ 5,953	\$ 6,061	\$ 6,815	\$ 6,672	\$ 5,450	\$ 6,118	\$ 6,264	-22.1%
Laboratory	Basic Metabolic Panel	(B)	80048	\$ 163	\$ 122	0%	\$ 335	\$ 379	\$ 459	\$ 383	\$ 375	\$ 305	\$ 380	-67.9%
	Blood Gas Analysis, including O ₂ saturation	(B)	82805/82803	\$ 343	\$ 257	0%	\$ 667	\$ 748	\$ 915	\$ 861	\$ 636	\$ 651	\$ 766	-66.4%
	Complete Blood Count, automated	(B)	85027	\$ 119	\$ 89	0%	\$ 204	\$ 215	\$ 297	\$ 178	\$ 252	\$ 201	\$ 232	-61.5%
	Complete Blood Count, with differential WBC, automated	(B)	85025	\$ 148	\$ 111	0%	\$ 226	\$ 202	\$ 388	\$ 217	\$ 188	\$ 267	\$ 265	-58.1%
	Comprehensive Metabolic Panel	(B)	80053	\$ 202	\$ 152	0%	\$ 405	\$ 432	\$ 606	\$ 471	\$ 392	\$ 372	\$ 460	-67.1%
	Cratine Kinase (CK), (CPK), Total	(B)	82550	\$ 134	\$ 101	0%	\$ 244	\$ 267	\$ 343	\$ 243	\$ 291	\$ 239	\$ 279	-64.0%
	Lipid Panel	(B)	80061	\$ 256	\$ 192	25%	\$ 269	\$ 268	\$ 388	\$ 343	\$ 154	\$ 281	\$ 291	-34.1%
	Partial Thromboplastin Time	(B)	85730	\$ 126	\$ 95	0%	\$ 211	\$ 222	\$ 303	\$ 221	\$ 224	\$ 229	\$ 244	-61.3%
	Prothrombin Time	(B)	85610	\$ 83	\$ 62	0%	\$ 141	\$ 163	\$ 168	\$ 158	\$ 177	\$ 144	\$ 162	-61.5%
	Thyroid Stimulating Hormone (TSH)	(B)	84443	\$ 305	\$ 229	25%	\$ 276	\$ 271	\$ 393	\$ 313	\$ 170	\$ 264	\$ 285	-19.8%
	Troponin, Quantitative	(B)	84484	\$ 292	\$ 219	0%	\$ 454	\$ 495	\$ 608	\$ 463	\$ 528	\$ 431	\$ 507	-56.8%
	Urinalysis, without microscopy	(B)	81002-81003	\$ 51	\$ 38	0%	\$ 65	\$ 55	\$ 111	\$ 47	\$ 63	\$ 97	\$ 80	-51.9%
	Urinalysis, with microscopy	(B)	81000-81001	\$ 63	\$ 47	0%	\$ 118	\$ 133	\$ 159	\$ 141	\$ 125	\$ 116	\$ 135	-65.1%
Diagnostic Imaging	Xray - Chest two views	(B)	71046	\$ 516	\$ 542	25%	\$ 867	\$ 907	\$ 1,114	\$ 804	\$ 1,010	\$ 293	\$ 805	-32.7%
	Xray - Lower Back - four views	(B)	72110	\$ 942	\$ 989	25%	\$ 1,273	\$ 1,278	\$ 1,548	\$ 1,151	\$ 1,406	\$ 327	\$ 1,108	-10.7%
	MRI - Head or Brain without contrast followed by contrast	(B)	70553	\$ 6,272	\$ 6,586	25%	\$ 7,430	\$ 7,401	\$ 8,079	\$ 8,334	\$ 6,723	\$ 2,167	\$ 6,326	4.1%
	Mammography - Screening, Bilateral	(B)	77067	\$ 588	\$ 617	50%	\$ 676	\$ 618	\$ 868	\$ 602	\$ 618	\$ 614	\$ 676	-8.6%
	US - OB, 14 weeks or more, transabdominal	(B)	76805	\$ 1,188	\$ 1,247	25%	\$ 1,678	\$ 1,375	\$ 2,717	\$ 1,479	\$ 1,270	\$ 316	\$ 1,446	-13.7%
	US - Abdomen complete	(B)	76700	\$ 1,188	\$ 1,247	25%	\$ 2,001	\$ 1,766	\$ 3,225	\$ 1,887	\$ 1,645	\$ 520	\$ 1,819	-31.4%
	CT Scan - Pelvis, with contrast	(B)	72193	\$ 3,620	\$ 3,801	25%	\$ 5,427	\$ 5,378	\$ 7,151	\$ 5,746	\$ 5,011	\$ 1,860	\$ 4,942	-23.1%
	CT Scan - Head or Brain without contrast	(B)	70450	\$ 2,380	\$ 2,499	25%	\$ 4,199	\$ 4,419	\$ 5,460	\$ 4,312	\$ 4,525	\$ 1,240	\$ 3,884	-35.7%
	CT Scan - Abdomen with contrast	(B)	74160	\$ 3,620	\$ 3,801	25%	\$ 5,136	\$ 4,795	\$ 7,151	\$ 4,755	\$ 4,836	\$ 1,860	\$ 4,650	-18.3%
Room Rates	Intensive Care Unit			\$ 11,331	\$ 11,898	25%	\$ 14,180	\$ 13,566	\$ 19,304	\$ 15,234	\$ 10,285	\$ 15,169	\$ 14,998	-20.7%
	Medical/Surgical Unit - Private			\$ 5,529	\$ 5,805	75%	\$ 5,931	\$ 5,363	\$ 8,388	\$ 4,610	\$ 4,921	\$ 5,644	\$ 5,891	-1.4%
	Nursery Unit			\$ 1,559	\$ 1,637	0%	\$ 2,805	\$ 2,536	\$ 2,536	N/A	\$ 4,243	\$ 3,263	\$ 3,347	-51.1%
	Skilled Nursing Facility			\$ 762	\$ 800	100%	\$ 800	\$ 800	N/A	N/A	N/A	N/A	N/A	N/A
Average of all 25 common outpatient procedures noted by (B) above				\$ 1,118	\$ 1,179	25%	\$ 1,609	\$ 1,598	\$ 2,060	\$ 1,686	\$ 1,511	\$ 801	\$ 1,514	-22.1%

