



MISSION

It is our mission to deliver quality healthcare to the residents of and visitors to BigBearValley through the most effective use of available resources.

VISION

To be the premier provider of emergency medical and healthcare services in our BigBearValley.

BOARD OF DIRECTORS BUSINESS MEETING AGENDA

WEDNESDAY, AUGUST 12, 2026 @ 1:00 PM

CLOSED SESSION 1:00 PM HOSPITAL CONFERENCE ROOM

OPEN SESSION @ APPROXIMATELY 1:45 PM HOSPITAL CONFERENCE ROOM

41870 GARSTIN DRIVE, BIG BEAR LAKE, CA 92315

(Closed Session will be held upon adjournment of Open Session as noted below. Open Session will reconvene @ approximately 1:45 p.m. – Hospital Conference Room 41870 Garstin Drive, Big Bear Lake, CA 92315)

To join via Teams: <https://teams.microsoft.com/meet/250568858426533?p=5TFv2SKcgjSntxp9Uq>

Meeting ID: 250 568 858 426 533 • Passcode: m5yp7XX3

Copies of staff reports or other written documentation relating to each item of business referred to on this agenda are on file in the Chief Executive Officer's Office and are available for public inspection or purchase at 10 cents per page with advance written notice. In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in a District meeting or other services offered by the District, please contact Administration (909) 878-8214. Notification at least 48 hours prior to the meeting or time when services are needed will assist the District staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service. DOCUMENTS RELATED TO OPEN SESSION AGENDAS (SB 343) -- Any public record, relating to an open session agenda item, that is distributed within 72 hours prior to the meeting is available for public inspection at the public counter located in the Administration Office, located at 41870 Garstin Drive, Big Bear Lake, CA 92315. For questions regarding any agenda item, contact Administration at (909) 878-8214.

OPEN SESSION

1. CALL TO ORDER

Mark Kaliher, President

2. PUBLIC FORUM FOR CLOSED SESSION

This is the opportunity for members of the public to address the Board on Closed Session items.

(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)

3. ADJOURN TO CLOSED SESSION*

CLOSED SESSION

1. CHIEF OF STAFF REPORT/QUALITY IMPROVEMENT: *Pursuant to Health & Safety Code Section 32155

2. HOSPITAL QUALITY/RISK/COMPLIANCE REPORTS: *Pursuant to Health & Safety Code Section 32155

3. TRADE SECRETS: *Health and Safety Code Section: 32106 & Civil Code 3426.1 *California Government Code 11126

(1) Discussion will concern: New Licensed Location

a. Estimated Date of Public Disclosure: December 2026

4. PUBLIC EMPLOYEE PERFORMANCE EVALUATION *Pursuant to Government Section Code: 54957

(1) CEO Evaluation

OPEN SESSION

1. CALL TO ORDER

Mark Kaliher, President

2. ROLL CALL

Joanne Merrill, Executive Assistant

3. FLAG SALUTE

4. ADOPTION OF AGENDA*

5. CLOSED SESSION REPORT

Mark Kaliher, President

6. PUBLIC COMMENT ON ITEMS NOT ON THE AGENDA

This is the opportunity for persons to speak on items of interest to the public within subject matter jurisdiction of the District, but which are not on the agenda. Any person may, in addition to this public forum, address the Board regarding any item listed on the Board agenda at the time the item is being considered by the Board of Directors. *(Government Code Section 54954.3, there will be a three (3) minute limit per speaker. Any report or data required at this time must be requested in writing, signed and turned in to Administration. Please state your name and city of residence.)*

***PUBLIC RESPONSE IS ENCOURAGED AFTER MOTION, SECOND AND
PRIOR TO VOTE ON ANY ACTION ITEM***

7. DIRECTORS' COMMENTS/RECOGNITIONS/ACKNOWLEDGEMENTS

8. INFORMATION REPORTS

A. Foundation Report

Laurie Wolfe, Foundation President

B. Auxiliary Report

Barbara Yocum, Auxiliary Representative

9. CONSENT AGENDA*

Notice to the Public:

Background information has been provided to the Board on all matters listed under the Consent Agenda, and the items are considered to be routine by the Board. All items under the Consent Agenda are normally approved by one (1) motion. If discussion is requested by any Board Member on any item; that item will be removed from the Consent Agenda if separate action other than that as stated is required.

A. July 15, 2026 Special Business Board Meeting Minutes: Joanne Merrill, Executive Assistant

B. July 2026 Human Resource Report: Erin Wilson, HR Director

C. July 2026 Plant and Maintenance Report: Michael Mursick, Plant & Maint. Manager

D. July 2026 Infection Control Report: Heather Loose, Infection Preventionist

E. Policies & Procedures: Summary Attached

(1)Pharmacy

(2)Patient Financial Services

(3)EVS

(4)Respiratory

(5)Urgent Care

(6)Risk

(7)IT

(8)Emergency Department

F. Committee Meeting Minutes

(1)July 7, 2026 Finance Committee: Nicole Wheeler, Medical Staff Coordinator

10. OLD BUSINESS*

- (1) Resolution 26-487 Emergency Generator Continued Emergency Procurement Actions
- (2) Resolution 26-489 Radiology Department Continued Emergency Procurement Actions

11. NEW BUSINESS*

- Discussion and possible approval of the following:
 - (1) V. Madhu Anvekar, MD – PSA Clinics
 - (2) Evaluation of SPC4D Alternatives and Independent Second Opinion
 - (3) Board Code of Conduct

12. EXECUTIVE REPORTS

A. Acceptance of Ovation Report

Suzette Duhe w/Ovation

- (1) July 2026

B. Acceptance of the CEO Report

Evan Rayner, Chief Executive Officer

- (1) June 2026

C. Acceptance of the Finance Report

Jim Schlenker, Jim Schlenker Chief Financial Officer

- (1) June 2026

D. Acceptance of COO & CNO Report

Kerri Jex, Chief Operating Officer & Chief Nursing Officer

- (1) July 2026

13. ADJOURNMENT*

*** Denotes Possible Action Items**

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
SPECIAL BUSINESS BOARD MEETING MINUTES
41870 GARSTIN DRIVE, BIG BEAR LAKE, CA 92315
JULY 15, 2026**

PRESENT: Mark Kaliher, RN, President
Peter Boss, MD, 2nd VP
Amber Gonzalez, Secretary
Joanne Merrill, Executive Assistant

Steven Baker, 1st Vice President
Ellen Clarke, Treasurer
Evan Rayner, CEO
Kerri Jex, RN, COO/CNO

ABSENT: Holly Elmer, Foundation

STAFF: Jeffrey Orr, MD, Chief of Staff
Jim Schlenker, CFO
Sheri Mursick, RN, VP of Outpatient Services/Risk/Patient Experience
Ryan Orr, Director of Marketing/Business Development
Michael Mursick, Director of Facilities
Samantha Tuminaro, LCSW
Kim Krause, PT Office Coordinator

Erin Wilson, HR Director
Shannon Coillot, RN, Risk Manager
April Early, Clinic Manager
Alex Weis, PA
Chelsey Weis, SPT

OTHER: Jessie Nietz, Ovation
Kirsten Wild, RN, Compliance Officer

Scott Nave, Legal Counsel
Barbara Yocum, Auxiliary

COMMUNITY

MEMBERS: Sonia Ibarra, Community Member

OPEN SESSION

1. CALL TO ORDER:

President Kaliher called the meeting to order at 1:00 p.m.

CLOSED SESSION

1. PUBLIC FORUM FOR CLOSED SESSION:

President Kaliher opened the Hearing Section for Public Comment on Closed Session items at 1:01 p.m.

- None

President Kaliher closed Public Forum for Closed Session at 1:02 p.m.

2. ADJOURNED TO CLOSED SESSION:

**President Kaliher called for a motion to adjourn to Closed Session at 1:02 p.m.
Motion by Director Boss; Second by Director Clarke. President Kaliher called for a vote. A vote in favor of the motion was 5/0.**

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes

- Director Boss - yes
- Director Clarke - yes

RECONVENE TO OPEN SESSION

1. CALL TO ORDER:

President Kaliher called the meeting to Open Session at 2:07 p.m.

2. ROLL CALL:

Mark Kaliher, Steven Baker, Ellen Clarke, Amber Gonzalez, and Peter Boss were present. Also present was Joanne Merrill, Executive Assistant.

3. FLAG SALUTE:

Director Baker led the flag salute. All present participated.

4. ADOPTION OF AGENDA:

President Kaliher called for a motion to adopt the July 15, 2026 Board Meeting Agenda as presented. Motion by Director Baker; Second by Director Clarke. President Kaliher called for a vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

5. RESULTS OF CLOSED SESSION:

President Kaliher reported that the following action and approvals was taken in Closed Session:

- Chief of Staff Report:
 - Initial Appointment
 - 1) Andrew Medenbach, DO- Emergency Medicine
 - 2) Cynthia S. Hellewell, MD- Tele-Neurology
 - 3) Camille M. Barbour, MD- Tele-Neurology
 - 4) Kelly T. Nguyen, MD- Tele-Neurology
 - 5) Angel R. Hadaway, MD- Tele-Neurology
 - Re-Appointment
 - 1) Mario Cedillo, MD- Tele-Radiology
 - 2) Michael Christie, MD- Tele-Radiology
 - 3) Robert E. Malka, MD- Tele-Neurology
 - 4) Vaibhav Anvekar, MD- Internal Medicine
 - 5) Paul Stemmer, MD- General Surgery
 - Resignations
 - 1) none

President Kaliher called for a vote to approve. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Clarke - yes
- Director Gonzalez - yes

- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

- **CFO Evaluation – No action was taken.**

6. PUBLIC FORUM FOR OPEN SESSION:

President Kaliher opened the Hearing Section for Public Comment on Closed Session items at 2:11 p.m.

- Sonia Ibarra informed the Board of an informational panel scheduled for Tuesday, July 21, 2026, from 6:00 p.m. to 7:30 p.m. at the High Altitude Training Center. The event will feature representatives from various boards discussing their duties, responsibilities, and term limits to encourage greater community involvement. Attendees will have the opportunity to ask questions. Ms. Ibarra requested that the BVCHD Board designate a representative to participate. President Mark Kaliher volunteered to represent the Board.

President Kaliher closed Public Forum for Open Session at 2:13 p.m.

7. DIRECTOR'S COMMENTS/RECOGNITIONS

- Mr. Rayner congratulated the Family Health Center/Mobile Health Center/Rural Health Clinic and the Physical Therapy department for achieving record-breaking patient volumes in FY26. The Family Health Center/Mobile Health Center/Rural Health Clinic recorded 26,049 visits, while the Physical Therapy department recorded 31,275 visits. On behalf of the Board of Directors, Administration, and Medical Staff, each department was recognized with a Certificate of Excellence, flowers, and a certificate for a pizza party.

8. INFORMATION REPORTS

A. Foundation Report:

- Ms. Elmer was absent from this meeting. Director Clarke stated that Laurie Wolfe has recently stepped into the president role for the Foundation and will be sworn in soon.

B. Auxiliary Report:

- Ms. Barbara Yocum reported that the Auxiliary will be celebrating their 60th year of service and will be having sweets available every Wednesday in August. They would also like to put up some décor in lobby for the 60th anniversary, with Mr. Rayner's approval. The Auxiliary is requesting some assistance with directional signage as patients are often confused; Mr. Rayner stated he will discuss with Michael Mursick that the directional signage is made more clear as soon as possible. The Auxiliary is working on new formatting for requests for volunteer forms. The Auxiliary website was updated with new photos. Mall in the Hall coming – may need an alternative space, but still early.

9. CONSENT AGENDA:

- June 10, 2026 Business Board Meeting Minutes: Joanne Merrill, Executive Assistant
- June 2026 Human Resource Report: Erin Wilson, HR Director
- July 2026 Plant and Maintenance Report: Michael Mursick, Plant & Maint. Manager
- July 2026 Infection Control Report: Heather Loose, Infection Preventionist

- Policies & Procedures: Summary Attached
 - Administration
 - Facilities
 - Patient Financial Services
 - Risk Management
- Committee Meeting Minutes
 - June 2, 2026 Finance Committee: Joanne Merrill, Executive Assistant

President Kaliher called for a motion to approve the Consent Agenda. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

10. OLD BUSINESS*

- Discussion and Possible Approval of
 - (1) Resolution 26-487 Emergency Generator Continued Emergency Procurement Actions

President Kaliher called for a motion to approve the Resolution 26-487 Emergency Generator Continued Emergency Procurement Actions. Motion by Director Clarke, Second by Board Member Baker. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

- (2) Resolution 26-489 Radiology Department Continued Emergency Procurement Actions

President Kaliher called for a motion to approve Resolution 26-489 Radiology Department Continued Emergency Procurement Actions. Motion by Director Baker, Second by Board Member Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

- (3) Review and Possible Approval of BVCHD EHR Steering Committee Recommendation for: Ovation EHR SOW and Contract

- Presented by Kerri Jex, as the CNO/COO and a member of the BVCHD EHR Steering Committee

President Kaliher called for a motion to approve Ovation EHR SOW and Contract, following Medical Executive Committee approval. Motion by Director Clarke, Second by Board Member Boss. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

11. NEW BUSINESS*

A. Discussion and Possible Approval of the Following:

(1) Pacific Companies (Recruitment Contract)

President Kaliher called for a motion to approve Pacific Companies contract. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

(2) Planning & Facilities Meeting Schedule

- No Board Action Required

(3) Elevate Emergency Medicine Addendum

President Kaliher called for a motion to approve Elevate Emergency Medicine Addendum. Motion by Director Clarke, Second by Director Baker. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

(4) Hologics Service Agreement

President Kaliher called for a motion to approve the Hologics Service Agreement. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes

- Director Clarke - yes
- (5) Climatec Service Agreement
 - This item was tabled.
- (6) FY 2027 Budget

President Kaliher called for a motion to approve the FY 2027 Budget. Motion by Director Clarke, Second by Director Boss. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

B. Discussion and Possible Approval of the Following Physician Agreements:

(1) Calvin Pramann, DC- Clinic Chiropractics

President Kaliher called for a motion to approve the Calvin Pramann, DC agreement as presented. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

(2) Steven Knapik, DO- Hospitalist

President Kaliher called for a motion to approve the Steven Knapik, DO – Hospitalist agreement as presented. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

C. Discussion and Possible Approval of RHTP Joint Powers Authority (Rural Health Transformation Authority)

- Mr. Rayner provided a brief overview of the program, explaining that participation would enable the organization to collaborate through the CAH consortium. By joining the consortium, member hospitals can present a unified approach and leverage the consortium's collective size to pursue enhanced funding opportunities. The consortium is expected to include approximately five to ten hospitals. While certain details will be finalized once all participating members have been identified, Mr. Rayner requested Board approval to join the Joint Powers Authority (JPA) at this time.

President Kaliher called for a motion to approve the RHTP Joint Powers Authority (Rural Health Transformation Authority) as presented; with the caveat that the BVCHD representative to be determined at a later date. Motion by Director Boss, Second by Director Clarke. President Kaliher called for the vote. A vote in favor of the motion was 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes

D. Discussion and Possible Approval of the Seismic Compliance Planning Options

- Mr. Rayner provided an overview of the SPC 4D seismic compliance and reimbursement process, noting that HCAI believes the cost estimates prepared by Lionakis may be high. He outlined two parallel recommendations: (1) retain a separate firm to conduct an independent structural review of the ASC 41/SPC 4D analysis, with the cost eligible for reimbursement through HCAI's Small Hospital Improvement Grant, and (2) authorize Lionakis to continue project planning to avoid delays should the independent review support the original estimates. Mr. Rayner recommended continuing to work with Lionakis unless the independent review identifies significant cost savings. The Board requested a follow-up informational presentation from Mr. Sumer regarding the structural codes; this will be scheduled at a later date.

No formal action was taken by the Board. Following discussion, the Board expressed its consensus in support of Mr. Rayner proceeding with the recommended approach as presented.

12. EXECUTIVE REPORTS

A. Ovation Report:

- Ms. Duhe was absent. Jessie Nietzer reported the following information on Ms. Duhe's behalf.
- Provided an overview of current Partner Support Engagements:
 - Case Management Assessment: Assessment completed. Reviewed the importance of case management and a new analytics platform that evaluates utilization, revenue, patient volumes, and payroll data to support staffing decisions.
 - Contract Master: Introduced Ovation's new contract management platform. BVCHD will serve as the pilot site at no cost.
 - Workforce Optimization: Reviewed ongoing efforts to align staffing with patient care needs through data analysis, process improvements, and technology to enhance patient safety, operational efficiency, and financial performance.
 - The Spend Management Team continues to identify cost-saving opportunities through Group Purchasing Agreements, negotiated vendor discounts, a complimentary capital comparison tool, and currently helping with Smith & Nephew orthopedic implant pricing.

B. CEO Report:

- Mr. Rayner reported the following information:
 - Ms. Jex and Mr. Rayner are collaborating with CDPH on two initiatives:
 - Development of the Flex Program for the new hospital, including a hybrid nursing wing.

- Exploration of relicensing select medical-surgical beds as step-down beds.
- Discussed potential RHTP funding opportunities with ARMC, including the possibility of partnering through the consortium on a Hub-and-Spoke model for Women's Health Services.
- Reported the successful implementation of the new echocardiography (Echo) service.
- Announced that four managers will attend the LEAD Academy from August through October to support leadership development and organizational growth.

B. May 2026 Finance Report:

- Mr. Schlenker reported the following information:
 - Cash on hand \$ 2,421,515
 - Cash Collections \$ 2,569,613
 - Investments \$ 23,841,298
 - Board Designated Funds \$ 25,000,000
 - Days Cash on hand, including investments with LAIF – 403
 - Operating Loss for the month of \$247,494 vs projected Loss of \$365,744
 - Total Surplus of \$9,113 (vs a budgeted Surplus of \$44,044)
 - YTD Surplus \$529,975 (vs bud. of \$3,581,057) and PY Surplus of \$107,460)
 - Total Patient Revenue was 3.9% Higher than Budget for the month (\$253K)
 - Revenue deductions were at 51.4% of total revenue or 7.8% over budget (\$248K)
 - Net Patient Revenue was 0.1% above budget (\$4.6K)
 - Total Operating Revenue was 0.4% above budget (\$13K)
 - Total Expenses were 2.8% under budget (\$105K)

Director Clarke recommended as the Finance Committee Chair, that the Board accept this report as presented.

C. COO/CNO Report:

- Ms. Jex was absent. Sheri Mursick reported the following information on Ms. Jex's behalf:
 - ACHC Accreditation: A gap analysis is scheduled for early August, with a preliminary report anticipated at the next Board meeting.
 - Budget/Staffing: Two full-time night shift RNs are currently on FMLA leave, impacting the overnight staffing. Additionally, two to three Acute Care RNs have recently completed nurse practitioner programs, creating anticipated RN vacancies.
 - Case Management: Ovation provided an action plan following its recent assessment.
 - Facilities: Respiratory Therapy (RT) will be relocated, and the vacated space will be repurposed to expand Wound Care services in response to continued program growth.
 - Pharmacy: The department completed the SUD Honor Roll assessment and is awaiting a certificate of completion.
 - AHA the hospital recently received confirmation from the American Heart Association (AHA) that it achieved Gold Status for its Stroke Program. The Coronary Artery Disease (CAD) and Heart Failure programs received participation awards, noting that continued participation over the coming years will position those programs to achieve Gold Status as well.

ADJOURNED TO CLOSED SESSION:

President Kaliher called for a motion to adjourn to Closed Session at 4:12 p.m.

Motion by Director Baker Second by Director Clarke. President Kaliher called for a vote. A vote in favor of the motion was 5/0.

- Director Clarke - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- President Kaliher - yes

CLOSED SESSION

RECONVENE TO OPEN SESSION

13. CALL TO ORDER:

President Kaliher called the meeting to Open Session at 4:41 p.m.

14. RESULTS OF CLOSED SESSION:

President Kaliher reported that no action was taken in Closed Session.

15. ADJOURNMENT:

President Kaliher called for a motion to adjourn the meeting at 4:43 p.m. Motion by Director Boss, Second by Director Baker to adjourn. President Kaliher called for the vote. A vote in favor of the motion was unanimously approved 5/0.

