



TAHOE FOREST HOSPITAL DISTRICT

2024-12-19 Regular Meeting of the Board of Directors

Thursday, December 19, 2024 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161



TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2024-12-19 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, December 19, 2024 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

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

4. **INPUT AUDIENCE**

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

5. **CLOSED SESSION**

5.1. Conference with Real Property Negotiator (Gov. Code § 54956.8) ♦

APN: 019-650-007

Agency Negotiator: Louis Ward

Negotiating Party: Coyote Rock 2023 LLC

Under Negotiation: Price & Terms of Payment

5.2. Approval of Closed Session Minutes ♦

5.2.1. 11/21/2024 Regular Meeting

5.2.2. 12/11/2024 – 1:30 PM Special Meeting

5.2.3. 12/11/2024 – 4:00 PM Special Meeting

5.2.4. 12/12/2024 Special Meeting

5.2.5. 12/13/2024 Special Meeting

5.3. Public Employee Performance Evaluation (Government Code § 54957)

Title: Interim President & Chief Executive Officer

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

Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**

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

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

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
December 19, 2024 AGENDA – Continued

10. INPUT – AUDIENCE

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

11. INPUT FROM EMPLOYEE ASSOCIATIONS

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

12. ITEMS FOR BOARD DISCUSSION

12.1. Proclamation Honoring Former Board Member, Robert Barnett..... ATTACHMENT

The Board of Directors will review a proclamation honoring Director Robert Barnett for his service as a Tahoe Forest Hospital District Board Member.

13. CONSENT CALENDAR ◆

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

13.1. Approval of Minutes of Meetings

- 13.1.1. 11/21/2024 Regular Meeting ATTACHMENT
- 13.1.2. 12/11/2024 – 1:30 PM Special Meeting ATTACHMENT
- 13.1.3. 12/11/2024 – 4:00 PM Special Meeting ATTACHMENT
- 13.1.4. 12/12/2024 Special Meeting ATTACHMENT
- 13.1.5. 12/13/2024 Special Meeting ATTACHMENT

13.2. Financial Reports

- 13.2.1. Financial Report – November 2024..... ATTACHMENT

13.3. Board Reports

- 13.3.1. Interim CEO/COO Board Report..... ATTACHMENT
- 13.3.2. CNO Board Report ATTACHMENT
- 13.3.3. CMO Board Report ATTACHMENT
- 13.3.4. CIO Board Report..... ATTACHMENT
- 13.3.5. VP Provider Services Board Report ATTACHMENT

13.4. Approve Updated Board Policies

- 13.4.1. Financial Assistance Program Full Charity Care and Discount Partial Charity Care Policies, ABD-09..... ATTACHMENT
- 13.4.2. Credit and Collection Policy, ABD-8..... ATTACHMENT

14. ITEMS FOR BOARD DISCUSSION

14.1. Patient & Family Advisory Council Presentation..... ATTACHMENT

The Board of Directors will receive a presentation on the recent work of the Patient & Family Advisory Council.

14.2. 2024 Cancer Center Quality Report..... ATTACHMENT

The Board of Directors will receive an annual quality report from the District’s Gene Upshaw Memorial Tahoe Forest Cancer Center.

15. ITEMS FOR BOARD ACTION

15.1. Board Culture & Norms ATTACHMENT

The Board of Directors will review and consider approval of Board Culture & Norms.

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17. BOARD OFFICER ELECTION

17.1. Election of 2025 Board Officers

Election of the 2025 Chair of the Tahoe Forest Board of Directors will take place. The new Board Chair will then preside over the election of the TFHD Vice Chair, Secretary and Treasurer for the 2025 calendar year.

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS REPORTS/CLOSING REMARKS

20. CLOSED SESSION CONTINUED

21. OPEN SESSION

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

23. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is January 23, 2025 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3481 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

PROCLAMATION

Truckee, California

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

WHEREAS, the Tahoe Forest Hospital District Board of Directors in October 2021 desired to fill a board vacancy by appointment and initiated a public application and interview process to appoint a new director; and

WHEREAS, on September 28, 2021 by unanimous vote the Board of Directors, appointed Robert Barnett to serve as a Director; and

WHEREAS, Director Barnett in November 2022 stood for election and was duly elected to serve the remainder of the term to which he was seated; and

WHEREAS, Director Barnett added to the diversity of board viewpoints and discussion given his 45 year legal practice which included extensive medical legal work; and

WHEREAS, Director Barnett actively served on the Governance Committee and the Quality Committee where his reasoned contributions to improvement and efficiencies were greatly appreciated and adopted by the full board, and

WHEREAS, Director Barnett demonstrated a dedicated interest in what was best practice for the hospital, the staff and what was in the particular interest of the public we serve, and

NOW, THEREFORE BE IT PROCLAIMED, by the Chairperson of the Tahoe Forest Hospital District, a most sincere gratitude and appreciation to Director Robert Barnett for his unwavering service to the community, patients and staff and wishes him well in all his future endeavors,

Done this 19th day of December 2024

ATTEST:

Alyce Wong
Chair, Board of Directors
Tahoe Forest Hospital District

Mary Brown
Secretary, Board of Directors
Tahoe Forest Hospital District



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

Thursday, November 21, 2024 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

2. ROLL CALL

Board: Alyce Wong, Board Chair; Michael McGarry, Vice Chair; Mary Brown, Secretary; Dale Chamblin, Treasurer; Robert (Bob) Barnett, Board Member

Staff in Attendance: Louis Ward, Interim Chief Executive Officer/Chief Operating Officer; Crystal Felix, Chief Financial Officer; Jan Iida, Chief Nursing Officer; Alex MacLennan, Chief Human Resources Officer; Matt Mushet, In-House Counsel; Katelyn Wolf, Legal Assistant; Martina Rochefort, Clerk of the Board

Other: Scott Kraft and Sean Weiss of DoctorsManagement; Mackenzie Anderson, General Counsel (via zoom)

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 13.3.5 was pulled from the Consent Calendar.

4. INPUT AUDIENCE

No public comment was received.

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter Corporate Compliance Report

Discussion was held on a privileged matter.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter Fiscal Year 2025 Quality Report

Discussion was held on a privileged matter.

5.3. Approval of Closed Session Minutes

5.3.1. 10/24/2024 Regular Meeting

Discussion was held on a privileged matter.

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

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged matter.

6. DINNER BREAK

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:02 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported the Board of Directors heard four items in Closed Session. Items 5.1. through 5.4. were all approved unanimously.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

Item 13.3.5. was removed from the Consent Calendar.

10. INPUT – AUDIENCE

No public comment was received.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

No public comment was received.

12. MEDICAL STAFF EXECUTIVE COMMITTEE

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommended the following for approval by the Board of Directors:

New Standardized Procedures:

- *DTMSC-2402 Standardized Procedure – Ambulatory Clinic Administration of Acetaminophen Ibuprofen for Fever in Pediatric Patients*
- *ANS-1601 Standardized Procedure Vaccine Screening – Administration and Documentation*

Policy Review – With Changes:

- *AGOV-2401 Management of Disruptive Behavior Patient/Visitor*

Discussion was held. No public comment was received.

ACTION: Motion made by Director Barnett to approve the Medical Executive Committee Consent Calendar as presented, seconded by Director Brown.

AYES: Directors Barnett, Chamblin, Brown, McGarry and Wong

Abstention: None

NAYS: None

Absent: None

13. CONSENT CALENDAR

13.1. Approval of Minutes of Meetings

13.1.1. 10/24/2024 Regular Meeting

13.2. Financial Reports

13.2.1. Financial Report – October 2024

13.3. Board Reports

13.3.1. Interim CEO/COO Board Report

13.3.2. CNO Board Report

13.3.3. CMO Board Report

13.3.4. CIO Board Report

13.3.5. VP Provider Services Board Report

13.4. Approve Quarterly Corporate Compliance Report

13.4.1. Third Quarter Corporate Compliance Report

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

AYES: Directors Barnett, Chamblin, Brown, McGarry and Wong

Abstention: None

NAYS: None

Absent: None

14. ITEMS FOR BOARD DISCUSSION

14.1. Truckee Tahoe Workforce Housing Agency Update

Heidi Allstead and Jackelin McCoy of the Truckee Tahoe Workforce Housing Agency provided an update on the agency's efforts. Discussion was held. No public comment was received.

14.2. Vizient Project Update

Jeff Wilson of Vizient and Kelley Downs, Change Management Manager provided an update on the Access to Care project, Management Systems and Behavioral Health & Orthopedic service line optimization projects. Discussion was held.

14.3. Centers for Medicare & Medicaid Services Five Star Rating

Janet Van Gelder, Director of Quality, and Heather Hiller, Quality Analyst, provided education on the Centers for Medicare and Medicaid Services (CMS) Five Star Rating system. Discussion was held. No public comment was received.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

Not applicable.

16. BOARD COMMITTEE REPORTS

Director Brown shared an update from the November 7, 2024 Executive Compensation Committee meeting.

17. BOARD MEMBERS REPORTS/CLOSING REMARKS

The Regular Board Meeting will be held on the third Thursday in December due to the holidays.

18. CLOSED SESSION CONTINUED

Not applicable.

19. OPEN SESSION

Not applicable.

20. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

Not applicable.

21. ADJOURN

Meeting adjourned at 7:31 p.m.

DRAFT



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Wednesday, December 11, 2024 at 1:30 p.m.

Tahoe Forest Hospital – Donner Conference Room
10978 Donner Pass Road, Suite 3, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 1:34 p.m.

2. ROLL CALL

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

Staff in attendance: Martina Rochefort, Clerk of the Board

Other: Mark Andrew of WittKieffer

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

No changes were made to the agenda.

Open Session recessed at 1:35 p.m.

4. CLOSED SESSION

4.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Director Michael McGarry joined the meeting during Closed Session.

Discussion was held on a privileged item.

Open Session reconvened at 3:33 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

There was no action taken in Closed Session.

6. ADJOURN

Meeting adjourned at 3:33 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Wednesday, December 11, 2024 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

2. ROLL CALL

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

Staff in attendance: Martina Rochefort, Clerk of the Board

Other: Mark Andrew of WittKieffer

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

No changes were made to the agenda.

Open Session recessed at 4:01 p.m.

4. CLOSED SESSION

4.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged item.

Open Session reconvened at 5:33 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No action was taken in Closed Session.

6. ADJOURN

Meeting adjourned at 5:33 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Thursday, December 12, 2024 at 4:00 p.m.

Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:04 p.m.

2. ROLL CALL

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

Staff in attendance: Martina Rochefort, Clerk of the Board

Other: Mark Andrew of WittKieffer

Absent: Mary Brown, Secretary

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

No changes were made to the agenda.

Open Session recessed at 4:04 p.m.

4. CLOSED SESSION

4.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Discussion was held on a privileged matter.

Open Session reconvened at 5:28 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No action was taken in Closed Session.

6. ADJOURN

Meeting adjourned at 5:28 p.m.



SPECIAL MEETING OF THE BOARD OF DIRECTORS

DRAFT MINUTES

Friday, December 13, 2024 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:00 p.m.

2. ROLL CALL

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

Staff in attendance: Martina Rochefort, Clerk of the Board

Other: Mark Andrew of WittKieffer

Absent: Mary Brown, Secretary

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

No changes were made to the agenda.

Open Session recessed at 4:01 p.m.

4. CLOSED SESSION

4.1. Public Employee Appointment (Gov. Code § 54957)

Title: President & Chief Executive Officer

Discussion was held a privileged item.

Open Session reconvened at 5:33 p.m.

5. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

No action was taken in Closed Session.

6. ADJOURN

Meeting adjourned at 5:33 p.m.

**TAHOE FOREST HOSPITAL DISTRICT
NOVEMBER 2024 FINANCIAL REPORT
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Board of Directors
Of Tahoe Forest Hospital District
NOVEMBER 2024 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the five months ended November 30, 2024.

Activity Statistics

- ❑ TFH acute patient days were 284 for the current month compared to budget of 372. This equates to an average daily census of 9.5 compared to budget of 12.4.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Home Health visits, Hospice visits, Surgery cases, Blood units, and Tahoe City Occupational Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Lab Send Out tests, EKGs, Mammography, CT Scans, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, and Outpatient Physical, Aquatic & Occupational Therapies.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 45.6% in the current month compared to budget of 46.9% and to last month's 48.4%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 46.1% compared to budget of 47.0% and prior year's 46.2%.
- ❑ EBIDA was \$508,422 (.9%) for the current month compared to budget of \$1,943,642 (3.5%), or \$1,435,220 (2.6%) below budget. Year-to-date EBIDA was \$15,874,021 (5.5%) compared to budget of \$11,692,080 (4.2%), or \$4,181,941 (1.3%) above budget.
- ❑ Net Income was \$463,956 for the current month compared to budget of \$1,415,093 or \$951,137 below budget. Year-to-date Net Income was \$16,071,550 compared to budget of \$9,029,318 or \$7,042,232 above budget.
- ❑ Cash Collections for the current month were \$20,573,288, which is 80% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$139,470,585 at the end of November compared to \$136,665,579 at the end of October.

Balance Sheet

- ❑ Working Capital is at 68.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 208.7 days. Working Capital cash decreased a net \$17,830,000. Accounts Payable decreased \$1,387,000 and Accrued Payroll & Related Costs decreased \$10,784,000. The District received reimbursement from the CY24 HQAF program for \$404,000, \$285,000 from the Nevada Private Hospital program, and remitted \$3,107,000 to the State to participate in the CY23 Voluntary Rate Range Program. Cash Collections were below target by 20%.
- ❑ Net Patient Accounts Receivable increased a net \$101,000. Cash collections were 80% of target. EPIC Days in A/R were 74.5 compared to 70.7 at the close of October, a 3.80 days increase.
- ❑ Estimated Settlements, Medi-Cal & Medicare increased a net \$3,593,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received \$404,000 from the Districts participation in the CY24 HQAF program, \$285,000 from the Nevada Private Hospital program, and remitted \$3,107,000 to the State for participation in the CY23 Voluntary Rate Range Program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$353,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of November.
- ❑ Investment in TSC, LLC decreased a net \$90,000 after recording the estimated loss for November and truing up the losses for October.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for November on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable decreased \$1,387,000 due to the timing of the final check run in November.
- ❑ Accrued Payroll & Related Costs decreased a net \$10,784,000 after paying out the Gain Share and Incentive Comp bonuses.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for November, decreasing the liability \$290,000.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased \$717,000. The District finalized its FY24 As Filed Medicare Cost Reports, resulting in a decreased liability due back to the Program for TFH and IVCH.

November 2024 Financial Narrative

Operating Revenue

- ❑ Current month’s Total Gross Revenue was \$53,727,876 compared to budget of \$55,248,199 or \$1,520,323 below budget.
- ❑ Current month’s Gross Inpatient Revenue was \$6,293,700 compared to budget of \$7,100,381 or \$806,681 below budget.
- ❑ Current month’s Gross Outpatient Revenue was \$47,434,176 compared to budget of \$48,147,818 or \$713,642 below budget.
- ❑ Current month’s Gross Revenue Mix was 43.84% Medicare, 14.65% Medi-Cal, .0% County, 0.83% Other, and 40.68% Commercial Insurance compared to budget of 40.49% Medicare, 15.36% Medi-Cal, .0% County, 1.13% Other, and 43.02% Commercial Insurance. Last month’s mix was 40.58% Medicare, 15.97% Medi-Cal, .0% County, 0.69% Other, and 42.76% Commercial Insurance. Year-to-Date Gross Revenue Mix was 40.76% Medicare, 16.56% Medi-Cal, .0% County, 1.06% Other, and 41.62% Commercial Insurance compared to budget of 40.09% Medicare, 15.60% Med-Cal, .0% County, 1.21% Other, and 43.10% Commercial.
- ❑ Current month’s Deductions from Revenue were \$29,211,075 compared to budget of \$29,329,618 or \$118,543 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 3.35% increase in Medicare, a 0.72% decrease to Medi-Cal, County at budget, a 0.30% decrease in Other, and Commercial Insurance was below budget 2.33%, 2) Revenues were below budget 2.8%, 3) AR over 120 days increased 8.16% from October, and 4) the District recorded a decrease in funds due to the Medicare program after finalizing its As Filed FY24 Medicare Cost Reports, creating a positive impact in Prior Period Settlements.

DESCRIPTION	November 2024 Actual	November 2024 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	11,346,944	10,933,990	(412,954)	We saw increases in Technical, RN, Environmental, Physician, and Other wages, creating a negative variance in Salaries and Wages.
Employee Benefits	3,557,035	3,601,680	44,645	
Benefits – Workers Compensation	115,994	105,867	(10,127)	
Benefits – Medical Insurance	2,741,260	2,642,413	(98,847)	
Medical Professional Fees	407,585	384,450	(23,135)	IVCH ER, Anesthesia, Diagnostic Imaging, and Infectious Diseases Physician fees were above budget, creating a negative variance in Medical Professional Fees.
Other Professional Fees	456,802	495,260	38,458	Outsourced consulting services for Financial Administration, Marketing, Administration, and Information Technology were below budget, creating a positive variance in Other Professional Fees.
Supplies	3,957,649	4,447,545	489,896	The District received several 340b rebates and Drugs Sold to Patients Revenues were below budget 19.31%, creating a positive variance in Pharmacy Supplies.
Purchased Services	2,214,446	2,095,080	(119,366)	A Medical Record file retrieval and shredding project, Employee Health screenings, and support agreements for Nuclear Medicine, MRI, and PET CT were above budget, creating a negative variance in Purchased Services.
Other Expenses	997,433	1,114,896	117,463	Marketing campaigns, Utility costs, and Physician & Employee Recruitment expenses were below budget, creating a positive variance in Other Expenses.
Total Expenses	25,795,148	25,821,181	26,033	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
NOVEMBER 2024

	Nov-24	Oct-24	Nov-23	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 57,493,761	\$ 75,323,799	\$ 25,795,884	1
PATIENT ACCOUNTS RECEIVABLE - NET	47,655,006	47,553,811	39,969,222	2
OTHER RECEIVABLES	11,706,381	10,582,186	14,876,730	
GO BOND RECEIVABLES	2,222,392	1,769,601	2,165,668	
ASSETS LIMITED OR RESTRICTED	10,703,870	10,310,482	12,154,102	
INVENTORIES	5,569,388	5,570,586	5,259,360	
PREPAID EXPENSES & DEPOSITS	4,427,599	4,255,022	4,619,685	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	26,887,973	23,295,217	23,373,831	3
TOTAL CURRENT ASSETS	<u>166,666,369</u>	<u>178,660,704</u>	<u>128,214,482</u>	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	10,799,062	10,799,062	10,337,968	1
* CASH INVESTMENT FUND	106,648,030	106,516,496	105,949,774	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	3,242,388	2,889,788	(1,670,886)	4
TOTAL BOND TRUSTEE 2017	22,586	22,498	21,501	
TOTAL BOND TRUSTEE 2015	707,016	579,734	723,458	
TOTAL BOND TRUSTEE GO BOND	-	-	5,764	
GO BOND TAX REVENUE FUND	1,361,748	1,358,906	1,358,370	
DIAGNOSTIC IMAGING FUND	3,616	3,616	3,462	
DONOR RESTRICTED FUND	1,187,427	1,187,426	1,159,431	
WORKERS COMPENSATION FUND	19,336	52,392	36,736	
TOTAL	123,991,209	123,409,917	117,925,579	
LESS CURRENT PORTION	(10,703,870)	(10,310,482)	(12,154,102)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	<u>113,287,339</u>	<u>113,099,435</u>	<u>105,771,477</u>	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(4,292,817)	(4,202,358)	(3,641,847)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,715,390	
PROPERTY & EQUIPMENT NET	195,309,137	195,556,066	196,038,225	
GO BOND CIP, PROPERTY & EQUIPMENT NET	<u>1,915,497</u>	<u>1,910,162</u>	<u>1,791,406</u>	
TOTAL ASSETS	<u>474,602,496</u>	<u>486,740,981</u>	<u>429,889,133</u>	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	216,570	219,802	255,358	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	154,402	154,402	124,578	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,157,825	4,181,530	4,442,282	
GO BOND DEFERRED FINANCING COSTS	405,274	407,595	433,124	
DEFERRED FINANCING COSTS	107,148	108,189	119,632	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	11,095,567	11,232,503	7,401,503	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	25,523,517	25,842,208	29,122,177	6
TOTAL DEFERRED OUTFLOW OF RESOURCES	<u>\$ 41,660,303</u>	<u>\$ 42,146,229</u>	<u>\$ 41,898,654</u>	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	9,766,461	11,153,457	\$ 9,877,543	7
ACCRUED PAYROLL & RELATED COSTS	23,994,359	34,778,807	21,235,683	8
INTEREST PAYABLE	317,090	258,866	487,986	
INTEREST PAYABLE GO BOND	1,005,810	754,358	1,046,477	
SUBSCRIPTION LIABILITY	27,227,747	27,517,494	30,409,917	9
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,226,634	3,943,731	290,618	10
HEALTH INSURANCE PLAN	2,939,536	2,939,536	2,722,950	
WORKERS COMPENSATION PLAN	2,297,841	2,297,841	3,287,371	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,771,063	2,771,063	2,586,926	
CURRENT MATURITIES OF GO BOND DEBT	2,440,000	2,440,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,126,098	4,126,098	3,979,480	
TOTAL CURRENT LIABILITIES	<u>80,112,641</u>	<u>92,981,251</u>	<u>78,119,951</u>	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	25,871,753	26,073,554	25,311,509	
GO BOND DEBT NET OF CURRENT MATURITIES	87,769,031	87,786,987	90,669,499	
DERIVATIVE INSTRUMENT LIABILITY	154,402	154,402	124,578	
TOTAL LIABILITIES	<u>193,907,828</u>	<u>206,996,194</u>	<u>194,225,537</u>	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	321,167,545	320,703,589	276,402,819	
RESTRICTED	1,187,427	1,187,426	1,159,431	
TOTAL NET POSITION	<u>\$ 322,354,972</u>	<u>\$ 321,891,016</u>	<u>\$ 277,562,250</u>	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
NOVEMBER 2024

1. Working Capital is at 68.6 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 208.7 days. Working Capital cash decreased a net \$17,830,000. Accounts Payable decreased \$1,387,000 (See Note 7) and Accrued Payroll & Related Costs decreased \$10,784,000 (See Note 8). The District received reimbursement from the CY24 HQAF program for \$404,000, Nevada Private Hospital program for \$285,000, and remitted \$3,107,000 to the State to participate in the CY23 Voluntary Rate Range Program (See Note 3). Cash Collections were below target by 20% (See Note 2).
2. Net Patient Accounts Receivable increased a net \$101,000. Cash collections were 80% of target. EPIC Days in A/R were 74.5 compared to 70.7 at the close of October, a 3.80 days increase.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$3,593,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal PRIME/QIP programs, received \$404,000 from the Districts participation in the CY24 HQAF program, \$285,000 from the Nevada Private Hospital program and remitted \$3,107,000 to the State for participation in the CY23 Voluntary Rate Range Program.
4. Unrealized Gain/(Loss) Cash Investment Fund increased \$353,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of November.
5. Investment in TSC, LLC decreased a net \$90,000 after recording the estimated loss for November and truing up the losses for October.
6. To comply with GASB No. 96, the District recorded Amortization Expense for November on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
7. Accounts Payable decreased \$1,387,000 due to the timing of the final check run in November.
8. Accrued Payroll & Related Costs decreased a net \$10,784,000 after paying out the Gain Share and Incentive Comp bonuses.
9. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for November, decreasing the liability \$290,000.
10. Estimated Settlements, Medi-Cal & Medicare decreased \$717,000. The District finalized its FY24 As Filed Medicare Cost Reports, resulting in a decreased liability due back to the Program for TFH and IVCH.