(C)
(D)

(C)
(D)

Note Reference:

(A) Level 1 - low severity - example a toothache with treatment other than a prescription, Plan B Rx.
Level 2 - low to moderate severity - minor illness with no lab or x-ray other than a simple strep screen or UTI, abrasions, small cuts with no suturing
Level 3 - moderate severity - labs, x-rays, medications simple lacerations with sutures, simple asthma that resolves, sprains
Level 4 - moderate to high severity - IV's for hydration, IV medications, splinting of fractures that are straight forward, simple chest pain, asthma that needs repeated breathing treatment or medications
Level 5 - high severity - traumas, transfers, GI bleeds, overdoses, sedation for fracture reductions

(B) Charge is listed in the 25 most common outpatient procedures performed in a hospital per HCAI: <https://hcai.ca.gov/data/cost-transparency/hospital-chargemasters/>

(C) Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Laboratory reflects the Outpatient pricing.

(D) Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Diagnostic Imaging reflects the Outpatient pricing.

Charge is lower than TFHD

Charge is higher than TFHD

TFHDs percentile ranking is lower than the 50th

TFHDs percentile ranking is higher than the 50th

Source: Each individual Hospital's website posted chargemaster

Definitions: Median - is the middle value in a list ordered from smallest to largest.
N/A - Not Applicable or Not Available