- President Kaliher - yes
- Director Gonzalez - yes
- Director Baker - yes
- Director Boss - yes
- Director Clarke - yes



Board Report
July 2026

Staffing	Active: 324 – FT: 221 PT: 15 PD: 88 New Hires: 9 Terms: 2 (2 Voluntary 0 Involuntary)
Work Comp	NEW CLAIMS: 0 OPEN: 13 Indemnity (Wage Replacement, attempts to make the employee financially whole) – 9 Future Medical Care – 4 Medical Only – 0
Union Negotiations	UNAC: Current three-year agreement Teamsters: Bargaining for CNA's and Security Guards complete. Successful three-year agreement in place.
Beta HEART	Validated for all five domains
Beta Employee Safety	Opted in to Employee Safety and Wellness initiative
Employee Events	Planning the next Stem awards
Patient Experience	Onboarding – first day experience project
Health Benefits 2026	Health: 2026 Dental: Delta Vision, LTD, STD, EAP: Unum FSA: Health Equity

Department	Policy	Policy Owner	Approved	Meeting Date	Approved By:	Summary of Changes:
Pharm	Sterile Compounding	Colin Campbell	Approved	6/19/2026	P&PC	Updated to reflect Board of Pharmacy regulations and current practice.
Pharm	Emergency Dispensing of Medications in ED	Colin Campbell	Approved	6/19/2026	P&PC	Updated to reflect regulatory guidelines and current practice. Removed references to 4-packs
Pharm	Medication Reconciliation	Colin Campbell	Approved	6/19/2026	P&PC	Updated to reflect regulatory guidelines and current practice. Added all attempts shall be made to complete Med Rec.
Patient Financial Services	Credit Balances	Jim Schlenker	Approved	7/29/2026	P&PC	Updated to include government code 50050-56
EVS	Management of Trash and Recyclables	Brenton Swafford	Approved	6/19/2026	P&PC	New policy developed as result of CDPH survey
Respiratory	Assessment of RT Patient	Kipp Duran	Approved	7/29/2026	P&PC	Annual review
Respiratory	Continuous Mechanical Ventilation for Hamilton C1 and Flight 60 Vent	Kipp Duran	Approved	7/29/2026	P&PC	Annual review. Added VAP precaution
Urgent Care	Emergency Response Cart	Monica Negrete	Approved	7/29/2026	P&PC	Revised to reflect Health Plan requirements
Urgent Care	Patient Registration and Medical Record Generation	Monica Negrete	Approved	7/29/2026	P&PC	Revised to reflect Health Plan requirements
Urgent Care	Refrigerator Freezer Temperature Monitoring	Monica Negrete	Approved	7/29/2026	P&PC	Revised to reflect Health Plan requirements. Added verbiage for action in event of temp excursion
Urgent Care	Walk-in and Appointments	Monica Negrete	Approved	7/29/2026	P&PC	Revised to reflect Health Plan requirements
Risk	Consents	Shannon Colliot	Approved	5/29/2026 7/21/26	P&PC A-Team	Updated to reflect regulatory changes
IT	Artificial Intelligence (AI)	Jon Booth	Approved	6/19/2026 6/23/26	P&PC A-Team	New policy
IT	Patient Consent form AI Scribe	Jon Booth	Approved	6/19/2026 6/23/26	P&PC A-Team	New form
EVS	Management of Trash and Recyclab	Brenton Swafford	Approved	6/19/2026 6/23/26	P&PC A-Team	New policy developed as result of CDPH survey
Risk	Risk Management Plan	Shannon Colliot	Approved	5/29/2026 6/2/26	P&PC A-Team	Updated to reflect regulatory guidelines and current practice.
Emergency Department	Stroke Management	Laura Gehr	Approved	6/19/2026	P&PC	New policy updated to reflect current process. Removed specific medications, kept nursing responsibilities

**Bear Valley Community Healthcare District
Construction Projects 2026**

High Priority **	Department / Project	Details	Vendor and all associated costs	Comments
	Urgent Care Digital Signage	Design/build a digital sign next to the Hwy that can have information displayed.	Facilities/Majestic Signs	In Progress
** MRI		Design & build a new concrete pad that supports a MRI Trailer	Facilities/BVCHD Legal	20 percent complete
	Space Planning	Reviewing potential spaces	Facilities/Admin	TBD
** X-Ray		Equipment replacement/room remodel	Shamduz/Facilities	In progress
** SPC4-D/Hospital Expansion		Working with Lionakis and vendors to perform evaluations	Facilities/Lionakis	New SPC-4D Survey is needed
	Temporary office buildings	Asking the city if they will approve portables for the empty lot adjacent to the hospital	Facilities/Admin	In progress
	Emergency Generator	Working with contractor for pricing	Facilities/Admin/MZN	In progress

**Bear Valley Community Healthcare District
Potential Equipment Requirements**

Department / Project	Details	Vendor and all associated costs	Comments
	New Truck	TBD	Due to staff using our Subaru and needs of the district, we'll need another vehicle.
			Removed from capital budget by C-Suite

July 2026

TOPIC	UPDATE	ACTION/FOLLOW UP
1. Regulatory	▪ Continue to receive updates from APIC. ▪ No new updates ▪ AFL (All Facility Letters) from CDPH have been reviewed. • July-none related to infection prevention • June – AFL 26-19: Ebola Disease Information and Preparedness –Provides guidance for hospitals on preparing for, indentifying and isolating those with suspected Ebola or other viral hemorrhagic fever diseases. ▪ Completion of CMR reports to Public Health per Title 17 and CDPH regulations • July – 1 cryptosporidiosis • June – 1 gonorrhea reported ▪ NHSN • July - none • June - none	• Attend monthly APIC chapter meetings in-person or online whenever possible • AFLs reviewed and necessary actions initiated • Continue reporting as required. • Continue NHSN surveillance reporting for hospital.

	• IP reporting daily and weekly to CMS through NHCN regarding # of admits who are positive for COVID-19, Influenza, and /or RSV.	
2. Construction	• ICRA/Construction Permits issued: ○ None new	• Work with Maintenance and contractors to ensure compliance.
3. QI	• Hand hygiene compliance ○ July – 81% ○ June – 88%	• Continue monitoring hand hygiene compliance.
4. Outbreaks/ Surveillance	• July – 0 MRSA, 0 C-diff • June – 0 MRSA, 0 C-diff	▪ Informational
5. Policy Updates	▪ No new IP policy updates	▪ Clinical Policy and Procedure Committee to review and update Infection Prevention policies.
6. Safety/Product	▪ Immediate Use Steam Sterilization ▪ July – 19 cases, 1 IUSS ▪ June – 21 cases, 0 IUSS	▪ Continue to monitor compliance with infection control practices.

7. Antibiotic Stewardship	▪ Pharmacist continues to monitor antibiotic usage. ▪ Culture Follow-ups ▪ July- 12 follow-ups, 7 faxed, 5 new or changed Rx ▪ June – 6 follow-ups, 1 fax, 5 changed Rx	▪ Informational.	
8. Education	• None new	▪ ICP to share information at appropriate committees.	
9. Informational	CAHAN Alerts 8/6/2026: Stay Alert for Acute Flaccid Myelitis in Late Summer and Early Fall Clinicians and local health departments are urged to stay alert for Acute Flaccid Myelitis (AFM) in late summer and early fall as increased summer travel and gatherings may elevate circulation of respiratory pathogens, including enterovirus D68 (EV-D68). While AFM and EV-D68 activity remain low in 2026, providers should stay vigilant for increasing EV-D68 respiratory disease and for suspect AFM cases, remembering to consider polio. Suspect patients should be hospitalized immediately, reported to the local health jurisdiction, and specified specimens collected.	▪ Informational	

July 14, 2026: Domestically Acquired Cyclosporiasis Cases in Multiple U.S. States, 2026

The Centers for Disease Control and Prevention (CDC) is notifying clinicians, public health practitioners, and laboratories of cases of domestically acquired cyclosporiasis in multiple U.S. states. Since May 1, 2026, CDC has received reports of 1,645 confirmed domestic cases of cyclosporiasis and is aware of more than 5,100 cases that require further analysis to confirm the illness as domestically acquired cyclosporiasis. This is substantially higher than the 249 cases reported nationally by this same time last year. Of the 1,645 case-patients with available information, 141 (9%) were hospitalized, and none have died. CDC, the [U.S. Food and Drug Administration \(FDA\)](#), and state and local health departments are working together to investigate multistate outbreaks of *Cyclospora* infections and to identify the sources of illness. Because cyclosporiasis is often underdiagnosed and underreported, the true number of illnesses is likely higher than what has been reported to CDC. This Health Advisory provides background information about cyclosporiasis, current U.S. surveillance data, and recommendations for clinicians, laboratories, and public health departments to support recognition, diagnosis, and reporting.

June 17, 2026: Ebola Disease Outbreak in the Democratic Republic of the Congo and Uganda Update

On May 15, 2026, the Democratic Republic of Congo (DRC) and the Republic of Uganda officially declared an outbreak of Bundibugyo virus disease (BVD), a type of Ebola disease caused by Bundibugyo virus. WHO has declared the Ebola disease outbreaks in DRC and Uganda to be a public health emergency of international concern. As of June 15, DRC has reported 808 confirmed cases and 192 deaths; Uganda has reported 19 confirmed cases, 2 confirmed deaths, and one probable death. No

suspected, probable, or confirmed cases related to these outbreaks have been reported within the United States or California. Further, there are no returned travelers in California who are high-risk exposures. **At this time, CDC and CDPH assess the immediate risk to the general US public as low.**

June 17, 2026: Outbreak of Infant Botulism Linked to Nara Organics Whole Milk Organic Infant Formula

- The California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC) and other state health departments are investigating a multi-state outbreak of infant botulism linked to powdered infant formula.
- Three infants with laboratory confirmed infant botulism have been identified who had exposure to the same brand of powdered infant formula **including one (1) in California**, one (1) in Pennsylvania and one (1) in Washington. As of June 15, 2026, all three cases have been confirmed and there are no additional suspected cases presently.

June 15, 2026: Increase in Clade I and Clade II MPox within California

There has been an increase in travel-related introductions of clade I mpox into California and the U.S. in 2026 and clade II mpox cases have increased in California. Increases in clade I community transmission in Western Europe suggest that additional travel-related clade I mpox cases should be expected in California.

- Clinicians should **have a heightened index of suspicion for mpox** and particularly for clade I mpox in individuals who report recent international travel or sexual or intimate contact with someone who recently traveled internationally, [especially to an area where clade I is circulating.](#)

	○ Providers and assistants including cleaning staff should wear full PPE (gloves, gown, goggles, and fit tested N-95 respirator). ○ Mpox testing should be considered for patients with compatible signs and symptoms (PDF), regardless of vaccination status or previous infection. ▪ Laboratory testing that is positive for orthopoxvirus infection but negative or indeterminate for clade II mpox infection is likely clade I mpox. ○ Providers should report suspect or confirmed clade I mpox cases immediately to their local health department and/or CDPH. ○ Mpox vaccination with two doses is recommended for individuals who may be at risk for mpox including immune compromised individuals and is expected to protect against both clade I and clade II mpox or any subclades.	
Heather Loose, BSN, RN	Infection Preventionist	Date: August 9, 2026

**BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
FINANCE COMMITTEE MEETING MINUTES
41870 GARSTIN DR., BIG BEAR LAKE, CA 92315
JULY 7, 2026**

MEMBERS Ellen Clarke, Treasurer Steven Baker, 1st Vice President
PRESENT: Evan Rayner, CEO Jim Schlenker, CFO
Nicole Wheeler, Medical Staff Coordinator

STAFF: Kerri Jex, COO/CNO

OTHER: Suzette Duhe, Ovation

COMMUNITY

MEMBERS: None

ABSENT: Joanne Merrill, Executive Assistant

OPEN SESSION

1. CALL TO ORDER:

Director Clarke called the meeting to order at 1:00 p.m.

2. ROLL CALL:

Ellen Clarke and Steven Baker were present. Also present was Evan Rayner, CEO; Jim Schlenker, CFO; Kerri Jex, CNO/COO and Nicole Wheeler, Medical Staff Coordinator.

3. ADOPTION OF AGENDA:

Director Baker motioned to adopt the July 7, 2026 Finance Committee Meeting Agenda as presented. Second by Director Clarke. Director Clarke called for a vote. A vote in favor of the motion was unanimously approved.

- Director Clarke - yes
- Director Baker- yes

4. PUBLIC FORUM FOR OPEN SESSION:

Director Clarke opened the Hearing Section for Public Comment on Open Session items at 1:01 p.m. Hearing no request to address the Finance Committee, Director Clarke closed the Hearing Section at 1:01 p.m.

5. DIRECTOR'S COMMENTS:

- None

6. APPROVAL OF MINUTES:

- June 2, 2026 Finance Committee Meeting Minutes

Director Baker motioned to approve the June 2, 2026 minutes as presented. Second by Director Clarke. Director Clarke called for a vote. A vote in favor of the motion was unanimously approved.

- Director Clarke – yes
- Director Baker - yes

7. PRESENTATION AND REVIEW OF FINANCIAL STATEMENTS*

- **May 2026 Finances:**
 - Cash on hand \$ 2,421,515
 - Cash Collections \$ 2,569,613
 - Investments \$ 23,841,298
 - Board Designated Funds \$ 25,000,000
 - Days Cash on hand, including investments with LAIF – 403
 - Operating Loss for the month of \$247,494 vs projected Loss of \$365,744
 - Total Surplus of \$9,113 (vs a budgeted Surplus of \$44,044)
 - YTD Surplus \$529,975 (vs bud. of \$3,581,057) and PY Surplus of \$107,460)
 - Total Patient Revenue was 3.9% Higher than Budget for the month (\$253K)
 - Revenue deductions were at 51.4% of total revenue or 7.8% over budget (\$248K)
 - Net Patient Revenue was 0.1% above budget (\$4.6K)
 - Total Operating Revenue was 0.4% above budget (\$13K)
 - Total Expenses were 2.8% under budget (\$105K)

Director Baker motioned to approve the May 2026 Finance Report as presented. Second by Director Clarke. Director Clarke called for a vote. A vote in favor of the motion was unanimously approved.

- Director Clarke - yes
- Director Baker - yes

8. OLD BUSINESS:

- None

9. NEW BUSINESS*

- A. RHTP Update-** Evan Rayner provided an update regarding the California Rural Health Transformation; three grant funding opportunities will be available this month. There is a multi-organizational committee meeting weekly to discuss funding opportunities.

This item was presented and discussed. The committee took no formal action.

B. Discussion and Potential Recommendation to the Board of Directors of the Following:

- (1) FY 2027 Budget- Jim Schlenker reviewed the FY 2027 Budget that will be provided to the Board of Directors.

President Baker motioned to provide a positive recommendation to the Board of Directors the FY 2027 Budget as presented. Second by Board Member Clarke to provide a positive recommendation to the Board of Directors the FY 2027 Budget as presented. Board Member Clarke called for a vote. A vote in favor of the motion was unanimously approved.

- President Baker - yes
- Board Member Clarke- yes

10. ADJOURNMENT*

Director Baker motioned to adjourn the meeting at 2:31 p.m. Second by Director Clarke. Director Clarke called for a vote. A vote in favor of the motion was unanimously approved.

- Director Baker - yes
- Director Clarke - yes

RESOLUTION NO. 26-487

A RESOLUTION OF THE BOARD OF DIRECTORS OF BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT MAKING REQUIRED FINDINGS PURSUANT TO PUBLIC CONTRACT CODE SECTION 22050(c) THAT THE EMERGENCY DECLARED BY RESOLUTION NO. 26-487 CONTINUES TO EXIST AND DIRECTING CONTINUED EMERGENCY PROCUREMENT ACTIONS

Whereas, the Bear Valley Community Healthcare District (the "District") is a local health care district organized and operating pursuant to the Local Health Care District Law, Health and Safety Code section 32000, et seq.;

Whereas, the District owns and operates Bear Valley Community Hospital (the "Facility"), a licensed hospital, which depends upon an emergency backup generator (the "Generator") to maintain power to critical medical equipment, life-safety systems, patient care areas, and other essential operations during utility outages;

Whereas, on March 20, 2026, the Board of Directors adopted Resolution No. 26-487 (the "Emergency Resolution"), which declared the existence of an emergency at the Facility arising from the complete failure of the Generator caused by a severe winter storm, and authorized the immediate procurement and replacement of the Generator without competitive bidding pursuant to Public Contract Code section 22050;

Whereas, Public Contract Code section 22050(c) provides that the governing board, at each regular meeting held while the emergency remains in existence, shall make a finding by a four-fifths vote that the emergency continues to exist and shall not terminate the emergency declaration until the conditions requiring it no longer exist;

Whereas, District staff have reported to the Board at this meeting regarding the actions taken to date under the Emergency Resolution, the costs incurred, the current status of the Generator replacement project, and the basis for the continued emergency declaration, as more particularly described in the staff report presented at this meeting (the "Status Report");

Whereas, as of the date of this Resolution, the Generator replacement project has not been completed, backup electrical power to the Facility remains dependent on portable mobile generator is in place and meeting emergency back-up power per code while design professionals are following up with HCAI stationary plan design and the conditions that gave rise to the emergency declared in the Emergency Resolution continue to exist in that the Facility lacks a fully operational permanent emergency backup generator required for regulatory compliance and patient safety; and

Whereas, the Board has reviewed and considered the Status Report and has determined that the emergency continues to exist and that the continued exemption from competitive bidding requirements remains necessary and appropriate.

Now, therefore, be it resolved by the board of directors of Bear Valley Community Healthcare District as follows:

SECTION 1. RECITALS

The foregoing recitals are true and correct and are incorporated herein by this reference.

SECTION 2. FINDINGS

The Board of Directors hereby finds and determines, by a four-fifths vote, that the emergency declared by the Emergency Resolution continues to exist as of the date of adoption of this Resolution. The conditions requiring the emergency declaration—specifically, the absence of a fully operational permanent emergency backup generator at the Facility and the ongoing threat to patient safety, regulatory compliance, and continuity of essential healthcare services—have not been resolved, and the emergency has not been terminated.

SECTION 3. CONTINUED AUTHORIZATION.

The authorizations granted to the Chief Executive Officer (the “Authorized Officer”) under the Emergency Resolution to take all necessary and proper actions to procure and install a replacement emergency generator and any directly related equipment, materials, and services, without complying with the competitive bidding requirements of the Public Contract Code, are hereby confirmed and ratified as continuing in full force and effect. The Authorized Officer is directed to proceed expeditiously to complete the emergency Generator replacement project.

SECTION 4. STATUS REPORT ACCEPTED.

The Board hereby accepts the Status Report and acknowledges the actions taken, costs incurred, and project status as described therein. The Board notes the following actions taken since the Emergency Resolution: Facilities Director working with design professionals on HCAI temporary permit and HCAI for stationary generator permit.

SECTION 5. CONTINUED REPORTING.

In accordance with Public Contract Code section 22050(c), the Authorized Officer shall continue to report to the Board at each regular meeting held while the emergency remains in existence, describing the actions taken, the costs incurred, the status of the project, and whether the emergency conditions necessitating the exemption from competitive bidding continue to exist. The Board shall make the required four-fifths vote findings at each such meeting and shall terminate the emergency declaration by adoption of a subsequent resolution when the conditions requiring it no longer exist.

SECTION 6. RATIFICATION.

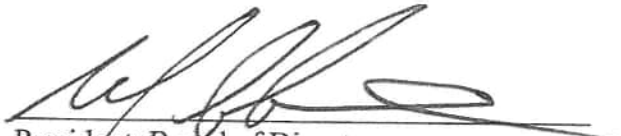
Any actions taken by the Authorized Officer or District staff between the date of the Emergency Resolution and the date of adoption of this Resolution in furtherance of the emergency Generator replacement project are hereby ratified and confirmed.

SECTION 7. EFFECTIVE DATE.

This Resolution shall take effect immediately upon adoption.

Passed and adopted by the Board of Directors of Bear Valley Community Healthcare District at a regular meeting held on June 10, 2026, by the following vote:

Ayes: 5
Noes: 0
Abstain: 0
Absent: 0



President, Board of Directors

ATTEST:



Secretary, Board of Directors

RESOLUTION NO. 26-489

A RESOLUTION OF THE BOARD OF DIRECTORS OF BEAR VALLEY COMMUNITY HEALTHCARE DISTRICT MAKING REQUIRED FINDINGS PURSUANT TO PUBLIC CONTRACT CODE SECTION 22050(c) THAT THE EMERGENCY DECLARED BY RESOLUTION NO. 26-489 REGARDING RADIOLOGY DEPARTMENT ELECTRICAL PANEL REPAIRS CONTINUES TO EXIST AND DIRECTING CONTINUED EMERGENCY PROCUREMENT ACTIONS

Whereas, Bear Valley Community Healthcare District (the "District") is a local health care district duly organized and existing under the Local Health Care District Law, Health and Safety Code section 32000 et seq., and operates Bear Valley Community Hospital (the "Hospital"), a general acute care hospital;

Whereas, the Hospital operates two (2) radiology rooms (each a "Rad Room") that provide diagnostic imaging services critical to the Hospital's emergency, surgical, and inpatient care operations;

Whereas, on March 20, 2026, the Board of Directors adopted Resolution No. 26-489 (the "Emergency Resolution"), which declared the existence of an emergency arising from the destruction of the electrical panel serving one of the Hospital's Rad Rooms (the "Affected Rad Room"), and authorized the Chief Executive Officer to procure emergency repairs to the Affected Rad Room's electrical panel and all directly related work (collectively, the "Emergency Repairs") without competitive bidding pursuant to Public Contract Code section 22050;

Whereas, Public Contract Code section 22050(c) requires the Board, at each regular meeting held while the emergency remains in existence, to make a finding by a four-fifths vote that the emergency continues to exist, and to refrain from terminating the emergency declaration until the conditions requiring it no longer exist;

Whereas, District staff have reported to the Board at this meeting regarding the actions taken to date under the Emergency Resolution, the costs incurred, the current status of the Emergency Repairs, and the basis for the continued emergency declaration, as more particularly described in the staff report presented at this meeting (the "Status Report");

Whereas, as of the date of this Resolution, the Emergency Repairs have not been completed, the Affected Rad Room remains inoperable and not fully restored to service, and the Hospital continues to operate with reduced radiology capacity, creating an ongoing risk to patient health and safety, increased burden on the remaining Rad Room, and jeopardy to the Hospital's licensure and accreditation compliance; contractor bids have been received and are being reviewed for pricing accuracy and eventual Board approval; and

Whereas, the Board has reviewed and considered the Status Report and has determined that the emergency continues to exist and that the continued exemption from competitive bidding requirements remains necessary and appropriate.

Now, therefore, be it resolved by the Board of Directors of Bear Valley Community Healthcare District as follows:

SECTION 1. RECITALS.

The foregoing recitals are true and correct and are incorporated herein by this reference.

SECTION 2. FINDINGS.

The Board of Directors hereby finds and determines, by a four-fifths vote, that the emergency declared by the Emergency Resolution continues to exist as of the date of adoption of this Resolution. The conditions requiring the emergency declaration—specifically, the inoperability of the Affected Rad Room due to destruction of its electrical panel, the resulting reduction in the Hospital's radiology capacity, and the ongoing threat to patient health and safety, hospital operations, and regulatory compliance—have not been resolved, and the emergency has not been terminated.

SECTION 3. CONTINUED AUTHORIZATION.

The authorizations granted to the Chief Executive Officer (the "CEO") under the Emergency Resolution to procure and enter into contracts for the Emergency Repairs on an emergency basis, without following the competitive bidding procedures otherwise required by the District's purchasing policy or the Public Contract Code, are hereby confirmed and ratified as continuing in full force and effect. The CEO is directed to proceed expeditiously to complete the Emergency Repairs.

SECTION 4. STATUS REPORT ACCEPTED.

The Board hereby accepts the Status Report and acknowledges the actions taken, costs incurred, and project status as described therein. The Board notes the following actions taken since the Emergency Resolution: the project has quoted by a contractor and is being reviewed and negotiated for future Board approval.

SECTION 5. CONTINUED REPORTING.

In accordance with Public Contract Code section 22050(c), the CEO shall continue to report to the Board at each regular meeting held while the emergency remains in existence, describing the actions taken, the costs incurred, the status of the Emergency Repairs, and whether the emergency conditions necessitating the exemption from competitive bidding continue to exist. The Board shall make the required four-fifths vote findings at each such meeting and shall terminate the emergency declaration by adoption of a subsequent resolution when the conditions requiring it no longer exist.

