



REGULAR MEETING OF THE BOARD OF DIRECTORS
AGENDA

Thursday, March 27, 2025 at 4:00 p.m.
Portola Medical Clinic Conference Room, Portola, CA

The March 27, 2025 Board of Directors meeting will be held in an in-person setting for the general public. The Board meeting location at the Portola Medical Clinic Conference Room will be accessible to the public. Public comment will be accepted on any item on the agenda as called for by the Board chair until the close of public comment for each item.

Any person with a disability may submit a request for reasonable modification or accommodation to the above-described means for accessing and offering comment at the meeting to Barbara Sokolov at barbara.sokolov@ephc.org who will swiftly resolve such request.

| | <u>Presenter(s)</u> | <u>I/D/A</u> | <u>Page(s)</u> |
|--|--------------------------------|--------------|----------------|
| 1. <u>Call to Order</u> | Augustine Corcoran | A | |
| 2. <u>Roll Call</u> | Augustine Corcoran | I | |
| 3. <u>Board Comments</u> | Board Members | I/D/A | |
| • Deletions/Corrections to the Posted Agenda | | | |
| 4. <u>Public Comment</u> | | | |
| There will be an opportunity for public comment on each agenda item listed with an “A” for action. Comments will be limited to three minutes per individual. | | | |
| 5. <u>Consent Calendar</u> | Augustine Corcoran | I/D/A | |
| A. Agenda | | | 1-2 |
| B. Meeting Minutes of 2.27.25 BOD Meeting | | | 3-6 |
| 6. <u>Auxiliary Report</u> | Gail McGrath | I/D/A | |
| 7. <u>Foundation Report</u> | Patty Clawson/Barbara Sokolov | I/D/A | |
| 8. <u>Staff Reports</u> | | | |
| A. Chief Nursing Officer Report | Penny Holland | I/D | 7 |
| B. SNF Directors of Nursing Report | Lorraine Noble/Tamara Santella | I/D | 8 |
| C. Director of Clinics Report | Tracy Studer | I/D | 9 |
| D. Director of Rehabilitation | Max Barroso | I/D | 10 |
| E. Chief Financial Officer | Katherine Pairish | I/D | 11-15 |
| F. Program Manager | Joanna Garneau | I/D | 16-17 |
| 9. <u>Acceptance of Draft Financials As Presented</u> | Augustine Corcoran | I/D/A | |
| 10. <u>Chief Executive Officer Report</u> | Doug McCoy | I/D/A | 18-19 |

Regular Meeting of the Board of Directors of Eastern Plumas Health Care
March 27, 2025 AGENDA – Continued

- 11. Policies** I/D/A 20-21
A. Policy Review
The CAH Committee recommends the following for approval by the Board of Directors:
Annual Policy Review
Radiology, Cardiopulmonary, Clinic, Infection Prevention, HIM, SNF, EOCC, Administration,
Pharmacy, Health
- 12. Committee Reports** Board Members I/D/A
A. Finance Committee
- 13. Public Comment** Members of the Public I
This is an opportunity for members of the public to address the Board on items which are not on the agenda. Comments are limited to three minutes ordinarily, unless the Board Chair indicates a different amount will be allotted. Comments should be limited to matters within the jurisdiction of the Board. 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. Like any other member of the hospital district, an employee or a contracted employee can address the Board in the proper forum at the proper time. However, the Board will not hear personnel issues or grievances, or matters that affect the employees personally.
- 14. Board Closing Remarks** Board Members I/D
- 15. Closed Session** Augustine Corcoran I/D/A
A. Hearing (Health and Safety Code 32155)
Subject Matter: Staff Privileges
Tele Radiology
 - Patel, Tejal M.D. - 1 year appointment
 - Kramer, Eric M.D. - 2 year appointment
 - Jama, Abdullahi M.D. - 2 year appointmentClinic
 - Pourtabib, Michelle M.D - 1 year appointment
 - Hunt, Ben M.D. - 2 year appointmentClinic - Tele-Psych
 - Daniels, Trevor PsyD - 2 year appointmentClinic – Dental
 - Mannikko, Daniel, DDS – temporary extension of privileges
B. Conference with Real Property Negotiators (Government Code Section 54954.5)
C. Public Employee Performance Evaluation (Government Code Section 54957): CEO
- 16. Open Session Report of Actions** Augustine Corcoran I
Taken in Closed Session
- 17. Adjournment** Augustine Corcoran A

The next regularly scheduled meeting of the Board of Directors of Eastern Plumas Health Care is April 24, 2025 at the Portola Medical Clinic Conference Room, 480 1st Avenue, Portola, CA 96122



**EASTERN PLUMAS HEALTH CARE DISTRICT
REGULAR MEETING OF THE BOARD OF DIRECTORS
MINUTES
Thursday, February 27, 2025 at 4:00 p.m.**

1. Call to Order

Meeting was called to order at 4:10 p.m.

2. Roll Call

Augustine Corcoran, Board Chair; Gail McGrath, Board Member; Paul Swanson, M.D., Board Member; Linda Satchwell; Board Member; Marcia Hughes, Board Member.

Staff in attendance: Doug McCoy, CEO; Katherine Pairish, CEO; Lorraine Noble, Director of Nursing, Portola; Donna Dorsey, Emergency Room Manager; Megan McCrory, Director of Ancillary Services; Tracy Studer, Director of Clinics; and Barbara Sokolov, Foundation Manager/Executive Assistant/Clerk of the Board.

3. Board Comments

None

4. Public Comment

None

5. Consent Calendar

- **ACTION:** Motion was made by Director McGrath, seconded by Director Swanson to approve the consent calendar with one correction to the Regular BOD Meeting Minutes Agenda Item 12 to indicate that Director Satchwell was absent.

Roll Call Vote: AYES: Directors Hughes, Swanson, McGrath, Corcoran, Satchwell
Nays: None

- **Public Comment:** None

6. Auxiliary Report

No formal report but things going very well. Auxiliary Scholarship application sent out to EPHC employees.

7. Staff Reports

A. Chief Nursing Officer Report

See February BOD report. Donna Dorsey reported for Penny Holland.

Penny Holland

B. SNF Director of Nursing

See February BOD report. 5 students for CNA class starting in March.

Lorraine Noble

C. Director of Clinics

See February BOD report. Tracy also reported that an orthopedic PA has expressed interest in joining EPHC.