TAHOE FOREST HOSPITAL DISTRICT (TFHD)
CHARGE COMPARISON

		Note Reference	CPT Code	Prior To 8/1/2026 TFHD	Proposed Rate Increase Effective 8/1/2026 TFHD	Percentile Ranking	Inclusive of TFHD Average Median		NEVADA			3 Hospital Average	% TFHD is Higher or (Lower) than the 3 NV Hospital Average
Emergency Room	Visit - Level 1	(A)	99281	\$ 511	\$ 613	67%	\$ 573	\$ 564	\$ 660	\$ 515	\$ 504	\$ 560	9.6%
	Visit - Level 2	(A) (B)	99282	\$ 927	\$ 1,112	67%	\$ 1,037	\$ 1,028	\$ 1,188	\$ 943	\$ 905	\$ 1,012	9.9%
	Visit - Level 3	(A) (B)	99283	\$ 1,673	\$ 2,008	67%	\$ 1,764	\$ 1,848	\$ 2,215	\$ 1,144	\$ 1,689	\$ 1,683	19.3%
	Visit - Level 4	(A) (B)	99284	\$ 2,763	\$ 3,316	67%	\$ 2,782	\$ 2,932	\$ 3,407	\$ 1,856	\$ 2,548	\$ 2,604	27.3%
	Visit - Level 5	(A) (B)	99285	\$ 4,064	\$ 4,877	67%	\$ 4,324	\$ 4,737	\$ 4,598	\$ 2,705	\$ 5,116	\$ 4,140	17.8%
Laboratory	Basic Metabolic Panel	(B)	80048	\$ 163	\$ 122	33%	\$ 178	\$ 167	\$ 63	\$ 211	\$ 316	\$ 197	-37.9%
	Blood Gas Analysis, including O ₂ saturation	(B)	82805/82803	\$ 343	\$ 257	67%	\$ 245	\$ 242	\$ 169	\$ 328	\$ 226	\$ 241	6.7%
	Complete Blood Count, automated	(B)	85027	\$ 119	\$ 89	33%	\$ 104	\$ 98	\$ 49	\$ 107	\$ 171	\$ 109	-18.1%
	Complete Blood Count, with differential WBC, automated	(B)	85025	\$ 148	\$ 111	33%	\$ 130	\$ 119	\$ 58	\$ 127	\$ 224	\$ 136	-18.6%
	Comprehensive Metabolic Panel	(B)	80053	\$ 202	\$ 152	33%	\$ 244	\$ 222	\$ 74	\$ 293	\$ 458	\$ 275	-44.9%
	Cratine Kinase (CK), (CPK), Total	(B)	82550	\$ 134	\$ 101	33%	\$ 129	\$ 117	\$ 49	\$ 133	\$ 233	\$ 138	-27.3%
	Lipid Panel	(B)	80061	\$ 256	\$ 192	33%	\$ 205	\$ 200	\$ 94	\$ 209	\$ 327	\$ 210	-8.5%
	Partial Thromboplastin Time	(B)	85730	\$ 126	\$ 95	33%	\$ 142	\$ 137	\$ 45	\$ 250	\$ 180	\$ 158	-40.3%
	Prothrombin Time	(B)	85610	\$ 83	\$ 62	33%	\$ 115	\$ 97	\$ 32	\$ 234	\$ 131	\$ 132	-53.0%
	Thyroid Stimulating Hormone (TSH)	(B)	84443	\$ 305	\$ 229	67%	\$ 221	\$ 221	\$ 118	\$ 213	\$ 323	\$ 218	4.9%
	Troponin, Quantitative	(B)	84484	\$ 292	\$ 219	67%	\$ 197	\$ 180	\$ 87	\$ 141	\$ 340	\$ 189	15.7%
	Urinalysis, without microscopy	(B)	81002-81003	\$ 51	\$ 38	67%	\$ 50	\$ 38	\$ 26	\$ 37	\$ 97	\$ 53	-28.3%
	Urinalysis, with microscopy	(B)	81000-81001	\$ 63	\$ 47	33%	\$ 77	\$ 70	\$ 24	\$ 93	\$ 143	\$ 87	-45.4%
Diagnostic Imaging	Xray - Chest two views	(B)	71046	\$ 516	\$ 542	67%	\$ 559	\$ 539	\$ 763	\$ 396	\$ 536	\$ 565	-4.1%
	Xray - Lower Back - four views	(B)	72110	\$ 942	\$ 989	67%	\$ 882	\$ 832	\$ 1,286	\$ 579	\$ 675	\$ 847	16.8%
	MRI - Head or Brain without contrast followed by contrast	(B)	70553	\$ 6,272	\$ 6,586	67%	\$ 7,696	\$ 5,912	\$ 2,653	\$ 5,239	\$ 16,305	\$ 8,066	-18.3%
	Mammography - Screening, Bilateral	(B)	77067	\$ 588	\$ 617	33%	\$ 612	\$ 641	\$ 665	\$ 434	\$ 733	\$ 611	1.1%
	US - OB, 14 weeks or more, transabdominal	(B)	76805	\$ 1,188	\$ 1,247	0%	\$ 1,881	\$ 1,425	\$ 1,462	\$ 1,388	\$ 3,426	\$ 2,092	-40.4%
	US - Abdomen complete	(B)	76700	\$ 1,188	\$ 1,247	0%	\$ 2,179	\$ 1,494	\$ 1,299	\$ 1,689	\$ 4,480	\$ 2,489	-49.9%
	CT Scan - Pelvis, with contrast	(B)	72193	\$ 3,620	\$ 3,801	67%	\$ 4,783	\$ 3,238	\$ 1,686	\$ 2,676	\$ 10,969	\$ 5,110	-25.6%
	CT Scan - Head or Brain without contrast	(B)	70450	\$ 2,380	\$ 2,499	33%	\$ 3,724	\$ 2,589	\$ 798	\$ 2,678	\$ 8,920	\$ 4,132	-39.5%
Room Rates	Intensive Care Unit			\$ 11,331	\$ 11,898	100%	\$ 8,055	\$ 7,836	\$ 5,419	\$ 4,650	\$ 10,252	\$ 6,774	75.6%
	Medical/Surgical Unit - Private			\$ 5,529	\$ 5,805	67%	\$ 4,446	\$ 4,388	\$ 2,971	\$ 2,295	\$ 6,712	\$ 3,993	45.4%
	Nursery Unit			\$ 1,559	\$ 1,637	33%	\$ 1,655	\$ 1,703	\$ 1,769	\$ 1,300	\$ 1,916	\$ 1,662	-1.5%
	Skilled Nursing Facility			\$ 762	\$ 800	100%	\$ 800	\$ 800	N/A	N/A	N/A	N/A	N/A
	Average of all 25 common outpatient procedures noted by (B) above			\$ 1,118	\$ 1,179	67%	\$ 1,394	\$ 1,077	\$ 799	\$ 974	\$ 2,623	\$ 1,466	-19.5%
									(C) (D)				