SECTION 6. RATIFICATION.

Any actions taken by the CEO or District staff between the date of the Emergency Resolution and the date of adoption of this Resolution in furtherance of the Emergency Repairs and within the scope of the authorizations granted by the Emergency Resolution are hereby ratified and confirmed.

SECTION 7. EFFECTIVE DATE.

This Resolution shall take effect immediately upon adoption.

Passed and adopted by the Board of Directors of Bear Valley Community Healthcare District at a regular meeting held on June 10, 2026, by the following vote:

Ayes: 5
Noes: 0
Abstain: 0
Absent: 0



President, Board of Directors

ATTEST:



Secretary, Board of Directors



Date: August 1, 2026

To: Board of Directors

From: Evan Rayner, CEO

Re: Madhu Anvekar, MD Internal Medicine Clinic PSA Contract

Background:

Administration is proposing to enter into a professional services agreement with Madhu Anvekar, MD

Dr Anvekar has been with BVCHD since 2017. As a board-certified internist, Dr. Anvekar's role has been hospitalist and medical director of the hospitalist program at BVCHD. Dr Anvekar is 25 years experienced in internal medicine and also holds his board certification in addiction medicine. The primary care role will be accomplished through in person and telemedicine on a regular weekly basis. Recruitment will continue for additional primary care providers however Madhu Anvekar ,MD will assist us in filling certain vacancies in BVCHD's primary care department

Dr Anvekar -completed his MD at University of Southern California, Los Angeles and his internal medicine residency at LAC-USC Medical Center, Los Angeles, Ca in 2002.

Dr. Anvekar is certified with the following respected boards and positions:

- American Board of Internal Medicine – Internal Medicine
- American Board of Preventative Medicine -Addiction Medicine

President Medical Director-Academic Hospitalist Medical Group-(Huntington Hospital),Medical Director -Utilization Management, Hunting hospital, EHR Selection Committee, Peer Review Committee,

Recommendation:

To review and approve the Dr. Anvekar service agreement Approval of the clinic service agreement

- Effective 7/1/27 - Expires 6/30/29
- Termination 60 days without cause
- \$190/hr.
- MGMA Compensation data (attachment)

**PROFESSIONAL SERVICES AGREEMENT
(RURAL HEALTH CLINICS)**

This Professional Services Agreement (“Agreement”) is made and entered into as of July 1, 2026 (the “Execution Date”) by and between Bear Valley Community Healthcare District, a California local healthcare district (“Hospital”) and V. Madhu Anekar, MD, Inc., a California corporation (“Provider”). Hospital and Provider are sometimes referred to herein individually as a “Party” and collectively as the “Parties.”

RECITALS

A. Hospital is a California local healthcare district which owns and operates Bear Valley Community Hospital, a general acute care hospital located in Big Bear Lake, California. Hospital operates a federally approved hospital-based 95-210 Rural Health Clinic located at two sites known as the Family Health Center and the Rural Health Clinic (the “Clinic”) and may contract with physicians and other healthcare providers to provide medical services to the Clinic’s patients.

B. Provider is a California corporation which employs or contracts with V. Madhu Anekar, MD, an individual (“Physician”).

C. Physician is duly licensed to practice medicine in the State of California and is qualified to provide internal and/or family medicine services (the “Specialty”) for the Clinic’s patients.

D. Hospital seeks to contract Provider to cause Physician to provide professional medical services to the Clinic’s patients and Provider seeks to contract with Hospital to cause Physician to provide professional medical services to the Clinic’s patients.

E. Hospital and Provider seek to enter into this Agreement in order to set forth the terms and conditions under which Physician will provide professional services in the Specialty at the Clinic.

NOW, THEREFORE, for and in consideration of the recitals above and the mutual covenants and conditions contained herein, Hospital and Provider agree as follows:

1. PROVIDER’S AND PHYSICIAN’S OBLIGATIONS.

1.1 **PROVISION OF SERVICES.** During the Term of this Agreement, Provider shall cause Physician to provide professional services in the Specialty at the Clinic on an as needed basis as agreed upon by Hospital and Physician (the “Services”). In addition, Physician shall attend any and all meetings that Provider is asked to attend by the Hospital’s CEO, the Hospital’s Chief Nursing Officer, or their designee, who will represent Hospital in relation to this Agreement.

1.2 **PHYSICIAN QUALIFICATIONS.** Physician shall at all times (i) be certified by the applicable Board of Certification in the Specialty; (ii) maintain an unrestricted license to practice medicine in the State of California; (iii) be a participating provider in Medicare and in the

State of California's Medicaid program known as Medi-Cal; and (iv) maintain professional liability coverage, in such amounts and as otherwise required by this Agreement.

1.3 **RECORDS AND REPORTS.** Physician shall maintain medical records for all patients consistent with standard industry practices and shall provide such other record keeping and administrative services as may be reasonably requested by Hospital. Physician shall use the medical records and report forms provided by the Hospital. Provider agrees that all records and reports required by this Section 1.3 shall be the exclusive personal property of Hospital.

1.4 **USE OF PREMISES.** Except as set forth in this Agreement, Physician shall not use, or knowingly permit any other person who is under their direction to use, any part of Hospital's premises or the Clinic for any purpose other than the performance of the Services under this Agreement.

1.5 **REPRESENTATIONS AND WARRANTIES.** Provider represents and warrants to Hospital as follows:

(a) Provider and Physician are not bound by any agreement or arrangement which would preclude Provider or Physician from entering into, or from fully performing the Services required under this Agreement;

(b) Physician's license to practice medicine in the State of California or in any other jurisdiction and, if applicable, Physician's Drug Enforcement Agency number have never been denied, suspended, revoked, terminated, relinquished under threat of disciplinary action, or restricted in any way;

(c) Physician's medical staff privileges at any health care facility have never been denied, suspended, revoked, terminated, relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction for reasons other than ministerial causes such as failure to maintain timely medical records;

(d) Provider and Physician have not in the past conducted, and are not presently conducting, Provider's and Physician's medical practice in such a manner as to cause Provider or Physician to be suspended, excluded, debarred or sanctioned under the Medicare or Medicaid Programs, or any government licensing agency, nor has Provider or Physician ever been charged with or convicted of a criminal offense related to health care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation;

(e) Physician shall perform the Services required hereunder in accordance with all applicable federal, state, and local laws, rules and regulations, all applicable standards of any relevant accrediting organizations, all applicable bylaws, rules, regulations, procedures and policies of Hospital and its medical staff, including without limitation, those relating to timely completion of medical records.

Each of the representations and warranties set forth herein shall be continuing and in the event any such representation or warranty fails to remain true and accurate during the Term, Provider shall immediately notify Hospital.

1.6 **REGULATORY SUPPORT.** Hospital will provide systems support, procedures and reporting, as appropriate, to ensure compliance with Centers for Medicare and Medicaid Services (CMS) Conditions of Participation, and State and local regulations. Physician will maintain and provide Hospital with documentation requested and reporting compliance as requested by all healthcare accrediting organizations of Hospital. Physician and Hospital may jointly agree on a plan that is to be used by the Hospital in complying with regulatory and accreditation requirements.

1.7 **ELECTRONIC HEALTH RECORDS.** Provider and Physician shall (i) promote and fully participate in Hospital's electronic health record (EHR) initiatives; (ii) use electronic health records for all patients; and (iii) use computerized physician order entry (CPOE) to directly enter medication, laboratory, and radiology orders, record progress notes electronically in the patient's electronic health record, and record a patient's history and physical in the patient's electronic health record.

1.8 **PERFORMANCE IMPROVEMENT.** In order to ensure the quality of the Services to be provided by Physician, Physician shall work with Hospital to develop an annual performance improvement plan which calls for, among other things, the identification of performance improvement indicators, quality improvement audits being conducted on at least a quarterly basis, the development of action plans and goals, the delivery of data and results of the quarterly quality improvement audits to the Hospital's Performance Improvement Committee and HOSPITAL's Board of Directors, and the Hospital's performance improvement department to review performance improvement indicators.

1.9 **UTILIZATION MANAGEMENT.** Physician shall participate and cooperate with Hospital's utilization management program.

1.10 **PAYORS.** Provider and Physician shall participate in all government and third-party payment or managed care programs in which Hospital or the Clinic participate and render services to patients covered by such programs.

2. **HOSPITAL'S OBLIGATIONS.**

2.1 **SPACE.** Hospital shall furnish, for the use of Physician, space at the Clinic as is reasonably necessary for Physician to perform the Services. Except as otherwise set forth in this Agreement, Physician shall use and occupy the space in the Clinic on a non-exclusive basis, solely for the purpose of performing the Services required under this Agreement. Nothing contained in this Agreement shall be construed by the Parties hereto to constitute a lease of such premises to Provider or Physician, and no part of said space shall be used at any time by Provider or Physician for any purpose other than providing the Services under this Agreement.

2.2 **EQUIPMENT.** Hospital shall furnish, for the use of Physician, the equipment reasonably required for the proper operation and conduct of the Clinic. In addition, Hospital shall keep and maintain all equipment in good working order and repair, and shall replace any equipment or part thereof that becomes worn out or obsolete, subject to the availability of appropriate funds therefore and the applicable laws relating thereto.

2.3 **PERSONNEL.** Hospital shall supply such non-physician personnel as Hospital deems necessary for the proper performance of the Services. The Parties hereby agree that all such personnel shall be subject to the direction and control of Physician in the performance of professional services to patients.

2.4 **MEDICAL RECORDS.** Hospital shall own and maintain any and all patient charts and records and all other documents related to the Services provided by Physician and rendered to patients in the Clinic. Physician shall have reasonable access to all patient charts and records and documents relating to professional services performed by Physician during the Term of this Agreement. Physician shall prepare and maintain such patient charts and records accurately and completely in such form and manner as the Hospital's medical staff bylaws and rules and regulations and/or applicable law may require from time to time.

3. **COMPENSATION.**

3.1 **COMPENSATION.** In consideration for the Services to be performed by Provider and Physician under this Agreement, Hospital shall pay Provider, as sole compensation hereunder, One Hundred Ninety Dollars (\$190.00) per hour for each hour that Physician provides services onsite or on a telemedicine basis it being understood and agreed that partial hours shall be prorated. "No charge/courtesy" visits are not eligible for payment to Provider. At the end of each month, Provider shall submit to the administration a completed time sheet of time spent in the Clinic seeing patients. Upon receipt of completed and signed provider time sheet for services rendered under this Agreement, Hospital will provide Provider a list of patients seen per Hospital records that supports the payment made to Provider. All patient billings for Physician's services under this Agreement remain the property of Hospital. Monthly payments to Provider shall be made on or before the 10th (tenth) day of the month, following the month in which services are rendered.

3.2 **BILLING AND COLLECTION.** To the extent requested by Hospital, Provider and Physician agree to accept assignment of benefits and respect the terms thereof for all professional services furnished to patients who are beneficiaries under the Medicare program, the Medi-Cal program, and any other third-party payor programs designated by Hospital. Provider and Physician hereby assigns to Hospital the exclusive right to bill and receive payment of all fees for professional services provided by Provider and Physician pursuant to this Agreement. Any fees or other compensation received by Provider or Physician for services performed pursuant to this Agreement shall, as a condition of this Agreement, be the property of Hospital and shall be paid to Hospital immediately. This assignment is intended to comply with the requirements of Medicare, as promulgated by CMS through rules, regulations, policies and procedures, as well as the technical requirements of all other relevant third-party payors.

4. **COMPLIANCE**

4.1 **COMPLIANCE PROGRAM.** Hospital is committed to compliance with all billing and claims submission, fraud and abuse laws and regulations. In contracting with Hospital, Provider agrees to act in compliance with all laws and regulations. Hospital has developed and maintains a Compliance Program to assure compliance with laws and regulations. Provider and Physician are expected to comply with the policies of the Compliance Program. At a minimum,

Provider and Physician are expected to:

- (a) Be aware of those procedures which affect Provider and Physician which are necessary to implement the Compliance Program, including the mandatory duty of Provider and Physician to report actual or possible violations of fraud and abuse laws and regulations; and
- (b) Understand and adhere to standards, especially those which relate to the Provider's and Physician's functions for or on behalf of Hospital.

4.2 **CONSEQUENCES OF FAILURE TO FOLLOW COMPLIANCE PROGRAM.** Failure to follow the standards of the Compliance Programs (including the duty to report misconduct) may be considered to be a violation of the Provider's arrangement with Hospital and may be grounds for action by Hospital, including termination of this Agreement.

5. **TERM.** The initial term of this Agreement ("Initial Term") shall be two (2) years commencing on July 1, 2026 (the "Commencement Date") and terminating on June 30, 2028. At the end of the Initial Term and any Term Extension (as defined herein), the term of this Agreement may be extended (a "Term Extension"), but only upon mutual written agreement of the Parties. As used herein, "Term" shall mean the period of time beginning on the Commencement Date and ending on the last day of either the Initial Term or the last Term Extension, as applicable.

6. **TERMINATION.**

6.1 **TERMINATION WITH OR WITHOUT CAUSE.** Either party may terminate this Agreement with or without cause by giving the other party at least sixty (60) days' prior written notice of such termination ("Without Cause Notice of Termination").

6.2 **TERMINATION FOR BREACH.** Either party may terminate this Agreement upon breach by the other party of any material provision of this Agreement, *provided* that, to effect such termination, the non-breaching party must give the breaching party at least thirty (30) days' prior written notice of the termination (a "Breach Notice of Termination") in the manner specified for notice herein and describe in such notice the breach claimed by the terminating party with reference to the section or section of this Agreement claimed to have been breached.

6.3 **IMMEDIATE TERMINATION BY HOSPITAL.** Hospital may terminate this Agreement immediately by written notice to Provider (an "Immediate Notice of Termination") upon occurrence of any of the following:

- (a) conduct of Provider or Physician jeopardizing the health, safety or welfare of any person or the Hospital's or the Clinics' reputation;
- (b) failure of Provider to maintain the insurances required by this Agreement or to provide evidence of the insurance;
- (c) Conviction of Provider or Physician of any crime punishable as a felony;
- (d) The attempt to assign this Agreement without Hospital's prior written consent;

- (e) Physician's license to practice medicine is suspended, revoked, terminated, or otherwise restricted;
- (f) Physician's medical staff privileges at the Hospital, or any other healthcare facility, are in any way suspended, revoked, or otherwise restricted;
- (g) Medicare and/or Medi-Cal significantly changes the RHC program;
- (h) Hospital fails to maintain RHC status;
- (i) Provider's or Physician's failure to comply with the standards of the Hospital's Compliance Program, to the extent that such failure results in material fine and or sanction from Medicare or Medi-Cal Program;
- (j) Physician fails to complete medical records in a timely fashion;
- (k) Physician inefficiently manages patients, and such inefficient management has not been cured after 30 days written notice from the Hospital;
- (l) Physician's inability to work with and relate to others, including, but not limited to patients and ancillary staff, in a respectful, cooperative and professional manner and such inability has not been cured after 30 days written notice from the Hospital;
- (m) Physician is unable to provide medical services under the terms of this Agreement due to a physical or mental disability;
- (n) Physician becomes impaired by the use of alcohol or the abuse of drugs; or
- (o) Provider or Physician commits any act of fraud as determined by reasonable discretion of Hospital whether related to Physician's provision of professional services or otherwise.

6.4 EFFECTIVE DATE OF TERMINATION; OPPORTUNITY TO CURE. The effective date of termination of this Agreement shall be (i) in the case of a termination pursuant to Section 6.1, the date of termination specified in the Without Cause Notice of Termination, *provided* that the date specified in the notice shall not be less than sixty (60) days after the date such Without Cause Notice of Termination is given in the manner hereinafter specified for notices, (ii) in the case of a termination pursuant to Section 6.2, the date of termination specified in the Breach Notice of Termination, *provided* such date shall not be less than thirty (30) days after the date such Breach Notice of Termination is given in the manner hereinafter specified for notices, and (iii) in the case of a termination pursuant to Section 6.3, the date on which the Immediate Notice of Termination is given in the manner hereinafter specified for notices. If a party terminates this Agreement pursuant to either Section 6.1 or Section 6.3, the other party shall have no rights to cure or contest the termination of this Agreement. If a party terminates this Agreement pursuant to Section 6.2, the other party shall have the right to cure the breach described in the Breach Notice of Termination prior to the effective date of termination set forth in such notice, *provided* that, if the breach is not cured during such period, this Agreement shall automatically terminate on the date of termination set forth in the Breach Notice of Termination.

6.5 EFFECT OF TERMINATION. As of the effective date of termination of this Agreement, neither party shall have any further rights or obligations hereunder except for rights and obligations accruing prior to such effective date of termination or arising as a result of any breach of this Agreement. Notwithstanding the foregoing, any provisions of this Agreement creating obligations extending beyond the term of this Agreement will survive the expiration or termination of this Agreement, regardless of the reason for such termination.

6.6 MEDICAL STAFF PRIVILEGES; NO HEARING RIGHTS. Termination of this Agreement by Hospital for any reason shall not affect Physician's medical staff privileges, if any, and shall not provide Physician with the right to a fair hearing or any other rights more particularly set forth in the Hospital's Medical Staff Bylaws.

7. INDEPENDENT CONTRACTORS. In performing the services herein specified, Provider and Physician are acting as an independent contractor, and shall not be considered employees of Hospital or the Clinic. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the Parties hereto, and nothing herein contained shall be construed to authorize either party to act as agent for the other. Provider and Physician shall be liable for their own debts and obligations including the payment of all withholding, social security and other income taxes and benefits. As an independent contractor, Provider and Physician are responsible for filing such tax returns and paying such self-employment taxes as may be required by law or regulations. The provisions set forth in this Section 7 shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

8. INSURANCE AND INDEMNIFICATION.

8.1 PROFESSIONAL LIABILITY INSURANCE. Provider, at Provider's sole expense, shall keep continuously in force during the entire Term of this Agreement a professional liability insurance policy with minimum limits of liability of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate covering Provider and Physician for the Services provided under this Agreement. Provider will provide Hospital with no less than thirty (30) days' advance written notice of any coverage changes or cancellation of the policy. Provider will provide Hospital with evidence of coverage as stated above, showing professional liability coverage. All professional liability coverage must meet the requirements of the Medical Staff and Medical Staff Bylaws. The coverage required by this Section 8.1 shall be either on an occurrence basis or on a claims made basis. If the coverage is on a claims made basis, not less than 30 days prior to the termination of Provider's claims made coverage, Provider shall be obligated to provide evidence to Hospital of continued coverage for claims which arise from Provider's services either by (i) evidence of continued effect of a claims made policy which provides coverage for all claims arising out of incidents occurring prior to the termination of such coverage, or (ii) evidence of an extended reporting period endorsement or "tail insurance" for all claims arising out of incidents occurring prior to termination of such coverage, and shall provide the District with a certificate evidencing such tail or retroactive coverage.

8.2 INDEMNIFICATION. Provider shall fully, completely and unconditionally indemnify, defend and hold harmless Hospital, and Hospital's governing board, directors, officers, employees, agents and affiliates, (a) from and against any and all liabilities, costs, penalties, fines,

forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) arising out of or relating to, or alleged to arise out of or relate to, negligent acts or omissions of Provider; (b) from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) arising out of or relating to, or alleged to arise out of or relate to intentional acts or omissions of Provider including, without limitation, any acts or omissions found by a trier of fact to constitute unlawful or fraudulent acts or omissions; (c) from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) arising out of or relating to, or alleged to arise out of or relate to any violations of federal, state, or local statutes or regulations arising out of or resulting from any negligent or intentional act, error or omission of Provider; (d) from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) arising out of or relating to, or alleged to arise out of or relate to the use of any copyrighted materials or patented inventions by Provider; and/or (e) from and against any and all liabilities, costs, penalties, fines, forfeitures, demands, claims, causes of action, suits, and costs and expenses related thereto (including reasonable attorney's fees) arising out of or relating to, or alleged to arise out of or relate to Provider's breach of its warranties or obligations under this Agreement.

8.3 **SURVIVAL.** The provisions of this Section 8 shall survive expiration or termination of this Agreement, regardless of the cause of such termination.

9. **ACCESS TO BOOKS AND RECORDS.** If the value or cost of Services rendered to Hospital pursuant to this Agreement is \$10,000 or more over a 12-month period, in accordance with section 1861(v)(1)(I) of the Social Security Act, Provider agrees that at least for four (4) years after the furnishing of such Services, Provider shall, upon written request, make available to the Secretary of the United States Department of Health and Human Services (the "Secretary"), the Comptroller General of the United States, or their respective duly-authorized representatives, such books, documents, and records as may be necessary to certify the nature and extent of the cost of such Services. The provision of this Section 9 shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

10. **CONFIDENTIALITY.**

10.1 Provider and Physician shall not disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the patient in writing, any patient or medical record information regarding Hospital or Clinic patients, and Provider and Physician shall comply with all federal and state laws and regulations, and all rules, regulations, and policies of Hospital and its Medical Staff, regarding the confidentiality of such information from patients receiving treatment of any kind, including treatment for alcohol and drug abuse. Physician is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records as codified at 42 C.F.R. Chapter 1, Part 2, enacted pursuant to 42 U.S.C. 290ee, and agrees to be separately bound by a Business Associate Agreement drafted pursuant to HIPAA as set forth in Public Law 104-191, as codified at 42 U.S.C. 1301 et. seq.

10.2 Provider recognizes and acknowledges that, by virtue of entering into this Agreement and providing services to Hospital hereunder, Provider and Physician may have access to certain information of Hospital or the Clinic that is confidential and constitutes valuable, special and unique property of Hospital. Except pursuant to Physician's duties hereunder, Provider and Physician shall not, at any time, either during or after the term of this Agreement, disclose to others, use, copy or permit to be copied, without Hospital's express prior written consent, any confidential or proprietary information of Hospital or the Clinic, including without limitation information that concerns patients, costs, or treatment methods developed by Hospital and information that is not otherwise available to the public.

10.3 Except for disclosure to Provider's legal counsel, accountant or financial advisors (none of whom shall be associated or affiliated in any way with Hospital or any of its affiliates), Provider shall not disclose the terms of this Agreement to any person who is not a party or signatory to this Agreement, unless disclosure thereof is required by law or otherwise authorized by this Agreement or consented to by Hospital. Unauthorized disclosure of the terms of this Agreement shall be a material breach of this Agreement entitling Hospital to immediately terminate this Agreement.