**Tahoe Forest Hospital District
Cash Investment
November 30, 2024**

WORKING CAPITAL			
US Bank	\$ 56,399,257	4.29%	
US Bank/Incline Village Thrift Store	10,804		
US Bank/Truckee Thrift Store	51,947		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,031,753</u>	2.02%	
Total			\$ 57,493,761
 BOARD DESIGNATED FUNDS			
US Bank Savings	\$ -		
Chandler Investment Fund	<u>106,648,030</u>	4.24%	
Total			\$ 106,648,030
Building Fund	\$ -		
Cash Reserve Fund	<u>10,799,062</u>	4.45%	
Local Agency Investment Fund			\$ 10,799,062
Municipal Lease 2018			\$ -
Bonds Cash 2017			\$ 22,586
Bonds Cash 2015			\$ 707,016
GO Bonds Cash 2008			\$ 1,361,748
DX Imaging Education	\$ 3,616		
Workers Comp Fund - B of A	19,336		
Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 22,952</u>
TOTAL FUNDS			\$ 177,055,154
 RESTRICTED FUNDS			
Gift Fund			
US Bank Money Market	\$ 8,380	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,151,738</u>	4.45%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,187,427</u>
TOTAL ALL FUNDS			<u><u>\$ 178,242,581</u></u>

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
NOVEMBER 2024

CURRENT MONTH				YEAR TO DATE				PRIOR YTD NOV 2023
ACTUAL	BUDGET	VAR\$	VAR%	ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE								
\$ 53,727,876	\$ 55,248,199	\$ (1,520,323)	-2.8%	\$ 290,259,387	\$ 281,317,283	\$ 8,942,104	3.2%	1 \$ 255,469,870
Total Gross Revenue								
Gross Revenues - Inpatient								
\$ 2,930,709	\$ 3,375,249	\$ (444,540)	-13.2%	\$ 16,428,333	\$ 17,233,779	\$ (805,446)	-4.7%	\$ 16,278,289
3,362,991	3,725,132	(362,141)	-9.7%	20,263,437	19,888,341	375,096	1.9%	19,010,030
6,293,700	7,100,381	(806,681)	-11.4%	36,691,770	37,122,120	(430,350)	-1.2%	35,288,319
Daily Hospital Service								
Ancillary Service - Inpatient								
Total Gross Revenue - Inpatient								
47,434,176	48,147,818	(713,642)	-1.5%	253,567,617	244,195,163	9,372,454	3.8%	220,181,551
47,434,176	48,147,818	(713,642)	-1.5%	253,567,617	244,195,163	9,372,454	3.8%	220,181,551
Gross Revenue - Outpatient								
Total Gross Revenue - Outpatient								
Deductions from Revenue:								
29,452,171	27,380,154	(2,072,017)	-7.6%	155,021,780	139,265,419	(15,756,361)	-11.3%	2 136,841,348
51,712	1,104,964	1,053,252	95.3%	1,000,973	5,626,346	4,625,373	82.2%	2 193,996
360,310	844,500	484,190	57.3%	1,576,695	4,300,223	2,723,528	63.3%	2 2,690,960
(653,118)	-	653,118	0.0%	(988,772)	-	988,772	0.0%	2 (2,241,709)
29,211,075	29,329,618	118,543	0.4%	156,610,677	149,191,988	(7,418,689)	-5.0%	137,484,595
Contractual Allowances								
Charity Care								
Bad Debt								
Prior Period Settlements								
Total Deductions from Revenue								
91,268	106,650	15,382	14.4%	526,946	545,917	18,971	3.5%	533,254
1,695,502	1,739,592	(44,090)	-2.5%	9,023,464	8,580,376	443,088	5.2%	3 7,663,032
Property Tax Revenue- Wellness Neighborhood								
Other Operating Revenue								
26,303,571	27,764,823	(1,461,252)	-5.3%	143,199,120	141,251,588	1,947,532	1.4%	126,181,561
TOTAL OPERATING REVENUE								
OPERATING EXPENSES								
11,346,944	10,933,990	(412,954)	-3.8%	54,898,418	56,087,354	1,188,936	2.1%	4 50,845,681
3,557,035	3,601,680	44,645	1.2%	18,470,303	17,814,880	(655,423)	-3.7%	4 16,748,560
115,994	105,867	(10,127)	-9.6%	318,469	529,335	210,866	39.8%	4 418,758
2,741,260	2,642,413	(98,847)	-3.7%	12,332,908	13,212,065	879,157	6.7%	4 10,465,635
407,585	384,450	(23,135)	-6.0%	2,553,427	2,294,671	(258,756)	-11.3%	5 2,687,533
456,802	495,260	38,458	7.8%	1,658,513	2,145,800	487,287	22.7%	5 1,216,064
3,957,649	4,447,545	489,896	11.0%	22,277,288	22,210,597	(66,691)	-0.3%	6 19,558,004
2,214,446	2,095,080	(119,366)	-5.7%	9,854,142	9,804,784	(49,358)	-0.5%	7 8,815,617
997,433	1,114,896	117,463	10.5%	4,961,631	5,460,022	498,391	9.1%	8 4,562,449
25,795,148	25,821,181	26,033	0.1%	127,325,099	129,559,508	2,234,409	1.7%	115,318,301
TOTAL OPERATING EXPENSE								
508,422	1,943,642	(1,435,220)	-73.8%	15,874,021	11,692,080	4,181,941	35.8%	10,863,260
NET OPERATING REVENUE (EXPENSE) EBIDA								
NON-OPERATING REVENUE/(EXPENSE)								
888,696	873,314	15,382	1.8%	4,372,876	4,353,905	18,971	0.4%	9 3,779,246
455,633	455,633	0	0.0%	2,278,166	2,278,166	(0)	0.0%	2,225,678
451,391	239,977	211,414	88.1%	1,970,875	1,216,449	754,426	62.0%	10 1,329,358
122,134	110,428	11,706	10.6%	443,911	552,142	(108,231)	-19.6%	11 350,959
(90,459)	(83,750)	(6,709)	-8.0%	(351,074)	(418,750)	67,676	16.2%	12 (231,000)
317,686	100,000	217,686	-217.7%	2,592,244	500,000	2,092,244	-418.4%	13 1,721,413
-	-	-	0.0%	-	-	-	0.0%	14 -
-	-	-	0.0%	-	-	-	0.0%	15 -
34,700	-	34,700	0.0%	37,450	-	37,450	0.0%	16 -
(1,785,295)	(1,785,253)	(42)	0.0%	(8,925,341)	(8,923,327)	(2,014)	0.0%	17 (8,427,948)
(179,432)	(179,375)	(57)	0.0%	(913,798)	(913,568)	(230)	0.0%	18 (1,047,278)
(259,523)	(259,523)	0	0.0%	(1,307,779)	(1,307,779)	(0)	0.0%	(1,355,642)
(44,466)	(528,549)	484,082	91.6%	197,529	(2,662,762)	2,860,291	107.4%	(1,655,214)
TOTAL NON-OPERATING REVENUE/(EXPENSE)								
\$ 463,956	\$ 1,415,093	\$ (951,137)	-67.2%	\$ 16,071,550	\$ 9,029,318	\$ 7,042,232	78.0%	\$ 9,208,046
INCREASE (DECREASE) IN NET POSITION								
NET POSITION - BEGINNING OF YEAR				306,283,422				
NET POSITION - AS OF NOVEMBER 30, 2024				\$ 322,354,972				
0.9%	3.5%	-2.6%		5.5%	4.2%	1.3%		4.3%
RETURN ON GROSS REVENUE EBIDA								

**TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
NOVEMBER 2024**

		Variance from Budget	
		Fav / <Unfav>	
		NOV 2024	YTD 2025
1) Gross Revenues			
<p>Acute Patient Days were below budget 23.7% or 88 days. Swing Bed days were below budget 40.0% or 14 days.</p> <p>Outpatient volumes were below budget in the following departments: Emergency Department Visits, Laboratory tests, Lab Send Out tests, EKGs, Diagnostic Imaging, Mammography, Medical Oncology procedures, Radiation Oncology procedures, MRI, Ultrasounds, Briner Ultrasounds, CT Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, Gastroenterology cases, Tahoe City Physical Therapy, Outpatient Physical Therapy, Physical Therapy Aquatic, Speech, and Occupational Therapies.</p> <p>Outpatient volumes were above budget in the following departments: Home Health visits, Hospice Visits, Surgery cases, Oncology Lab, Blood units, Nuclear Medicine, PET CT, Respiratory Therapy and Tahoe City Occupational Therapy.</p>	<p>Gross Revenue -- Inpatient</p> <p>Gross Revenue -- Outpatient</p> <p>Gross Revenue -- Total</p>	<p>\$ (806,681)</p> <p>(713,642)</p> <p>\$ (1,520,323)</p>	<p>\$ (430,350)</p> <p>9,372,454</p> <p>\$ 8,942,104</p>
2) Total Deductions from Revenue			
<p>The payor mix for November shows a 3.35% increase to Medicare, a 0.72% decrease to Medi-Cal, 0.30% decrease to Other, County at budget, and a 2.33% decrease to Commercial when compared to budget. We saw a shift from Commercial and Medi-Cal into Medicare and AR over 120 Days increased 8.16% from October, creating a negative variance in Contractual Allowances.</p> <p>Positive variances in Charity Care and Bad Debt are lending to the negative variance in Contractual Allowances.</p> <p>The District finalized the As Filed Medicare cost reports for FY24, resulting in a decrease of funds due to the Medicare program. This is creating a positive variance in Prior Period Settlements.</p>	<p>Contractual Allowances</p> <p>Charity Care</p> <p>Bad Debt</p> <p>Prior Period Settlements</p> <p>Total</p>	<p>\$ (2,072,017)</p> <p>1,053,252</p> <p>484,190</p> <p>653,118</p> <p>\$ 118,543</p>	<p>\$ (15,756,361)</p> <p>4,625,373</p> <p>2,723,528</p> <p>988,772</p> <p>\$ (7,418,689)</p>
3) Other Operating Revenue			
<p>Retail Pharmacy revenues were above budget 15.23%.</p> <p>IVCH ER Physician Guarantee is tied to collections which came in below budget in November.</p> <p>Additional volumes were budgeted starting in October with the expectation space expansion would be complete. This is creating a negative variance in Children's Center revenues.</p> <p>Rebates & Refunds, MIPS Bonus payments and the Nevada Private Hospital Provider Tax fees were below budget, creating a negative variance in Miscellaneous.</p>	<p>Retail Pharmacy</p> <p>Hospice Thrift Stores</p> <p>The Center (non-therapy)</p> <p>IVCH ER Physician Guarantee</p> <p>Children's Center</p> <p>Miscellaneous</p> <p>Oncology Drug Replacement</p> <p>Grants</p> <p>Total</p>	<p>\$ 98,809</p> <p>5,224</p> <p>6,854</p> <p>(54,252)</p> <p>(15,440)</p> <p>(69,953)</p> <p>-</p> <p>(15,333)</p> <p>\$ (44,090)</p>	<p>\$ 627,998</p> <p>2,506</p> <p>22,217</p> <p>(185,112)</p> <p>(16,569)</p> <p>(23,286)</p> <p>-</p> <p>15,333</p> <p>\$ 443,088</p>
4) Salaries and Wages			
<p>We saw increases in Technical, RN, Environmental, Physician, and Other salary categories, creating a negative variance in Salaries and Wages.</p>	<p>Total</p>	<p>\$ (412,954)</p>	<p>\$ 1,188,936</p>
Employee Benefits			
<p>We saw decreased use of Paid Leave in November, creating a positive variance in PL/SL.</p> <p>Negative variance in Other is related to Employer Payroll taxes.</p>	<p>PL/SL</p> <p>Nonproductive</p> <p>Pension/Deferred Comp</p> <p>Standby</p> <p>Other</p> <p>Total</p>	<p>\$ 41,038</p> <p>(9,966)</p> <p>(2,632)</p> <p>27,326</p> <p>(11,121)</p> <p>\$ 44,645</p>	<p>\$ (530,131)</p> <p>(175,805)</p> <p>(14,475)</p> <p>53,529</p> <p>11,460</p> <p>\$ (655,423)</p>
Employee Benefits - Workers Compensation			
		<p>Total</p>	<p>\$ (10,127)</p> <p>\$ 210,866</p>
Employee Benefits - Medical Insurance			
		<p>Total</p>	<p>\$ (98,847)</p> <p>\$ 879,157</p>
5) Professional Fees			
<p>Anesthesia Physician Fees, Diagnostic Imaging Physician Fees, and Infectious Diseases Physician fees were above budget, creating a negative variance in Miscellaneous.</p> <p>Consulting Services provided by the District's new Health Insurance TPA and services provided for external employee relations created a negative variance in Human Resources.</p> <p>Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.</p> <p>An increase in contracting support created a negative variance in Managed Care.</p> <p>Emergency Department and Hospitalist Physician fees were below budget, creating a positive variance in TFH Locums.</p> <p>Decreased locums coverage in Medical Oncology, Truckee Urgent Care, and Women & Family, created a positive variance in Multi-Specialty Clinics.</p>	<p>Miscellaneous</p> <p>Human Resources</p> <p>IVCH ER Physicians</p> <p>Oncology</p> <p>Managed Care</p> <p>Corporate Compliance</p> <p>Medical Staff Services</p> <p>TFH Locums</p> <p>Patient Accounting/Admitting</p> <p>Financial Administration</p> <p>Marketing</p> <p>Multi-Specialty Clinics</p> <p>Administration</p> <p>Multi-Specialty Clinics Administration</p> <p>Information Technology</p> <p>Total</p>	<p>\$ (19,565)</p> <p>(115,141)</p> <p>(70,508)</p> <p>6,165</p> <p>(12,107)</p> <p>-</p> <p>6,746</p> <p>35,210</p> <p>-</p> <p>22,873</p> <p>15,971</p> <p>28,931</p> <p>80,800</p> <p>20,000</p> <p>15,947</p> <p>\$ 15,322</p>	<p>(317,127)</p> <p>(112,219)</p> <p>(43,707)</p> <p>(29,684)</p> <p>(10,906)</p> <p>(2,470)</p> <p>25,215</p> <p>34,484</p> <p>42,012</p> <p>48,198</p> <p>49,899</p> <p>62,094</p> <p>138,742</p> <p>161,845</p> <p>182,156</p> <p>\$ 228,531</p>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
NOVEMBER 2024

		Variance from Budget	
		Fav / <Unfav>	
		NOV 2024	YTD 2025
5) Professional Fees (Cont.)	Outsourced Consulting services were below budget, creating a positive variance in Administration.		
	Decreased use of outsourced resources for implementations/integrations created a positive variance in Information Technology.		
6) Supplies	Pharmacy Supplies	\$ 484,484	\$ (536,765)
	The District received several 340b rebates and Drugs Sold to Patients revenues were below budget 19.31%, creating a positive variance in Pharmacy Supplies.	9,375	(2,485)
	Pharmacy Supplies	6,657	9,196
	We saw negative variances in Other Non-Medical Supplies in the Med/Surg, Plastics and Plant Maintenance departments.	(21,723)	22,998
	Other Non-Medical Supplies	613	23,070
	Office Supplies	10,491	417,296
	Patient & Other Medical Supplies	\$ 489,896	\$ (66,691)
	Total		
7) Purchased Services	Medical Records	\$ (234,293)	\$ (243,940)
	A file retrieval and shredding project with our outsourced vendor created a negative variance in Medical Records.	(36,034)	(71,175)
	Human Resources	(9,148)	(43,176)
	Laboratory	(26,397)	(35,627)
	Employee Health screenings created a negative variance in Human Resources.	(2,079)	(6,652)
	Support agreements for Nuclear Medicine, MRI, and PET CT created a negative variance in Diagnostic Imaging Services - All.	(2,185)	(5,682)
	Diagnostic Imaging Services - All	15,020	(3,389)
	Outsourced billing and collection services were below budget, creating a positive variance in Patient Accounting.	(6,867)	6,467
	Patient Accounting	2,286	11,627
	Home Health/Hospice	89,188	36,609
	Outsourced billing and collection services for Skilled Nursing, budgeted purchased services for Education Administration, Plant Maintenance, and Governing Board were below budget, creating a positive variance in Miscellaneous.	3,327	68,983
	Miscellaneous	5,657	84,809
	Department Repairs	82,158	151,787
	Information Technology	\$ (119,366)	\$ (49,358)
	Total		
	Budgeted Information Technology projects did not kick off as anticipated during the budgeting process, creating a positive variance in this category.		
8) Other Expenses	Marketing	\$ 46,392	\$ (55,931)
	A reclassification of Marketing and Sponsorship expenses created a positive variance in Marketing.	(10,954)	(47,100)
	Other Building Rent	1,357	(282)
	A rental rate increase for the IVCH Physical Therapy building and Common Area Maintenance invoices for outlier buildings created a negative variance in Other Building Rent.	12,075	601
	Physician Services	389	1,174
	Equipment Rent	909	1,424
	Multi-Specialty Clinics Bldg. Rent	3,553	6,853
	Multi-Specialty Clinics Equip Rent	(78)	22,281
	Dues and Subscriptions	6,490	30,261
	Natural Gas/Propane and Telephone costs were below budget, creating a positive variance in Utilities.	15,141	130,088
	Utilities	7,638	131,144
	Physician Recruitment expenses and Personnel Recruitment expenses were below budget, creating a positive variance in Miscellaneous.	34,551	277,881
	Miscellaneous	\$ 117,463	\$ 498,391
	Total		
9) District and County Taxes	Total	\$ 15,382	\$ 18,971
10) Interest Income	Total	\$ 211,414	\$ 754,426
	Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.		
11) Donations	IVCH	\$ (49,026)	\$ (235,940)
	Operational	60,732	127,709
	Total	\$ 11,706	\$ (108,231)
12) Gain/(Loss) on Joint Investment	Total	\$ (6,709)	\$ 67,676
13) Gain/(Loss) on Market Investments	Total	\$ 217,686	\$ 2,092,244
	The District booked the value of unrealized gains in its holdings with Chandler Investments.		
14) Loss on Investments - TIRHR	Total	\$ -	-
15) Gain/(Loss) on Sale or Disposal of Assets	Total	\$ -	-
16) Gain/(Loss) on Sale or Disposal of Equipment	Total	\$ 34,700	\$ 37,450
17) Depreciation Expense	Total	\$ (42)	\$ (2,014)
18) Interest Expense	Total	\$ (57)	\$ (230)

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2024

CURRENT MONTH					YEAR TO DATE				PRIOR YTD NOV 2023
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE									
\$ 3,662,635	\$ 3,699,899	\$ (37,264)	-1.0%	Total Gross Revenue	\$ 22,329,287	\$ 20,920,585	\$ 1,408,702	6.7%	1 \$ 18,477,287
Gross Revenues - Inpatient									
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%	\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%	-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1 -
3,662,635	3,699,899	(37,264)	-1.0%	Gross Revenue - Outpatient	22,329,287	20,920,585	1,408,702	6.7%	18,477,287
3,662,635	3,699,899	(37,264)	-1.0%	Total Gross Revenue - Outpatient	22,329,287	20,920,585	1,408,702	6.7%	18,477,287
Deductions from Revenue:									
1,820,683	1,629,772	(190,911)	-11.7%	Contractual Allowances	11,020,723	9,196,799	(1,823,924)	-19.8%	2 8,954,712
64,635	73,998	9,363	12.7%	Charity Care	343,817	418,412	74,595	17.8%	2 176,009
105,690	55,498	(50,192)	-90.4%	Bad Debt	562,384	313,809	(248,575)	-79.2%	2 582,276
(291,973)	-	291,973	0.0%	Prior Period Settlements	(291,973)	-	291,973	0.0%	2 (149,617)
1,699,034	1,759,268	60,234	3.4%	Total Deductions from Revenue	11,634,951	9,929,020	(1,705,931)	-17.2%	2 9,563,380
27,913	113,647	(85,734)	-75.4%	Other Operating Revenue	137,831	522,002	(384,171)	-73.6%	3 371,972
1,991,514	2,054,278	(62,764)	-3.1%	TOTAL OPERATING REVENUE	10,832,167	11,513,567	(681,400)	-5.9%	9,285,879
OPERATING EXPENSES									
692,646	622,828	(69,818)	-11.2%	Salaries and Wages	3,456,818	3,700,450	243,632	6.6%	4 3,292,930
163,212	186,880	23,668	12.7%	Benefits	1,046,177	1,088,864	42,687	3.9%	4 948,223
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	10,460	15,798	5,338	33.8%	4 13,300
171,225	165,194	(6,031)	-3.7%	Benefits Medical Insurance	769,565	825,968	56,403	6.8%	4 641,278
168,235	103,617	(64,618)	-62.4%	Medical Professional Fees	872,594	834,630	(37,964)	-4.5%	5 758,273
1,987	2,431	444	18.3%	Other Professional Fees	11,593	12,155	562	4.6%	5 11,781
110,878	101,046	(9,832)	-9.7%	Supplies	588,236	620,351	32,115	5.2%	6 627,911
90,334	90,964	630	0.7%	Purchased Services	398,838	399,387	549	0.1%	7 276,793
92,132	98,457	6,325	6.4%	Other	496,174	490,342	(5,832)	-1.2%	8 629,348
1,492,741	1,374,577	(118,164)	-8.6%	TOTAL OPERATING EXPENSE	7,650,455	7,987,945	337,490	4.2%	7,199,837
498,773	679,701	(180,928)	-26.6%	NET OPERATING REV(EXP) EBIDA	3,181,712	3,525,622	(343,910)	-9.8%	2,086,042
NON-OPERATING REVENUE/(EXPENSE)									
2,092	51,118	(49,026)	-95.9%	Donations-IVCH	19,652	255,592	(235,940)	-92.3%	9 173,569
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10 -
(203,527)	(203,527)	(0)	0.0%	Depreciation	(1,017,546)	(1,015,699)	(1,847)	-0.2%	11 (615,487)
(1,090)	(1,090)	-	0.0%	Interest Expense	(5,700)	(5,700)	-	0.0%	12 (7,211)
(202,525)	(153,499)	(49,026)	-31.9%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,003,594)	(765,807)	(237,787)	-31.1%	(449,129)
\$ 296,248	\$ 526,202	\$ (229,954)	-43.7%	EXCESS REVENUE(EXPENSE)	\$ 2,178,118	\$ 2,759,815	\$ (581,697)	-21.1%	\$ 1,636,913
13.6%	18.4%	-4.8%		RETURN ON GROSS REVENUE EBIDA	14.2%	16.9%	-2.6%		11.3%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2024**

		Variance from Budget	
		Fav<Unfav>	
		NOV 2024	YTD 2025
1) Gross Revenues			
Outpatient volumes were below budget in Emergency Department Visits, Lab Send Out Tests, EKGs, Diagnostic Imaging, Ultrasounds, CT Scans, Respiratory Therapy, Physical, Speech, and Occupational Therapies.	Gross Revenue -- Inpatient	\$ -	\$ -
	Gross Revenue -- Outpatient	(37,264)	1,408,702
	Total	\$ (37,264)	\$ 1,408,702
Outpatient volumes were above budget in Surgery cases, Lab Tests, Mammography, Drugs Sold to Patients and Oncology Drugs Sold to Patients.			
2) Total Deductions from Revenue			
We saw a shift in our payor mix with a 4.72% increase in Medicare, a 0.12% increase in Medicaid, a 4.20% decrease in Commercial insurance, a 0.64% decrease in Other, and County was at budget. We saw a negative variance in Contractual Allowances due to the shift in Payor Mix from Commercial to Medicare and Medicaid and A/R over 120 Days increased 4.20% from October.	Contractual Allowances	\$ (190,911)	\$ (1,823,924)
	Charity Care	9,363	74,595
	Bad Debt	(50,192)	(248,575)
	Prior Period Settlement	291,973	291,973
	Total	\$ 60,234	\$ (1,705,931)
The District finalized the As Filed Medicare Cost Report for FY24, resulting in a decreased payable due to the Medicare program. This is creating a positive variance in Prior Period Settlements.			
3) Other Operating Revenue			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in November.	IVCH ER Physician Guarantee	\$ (54,252)	\$ (185,112)
	Miscellaneous	(31,483)	(199,059)
	Total	\$ (85,734)	\$ (384,171)
Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.			
4) Salaries and Wages			
We saw negative variances in RN, Physician, and Management Salaries.	Total	\$ (69,818)	\$ 243,632
Employee Benefits			
Decreased use of Paid leave created a positive variance in PL/SL.	PL/SL	\$ 5,468	\$ (25,646)
	Pension/Deferred Comp	0	-
	Standby	6,231	(1,407)
	Other	(925)	14,772
	Nonproductive	12,893	54,967
	Total	\$ 23,668	\$ 42,687
Employee Benefits - Workers Compensation	Total	\$ 1,068	\$ 5,338
Employee Benefits - Medical Insurance	Total	\$ (6,031)	\$ 56,403
5) Professional Fees			
Increased use of Call coverage created a negative variance in IVCH ER Physicians.	IVCH ER Physicians	\$ (70,508)	\$ (43,707)
	Administration	-	-
	Foundation	445	563
	Miscellaneous	(156)	969
	Multi-Specialty Clinics	6,046	4,772
	Total	\$ (64,174)	\$ (37,403)
Budgeted Radiology Physician Fees were below budget, creating a positive variance in Multi-Specialty Clinics.			
6) Supplies			
Medical Supplies Sold to Patients revenues were above budget 31.74%, creating a negative variance in Patient & Other Medical Supplies.	Non-Medical Supplies	\$ 715	\$ (12,485)
	Patient & Other Medical Supplies	(23,219)	(7,156)
	Food	(396)	(2,263)
	Minor Equipment	753	314
	Office Supplies	264	1,644
	Pharmacy Supplies	12,051	52,060
	Total	\$ (9,832)	\$ 32,115
Transfer of pharmaceutical supplies from TFH to IVCH was below budget, creating a positive variance in Pharmacy Supplies.			