Note Reference:

(A) Level 1 - low severity - example a toothache with treatment other than a prescription, Plan B Rx.
Level 2 - low to moderate severity - minor illness with no lab or x-ray other than a simple strep screen or UTI, abrasions, small cuts with no suturing
Level 3 - moderate severity - labs, x-rays, medications simple lacerations with sutures, simple asthma that resolves, sprains
Level 4 - moderate to high severity - IV's for hydration, IV medications, splinting of fractures that are straight forward, simple chest pain, asthma that needs repeated breathing treatment or medications
Level 5 - high severity - traumas, transfers, GI bleeds, overdoses, sedation for fracture reductions

(B) Charge is listed in the 25 most common outpatient procedures performed in a hospital per HCAI: <https://hcai.ca.gov/data/cost-transparency/hospital-chargemasters/>

(C) Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Laboratory reflects the Outpatient pricing.

(D) Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Diagnostic Imaging reflects the Outpatient pricing.

Charge is lower than TFHD
Charge is higher than TFHD
TFHDs percentile ranking is lower than the 50th
TFHDs percentile ranking is higher than the 50th

Source: Each individual Hospital's website posted chargemaster

Definitions: Median - is the middle value in a list ordered from smallest to largest.
N/A - Not Applicable or Not Available

TAHOE FOREST HOSPITAL DISTRICT
CHARGE COMPARISON
HOSPITAL TO HOSPITAL WITH OUTPATIENT LOWER TIERED PRICING

		Note Reference	CPT Code	Prior To 8/1/2026 TFHD	Proposed Rate Increase Effective 8/1/2026 TFHD	Percentile Ranking	Inclusive of TFHD Average Median		CALIFORNIA				NEVADA			7 Hospital Average	7 Hospital Median	7 Hospital Average % Var.	7 Hospital Median % Var.
Emergency Room	Visit - Level 1	(A)	99281	\$ 511	\$ 613	57%	\$ 627	\$ 603	\$ 790	\$ 603	\$ 735	\$ 596	\$ 660	\$ 515	\$ 504	\$ 629	\$ 603	-2.5%	1.7%
	Visit - Level 2	(A) (B)	99282	\$ 927	\$ 1,112	29%	\$ 1,222	\$ 1,188	\$ 1,637	\$ 1,527	\$ 1,230	\$ 1,232	\$ 1,188	\$ 943	\$ 905	\$ 1,237	\$ 1,230	-10.1%	-9.6%
	Visit - Level 3	(A) (B)	99283	\$ 1,673	\$ 2,008	29%	\$ 2,107	\$ 2,026	\$ 2,684	\$ 2,882	\$ 2,210	\$ 2,026	\$ 2,215	\$ 1,144	\$ 1,689	\$ 2,121	\$ 2,210	-5.4%	-9.2%