Tracy Studer

D. Chief Financial Officer

There were no financial reports at this meeting due to glitches with Cerner that could not be fixed in time. January YTD showed a decrease in gross patient revenue from \$29.7 million last year to \$28.7 million this year due to decreased volume in MRI, Swing, and Outpatient services. 3% decrease. Expenses are up 5% and revenue is down 2%. AR days as of 1/31 are at

Katherine Pairish

55 and cash on hand is at 159 days, estimating it will be up to 190 days by end of the fiscal year. Two more IGTs (\$1.9 million) expected by the end of the current fiscal year.

E. Program Manager

Joanna Garneau

Joanna was absent from the meeting due to illness.

F. Director of Ancillary Services

Megan McCrory

See February BOD report.

8. Chief Executive Officer Report

Doug McCoy

OPERATIONAL OVERVIEW:

EPHC is closely following the budget reconciliation discussions on capitol hill along with weekly input from the California Hospital Association and District Hospital Leadership Forum regarding the potential cuts to the MediCaid program. The main area of concern is changes proposed to the FMAP (Federal Medical Assistance Percentage) which, if passed, would significantly reduce federal funding to California, and impact the supplemental payments received by EPHC. We have contacted Congressman Kiley's office to request his support in minimizing cuts to both MediCaid and Medicare funding, which account for 72% of the revenue received to the District. We have developed multiple strategies to address these potential cuts and offset the organizational impact and will continue to monitor and advocate on behalf of the rural hospitals in our area.

The consortium contract for MRI services with Heritage has been finalized, and we will be hosting their team on February 19th to begin preparations to resume contracted MRI services. A joint agreement with the CAH consortium for the purchase of an MRI trailer is being developed by the law firm of BBK and we expect the purchase process to begin in the next 3-4 months with receipt of the trailer next year.

Our employment offers to two new primary care providers were accepted and we anticipate having them join EPHC in late spring. Dr. Lillegraven has accepted a full-time role at LMC, and Dr. Pourtabib is planning to join PMC on a 2-day per week basis. We will be introducing both physicians to the community via our quarterly newsletter in April. Our offer to an orthopedic PA for PMC is pending acceptance which we hope to receive by the end of the month.

We received payment on the rate range IGT through California Health & Wellness in January and from Anthem in February which is our largest IGT of the fiscal year. This has put our days cash on hand above 160 while our A/R days continue to remain between 52-55 days. We will be funding the QIP IGT on March 7th and the HQAF IGT on April 8th and expect receipt of those payments before the end of the fiscal year for a net gain of 1.8 million.

2025 SRATEGIC OBJECTIVES

Significant progress has been made to operationalize the Senior Life Solutions program at EPHC. We hosted their leadership team on February 12th and have identified a location on campus along with completion of a financial proforma. The program will provide additional mental health services for our area and is financially sustainable regardless of federal reimbursement changes. We plan to finalize the contract in the next few weeks followed by renovation of the lower level of the Portola SNF where the program will be placed. The program will start approximately 90-120 days after completion of the agreement during which time their organization will be hiring the therapists and office staff.

An employee survey was conducted for childcare needs with 180+ responses received. The data confirmed that our initiative to develop a program was still needed within our current employee group as well as future recruitment efforts. Data has been gathered on forecasted operating costs and external management companies specializing in childcare and educational programming. Current proforma data shows a significant net operating loss for this service so we are continuing research on grant programs and community fundraising which could help sustain a program long term. Outreach to our State Senate contacts revealed that Governor Newsom vetoed the congressional bill for the sale of the Portola courthouse so that property is unavailable for consideration at this time. There is a potential for the Senate to present another bill to the legislature in the summer, and we will continue to monitor that activity.

Research by our new Director of Ancillary Services on home health has determined that the service is not financially feasible at this time. However, hospice service research has shown both a need in the community and potential for sustainability. We will continue to progress with further analysis to include regulatory requirements, licensing, and financial proforma estimates.

The Sierra County School District has approached EPHC on utilizing the former Loyaltan Medical Clinic for administrative use on a temporary basis. We feel that a partnership would be beneficial and support the agency while making use of the unoccupied space while we continue developing a master plan for replacement of the building. The agency also has interest in exploring expansion of their adult education programming with emphasis on medical services which would be beneficial to both of our organizations.

COMPLIANCE PROGRAM:

There were no reported compliance issues from January 23rd through February 19th. EPHC completed state required staff and management training on HR related items and updated all I-9 employee paperwork as part of our compliance initiative as of January 31st.

9. Resolution 301

Doug McCoy

Termination of CalPERS contract for employee health insurance.

Doug explained that the organization found a more cost-effective employee health insurance option.

ACTION: Motion was made by Director Corcoran, seconded by Director Swanson to approve the termination of the CalPERS contract.

Roll Call Vote: AYES: Directors Hughes, Swanson, McGrath, Corcoran, Satchwell.

Nays: None

10. Policies

Public Comment: None.

ACTION: Motion was made by Director Hughes, seconded by Director Swanson to approve all policies.

Roll Call Vote: AYES: Directors Hughes, Swanson, McGrath, Corcoran, Satchwell.

Nays: None

11. Committee Reports

Board Members

I/D/A

A. Finance Committee

Director Swanson reported that given the current uncertainty regarding federal funding, it was now especially important to find ways to increase efficiencies and revenue streams.

12. Public Comment

None.

13. Board Closing Remarks

Director Corcoran thanked everyone for their excellent contributions.

Open Session recessed at 5:22 p.m.

14. Closed Session

A. Pursuant Hearing (Health and Safety Code 32155)

Subject Matter: Staff Privileges

Clinic - Cardiology

- Dhond, Milind MD - year appointment

Emergency Room

- Landeck, Scott MD - 2 year appointment

B. Public Employee Performance Evaluation (Government Code Section 54957) Subject Matter: *CEO*

15. Open Session Report of Actions Taken in Closed Session

The Board returned at approximately 5:35 p.m.

A: ACTION- The Board unanimously approved a motion to provide staff privileges to all persons listed on agenda item 14.A.

B: No Action taken 14.B

16. Adjournment

Meeting adjourned at 5:40 p.m.

Eastern Plumas Health Care
Board Report
Penny Holland CNO

3-27-2025

Continually working on keeping acute census up, try averaging at least 3-4.

Looking at increasing our outpatient wound care and infusions which allows patients to receive their care and stay at home. This service has been done for many years on the acute floor but we are looking at advertising it more to increase our exposure to the community. Last year we serviced 174 outpatients with wound care and/or IV infusions. This year so far we have done 94 already so probably will surpass last years totals.