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
NOVEMBER 2024**

		Variance from Budget	
		Fav<Unfav>	
		NOV 2024	YTD 2025
7) <u>Purchased Services</u>			
Snow removal for November came in above budget, creating a negative variance in Miscellaneous.	Engineering/Plant/Communications	\$ (2,019)	\$ (9,039)
Stewardship Purchased Services were below budget, creating a positive variance in Foundation.	Miscellaneous	(3,870)	(7,558)
Outsourced Laboratory testing for October came in higher than accrual estimates, creating a negative variance in Laboratory.	Diagnostic Imaging Services - All	229	(4,688)
Department repairs were below budget in Cat Scan and Engineering.	EVS/Laundry	3,241	(2,440)
	Pharmacy	(780)	(772)
	Multi-Specialty Clinics	(680)	122
	Foundation	4,098	3,816
	Laboratory	(3,590)	4,098
	Department Repairs	4,001	17,011
	Total	\$ 630	\$ 549
8) <u>Other Expenses</u>			
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Other Building Rent	\$ (5,530)	\$ (27,653)
Natural Gas/Propane, Electricity, Water/Sewer and Telephone costs were below budget, creating a positive variance in Utilities.	Miscellaneous	(4,019)	(25,441)
Outside Training and Travel was below budget, creating a positive variance in this category.	Multi-Specialty Clinics Bldg. Rent	(538)	(2,942)
	Physician Services	-	-
	Insurance	58	2,749
	Equipment Rent	853	(2,736)
	Marketing	2,446	(607)
	Dues and Subscriptions	2,536	9,790
	Utilities	4,685	15,158
	Outside Training & Travel	5,833	25,850
	Total	\$ 6,325	\$ (5,832)
9) <u>Donations</u>	Total	\$ (49,026)	\$ (235,940)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ (1,847)
12) <u>Interest Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL NOV 2024	BUDGET NOV 2024	DIFFERENCE	ACTUAL 1ST QTR	PROJECTED 2ND QTR	PROJECTED 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	29,039,493	\$ 508,422	\$ 1,943,641	\$ (1,435,219)	10,393,751	8,702,291	5,331,415	4,612,035
Interest Income	3,282,148		3,000,000	3,624,517	399,757	240,000	159,757	1,070,746	1,053,771	750,000	750,000
Property Tax Revenue	10,670,390		10,420,000	10,502,792	7,064	-	7,064	570,592	132,200	5,700,000	4,100,000
Donations	8,217,116		1,325,000	1,107,120	79,207	110,417	(31,210)	200,422	244,198	331,250	331,250
Debt Service Payments	(3,477,709)		(3,588,480)	(3,477,601)	(193,169)	(198,269)	5,100	(1,149,659)	(584,606)	(915,613)	(827,723)
Property Purchase Agreement	(811,928)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Muni Lease/2025 Muni Lease	(715,417)		(396,294)	(396,294)	-	-	-	-	-	(198,147)	(198,147)
Copier	(41,568)		(61,200)	(35,700)	-	(5,100)	5,100	-	(5,100)	(15,300)	(15,300)
2017 VR Demand Bond	(122,530)		(743,423)	(777,718)	-	-	-	(689,828)	-	(87,890)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,455,962)	(125,508)	(125,508)	(0)	(256,850)	(376,524)	(411,294)	(411,294)
Physician Recruitment	(146,666)		(1,000,000)	(671,333)	(33,000)	(83,333)	50,333	-	(171,333)	(250,001)	(249,999)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(3,728,556)	(414,409)	(388,114)	(26,295)	(815,094)	(2,244,374)	(568,088)	(101,000)
Municipal Lease Reimbursement	-		2,200,000	2,200,000	-	-	-	-	-	1,100,000	1,100,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	(935,307)	-	(191,137)	191,137	-	(191,137)	(372,085)	(372,085)
Building Projects/Properties	(11,602,725)		(25,877,332)	(21,114,130)	672,623	(2,002,667)	2,675,290	(1,464,737)	(1,765,060)	(8,855,000)	(9,029,332)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	5,583,353	(101,195)	(2,652,524)	2,551,329	4,489,776	(2,068,985)	5,191,744	(2,029,182)
Change in Settlement Accounts	5,273,357	N2	2,005,000	(751,202)	(4,309,853)	(3,668,723)	(641,130)	(4,239,029)	(6,768,948)	3,569,244	6,687,531
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(6,550,923)	(1,882,044)	(500,000)	(1,382,044)	(2,884,641)	(1,766,282)	(1,100,000)	(800,000)
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(13,323,565)	(12,431,910)	(2,500,000)	(9,931,910)	(985,268)	(9,838,297)	(2,400,000)	(100,000)
Change in Cash Balance	39,452,464		2,208,325	1,504,657	(17,698,505)	(9,890,709)	(7,807,796)	5,186,858	(15,266,563)	7,512,866	4,071,495
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	192,639,357	192,639,357	-	184,297,240	189,484,098	174,217,536	181,730,402
Ending Unrestricted Cash	184,297,240		186,505,565	185,801,897	174,940,853	182,748,649	(7,807,796)	189,484,098	174,217,536	181,730,402	185,801,897
Operating Cash	184,297,240		186,505,565	185,801,897	174,940,853	182,748,649	(7,807,796)	189,484,098	174,217,536	181,730,402	185,801,897
Expense Per Day	803,390		860,294	854,173	838,163	852,765	(14,602)	825,149	841,874	851,304	854,173
Days Cash On Hand	229		217	218	209	214	(6)	230	207	213	218

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.

DATE: December 2024

By: Louis Ward

Interim Chief Executive Officer / Chief Operating Officer

Community

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

- **Reflecting on 2024 and 75 Years of Community Care**

As 2024 comes to a close, we look back with gratitude on our 75th anniversary celebrations, which brought unforgettable moments and allowed us to further our community connections. We were presented with proclamations from the Town of Truckee, Nevada County, and Placer County, recognizing this historic year. Highlights from some of our events included Care Flight’s spectacular helicopter landing at the community Fun Run & Fall Festival, being selected as Grand Marshals of Truckee’s July 4th Parade, and bringing together famed local chefs for a spectacular night of food and wine at our 75th Anniversary gala.

These celebrations were not just about Tahoe Forest Health System—they were about the remarkable communities we are privileged to serve. Your continued support inspires the Tahoe Forest Health System Team to keep striving for excellence in all we do. On behalf of the entire team here at Tahoe Forest Health system, I am honored to say thank you and we truly feel your support!

- **Medical Staff Donation Match**

This year, we are excited to match the generous donation of the Medical Staff Members of the Tahoe Forest Health System. Administration is honored to partner with the Medical Staff to support the great community causes chosen by the Medical Executive Committee.

- **Medical Staff Holiday Gifts**

As we celebrate the holiday season, we are reminded of the joy that comes from giving and the profound impact of kindness on those around us. This year, in lieu of traditional holiday gifts to the medical staff, we have embraced the true spirit of the season and donated to the below local community organizations on behalf of the Medical Staff Members of Tahoe Forest Health System & Incline Village Community Hospital:

- Local Students to attend UNR Medical School Anatomy Lab
- Tahoe Family Solutions, Incline Village
- Boys and Girls Club of North Lake Tahoe, Kings Beach
- Sierra Avalanche Center, Truckee
- Tahoe Nordic Search & Rescue, Tahoe City
- Truckee Community Cares, Truckee

People

Aspire for a highly engaged culture that inspires teamwork and joy

- **Director of Process Improvement**

The Health System has been interviewing candidates throughout this month for a newly created Director of Process Improvement position. We are excited about a talented process improvement professional joining our ongoing improvement efforts in areas such as Access to Care, Management Systems, collaboration with the Project Management Office, and Business Plan creation.

Service

Aspire to deliver a timely, outstanding patient and family experience

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

Active Moves:

- No Planned Moves

Planned Moves:

- Outpatient move to allow phase 1 start of the Gateway RHC Project.

Active Projects:

Project: Tahoe Forest Hospital Seismic Improvements and Imaging Replacements

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

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

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

Phase 2: X-Ray and Fluoroscope Replacement.

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

Update Summary Phase 1 is well under way. A temporary CT is setup in the parking lot between the Cancer Center and Emergency Department and is in use. CT construction completion is scheduled 12/13/2024. Subject to CDPH licensing, First Patient Day could be as early as 12/23/24. All operating rooms have completed flooring replacement. There has been some issues with the new product, which, the team is working rectifying. Phase 2, X-Ray room 2 and Fluoroscopy are permitting and under review of HCAI. This portion of work will likely overlap with both Phase 1 and Phase 3 work. Phase 3 scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings, this scope of work has been approved and

permitted. The Seismic scope of work for the 1990 & 1993 building is 90% complete and the seismic work for the 1978 & Med Gas building is 20% complete.

Start of Construction: Spring 2024

Estimated Completion: Winter 2026

Projects in Planning:

Project: Gateway RHC Expansion

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

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

Update Summary Design Development is complete and under review of staff. A development permit has been submitted and is deemed complete with comments received and responded to as of 10/31/2024.

Start of Construction: Spring 2025

Estimated Completion: Winter 2026/2027

Project: TFHD MEP Replacements

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

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

Update Summary The Design is complete and the project is under HCAI review.

Start of Construction: Fall 2025

Estimated Completion: Winter 2026/2027

Project: Tahoe City Clinic – Fabian Way

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

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

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

Start of Construction: Winter 2024/2025

Estimated Completion: Fall 2025

Project: Sierra Center (formerly Rite Aid)

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

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

Update Summary Program validation is complete and the team is progressing into Schematic Design. The project team is meeting with the end user representative on optimizing the layout that has been completed. Staff have received a completed application on the zoning clearance and are awaiting circulation comments.

Start of Construction: Winter 2024/2025

Estimated Completion: Winter 2025/2026

Project: NPC 5

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

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

Update Summary Staff are Preparing bid documents for phase 1 scope of work. Staff are working with the Criteria Architect/Engineering teams and HCAI to solidify the water and wastewater tank sizing by way of a water-rationing plan.

Start of Construction: Winter 2025/2026

Estimated Completion: Fall 2028

Project: Reno- Corporate Point 2nd Floor

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

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

Update Summary Staff has collaborated with the design team and solidified a space layout. The design is still underway. Staff are working on procurement of all fixed furniture and equipment.

Start of Construction: Winter 2024/2025

Estimated Completion: Spring 2025

Project: Childcare Expansion

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

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

Update Summary Staff have concluded bidding and are approaching the conclusion of Schematic Design.

Start of Construction: Spring 2025

Estimated Completion: Winter 2025/2026



By: Jan Iida, RN, MSN, CEN, CENP
Chief Nursing Officer

DATE: December 2024

Community

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

- IV nationwide shortage – We continue to do ok, our biggest challenge is the 3000 CC Normal Saline, which we use in surgery. We continue to receive a daily spreadsheet with our IV fluid in stock. All units continue to conserve IV fluid

Service

Aspire to deliver a timely, outstanding patient and family experience

- E-Consents- The OR and the offices that schedule surgery patients went live on December 2.
- Care Coordination and Community Healthcare Workers are now one department under Hillary Bayliss as the manager. This change will improve the process for referral and have the appropriate person, RN or CHW working with patients and providers.

Quality

Aspire to deliver the best possible outcomes for our patients

- Nursing worked with Mercy Epic to make changes to the fall risk scale. Prior to change all patients were considered fall risk due to the AI tool. With this change, it is now appropriately capturing fall risk patients.
- Nursing has switched to use all insulin pens vs vials in their units. This was requested from an event to improve patient safety.
- Respiratory department has increased neonate skills/training for Respiratory Therapist. The RT's at TFH respond to all emergency for all ages. Neonate emergency are low volume but high stress when they occur.
- Great Save!! The ER received an 18-year-old patient from a ski resort that had suffered a spontaneous cardiac arrest. After 45 minutes of resuscitation efforts in the field and another 40 minutes in the ER the patient regained pulses and the patient was transferred to Renown. The patient made a full recovery and walked out of the hospital.

People

Aspire for a highly engaged culture that inspires teamwork and joy

- New Trauma Manager has started Julie Madden- She comes to us from Renown with a robust foundation in pediatric trauma. Katlin Steverman continues her role as our Trauma PI nurse. She has a wealth of knowledge in trauma and pre-hospital care flight.



Board CMO Report

By: Brian Evans, MD, MBA, FACEP, CPE
Chief Medical Officer

DATE: December 14, 2024

Grand Rounds

Tahoe Forest is in the planning stages to bring “Grand Rounds” to our system. The intent is for a monthly informational session done in a traditional style for all clinical staff. These sessions will be both live and tele-conference, recorded for asynchronous learning, and offer lunch or dinner. Our new Education Manager Damara Stone will work with the CMO to develop content and develop an advisory panel to identify suitable speakers. Go-live is planned for February or March.

Supply Chain Disruptions

We continue to conserve supplies that were affected by hurricanes in Florida. At this point, the only item that remains in short supply and currently affecting our operations is the 3000cc Normal Saline bags. We anticipate the supply chain will be restored by mid-January.

Quality Education

The Quality Department team continues its monthly “**Quality Education Series**” featuring content on required reporting, risk management, and a variety of other topics.

Coding/Documentation support for Clinicians

We continue to advance management systems as our chosen methodology for process improvement at Tahoe Forest. One of our latest projects is mapping out the current state for supporting clinicians with accurate coding and documentation. Kelley Downs is leading this work and including several clinicians to ensure our front line teams are involved. The intent is to identify gaps and improvements to ensure our clinicians have the resources they need to be accurate and complete in their coding/documentation.

Behavioral Health

Led by Brian Parrish, and Dr. Dhillon, the Behavioral Health Department continues to use management systems methodology to tackle a variety of opportunities. Already we have seen improved engagement, recruiting, operational flow, and patient access.

Service Line Meetings

All of the 27 Service lines are meeting regularly with system leadership to facilitate communication across the organization. During the last several weeks, meetings have been held with Pre-Operative, Palliative Care, Hospice, Sports Medicine, OB/GYN, Oncology, Anesthesiology, Emergency Medicine, Gastroenterology, Occupational Health, Pediatrics, Primary Care, Stroke, and Radiology.

Winter Illness/Injury Symposium

The 32nd annual Winter Illness and Injury Symposium was held on Monday December 9th in Incline. This event is hosted by Tahoe Forest, and brings together clinical teams from many disciplines and agencies. As in previous years, the event was extremely successful and feedback was very favorable.

Primary Care Medical Directorship

Dr. Gina Barta will hand the baton of Primary Care Medical Director to her colleague Dr. Aaron Ulland on January 1. Dr. Barta did a fantastic job in this critical role for our arguably most complex service line. Dr. Ulland has big shoes to fill, but comes into this role with outstanding energy, experience and vision for the role. Thank you Dr. Barta, and welcome Dr. Ulland!

Recruitment

- Dr. Kevin Johansen (Family Medicine) will start in Truckee providing primary care services March 1.
- Angela Mendoza, MD (Family Medicine) started November 4.
- Stephen Hoff, MD (Otolaryngology) started December 1, 2024. Dr. Hoff is board certified and experienced in both adult and pediatric ENT.
- Dan Hansen, MD (Anesthesiology) began on December 1.
- Michael Hallenbeck, MD (Radiology) began on December 1.
- Emily McGinty, NP started in Behavioral Health December 2. Emily will cover IVCH.
- Sharon Nomburg, LCSW (Behavioral Health) starting January 6.
- Alan Lopez, NP (Behavioral Health) starting February.
- Michael Hodes, Audiology starting February 3
- J. Brett Fugit, MD Starting in Radiology April 1.

By: Jake Dorst
Chief Information and Innovation Officer

DATE: 12/12/2024

Service

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

Clinical:

1. Jan25 Epic Upgrade Prep
2. HealthIE Nevada Epic integration
3. SAC Valley HIE integration
4. Provider Efficiency and Elbow/Elbow support-enhancements. EpicUserWeb
5. Clindoc/OptTime Affiliate builder enhancements
6. Home Health Hospice support and credential training
7. SCOR survey follow up
8. Slicer Dicer-planning, validation, roll out
9. Monthly Epic/Mercy Collab meetings
10. Successful Epic monthly downtimes (2)
11. Signal data support and rollout
12. Secure Messaging-Epic and internal process
13. Accessing outside records-EpicCareLink
14. Aura project
15. Epiphany project
16. Pyxis Upgrade
17. Fair Warning
18. Ambulatory Analyst hire-search
19. Monthly Epic Updates
20. Nursing Informatics meetings with Mercy
21. Mercy Teams and Microsoft 365 enhancements and integration
22. Monthly Mercy Epic updates-changes
23. Tickets/break fixes

Ambulatory:

1. HCC's(Hierarchical Condition Category)
2. Inbasket messaging: outside providers. Efficiencies. Outside Events
3. Smart sets (aka order sets for clinic)
4. HealthIE and other HIE's (Health information Exchange) Info Sharing
5. Referrals-outside orgs, outside of Epic
6. INF2 Process

7. Sexual Orientation Gender Identification -SOGI (Sexual Orientation and Gender Identity).
8. Sensitive/Blocking Charts (do's and don'ts) share tipsheet
9. MyChart proxy-reminder, share tipsheet (MS/Sandi, Leads)
10. Epic UserWebs Opps
11. Healthcare Maintenance

Emergency Department:

1. New smartlink for CIWA score for doctors to put in note
CIWA: Clinical Institute Withdrawal Assessment, which is a scale used to assess the severity of alcohol withdrawal symptoms:
2. Northstar order changes and continued workflow issues to accommodate outpatient orders for DI when there is no DI tech
3. New orders built for PO Fluids in the ED quick list

Inpatient:

1. We were able to come to an agreement on the AI model fall risk to have the threshold moved to 50.
2. Most of the SDOH improvements are live at this point.
3. Continued Survey readiness education and inpatient unit TL quality audits.
4. Work with MAT team to close a loop on patient care practices – saved building a new order set
5. Work with DI team on recovery recommendations optimization
6. Collaborative team working on Anesthesia nerve block billing – Tahoe work effort completed, with Mercy now
7. Collaboration with Revenue team on charge capture updates for inpatient charges - ongoing
8. Collaborative work on provider coding integrity and optimization project
9. ECC medication reconciliation audits & tickets
10. Onboarding a new ENT provider Dr Stephen Hoff. Admin work to bring in his 350+ pages of smartphrase templates.

Lab:

1. Epiphany- Assisting with the Lab EKG workflow testing once we have access and workflows defined.
2. Aura- Natera- I have requested an update from Mercy regarding test build and when I can start testing. Lab has mentioned there was some additional build requested.
3. Epic Upgrade- Slides and Tip Sheets are on Epic Upgrade page,
 - Laboratory: the materials via e-mail and be meeting with lab leadership next week to review changes.
 - Interface testing is complete and was successful.
 - Order sent to test connectivity and Mercy interface team had to troubleshoot for that to come in.
 - It is currently working, so full testing will be completed on 12/12.

Surgery:

1. Econsent training – ASD and OR nurses, anesthesiologists, endo MD's
2. Econsent Go-Live
3. PeriOp Clinic
4. Troubleshooting inputting outside lab results

5. Anesthesia billing update
6. Research for new anesthesia machines
7. Pyxis upgrade
8. Endo department build-kick off

Technical:

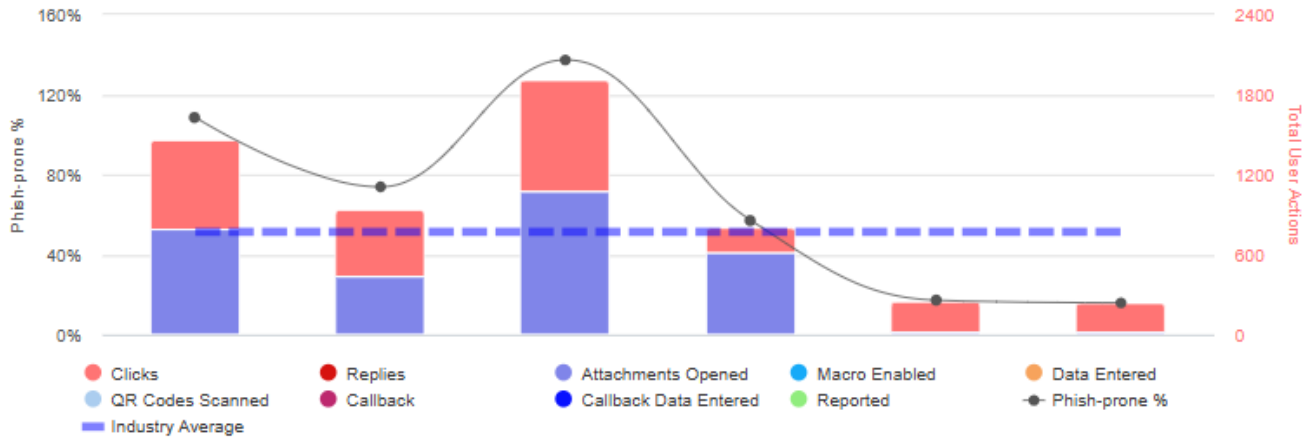
- Volpara go-live for enhanced results: complete and deploy 6-month long development project in Mirth to accommodate enhanced results reporting in Volpara, via Epic and Powerscribe report data.
Baxter Smartpumps: assist review for message support and outages, delays, for continued improvement of program
- Parex, Nihon-Kohden, and cardio server upgrade support for Mirth
- Prepare Pyxis test interfaces for impending upgrades, support and lead interface testing efforts
- 912 Tickets closed over last 30 Days
- *WhatsupGold* Started WMI monitoring all Windows servers for drive space/high CPU/high memory. Setup email alerts to avoid the Fax server database issue and other related problems that required user to notify us rather than taking proactive measures.
- Enabled Bitlocker in Intune allowing for compliance on fortified audits (over 99% compliant)
- Hired new HelpDesk agent

Security:

Message Category	%	Messages
Stopped by IP Reputation Filtering	76.3%	1,211,971
Stopped by Domain Reputation Filtering	0.0%	780
Stopped as Invalid Recipients	0.4%	6,297
Spam Detected	1.5%	23,556
Virus Detected	0.0%	1
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.0%	446
Stopped by Content Filter	0.2%	3,647
Stopped by DMARC	0.7%	10,570
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages	78.5%	1,246,700
Marketing Messages	5.6%	89,111
Social Networking Messages	0.1%	1,296
Bulk Messages	4.7%	74,693
Total Graymail	10.4%	165,100
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	11.1%	176,579
Total Attempted Messages		1,588,379

Phishing Security Tests - Last 6 Months

2649 Clicks, 0 Replies, 2959 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 0 QR Codes Scanned, 0 Callback, 0 Callback Data Entered, 0 Reported



Project Management:

Completed:

- Vault Verify – HR
- eConsent

Executing:

- Access to Care
- Affiliate builder education for financial analysts
- Affiliate builder education for Cadence
- AURA lab interface
- Axiom Sandbox
- Volpara IVCH
- SSO for Net Health Agility
- RLDatix Risk and Safety
- Epiphany
- MSC dashboards
- Nihon Khoden Server Upgrade
- ARIA server Upgrade
- UKG Phase 2
- i2i
- bright futures
- ParEx
- SECTRA
- Sac Valley Med Share
- Nuance Hub
- M365
- UCS – Sky Enterprises
- IVCH Endo
- APR-DRG (partnership health, solventum, Mercy, TFHD)
- Coding Processes

- ProcDoc modification for Urgent Care
- IVCH Walk in clinic
- ENT Clinic #2
- MSC clinic Smartphrases (assign to Stotts)
- GE centricity fetal monitors upgrade (early)
- VALD (force plate)
- Medical Transfer Indication form
- Community Labs Scheduling (expected by 12/27)
- January EPIC Upgrade

Initiating:

- AB133 compliance reporting
- Sympliphy (ECG consulting recommended software)
- TOMTEC
- SSI Clearing House
- Fair Warning – Imprivata
- Varian v18 for radiation oncology
- IVCH Medically Indicated Transfer form adjustment
- ScribeHow
- PFT- Spirometer
- Registration processes
- GE negotiations (Anesthesia, Fetal Monitors, Ultrasound in OR)
- ConfirMED initial stages for e-Consents
- Credible Minds
- INF-2 Therapy orders
- L&D screening forms
- View only chart sharing (requested by Dr. Plumb)
- Care Coordination Department (for Prematoras)
- Veterans Administration DI image sharing.
- Nuance DAX Co-pilot 2.0



12.10.2024

Scott Baker
Vice President
December Board of Directors Report

Clinic Growth

Please find attached an outline report of clinic volumes thru October (Nov data not available yet). This report shows both month to month and fiscal year to date thru October compared with last year. Year to date (YTD) we continue to experience substantial growth with a 11.37% increase compared to FY24.