	Visit - Level 4	(A) (B)	99284	\$ 2,763	\$ 3,316	29%	\$ 3,521	\$ 3,407	\$ 4,726	\$ 4,634	\$ 3,710	\$ 3,973	\$ 3,407	\$ 1,856	\$ 2,548	\$ 3,551	\$ 3,710	-6.6%	-10.6%
	Visit - Level 5	(A) (B)	99285	\$ 4,064	\$ 4,877	29%	\$ 5,294	\$ 5,116	\$ 6,815	\$ 6,672	\$ 5,450	\$ 6,118	\$ 4,598	\$ 2,705	\$ 5,116	\$ 5,353	\$ 5,450	-8.9%	-10.5%
Laboratory	Basic Metabolic Panel	(B)	80048	\$ 163	\$ 122	14%	\$ 279	\$ 305	\$ 459	\$ 383	\$ 375	\$ 305	\$ 63	\$ 211	\$ 316	\$ 302	\$ 316	-59.5%	-61.3%
	Blood Gas Analysis, including O ₂ saturation	(B)	82805/82803	\$ 343	\$ 257	29%	\$ 505	\$ 328	\$ 915	\$ 861	\$ 636	\$ 651	\$ 169	\$ 328	\$ 226	\$ 541	\$ 636	-52.4%	-59.6%
	Complete Blood Count, automated	(B)	85027	\$ 119	\$ 89	14%	\$ 168	\$ 171	\$ 297	\$ 178	\$ 252	\$ 201	\$ 49	\$ 107	\$ 171	\$ 179	\$ 178	-50.2%	-49.9%
	Complete Blood Count, with differential WBC, automated	(B)	85025	\$ 148	\$ 111	14%	\$ 197	\$ 188	\$ 388	\$ 217	\$ 188	\$ 267	\$ 58	\$ 127	\$ 224	\$ 210	\$ 217	-47.1%	-48.8%
	Comprehensive Metabolic Panel	(B)	80053	\$ 202	\$ 152	14%	\$ 352	\$ 372	\$ 606	\$ 471	\$ 392	\$ 372	\$ 74	\$ 293	\$ 458	\$ 381	\$ 392	-60.2%	-61.4%
	Cratine Kinase (CK), (CPK), Total	(B)	82550	\$ 134	\$ 101	14%	\$ 204	\$ 233	\$ 343	\$ 243	\$ 291	\$ 239	\$ 49	\$ 133	\$ 233	\$ 219	\$ 239	-54.0%	-57.9%
	Lipid Panel	(B)	80061	\$ 256	\$ 192	29%	\$ 248	\$ 209	\$ 388	\$ 343	\$ 154	\$ 281	\$ 94	\$ 209	\$ 327	\$ 256	\$ 281	-25.1%	-31.7%
	Partial Thromboplastin Time	(B)	85730	\$ 126	\$ 95	14%	\$ 193	\$ 221	\$ 303	\$ 221	\$ 224	\$ 229	\$ 45	\$ 250	\$ 180	\$ 207	\$ 224	-54.4%	-57.7%
	Prothrombin Time	(B)	85610	\$ 83	\$ 62	14%	\$ 138	\$ 144	\$ 168	\$ 158	\$ 177	\$ 144	\$ 32	\$ 234	\$ 131	\$ 149	\$ 158	-58.3%	-60.6%
	Thyroid Stimulating Hormone (TSH)	(B)	84443	\$ 305	\$ 229	43%	\$ 253	\$ 229	\$ 393	\$ 313	\$ 170	\$ 264	\$ 118	\$ 213	\$ 323	\$ 256	\$ 264	-10.8%	-13.4%
	Troponin, Quantitative	(B)	84484	\$ 292	\$ 219	29%	\$ 352	\$ 340	\$ 608	\$ 463	\$ 528	\$ 431	\$ 87	\$ 141	\$ 340	\$ 371	\$ 431	-41.0%	-49.2%
	Urinalysis, without microscopy	(B)	81002-81003	\$ 51	\$ 38	29%	\$ 65	\$ 47	\$ 111	\$ 47	\$ 63	\$ 97	\$ 26	\$ 37	\$ 97	\$ 68	\$ 63	-44.0%	-39.6%
	Urinalysis, with microscopy	(B)	81000-81001	\$ 63	\$ 47	14%	\$ 106	\$ 116	\$ 159	\$ 141	\$ 125	\$ 116	\$ 24	\$ 93	\$ 143	\$ 114	\$ 125	-58.7%	-62.3%
Diagnostic Imaging	Xray - Chest two views	(B)	71046	\$ 516	\$ 542	43%	\$ 682	\$ 542	\$ 1,114	\$ 804	\$ 1,010	\$ 293	\$ 763	\$ 396	\$ 536	\$ 702	\$ 763	-22.8%	-29.0%