10.4 The provisions of this Section 10 shall survive expiration or termination of this Agreement, regardless of the cause of such termination.

11. **REQUIRED DISCLOSURES.** Provider shall notify Hospital in writing as soon as possible (but in any event within three business days) after any of the following events occurs:

(a) Physician's license to practice medicine in the State of California or any other jurisdiction lapses or is denied, suspended, revoked, terminated, relinquished or made subject to terms of probation or other restriction;

(b) Physician's medical staff privileges at any health care facility are denied, suspended, revoked, terminated, relinquished under threat of disciplinary action or made subject to terms of probation or other restriction;

(c) Physician's Drug Enforcement Agency number is revoked, suspended, terminated, relinquished, placed on terms of probation, or restricted in any way;

(d) Physician is sanctioned by, excluded or otherwise declared ineligible to participate in, or barred or suspended from, Medicare, Medicaid or any other federal health care program, or is convicted of an offense related to health care;

(e) Physician becomes the subject of a disciplinary or other proceeding or action before any governmental, professional, medical staff or peer review body; or

(f) An event occurs that substantially interrupts all or a portion of Provider's or Physician's professional practice or that materially adversely affects Physician's ability to perform its obligations hereunder.

12. **ARBITRATION.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by final and binding arbitration in the County of San Bernardino in accordance with the Commercial Rules of Arbitration ("Rules") of the Judicial Arbitration and Mediation Services ("JAMS") before one arbitrator applying the laws of the State of California. The Parties shall attempt to mutually select the arbitrator. In the event they are unable to mutually agree, the arbitrator shall be selected by the procedures prescribed by the JAMS Rules. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment thereof may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both parties.

13. **ENTIRE AGREEMENT; MODIFICATION; GOVERNING LAW.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. This Agreement shall be construed in accordance with the laws of the State of California and such governing law shall survive the expiration or other termination of this Agreement.

14. **NO DISCRIMINATION; HARASSMENT, OR RETALIATION.** Physician agrees to treat in a nondiscriminatory manner any and all patients receiving medical benefits or assistance under any federal health care program. The Parties are prohibited from engaging in any discriminatory, harassing, or retaliatory conduct, and Provider and Physician agree to fully comply with all applicable local, state and federal anti-discrimination and employment-related regulations and laws.

15. **COUNTERPARTS.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute but one and the same instrument. The Parties hereby acknowledge and agree that electronic signatures that comply with the eSign Act (15 U.S.C. Ch. 96) (such as DocuSign signatures), or signatures transmitted by electronic mail in so-called "PDF" format or by fax shall be legal and binding and shall have the same full force and effect as if an original of this Agreement had been delivered.

16. **NOTICES.** Any notice, demand or communication required, permitted or desired to be given hereunder shall be in writing and be deemed effectively given if given in writing (i) on the date tendered by personal delivery or (ii) on the date tendered for delivery by nationally recognized overnight courier, in any event addressed as follows:

If to BVCHD:	Bear Valley Community Healthcare District
	P.O. Box 1649
	41870 Garstin Drive
	Big Bear Lake, California 92315
	Attn: Chief Executive Officer

If to Provider: V. Madhu Anekar, MD Inc.
8645 Ravendale Road
San Gabriel, California 91105
Attn: Chief Executive Officer

or to such other persons or places as either party may from time to time designate by written notice to the other.

17. **WAIVER.** A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure.

18. **CAPTIONS.** The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

19. **ASSIGNMENT; BINDING EFFECT.** Neither Party shall assign or transfer this Agreement in whole or in part, or assign or delegate any of its rights, duties or obligations under this Agreement without the prior written consent of both Parties. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and permitted assigns.

20. **FINANCIAL OBLIGATION.** Provider shall not incur any financial obligation on behalf of Hospital.

21. **REFERRALS.** The Parties acknowledge that none of the benefits granted Provider hereunder are conditioned on any requirement that Provider make referrals to, be in a position to make or influence referrals to, or otherwise generate business for Hospital. The parties further acknowledge that Provider is not restricted from establishing staff privileges at, referring any patient to, or otherwise generating any business for, any other facility of their choosing.

22. **NON-EXCLUSIVE.** Nothing herein shall be construed to impair the right of Provider to engage in the private practice of medicine or his or her specialty, subject to the bylaws, rules, regulations and policies of Hospital. Provider acknowledges that nothing in this Agreement prevents Hospital from contracting with other providers to provide professional services in the Specialty.

[SIGNATURES APPEAR ON NEXT PAGE]

THE PARTIES HERETO have executed this Agreement as of the day and year first above written.

HOSPITAL: Bear Valley Community Healthcare District, a California local healthcare district By: _____ Mark Kaliher President, Board of Directors By: _____ Evan Rayner Chief Executive Officer	PROVIDER: V. Madhu Anekar, MD, Inc., a California corporation By: _____ V. Madhu Anekar, MD Chief Executive Officer
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Internal Medicine: Ambulatory Only (No Inpatient Work)

Total Compensation

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	98	591	\$383,484	\$167,902	\$223,740	\$282,339	\$354,793	\$430,104	\$577,701
Geographic Section									
Eastern	40	184	\$354,550	\$169,365	\$213,751	\$257,641	\$308,720	\$399,112	\$517,892
Midwest	19	63	\$418,638	\$166,088	\$264,481	\$309,710	\$369,817	\$484,662	\$655,594
Southern	30	230	\$401,290	\$192,237	\$209,600	\$284,849	\$363,730	\$483,604	\$655,165
Western	9	114	\$374,833	\$89,100	\$277,165	\$317,601	\$370,195	\$423,841	\$460,682

Collections, TC Excluded

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	15	67	\$461,166	\$212,886	\$160,683	\$330,847	\$456,655	\$565,635	\$710,413
Geographic Section									
Eastern	1	9	*	*	*	*	*	*	*
Midwest	5	9	*	*	*	*	*	*	*
Southern	6	42	\$508,074	\$214,609	\$204,762	\$385,020	\$505,733	\$606,133	\$749,898
Western	3	7	*	*	*	*	*	*	*

Compensation to Collections Ratio

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	14	64	0.914	0.399	0.578	0.716	0.826	0.959	1.406
Geographic Section									
Eastern	1	9	*	*	*	*	*	*	*
Midwest	5	9	*	*	*	*	*	*	*
Southern	6	41	0.882	0.413	0.528	0.667	0.822	0.92	1.051
Western	2	5	*	*	*	*	*	*	*

Physician Work RVUs

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	90	463	6,487	2,902	3,725	4,954	6,131	7,411	9,399
Geographic Section									
Eastern	37	171	6,371	2,809	3,730	4,811	5,885	7,378	10,357
Midwest	18	61	7,513	3,291	4,848	5,471	7,004	8,686	10,089
Southern	27	124	6,315	3,517	2064	4,266	6,175	7,909	9,570
Western	8	107	6,286	1,694	4,572	5,317	6,221	7,020	7,729

Compensation to Physician Work RVUs Ratio

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	89	452	\$63.21	\$41.37	\$38.13	\$50.37	\$56.04	\$63.07	\$78.17
Geographic Section									
Eastern	36	167	\$56.64	\$22.54	\$35.47	\$43.66	\$53.69	\$61.75	\$77.01
Midwest	18	61	\$60.27	\$36.31	\$45.89	\$53.52	\$56.61	\$60.44	\$63.43
Southern	27	117	\$74.56	\$65.47	\$38.05	\$48.27	\$55.25	\$66.55	\$118.62
Western	8	107	\$62.71	\$28.91	\$49.03	\$54.43	\$59.20	\$64.14	\$75.41



DEPARTMENT: Administration	CATEGORY: Policies
SUBJECT: Board Members Code of Conduct	

POLICY:

1. As a member of the Bear Valley Community Healthcare District (BVCHD) Board I will:
 - 1.1. Listen carefully to my fellow Board Members and the constituents I serve.
 - 1.2. Respect the opinion of my fellow Board Members.
 - 1.3. Adhere to, respect and publicly support the majority decisions of the Board, regardless of whether I voted with the majority.
 - 1.4. Recognize that all authority is vested in the Board as a group when a quorum meets in legal session and not with individual Board Members.
 - 1.5. Keep well-informed of changes relevant to issues that may come before the Board.
 - 1.6. Participate actively in Board meetings and actions, unless disqualified due to a conflict of interest.
 - 1.7. Call to the attention of the Board any issues that I believe will have an adverse effect on the BVCHD or our constituents.
 - 1.8. Attempt to interpret the needs of the community and participate in potential resolutions.
 - 1.9. Refer constituent or staff complaints to the proper level in the chain of command.
 - 1.10. Recognize that the Board Member's job is to ensure that the BVCHD is well managed.
 - 1.11. Vote to hire the best possible Chief Executive Officer (CEO) to manage the operations of the BVCHD.
 - 1.12. Represent all constituents of the BVCHD equally and not favor or be partial to any particular geographic area or special interest group.
 - 1.13. Consider myself a "trustee" of the BVCHD and do my best to ensure that the BVCHD is well maintained, financially secure, growing and always operating in the best interest of the community.
 - 1.14. Commit to annual education in order to enhance and maintain knowledge of the responsibilities of a governing board member.
 - 1.15. Immediately disclose and declare any actual or potential conflict of interest between my personal life or my professional relationships and my position on the BVCHD Board.
 - 1.15.1. If the conflict necessitates disqualification, as delineated in the California Government Code, California Law and/or as decided by a majority of the Board, I will immediately and without dispute recuse myself from any participation in the conflicted decision and not attend any closed session or obtain confidential information from the closed session relating to the disqualifying conflict.
 - 1.16. Always obey the law and all BVCHD policies and procedures, and act in a professional, honest, and ethical manner when acting on behalf of the BVCHD.
 - 1.16.1. Seek advice if in doubt about the appropriateness and/or legality of an action.
 - 1.17. Treat all BVCHD administration and staff with dignity and respect.
2. As a member of the BVCHD Board I will NOT:
 - 2.1. Be critical, in or out of Board meetings, of fellow Board Members or their opinions.
 - 2.2. Use the BVCHD, any part of the organization or any information learned in confidential proceedings of the board for my personal advantage or the personal advantage of my friends or relatives.



DEPARTMENT: Administration	CATEGORY: Policies
SUBJECT: Board Members Code of Conduct	

- 2.3. Discuss any confidential proceedings of the Board, including but not limited to, any issues/items relating to a closed session or discussed in closed session of the Board, unless the Board votes to release such confidential information.
- 2.4. Commit, prior to a meeting, how I will vote on any issue in the meeting.
- 2.5. Disparage the BVCHD or any of my fellow Board Members, nor will I disparage or publicly criticize any majority decision reached by the Board.
3. I understand that any violation of the directives, duties or obligations listed in this Code of Conduct is considered to be a serious matter.
 - 3.1. If I am found to have violated this Code of Conduct, consequences may include, but are not limited to, the following:
 - 3.1.1. Public reprimand through verbal and/or written censure by the Board.
 - 3.1.2. Referring the violation to a Grand Jury for investigation of the alleged misconduct.
 - 3.1.3. Seeking injunctive relief to prohibit further violations.
 - 3.1.4. Imposing monetary fines in an amount to be determined by a majority of the Board following a formal investigation, which fines will be determined by the Board to be proportional to the violation.
 - 3.1.5. Removal from office, as initiated by the Grand Jury based on its investigation.

I certify that I have received and read a copy of the Board Members Code of Conduct. I acknowledge that I understand the Code of Conduct and shall abide by it.

Signature

Printed Name

Date

Thank you Bear Valley Family for our 11 Year Partnership						
	Ovation Solution	Leader	Coverage	2025	Comments	
Key	Focus Items This Month	Focus Items This Year	Completed This Year	Updated This Month	Ongoing Focus	
Coverage	WIC - Within Contract					
Return On Investment						
				2025	2026 YTD through 6/30	
Direct Ovation Business Partner Benefits				\$ 472,157	\$ 211,255	
Indirect Ovation Business Partner Benefits				\$ 231,085	\$ 112,444	
				\$ 703,242	\$ 323,699	
Professional Fees				\$ 338,421	\$ 338,421	
Return On Investment-Dollars				\$ 364,821	\$ (14,722)	
Return On Investment-Percentage				107.8%	-4.4%	

	Ovation Solution	Leader	Coverage	2025-2026	Comments
Strategic Planning & Growth	CEO Advisement	Leadership Advisory	W/C	Ongoing support with the CEO on operations.	Monthly calls with the CEO on various topics.
	Strategic Planning	Leadership Advisory	W/C	Formulation and assistance with new 3 year strategic plan.	Evan to provide updated MAP to board quarterly
	CHNA	Leadership Advisory	W/C	Needs assessment for the community to participate in.	CHNA approved by board at April meeting and finalized copy sent to senior management
	Construction and Design Project	Leadership Advisory	W/C	Discussions/meetings for the construction of new Hospital to meet CA codes.	getting another quote for retrofitting as first one was unusually high; putting out new RFP
	Construction and Design Project Financing	Leadership Advisory	W/C	Financing of new construction	Waiting on quote from second retrofitting contractor before deciding which approach to take
	JPA and RHTP funding application	Leadership Advisory	W/C	Assist Evan with exploration of applying for funding through JPA for Accelerator and Tech and Tool grant funding	Ovation to assist with application
	Physician Recruiting	Leadership Advisory	W/C	Work with CEO on recruitment, planning for new Providers.	General Surgeon and Orthopedist recruited.

Ovation Solution		Leader	Coverage	2025-2026	Comments
Clinical & Compliance	Patient Experience assessment	Leadership Advisory	WIC	Assessment to improve the patient experience process.	IEHP funded Experience Lab in 2026
	Dual Compliance Program and Risk Assessment	Phillip Stubblefield	WIC	Perform assessment to aide new Compliance Officer	Phillip to schedule assessment in third quarter 2026
	Case Management Assessment and Mentorship	Leadership Advisory	Add-on	Phase 2 of Case Management project.	Discussions of Mayra helping remotely to assist Case Management
	Infection Prevention Program Assessment	Leadership Advisory	WIC	Assessment of the Infection Prevention Program.	Heather is working to complete MAP which is reviewed in the quarterly P&T committee meeting.
	ED Assessment	Leadership Advisory	WIC	Assessment of ED operations and throughput.	Laura is working on the MAP from ED assessment which is reviewed quarterly at the QI committee meeting.
	Quality and Patient Safety Assessment	Leadership Advisory	WIC	Assessment of Quality program and patient safety by clinical experts at OVHC	Scoping call scheduled; Karen Iaucone to come onsite during September to do assessment
	Surgical Review and Follow-up	Leadership Advisory	WIC	Further assistance with Surgical area after Mock Survey	Buck Kaiser performed assessment week of Oct 2nd. Report presented to admin.

	Ovation Solution	Leader	Coverage	2025-2026	Comments
Financial & Operations	Revenue Cycle Assessment	Revenue Cycle Management	W/C	Assess the revenue cycle department and its operations.	High level review of revenue cycle schedule in 2026 workplan
	Spend Management Assessment	Spend Mgmt Team	W/C	Assess the purchasing department and its operations.	Awaiting receipt of new contract with new rates; expected last Friday
	Staffing Assessment	Jessica Drummond	W/C	Assessment to determine staffing levels	New data has been received and imported into the system; SFTP site is working so reports should be able to update as data is sent
	Financial Ops Review (FOR)	Leadership Advisory	W/C	Review of financial statements and practices	Request for documents sent in February; have not received
	Contractual Accounting Review	HFR Team	W/C	Review of contractual allowances for accuracy.	Request for documents to be sent
	Payer Relations / Managed Care Assessment and Contract Review	Wanda Wright	W/C	Project started March 2021	Wanda visited BVCHD on 7/28
	Monthly Operations Review	Leadership Advisory	W/C	Held Monthly on 2nd Monday	Monthly calls with BVCHD admin, OHC Region Team, Support Team to discuss operations, financial status, recruitment, growth plans, strategy. Results are reported in rankings report distributed to hospital monthly. See graphs below.
	Comparative Data Analysis	Leadership Advisory	W/C	Performed Monthly	
	Contract Manager	Leadership Advisory	W/C	available through Ovation Connect portal to load all contracts	Joanne is the implementation leader for BVCHD

	Ovation Solution	Leader	Coverage	2025-2026	Comments
Trustee Education	Board Self-Assessment	Leadership Advisory	WIC		Self assessment results reviewed in April board meeting
	Governance Webinars	OLI	WIC	Second Tuesday each month	Board Leadership: Governance "Blind Spots" – What Auditors Frequently See that Boards May Miss - August 11, 2026
	National Trustee Conference with Trustee Essentials	OLI	WIC		Thanks to Evan and Jim for attending
Leadership Education & Development	HFR Regulatory Updates	HFR	WIC	Updates Presented Daily/Monthly Based on Information Release	
	CFO Evaluation	Leadership Advisory	WIC	Annual evaluation of the CFO.	Evaluation presented at June Board meeting.
	CEO Evaluation	Leadership Advisory	WIC	Annual evaluation of the CEO.	Evaluation presented at February board meeting.
	Leadership U	OLI Series	WIC	Leadership development program designed to provide skillset to advance leaders in healthcare.	Sherri Mursick will be attending the second in-person session August 20-21 in Brentwood
	CNO Symposium	OLI Series	WIC	Educational offering to update Hospital leaders on the latest regulations and trends in these areas.	Symposium to be held in Brentwood September 22-23, 2026.

Ovation Leadership U: I. Now Accepting Applications for the 2026 Cohort – Due Friday, May 8th

- Leadership U 2026 Brochure (attached)
- Ovation is excited to announce our **Leadership U** program is accepting applications for the 2026 cohort! This initiative is designed to strengthen the pipeline of future hospital executives and support long-term succession planning across independent community healthcare organizations.
- **Leadership U** launched in 2021 and has already demonstrated strong outcomes, with 66% of graduates moving into C-level roles. The program focuses on developing emerging leaders through:
 - Three in-person cohort sessions led by experienced healthcare executives
 - Two virtual group discussions
 - Monthly one-on-one coaching with an executive coach
 - Organizing a leadership project that benefits both the participant and their hospital
 - Hogan Insight Assessments
 - Individualized Development Plan
- **Key healthcare topics covered include:**
 - **Leadership:** governance, board relations, and succession planning.
 - **Strategy:** key stakeholders, market growth, and economic impact analysis.
 - **Operations:** quality and regulatory, clinical initiatives, and workforce efficiency.
 - **Technology:** cybersecurity, AI, innovation, and informatics.
 - **Finance:** cost reporting, revenue cycle, and payer relations.
- The 2026 cohort schedule is as follows:
 - In-person kickoff: **June 15-16, 2026**
 - Virtual session: **July 13, 2026**
 - In-person mid-term session: **August 20-21, 2026**
 - Virtual session: **September 21, 2026**
 - In-person project presentations and graduation: **November 2-3, 2026**
- All in-person sessions will be held at Ovation Healthcare's corporate office in Brentwood, TN.
 - Applications are due by **Friday, May 8, 2026**.

- **The program is included at no cost for current partners.** This includes full program access, coaching, assessments, materials, meals, and networking events.

- Here's the application link included in the attachment: [2026 Leadership U Application](#)

AHRMM Independent Link coalition - Scholarship for 2026 Conference

- The AHRMM Independent Link coalition has a scholarship app for the national conference.
- The independent chapter has been created specifically to help **rural facilities**
- Link: [The Independent Link / AHRMM26 Annual Conference](#)

Bupivacaine/Lidocaine/Sodium Chloride Kit Communication

- This communication is to inform members of multiple supplier communications (i.e. recalls, update notifications and field corrections) affecting lidocaine, bupivacaine and sodium chloride vials/ampules, which are included in certain kits and trays (see additional details below).
- Suppliers have indicated that the kits/trays that are currently in the supply channel can be used if the impacted lidocaine/bupivacaine/sodium chloride ampule or vial is discarded at the point of use (no other kit components are impacted).
- Depending on the kit/tray demand, these kits/trays will no longer contain lidocaine/bupivacaine ampules or vials at some point in the coming weeks.
- To support clinical needs, lidocaine, bupivacaine and sodium chloride vials/ampules will need to be provided separately through the pharmacy department.
- Additional information from suppliers is pending. No official resolution date has been provided. HealthTrust will continue to monitor the situation closely and provide additional information as it becomes available. Updates will be provided on the HealthTrust Member Portal.