For the month of October we experienced significant growth in monthly visits compared to 2024 in the following areas: OB/GYN (7%), Pediatrics (13%), Tahoe City Family Medicine (92%), Truckee Family Medicine (18%), Behavioral Health (19%), Endocrinology (10%), Gastroenterology (37%), General Surgery (25%), Hematology Oncology (22%), Occupational Health (28%), Orthopedics (7%), Pulmonology (8%), Radiation Oncology (16%). We did experience decreases in year over year monthly comparisons in Cardiology (physician retired), ENT (vacation) Neurology (vacation), Palliative, Sports Medicine and Urology. Of those only Cardiology, Palliative and Sports Medicine have a negative YTD growth and all are due to a reduction in provider rosters in each respective service line – either permanent departures or short term leave.

In Incline Village, our Primary Care outpaced last year by 14%, bringing the YTD total back above last year's YTD (2%). IVCH also enjoyed continued growth YTD in all other areas except Behavioral Health due to a departed provider. We have hired a replacement to start in early 2025.

Overall charges for the month of October were \$10,677,976 and 21% above budget. YTD we are 15% ahead of budget with \$35,676,904 budgeted compared to actual charges of \$41,145,054 across all clinics.

Physician Recruitment

Dr. Angela Mendoza – Family Medicine – 10/28
Dr. Brandy Kindig – Hospitalist – 11/18
Dr. Stephen Hoff – ENT – 12/2
Dr. Michael Hallenbeck – Radiology – 12/2
Emily McGinty, NP – Behavioral Health IVCH – 1/1/25
Dr. Kevin Johansen – Family Medicine – 3/1 (delayed due to CA licensing)
Dr. Brett Fugitt – Radiology – 4/1/25

Dr. Aaron Ulland will take over as Medical Director of our Primary Care service line on January 1st. We want to thank Dr. Gina Barta for serving in this role for the last few years and making countless contributions and helping to lead substantial progress in our Primary Care service line.

We are continuing to recruit for the following Medical Staff positions:

Internal Medicine physician

Cardiologist

Licensed Clinical Social Worker (LCSW)

Psych APP

Behavioral Health APP

Orthopedics PA

Anesthesiologist (per diem)

Orthopedics Access to Care project

In November, a cross disciplinary team began a Vizient-lead project focusing on the intake and coordination of patients for in our Orthopedics department. The goal of this project to improve the efficiency, accuracy and speed at which Orthopedics patients are scheduled and supported through all appointment types.



Clinic Visit Report By Region, Specialty Type & Department Group *
 For the month of September 2024 and Fiscal Year to Date 2025 with comparison to September 2023 and Fiscal Year to Date 2024

Region	Group	Department	Provider	CURRENT MONTH			FISCAL YEAR TO DATE		
				Sep 2023	Sep 2024	% Change	FY 24	FY 25	% Change
		OBGYN Total		979	821	-16.14%	2,720	2,541	-6.58%
		PEDIATRICS Total		1,037	1,066	2.80%	2,839	2,992	5.39%
		TRUCKEE IM Total		172	298	73.26%	172	840	388.37%
		PC Total		2,188	2,185	-0.14%	5,731	6,373	11.20%
		OLYMPIC VALLEY Total		243	0	-100.00%	827	0	-100.00%
		TAHOE CITY Total		640	1,016	58.75%	2,397	3,753	56.57%
		TRUCKEE Total		2,687	3,015	12.21%	8,202	10,012	22.07%
		PCUC Total		3,570	4,031	12.91%	11,426	13,765	20.47%
		AUDIOLOGY Total		0	30	100.00%	12	30	150.00%
		BEHAVIORAL HEALTH Total		376	336	-10.64%	1,266	1,113	-12.09%
		CARDIOLOGY Total		386	217	-43.78%	1,043	699	-32.98%
		ENDOCRINOLOGY Total		223	231	3.59%	651	705	8.29%
		ENT Total		156	181	16.03%	495	590	19.19%
		GASTROENTEROLOGY Total		216	365	68.98%	870	1,172	34.71%
		GENERAL SURGERY Total		150	108	-28.00%	446	407	-8.74%
		HEMATOLOGY ONCOLOGY Total		380	477	25.53%	1,231	1,522	23.64%
		NEUROLOGY Total		161	133	-17.39%	381	419	9.97%
		OCCUPATIONAL HEALTH Total		310	350	12.90%	890	1,026	15.28%
		ORTHOPEDECS Total		1,238	1,238	0.00%	3,825	3,797	-0.73%
		PALLIATIVE CARE Total		107	84	-21.50%	318	280	-11.95%
		PULMONOLOGY Total		238	251	5.46%	750	812	8.27%
		RADIATION ONCOLOGY Total		151	181	19.87%	516	522	1.16%
		SPORTS MEDICINE Total		266	131	-50.75%	711	339	-52.32%
		UROLOGY Total		263	276	4.94%	802	908	13.22%
		SPC Total		4,621	4,589	-0.69%	14,207	14,341	0.94%
		CA Total		10,379	10,805	4.10%	31,364	34,479	9.93%
		INCLINE PEDIATRICS Total		26	29	11.54%	83	117	40.96%
		PC Total		26	29	11.54%	83	117	40.96%
		INCLINE PRIMARY CARE Total		597	640	7.20%	1,870	1,833	-1.98%
		PCUC Total		597	640	7.20%	1,870	1,833	-1.98%
		INCLINE BEHAVIORAL HEALTH Total		55	42	-23.64%	183	159	-13.11%
		INCLINE CARDIOLOGY Total		48	42	-12.50%	138	112	-18.84%
		INCLINE GASTROENTEROLOGY Total		34	22	-35.29%	60	69	15.00%
		INCLINE NEUROLOGY Total		0	0	100.00%	0	16	100.00%
		INCLINE OPHTHALMOLOGY Total		190	198	4.21%	522	642	22.99%
		INCLINE ORTHOPEDICS Total		68	173	154.41%	191	567	196.86%
		SPC Total		395	477	20.76%	1,094	1,565	43.05%
		INCLINE Total		1,018	1,146	12.57%	3,047	3,515	15.36%
		Grand Total		11,397	11,951	4.86%	34,411	37,994	10.41%

AGENDA ITEM COVER SHEET

ITEM	Financial Assistance Program Full Charity Care and Discount Partial Charity Care Policies, ABD-09 Credit and Collection Policy, ABD-8
RESPONSIBLE PARTY	Kat Sigafoose, Director of Patient Access
ACTION REQUESTED?	For Board Action
BACKGROUND: The Financial Assistance Program Full Charity Care and Discount Partial Charity Care and the Credit and Collections policy have been updated to reflect changes to be in compliance with Assembly Bill 2297 and Senate Bill 1061- Hospital Fair Pricing Policies. These changes need to be in effect on 01/01/2025.	
SUMMARY/OBJECTIVES: Legal Counsel and CFO have reviewed and approved the changes that are on the marked-up versions of the policy.	
SUGGESTED DISCUSSION POINTS: None.	
SUGGESTED MOTION/ALTERNATIVES: Approve via Consent Calendar.	
LIST OF ATTACHMENTS: <ul style="list-style-type: none"> • Financial Assistance Program Full Charity Care and Discount Partial Charity Care Policies, ABD-09 • Credit and Collection Policy, ABD-8 	

Financial Assistance Program Full Charity Care and Discount Partial Charity Care Policies, ABD-09

RISK:

In order to comply with the Fair Pricing Law and California Assembly Bill 1020, uninsured patients or patients with high medical costs who are at or below 400 percent (400%) of the federal poverty level shall be eligible to apply for participation under a hospital's charity care policy or discount payment policy. Providing patients with opportunities for financial assistance coverage for healthcare services is also an essential element of fulfilling the TFHD mission. The risk associated with not offering financial assistance is the Health System would be non-compliant with the Fair Pricing Law and California Assembly Bill 1020. We would also not be fulfilling an essential element in the TFHD mission.

PURPOSE:

- A. Tahoe Forest Hospital District (hereinafter referred to as "TFHD") provides hospital and related medical services to residents and visitors within district boundaries and the surrounding region. As a regional healthcare provider, TFHD is dedicated to providing high quality, customer oriented and financially strong healthcare services that meet the needs of its patients. Providing patients with opportunities for financial assistance coverage for healthcare services is also an essential element of fulfilling the TFHD mission. This policy defines the TFHD Financial Assistance Program; its criteria, systems, and methods.
- B. California acute care hospitals must comply with the "Hospital Fair Pricing Policies" law at Health & Safety Code Section 127400 et seq. (the "Fair Pricing Law"), including requirements for written policies providing discounts and charity care to financially qualified patients. Under the Fair Pricing Law and California Assembly Bill 1020, uninsured patients or patients with high medical costs who are at or below 400 percent (400%) of the federal poverty level shall be eligible to apply for participation under a hospital's charity care policy or discount payment policy. This policy is intended to fully comply with all such legal obligations by providing for both charity care and discounts to patients who qualify under the terms and conditions of the TFHD Financial Assistance Program. Additionally, although the Fair Pricing Law requires hospitals to provide financial assistance to certain qualifying patients for services they have received, it does not require hospitals to provide future services. Nevertheless, TFHD has allowed individuals to apply for financial assistance for future services under this policy. However, any individuals who qualify for such assistance will still be subject to admission and other criteria for receiving services and becoming patients, and will have to demonstrate their ability to meet any applicable financial obligation which is not covered by any discount or other financial assistance granted.
- C. The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at TFHD. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of TFHD.

D. Patients are hereby notified that a physician employed or contracted to provide services in the emergency department of TFHD's hospital in Truckee, California is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent (400%) of the federal poverty level.

DEFINITIONS:

- A. "Discount Partial Charity Care" means any charge for care that is reduced but not free. An amount charged for services to a patient who qualifies for financial assistance under the TFHD Financial Assistance Program which is discounted to the amount Medicare would pay for the same services or less. Discount Partial Charity Care, when granted to a patient, will in no case excuse a third party, or the patient, from their respective obligations to pay for services provided to such patient.
- B. "Elective Services" means any services which are not medically necessary services.
- C. "Emergency Services" means services required to stabilize a patient's medical condition initially provided in the TFHD emergency department or otherwise classified as "emergency services" under the federal EMTALA Law or Section 1317.1 et.seq. of the California Health & Safety Code, and continuing until the patient is medically stable and discharged, transferred, or otherwise released from treatment.
- D. "Federal Poverty Level" or "FPL" means the current poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.
- E. "Financial Assistance Program" means the TFHD Financial Assistance Program established by this policy for providing Full Charity Care or Discount Partial Charity Care (each, as defined below) to qualified patients.
- F. "Full Charity Care" means free care as allowed by current regulations. Medically necessary services provided by TFHD to a patient who qualifies under the TFHD Financial Assistance Program which are not covered by a third party, and for which the patient is otherwise responsible for paying, for which the patient will not be billed. Full Charity Care, when granted to a patient, in no case will excuse a third party from its obligation to pay for services provided to such patient.
- G. "Medically Necessary Services" means hospital-based medical services. Medically necessary services is determined, determined based upon a medical evaluation, to be necessary to preserve a patient's life or health.
- ~~H. "Monetary Assets" means all monetary assets of the patient's family excluding retirement or deferred compensation plans (both qualified and non-qualified under the Internal Revenue Code), not counting the first \$10,000 of such assets, nor fifty percent (50%) of the amount of such assets over the first \$10,000.~~
- I.H. "Non-Emergency Services" means medically necessary services that are not Emergency Services.

Commented [SK1]:

Commented [SK2]: Monetary Assets may no longer be considered in determining eligibility for charity care or discount payment.

J. "Patient" means an individual who has received Emergency Services or Non-Emergency Services at a facility operated by TFHD who is requesting financial assistance with respect to such services.

K. "The amount Medicare would have paid" means the amount Medicare would pay for the services provided, or, in the event there is no specific amount that can be determined that Medicare would pay for such services, the highest amount payable for such services by any other state-funded program designed to provide health coverage.

L. "Third Party Insurance" means health benefits coverage by a public or private program, insurer, health plan, employer, multiple employer trust, or any other third party obligated to provide health benefits coverage to a patient.

M. "High medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.

SCOPE:

- A. This policy applies to all TFHD patients. This policy does not require TFHD to accept as a patient and provide services to any person who does not qualify for treatment or admission under any of TFHD's applicable policies, practices, and procedures, and does not prohibit TFHD from discharging, or otherwise limiting the scope of services provided to, any person in accordance with its normal policies, practices and procedures. This policy does not require TFHD to provide patients with any services that are not medically necessary or to provide access to non-emergency services or to elective services.
- B. The acute care hospital operated by TFHD provides many specialized inpatient and outpatient services. In addition to services provided at the main hospital location, Tahoe Forest Hospital operates primary care and multi-specialty clinics, home health, hospice and therapy service programs at sites in the same community but not located on the main hospital campus. Tahoe Forest Hospital also operates a distinct part skilled nursing facility. Only medically necessary services provided at facilities listed on the Tahoe Forest Hospital acute care license are included within the scope of this Financial Assistance Policy. TFHD has extended this policy to services provided at the Incline Village Community Hospital location, and clinics and therapy service programs.
- C. This policy pertains to financial assistance provided by TFHD. All requests for financial assistance from patients shall be addressed in accordance with this policy.
- D. During an Access to Healthcare Crisis, TFHD may "flex" its patient financial assistance policy to meet the needs of the community in crisis. It must be proclaimed by hospital leadership and attached to this patient financial assistance document as an addendum. An Access to Healthcare Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate healthcare needs of the hospital's community during the Access to Healthcare Crisis. These changes will be included in the patient financial assistance policy as included as an addendum. Patient discounts related to an Access to Healthcare Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update

policy language in order to meet more pressing needs during the Access to Healthcare Crisis).

Hospital Inpatient, Outpatient and Emergency Service Programs:

A. Introduction:

1. This policy sets forth a program to assist patients who are uninsured or underinsured in obtaining financial assistance in paying their hospital bill. Such financial assistance may include government sponsored coverage programs, Full Charity Care, and Discount Partial Charity Care.

B. Full Charity Care and Discount Partial Charity Care Reporting

1. TFHD will report actual Charity Care (including both Full Charity Care and Discount Partial Charity Care) provided in accordance with regulatory requirements of the California Department of Health Care Access and Information (HCAI) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. The hospital will maintain written documentation regarding its Charity Care criteria and, for individual patients, written documentation regarding all Charity Care determinations. As required by HCAI, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.
2. TFHD will provide HCAI with a copy of this Financial Assistance Policy which includes the Full Charity Care and Discount Partial Charity Care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care; and 3) the review process for both full charity care and discount partial charity care. Forms of these documents shall be supplied to HCAI every two years or whenever a substantial change is made.

C. Full and Discount Charity Care Eligibility: General Process and Responsibilities:

1. Any patient whose family income is less than 400% of the FPL, is not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account, is eligible to apply for financial assistance under the TFHD Financial Assistance Program.
2. The TFHD Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to apply for the maximum financial assistance benefit for which he or she may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to determine the maximum coverage under the TFHD Financial Assistance Program for which the patient or patient's family may qualify.
3. Eligible patients may apply for financial assistance under the TFHD Financial Assistance Program by completing an application consistent with application instructions, together with documentation and health benefits coverage information sufficient to determine the patient's eligibility for coverage under the program. Eligibility

alone is not an entitlement to financial assistance under the TFHD Financial Assistance Program. TFHD must complete a process of applicant evaluation and determine, in accordance with this policy, whether financial assistance will be granted.

4. The TFHD Financial Assistance Program relies upon the cooperation of individual patients to determine who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, TFHD will use a financial assistance application. All patients without adequate financial coverage by Third Party Insurance will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs may also be eligible for financial assistance. Any patient who would like to receive financial assistance will be asked to complete a financial assistance application.
5. The financial assistance application is provided to all patients with billing statements. It is also available upon patient request. ~~The application form may be completed at any time prior to or within one year after discharge, or within one year after the patient became eligible, whichever comes first.~~
6. To the extent it deems necessary, in its sole and reasonable discretion, TFHD may require an applicant for financial assistance to provide supplemental information in addition to a complete financial assistance application to provide:
 - a. Confirmation of the patient's income and health benefits coverage;
 - ~~b. Complete documentation of the patient's monetary assets;~~
 - ~~e.b.~~ _____ Other documentation as needed to confirm the applicant's qualification for financial assistance; and
 - ~~d.c.~~ _____ Documentation confirming the hospital's decision to provide financial assistance, if financial assistance is provided.
7. However, a completed financial assistance application may not be required if TFHD determines, in its sole discretion, that it has sufficient patient information from which to make a financial assistance qualification decision.

PROCEDURES:

- A. Qualification: Full Charity Care and Discount Partial Charity Care
1. Eligibility for financial assistance shall be determined based on the patient's and/or patient's family's ability to pay and on the other factors set forth in this policy. Eligibility for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.
 2. The patient and/or the patient's family representative who requests assistance in meeting their financial obligation to TFHD shall make every reasonable effort to provide information necessary for TFHD to make a financial assistance qualification determination. TFHD will provide guidance and assistance to patients or their family

representative as reasonably needed to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.

3. Whether financial assistance will be granted is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy, as it may be amended from time to time. While financial assistance shall not be provided on a discriminatory or arbitrary basis, TFHD retains full discretion, consistent with this policy, laws and regulations, to determine when a patient has provided sufficient evidence to establish eligibility for financial assistance, and what level of financial assistance an eligible patient is will receive.
- ~~4.~~ Except as otherwise approved by TFHD, patients or their family representative must complete an application for the Financial Assistance Program in order to qualify for eligibility. The application and required supplemental documents are submitted to Financial Counseling at TFHD. ~~This office shall be clearly identified on the application instructions. Patients have thirty (30) days to complete the application along with supporting materials or to request an extension.~~
- ~~4.5.~~ Eligibility for discounted payments or charity care shall be determined at any time, and there are no time limits for applying. Applications will not be denied eligibility based on the timing of the patients application.
- ~~5.6.~~ TFHD will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.
- ~~6.7.~~ Approval of an application for financial assistance to eligible patients will be made only by approved TFHD personnel according to the following levels of authority:
 - a. Financial Counselor: Accounts less than \$2,500
 - b. Director of Patient Access: Accounts less than \$10,000
 - c. Chief Financial Officer: Accounts less than \$50,000
 - d. Chief Executive Officer: Accounts greater than \$50,000
- ~~7.8.~~ Factors considered when determining whether to grant an individual financial assistance pursuant to this policy may include (but are not limited to):
 - a. Extent of Third Party Insurance;
 - b. Family income based upon tax returns or recent pay stubs;
 - ~~c. Monetary assets, if the patient requests any level of financial assistance greater than the Basic Discount (as defined below);~~
 - ~~d.c.~~ The nature and scope of services for which the patient seeks financial assistance;

d. For patients 18 years or older, family includes the patient's spouse, registered domestic partner, and dependent children under 21 whether living at home or not. For patients under 18 years of age, family includes patient's parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker. If a patient claims a dependent on their income tax return, according to the Internal Revenue Service rules, that individual may be considered a dependent for the purposes of determining financial assistance eligibility.

e. We cannot require a patient to apply for Medicare, Medi-Cal or other coverage before the patient is screened for, or provided, discount payment. However, we do require the patient to participate in screening for Medi-Cal and Medicaid eligibility.

f. Hospital budget for financial assistance;

g. Other criteria set forth in this policy.

~~8-9.~~ Financial assistance will be granted based upon consideration of each individual application for financial assistance in accordance with the Financial Assistance Program set forth in this policy.

~~9-10.~~ Financial assistance may be granted for Full Charity Care or Discount Partial Charity Care, based upon this Financial Assistance Program policy.

~~10-11.~~ Once granted, financial assistance will apply only to the specific services and service dates for which the application has been approved by TFHD. In cases of care relating to a patient diagnosis which requires continuous, on-going related services, the hospital, at its sole discretion, may treat such continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital will not be included unless applied for and approved by TFHD pursuant to this policy.

~~11.~~ Patient obligations for Medi-Cal/Medicaid Share of Cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance relating to a Medi-Cal/ patient (such as a provided service where coverage is denied) may be considered for financial assistance.

B. ~~Full~~ and Discount Partial Charity Care Qualification Criteria

1. Cap On Patient Liability For Services Rendered to Patients Eligible for Financial Assistance:

Following completion of the application process for financial assistance, if it is established that the patient's family income is at or below 400% of the current FPL, and the patient meets all other Financial Assistance Program qualification requirements, the entire patient liability portion of the bill for services rendered will be no greater than the amount Medicare would have paid for the services, net of any Third Party Insurance ("the Basic Discount"). This shall apply to all medically necessary hospital inpatient, outpatient and emergency services provided by TFHD.

2. Financial Assistance For Emergency Services

If an individual receives Emergency Services and applies for financial assistance under the Financial Assistance Program, the following will apply:

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- a. If the patient's family income is at or below 200% or less of the current FPL, and the patient meets all other Financial Assistance Program qualification requirements, the patient will be granted Full Charity Care for Emergency Services provided.
- b. If the patient's family income is between 201% and 400% of the current FPL, and the patient meets all other Financial Assistance Program qualification requirements, the patient will be granted Partial Discount Charity Care for Emergency Services provided in accordance with the following:
 - i. Patient's care is not covered by Third Party Insurance. If the services are not covered by Third Party Insurance, the patient's payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary. The actual percentage paid by any individual patient shall be based on the sliding scale shown in Table 1 below:

TABLE 1
Sliding Scale Payment Schedule

Family Percentage of FPL	Percentage of Medicare Amount Payable (subject to an additional discount if TFHD determines, in its sole discretion, that unusual circumstances warrant an additional discount).
201 – 215%	10%
216 – 230%	20%
231 – 245%	30%
246 – 260%	40%
261 – 275%	50%
276 – 290%	60%
291 - 305%	70%
306 - 320%	80%
321 – 335%	90%
336 – 400%	100%

~~ii.~~ Patient's care is covered by Third Party Insurance. If the services are covered by Third Party Insurance, but such coverage or liability is insufficient to pay TFHD's billed charges, leaving the patient responsible for a portion of the billed charges (including, without limitation, any applicable deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between the gross amount paid by Third Party Insurance and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by Third Party Insurance exceeds what Medicare would have paid, the patient will have no further payment obligation. In no event shall the patient's obligation to pay a percentage of the unpaid amount be greater than the percentages of the amounts Medicare would pay for the same services set forth in Table 1, above.

~~ii.~~

c. If a patient who meets all other Financial Assistance Program requirements whose family income is either greater than 400% the current FPL, or has family income of less than 400% of the FPL and the seeks a discount for emergency services greater than the discount set forth above, then TFHD may decide, in its sole discretion, whether to provide such financial assistance, and the extent to which it will be provided, if at all. In making its decision, TFHD may consider the following factors, without limitation:

- i. The patient's need for financial assistance.
- ii. The extent of TFHD's limited charitable resources, and whether they are best spent providing these services at an additional discount or whether there are other patients with greater immediate need for TFHD's charitable assistance.

~~iii. Any other facts (such as the patient's monetary assets) that, in TFHD's sole discretion, are appropriate to take into account in considering the patient's request for charity care.~~

3. Financial Assistance For Non-Emergency Services:

If a patient requests financial assistance for Non-emergency Services (with the exception of primary care clinic, multispecialty care clinic, home health, hospice or skilled nursing services, which are covered as described below), the following will apply:

If the patient's family income is 400% or less of FPL and meets all other Financial Assistance Program qualification requirements, the patient will be granted the Basic Discount. TFHD may decide, in its sole discretion, whether and to what extent additional financial assistance will be provided, such as whether to provide the level of assistance the patient would receive if he/she had received Emergency Services.