	Xray - Lower Back - four views	(B)	72110	\$ 942	\$ 989	43%	\$ 995	\$ 989	\$ 1,548	\$ 1,151	\$ 1,406	\$ 327	\$ 1,286	\$ 579	\$ 675	\$ 996	\$ 1,151	-0.7%	-14.1%
	MRI - Head or Brain without contrast followed by contrast	(B)	70553	\$ 6,272	\$ 6,586	43%	\$ 7,011	\$ 6,586	\$ 8,079	\$ 8,334	\$ 6,723	\$ 2,167	\$ 2,653	\$ 5,239	\$ 16,305	\$ 7,071	\$ 6,723	-6.9%	-2.0%
	Mammography - Screening, Bilateral	(B)	77067	\$ 588	\$ 617	43%	\$ 644	\$ 617	\$ 868	\$ 602	\$ 618	\$ 614	\$ 665	\$ 434	\$ 733	\$ 648	\$ 618	-4.7%	-0.1%
	US - OB, 14 weeks or more, transabdominal	(B)	76805	\$ 1,188	\$ 1,247	14%	\$ 1,663	\$ 1,388	\$ 2,717	\$ 1,479	\$ 1,270	\$ 316	\$ 1,462	\$ 1,388	\$ 3,426	\$ 1,723	\$ 1,462	-27.6%	-14.7%
	US - Abdomen complete	(B)	76700	\$ 1,188	\$ 1,247	14%	\$ 1,999	\$ 1,645	\$ 3,225	\$ 1,887	\$ 1,645	\$ 520	\$ 1,299	\$ 1,689	\$ 4,480	\$ 2,107	\$ 1,689	-40.8%	-26.2%
	CT Scan - Pelvis, with contrast	(B)	72193	\$ 3,620	\$ 3,801	43%	\$ 4,862	\$ 3,801	\$ 7,151	\$ 5,746	\$ 5,011	\$ 1,860	\$ 1,686	\$ 2,676	\$ 10,969	\$ 5,014	\$ 5,011	-24.2%	-24.1%
	CT Scan - Head or Brain without contrast	(B)	70450	\$ 2,380	\$ 2,499	29%	\$ 3,804	\$ 2,678	\$ 5,460	\$ 4,312	\$ 4,525	\$ 1,240	\$ 798	\$ 2,678	\$ 8,920	\$ 3,990	\$ 4,312	-37.4%	-42.0%
	CT Scan - Abdomen with contrast	(B)	74160	\$ 3,620	\$ 3,801	43%	\$ 4,782	\$ 3,801	\$ 7,151	\$ 4,755	\$ 4,836	\$ 1,860	\$ 1,674	\$ 2,957	\$ 11,218	\$ 4,922	\$ 4,755	-22.8%	-20.1%
Room Rates	Intensive Care Unit			\$ 11,331	\$ 11,898	57%	\$ 11,526	\$ 10,285	\$ 19,304	\$ 15,234	\$ 10,285	\$ 15,169	\$ 5,419	\$ 4,650	\$ 10,252	\$ 11,473	\$ 10,285	3.7%	15.7%
	Medical/Surgical Unit - Private			\$ 5,529	\$ 5,805	71%	\$ 5,168	\$ 4,921	\$ 8,388	\$ 4,610	\$ 4,921	\$ 5,644	\$ 2,971	\$ 2,295	\$ 6,712	\$ 5,077	\$ 4,921	14.3%	18.0%
	Nursery Unit			\$ 1,559	\$ 1,637	17%	\$ 2,381	\$ 1,843	\$ 2,536	N/A	\$ 4,243	\$ 3,263	\$ 1,769	\$ 1,300	\$ 1,916	\$ 2,504	\$ 2,226	-34.6%	-26.5%
	Skilled Nursing Facility			\$ 762	\$ 800	0%	\$ 2,431	\$ 1,687	N/A	\$ 3,919	N/A	\$ 2,574	N/A	N/A	N/A	\$ 3,247	\$ 3,247	-75.4%	-75.4%
	Average of all 25 common outpatient procedures noted by (B) above			\$ 1,118	\$ 1,179	57%	\$ 1,226	\$ 974	\$ 2,060	\$ 1,686	\$ 1,511	\$ 801	\$ 799	\$ 799	\$ 974	\$ 1,233	\$ 974	-4.4%	21.0%
									(C) (D)	(C) (D)									