We hired two RNs one was for full time night shift the other was going to be per diem. Both nurses were out of Roseville area-one resigned after two weeks of orientation and the other went through the on boarding and resigned before her first assignment. Shout out to Patti Clawson, Erica and Britiani in HR for helping with our advertising just cannot seem to get nurses to stay.

Had a meeting with Xfreall a company that can help place 5150 patients quicker to help with the need of sitters due to continued low staff availability. This service is free to us so no cost increase needed. We will still need the county to help and transport but trying to save the need to increase staff as sitters.

During the meeting in Sacramento Donna and I attended, we found out that the lunch penalty can be waived for direct patient care employees for the first lunch break. Our patient care clinical staff have a hard time taking the first break before 5 hrs and we have been getting penalized for this. This should be a cost savings going forward.

**Eastern Plumas Health Care
Nursing Division
Skilled Nursing Facilities
Board Report 03/18/2025
Lorraine Noble RN & Tamara Santella RN**

CENSUS

| YEAR 2024-2025 GOAL=61 | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|-------|-------|-------|-------|-------|-------|-------|-------|------------------------|
| LOYALTON-actual census for month | 30.03 | 30.41 | 31.26 | 32.10 | 31.10 | 32.64 | 34.51 | 34.21 | ON 3/18/25 35 |
| admits | 1 | 1 | 1 | 1 | 0 | 4 | 3 | 1 | |
| discharges | 1 | 0 | 0 | 0 | 3 | 0 | 3 | 1 | |
| PORTOLA-actual census for month | 26.96 | 27 | 26.93 | 27 | 27 | 26.77 | 27 | 26.60 | ON 3/18/25 25.72 |
| admits | 1 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 1 |
| discharges | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 1 |
| TOTAL CENSUS for month | 56.99 | 57.41 | 58.19 | 59 | 58.13 | 59.41 | 61.51 | 60.81 | 60.72 |

STAFFING

Nursing Assistant training program:

March 3rd was the start of class in Loyalton, we had 8 applicants and ended up with 4 taking the class which is in progress now.

Portola Campus:

- We have a new Social Services Designee, Meghan Garcia, she has an AA degree in Social Services. Julie Adami will be retiring out of this position. Meghan is working as a C.N.A. at present and will transition into position when a new C.N.A. is hired.
- 1 traveler C.N.A. here until 5/2025

Loyalton Campus:

- 2 traveler LVNs
- 6 traveler C.N.A.s

STATE ISSUES: State has been to both campuses this month on 3/10/25.

- Portola Campus had a self reported resident to resident altercation on 2/7/25. State found no deficiencies.
- Loyalton Campus had a follow-up visit from 2/11/25 visit. State has not responded as of now.

Eastern Plumas Health Care
Board Report
Tracy Studer Director of Clinics
March 27, 2025

- Dr. Lillegraven will be joining us at the Loyalton Medical Clinic. Heather Willis, Credentialing Coordinator, has submitted the final documents to the State of California, and we are waiting for the approval of his California Medical License.
- Dr. Michelle Pourtabib, Family Medicine, is anticipated to start work in Portola on April 7, 2025.
- Megan McCrorey, Ancillary Services Coordinator, and I attended a meeting with Wipfli on Thursday, March 13th, to work out details of our application to be active in NHSC again. The National Health Service Corps supports primary care medical, dental and behavioral health providers through scholarships and loan repayment programs.
- Our Provider Meeting was held on 3/20/2025.

Board of Directors
Department of Rehabilitation Report
March 27, 2025

- Areas of Practice:
 - Therapy and Wellness Center: Outpatient PT, OT (Portola)
 - Therapy and Wellness Center for Kids: Outpatient OT (Loyalton)
 - Inpatient: Acute and Swing (Portola)
 - Skilled Nursing Facilities: Portola and Loyalton

- Staff:
 - Rehabilitation Providers:
 - PT: 6 (4 full time, 2 per diem)
 - OT: 2 (1 full time, 1 part time)
 - ST: Currently have job posting
 - Office and Tech Staff: 5 (4 Full Time, 1 Part Time)

- Updates:
 - Employee Wellness Summer Series
 - Partnering with Jennifer Vimbor, and team, for weekly exercise and nutrition classes this June to September.
 - Amanda Ferraro completed a weeklong intensive vestibular therapy training program.
 - Plan to market and network with clinics and outside providers to grow this service line
 - Survey Results:
 - Continue to achieve top box scores and receive positive feedback from patients and the community for our clinic.
 - Marketing:
 - New post card and flyer for the Graeagle and Clio communities in April

Eastern Plumas Health Care
Financial Statements – Board Report
February 2025

Summary

This report will cover year-to-date financials through February 28, 2025, compared to year-to-date through February 29, 2024.

Total Patient Revenues were less than last year by \$100,280 with Net Patient Revenues greater than last year by \$1,368,662, due to a reduction in contractual and bad debt adjustments.

Total Operating Revenue was higher than last year by \$6,686,411. This is due mainly to the receipt of IGT's over last year by \$4,786,912. Operating Expenses were higher than last year by \$1,621,090.

Revenues (Year-to-Date February 2025 Compared to Year-to-Date February 2024)

Total Inpatient Revenues were higher by \$720,768, with Skilled Nursing Revenues posting higher by \$925,476. This is due to timing of the posting of SNF revenue in Cerner. Pro Fees were lower by \$100,840. Total Outpatient Revenues were lower by \$955,764, and Clinic Revenues were higher by \$235,556.

Expenses (Year-to-Date February 2025 Compared to Year-to-Date February 2024)

Salaries and Benefits: Combined Salaries and Benefits were higher by \$185,068 or 1%.

Purchased Services: Purchased Services were higher by \$1,187,011 or 33%.

Professional Fees: Professional Fees were higher by \$96,952 or 4%.

Repairs & Maintenance: Repairs & Maintenance were lower by \$84,631 or 16%.

Utilities: Utilities were higher by \$144,396 or 17%.

Supplies: Supplies were higher by \$14,313 or 1%.

Depreciation Expense: Depreciation Expense was higher by \$64,163 or 8%.

Other Expenses: Other Expenses were lower by \$40,994 or 6%. These include training, travel, and dues and subscriptions.

Revenue Cycle

Gross Accounts Receivable as of February 28, 2025, was \$8.4 million. This is a 49% decrease from February 29, 2024. AR Days as of February 28, 2025 was 63.