Finished Good	Finished Good Description	Lot	QTY	Component	Component Lot	Component Description	Customer	Customer Name
DYNJR9026	TRANSPIRAL 22G QUINCKE NDL W/ PHARM	ALL LOTS	2	139093	ALL LOTS	BUPIVACINE 0.75% DEX 8.25% 2ML	1071777	BEAR VALLEY COMMUNITY HOSPITAL
DYNJR9034H	TRAY, 25G WHIT SPINAL W/PHARM, EA	ALL LOTS	2	139093	ALL LOTS	BUPIVACINE 0.75% DEX 8.25% 2ML	1071777	BEAR VALLEY COMMUNITY HOSPITAL

Continuing to monitor other supply disruptions and will provide updates as those are available

Ovation Region Team and Internal Consulting Hours		
	2025	2026
Region Team	451	156
Internal Consultants	266	198
Total:	717	354

Key Contract Items	
Hospital	
Annual Professional Fee = \$338,421	
Current Contract November 1, 2020 - October 31, 2026	
Mutual 90-day window to terminate October 31, 2024-Not Exercised	
Original Contract Date: June 25, 2015	
Medical Stabilization Unit	
Termination window exercised effective December 28, 2022	
Annual Professional Fee = \$183,600	
Current Contract January 1, 2021 - December 31, 2025	
Mutual 90-day window to terminate December 31, 2023	
Original Contract Date: January 1, 2021	



Estimated Annual Benefits & Savings Rolling 12 Month Totals			
Ovation Business Partnership Benefits			
	2025	2026 YTD	
GPO Savings	\$ 428,019	\$ 190,208	
GPO Rebates	\$ 26,150	\$ 9,550	
OPP Savings	\$ 7,988	\$ 1,497	
ECRI Value	\$ 10,000	\$ 10,000	
Total:	\$ 472,157	\$ 211,255	
Other Ovation Business Partnership Benefits			
AHA Dues Discounts	\$ 6,735	\$ 8,344	
Consulting (Region Team)	\$ 157,850	\$ 54,600	
Consulting Engagements	\$ 66,500	\$ 49,500	
Total:	\$ 231,085	\$ 112,444	
Partnership Education Benefit			
Direct Employee Education	Trustee Quick Reference Guide		
OLI Monthly Education Offerings	Board Essential Workshop		
Regional Education Conferences	Monthly Trustee Education Webinars		
Board Specific Education Action Plan	Monthly/Daily Regulatory Updates		
National Ovation Trustee Conference	HealthTrust University		
Other Benefits			
New Compliance Director Support	Cost Report Review and Analysis		
Urgent Care Assessment, Structure, Planning	Ovation Best Practices		
Managed Care Payor Yield Assessment	Accounts Receivable Review and Analysis		
Contractual Allowance & Bad Debt Analysis	Strategic Plan and Quarterly Updates		
Supply Chain Support	CEO Recruitment		
Community Health Needs Assessment	Case Management Review and Mentoring		

Critical Access Hospitals: Comparison Ranking Charts - June 2026 Data



Ovation Learning Institute (OLI) Education Information Section			BVCHD Participants
2026 Trustee Webinars - 2nd Tuesday @ 12 PM CST			
Jan 13	Board Leadership: Duties of Hospital Governance		1
Jan 14	Unlocking Physician Engagement & Retention: A Strategic Roadmap for HC Exec		
Jan 27	CAH Hospital Reimbursement & Cost Report Overview		
Jan 29	2026 RHC Coding & Billing Updates		
Feb 10	Establishing a Labor Steering Committee		
Feb 26	Medicare Reimbursable Bad Debts		
Mar 10	Board Leadership: Strategy is a Verb	1	
Mar 12	Compliance 101	1	
Mar 17	Successful Project Execution: Building the Foundation		
Mar 24-26	Critical Access Hospital Reimbursement & Medicare Cost Reporting Boot Camp		
Apr 14	Board Leadership: Quality and Experience of Care	1	
Apr 21	AI in Healthcare: Fundamentals, Governance, and Safe Adoption – 2 Part Webinar Series	1	
Apr 22	From Crisis to Resilience - Leadership's Rural Health Transformation Roadmap		
Apr 23	Rural Health Clinics: What's New and What's Not		
Apr 28	AI in Healthcare - Fundamentals, Governance, and Safe Adoption – Part 2	1	
May 12	Board Leadership: How a Healthy Work Environment Drives Quality, Safety, & Efficiency	1	
May 21	Leaping Forward: Preparing for the 2026 Leapfrog Hospital Survey		
Jun 9	Board Leadership: Fostering a Culture of Compliance	1	
Jun 10	Reimbursement & Regulatory Update: Medicare Inpatient Proposed Rules		
Jun 16	The New RCM Imperative – Three Forces Reshaping RCM		
Jun 17-18	Physician Services Virtual Symposium		
Jun 24-26	Quality, Regulatory, & Life Safety Summit at Ovation Healthcare Corporate		
Jul 14	Board Leadership: The Board's Role in Technology Oversight		
Jul 15	Understanding the Medicare Provider-Based Designation		
Jul 16	Understanding Revenue Cycle Management with ProFee Billing		
Jul 29-30	Foundations for Healthcare Leadership (On-Site at Ovation)		
Aug 5	When Cost Savings Conflict with Clinical Comfort		
Aug 6	HIPAA Security Rule Update: What to Expect and How to Prepare		
Aug 11	Board Leadership: Governing Organizational Risk Like an Auditor		
Aug 12	The Biggest OB Coding Changes in 30 Years		
Aug 18-19	Women in Leadership Conference (On-Site at Ovation)		

Aug 25	Reimbursement & Regulatory Update: FFY 2027 Medicare Inpatient Final Rules
Sept 10	Regulatory Survey Readiness: Reviewing HR, Employee Health, and Competencies
Sept 17	Strategies for Sustainable Cost Management in Medical Device Spending
Sept 22	Reimbursement & Regulatory Update: 2027 Medicare Outpatient Proposed Rules
Check out all Webinars through the link below Be sure to add these dates to your calendar! Visit https://ovationhc.com/education/ to register	

Ovation Regional Team			
Team Member & Position		Phone	Email
Region Team			
Suzette Duhe - VP of Finance		228.297.6342	sduhe@ovationhc.com
Sue Dorsey - VP Portfolio Development		615.371.4887	sue.dorsey@ovationhc.com
Jessie Neitzer - Executive Strategic Advisor		970-275-8102	jessie.neitzer@ovationhc.com
Support Team			
Patrick Nudo - VP Healthcare Finance & Reimbursement		615.710.2906	patrick.nudo@ovationhc.com
Wanda Wright - VP Payor Mgmt/Managed Care		704.999.8890	wwright@ovationhc.com
Phillip Stubblefield - Manager Compliance		865.607.6255	pstubblefield@ovationhc.com
Jo Piland - Coordinator Ovation Learning Institute		615.371.4842	jpiland@ovationhc.com
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Ginnie Berg - Director, Strategy		713.562.1699	gberg@ovationhc.com
Margaret Cook - Physician Services		205.443.2532	mcook@ovationhc.com
Kristine Wolff - Chief Clinical Officer		724.882.0630	kwolff@ovationhc.com
Chris Little - VP Pharmacy Service		217.855.1043	thomas.little@ovationhc.com

OLI Upcoming Education

The Biggest OB Coding Changes in 30 Years
Aug 12, 2026 | 2:00 - 3:00 PM CT

WEBINAR

Regulatory Survey Readiness: Reviewing HR,
Employee Health, and Competencies

Sept 10, 2026 | 10:30 - 11:30 PM CT

WEBINAR

Women in Leadership Conference
August 18 - 19, 2026

CLASSROOM

Strategies for Sustainable Cost Management
in Medical Device Spending

Sept 17, 2026 | 10:30 - 11:30 PM CT

WEBINAR

Reimbursement & Regulatory Update: FFY
2027 Medicare Inpatient Final Rules

Aug 25, 2026 | 10:30 - 11:30 AM CT

CLASSROOM

Reimbursement & Regulatory Update: 2027
Medicare Outpatient Proposed Rules

Sept 22, 2026 | 10:30 - 11:30 AM CT

WEBINAR

OLI Board Education

Board Essentials 101
Seven self-paced eLearning courses.
5-15 minutes each.

eLearning



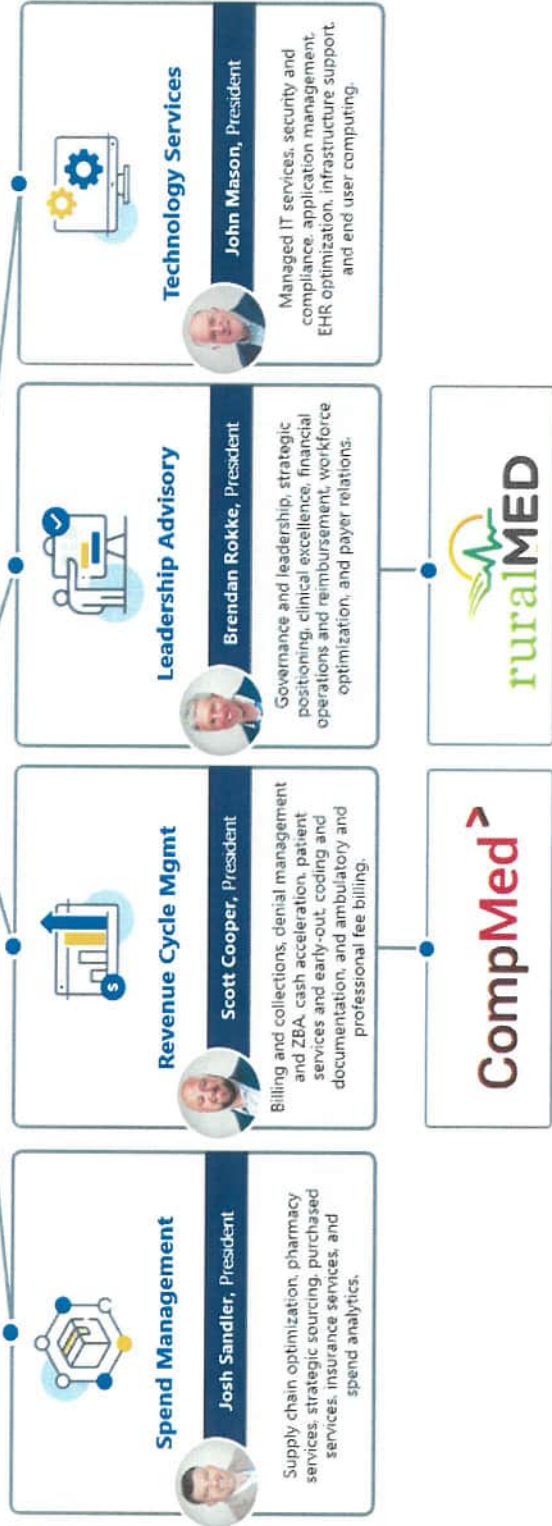
Board Essentials 201
On-demand webinars providing in-
depth information on the roles and
responsibilities of a board member.

WEBINAR

Your organization's complimentary
education coupon code is:
BVH@CAI
A listing of our current education
offerings can be found here:
<https://ovation.myabsorb.com>

Bear Valley Community Hospital - Ovation Workplan Timeline													
		FY 2024				FY 2025				FY 2026			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategy	Strategic Plan Quarterly Review	Q1 2024											
	Strategic Plan, Mission/Vision Development				Q3 2024-Q1 2025								
	CHINA					Q4 2024-Q2 2025							
	Medical Staff Development Plan											Q3 2026	
Finance	Cost Report Review				Q4 2024				Q4 2025				Q4 2026
	Staffing Assessment		Q2/Q3 2024										
	Productivity Assessment and Vantage Install						Q2 2025						
	Ongoing Vantage Support for productivity										Q2 2026		
	Financial Operations Review		Q2 2024				Q2 2025			Q1 2026			
	Contractual Allowance & Bad Debt Reserve Review		Q2 2024				Q2 2025			Q1 2026			
Rev Cycle												Q3 2026	
Clinical Operations/Case Management/ CDI	Quality Program/ Patient Safety Assessment											Q3 2026	
	Surgical Assessment & Implementation												
	Case Management Assessment										Q2 2026		
	Patient Experience Assessment				Q2 2024								
	ED Assessment						Q2 2025						
Infection Prevention Program Assessment							Q1 2025						
Construction	Assist with Preliminary Construction Planning and Financing	Ongoing During Project				Ongoing During Project				Ongoing During Project			
Compliance	Dual Compliance Program and Risk Assessment											Q3 2026	

Ovation Healthcare







CHIEF EXECUTIVE OFFICER REPORT

August-2026

Big Bear Urgent Care Inc.-

Volumes at the UC totaled 622 in July vs. 573 in June. The previous year-July - totaled 646---the UCC is working through various staffing changes and closures .

RN and critical clinical staffing-

<u>Emergency Department</u>	<u>June</u>	<u>July</u>
RN Vacancies	2 FT	2FT
EMT Vacancies	0	0
Staff in hiring process	0	1
FMLA	2	2FTRN
Anticipated Resignations	0 FTRN	0FT RN
Travelers	2 RN	2 RN

Acute Department

RN Vacancies	1FT	0FT
LVN Vacancies	0FT	0FT
Staff in hiring process	1	1
FMLA	0	0
Anticipated Resignations	2	3
Travelers	0 RN	0 RN

Skilled Nursing Facility

LVN Vacancies	1FT	1FT
CNA Vacancies	3FT	3FT
Staff in hiring process	2	3
FMLA	0	0
Anticipated Resignations	0	0
Travelers	0LVN 2 CNA	0 LVN 2CNA

Critical Clinical Staff Recruitment\Retention-

- BVCHD is also discussing the possibility of an improved retirement match program

Facilities\Planning- Focus of the facilities and planning are:

Weekly Master Planning Mtgs-BVCHD, owners rep and Architects continue—

- Discussion with HCAI in July regarding SPC4D 2nd opinion strategy and replacement hospital dual tracks (Video)., board direction given and awaiting proposal from Architects on drawings for replacement hospital. RFP being developed for SPC4d structural analysis second opinion.
- New Meeting with CDPH is being arranged on proposed program flexs.
- MTCAP (Material Testing & Condition Assessment Program) underway-

- Meeting with City Regarding permitting, consultants, land use, entitlements - 6/4/24-consultant proposal under review from City.(on Hold)
- USDA- -Financing preapplication \approval will require resubmission with the audited financials. Pre application packet received and fiancé working on it. Will be submitted to Financing consultants for new analysis to timing of last application. submittal on hold until -value engineering is complete,
- Bond Council approval- pending (on Hold)
- **Planning Site visit to Modoc Medical Center (HOLD)**
- **Small and Rural Hospital Relief Program (SRHRP) funding in application revisited with HCAI BVCHD qualifies for some funding for SPC4D study cost . AB869 – SB 1953 extension application complete Review of SPC4d and strategy modifications at 7/15/26 Board meeting**

New Services-

The following is an update on services initiated, to be initiated or under investigation to be initiated: _

- Third on call GS shift coverage is still in discussion. - 4th surgeon credentialled. To assist with new group preferences.
- Wound Care program- Currently – 87 visits in July, podiatry chair being donated by WCA in August
- Interventional Radiology Due diligence underway, references, volumes\financials, pro forma- reviewing C-Arm and equipment upgrades
- Internal space reallocations are underway for a variety of revenue and non-revenue producing depts. -Peri-Op, Wound care, Echo, Dexascan and Cardiopulmonary dept move moved ETA 7/17/26
- New Echo company to begin- stress Echos Mondays , routine echoes on Thursdays. Start date is expected 3rd QTR 2026, pending some equipment issues.: This Echo company will provide:
 - Vascular ultrasound, Transthoracic echocardiograms, Stress echocardiograms (exercise and pharmacologic),AV optimization, Bubble studies, Transesophageal echocardiography (TEE).
- Orthopedics Call\Clinic- BVCHD is now looking into more regular call coverage. Clinic and surgery growing to every week . Ortho team saw 248 visit in July .
- MRI and Pad- plans approved by HCAI -11/4/25- RFP for construction extended to 4/27/26- Contractor chosen 5/1/26. Construction on MRI Pad broke ground 7/22/26.
- Radiology Rooms Upgrade -approved by HCAI in February, currently working with contractor on scope, cost and timing of the project -Emergent Resolution approved 3/28/26, Finalizing public works contract and TIOs , 120 day construction time from HCAI permit issuance
- 340B - Big Bear Pharmacy- Application to State Board of Pharm. submittal minor feedback and fixes from Ca, State Board of Pharmacy. The Retail Pharmacy buildout is being reviewed with HCAI- requires 1 hr. fire wall and ADA accommodations. ADA requirements have been identified requiring modifications to space reconfigurations. An analysis is underway on least intrusive modifications
- Optometry\Ophthalmology saw 8 pts and 11 surgeries in July -BVCHD continues development with local Optometry. Ophthalmology coverage is in discussions about affiliations with local groups, YAG laser procedures – and start up in the FHC with new space and Argos and Retina studies(NEW)
- Podiatry –28- Visits in July, will be reviewing surgery scheduling starting in 3rd QTR. 2026
- Pediatrics—A., Schuh C-PNP -155 visits in July
- Rheumatologist -14 visits in July
- Pulmonology–Pulmonology and Sleep studies services- July 4
- 2 Bed ICU\Step Down (light)- CDPH and BVCHD. Communication and arranging a meeting is underway with SB District Office. Reviewing alternatives like; telemetry unit, step down units, etc. and replacement hospital flexes., a
- Primary care -clinics -Madhu Anvekar,MD-6 visits
- BVCHD continues in 3 AI categories-1. “Ambient Listening” BVCHD must modify a policy on video and audio recording of patients. (Ca Penal Code 632), 2. Introduction of POCUS- Echo Point Of Care Ultrasound -Echocardiography) approved by IT, to be managed by RT Dept -

- Mobile Rural Health Clinic –Independence Day celebration on June 27th. Further discussions include locating the mobile center on school grounds and becoming a school-based location.
- Space discussions-BVCHD administration is reviewing modular office options/sizes and configurations to place on the existing property.
- BVCHD will be sending 4 managers to Lead Academy training on Sept.3 – Nov 19th,2026.

Marketing\Public Relations-June

- Meeting with Cathy Herrick for Radio Marketing – (06/03/2026)
- Big Bear Middle School Career Day – (06/08/2026)
- Senior Center Presentation – (06/08/2026)
- Mountain Mutual Aid Meeting – (06/09/2026)
- Big Bear Chamber GA-RTAC meeting – (06/11/2026)
- BVCHD Foundation Meeting – 06/11/2026)
- Mountain Region-County Hazard Mitigation Planning Workshop – (06/17/2026)
- Big Bear TV recording w/ Samir Nayyar, MD & Alex Weis, PA – (06/25/2026)
- ARMC/BVCHD Meeting – (06/26/2026)
- MRI Internal Meeting – (06/30/2026)
- Walk with a Doc – (06/30/2026)

Moms and Dads 25 year celebration – 9/3/26-3p-6p at Moms and Dads location

Signage update- verbal

Candidate forum-9/24/26

Affiliations\Partnerships\RHTP-

LLUH-(Loma Linda University Health)– Tele-Neurology discussion have ended due to clinical concerns with LLUH Neurology Depts. LLUH IT Dept and BVCHD grant (about \$100,000) being resubmitted. Follow up on the Family Medicine Rural Residency continues. Planning and discussions continue with LLUH , SAC ,IEHP re; Exploring RHTP EMR opportunities.

UCR- School of Medicine Family Medicine rural residency program began 9/25/25 (5 residents so far)

A discussion with Rady's Children's Health and BVCHD collaborative follow up scheduled for summer 2026 RHTP-

Discussions with Riverside Community Hospital continue regarding a revised transfer -stroke agreement and should be executed in March re continue in strategic partnering, Teleintensivist coverage, Stroke imaging Software (Viz-AI) implemented, General Surgery Transfers, ICU coverage, ED transfers ,some 3rd party payer consulting, cardiology on-call coverage, trauma coverage, telemedicine, interventional neurosciences transfers, staff education (OR simulator lab)

BVCHD continues discussions with Mountains Community Hospital re: RHTP funding,, clinic specialists , Joint advocacy, Tertiary collaboration, EMRs, Revenue Cycle, Rate range , Joint Philanthropy, CAH quality measures and P4P \$, JPA (Joint Powers Authority) opportunities.

Providence\St Joseph's Health -BVCHD leadership continue to meet(On Hold till 3rd Qtr)

RHTP -Verbal-visual- 3 Grants

-EMR Modernization -due 8/21/26(BVCHD-Only(\$2m)

-Hub and Spoke- due 8/14/26(ARMC, BVCHD, BCH, MCH, CRMC)-\$2.2m-

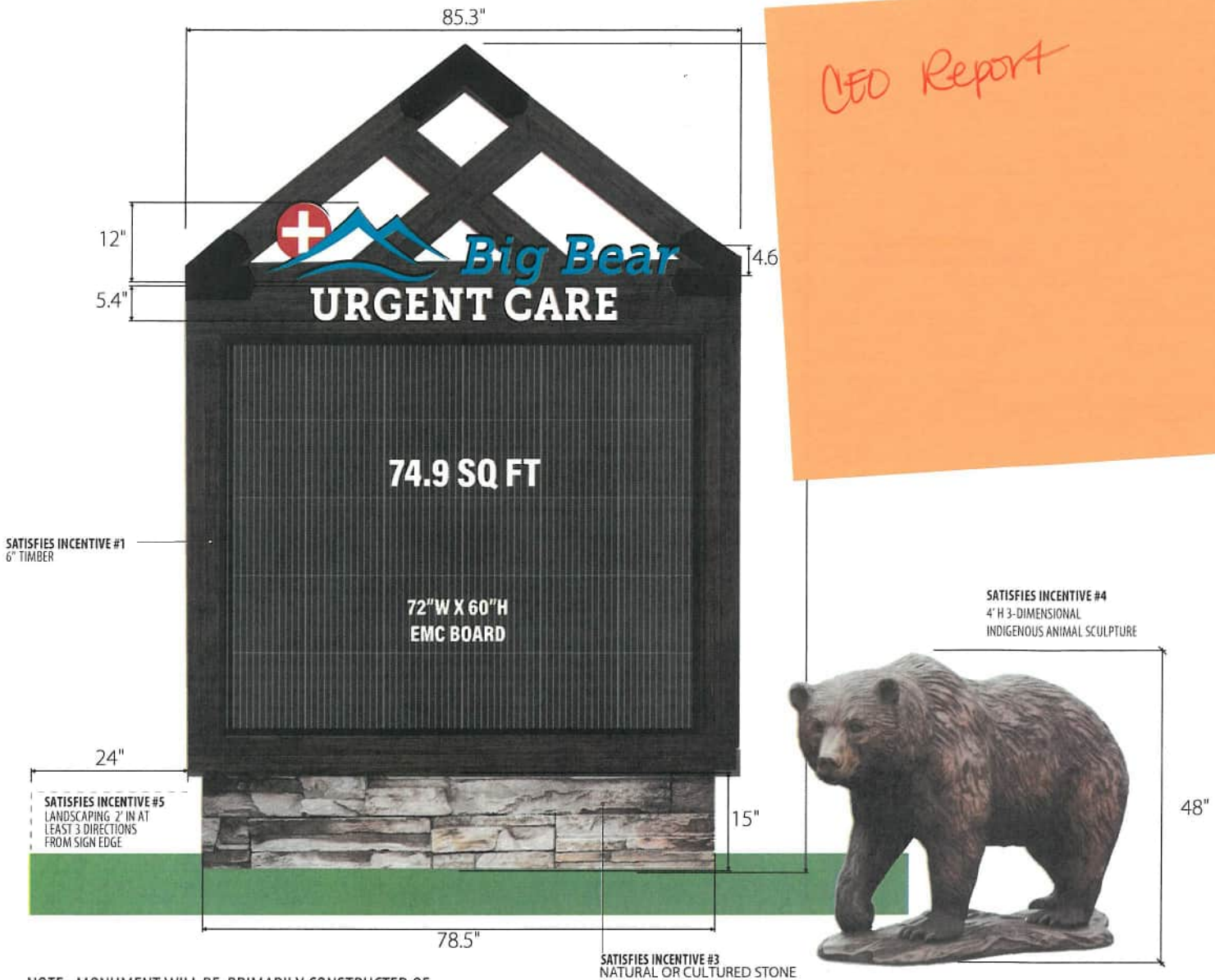
- OB and Women's Health In person and telemedicine

- Transformative Care Model Expand and Support Rural Workforce Capacity (FM-OB SubAward)

(
-Hub and Spoke (Echo AI)-

BIG BEAR URGENT CARE

MONUMENT SIGN DESIGN CONCEPT



NOTE: MONUMENT WILL BE PRIMARILY CONSTRUCTED OF ENERGY EFFICIENT AND "GREEN" MATERIALS, FINISHES AND LIGHTING.