Note Reference:

- (A)Level 1 - low severity - example a toothache with treatment other than a prescription, Plan B Rx.
Level 2 - low to moderate severity - minor illness with no lab or x-ray other than a simple strep screen or UTI, abrasions, small cuts with no suturing
Level 3 - moderate severity - labs, x-rays, medications simple lacerations with sutures, simple asthma that resolves, sprains
Level 4 - moderate to high severity - IV's for hydration, IV medications, splinting of fractures that are straight forward, simple chest pain, asthma that needs repeated breathing treatment or medications
Level 5 - high severity - traumas, transfers, GI bleeds, overdoses, sedation for fracture reductions

- (B)Charge is listed in the 25 most common outpatient procedures performed in a hospital per HCAI: <https://hcai.ca.gov/data/cost-transparency/hospital-chargemasters/>

- (C)Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Laboratory reflects the Outpatient pricing.

- (D)Facility has different tiered pricing for Inpatient and Outpatient. Pricing for Diagnostic Imaging reflects the Outpatient pricing.

Charge is lower than TFHD
Charge is higher than TFHD
TFHDs percentile ranking is lower than the 50th
TFHDs percentile ranking is higher than the 50th

Source: Each individual Hospital's website posted chargemaster

Definitions: Median - is the middle value in a list ordered from smallest to largest.
N/A - Not Applicable or Not Available



AGENDA ITEM COVER SHEET

MEETING DATE: May 28, 2026	ITEM: 10.3. TFHD 3 Year Capital Plan – FY 2028 - 2030
DEPARTMENT: Administration / Finance	TYPE OF AGENDA ITEM: ☒ Action ☐ Consent ☐ Discussion
RESPONSIBLE PARTY: Anna Roth, President & CEO Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other 3 Year Capital Plan–FY 2028-2030
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: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.3 states, "Adopts annual budgets of the District, including both operating and capital expenditure budgets."	
SUMMARY/OBJECTIVES: To provide the Board with an overview of the District's three-year Capital Plan, including planned projects, funding strategies, and anticipated impacts on operations and financial performance, in order to support informed decision-making and effective oversight of capital investments.	
SUGGESTED DISCUSSION POINTS: • Summary of the three-year capital plan, including total investment • Major projects and strategic priorities • Criteria used to prioritize projects (e.g., safety, regulatory compliance, asset condition, capacity) • Tradeoffs between competing needs • Sources of funding (rates, reserves, grants, external funding) • Key project timelines and sequencing • Dependencies and coordination across projects • Federal and State mandates shaping capital needs • Growth, demand, or environmental factors influencing infrastructure • Increased future costs due to deferred maintenance or replacement • Regulatory or compliance implications	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the Fiscal Year 2028 – 2030 Capital Plan as presented.	
LIST OF ATTACHMENTS: TFHD 3 Year Capital Plan 2028-2030	