Balance Sheet

Total cash increased \$8,981,197 or 76%. Net AR decreased \$4,030,513 or 50%. Total Liabilities increased \$398,466 or 6%.

Additional Information

Days cash on hand on February 28, 2025 was 195. February 29, 2024, days cash on hand was 111. This is primarily due to the receipt of IGT's in the amount of \$4,786,912 over last year.

Eastern Plumas Health Care
Income Statement
DRAFT
Year-to-Date Comparative

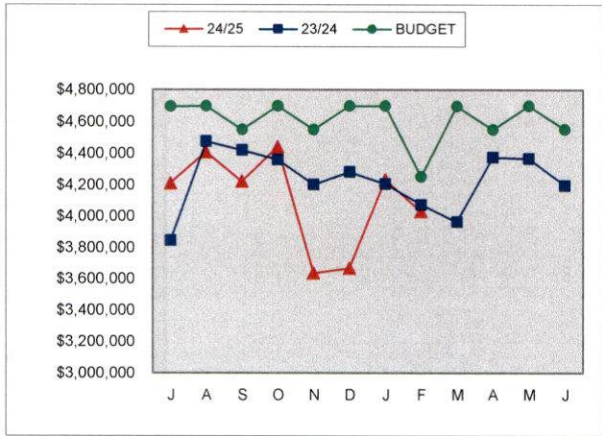
| | % Net Pt | Revenue | Year- to-Date 2/28/25 | Year- to-Date 2/29/24 | \$ Variance |
|-----------|----------|--|------------------------|------------------------|-----------------------|
| 1 | | REVENUE | | | |
| 2 | | Inpatient Revenue | \$ 1,303,537 | \$ 1,244,245 | \$ 59,292 |
| 3 | | Inpatient Revenue - Swing Bed | \$ 1,065,000 | \$ 1,329,000 | \$ (264,000) |
| 4 | | Inpatient Revenue - SNF | \$ 8,047,266 | \$ 7,121,790 | \$ 925,476 |
| | | Inpatient Revenue | \$ 10,415,803 | \$ 9,695,035 | \$ 720,768 |
| 5 | | All Pro Fees | \$ 2,428,307 | \$ 2,529,147 | \$ (100,840) |
| 7 | | Outpatient Revenue | \$ 16,963,730 | \$ 17,919,494 | \$ (955,764) |
| 8 | | Clinics | \$ 3,919,064 | \$ 3,683,508 | \$ 235,556 |
| 9 | | Total Patient Revenue | \$ 33,726,904 | \$ 33,827,184 | \$ (100,280) |
| 11 | | Contractual Allowances | \$ (11,435,216) | \$ (11,644,544) | \$ 209,328 |
| 12 | | Charity Discounts | \$ (44,059) | \$ (45,628) | \$ 1,569 |
| 13 | | Other Allowances | \$ (28,590) | \$ (241,980) | \$ 213,390 |
| 14 | | Bad Debt | \$ (603,263) | \$ (1,647,918) | \$ 1,044,655 |
| 15 | | Total Deductions | \$ (12,111,128) | \$ (13,580,070) | \$ 1,468,942 |
| 16 | | Net Patient Revenue | \$ 21,615,776 | \$ 20,247,114 | \$ 1,368,662 |
| 17 | | % of Gross Revenue | 64.09% | 59.85% | 4.24% |
| 18 | | Meaningful Use Revenue | \$ - | \$ - | \$ - |
| 19 | | Quality Payments | \$ 419,266 | \$ - | \$ 419,266 |
| 20 | | IGT Payments | \$ 7,032,201 | \$ 2,245,289 | \$ 4,786,912 |
| 21 | | Other Operating Revenue | \$ 199,765 | \$ 88,194 | \$ 111,571 |
| 22 | | Total Operating Revenue | \$ 29,267,008 | \$ 22,580,597 | \$ 6,686,411 |
| 23 | | EXPENSES | | | |
| 24 | 54.0% | Salaries and PTO | \$ (11,663,174) | \$ (11,648,847) | \$ (14,327) |
| 25 | 18.7% | Employee Benefits | \$ (4,036,736) | \$ (3,865,995) | \$ (170,741) |
| 26 | 11.1% | Professional Fees - Medical | \$ (2,390,147) | \$ (2,345,246) | \$ (44,901) |
| 27 | 0.8% | Professional Fees - Other | \$ (172,678) | \$ (120,627) | \$ (52,051) |
| 28 | 8.7% | Supplies | \$ (1,875,984) | \$ (1,861,671) | \$ (14,313) |
| 29 | 22.0% | Purchased Services | \$ (4,753,621) | \$ (3,566,610) | \$ (1,187,011) |
| 30 | 1.7% | Insurance | \$ (364,910) | \$ (354,723) | \$ (10,187) |
| 31 | 0.4% | Rental and Leases | \$ (94,145) | \$ (49,520) | \$ (44,625) |
| 32 | 2.0% | Repairs and Maintenance | \$ (435,748) | \$ (520,379) | \$ 84,631 |
| 33 | 4.7% | Utilities and Telephone | \$ (1,016,439) | \$ (872,043) | \$ (144,396) |
| 34 | 4.2% | Depreciation Amortization | \$ (908,577) | \$ (844,414) | \$ (64,163) |
| 35 | 2.8% | Other Expenses | \$ (599,023) | \$ (640,017) | \$ 40,994 |
| 36 | 131.0% | Total Operating Expenses | \$ (28,311,182) | \$ (26,690,092) | \$ (1,621,090) |
| 37 | 4.4% | Income From Operations | \$ 955,826 | \$ (4,109,495) | \$ 5,065,321 |
| 38 | -2.0% | Tax Revenue | \$ 433,600 | \$ 433,600 | \$ - |
| 39 | -0.5% | Non Capital Grants and Donations | \$ 106,000 | \$ 180,404 | \$ (74,404) |
| 40 | -2.6% | Interest Income | \$ 555,318 | \$ 407,420 | \$ 147,898 |
| 41 | 0.6% | Interest Expense | \$ (130,117) | \$ (139,406) | \$ 9,289 |
| 42 | -0.3% | Non-Operating Income (Expenses) | \$ 70,413 | \$ 87,370 | \$ (16,957) |
| 43 | -4.8% | Total Non-Operating Gain (Loss) | \$ 1,035,214 | \$ 969,388 | \$ 65,826 |
| 44 | 9.2% | Net Income | \$ 1,991,040 | \$ (3,140,107) | \$ 5,131,147 |
| 45 | | Operating Margin % | 3.27% | -18.20% | 21.47% |
| 46 | | Net Margin % | 6.80% | -13.91% | 20.71% |
| 47 | | Payroll as % of Operating Expense | 55.45% | 58.13% | |