140 N. Maple Street #104
Corona, CA 92878
majesticsignstudio.com
T: 951-735-5001

Date: 3.5.26 Job#: SO#6738 MONUMENT SIGN

Contact & Company Names: BIG BEAR URGENT CARE

Please note that it is the client's responsibility to fully check the proof for any errors, misspellings, etc. Majestic Sign Studio recommends that all clients view a printed color proof. If you choose not to view a printed proof, you may not notice certain errors in text, imagery, or color that are your responsibility to proof prior to final print production. Web proofs do **not** show accurate color, clarity, or size. Majestic Sign Studio will not accept responsibility for missed details or color accuracy when client does not view the final print proof.

Revision requests can be made by email only. Client is subject to three (3) revisions. Any revisions beyond those included will be charged at our currently hour rate. While we will notify you once you have reached this limit, please be mindful to include ANY AND ALL changes you have prior to reaching your limit when possible.

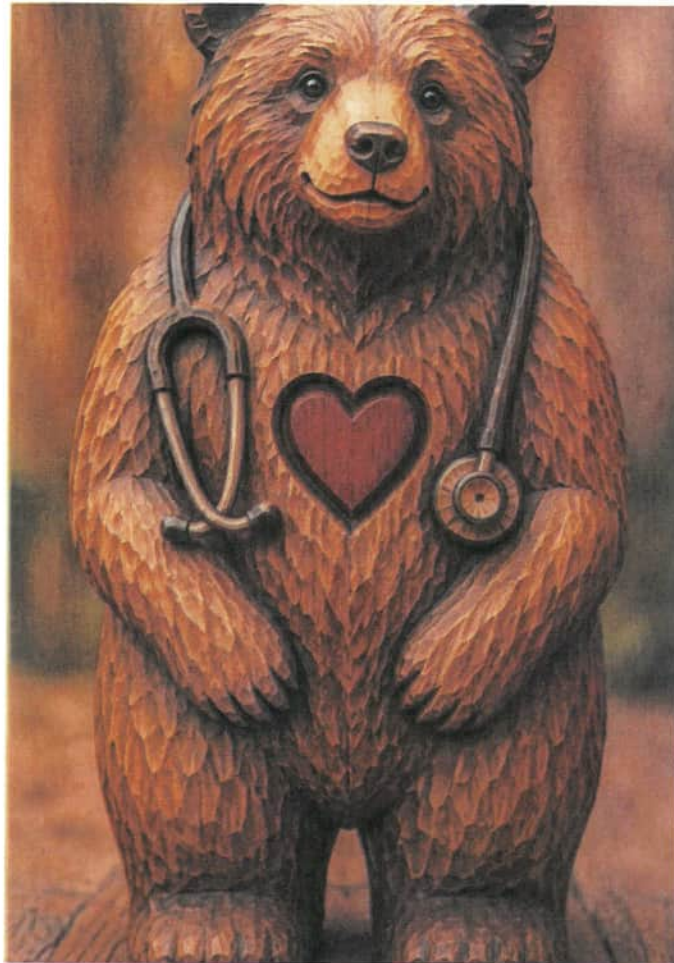
DESIGNER: AM

APPROVED

☐ AS IS

☐ WITH CHANGES

☐ NEW PROOF





LOCAL CANDIDATES FORUM

Hosted by Big Bear Chamber of Commerce

SAVE THE DATE

THURSDAY
SEPTEMBER 24, 2026
5:00 PM

DESTINATION BIG BEAR

713 Stocker Road, Big Bear Lake



YOUR COMMUNITY.
YOUR VOICE. YOUR VOTE.

Join us in person to hear
from our local candidates



CalRHT Program Overview for the California Critical Access Hospital Network

Lemeneh Tefera, MD, MSc
Chief Medical Officer and Deputy Director for Innovation

May 12, 2026



Agenda

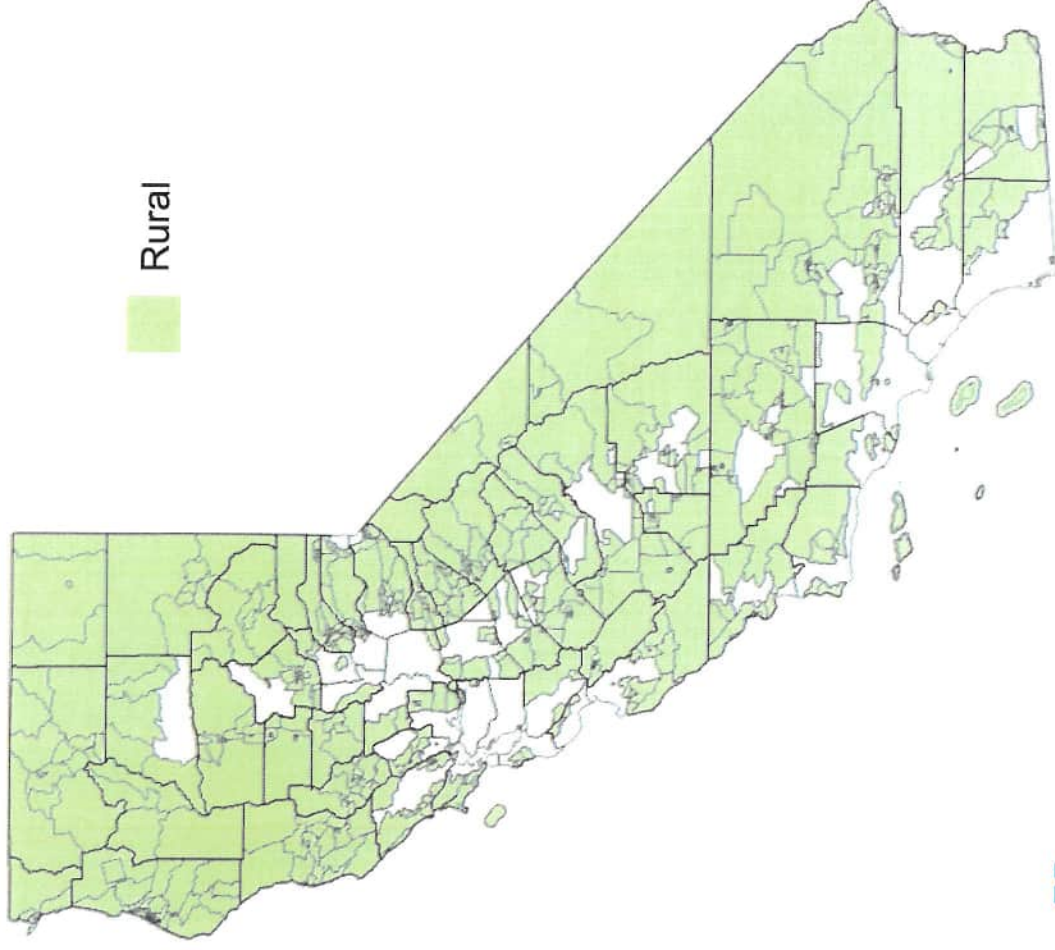
- Rural California
- CMS's Rural Health Transformation Program Overview
- Timeline to Funding
- Stakeholder Engagement
- CalRHT Proposal & Timelines
- Rural Health Policy Council
- Looking Ahead

The CalRHT program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$233,639,308.46 with 100 percent funded by CMS/HHS. The contents are those of CalRHT and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Rural California

- The state has over 2.7 million rural residents
- Of California's 58 counties, 57 contain rural areas
- 82.1% of California is a rural census tract
 - Approximately 76% of rural census tracts are in a Primary Care Health Professional Shortage Area
- The state has:
 - 279 Rural Health Clinics (RHC)
 - 45 Indian Health Service clinics
 - 296 Federally Qualified Health Centers (FQHC), including dual funded tribal clinics
 - 65 hospitals meeting HRSA or CMS's definitions of rural

based on 2020 U.S. Census American Community Survey estimates and CMS definitions and may be subject to change.
<https://www.hrsa.gov/rural-health/about-us/what-is-rural>



CMS's RHTP Strategic Goals

H.R.1 created the \$50 billion Rural Health Transformation Program (RHTP) with the following strategic goals:

Make rural
America
healthy again

Sustainable
access

Workforce
development

Innovative
care

Technology
innovation

Permissible Use of Funds

Funds must be used for at least three of the CMS-designated categories:

Prevention
and chronic
disease

Provider
payments*

Consumer
technology
solutions

Training and
technical
assistance

Workforce*

IT advances*

Appropriate
care
availability

Behavioral
health

Innovative
care

*restrictions apply

Overview of CMS RHTP Award Process

- California received the third-highest FY 2026 award amount under the CMS Rural Health Transformation Program
- **\$233,639,308** for Budget Period 1 (Jan – Oct 2026) of the RHTP



Stakeholder Engagement

In just over 8 weeks through the application process, HCAI heard from over **1600** stakeholders about priorities for strengthening California's rural healthcare.

Stakeholders included Hospitals, including Critical Access; Federally Qualified Health Centers; Indian Health Service, Tribal Health, or Urban Indian Health Organizations; Mental Health Programs; Academic Centers; Health Plans; Community Based Organizations; County and Local Governments and Departments.

Stakeholders mentioned the following priorities:

- **Access to care (77%)**
- **Financial stability of rural hospitals (66%)**
- **Telehealth and remote monitoring (63%)**
- Infrastructure modernization (54%)
- Workforce recruitment and retention (51%)
- Training and education (49%)
- Innovation pilots (40%)
- Culturally responsive care (34%)
- Community health workers and doulas (23%)
- Maternal and child health (20%)
- Tribal health partnerships (14%)

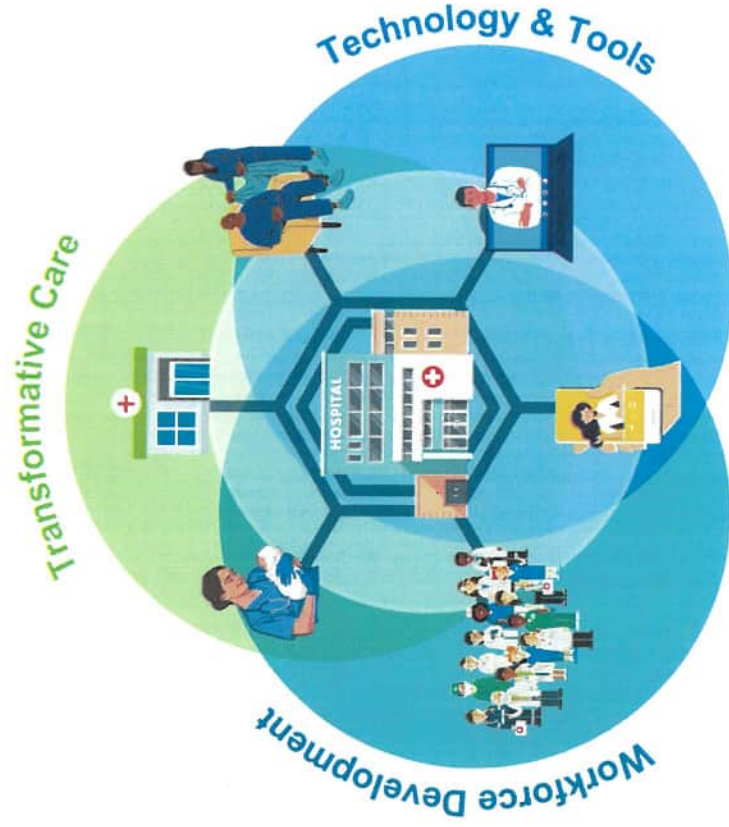


CALIFORNIA
RURAL HEALTH TRANSFORMATION



CaIRHT Program Proposal

2026 - 2031



The California Rural Health Transformation (CaIRHT) program vision is a **connected, resilient rural health system** in which every rural Californian can access timely, person-centered primary, maternal, specialty, chronic condition, and behavioral health care close to home, **supported by a sustainable workforce, modern technology and data infrastructure.**

CaIRHT will expand regional care collaboratives and partnerships; apply evidence-based care; deploy tools that work in low resource settings; and invest in local readiness and health care services.

CalRHT Initiative: Transformative Care Model

Establish regional hub-and-spoke collaboratives

To create rural primary and maternity regional care collaboratives and partnerships that elevate rural health care by connecting regional hospital system hubs with local healthcare facilities and other providers to improve access to local, high-quality care.

Implement evidence-based models

Through Extension for Community Healthcare Outcomes (Project ECHO), OB Nest, California Child and Adolescent Mental Health Access Portal (CAL-Map), and Perinatal Psychiatry Access Program (PPAP) to extend workforce and improve quality of care.

Leverage technology

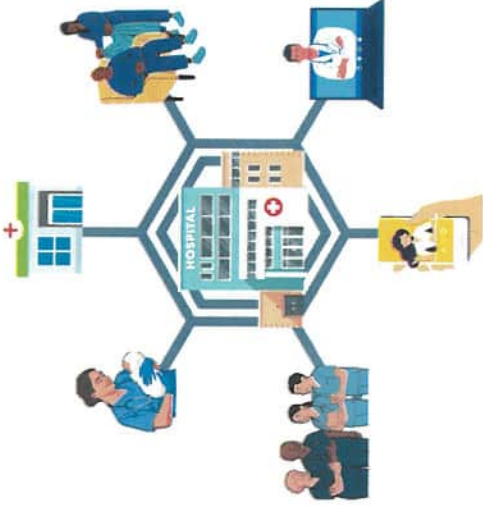
That will expand telehealth primary, maternity, specialty and chronic condition care; eConsults; remote patient self-monitoring; and other tailored technology solutions.

Expand and support rural workforce capacity

To reduce rural bypass by offering obstetrics training fellowships, supporting development of CHWs, LVNs, doulas, midwives, and other allied health professions.



Transformative Payments: What Has Been Established



Purpose within TCM

- Targeted, time-limited investments in select rural hospitals critical to access
- Designed to support participation in feasible TCM components
- Focused on improving utilization, access, and long-term sustainability

What these payments are NOT

- Not reimbursement for billable services
- Not ongoing operating subsidies
- Not duplicative of other funding streams

Core design principle

- Milestone-based, conditional funding tied to measurable transformation

CalRHT Initiative: Technology & Tools

Infrastructure enhancement

To help rural health entities meet baseline technology needs, tailored to facilitate reliable connection to and participation in regional care collaboratives and partnerships.

Grant funding

To support providers in a variety of needs including modernizing electronic health records, practice management, screening tools, population health systems, telehealth and e-Consult platforms, optimizing interoperability, and improving revenue cycle management.

Expand regional collaboration

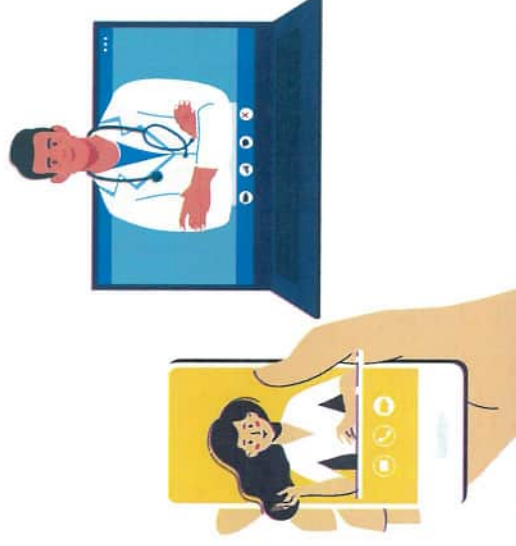
By leveraging the Rural Technical Assistance Center to coordinate efforts to reduce technology costs and staffing burden for rural providers and create opportunities for group purchasing and shared management of tech services.

Technical assistance

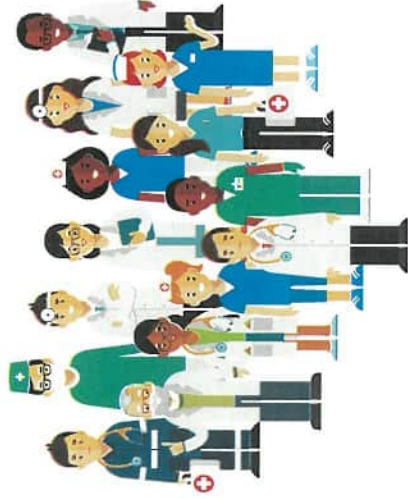
Through the Rural Technical Assistance Center which provides expert advice and hands-on support to transformative care model participants and other grantees.

Technology & tools to empower consumers

By promoting development of accessible digital tools and technologies and educating consumers on self-monitoring and reporting.



CalRHT Initiative: Workforce Development



Develop a rural workforce mapping and planning tool

To identify demand trends and pinpoint county-level capacity gaps across clinicians and team-based care support roles in primary care and maternal health.

Strengthen training pathways and clinical placement networks

To create a sustainable pipeline of rural students pursuing careers in health professions and build pathways for them to train, stay, and practice in rural communities.

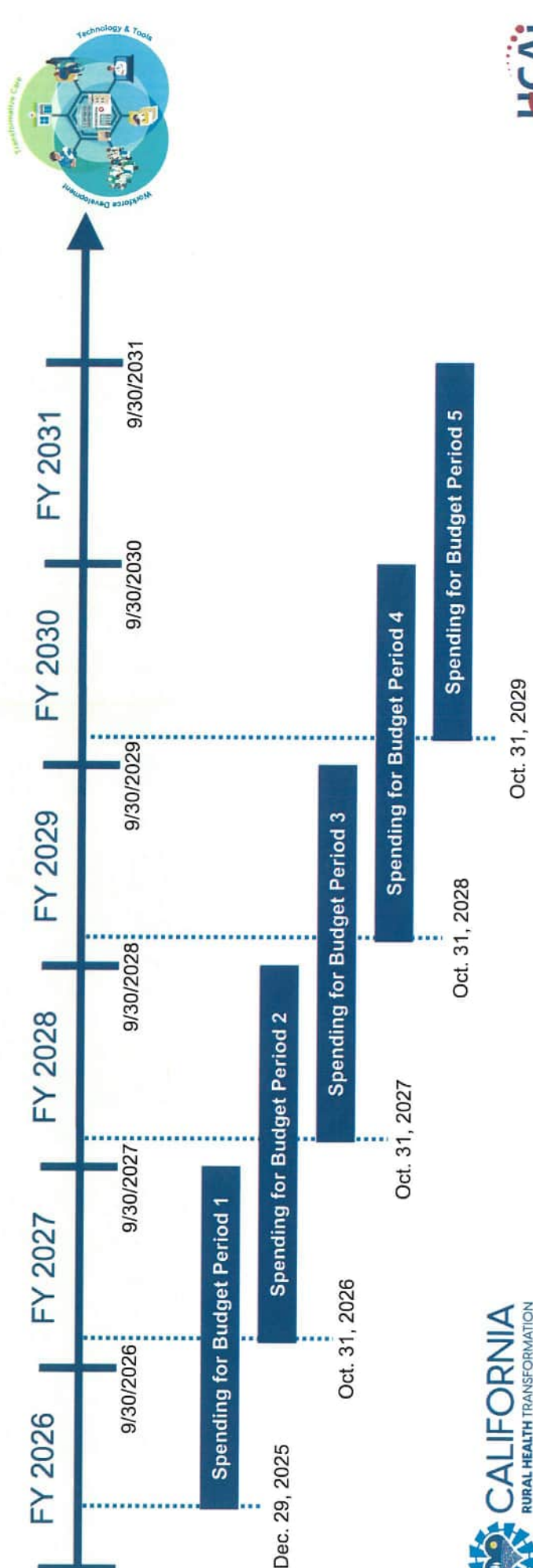
Retention and relocation

To keep existing health workforce in rural communities and make recruitment practical when needed through incentives and wrap around supports that strengthen stability and fit.

CalRHT Budget Period Timeline

Program funding is appropriated from FY2026 through FY2030

- The Federal Fiscal Year's funding aligns with the five Budget Periods. Funds for each period need to be obligated by the end of the Budget Period.
- Expenditures obligated during each Budget Period may extend to the end of the following Federal Fiscal Year, as shown below.



CalRHT Program Timeline

2026

2027

Accelerator Partnerships

Hub & Spoke, Regional Collaboratives

Leverage Technology

Rural Workforce Capacity

**Transformative
Care Model**

Launch Workforce Mapping Tool

Recruitment & Retention Programs

Clinical Placement Networks

Establish Rural Tech Assistance Center

T&T Grant Program

**Rural Workforce
Development**

**Technology
and Tools**

CaIRHT Stakeholder Engagement

Key Dates



Information & Communications

March 2026

- FAQs published
- Website updated



CaIRHT Webinars

Spring – Fall 2026

- Webinars will be scheduled to align with launch of new programs



Rural Health Policy Council

Summer 2026

- RHPC council members announced
- RHPC convenes for first meeting

CalRHT Program Grants

Key Dates



Applications

Late Spring 2026

- Begin release of Request for Applications



Selection

Summer 2026

- CalRHT awardees submitted for CMS review
- HCAI announcements of CalRHT awardee selection



CMS Review

Summer – Fall 2026

- CMS will approve, amend, or deny CalRHT subaward decisions
- CMS authorizes fund use for grant subawards



Grant Funding

Summer – Fall 2026

- CalRHT begins disbursement of grants
- Awardees must use funds by Sep 30, 2027

Rural Health Policy Council

HCAI will convene a broad group of stakeholders representative of California's rural health providers, including rural hospitals, clinics, physicians, clinicians, health plans, patient representatives, Tribal leaders, and state departments.

RHPC will be a public forum for rural health stakeholders to discuss the CalRHT program implementation, including:



Addressing policy questions from the CalRHT team



Proposing ideas for CalRHT consideration



Providing subject matter expertise



Helping communicate CalRHT policy to the community



Sharing program performance feedback from rural California communities



CALIFORNIA
RURAL HEALTH TRANSFORMATION

HCAI
Department of Health Care
Access and Information

Questions?