~~a. In addition to the information required by the financial assistance application, TFHD may require the individual to provide additional information regarding the individual's family monetary assets, as it deems appropriate in its sole discretion.~~

~~b.a.~~ TFHD will decide, in its sole discretion, whether and to what extent to grant financial assistance in addition to the Basic Discount. Only medically necessary services will be considered. In making its determination, TFHD may, in

addition to any other criteria set forth in this policy and without limitation, consider the following factors:

- i. The degree of urgency that the services be performed promptly.
- ii. Whether the services must be performed at TFHD, or whether there are other providers in the patient's geographic area that could provide the services in question.
- iii. Whether the services can most efficiently be performed at TFHD, or whether there are other providers that could perform the services more efficiently.
- iv. The extent, if any, that TFHD's limited charitable resources are best spent providing the requested service and whether there are others with greater immediate need for TFHD's charitable assistance.
- v. The patient's need for financial assistance.
- vi. Any other facts that, in TFHD's sole discretion, are appropriate to take into account in considering the patient's request for financial assistance.

C. Refunds

In the event that a patient is determined to be eligible for financial assistance for services for which he/she or his/her guarantor has made a deposit or partial payment, and it is determined that the patient is due a refund because the payments already made exceed the patient's liability under this policy, any refund due shall be processed under TFHD's Credit and Collection Policy, which provides, in pertinent part, as follows:

" In the event that a patient or patient's guarantor has made a deposit payment, or other partial payment for services and subsequently is determined to qualify for full Financial Assistance or discount partial Financial Assistance, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance Program process, shall be refunded to the patient. Any overpayment due to the patient under this obligation may not be applied to other open balance accounts or debt owed to TFHD by the patient or family representative. Any or all amounts owed shall be reimbursed to the patient or family representative within a reasonable time period." [TFHD is not required to reimburse a patient if: it has been five years or more since the patient's last payment to the hospital/debt buyer, or the patients debt was sold before January 1, 2022, in accordance with the law at the time.](#)

D. Primary Care and Multi-Specialty Clinics

TFHD operates certain outpatient clinics which can be located apart from the main campus of the hospital. Because of the lower cost of these services performed on an outpatient basis, the following shall apply to office visit services and professional fees rendered in these outpatient clinics:

1. Clinic patients are patients of the hospital, and will complete the same basic financial assistance application form
2. The patient's family income will primarily be determined using pay stubs
3. Tax returns will not be required as proof of income unless Financial Counseling determines it is reasonable and necessary due to unusual circumstances

4. A patient attestation letter may be used on a limited basis when appropriate to an individual patient's circumstance
5. Subject to consideration of the factors set forth in paragraph 3 above for non-emergency services, to be determined by TFHD in its sole discretion, patients will pay a reduced fee based on the sliding scale below. If the Patient is covered by a third party obligation, the Patient's obligation will be to pay the difference between the amount paid by the third party and the amounts of the sliding scale, if any.

Clinic Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Clinic Visit</i>
Incomes less than or equal to 200%	\$25 flat fee per visit
Incomes between 201% and 400%	Actual Medicare Fee Schedule

E. Home Health and Hospice Services

TFHD operates both Home Health and Hospice Services that are located apart from the hospital campus and provide care and services in patient homes per Medicare and Medi-Cal/Medicaid guidelines. Due to the lower cost related to providing care in the home for patients who are homebound verses the related additional cost of transportation and follow up in outpatient clinic or the hospital, the following shall apply to services rendered in the home setting:

1. Home Health and Hospice patients are patients of TFHD, and will complete the same basic financial assistance application form.
2. The patient's family income will primarily be determined using pay stubs.
3. Tax returns will not be required as proof of income unless Financial Counseling or Home Health and Hospice personnel determine it is reasonable and necessary due to unusual circumstances.
4. A patient attestation letter may be used on a limited basis when appropriate to an individual patient's circumstance.
5. Subject to consideration of the factors set forth above for non-emergency services, to be determined by TFHD in its sole discretion, patients will pay a reduced fee based on the sliding scale below. If the patient is covered by a third party obligation, the patient's obligation will be to pay the difference between the amount paid by the third party and the amounts of the sliding scale, if any.

Home Health and Hospice Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Home Visit</i>
Incomes less than or equal to 200%	50% of the Medicare Payment Rate
Incomes between 201% and 400%	Actual Medicare Fee Schedule

F. Distinct Part Skilled Nursing Services

1. Skilled nursing services are also quite different in nature than acute care inpatient, outpatient and emergency services. Patients at the distinct part skilled nursing facility are often residents at the hospital and require special programs designed to meet their long-term care needs.
2. Given the unique nature of providing care to skilled nursing facility patients, the following financial assistance requirements shall apply:
 - a. All skilled nursing patients and/or their family representatives shall complete the TFHD financial assistance application and provide supporting documents as required by the standard application
 - b. Patients will pay a reduced fee based on the following sliding scale
Distinct Part Skilled Nursing Sliding Scale

<i>Patient/Family FPL Qualification</i>	<i>Amount of Payment Due for Distinct Part Skilled Nursing Facility Services</i>
Incomes less than or equal to 200%	50% of the Medi-Cal Payment Rate
Incomes between 201% and 400%	100% of the Medi-Cal Payment Rate

G. Payment Plans

1. When a determination to grant Discount Partial Charity Care has been made by TFHD, the patient may be given the option to pay any or all outstanding amount due through a scheduled term payment plan, as an alternative to a single lump sum payment.
2. TFHD will discuss payment plan options with each patient that requests to make arrangements for long-term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than three (3) months. In addition, TFHD works with an outside vendor if patients need payment plan terms that exceed three (3) months. Payment plan terms are subject to vendor requirements. TFHD shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. No interest will be charged to qualified patient accounts for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

2-3. We may require a patient or guarantor to pay the hospital any amounts sent directly to the patient by third-party payors, including from legal settlements, judgements, or awards.

H. Special Circumstances

1. Any application for financial assistance by or on behalf of patients covered by the Medicare Program must be made prior to service completion by TFHD.

2. If a patient is determined to be homeless he/she may be deemed eligible for charity care, in the sole discretion of TFHD.
3. Deceased patients who do not have any third party coverage, an identifiable estate, or for whom no probate hearing is to occur, may be deemed eligible for charity care, in the sole discretion of TFHD.
4. Charges for patients who receive Emergency Services for whom TFHD is unable to issue a billing statement may be written off as Full Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

I. Other Eligible Circumstances

1. TFHD deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid and any other applicable state or local low-income program) to be eligible under the Financial Assistance Policy when services are provided which are not covered by the governmental program. For example, services to patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients which the government program does not cover, are eligible for Financial Assistance Program coverage. Under TFHD's Financial Assistance Policy, these resulting non-reimbursed patient account balances are eligible for full write-off as Full Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care if, at the time that the services were provided TFHD believed that the services rendered were medically necessary.
2. The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payor including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:
 - a. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
 - b. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

J. Catastrophic Care Consideration

1. Patients who do not qualify for charity care or discount partial charity care may nevertheless be eligible for financial assistance in the event of an illness or condition qualifying as a catastrophic event. Determination of a catastrophic event shall be made on a case-by-case basis. The determination of a catastrophic event shall be based upon the amount of the patient's liability at billed charges, and consideration of the individual's family income and assets as reported at the time of occurrence. Management may use its reasonable discretion on a case-by-case basis to determine whether and to what extent an individual or family is eligible for financial assistance

based upon a catastrophic event. Financial assistance will be in the form of a percentage discount of some or all of the applicable monthly charges. The Catastrophic Event Eligibility Table will be used as a guideline by management to determine eligibility and the level of any financial assistance. The Catastrophic Event Eligibility Table does not guarantee that any individual will receive financial assistance, or the level of any assistance given.

K. Criteria for Re-Assignment from Bad Debt to Charity Care

1. TFHD will make all attempts to deem patients are ineligible for financial assistance prior to sending accounts to collections. Patient accounts will only be assigned to collections when they are severely past due and patients have a). been determined to be ineligible for financial assistance b). have not responded to attempts to bill or offer financial assistance for 180 days.
2. Any account returned to TFHD from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation. An application may also be requested.

L. Determination

1. Once a determination of eligibility is made, a letter indicating the determination status will be sent to the patient or family representative. The determination status letter will indicate one of the following:
 - a. Approval: The letter will indicate that financial assistance has been approved, the level of assistance, and any outstanding or prospective liability by the patient.
 - b. Denial: If the patient is not eligible for financial assistance due to his/her income, ~~and/or monetary assets~~, or type of service, the reasons for denial of eligibility will be explained to the patient. Any outstanding amount owed by the patient will also be identified.
 - c. Incomplete: The applicant will be informed as to why the financial assistance application is incomplete. All outstanding information will be identified and requested to be supplied to TFHD. ~~by the patient or family representative within a specified timeframe. In general, patients will have thirty (30) days from receipt of the application to return the completed application and applicable supporting documents~~

M. Reconsideration of Eligibility Denial

1. In the event that a patient disputes TFHD's determination of eligibility, the patient may file a written request for reconsideration with TFHD within 60 days of receiving notification of eligibility. The written request should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any additional relevant documentation to support the patient's claim should be attached to the written appeal.
2. Any or all appeals will be reviewed by TFHD's Chief Financial Officer. The Chief Financial Officer or his/her designee shall consider all written statements of dispute

and any attached documentation. After completing a review of the patient's claims, the Chief Financial Officer shall provide the patient with a written explanation of the results of the reconsideration of the patient's eligibility. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

3. All discretionary decisions by TFHD shall not be subject to further review or reconsideration.

N. Public Notice

1. TFHD shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay his/her bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. Notices will also include information about obtaining applications for potential coverage through Covered California and Medi-Cal as well as contact information for Health Consumer Alliance.
2. These notices shall be posted in English and Spanish and any other languages that are representative of the primary language of 5% or greater of residents in the hospital's service area.
3. Patients are notified at the time of service that Charity Care or Financial Assistance may be available within the [Guide to Billing and Financial Assistance](#)
4. Patients will receive an application as part of the billing statement cycle. Additional documentation and patient information may be requested following the initial application.
5. TFHD displays a summary of its financial assistance program on its website.
 - a. A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

O. Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

P. Good Faith Requirements

1. TFHD makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.
2. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all Full Charity Care or Partial Discount Charity Care services when information has been intentionally withheld or inaccurate information has been intentionally provided by the patient or family representative to the extent such inaccurate or withheld information affects the eligibility of the patient for

financial assistance, or any financial assistance provided at TFHD's discretion. In addition, TFHD reserves the right to seek all remedies, including but not limited to civil and criminal remedies from those patients or family representatives who have intentionally withheld or provided inaccurate information in order qualify for the TFHD Financial Assistance Program.

References:

See TFHD BOD Meeting Minutes of January 26, 2015 and May 24, 2011;
The Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119)

(2010) Section 9007; Health and Safety Code Sections 127360-127360; Health and Safety Code Sections 127400-127440

Credit and Collection Policy, ABD-8

RISK:

Failure to effectively communicate the payment terms and conditions to patients or their guarantors may lead to misunderstandings or disputes regarding their financial obligations, resulting in delayed or insufficient payments to Tahoe Forest Hospital District (TFHD).

PURPOSE:

- A. Tahoe Forest Hospital District (hereinafter known as "TFHD") provides high quality care to patients when they are in need of healthcare services. All patients or their guarantor have a financial responsibility related to services received at TFHD and must make arrangements for payment to TFHD either before or after services are rendered. Such arrangements may include payment by an insurance plan, including coverage programs offered through the federal and state government. Payment arrangements may also be made directly with the patient, subject to the payment terms and conditions of TFHD.
- B. Emergency patients will always receive all medically necessary care within the scope resources available at TFHD, to assure that their medical condition is stabilized prior to consideration of any financial arrangements.
- C. The Credit and Collection Policy establishes the guidelines, policies and procedures for use by TFHD personnel in evaluating and determining patient payment arrangements. This policy is intended to establish fair and effective means for collection of patient accounts owed to TFHD. In addition, other TFHD policies such as the [Financial Assistance Policy](#) which contains provisions for full charity care and discount partial charity care will be considered by TFHD personnel when establishing payment arrangements for each specific patient or their guarantor.

SCOPE:

- A. The Credit and Collection Policy will apply to all patients who receive services at TFHD. This policy defines the requirements and processes used by the TFHD when making payment arrangements with individual patients or their account guarantors. The Credit and Collection Policy also specifies the standards and practices used by TFHD for the collection of debts arising from the provision of services to patients at TFHD. The Credit and Collection Policy acknowledges that some patients may have special payment arrangements as defined by an insurance contract to which TFHD is a party, or in accordance with hospital conditions of participation in state and federal programs. TFHD endeavors to treat every patient or their guarantor with fair consideration and respect when making payment arrangements.
- B. All requests for payment arrangements from patients, patient families, patient financial guarantors, physicians, hospital staff, or others shall be addressed in accordance with this policy.

POLICY:

All patients who receive care at TFHD must make arrangements for payment of any or all amounts owed for services rendered in good faith by TFHD. TFHD reserves the right and retains sole authority for establishing the terms and conditions of payment by individual patients and/or their guarantor, subject to requirements established under state and federal law or regulation.

GENERAL PRACTICES:[Copy Link](#)

- A. TFHD and the patient share responsibility for timely and accurate resolution of all patient accounts. Patient cooperation and communication is essential to this process. TFHD will make reasonable, cost-effective efforts to assist patients with fulfillment of their financial responsibility.
- B. Health care at TFHD is available to all those who may be in need of necessary services. To facilitate financial arrangements for persons who may be of low or moderate income, both those who are uninsured or underinsured, TFHD provides the following special assistance to patients as part of the routine billing process:
 - 1. For uninsured patients, a written statement of charges for services rendered by TFHD is provided in a revenue code summary format which shows the patient a synopsis of all charges by the department in which the charges arose. Upon patient request, a complete itemized statement of charges will be provided;
 - 2. Patients who have third party insurance will be provided a revenue code summary statement which identifies the charges related to services provided by TFHD. Insured patients will receive a balance due from patient statement once TFHD has received payment from the insurance payer. Upon patient request, a complete itemized statement of charges will be provided;
 - 3. A written request that the patient inform TFHD if the patient has any health insurance coverage, Medicare, Medi-Cal or other form of coverage;
 - 4. A written statement informing the patient or guarantor that they may be eligible for Medicare, Medi-Cal, the TFHD Financial Assistance Program, or appropriate government coverage programs;
 - 5. A written statement indicating how the patient may obtain an application for the Medi-Cal, or other appropriate government coverage program;
 - 6. If a patient is uninsured, an application to Medi-Cal, or other appropriate government assistance program will be provided prior to discharge from the hospital;
 - 7. A TFHD representative is available at no cost to the patient to assist with application to relevant government assistance programs;
 - 8. A written statement regarding eligibility criteria and qualification procedures for full charity care and/or discount partial charity care under the TFHD Financial Assistance Program. This statement shall include the name and telephone number of TFHD personnel who can assist the patient or guarantor with information about and an application for the TFHD Financial Assistance Program.
- C. The TFHD Patient Financial Service Representatives and designees are primarily responsible for the timely and accurate collection of all patient accounts. Patient Financial

Services works cooperatively with other TFHD departments, members of the Medical Staff, patients, insurance companies, collection agencies and others to assure that timely and accurate processing of patient accounts can occur.

- D. Accurate information provides the basis for TFHD to correctly bill patients or their insurer. Patient billing information should be obtained in advance of services whenever possible so that verification, prior authorization or other approvals may be completed prior to the provision of services. When information cannot be obtained prior to the time of service, TFHD personnel will work with each patient or their guarantor to assure that all necessary billing information is received by TFHD prior to the completion of services.

PROCEDURE:

- A. Each patient account will be assigned to an appropriate Patient Financial Services representative or designee based upon the type of account payer and current individual staff workloads. Patient Financial Services leadership will periodically review staff workloads and may change or adjust the process or specific assignment of patient accounts to assure timely, accurate and cost-effective collection of such accounts.
- B. Once a patient account is assigned to a Patient Financial Services representative or designee, the account details will be reviewed to assure accuracy and completeness of information necessary for the account to be billed.
- C. If the account is payable by the patient's insurer, the initial bill will be forwarded directly to the designated insurer. TFHD Patient Financial Services personnel will work with the patient's insurer to obtain any or all amounts owed on the account by the insurer. This will include calculation of contracted rates or other special arrangements that may apply. Once payment by the insurer has been determined by TFHD, any residual patient liability balance, for example a patient co-payment or deductible amount, will be billed directly to the patient. Any or all patient balances are due and payable within 30 days from the date of this first patient billing. Patients may dispute balances or charges within 1820 days of the balances becoming patient responsibility.
- D. In compliance with the No Surprises Act, TFHD does not balance bill patients whose insurance claims processed as Out of Network without first providing notice and obtaining consent from the patient or guarantor.
- E. If the account is payable only by the patient, it will be classified as a self-pay account. Self-pay accounts may potentially qualify for government coverage programs or financial aid under the TFHD Financial Assistance Policy. Patients with accounts in self-pay status may work with Financial Counseling to make payment arrangements or be screened for assistance programs.
- F. In the event that a patient or patient's guarantor has made a deposit payment, or other partial payment for services and subsequently is determined to qualify for full Financial Assistance or discount partial Financial Assistance, all amounts paid which exceed the payment obligation, if any, as determined through the Financial Assistance Program process, shall be refunded to the patient. Any overpayment due to the patient under this obligation may not be applied to other open balance accounts or debt owed to TFHD by the

patient or family representative. Any or all amounts owed shall be reimbursed to the patient or family representative within a reasonable time period.

- G. TFHD offers patients payment plan options when they are not able to settle the account in one lump sum payment. Payment plans are established on a case-by-case basis through consideration of the total amount owed by the patient to TFHD and the patient's or patient family representative's financial circumstances. Payment plans generally require a minimum monthly payment of an amount such that the term of the payment plan shall not exceed ninety (90) days or three (3) months. This minimum monthly payment amount shall be determined by dividing the total outstanding patient liability balance by three (3). Payment plans are free of any interest charges or set-up fees. Some situations, such as patients qualified for partial financial assistance, may necessitate special payment plan arrangements based on negotiation between TFHD and patient or their representative. Such payment plans may be arranged by contacting Financial Counseling. Once a payment plan has been approved, any failure to pay in accordance with the plan terms will constitute a plan default. It is the patient or guarantor's responsibility to contact Financial Counseling if circumstances change and payment plan terms cannot be met. In addition, TFHD works with an outside vendor if patients need payment plan terms that exceed three (3) months. Payment plan terms are subject to vendor requirements.
- H. Patient account balances in self-pay status will be considered past due after 30 days from the balance becoming patient responsibility. Accounts are considered self-pay when there is no insurance or other coverage to bill or residual balances remaining after insurance has processed due to unmet insurance benefits (deductible, coinsurance, etc.). Accounts may be advanced to collection status according to the following schedule:
 - 1. Self-pay accounts, including those where there has been no payment within the past 180 days, may be forwarded to collection status when patients or guarantors have:
 - a. Received all required statements and have been notified the account will advance to collections without further action from the patient
 - b. Been provided with a financial assistance application
 - c. Been deemed ineligible for financial assistance
 - d. Not responded to any offers of financial assistance
- I. Patient accounts will not be forwarded to collection status when the patient or guarantor makes reasonable efforts to communicate with TFHD and makes good faith efforts to resolve the outstanding account. Financial Counseling will determine if the patient or guarantor are continuing to make good faith efforts to resolve the patient account and may use indicators such as: application for Medi-Cal or other government programs; application for the TFHD Financial Assistance Program; negotiation of a payment plan with TFHD and other such indicators that demonstrate the patient's effort to fulfill their payment obligation.
- J. After 30 days or anytime when an account otherwise becomes past due and subject to internal or external collection, TFHD will provide every patient with written notice in the following form:
 - 1. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or

profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov."

2. Non-profit credit counseling services may be available in the area. Please contact the TFHD Financial Counseling if you need more information or assistance in contacting a credit counseling service.
- K. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she may have high medical costs, Financial Counseling will assure that the patient has been provided all elements of information as listed above.
- L. For all patient accounts where there is no 3rd party insurer and/or whenever a patient provides information that he or she may have high medical costs, TFHD will not ~~report adverse information to a credit reporting agency or~~ commence any civil action prior to 180 days after initial billing of the account. Furthermore, TFHD will not send an unpaid bill for such patients to an external collection agency unless the collection agency has agreed to comply with this requirement.
- M. If a patient or guarantor has filed an appeal for coverage of services in accordance with Health & Safety Code Section 127426, TFHD will extend the 180-day limit ~~to on reporting of adverse information to a credit reporting agency and/or will~~ not commence any civil action until a final determination of the pending appeal has been made.
- N. TFHD will only utilize external collection agencies with which it has established written contractual agreements. Every collection agency performing services on behalf of TFHD must agree to comply with the terms and conditions of such contracts as specified by TFHD. All collection agencies contracted to provide services for or on behalf of TFHD shall agree to comply with the standards and practices defined in the collection agency agreement; including this Credit and Collection Policy, the TFHD Financial Assistance Policy and all legal requirements including those specified in Health & Safety Code Section 127420 et seq.
- O. TFHD and/or its external collection agencies will not use wage garnishments ~~or liens on a primary residence~~ without an order of the court. Any or all legal action to collect an outstanding patient account by TFHD and/or its collection agencies must be authorized and approved in advance, in writing by TFHD. Any such legal action must conform to the requirements of Health & Safety Code Section 127420 et seq.
- P. TFHD, its collection agencies, or any assignee may use any or all legal means to pursue reimbursement, debt collection and any enforcement remedy from third-party liability settlements, tortfeasors, or other legally responsible parties. Such actions shall be conducted only with the prior written approval of the hospital director of patient financial services.

References:

[California Health and Safety Code §§127400 - 127446](#)

[Review of Accounts for Bad Debt, DPTREG-1907](#)

[Payment Plans, DPTREG-1908](#)

[Financial Assistance Program Full Charity Care and Discount Partial Charity Care Policies ABD-09](#)



Patient and Family Advisory Council (PFAC) Summary Report

January 2024 – December 2024

Alix Crone, DC, CPXP – Clinical Patient Experience Specialist

Summary of Monthly Topics

January – Kat Sigafoose, Director of Patient Access, discussed our current customer service training/expectations of our registration staff and identified improvement opportunities through a “Secret Shopper” program. We elicited input from the PFAC with regard to evaluation criteria and process for implementation. Emphasized that positive experiences should be shared/reinforced with the involved staff to help incentivize. Discussed a proposed “Disruptive Patient” agreement and policy that has come about in response to increased incidents of disruptive and aggressive patients. Proposed new messaging/wording of signs displayed to notify patients of behavior expectations. Suggested de-escalation training for all staff to be considered as a requirement.

February – Jonathan Lowe, NP, a Behavioral Health provider, presented on Spravato (aka esketamine) treatment for chronic depression. This is the first FDA-approved psychedelic treatment, though the Covid pandemic halted/slowed its use. It is used primarily for treatment-resistant depression and so far over 750 treatments have been administered at TFH with a very high patient-reported success rate. Currently limited due to lack of a “buy and bill” system which would allow us to collect better reimbursement and cut out the need for using specialized pharmacies in other states outside of our health system. Jonathan discussed other current needs for our community to include more therapists, more space and expanded services, such as group therapy.

March – Heather Hiller, Clinical Quality Analyst, presented about the prevalence and warning signs of sepsis, and elicited input from PFAC with regard to spreading community education/awareness. Sepsis is the leading cause of death in US hospitals as well as the leading cause of hospital readmissions. TFH has implemented sepsis “bundles” that are utilized for initial intervention. TFH also initiated a Multidisciplinary Sepsis Committee 2 years ago, performs sepsis drills, and identifies awards for staff with great recognition/care for sepsis on a quarterly basis. We are well above the National and State compliance rate benchmarks for our CMS Core Measure that tracks Severe Sepsis/Septic Shock at 92.3% as of last year. Ideas on improving education/awareness through our local news outlets (Moonshine Ink), links to videos online, education through the Rec Center during “Golden Hour” sessions, and on our internet page or collaboration with our Marketing Department.

April – Alix Crone, Clinical Patient Experience Specialist, reviewed our current Patient Satisfaction scores from Press Ganey for our main service lines. We discussed the survey process and reviewed the questions asked on the surveys. We looked for potential factors and explanations into trends and changes occurring over the last couple of years to current. We discussed how scores and comments were shared with leadership, and improvement opportunities stemming from the feedback. One member recommended exploring use of ChatGPT to help organize feedback and identify immediate trends/themes within.