Eastern Plumas Health Care
Comparative Balance Sheets - Board Report
DRAFT
Dates as Indicated

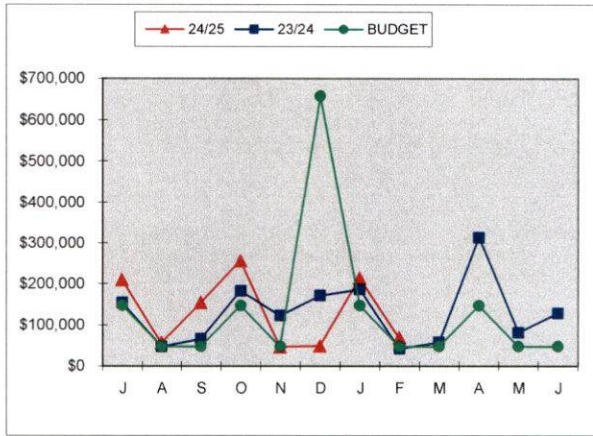
| | FYE as of 2/28/25 | FYE 2/29/2024 | FYE 2/28/2023 | FYE 2/28/2022 | FYE 2025-2024 | |
|---|----------------------|----------------------|----------------------|----------------------|-----------------------|----------------|
| | | | | | \$ Change | % Change |
| Assets | | | | | | |
| Current Assets | | | | | | |
| Cash | \$ 1,060,845 | \$ 1,000,735 | \$ 1,251,360 | \$ 1,361,150 | \$ 60,110 | 6.01% |
| Short-term Investments (LAIF) | \$ 19,780,089 | \$ 10,859,002 | \$ 12,872,845 | \$ 27,375,475 | \$ 8,921,087 | 82.15% |
| Total Cash and Equivalents | \$ 20,840,934 | \$ 11,859,737 | \$ 14,124,205 | \$ 28,736,626 | \$ 8,981,197 | 75.73% |
| Patient Accounts Receivable | \$ 8,432,266 | \$ 16,458,600 | \$ 9,338,523 | \$ 5,867,729 | \$ (8,026,334) | -48.77% |
| Accounts Receivable Reserves | \$ (4,416,800) | \$ (8,412,620) | \$ (3,744,325) | \$ (2,138,587) | \$ 3,995,820 | -47.50% |
| Net Accounts Receivable | \$ 4,015,467 | \$ 8,045,980 | \$ 5,594,199 | \$ 3,729,142 | \$ (4,030,513) | -50.09% |
| % of Gross Account Receivables | 47.6% | 48.9% | 59.9% | 63.6% | | |
| Inventory | \$ 601,328 | \$ 590,702 | \$ 481,936 | \$ 450,850 | \$ 10,626 | 1.80% |
| Other Assets | \$ 84,793 | \$ 542,650 | \$ 817,014 | \$ 296,438 | \$ (457,857) | -84.37% |
| Total Other Assets | \$ 686,121 | \$ 1,133,352 | \$ 1,298,950 | \$ 747,287 | \$ (447,231) | -39.46% |
| Total Current Assets | \$ 25,542,522 | \$ 21,039,069 | \$ 21,017,353 | \$ 33,213,055 | \$ 4,503,452 | 21.41% |
| Fixed Assets | | | | | | |
| Land | \$ 1,209,214 | \$ 1,166,344 | \$ 1,166,344 | \$ 1,123,344 | \$ 42,870 | 3.68% |
| Buildings | \$ 16,400,921 | \$ 15,220,840 | \$ 15,218,416 | \$ 14,878,413 | \$ 1,180,081 | 7.75% |
| Capital Equipment | \$ 16,794,707 | \$ 16,411,290 | \$ 15,320,049 | \$ 14,839,189 | \$ 383,417 | 2.34% |
| In Progress | \$ 938,215 | \$ 3,385,744 | \$ 2,394,949 | \$ 493,703 | \$ (2,447,529) | -72.29% |
| Total Plant & Equipment | \$ 35,343,057 | \$ 36,184,218 | \$ 34,099,757 | \$ 31,334,649 | \$ (841,161) | -2.32% |
| Accumulated Depreciation | \$ (23,091,881) | \$ (23,938,454) | \$ (22,968,891) | \$ (22,081,321) | \$ 846,573 | -3.54% |
| Net Fixed Assets | \$ 12,251,176 | \$ 12,245,764 | \$ 11,130,866 | \$ 9,253,329 | \$ 5,412 | 0.04% |
| Total Assets | \$ 37,793,697 | \$ 33,284,833 | \$ 32,148,220 | \$ 42,466,384 | \$ 4,508,865 | 13.55% |
| LIABILITIES AND RETAINED EARNINGS | | | | | | |
| Current Liabilities | | | | | | |
| Accounts Payable | \$ 1,192,720 | \$ 808,873 | \$ 1,182,434 | \$ 777,650 | \$ 383,847 | 47.45% |
| Accrued Payroll & Benefits | \$ 1,882,592 | \$ 1,415,629 | \$ 2,208,726 | \$ 1,297,751 | \$ 466,963 | 32.99% |
| Other Current Liabilities | \$ 21,979 | \$ 138,571 | \$ 1,947,340 | \$ 6,766,383 | \$ (116,592) | 100.00% |
| Total Current Liabilities | \$ 3,097,291 | \$ 2,363,073 | \$ 5,338,501 | \$ 8,841,784 | \$ 734,218 | 31.07% |
| Long-Term Liabilities | | | | | | |
| Loans | \$ 3,931,911 | \$ 4,267,663 | \$ 4,596,825 | \$ 4,902,430 | \$ (335,752) | -7.87% |
| Capitalized Leases | \$ - | \$ - | \$ - | \$ - | \$ - | 0.00% |
| Total Long Term Liabilities | \$ 3,931,911 | \$ 4,267,663 | \$ 4,596,825 | \$ 4,902,430 | \$ (335,752) | -7.87% |
| Deferred Revenue | \$ - | \$ - | \$ - | \$ - | \$ - | 0.00% |
| TOTAL LIABILITIES | \$ 7,029,202 | \$ 6,630,736 | \$ 9,935,326 | \$ 13,744,214 | \$ 398,466 | 6.01% |
| Fund Balance | \$ 30,764,495 | \$ 26,654,097 | \$ 22,212,895 | \$ 28,722,170 | \$ 4,110,398 | 15.42% |
| TOTAL LIABILITIES AND FUND BALANCE | \$ 37,793,697 | \$ 33,284,833 | \$ 32,148,220 | \$ 42,466,384 | \$ 4,508,864 | 13.55% |

**EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2025**

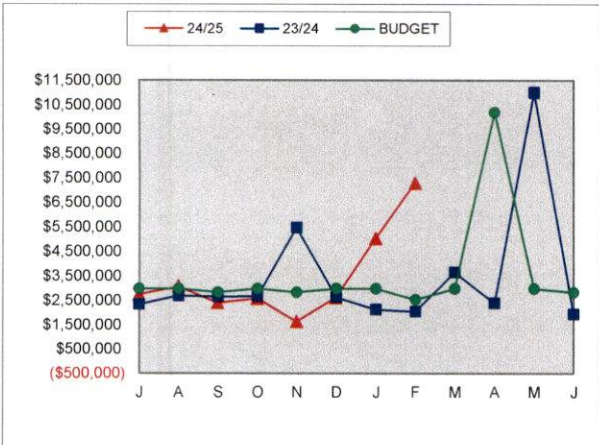
1. GROSS PATIENT REVENUE



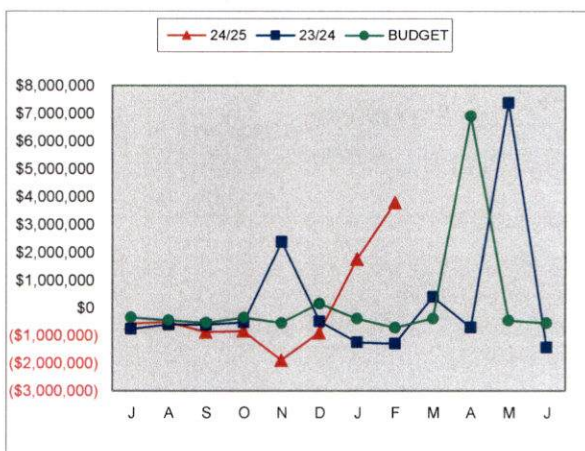
4. NON-OPERATING INCOME



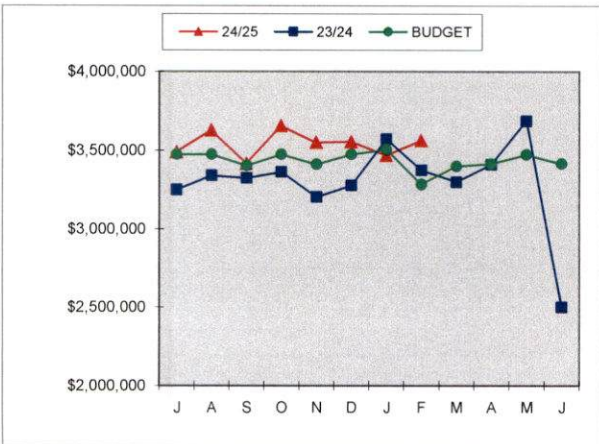
2. ESTIMATED NET REVENUE



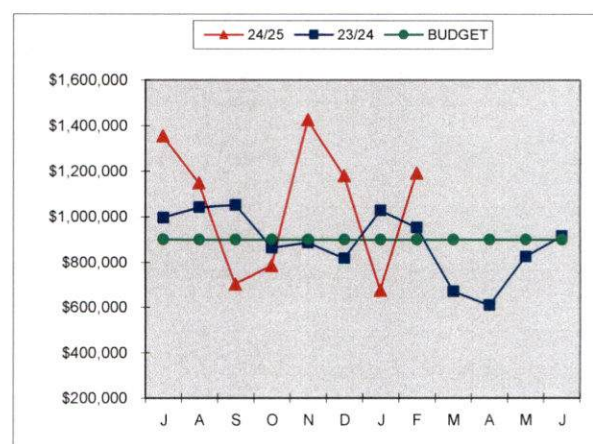
5. NET INCOME (LOSS)