For CalRHT program updates, FAQs and more, visit the

[HCAI CalRHT webpage](#)

OR

Please email
CalRHT@hcai.ca.gov

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Finance Report

June 2026 Results

Summary for June 2026

- Cash on hand \$ 2,618,734
- *Cash Collections* \$ 2,814,200
- Investments \$ 23,241,297
- Board Designated Funds \$ 25,000,000
- Days Cash on hand, including investments with LAIF – 389
- Operating **Surplus** for the month of **\$1,859,834** vs projected **Loss** of **\$295,397**
- Total **Surplus** of **\$4,027,314** (vs a budgeted Surplus of **\$536,933**)
- YTD Surplus **\$4,557,289** (vs bud. of **\$4,117,990**) and PY Surplus of **\$6,240,272**)
- Total Patient Revenue was 15.5% Higher than Budget for the month (\$997K)
- Revenue deductions were at 24.7% of total revenue or 42.3% under budget (\$1,349K)
- Net Patient Revenue was 72.3% above budget (\$2,346K)
- Other Operating Revenue was 170.4% above budget (\$262K)
- Total Operating Revenue was 76.7% above budget (\$2,609K)
- Total Expenses were 12.3% above budget (\$453K)



June 2026 Financial Results

Key Statistics

Total Patient Days were more than the budget (814 vs 806). Our Acute and Swing average daily census was 5.9 with another .77 of Observation patients while the Skilled Nursing facility finished the month at 20.3. Emergency Room visits were above the monthly target (1,094 vs 986). Surgical procedures were slightly above the monthly target (21 vs 19) and ahead of the prior year to date by 67. Primary care visits were fewer than their target (1,754 vs 1,947) as were specialty clinic visits (287 vs 318). Primary care visits are above budget year to date by 174 visits and are ahead of the prior year by 1,939. Also, total clinic visits were 26,039 and 1,623 ahead of prior year while establishing a new record. Most ancillary departments were above their current month targets including Lab (by 389), X-ray (by 21), CT scan (by 126), Ultrasound (by 47), Mammography (by 3), and Wound Care (by 45). EKG (by 52), Respiratory Therapy (by 26) and Physical Therapy (by 54) did not exceed their monthly targets although Physical Therapy also set a new record for the year at 31,275 (and 1,450 visits ahead of the previous year).

Financial Highlights

Overall revenues for the month (\$7,429,980 vs \$6,432,904) were above the monthly target with inpatient revenue (under by \$10,374), Outpatient Revenue (over by \$421,659), Emergency Room (over by \$480,961), Skilled Nursing (over by \$21,611) and Clinic revenue (over by \$83,219). Also, our annual revenues exceeded our current year target (\$82,566,245 vs \$80,505,930) and prior year (\$71,707,835).

Total Revenue Deductions were 42.3% below budget for the month (24.7% of gross revenue) as we finalized some surplus funding transfers which amounted to \$2,615,930. As of our fiscal year end, they represent 50.8% of gross revenue (compared to the target of 49.5% and the prior year of 49.4%). Days in accounts receivable increased from 84.3 to 84.8 with cash collections of \$2,814,200. Bad debt expense was under budget (by \$242K) for the month and for the year (by \$116K). Denial write-offs exceeded the budget for the month (by \$159K) and over budget for the year (by \$1,036K). Administrative adjustments were \$11K under their projection while Charity discounts (by \$31K) exceeded the monthly target. Both Charity Care discounts (by \$177K) and Administrative adjustments (by \$159K) exceeded the annual projections while Policy discounts (by \$99K) and Employee discounts (by \$130K) were less than their annual projections. Self-pay accounts receivable over 120 days old remain high at \$3,198 million.



The total accounts receivable over 120 days old remain high at \$9,223 million or 43.7% of the total accounts receivable.

Other operating revenue was above budget projections (\$416,299 vs \$153,975) and included additional funds from Dietary (\$26K), 340B (\$23K), a SHIP grant (\$13.5K) and grant funding due from the Mom and Dad's project (\$353K).

Total operating revenue exceeded the June target at \$6,009,012 vs \$3,400,368.

Total Expenses exceeded the current month's target (by \$453,413 or 12.3%) and are over the year-to-date projection (by \$1,390,945 or 3.1%). The main areas of variance included Salaries and Benefits including registry over by \$132K with salaries (over by \$152K), benefits (under by \$13K) and Registry (under by \$6K). Other key categories include Professional Fees (over by \$99K), Supplies (over by \$89K), Utilities (over by \$32K), Repairs and Maintenance (over by \$78K), Purchased Services (over by \$26K), Rental and Leases (over by \$21K), Dues and Subscriptions (over by \$18K), and Other Expenses (under by \$34K).

Salaries were above our budget projection (by \$152K). The average wage per day was at the average per day on a year-to-date basis (\$55K).

Registry was slightly under budget for the month (\$43K vs \$49K) and continues to be mostly coverage in the Emergency Room. For the fiscal year, Registry costs were less than the prior year (\$965K vs \$1,155K).

Professional fees (over by \$99K) were over budget for the month but included some additional fees associated with Orthopedic call coverage and a year end reconciliation. For the fiscal year, we exceeded our projections by \$51K.

Supplies (over by \$89K) included \$44K for surgical supplies which included implant costs as well as regular supplies related to surgical volumes. Also, additional supplies were purchased for the Emergency Room (over by \$30K), and Dietary (over by \$5K). Year-end inventory adjustments accounted for \$22.9K of additional expense. Only \$1,332 of this amount was related to our main inventory which is managed by Materials Management.

Our utilities continue to be high and were \$82K for the month. For our fiscal year, our utility costs are \$217K higher than for this same period last year.



Repairs and Maintenance costs exceeded the current month target (by \$78K) and included CT Scan Maintenance and accreditation (\$19K), ice machine sanitation (\$2.2K), fees associated with our temporary generator (\$39K), landscaping services (\$8.3K), hot water tank repairs (\$20K), annual medical gas inspection fees (\$11K) and some asphalt patching near the helipad (\$3.9K).

Purchased services were above the current month target (by \$26K) and included staffing costs for Physical Therapy (\$13.6K), and financial processing fees (\$29K).

Leases and rentals exceeded the monthly target (\$21K) and included additional space rental \$4.9K) as well as rental costs associated with our medical gas tanks.

Dues and subscriptions exceeded the budget (by \$18K) and the overage was related to a change in one of our quality programs.

Other expenses were below budget for the month (by \$34K) and included costs related to a union reimbursement (\$3K), chart storage racks (\$2.6K), and some staff education opportunities across several departments (\$6.5K).

Full-Time-Equivalent staffing (for BVCHD employed staff) was at 235.9 vs the current month's target of 228.9.

Other non-operating revenue for the month totaled \$2,167,481 and included county tax revenue (\$250K), interest income (\$471K), quality and P4P (pay for performance) awards \$1,443K), as well as some rental income, interest expense, and other miscellaneous revenue (copy fees, etc.).

This combination led to a surplus from Operations of \$1,859,931 as compared to an expected loss of \$295,397 and the previous year's surplus of \$1,030,753.

Our Total Surplus for the month was \$4,027,314 versus the expected surplus of \$536,031.

On a year-to-date basis, we ended the fiscal year with a pre-audited overall surplus of \$557,259 (vs a targeted surplus of \$2,117,997) and compared to a surplus of \$6,240,272 for the previous fiscal year.

Our Operating Cash and Investments totaled \$50,800,031 with days of cash on hand of 389 and days in accounts receivable of 84.8.

Financial Highlights—Hospital
STATEMENT OF OPERATIONS

	A		B		C		D		E		F		G		H		I		J	
	FY 24/25		FY 25/26		FY 25/26		FY 25/26		FY 25/26		FY 24/25		FY 25/26		FY 25/26		FY 25/26		FY 25/26	
	Actual		Actual		Actual	Budget	Actual	Budget	Actual	%	Actual		Actual		Actual	Budget	Actual	Budget	Amount	%
total patient revenue	6,322,377		7,429,980		6,432,904		997,076		15.5%		71,707,835		82,566,245		80,505,930		2,060,316		2.6%	
total revenue deductions	828,092		1,837,267		3,186,511		(1,349,243)		-42.3%		35,433,121		41,963,712		39,850,435		2,113,277		5.3%	
% Deductions	13%		25%		50%						49%		51%		49%					
net Patient Revenue	5,494,285		5,592,713		3,246,394		2,346,319		72.3%		36,274,713		40,602,534		40,655,495		(52,961)		-0.1%	
% Net to Gross	87%		75%		50%						51%		49%		51%					
net Revenue	57,021		416,299		153,975		262,325		170.4%		1,512,021		2,260,265		1,850,000		410,265		22.2%	
total Operating Revenue	5,551,306		6,009,012		3,400,368		2,608,644		76.7%		37,786,734		42,862,799		42,505,495		357,304		0.8%	
total Expenses	3,601,551		4,149,178		3,695,766		453,413		12.3%		42,654,624		46,386,087		44,995,142		1,390,945		3.1%	
% Expenses	57%		56%		57%						59%		56%		56%					
plus (Loss) from Operations	1,949,754		1,859,834		(295,397)		2,155,231		729.6%		(4,867,890)		(3,523,288)		(2,489,647)		(1,033,641)		-41.5%	
% Operating margin	31%		25%		-5%						-7%		-4%		-3%					
total Non-operating	4,183,058		2,167,481		832,330		1,335,151		160.4%		11,108,162		8,080,577		6,607,637		1,472,940		22.3%	
plus/(Loss)	6,132,812		4,027,314		536,933		3,490,382		650.1%		6,240,272		4,557,289		4,117,990		439,299		10.7%	
% Total margin	97.0%		54.2%		8.3%						8.7%		5.5%		5.1%					
													11.22%		10.13%					

BALANCE SHEET

	A		B		C		D		E	
	June		June		May		FY 25/26		FY 25/26	
	FY 24/25		FY 25/26		FY 25/26		Actual	Budget	Actual	%
Accounts Receivables	14,817,261		19,396,456		18,803,705		592,751		3.2%	
Accounts Receivables	4,821,897		6,643,321		6,348,458		294,863		4.6%	
% Net AR to Gross AR	33%		34%		34%					
Gross AR	76		84.8		84.3		0.5		0.6%	
Collections	2,506,752		2,814,200		2,569,613		244,587		9.5%	
estments and Board Designated Funds	48,337,233		48,241,297		48,841,298		(600,001)		-1.2%	
on hand	2,776,847		2,618,734		2,421,515		197,219		8.1%	
total Cash & Invest	51,114,080		50,860,031		51,262,813		(402,782)		-0.8%	
Days Cash & Invest	412.7		391.1		402.8		(12)		-2.9%	
al Cash and Investments	51,114,080		50,860,031		51,262,813					
crease Current Year vs. Prior Year			(254,048)							

	A		B		C		D		E		F		G		H		I		J	
	FY 24/25		FY 25/26		FY 25/26		FY 25/26		FY 25/26		FY 24/25		FY 25/26		FY 25/26		FY 25/26		FY 25/26	
	Actual		Actual		Budget		Amount		%		Actual		Budget		Amount		%			
Gross Patient Revenue																				
1	548,152		598,429		608,803		(10,374)		-1.7%		6,156,950		7,575,570		(719,966)		-9.5%			
2	1,194,776		1,431,354		1,009,696		421,659		41.8%		12,523,286		12,502,986		3,546,084		28.4%			
3	399,060		717,206		633,987		83,219		13.1%		4,337,934		7,713,510		(1,294,858)		-16.8%			
4	3,752,686		4,240,589		3,759,628		480,961		12.8%		43,860,243		47,959,854		365,990		0.8%			
5	427,703		442,401		420,790		21,611		5.1%		4,829,422		5,120,000		163,066		3.2%			
6	6,322,377		7,429,980		6,432,904		997,076		15.5%		71,707,835		80,505,930		2,060,316		2.6%			
Revenue Deductions																				
7	190,111		1,529,330		2,804,094		(1,274,764)		-45.5%		29,485,185		35,092,435		1,086,162		3.1%			
8	-		-		-		-		#DIV/0!		-		-		726		#DIV/0!			
9	35,420		46,540		15,884		30,656		193.0%		444,067		375,449		198,780		88.9%			
10	342,370		5,051		15,726		(10,675)		-67.9%		786,880		196,825		158,564		80.6%			
11	15,000		21,258		23,377		(2,119)		-9.1%		193,215		292,558		(99,343)		-34.0%			
12	9,778		6,826		15,947		(9,121)		-57.2%		69,482		199,600		(129,869)		-65.1%			
13	148,754		15,522		257,316		(241,794)		-94.0%		2,869,415		3,220,237		(115,635)		-3.6%			
14	281,494		212,740		54,167		158,573		292.8%		1,629,590		650,000		1,036,003		159.4%			
15	828,092		1,837,267		3,186,511		(1,349,243)		-42.3%		35,433,121		39,850,435		2,113,277		5.3%			
16	5,494,285		5,592,713		3,246,394		2,346,319		72.3%		36,274,713		40,655,495		(52,961)		-0.1%			
	13.1%		24.7%		49.5%		-24.8%				49.4%		49.5%		1.3%					
17	57,021		416,299		153,975		262,325		170.4%		1,512,021		1,850,000		410,265		22.2%			
18	5,551,306		6,009,012		3,400,368		2,608,644		76.7%		37,786,734		42,505,495		357,304		0.8%			
Expenses																				
19	1,541,183		1,701,663		1,549,748		151,915		9.8%		18,046,603		18,860,100		1,140,524		6.0%			
20	496,335		582,332		595,825		(13,494)		-2.3%		6,044,110		7,230,744		(613,029)		-8.5%			
21	67,933		43,090		49,316		(6,226)		-12.6%		1,154,513		600,000		365,107		60.9%			
22	2,105,451		2,327,084		2,194,889		132,195		6.0%		25,245,227		26,690,844		892,602		3.3%			
23	270,235		383,793		284,535		99,258		34.9%		3,308,472		3,433,678		51,004		1.5%			
24	304,728		299,328		210,718		88,609		42.1%		2,604,798		2,612,919		757,349		29.0%			
25	79,314		82,509		50,448		32,061		63.6%		723,539		681,974		86,488		10.4%			
26	100,223		147,353		69,307		78,046		112.6%		800,665		6,439,129		(247,823)		-3.8%			
27	428,961		558,740		532,521		26,219		4.9%		6,207,027		1,430,805		(131,061)		-9.2%			
28	105,854		107,490		119,239		(11,749)		-9.9%		1,279,914		960,000		7,035		0.7%			
29	78,149		83,821		80,000		3,821		4.8%		937,789		290,994		72,310		24.8%			
30	23,741		45,648		24,354		21,294		87.4%		286,516		256,382		(320)		-0.1%			
32	22,780		39,320		21,367		17,953		84.0%		246,067		1,364,500		(354,867)		-26.0%			
33	82,115		74,092		108,387		(34,295)		-31.6%		1,014,612		44,995,142		1,390,945		3.1%			
34	3,601,551		4,149,178		3,695,766		453,413		12.3%		42,654,624									
35	1,949,754		1,859,834		(295,397)		2,155,231		729.6%		(4,867,890)		(2,489,647)		(1,033,641)		-41.5%			
Non-Operating Income																				
36	330,926		250,000		241,665		8,335		3.4%		2,973,448		2,899,999		(188,371)		-6.5%			
37	3,345,887		1,445,683		175,622		1,270,061		723.2%		6,341,330		2,107,485		1,513,470		71.8%			
38	512,986		471,449		422,543		48,906		11.6%		1,919,921		1,690,173		134,133		7.9%			
	(6,741)		348		(7,500)		7,848		-104.6%		(126,536)		(90,000)		13,708		-15.2%			
39	-		-		-		-		#DIV/0!		-		-		-		#DIV/0!			
	4,183,058		2,167,481		832,330		1,335,151		160.4%		11,108,162		6,607,637		1,472,940		22.3%			
40	6,132,812		4,027,314		536,933		3,490,382		650.1%		6,240,272		4,557,289		439,299		10.7%			

**Bear Valley Community Healthcare District
Financial Statements**

Current Year Trending Statement of Operations

A Statement of Operations—CURRENT YEAR 2026

	1	2	3	4	5	6	7	8	9	10	11	12	7.6%
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
Gross Patient Revenue													
1 Inpatient	640,885	572,444	613,506	847,534	557,175	553,464	541,832	342,942	534,020	512,130	541,244	598,429	6,855,604
2 Outpatient	1,331,424	1,048,232	1,706,688	1,149,861	1,128,064	1,249,895	1,336,499	1,223,526	1,605,494	1,365,743	1,472,290	1,431,354	16,049,070
3 Clinic	390,696	399,362	411,947	393,322	374,719	420,348	469,231	501,256	827,522	765,854	747,189	717,206	6,418,652
4 Emergency Room	4,432,061	4,623,647	3,454,114	3,479,779	3,550,087	4,176,531	4,962,456	4,018,927	4,165,107	3,355,562	3,500,994	4,240,589	47,959,854
5 Skilled Nursing Facility	438,347	439,055	433,550	458,949	432,610	443,989	437,216	397,632	456,408	444,224	458,675	442,401	5,283,066
6 Total patient revenue	7,233,413	7,082,739	6,619,804	6,329,444	6,042,655	6,844,236	7,747,233	6,484,284	7,588,551	6,443,513	6,720,393	7,429,980	82,566,245
Revenue Deductions													
7 Contractual Allow	3,525,400	3,267,799	3,054,587	3,258,215	2,974,281	3,307,346	3,465,313	3,159,778	3,323,255	2,590,550	2,722,742	1,529,330	36,178,597
8 Contractual Allow PY	-	696	-	-	-	-	-	-	30	-	-	-	726
9 Charity Care	419	34,591	70,835	18,430	103	32,036	45,057	13,446	49,854	29,427	34,711	46,540	375,449
10 Administrative	53,721	15,963	45,489	45,905	7,469	20,366	69,622	11,523	40,529	21,467	18,284	5,051	355,389
11 Policy Discount	7,738	10,541	10,832	9,270	8,955	18,361	20,931	12,430	31,794	24,282	16,823	21,258	193,215
12 Employee Discount	5,645	4,431	3,189	6,928	5,740	3,747	3,358	7,468	3,992	13,766	4,639	6,826	69,731
13 Bad Debts	174,844	18,818	285,139	330,417	331,525	191,627	393,414	452,491	330,581	119,057	461,167	15,522	3,104,602
14 Denials	102,415	158,488	150,595	95,412	58,332	57,004	149,692	95,590	237,789	174,628	193,321	212,740	1,686,003
15 Total revenue deductions	3,870,182	3,511,328	3,620,666	3,764,577	3,386,406	3,630,486	4,147,386	3,752,726	4,017,825	2,973,176	3,451,687	1,837,267	41,963,712
16 Net Patient Revenue net / tot pat rev	3,363,231	3,571,411	2,999,139	2,564,868	2,656,249	3,213,749	3,599,847	2,731,558	3,570,726	3,470,337	3,268,706	5,592,713	40,602,534
17 Other Revenue	102,477	32,795	272,396	320,653	171,856	114,764	307,505	129,526	153,810	74,834	163,350	416,299	2,260,265
18 Total Operating Revenue	3,465,708	3,604,206	3,271,534	2,885,520	2,828,105	3,328,513	3,907,352	2,861,084	3,724,537	3,545,171	3,432,055	6,009,012	42,862,799
Expenses													
19 Salaries	1,370,797	1,534,203	2,170,415	1,647,346	1,672,566	1,719,171	1,665,907	1,313,787	1,834,112	1,790,276	1,580,382	1,701,663	20,000,624
20 Employee Benefits	510,571	552,260	576,235	485,822	518,259	619,461	562,102	506,705	595,452	518,661	589,856	582,332	6,617,715
21 Registry	95,893	71,659	97,951	70,438	83,793	139,669	107,041	44,444	76,988	80,942	53,198	43,090	965,107
22 Salaries and Benefits	1,977,261	2,158,123	2,844,601	2,203,606	2,274,618	2,478,301	2,335,049	1,864,936	2,506,552	2,389,879	2,223,436	2,327,084	27,583,446
23 Professional fees	273,251	270,911	286,027	258,476	284,068	301,221	327,861	269,343	361,765	207,327	260,640	383,793	3,484,682
24 Supplies	321,164	263,601	287,386	268,672	209,402	253,504	280,800	272,045	285,619	388,020	240,728	299,328	3,370,268
25 Utilities	73,452	61,936	67,183	67,745	81,983	75,198	88,407	89,116	85,691	87,396	79,585	82,509	940,202
26 Repairs and Maintenance	69,276	77,653	37,685	81,604	56,511	68,253	65,047	72,601	124,077	63,872	56,474	147,353	920,405
27 Purchased Services	435,419	508,568	499,327	558,225	530,185	465,706	604,681	395,709	565,709	563,918	505,345	558,740	6,191,306
28 Insurance	107,490	110,815	112,387	108,299	108,179	107,490	107,490	107,490	107,490	107,534	107,588	107,490	1,299,744
29 Depreciation	78,149	78,149	78,149	78,149	67,696	83,820	83,820	83,820	83,820	83,820	83,820	83,821	967,035
30 Rental and Leases	32,898	31,745	19,475	16,864	17,554	24,633	29,870	24,644	32,331	48,349	39,293	45,648	363,304
32 Dues and Subscriptions	17,010	21,462	11,836	16,416	26,453	20,451	22,460	20,408	20,422	19,923	19,901	39,320	256,062
33 Other Expense	77,763	64,817	63,649	87,965	109,434	70,047	57,111	69,000	105,513	167,503	62,738	74,092	1,009,633
34 Total Expenses	3,463,133	3,647,782	4,307,703	3,746,022	3,766,083	3,948,626	4,002,596	3,269,113	4,278,762	4,127,540	3,679,549	4,149,178	46,386,087
Surplus (Loss) from Operations	2,575	(43,576)	(1,036,169)	(860,501)	(937,978)	(620,113)	(95,243)	(408,030)	(554,225)	(582,369)	(247,494)	1,859,834	(3,523,288)
Non-Operating Income													
37 Tax Revenue	177,907	177,907	177,907	177,907	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	2,711,629
38 Other non-operating	(8,367)	7,150	348,102	714,067	531,716	101,967	115,191	176,958	30,783	146,670	11,016	1,445,683	3,620,935
Interest Income	600	1,523	475,161	590	7,198	427,371	(5,028)	831	441,408	713	2,488	471,449	1,824,306
Interest Expense	(6,969)	(6,902)	(6,944)	(6,946)	(6,850)	(6,813)	(7,033)	(6,875)	(7,458)	(6,953)	(6,897)	348	(76,292)
IGT Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
39 Total Non-operating	163,171	179,678	994,226	885,618	782,064	772,525	353,130	420,914	714,734	390,429	256,607	2,167,481	8,080,577
40 Surplus/(Loss)	165,746	136,103	(41,943)	25,117	(155,914)	152,413	257,887	12,884	160,509	(191,940)	9,113	4,027,314	4,557,289