May – Ellie Cruz, Manager of Labor and Delivery, will be presenting on possible community labor doula services at Tahoe Forest. She educated on the positive clinical outcomes associated with the utilization of doulas, and seeking

PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) SUMMARY REPORT

January 2024 – December 2024

buy-in for a doula program. The primary objective and goal is to obtain a registry of volunteers to serve as hospital doulas. TFH would cover the training classes for free in exchange for their volunteer hours. Ellie was seeking input from PFAC on how to spread the word within the community to gather interest.

June – Meg Rab, Director of Marketing and Advertising, along with Ted Owens, Executive Director of Governance and Business Development, came to gather input on general marketing and advertising ideas for the near and distant future. Presented new initiatives and re-allocation of funds currently in place. The overarching goal is to re-engage our community. The PFAC members were able to provide feedback on the current branding/perception within the community, from which to help guide the messaging and mode of communication. We also presented suggestions for boosting our service lines where we do have more capacity (Urgent Care, Emergency Department), as there is concern that additional marketing/advertising to the outside would further inhibit access to care for the local population. Marketing will return this fall for additional updates on the current website.

September – Dylan Crosby, VP of Facilities and Construction, updated the group on future construction projects at Tahoe Forest. The primary objective of these projects is to improve patient access to care, by expanding both the capacity for service lines with physical space, as well as improving efficiency. The Patient and Family Advisory Council were the first “public” community members to have been updated on proposed projects. The primary areas discussed were plans for the former Rite Aid building, the Gateway building, and the Tahoe City clinics on Fabian Way.

October – Ted Owens, Executive Director of Governance and Business Development, and Meg Rab, Director of Marketing and Advertising, returned to provide some updates to the group on current projects and media campaigns. Ted presented on two seismic bills that recently went through the CA legislature, one of which was approved and one of which was denied. He informed the group of the potential impacts on TFH with regard to proposed legislation. Meg presented new media campaigns, to include a video that was produced to celebrate TFH'S 75th anniversary, as well as eNewsletters for various service lines, and plans for the TFHD website. User engagement via social media has improved significantly over the last year and this will continue to be a focus for outreach to the community.

November – Maggie Abrams, Director of Distinct Part Skilled Nursing Facility, introduced Tahoe Forest's SNF/ECC, outlined the process for admission, and current/future projects to improve the facility for resident safety and comfort. Our Distinct Part SNF is a 37 bed facility with 3 levels of care: Rehab/skilled nursing, long term/custodial care, and hospice/end of life care. 2 current projects are regarding fall prevention and an electronic medical record system. The SNF utilizes EPIC, TFH's EMR system, for prescriptions only, but is otherwise on its own EMR system that does not communicate with EPIC. Looking into options to streamline care for patients.

Current Overview

- Ongoing goal is to have PFAC identify ways to help educate community on all services offered by TFHS, as well as provide input and feedback on current and future processes and systems.
- Plan for 2025 is to receive updates from the ongoing topic/concern of patient access, and to be at forefront

PATIENT AND FAMILY ADVISORY COUNCIL (PFAC) SUMMARY REPORT

January 2024 – December 2024

of upcoming changes and plans to the health system’s services offered.

- PFAC meets every month, 9 months in the year. We do not meet during the months of July, August, or December.
- Next PFAC meeting is January 21, 2025

Current Members and Start Date

Kevin Ward	9/20/2018	Carina Toledo	11/17/2022
Sandy Horn	9/5/2019	Cris Valerio	12/1/2022
Violet Nakayama	10/31/2019	Jane Rudolph-Bloom	1/1/2024
Alan Kern	2/20/2020	Amber Mello	5/1/2024
Kathee Hansen	4/1/2021	Sharon Strojny	6/1/2024



TAHOE FOREST
HEALTH SYSTEM

Patient & Family Advisory Council Overview and Accomplishments

CARINA TOLEDO, PFAC MEMBER &
ALIX CRONE, CLINICAL PATIENT EXPERIENCE SPECIALIST

DECEMBER 19, 2024

Accomplishments PFAC 2024

January 2024 to December 2024

- We added 3 new members to our Patient and Family Advisory Council in 2024
 - Jane Rudolph-Bloom joined in January
 - Amber Mello joined in May
 - Sharon Strojny joined in June
- Currently onboarding one additional member, who will be active for 2025 calendar year
- We had 5 Departments present to the council for the first time
- Were the first members of the public to learn of the upcoming construction projects at Rite Aid (Sierra Center), Gateway, and Tahoe City

Accomplishments PFAC 2024

January 2024 to December 2024

- First-time presenters from the following departments: Marketing, Behavioral Health, Facilities/Construction, Labor and Delivery, Skilled Nursing/Extended Care Center
- Provided input for improvements to signs for disruptive patient behavior, media and marketing campaigns, modes for marketing and communication, senior citizen services and resources, and ways to address some complaints.

Topics Summary

January - Introduced “Secret Shopper” program to improve customer service with front desk/patient registration. Discussed proposed updates to “Disruptive Patient” policy and introduction of a patient agreement.

February – Behavioral Health provider introduced Spravato (esketamine) treatment for chronic depression. This is a newer service to TFH and is becoming more utilized and recognized as a good treatment option nation-wide

March – Educated on the warning signs of sepsis, and elicited feedback regarding community awareness and education

Topics Summary

April - Reviewed current “Patient Satisfaction” scores and provided overview of the patient survey process.

May – Introduced the concept of training and utilizing doulas in Labor and Delivery. Provided input on how to gather community interest in this position, as well as how best to utilize within their role in the birthing process.

June – Provided feedback on current marketing and advertising initiatives. Voiced community sentiments on current branding and perceptions of TFH.

Topics Summary

September – Presented with the new projects planned for the Rite Aid building, Gateway, and Tahoe City. First “public” community members to be aware of proposed projects

October – Revisited Marketing/Advertising campaigns along with social media engagement

November – Introduced to TFH’s Distinct Part Skilled Nursing Facility/Extended Care Center. Overview of the levels of care provided and process of admission.

Strategic Plan PFAC 2025

- Continue to provide updates from new or key departments and have PFAC offer input
- Review current common patient complaints for feedback on how to manage to avoid reoccurrence and to identify service recovery options
- Continual member recruitment and diversification
- Inviting willing patient(s) to share their patient experience story to help prompt discussion on process improvements that may have come about as a result, or suggestions for future process improvements

Questions?



Gene Upshaw Memorial Tahoe Forest Cancer Center Annual Board Report, 2024

Sonia Reichert, M.D.

Medical Oncologist and Cancer Committee Chair/Quality Program Chair

Kelley Bottomley, ODS

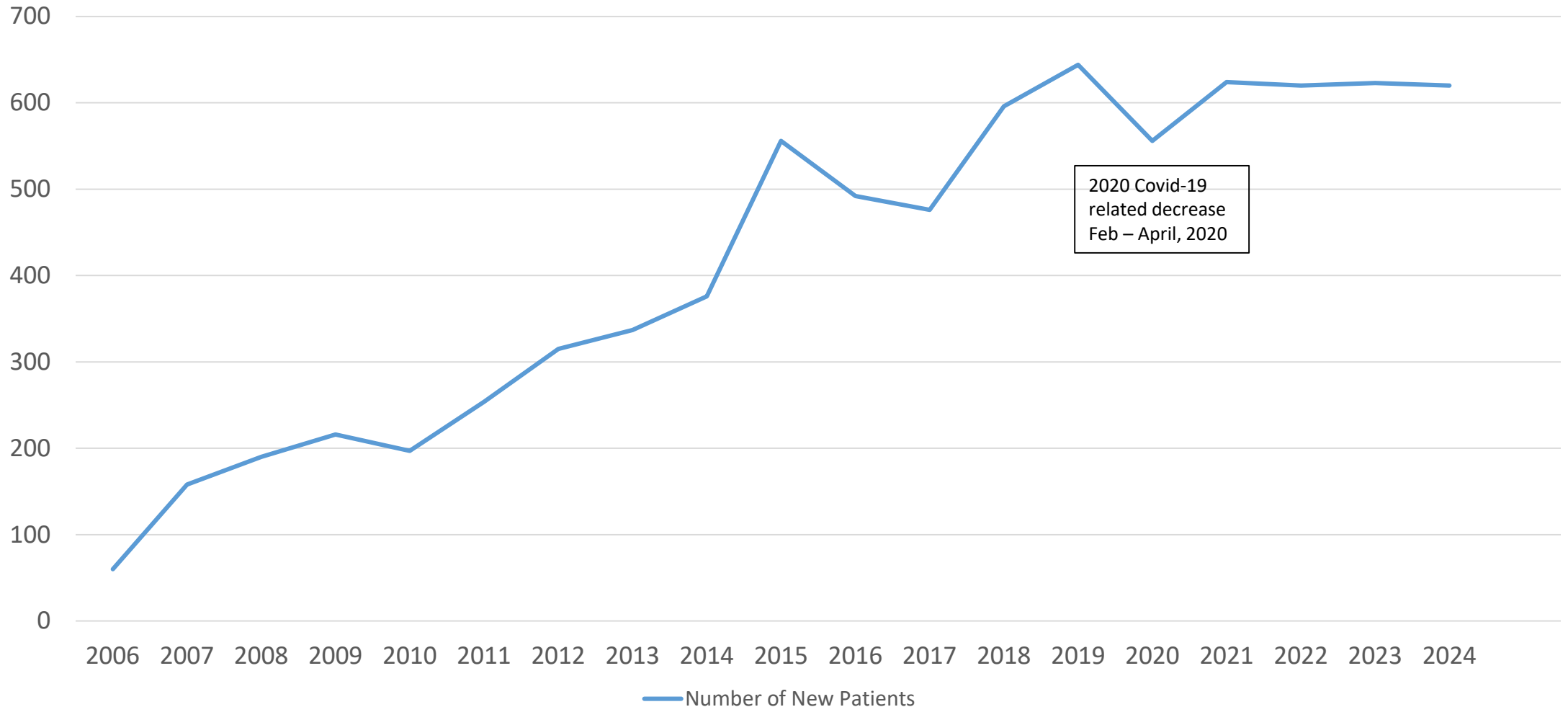
Coordinator, Quality Improvement Outcomes & Accreditation Compliance

December 19, 2024

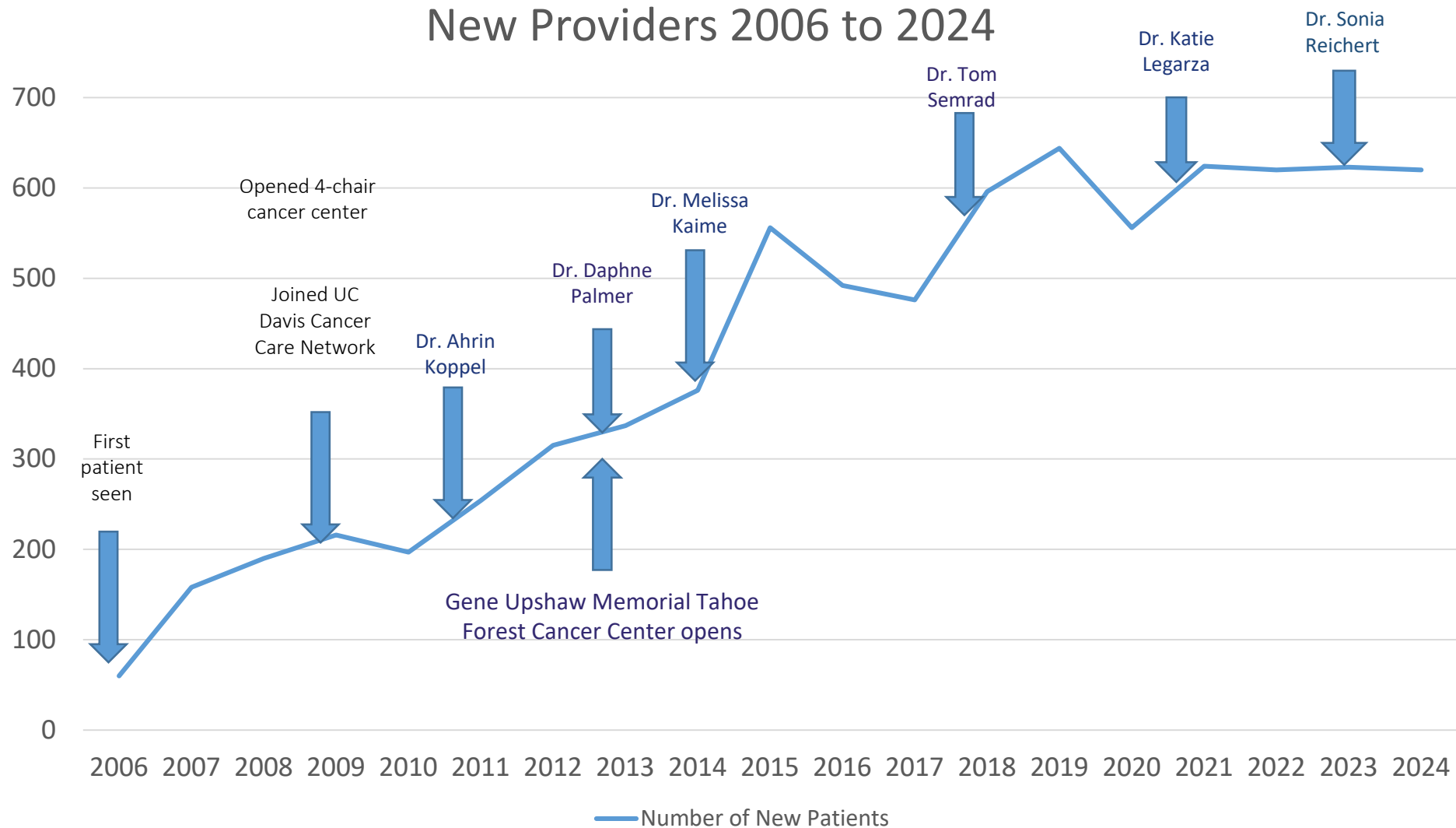


Cancer Center Milestones

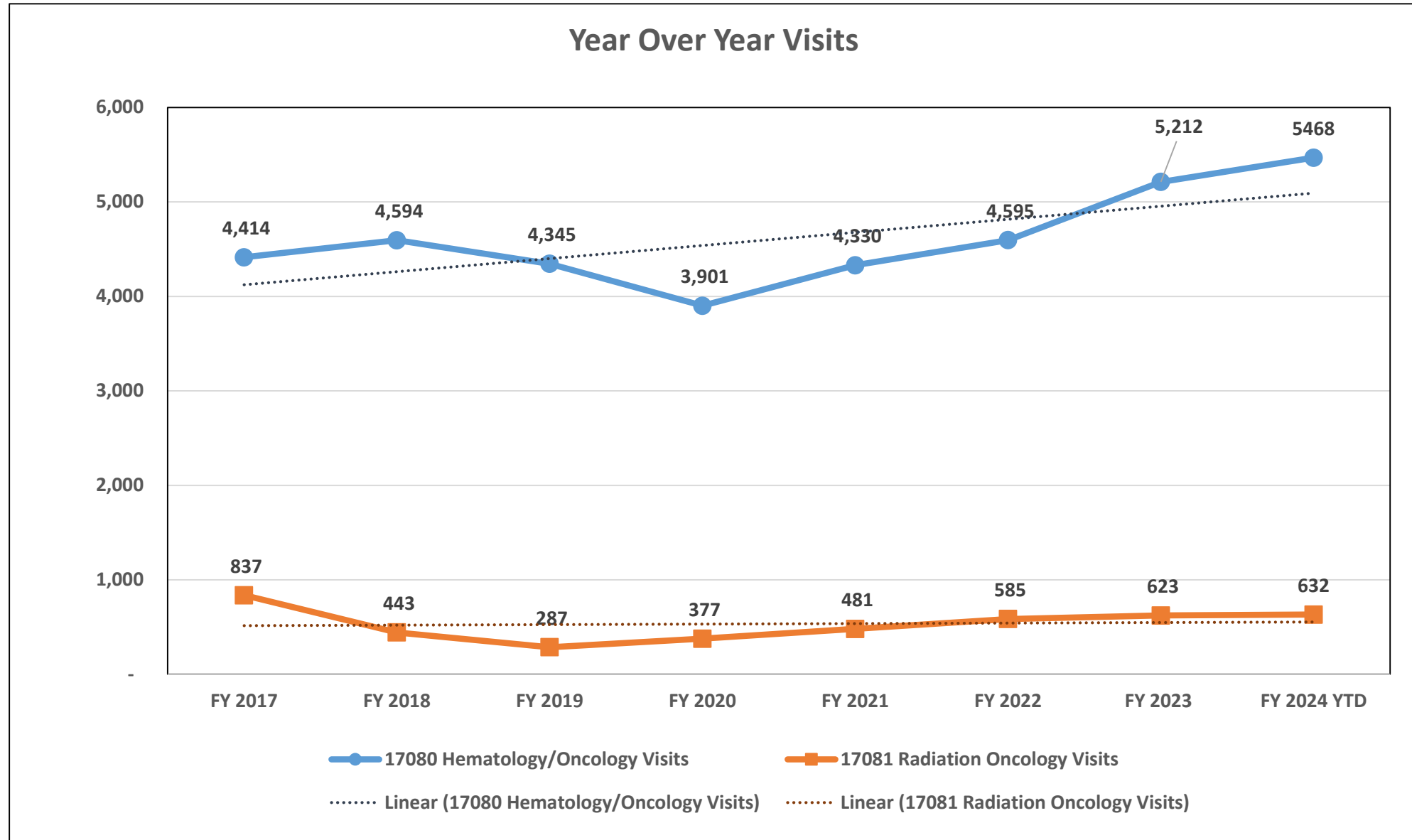
Number of New Patients 2006 to 2024



Cancer Center Milestones

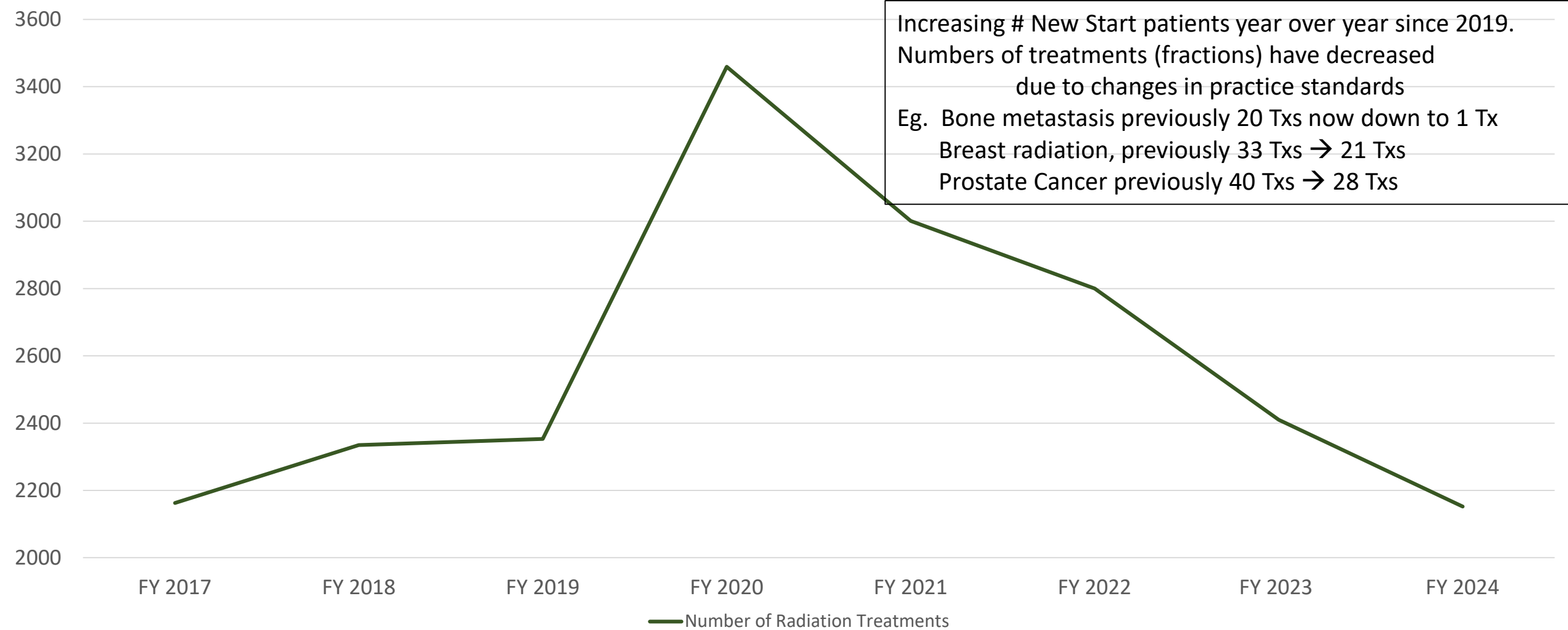


Total Patient Visits



Cancer Center Radiation Program

Number of Radiation Treatments Fiscal Year 2017 to Fiscal Year 2024



Accreditations and Memberships:

Driving Excellence through Accreditation
and Continuous Improvement

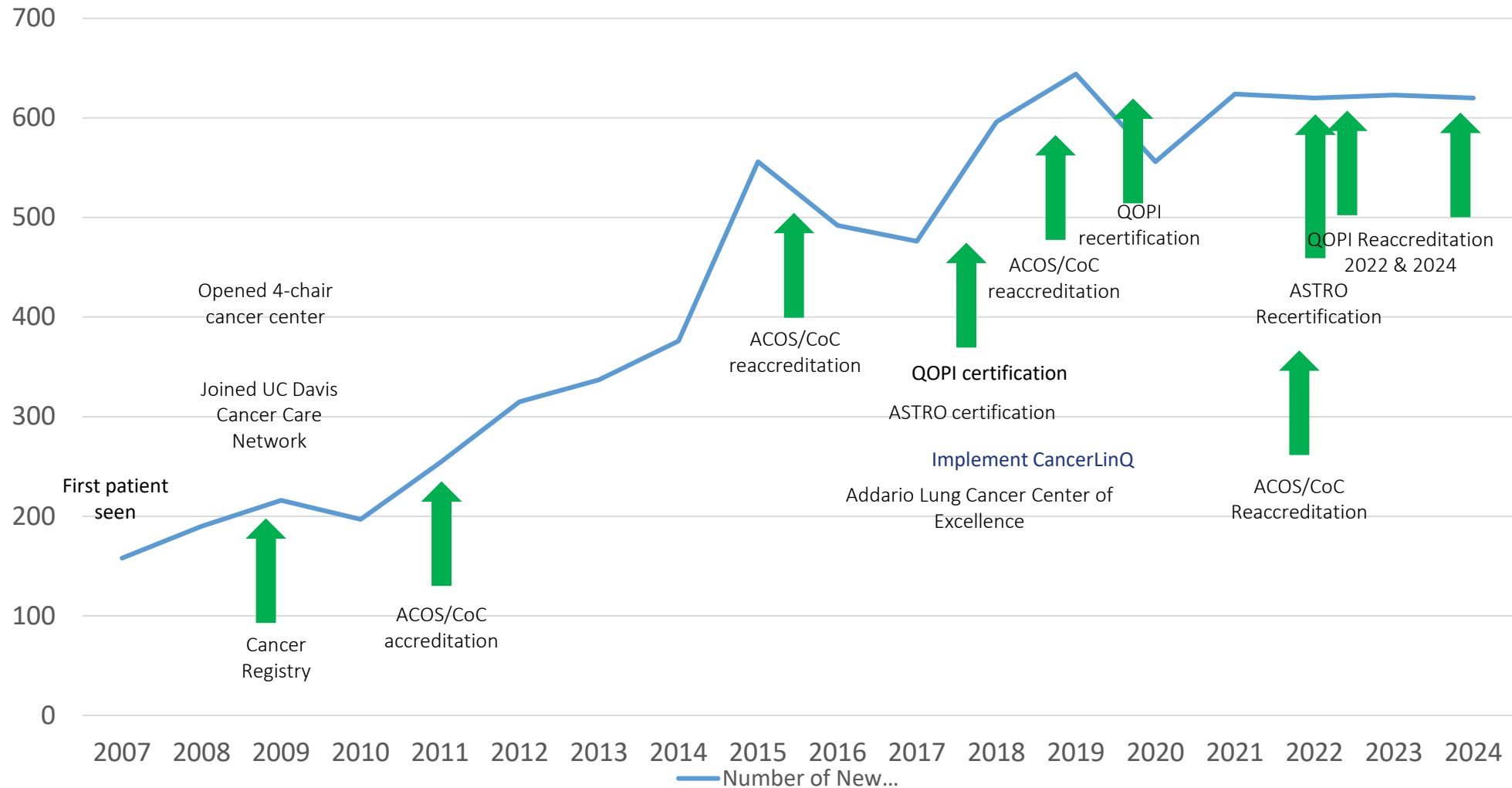
Ensuring Excellence Through Accreditation

- **Comprehensive Quality Assurance:** Multiple Accreditations ensure excellence across care, safety, research, and community impact.
- **Rigorous Standards:** Adherence to nationally recognized care standards.
- **Data-Driven Improvement:** Performance guided by data analysis and outcomes.
- **Strategic Planning:** Annual goals and evaluations drive progress.
- **Quality Oversight:** Regular reviews identify opportunities for improvement.
- **Dynamic Enhancements:** Real-time and annual projects ensure responsive, continuous quality care.