3. OPERATING EXPENSES

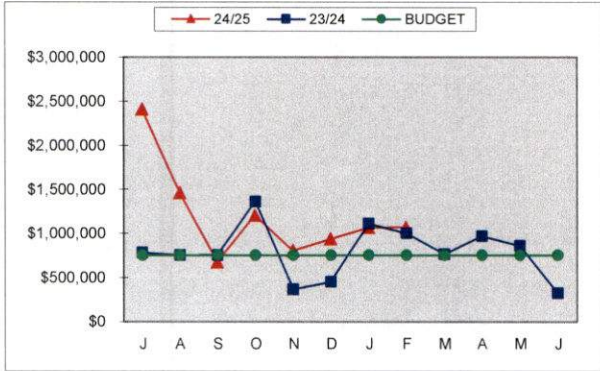


6. ACCOUNTS PAYABLE

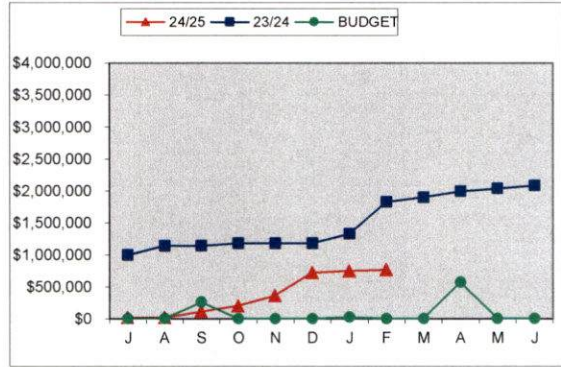


**EASTERN PLUMAS HEALTH CARE
MONTHLY FINANCIAL GRAPHS
FOR THE YEAR ENDED JUNE 30, 2025**

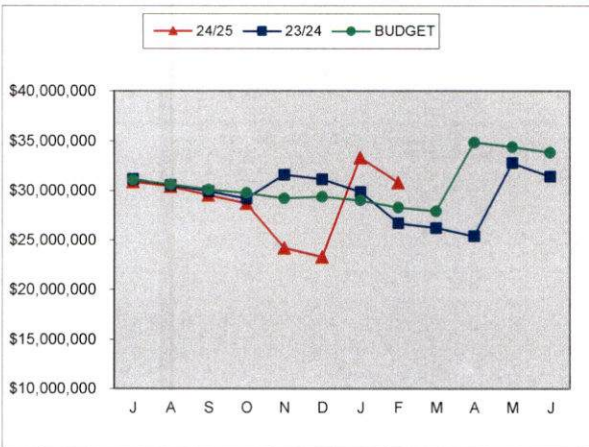
7. OPERATING CASH



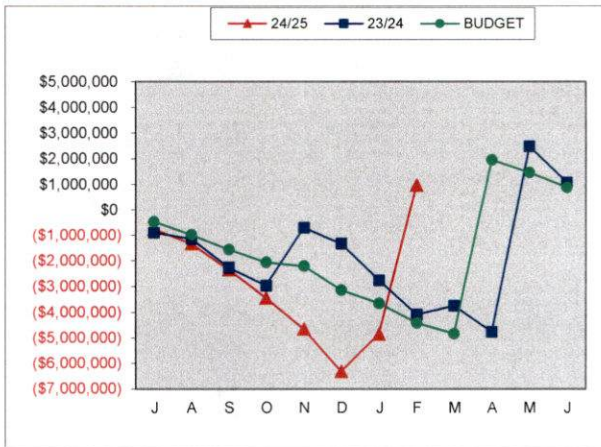
10. CAPITAL EXPENDITURES-YTD



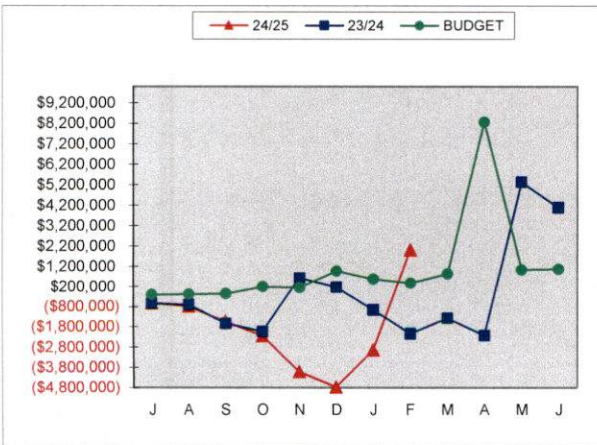
8. FUND BALANCE + NET INCOME (LOSS)



11. YEAR TO DATE OPERATING INCOME (LOSS)



9. EARNINGS BEFORE INTEREST, DEPRECIATION & AMORTIZATION



Eastern Plumas Health Care
Board Report
Joanna Garneau, Program Manager

Thursday, March 27, 2025

- California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM)
 - Program Details
 - Expanded to serve entire youth population, ages 0-21
 - Currently 12 youth enrolled, youngest is a newborn
 - Populations served:
 - Adults and children at risk for avoidable hospital or emergency stays
 - Adults at risk for long-term care
 - People moving from a nursing home to the community
 - Adults and children with special needs
 - Adults and teens who are pregnant or have a new baby
 - Children and youth involved in Child Welfare
 - Celebrated our **100th enrollment** on January 28, 2025!
 - Currently serving 104 members, 127 total served since April 2023
 - Conducting outreach for 25 community members
 - Community Relationships Through CalAIM
 - Built great relationships for referrals with Tahoe Forest, PDH, Beckwourth Fire, Plumas Rural Services, CalOES, and more!
 - Quarterly Plumas Sierra Community Resource Team collaborative, facilitated by EPHC's CalAIM, includes 68 community stakeholders
 - Next meeting is Thursday, April 3 at 8:30am
 - CalAIM advertising - CalAIM at EPHC is working to become a household name for Care Management services!
 - Webpage, with fillable eligibility / enrollment information request form
 - Postcards will be mailed, including QR code that takes individuals to our CalAIM webpage
 - Rack cards are here! To be shared with:
 - EPHC departments
 - Local CBO's
 - Organizations who refer to us: Tahoe Forest Hospital, PDH, Plumas Rural Services, Beckwourth Fire, and more
 - Kaleidoscope has new slides to advertise CalAIM services and our amazing Care Managers, one slide includes QR code
 - In-services provided to any local service vendor / provider
 - CalAIM Funding to date
 - Awarded: \$1,743,984 through DHCS PATH CITED (Providing Access, and Transforming Health Capacity and Infrastructure Transition, Expansion, and Development)
 - Requisitioned and approved to receive \$106,079.62 for labor, Nifty Thrifty design costs, 3rd care manager, IT equipment, 5% indirect costs
 - Applying for: additional approx. \$210,000
 - 4th Care Manager, IT Equipment, 3rd SUV, Training
 - Applying for: IPP funding through Partnership

- Windows for Nifty Thrifty, conference room furniture, office furniture for 4th care manager, waiting room furniture
 - Received and closed: \$608,014 through DHCS PATH CITED
 - Cerner implementation, SUVs, labor and benefits two care managers, IT equipment, training
 - Received and closed: \$36,000 through IPP for CalAIM billing and referral support
 - Total awarded YTD: \$2,387,998
 - CalAIM to produce ≈ \$90,000 annually once funding is exhausted
- DHCS Quality Incentive Pool (QIP)
 - 2023 PY6 live, virtual audit complete and no reportable issues
 - Achieved on one measure: Kidney Health Evaluation for Patients with Diabetes
 - 2024 PY7 applying population criteria to reports, should know where we stand by early April
 - 2025 PY8 growing our measure attestation from two to three, increasing potential program payout from \$1.3 million to \$1.6 million
 - Created process using Recommendations for tracking in Cerner
 - Thank you to Charles Donovan, Sessa Edupuganti, and Cody Canon
 - 2025 focus measures:
 - Tobacco Screening and Cessation
 - Colorectal Cancer Screening
 - Controlling High Blood Pressure
 - Kidney Health Evaluation for Patients with Diabetes
 - HIV Screening
 - Breast Cancer Screening
 - Cervical Cancer Screening
- Equity and Practice Transformation (EPT)
 - \$250,000 over three years for our medical clinics
 - \$20,000 by EOM March 2025
 - Potential \$50,000 in next round of milestones, due May 1
 - Anticipate payment by December 2025
 - Reviewing and refining empanelment, data governance, outreach, and more
- Additional Programs – Year end and mid-year reporting for the following programs:
 - Promoting Interoperability: nets ≈ \$200,000 annually
 - Achieved 103 points, 102 in 2023, need 60 to succeed
 - Great job Sessa Edupuganti, Donna Dorsey, Dr. Swanson, and hospital support teams!
 - Partnership programs
 - ECM QIP – earned \$29,122 for Q1 – Q3 2024, unearned 2024 = \$14,927
 - Hospital QIP – stand to earn \$6,250 for 2024/2025, potentially leaving \$18,750 unearned
 - Primary Care Provider QIP – earning \$16,669, unearned 2024 = \$55,780
 - HCAI (Department of Health Care Access and Information) SHIP (Small Hospital Improvement Program) 2024/2025 - \$13,832 for Survey Solutions, slight annual increase
- USDA – grants in progress:
 - \$50,000 towards HIM / HR modular replacement
 - \$12,318 trailer for disaster response / heavy equipment (split deck, tilt bed)



**Eastern Plumas Health Care
Board Report
Executive Summary**

Date: March 27, 2025

OPERATIONAL OVERVIEW:

We continue to advocate on behalf of the California rural CAHs with our State and Federal legislators regarding the potential MediCaid funding reductions. A joint meeting of the rural CAHs in Congressman Kiley's district was held on March 7th, and a Q&A session event was sponsored by the California Hospital Association with Assemblymember Hadwick on March 11th. Both legislators were understanding to the challenges faced by rural hospitals in their district, and we will continue our advocacy through the summer sessions.

We are in the process of revising our 3-year strategic plan presented in December to include our response to potential recommendations from the House Energy and Commerce Committee overseeing the MediCaid funding program. Our 5 key strategic goals include elevating clinical excellence and patient satisfaction, ensuring financial sustainability and growth, strengthening workforce development and leadership, expanding community access and engagement, and modernizing infrastructure and fostering innovation. The executive leadership team, management council, service excellence council, and department directors will be providing feedback on the key objectives and action items for each category over the next 30 days to align with anticipated Federal and State adjustments to funding and grant program access. The revised plan will be delivered to the Board for the April meeting.

The consortium MRI program through Heritage continues to progress with an anticipated start date in April. The contract with Senior Life Solutions was executed, and the construction project for the SNF basement area has been initiated. We anticipate completion of the renovation project within 120 days, during which time Senior Life Solutions will complete their recruitment of a project manager and coordinator. We have also identified a potential location for an additional program which will be discussed during closed session.

Preliminary architectural design plans have been received for the Nifty Thrifty 2nd floor renovation project funded through the Path Cited Grant. We are targeting to receive contractor project bids by the end of June in order to receive the construction funding by September and complete the work before the end of the calendar year. Discussions continue on a possible replacement for Dr. Cox to continue GI scoping procedures, and we are developing more marketing material for area health systems on our hospital-based outpatient services (i.e. infusions, etc.) to increase referral volume.

With the receipt of our key IGTs, we are exceeding our financial performance through February over the prior year. Net patient revenue is up 1.36m over the prior year while our days cash on hand increased 84 days (195 through February 2025) versus the prior year. Hospital census has trended up over the past 30 days and SNF census continues to be maintained at budget.

COMPLIANCE PROGRAM:

There were no reported compliance issues from February 20th through March 24th.

AGENDA ITEM COVER SHEET

| | |
|--|---|
| ITEM | CAH Committee Consent Agenda |
| RESPONSIBLE PARTY | Donna Dorsey, RN, BSN Emergency Room Manager |
| ACTION REQUESTED? | For Board Action |
| BACKGROUND: During the February 26, 2025 CAH Committee meeting, the committee made the following consent agenda item recommendations to the Board of Directors. | |
| SUMMARY/OBJECTIVES: Approval of the following consent agenda items: Annual Policy Review Radiology, Cardiopulmonary, Clinic, Infection Prevention, HIM, SNF, EOCC, Administration, Pharmacy, Health | |
| SUGGESTED DISCUSSION POINTS: None | |
| SUGGESTED MOTION/ALTERNATIVES: Move to approve CAH Committee Consent Agenda as presented. | |
| LIST OF ATTACHMENTS: List attached. | |

Policy List:

| Title | Area |
|---|----------------------|
| Birads Category 4 and 5 notification | Radiology |
| Cardiopulmonary Services/Respiratory Therapy | Cardiopulmonary |
| Clinic Policy Regarding Patients on Long-Term Controlled Medications (Opioids, Benzodiazepines, Sedatives/Hypnotics and Stimulants) | Clinic |
| Communication of Mammography Results to Patient | Radiology |
| COVID-19 Guidelines | Infection Prevention |
| Disclosures by Whistleblowers and Workforce Members | |
| Who Are Victims of a Crime | HIM |
| Do Not Resuscitate (DNR) in SNF Facilities | SNF |
| Filing of Paper Medical Records All EPHC Locations | HIM |
| Firearms and Weapons | EOCC |
| Health Information Confidentiality | HIM |
| Indications/Contraindication of Respiratory Therapy - Modalities of Treatment | Cardiopulmonary |
| Informed Consent and Verification of Consent | Administration |
| Inpatient Rad Test Preparations | Radiology |
| Leaving Hospital Against Medical Advice | Administration |
| Mammography Infection Control | Radiology |
| Mammography Quality Control - Retake Rate Analysis | Radiology |
| Mammography Technologist Restrictions | Radiology |
| Medical Records During an Emergency Event | HIM |
| Medication Management: Administration | Pharmacy |
| Narcotic Storage and Accountability | Pharmacy |
| Nurse Assistant Training Program (NATP) | SNF |
| Ordering Exams in Radiology | Radiology |
| Patient Weight Limitations | Radiology |
| Penrad Tracking of Positive Results | Radiology |
| Personal Representative | HIM |
| Portable X-Ray Unit | Radiology |
| Positive Expiratory Pressure Therapy (PEEP) | Cardiopulmonary |
| Post-Exposure Policy | Infection Prevention |
| Reporting Data to HCAI | Health |
| Sexual Activity, Residents | SNF |
| SNF Transfers Within the Facility | SNF |
| Transport of Medical Equipment to and From Other Facilities | SNF |
| Travel Policy | Administration |
| Use And Disclosure of PHI As Required By Law And To Law Enforcement | HIM |
| Use and Disclosure of PHI for Treatment, Payment, or Healthcare Operations | HIM |
| Use And Disclosure Of PHI Requiring An Authorization | HIM |
| Vaccine Storage and Handling Disaster Management Plan | Clinic |
| Work Restrictions for Communicable Diseases (Return to Work) | Infection Prevention |