Cancer Center Milestones

Accreditations 2006 to 2024

- Primary Accreditations
1. ACOS/ CoC
 2. QOPI
 3. ASTRO



Cancer Program Accreditations & Affiliations

Accreditation/Affiliation	Status
American College of Surgeons (ACOS) - Commission on Cancer (CoC) Accreditation Reaccreditation Years 2015-2017, 2018-2021, 2022-2025 <i>Annual Compliance with 27 Standards</i>	Fully Accredited in 2011, 2015, 2018 and 2022. <i>Reaccreditation in 2025</i>
American Society of Clinical Oncology (ASCO): Quality Oncology Practice Initiative (QOPI) Certification <i>Compliance with 26 Quality Measures, of 195 potential Quality Measures</i>	Certification February 2017, 2020, 2024 <i>Reaccreditation in 2027</i>
American Society of Radiation Oncology (ASTRO) Accreditation Program for Excellence (APEX) 3-Year Accreditation <i>Annual Compliance with 156 Standards</i>	Fully Accredited March 2017, and 2021. <i>Reaccreditation 2025</i>
GO2 for Lung Cancer Center of Excellence <i>Annual Submission of 22 Quality Measures in August 2023</i>	Center of Excellence Member since 2017
Implementation of CancerLinQ Data System <i>Assessment of 17 Quality Measures</i>	Completed January 2017 System Updated 2022 & 2024
UCDavis Cancer Center Network (CCN) for Oncology Research	Since November 2008

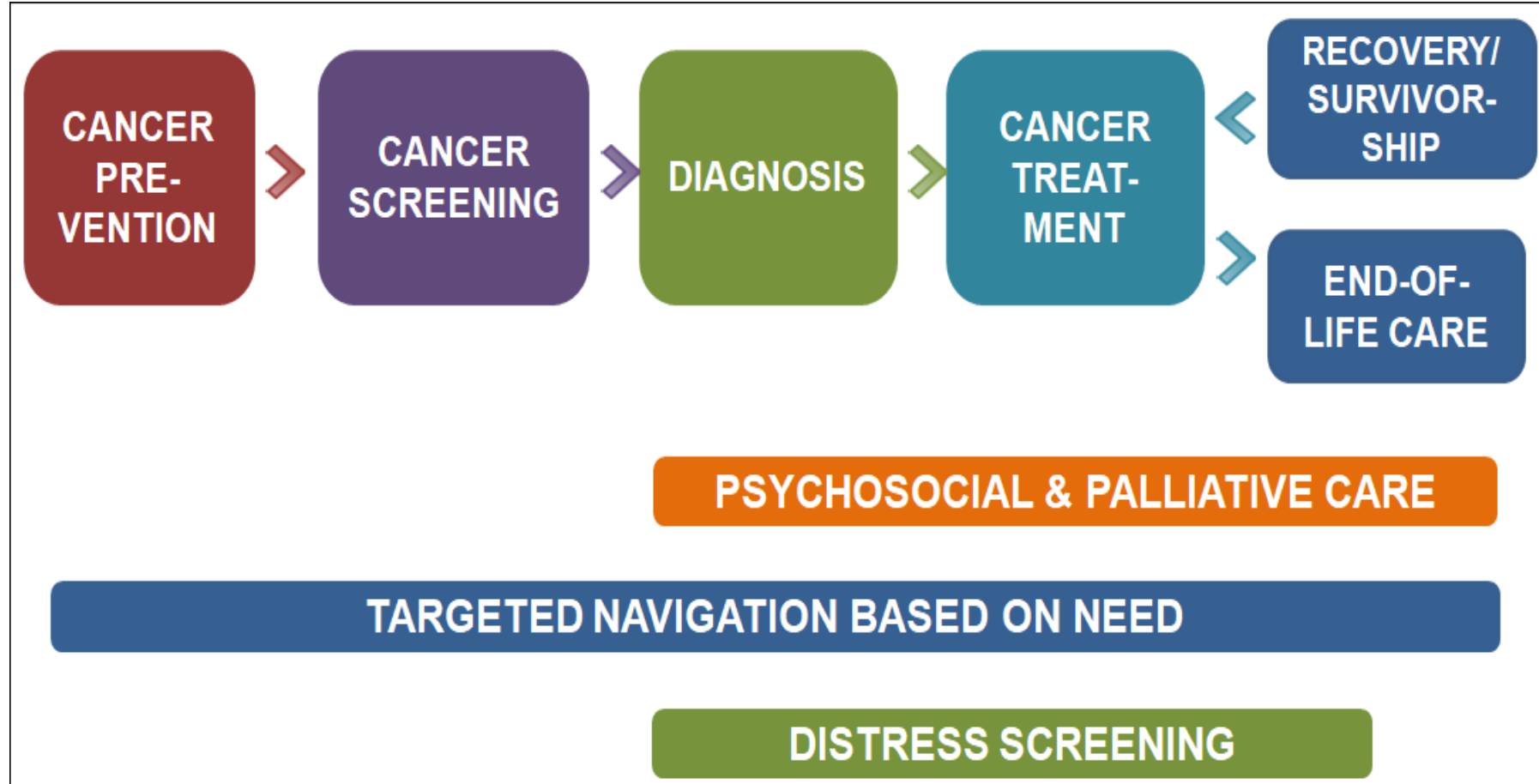
Cancer Program Accreditations & Affiliations

Accreditation/Affiliation	Number of US Participating Practices
American College of Surgeons - Commission on Cancer (CoC) Accreditation (83% of cancer patients treated in CoC Accredited Centers)	1500+
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification	362
American Society of Radiation Oncology (ASTRO) Accreditation Program for Excellence	234
GO2 for Lung Cancer Center of Excellence Membership	700
Implementation of CancerLinQ Data System	173

Cancer Program Highlights

Accreditation/Affiliation	
American College of Surgeons - Commission on Cancer (CoC) Accreditation	Only 4% of programs surveyed with no deficiencies
American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) Certification	One of the highest scoring programs
UCDavis, CCN Network - Clinical Trial Accrual	Enrollment #'s and performance on par with NCI-designated cancer centers
Patient Satisfaction Survey Results	Consistently >95%

CoC Tangible Benefits



Address the full continuum of cancer— from prevention to survivorship and end-of-life care— while addressing both survival and quality of life

Optimal Resources for Cancer Care (2022 Standards) Address Full Continuum of Care



Foundations

Administrative; organization; facility: 1.1; 2.1; 2.3; 2.4; 3.1
 Quality improvement and Accountability: 2.2, 7.1, 7.3, 7.4
 Evidence and Research: 7.2, 9.1, 9.2

CoC Quality of Care Measures

1. **Standardized Data Elements:** Cancer registry data is nationally standardized and endorsed by:
 - CoC – Commission on Cancer
 - NQF – National Quality Forum
 - CMS – Centers for Medicare & Medicaid Services
2. **Purpose of Registry Data:**
 - Used by the CoC to assess and ensure quality of care.
 - Evaluates performance at the **Hospital level**, not limited to the Cancer Center.
3. **Types of Measures:**
 1. **Accountability Measures**
 - Support public reporting, payment incentives, and provider selection by consumers, health plans, and purchasers.
 2. **Quality Improvement Measures:**
 - Focused on internal monitoring and performance enhancement within the organization.
4. **Oversight Responsibility:**
 - The Cancer Committee conducts annual assessments and monitors measure outcomes to ensure continuous improvement.

CoC Quality of Care Measures

Number of CP3R Quality Measures	
Breast Cancer	6
Colon Cancer	2
Rectal Cancer	1
Gastric Cancer	1
Bladder – New measure in 2024	1
Kidney – New measure in 2024	1
Prostate – New measure in 2024	1
Lung Cancer	3
Cervical Cancer – 1 new measure in 2024	4
Endometrial Cancer	2
Ovarian Cancer	2
Total Quality Measures in 2024	24

**Commission on Cancer (CoC)
National Cancer Database
Breast Cancer Outcomes Reported 2024**

Tahoe Forest Cancer Program

CoC Measures for Quality of Breast Cancer Care in 2024

Site of Cancer	Expected Performance Rate	Measure Description	Tahoe Forest	State of California	National CoC Programs
Breast	90%	Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	100%	85%	85%
Breast	90%	Combination chemotherapy is recommended or administered within 4 months (120 days) for stage IB-III hormone receptor negative breast cancer	97%	87%	87.6%
Breast	90%	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1N0M0, or stage IB-III hormone positive breast cancer	100%	89%	87.4%
Breast	90%	Radiation Therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes	100%	87%	86.2%
Breast	80%	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	98%	94%	92%
Breast	NA Surveillance	Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer	97%	78.6%	69%

Quality Oncology Program Initiative (QOPI) Re-Accreditation 2024

QOPI Accreditation Maintenance and Re-accreditation Update:

- 2024 Maintenance Data Submission was completed through CancerLinQ on June 16, 2024
 - The data was submitted at **89.22% compliance**
 - One of the highest scoring programs in the nation
- 2023-2024 Preparation for reaccreditation held on October 1st, 2024
 - Updated standards were reviewed to ensure any updates to policies and/or process will were completed. Focus on:
 - *Standard 4.2 Patient Ability to Adhere to Oral Chemotherapy*
 - *Standard 4.3 Oral Chemotherapy Assessment at Meaningful Intervals*
 - *Pregnancy testing prior to chemotherapy – Quality Project in 2024*

2024 QOPI Clinical Study

Genetic Counseling and Risk Assessment and Monitoring Concordance with Evidence-based Guidelines

An Assessment and Evaluation of the First Course of
Treatment in Breast Cancer Patients at Tahoe Forest Cancer
Center

Sonia Reichert, MD

Study of Breast Cancer Patients in 2023

Genetics Risk Assessment

- 93 breast cancer patients diagnosed in 2023 were reviewed for appropriate genetic testing:
 - **68/93 (73%)** were recommended for genetic testing
 - 66 patients underwent genetic testing
 - 2 patients declined genetic testing
 - **25/93 (27%)** patients did not have genetic testing performed
 - 100% of these patients were appropriately not recommended for testing

Study of Breast Cancer Patients in 2023

Genetics Risk Assessment

Genetic Test Results:

- 55 patients were noted to be negative
- 9 patients (13%) were found to have a positive pathogenic mutation

Result	Number of Patients
BRCA 1	1
BRCA 2	2
PALB2	3
MUTYH	1
HOXB13	1
RAD51C	1

Genetics Risk Assessment Study of Breast Cancer Patients in 2023

- The approach to genetic testing was appropriate based on the tumor biology in all cases.
- Looking into the future: 2025 Commission on Cancer Quality Improvement Study for Breast Cancer Genetic Testing
 - The Tahoe Forest Cancer Program has been selected to participate in this national study. We plan to utilize national outcomes to better determine standards of care

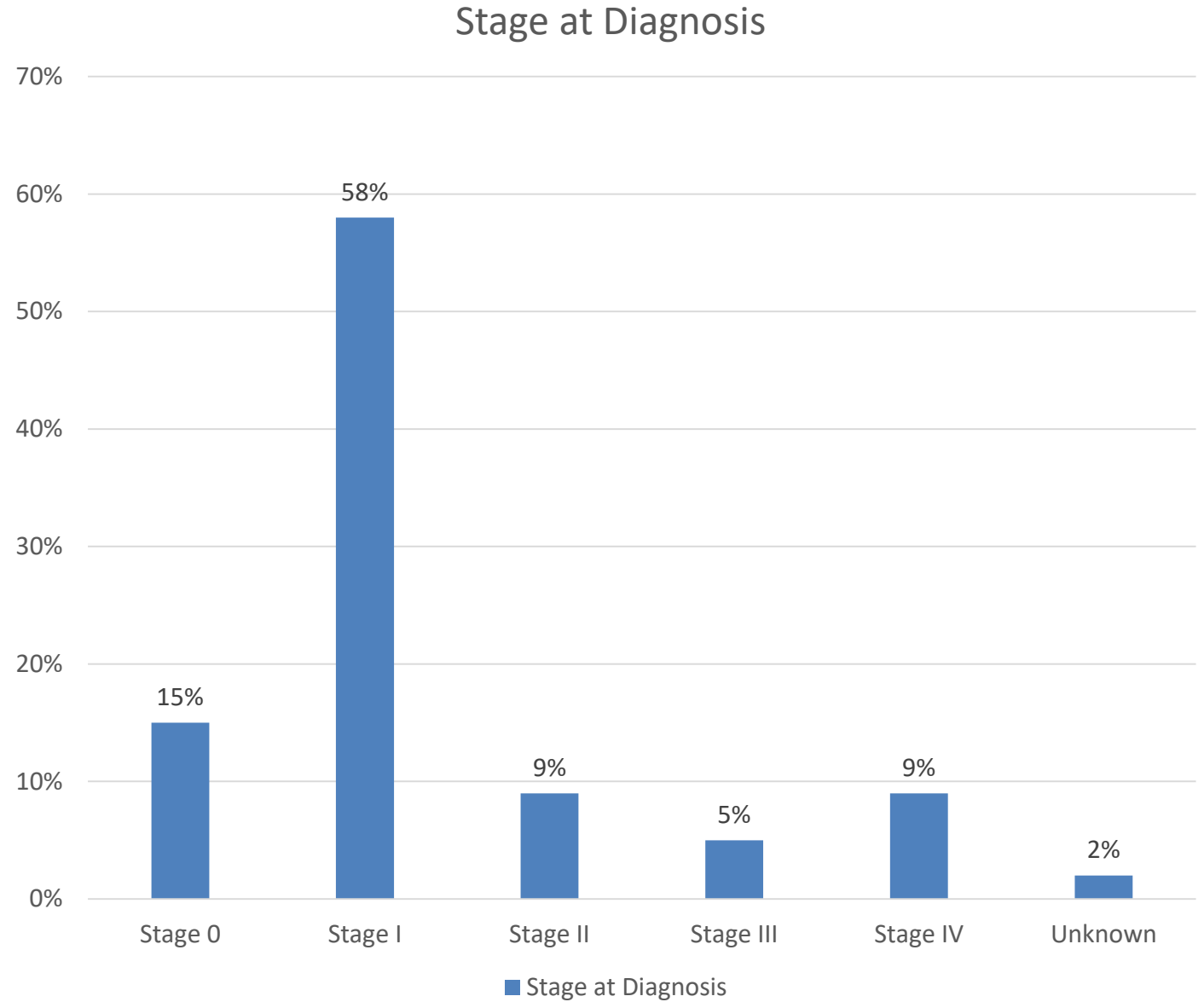
Monitoring Concordance with Guidelines in Breast Cancer Patients

- **Key Findings from 2023 Analysis at Tahoe Forest Hospital District:**
 - **Guideline-Concordant Care:** Post-diagnosis care adhered to nationally recognized standards.
 - **Appropriate Staging:** Patients underwent accurate staging with proper laboratory tests and diagnostic imaging.
 - **Evidence-Based Treatment:** Initial treatments were appropriately provided, including:
 - Surgical resection.
 - Adjuvant chemotherapy and radiation therapy when clinically indicated

Monitoring Concordance with Evidence Based Guidelines – Breast Cancer

2023 Breast Cancer Cases Reviewed Stage at Diagnosis

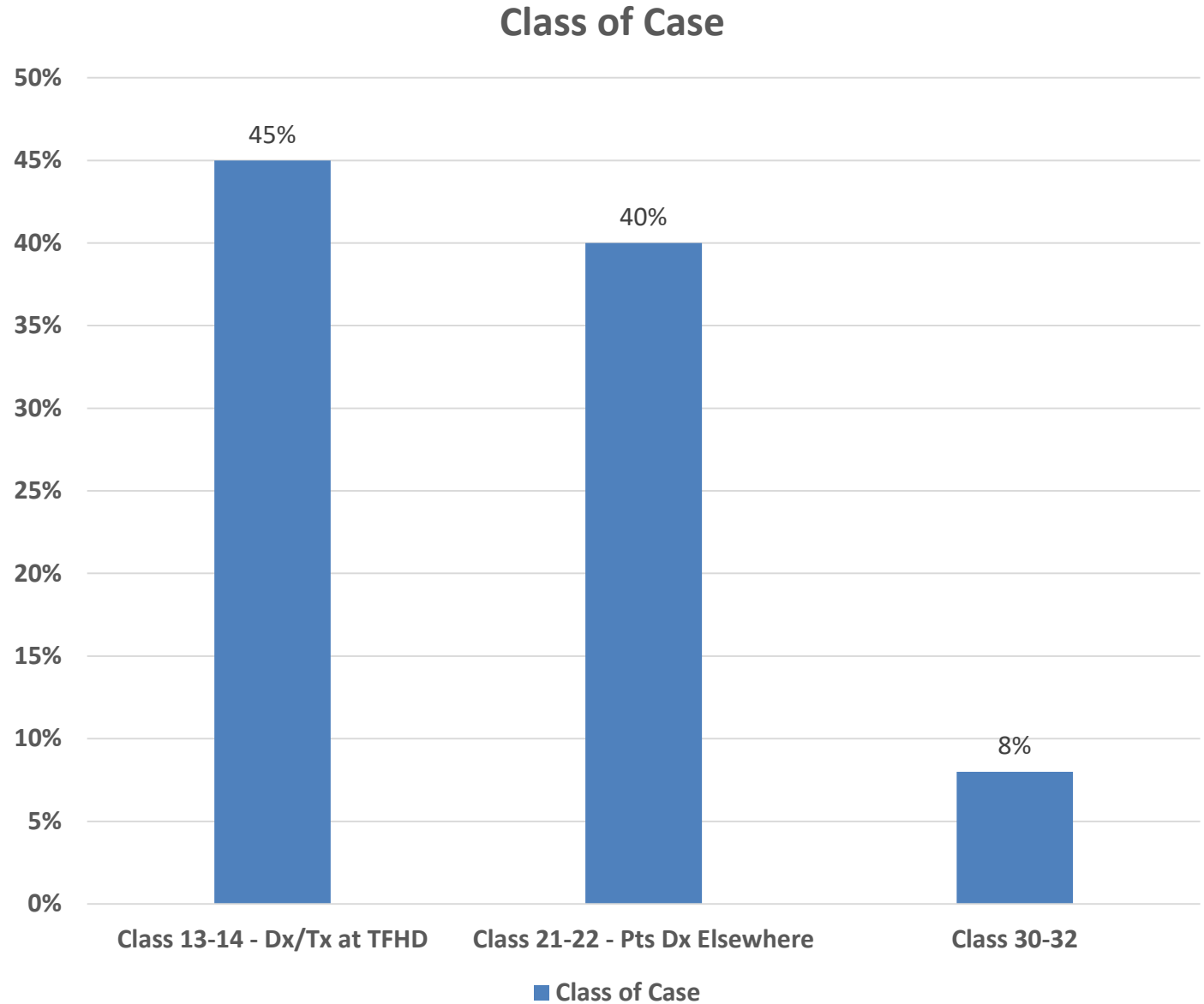
- 93 patients identified for review
- 82% of patients identified were Stages 0-II at diagnosis. This demonstrates successful mammography program (lower stage at diagnosis).



Monitoring Concordance with Evidence Based Guidelines – Breast Cancer

2023 Breast Cancer Cases Reviewed – Class of Case

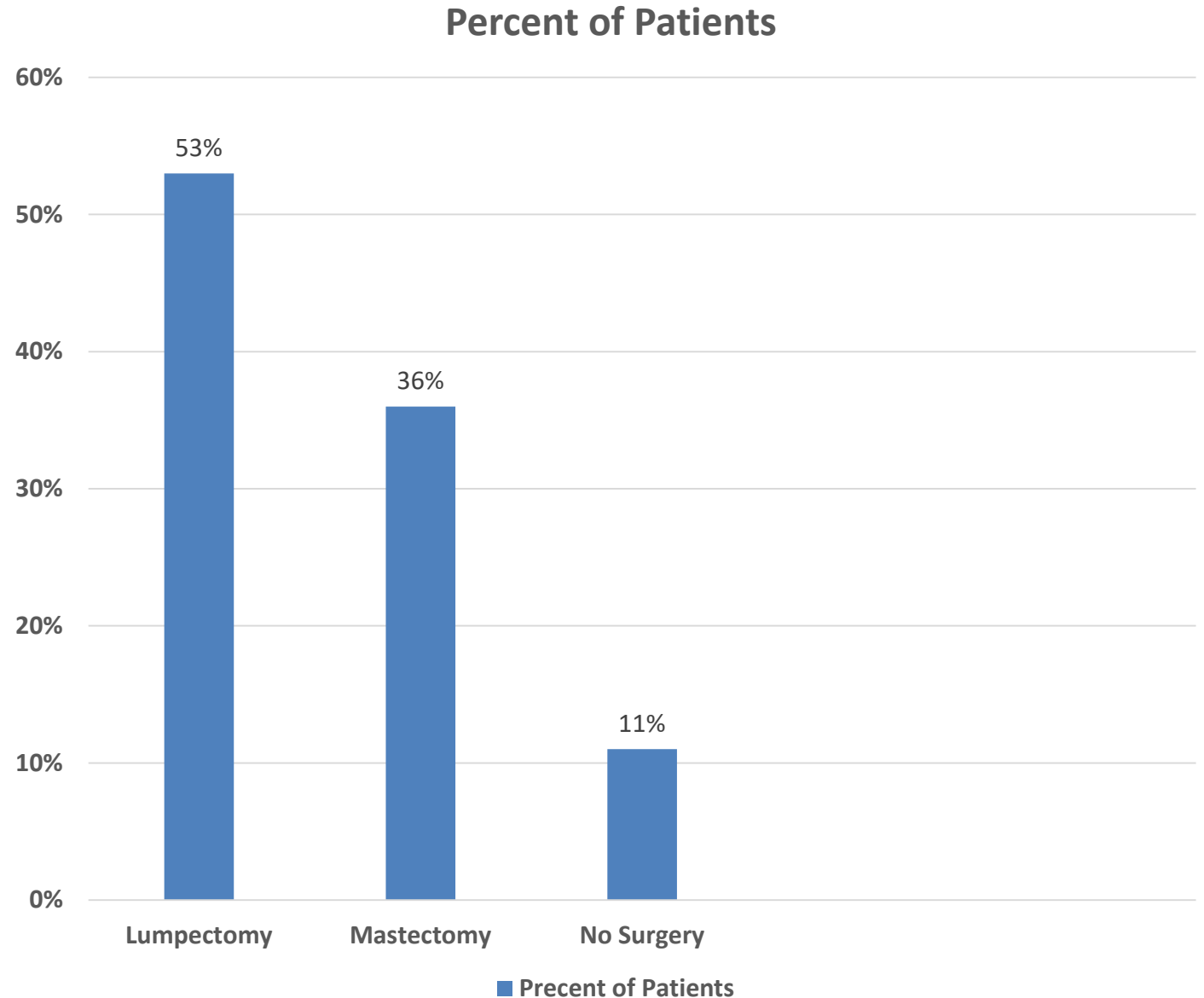
- 93 patients identified for review
- 45% of patients have been diagnosed and treated in the Tahoe Forest Hospital District. 40% of patients were diagnosed elsewhere and referred to TFHD.



Monitoring Concordance with Evidence Based Guidelines – Breast Cancer

2023 Breast Cancer Cases Reviewed – Surgical Procedure

- 85 analytic patients (defined as patients diagnosed and/or treated at TFH).
- 9 patients (11%) did not have surgery
 - 5 pts were stage IV and received chemo alone
 - 1 pt was stage IV and died before therapy
 - 1 pt had follicular lymphoma
 - 1 pt was stage 3B and tx w/chemo
 - 1 pt left our system
- 2025 goal, review lumpectomy rate



Commission on Cancer (Coc) National Study Barriers to Care in Radiation Oncology

Review of Missed Radiation Treatments at
Tahoe Forest Cancer Center

By Katie Legarza, MD, Bruno Carlini & Kelley Bottomley

2024 Quality Study & Improvement Initiatives

Efforts to Address Radiation Patient Barriers – Part II

- 2023 Study to identify contributing factors to cancelled/no-show appointments.
- Services put in place to address barriers to treatment:
 - Weather – we cannot control the weather, closed and/or impassible mountain roads.
 - Transportation – we have the following resources:
 - American Cancer Society Grant of \$20,000 to provide gas cards to patients in need. Additionally, a Tahoe Forest fund is available to assist.
 - South Lake Tahoe Cancer League Drivers
 - American Cancer Society Grant of \$10,000 and Tahoe Forest program for lodging at Truckee Hampton Inn (also includes transportation to and from the Inn).

2024 Quality Study & Improvement Initiatives

Efforts to Address Radiation Patient Barriers

- 2024 study results identify five patients who missed three or more treatments (significant decrease from 10 patients in 2023)
- 94 patients (100%) were screened for gas and/or lodging needs to ensure compliance with appointments.
 - 47 patients were given assistance for transportation in the form of gas cards.
 - 8 patients were assisted with lodging to ensure they could be at their scheduled radiation treatment (most often due to weather).

Clinical Study

Tahoe Forest STAR Bundle Project for Tahoe Forest

Emergency Department Visits and/or Admissions for
Outpatients Receiving Chemotherapy

By Kelley Bottomley, Sonia Reichert, MD,
Janet VanGelder & Brian Evans, MD

What is a Star Rating?



The Centers for Medicare & Medicaid Services (CMS) Star Rating Program is a five-star rating system that measures the quality of health and drug services for Medicare beneficiaries. The ratings are published annually for Medicare Advantage (Part C) and Medicare Part D (Prescription Drug) plans. [↗](#)

The Star Rating Program helps Medicare consumers compare plans and make informed health care decisions. The ratings are based on measurements of customer satisfaction and the quality of care a plan provides. The goal is to improve the quality of care and health status for Medicare beneficiaries. [↗](#)

Star rating	Meaning
5 stars	Excellent
4 stars	Above average
3 stars	Average
2 stars	Below average
1 star	Poor

Standard Work Bundles

1. OP-35: Emergency Visits after Outpatient Chemotherapy

- a. Stakeholders: Kelley Bottomley, Derek Baden
- b. Standard work items
 - i. Initial prevention
 - ii. Symptomatic patients during treatment
 - 1. Evaluations and referrals
- c. Numerator-Chemo patients with validated chemotherapy
- d. Denominator-New start chemo patients
- e. Goal = $\geq 92\%$

2. HAI-6/C-Diff

- a. Stakeholders: Trent Foust, Nicole Becker
- b. Standard work items
 - i. Testing- call MD before
 - ii. Enteric contact precautions
 - iii. If C-Diff positive- PPE present, private room, hand hygiene
- c. Numerator-Patients with bundle items done
- d. Denominator- Patients with 3 or more loose stools in 24 hrs
- e. Goal $\geq 90\%$

3. Sep-1/Sepsis

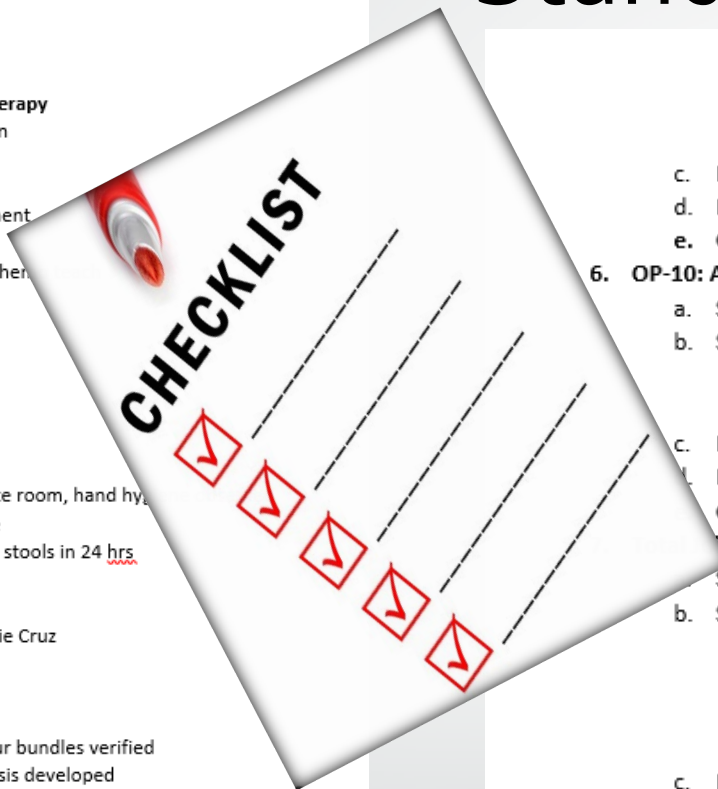
- a. Stakeholders: Trent Foust, Nicole Becker, Ellie Cruz
- b. Standard work items
 - i. 3 hour bundle
 - ii. 6 hour bundle
- c. Numerator- Sepsis patients with 3 and 6 hour bundles verified
- d. Denominator- Sepsis admissions or new sepsis developed
- e. Goal $\geq 90\%$

4. Falls

- a. Stakeholders: Trent Foust, Nicole Becker
- b. Standard work items
 - i. Fall risk bundle in place
 - ii. Ambulation status posted (ICU/MS)
- c. Numerator- High fall risk patients with all bundles in place
- d. Denominator- Fall risk patients reviewed
- e. Goal $\geq 90\%$

5. SSI

- a. Stakeholders: Calley Corr, Kate Cooper
- b. Standard work items
 - i. Pre-op hair removal
 - ii. CHG Pre-op
 - iii. Nasal Decolonization



- iv. Oral Decolonization
- v. Vanco MRSA Positive only
- vi. Normo-thermia pre-op

- c. Numerator- TJR patients with all bundles
- d. Denominator- Elective TJR patients
- e. Goal $\geq 90\%$

6. OP-10: Abdomen CT Use of Contrast

- a. Stakeholders: Sadie Wangler, Shayna Vosburgh
- b. Standard work items
 - i. Exclusion diagnosis present
 - ii. Verified with Provider correct order
- c. Numerator- Appropriate combined abdomen CT orders
- d. Denominator- Combined abdomen CT orders
- e. Goal $\geq 90\%$

7. Patient Replacements

- a. Stakeholders: Danielle Moran, TBD
- b. Standard work items
 - i. Medical and social clearance
 - ii. Patient education
 - iii. Monitoring/follow-up
 - 1. Sub-items within each category
- c. Numerator- TJR patients with all bundles
- d. Denominator- Elective TJR patients
- e. Goal $\geq 90\%$

8. Hospital-Wide All Cause Unplanned Readmissions

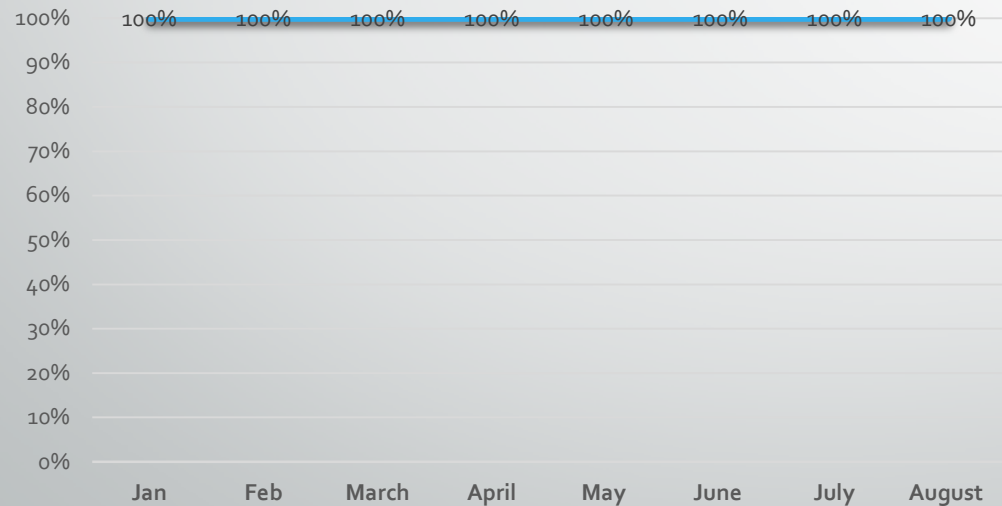
- a. Stakeholders: Karyn Grow, Anna McGuire
- b. Standard work items
 - i. TCM referral
 - ii. Follow-up with PCP within 14 days
- c. Numerator- High risk discharges with bundle items
- d. Denominator- High risk discharges, score ≥ 3
- e. Goal $\geq 90\%$

OP-35: ED Visits after Chemotherapy

Bundle includes:

New chemo patients receive education, initial prevention, managing symptomatic patients

Bundle Compliance 2024



Standard Work

ED Visits & Admissions for new chemo patients 2024



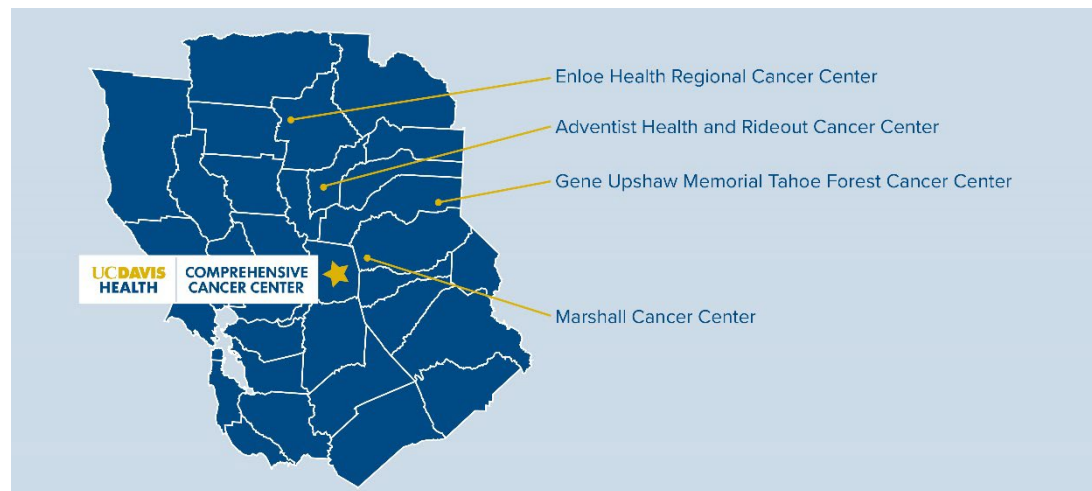
Outcome

Clinical Trial Program at Tahoe Forest Availability and Accruals

Tom Semrad, MD

Clinical Trials Program Director

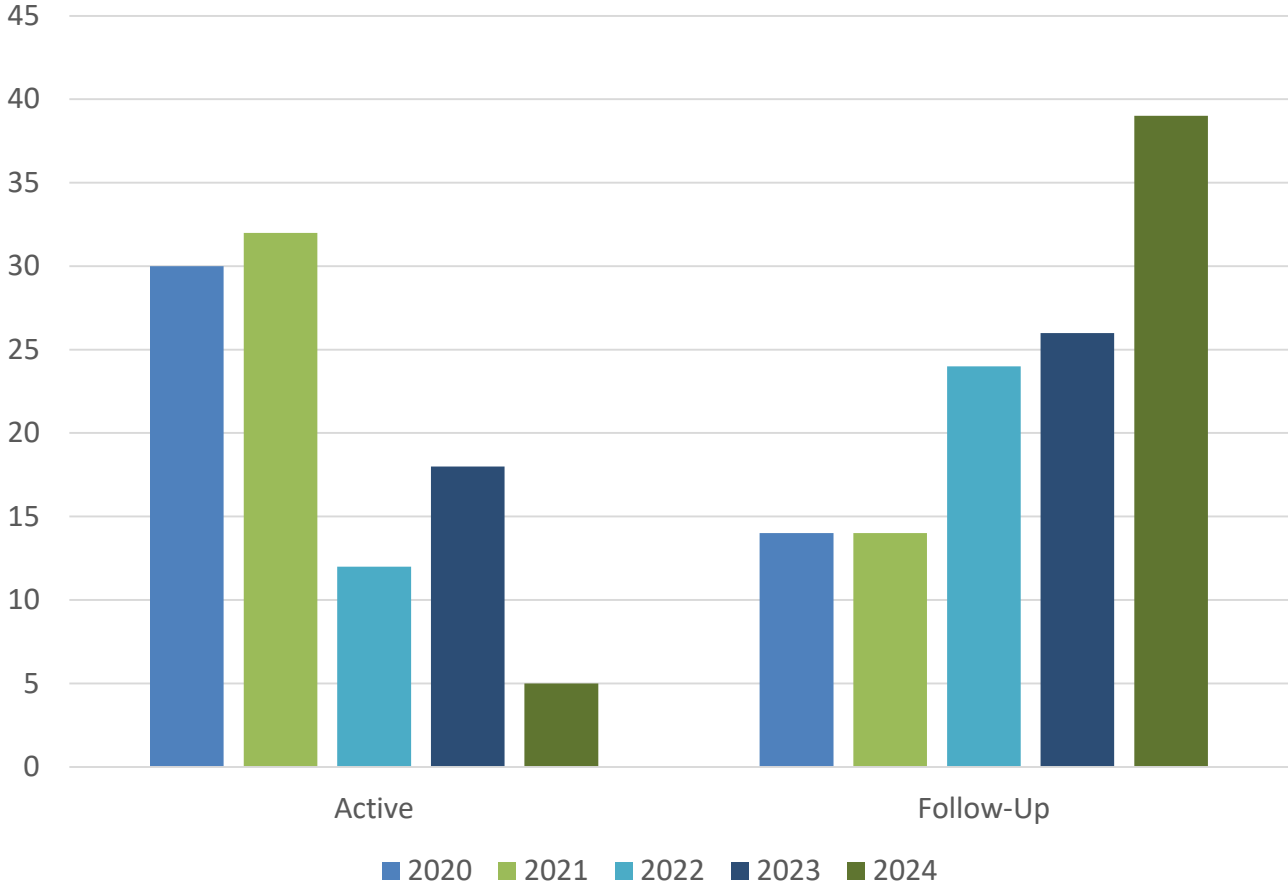
Rai Heaps, Clinical Research Coordinator



Research Program – November 2024

- Research Study Portfolio Management
 - 13 Studies Reviewed for Activation through UCD CCN
 - 1 Studies Activated + 3 pending Activation
 - 9 Studies Rejected for TFCC
- Current Study Portfolio – November 2024
 - 22 Active Studies
 - 21 Open to Accrual
 - 1 On Hold per Sponsor

Number of Clinical Trial Patients in Treatment and in Follow-Up



Managing 44 Research patients

Clinical Trials

NRG and SWOG 2024 Audit Results

NRG 2024

- 3 total charts were selected for NRG audit
- No major findings
- Auditors were very impressed with how well organized and documented the charts were

SWOG 2024

- 5 total charts were selected for SWOG audit
- Huge thank you to everyone, this took a lot of preparation within about a 5 week time period. Auditor was pleased with how organized the charts were when they were sent over.

Shout out to Derek for promptly getting all the auditors access to our EMR
Thank you Dr. Semrad for everything before, during and after these audits

Patient Satisfaction: A Remarkable Achievement

- **Exciting Announcement:**
 - In December 2024, the TFCC Outpatient Oncology Department was honored as a recipient of the prestigious **Press Ganey “Guardian of Excellence Award Winner’s Circle.”**
- **Exemplary Performance:**
 - This award recognizes organizations that rank in the **95th percentile or above** for patient experience across the entire calendar year.

Internal Review of Financial Barriers to Care Financial Navigation Program

Oncology Financial Navigation

- **Key Objectives:**
 1. **Reducing Financial Distress:** Dedicated to minimizing patient financial uncertainty and alleviating the financial impact of a cancer diagnosis.
 2. **Expanding Support:** Added **1.0 FTE** to the program to address growing patient needs.
- **Experienced Expertise:** The inclusion of an individual with expertise in financial counseling and billing enhances the program's effectiveness and broadens its reach

2024 Goals/Projects:

1. Maintain data base of all new patients by disease type to expedite enrollment into open funds.
2. Research all available funding and create processes to better identify patients meeting criteria for grants.
3. Work closely with Oral Oncolytic team to better coordinate copay and grant monies to be used for both infusion and oral drugs.
4. Provide estimates for all DI procedures prior to service date to offer options for payment or assistance.
5. Continue to work closely with Patient Financial Services department to more efficiently identify and resolve authorization issues and/or denials related to treatment.
6. Deepen relationships with local county organizations to better understand resources for transportation, housing, utilities and food for patients in need (transportation for patients in rural counties remains our biggest barrier).

Copay / Patient Assistance - Alisha Ockerman OFN, Barb Arnstein

January 1st 2024 – December 1st 2024

I. Total Copay Assistance Dollars Collected (*Infusion only)	<u>Total Collected:</u>	<u>\$213,387.79</u>
A. Oncology Drugs	Total Collected:	\$ 48,263.71
B. Non-Oncology Drugs	Total Collected:	\$ 37,146.08
C. Free Drug Program	Total	\$ 127,978.00
D. CPA Dollars Pending	Total	\$25,305.67
II. Number of patients enrolled in CPA programs	<u>Total Enrollments:</u>	<u>52</u>
III. Grant Enrollments*	Total Enrollments:	26
	LLS Disease Specific	26
	Patient Aid	0
	Urgent Need	0
	Total Assistance	\$43,525.00

**Grant amounts have decreased due to Medicare Reform for oral medication*

IV: Number of Financial Visits/Outreach**	Total Encounters:	130 (New patients)
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***Data does not include copay assistance for oral oncolytics*

2024 SUPPLEMENTAL RESOURCE DISTRIBUTION

Wig Vouchers	8 Wig Vouchers Provided \$2,400
Moms On The Run	8 referrals to the program; effective 1/1/24 (only NV residents are eligible)
Oncology Support Services	528 massages, 404 acupuncture, 60 biofeedback
South Lake Tahoe Cancer League	38 patients receive a monthly grant of \$150.00 and approximately 15 of those patients also receiving rides to and from appointments
Reno Cancer Foundation: (Rental Assistance)	15 patients (total of \$51,146)
ACS Transportation Grant	\$20,000
ACS Lodging Grant	\$10,000
Gas Vouchers and Safe Way Cards	\$10,000 utilized in addition to the American Cancer Society Grant (need-based criteria)
Lyft Rides	41 rides arranged for treatment-related visits (paid through the Foundation)
Insurance Rides	>45 rides arranged for patients needing assistance through their MCAL plan
TART Connect and Dial a Ride	Utilized for local transport for patients needing assistance
Hampton Inn Lodging	220 nights utilized for patient stays for treatment-related visits

Change is Inevitable

- Dr. Sonia Reichert is our new Oncologist and Cancer Committee Chair (11/2023) partnering with Kelley Bottomley in the Cancer Center Quality Program
- Katja Lektorich, RN, BSN, OCN is our New Clinical Manager (12/2023)
- JB Topal, PharmD is our New Oncology Pharmacist (12/2023)
- Rai Heaps, is our New Clinical Trial Coordinator (1/2024)
- Karen Aaron, RN, retired from Nurse Navigation 1/2024 but has stayed on to assist in development of the Oral Oncolytic program
- Operations Manager position is open with interviews in-progress
- **Culture of Commitment to Highest Quality Care to our patients and community remains the same**

Our Secret Sauce: What Sets Us Apart

1. **Personalized Care:** Our small size enables highly individualized attention for every patient.
2. **Daily Collaboration:** Every patient is discussed every single day to ensure optimal care coordination.
3. **Comprehensive Support:** Nurse Navigators guide patients from diagnosis through their first course of treatment.
4. **Unwavering Commitment:** Every team member is dedicated to delivering world-class care to our community.
5. **Passion for Growth:** A strong focus on education and lifelong learning keeps our team at the forefront of care.
6. **Culture of Excellence:** Process improvement isn't just a policy—it's an organic, self-driven way of life.

Together, we are shaping the future
of exceptional cancer care for our community

Thank you!

DRAFT BOARD CULTURE AND NORMS

PURPOSE: To provide a Board member guidance on duties and limitations.

A Board member's conduct should reflect the Mission, Vision and Values of the Health System in all engagements with other board members, staff and public.

Role of the Chair

1. Run meetings and associated duties within meetings.
2. Preside over ceremonial situations.
3. Make committee appointments.
4. Approve agendas for completeness.
5. When required, speaks for the Board of Directors to the media.

Board Meetings

6. Understand the Brown Act, and when in doubt, consult with General Counsel. Be mindful of serial meeting traps.
7. No issues shall be placed on the agenda beyond the jurisdiction and authority of a California Health System Special District or that are non-essential to hospital district governance.
8. Observe timely appearance at Board Meetings. Notify the Clerk of the Board relative to absence or anticipated late arrival as soon as such situation is known.
9. ~~Board members shall not use e-communication during a public meeting of the Board~~Do not use e-communication during public board meetings. Step out of the meeting to take an emergency call.
10. ~~Requests by Board Members during a meeting for the opportunity to speak, for public input, or for additional staff input, shall be made through the Chair~~During a board meeting, direct all requests to the Board Chair for the opportunity to speak, for public input, or for additional staff input.
11. ~~All board member suggested agenda items should be discussed with the Chair and/or CEO before agenda review. Such items must have sufficient supporting documents for staff review. Items must meet scheduling requirements. No more than two items per board member will be considered at a board meeting~~Submit all suggested agenda items to the Board Chair and/or President & CEO prior to the agenda review process. Ensure that items include sufficient supporting documentation for staff review and meet scheduling requirements. To maintain efficiency, no more than two items per Board Member will be considered at any given board meeting.
12. Be respectful, open, candid, honest and fair.
13. Demonstrate that it is fine to disagree, but not to be disagreeable.
14. Don't be inhibiting or limiting.
15. Value the staff as individuals and demonstrate mutual respect.
16. Respectfully inform staff of questions you have on an agenda item or staff's recommendation.
17. Respect and abide by the Board's decisions.
18. Practice a "no surprises" policy.
19. Keep closed session discussions and decisions confidential.
20. Focus on Strategic leadership, not on administrative and operational details.

21. Board Members should attempt to review the agenda packet at least 48 hours in advance to allow for questions. All board materials should be reviewed prior to the meeting.

Interactions with Board Members

22. Maintain good board relationships and respect for each other.
23. Remember that respect for debate, differing opinions and reasoning mitigates polarization.
24. Demonstrate that it is fine to disagree but not be disagreeable.
25. Explain your perspective, rationale and reasoning.
26. Listen to fellow Board Members and be willing to consider all points of view during Board discussions.
27. Be inquisitive and ask any questions important to the discussion at hand.
28. Share one's own point of view, do not dominate discussion, be respectful and courteous in debate but do not shy away from difficult or contentious issues.

Interactions with Public

29. Conduct oneself in an ethical, moral and legal manner at all times.
30. Be sensitive to your public image and conduct at all times.
31. Practice transparency.
32. ~~The Board may request staff respond to or develop responses to emails addressed to Board Members~~ Emails received by a Board member may be referred to the President & CEO for reply.

Interactions with President & CEO

33. Provide clear direction to the President & CEO.
34. Recognize the sensitivity of personnel matters, direct all personnel concerns or complaints to the President and CEO and do not publicly discuss them. Matters involving the President and CEO shall be directed to the General Counsel's office.
35. ~~Public or staff concerns expressed to Board Members should be shared with the President & CEO. A Board Member who receives a concern from the public or staff are encouraged to share this information with the President & CEO.~~
36. Practice a "no surprises" policy.

Interactions with Staff

37. Value the staff as individuals and demonstrate mutual respect.
38. Let staff know of questions you have on an agenda item or staff's recommendation at least 48 hours in advance of the meeting.
39. ~~All late submission of supporting documents must be justified in writing stating the reasons for the late submission. The Clerk will notify the Board of late submissions and their justification when appropriate. Bona fide emergency items involving public health and safety requiring Board action will be excluded.~~
40. ~~Use discretion when meeting in public places to avoid the appearance of bias.~~
- 41-39. Honor the distinction between operations and oversight of the Board of Directors- President & CEO form of hospital governance.
- 42-40. A Board Member may approach Administrative Council members individually to explore issues in greater depth but should refrain from requesting action without discussing it with the President & CEO.
- 43-41. Practice a "no surprises" policy.

44.42. Recognize that discussions with staff are welcome but do not constitute policy direction, which only comes from the full Board.

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