LANCE SHEET

SETS:

rent Assets

Cash and Cash Equivalents (Includes CD's)

Gross Patient Accounts Receivable

Less: Reserves for Allowances & Bad Debt

Net Patient Accounts Receivable

Tax Revenue Receivable

Other Receivables

Inventories

Prepaid Expenses

Due From Third Party Payers

Due From Affiliates/Related Organizations

Other Current Assets

Total Current Assets

sets Whose Use is Limited

Investments

Board Designated Funds

Other Limited Use Assets

Total Limited Use Assets

roperty, Plant, and Equipment

Land and Land Improvements

Building and Building Improvements

Equipment

Construction In Progress

Capitalized Interest

Gross Property, Plant, and Equipment

Less: Accumulated Depreciation

Net Property, Plant, and Equipment

TOTAL UNRESTRICTED ASSETS

stricted Assets

TOTAL ASSETS

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
2,035,317	933,615	2,002,283	2,908,219	2,825,025	3,376,089	2,396,022	2,501,159	4,855,863	3,339,095	2,421,515	2,618,111
15,922,211	16,945,014	17,965,540	16,943,114	17,315,816	19,007,748	20,635,510	20,691,213	20,224,062	18,566,174	18,803,705	19,396,414
10,487,903	10,682,901	11,159,362	10,709,465	11,001,032	11,876,941	12,690,896	12,852,750	13,153,756	12,189,218	12,455,247	12,753,111
5,434,308	6,262,113	6,806,178	6,233,649	6,314,784	7,130,807	7,944,614	7,838,463	7,070,305	6,376,956	6,348,458	6,643,111
	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522	2,677,522
1,298,356	1,658,168	1,782,308	1,176,417	4,432,582	4,361,697	-4,506,438	-3,882,301	-5,134,998	-4,190,177	-2,997,730	1,017,111
297,498	308,459	306,797	303,096	291,459	267,843	312,987	344,527	374,162	360,422	369,627	337,111
1,385,552	1,283,104	1,250,577	1,201,080	1,113,077	1,069,133	968,625	883,404	827,909	699,439	582,420	507,111
0	0										
0	0										
10,451,030	13,122,981	14,825,665	14,499,983	17,654,448	18,883,091	9,793,332	10,362,775	10,670,763	9,263,258	9,401,812	13,801,111
19,560,386	18,960,386	17,535,149	17,535,149	14,365,149	14,792,099	22,792,099	21,400,099	21,841,298	23,841,298	23,841,298	23,241,111
25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000
133,608	133,608	133,608	133,608	133,608	133,608	133,608	133,608	133,608	133,608	133,608	133,608
44,693,994	44,093,994	42,668,757	42,668,757	39,498,757	39,925,707	47,925,707	46,533,707	46,974,906	48,974,906	48,974,906	48,374,111
4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685	4,216,685
9,642,035	9,642,035	9,642,035	9,642,035	9,642,035	9,642,035	9,649,659	9,649,659	9,649,659	9,657,283	9,664,907	9,664,907
19,528,892	17,024,777	19,996,383	20,014,422	20,045,195	20,083,807	20,098,375	20,099,266	20,127,738	20,127,738	20,092,053	20,093,111
1,662,336	1,665,510	1,830,921	1,831,726	2,077,570	2,078,220	2,623,750	2,624,379	2,658,485	2,661,275	2,661,275	2,662,111
0	0	0	0	0	0	0	0	0	0	0	0
35,049,947	32,549,007	35,686,024	35,704,868	35,981,485	36,020,746	36,588,469	36,589,989	36,652,566	36,662,981	36,634,920	36,637,111
21,198,717	21,276,866	21,355,015	21,433,164	21,500,860	21,584,680	21,668,501	21,752,321	21,751,351	21,835,172	21,918,992	22,002,111
13,851,230	11,272,141	14,331,009	14,271,704	14,480,625	14,436,066	14,919,969	14,837,668	14,901,215	14,827,809	14,715,928	14,634,111
68,996,255	68,489,116	71,825,430	71,440,444	71,633,829	73,244,864	72,639,007	71,734,150	72,546,884	73,065,972	73,092,645	76,811,111
0	0	0	0	0	0	0	0	0	0	0	0
68,996,255	68,489,116	71,825,430	71,440,444	71,633,829	73,244,864	72,639,007	71,734,150	72,546,884	73,065,972	73,092,645	76,811,111

liabilities	632,555	734,917	944,496	455,322	700,450	578,097	766,487	438,106	738,718	629,164	533,076	891,113
Payable												
Long Term Debt												
Payroll	1,397,549	582,222	1,320,172	1,355,988	1,507,393	1,935,317	1,136,774	729,733	1,181,913	1,162,140	1,264,586	1,382,113
Accounts Payable	0											
Third Party Payors (Settlements)	1,107,581	1,107,581	1,107,581	1,124,559	1,124,559	1,158,550	1,175,610	1,175,610	1,143,953	1,466,599	1,544,174	1,555,113
From Third Party Payors												
Portion of Def Rev - Txs,	-177,907	2,394,186	2,216,279	2,038,371	2,195,636	3,225,922	3,055,652	2,890,850	2,775,200	3,434,549	3,319,758	3,072,113
Portion - LT Debt	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000	45,000
Portion of AB915												
Current Liabilities (Accrued Interest & Accrued Other)	472,778	475,410	579,043	783,227	578,730	712,504	612,122	594,603	630,405	488,764	537,183	-11,113
Current Liabilities	3,477,557	5,339,317	6,212,571	5,802,467	6,151,767	7,655,390	6,791,645	5,873,903	6,515,188	7,226,216	7,243,777	6,934,113
Net Debt												
Payable	0	0	0	0	0	0	0	0	0	0	0	0
Current Portion Of Long Term Debt	-2,595,000	-2,595,000	-2,595,000	-2,595,000	-2,595,000	-2,550,000	-2,550,000	-2,550,000	-2,550,000	-2,550,000	-2,550,000	-2,550,000
Total Long Term Debt (Net of Current)	2,595,000	2,595,000	2,595,000	2,595,000	2,595,000	2,550,000	2,550,000	2,550,000	2,550,000	2,550,000	2,550,000	2,550,000
Term Liabilities												
Revenue	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0							
Total Other Long Term Liabilities	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL LIABILITIES	6,072,557	7,934,317	8,807,571	8,397,467	8,746,767	10,205,390	9,341,645	8,423,903	9,065,188	9,776,216	9,793,777	9,484,113
Fund Balance	62,760,650	62,927,118	63,061,775	63,017,860	63,042,976	62,887,062	63,039,475	63,297,362	63,321,187	63,481,696	63,289,756	63,298,113
Restricted Fund Balance												
Transfer from FRHG	0	0				0						
Due/(Expenses)	163,048	132,682	-43,916	25,117	-155,914	152,413	257,887	12,885	160,509	-191,939	9,113	4,027,113
TOTAL FUND BALANCE	62,923,698	63,059,800	63,017,859	63,042,977	62,887,062	63,039,475	63,297,362	63,310,247	63,481,696	63,289,757	63,298,869	67,326,113
ASSETS & FUND BALANCE	68,996,255	70,994,117	71,825,429	71,440,444	71,633,829	73,244,865	72,639,007	71,734,149	72,546,885	73,065,973	73,092,646	76,811,113

Bear Valley Community Fiscal Year FYE6-30-26

AR by Financial Class

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
care	2,334,095	2,121,815	1,456,030	1,760,244	1,294,456	1,526,822	1,857,610	1,851,655	2,163,467	1,971,989	1,632,625	1,663,072	1,795,484	2,086,801	2,399,920	1,963,923	1,939,763	2,423,003	2,431,046	2,652,083	3,000,161	2,447,154	2,508,302	2,395,366
aid	3,266,485	3,655,865	3,789,232	3,648,700	3,777,193	4,699,166	4,472,864	4,750,317	4,671,421	4,300,195	3,823,163	3,995,191	4,392,901	5,282,908	5,473,789	5,072,480	4,949,404	4,997,997	5,571,597	5,008,958	4,937,258	4,860,901	4,912,212	5,586,752
Cross	752,253	748,833	552,966	532,023	675,624	935,292	1,206,075	1,094,260	1,162,045	896,566	648,454	801,140	933,354	996,230	1,042,432	986,467	965,140	1,257,893	1,470,793	1,517,236	1,120,092	919,128	956,862	1,133,484
merical Insurance	4,894,202	4,567,247	3,989,337	3,767,042	4,220,533	4,567,463	5,319,338	5,753,987	5,319,898	4,915,371	4,674,591	4,444,364	5,407,645	5,410,818	5,574,357	5,412,582	5,950,490	6,979,932	7,312,045	7,293,694	6,981,765	6,319,907	6,327,243	6,339,199
ers Compensation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
r Third Party	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ay	5,180,934	4,453,213	4,810,875	4,479,971	4,291,443	3,880,200	4,540,441	4,745,561	4,800,446	5,242,889	5,225,292	5,157,079	4,865,142	4,535,042	4,711,899	4,854,181	4,873,245	4,758,176	5,286,844	5,739,776	5,743,620	5,657,900	5,829,907	5,645,199

Subtotal

	1,129,833	1,218,990	1,117,877	1,140,556	1,140,556	1,162,662	1,091,772	1,082,952	1,120,220	1,189,954	1,330,051	1,247,628	1,476,959	1,370,828	1,336,000	1,355,563	1,396,833	1,412,848	1,440,412	1,524,131	1,562,394	1,642,410	1,734,418	1,772,199
AR including credit balances	15,288,136	14,327,983	13,480,563	13,047,424	13,118,693	14,446,281	16,304,556	17,112,828	16,997,057	16,137,056	14,674,074	14,813,218	15,918,167	16,940,971	17,666,397	16,939,070	17,286,209	19,004,153	20,631,913	20,687,616	20,220,502	18,562,580	18,800,108	19,327,134

R by Age from Discharge

1 Days	5,227,689	4,943,537	4,005,521	4,478,990	4,872,149	5,959,909	6,510,448	6,080,574	5,745,605	5,500,846	4,623,358	5,612,930	6,614,353	6,491,834	6,150,023	5,494,951	5,895,012	6,207,257	6,980,487	6,858,679	6,894,910	5,753,884	5,676,361	6,597,199
10 Days	2,279,818	2,205,243	2,032,036	1,447,679	1,788,029	2,023,938	2,928,918	3,323,416	2,773,790	2,588,029	2,438,991	1,923,706	2,474,966	3,248,266	3,777,826	2,843,089	2,539,060	3,053,367	3,467,433	3,766,011	3,179,308	2,901,018	2,861,311	2,398,199
10 Days	1,494,024	1,088,095	1,218,613	1,099,205	790,079	989,982	1,291,568	1,705,915	2,085,274	1,382,623	1,213,883	1,153,100	987,312	1,403,610	1,802,458	1,851,180	1,744,689	1,878,158	2,117,515	2,004,879	2,012,405	1,657,280	1,840,895	1,561,199
20 Days	999,117	1,119,044	803,066	937,770	781,620	586,430	752,100	1,107,088	1,330,931	1,378,414	940,212	750,883	760,079	706,416	1,016,085	1,398,984	1,282,783	1,491,003	1,301,893	1,463,252	1,406,368	1,543,871	1,286,209	1,299,199
180 Days	2,096,361	1,657,287	1,629,093	1,488,971	1,405,863	1,321,429	1,130,430	1,150,231	1,476,267	1,722,925	1,906,079	1,660,736	1,275,508	1,201,003	1,127,103	1,348,043	1,804,552	2,077,948	1,974,193	1,723,622	1,894,686	1,851,772	2,197,976	2,155,199
365 Days	4,320,959	4,533,767	4,910,110	4,735,367	4,621,509	4,727,255	4,782,864	4,828,556	4,705,410	4,754,173	4,881,602	4,959,489	5,282,308	5,260,670	5,328,903	5,358,386	5,416,946	5,709,268	6,230,804	6,395,304	6,455,219	6,497,165	6,671,775	7,067,199
r 365 Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Total

16,417,969	15,546,973	14,598,440	14,187,980	14,259,249	15,608,943	17,396,328	18,195,780	18,117,277	17,327,010	16,004,125	16,060,844	17,394,526	18,311,799	19,202,398	18,294,633	18,683,042	20,417,001	22,072,325	22,211,747	21,782,896	20,204,990	20,534,527	21,100,335
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% Age from Discharge

Days	31.8%	31.8%	27.4%	31.6%	34.2%	38.2%	37.4%	33.4%	31.7%	31.7%	28.9%	34.9%	38.0%	35.5%	32.0%	30.0%	31.6%	30.4%	31.6%	30.9%	31.4%	28.5%	27.6%	3
0 Days	13.9%	14.2%	13.9%	10.2%	12.5%	13.0%	16.8%	18.3%	15.3%	14.9%	15.2%	12.0%	14.2%	17.7%	19.7%	15.5%	13.6%	15.0%	15.7%	17.0%	14.6%	14.4%	13.9%	1
0 Days	9.1%	7.0%	8.3%	7.7%	5.5%	6.3%	7.4%	9.4%	11.5%	8.0%	7.6%	7.2%	5.7%	7.7%	9.4%	10.1%	9.3%	9.2%	9.6%	9.0%	9.2%	8.2%	9.0%	
20 Days	6.1%	7.2%	5.5%	6.6%	5.5%	3.8%	4.3%	6.1%	7.3%	8.0%	5.9%	4.7%	4.4%	3.9%	5.3%	7.6%	6.9%	7.3%	5.9%	6.6%	6.5%	7.6%	6.3%	1
180 Days	12.8%	10.7%	11.2%	10.5%	9.9%	8.5%	6.5%	6.3%	8.1%	9.9%	11.9%	10.3%	7.3%	6.6%	5.9%	7.4%	9.7%	10.2%	8.9%	7.8%	8.7%	9.2%	10.7%	1
365 Days	26.3%	29.2%	33.6%	33.4%	32.4%	30.3%	27.5%	26.5%	26.0%	27.4%	30.5%	30.9%	30.4%	28.7%	27.8%	29.3%	29.0%	28.0%	28.2%	28.8%	29.6%	32.2%	32.5%	3
365 Days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1

Total

100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100
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is Over 120 Days

6,417,320	6,191,054	6,539,203	6,224,338	6,027,372	6,049,684	5,913,294	5,978,787	6,181,677	6,477,098	6,787,681	6,620,225	6,557,816	6,461,673	6,456,006	6,706,429	7,221,498	7,787,216	8,204,997	8,118,926	8,349,905	8,349,937	8,865,751	9,223,199
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ent Over 120 Days

39.1%	39.8%	44.8%	43.9%	42.3%	38.8%	34.0%	32.9%	34.1%	37.4%	42.4%	41.2%	37.7%	35.3%	33.6%	36.7%	38.7%	38.1%	37.2%	36.6%	38.3%	41.3%	43.2%	4
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ge Daily Revenue - prior 3 mo

197,590	197,165	188,652	172,982	168,264	187,320	204,486	234,324	218,919	210,462	196,615	195,527	207,043	224,332	232,622	215,398	211,021	206,627	221,872	250,902	234,624	227,959	223,145	228,199
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ays of Rev in AR - Gross (Net of CB)

77.4	72.7	71.5	75.4	78.0	77.1	79.7	73.0	77.6	76.7	74.6	75.8	76.9	75.5	77.2	78.7	82.1	92.0	93.0	82.5	86.2	81.4	84.3	1
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ays of Rev in AR - Gross (No CB)

83.1	78.9	77.4	82.0	84.7	83.3	85.1	77.7	82.8	82.3	81.4	82.1	84.0	81.6	82.5	84.9	88.5	98.8	99.5	88.5	92.8	86.6	92.0	1
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Units of Service For the period ending June 2026 365													
Bear Valley Community Hospital													
Current Month				Year-To-Date									
May-26 Budget	May-25 Actual	Actual - Budget Variance	Budget Var %	Act.-Act. Var %	May-26 Actual	May-26 Budget	May-25 Actual	Actual - Budget Variance	Budget Var %	Act.-Act. Var %			

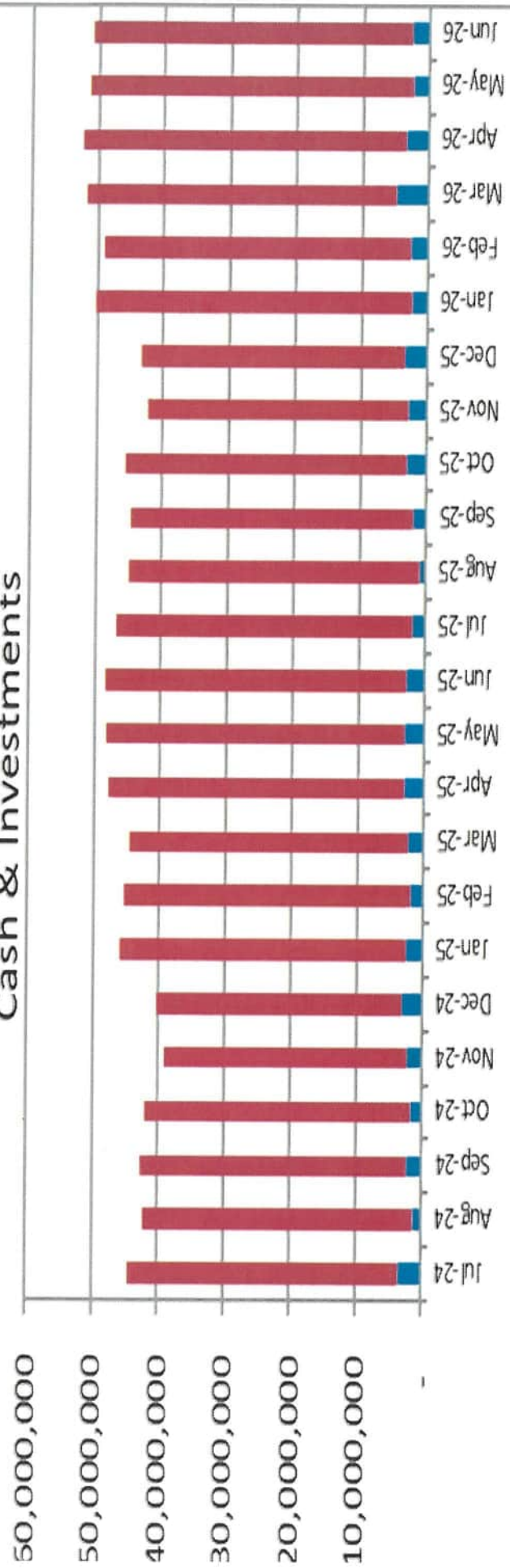
1	133	176	(2)	-1.5%	-25.6%	Med Surg Patient Days	1422	1,615	1,487	(193)	-12.0%	-4.4%
3	75	7	(22)	-29.3%	657.1%	Swing Patient Days	533	916	462	(383)	-41.8%	15.4%
0	598	605	32	5.4%	4.1%	SNF Patient Days	7,500	7,300	6,899	200	2.7%	8.7%
4	806	788	8	1.0%	3.3%	Total Patient Days	9,455	9,831	8,848	(376)	-3.8%	6.9%
4	35	36	(1)	-2.9%	-5.6%	Acute Admissions	378	400	381	(22)	-5.5%	-0.8%
5	36	36	9	25.0%	25.0%	Acute Discharges	386	390	374	(4)	-1.0%	3.2%
9	3.7	4.9	(1)	-21.2%	-40.5%	Acute Average Length of Stay	3.7	4.1	4.0	(0)	-11.0%	-7.3%
7	2.4	0.2	(0.71)	-29.3%	657.1%	Swing Average Daily Census	1.5	2.5	1.3	(1.0)	-41.8%	15.4%
2	4.3	5.7	(0.06)	-1.5%	-25.6%	Acute Average Daily Census	3.9	4.4	4.1	(0.5)	-12.0%	-4.4%
7	0.48	-	0.29	0.0%		Observation Average Daily Census	0.77	0.49	-	0.28	0.0%	
3	19.3	19.5	1.0	5.4%	4.1%	SNFAvg Daily Census	20.5	20.0	18.9	0.5	2.7%	8.7%
3	26.0	25.4	0.3	1.0%	3.3%	Total Avg. Daily Census	25.9	26.9	24.2	(1.0)	-3.8%	6.9%
%	57.8%	56.5%	1%	1.0%	3.3%	%Occupancy	57.6%	59.9%	53.9%	-2%	-3.8%	6.9%
9	30	33	(1)	-3.3%	-12.1%	Emergency Room Admitted	294	377	359	(83)	-22.0%	-18.1%
5	956	942	109	11.4%	13.1%	Emergency Room Discharged	12,034	12,120	11,507	(86)	-0.7%	4.6%
4	986	975	108	11.0%	12.2%	Emergency Room Total	12,328	12,497	11,866	(169)	-1.4%	3.9%
5	32	31	3	11.0%	12.2%	ER visits per calendar day	34	34	33	(0)	-1.4%	3.9%
%	85.7%	91.7%	100%	116.7%	-7.0%	%Admits from ER	77.8%	94.3%	94.2%	27%	28.1%	-17.5%
7	4	2	3	75.0%	250.0%	Surgical Procedures I/P	73	50	36	23	46.0%	102.8%
4	15	26	(1)	-6.7%	-46.2%	Surgical Procedures O/P	189	209	159	(20)	-9.6%	18.9%
1	19	28	2	10.5%	-25.0%	TOTAL Procedures	262	259	195	3	1.2%	34.4%
5	1,232	1,386	494	40.1%	24.5%	Suraical/Anes Minutes Total	18,330	15,000	11,149	3,330	22.2%	64.4%

Units of Service For the period ending June 2026											
Current Month						Bear Valley Community Hospital					
May-26 Budget	May-25		Actual -Budget		Act.-Act. Var %	May-26		May-25		Year-To-Date	
	Actual	Variance	Var %			Actual	Budget	Actual	Variance	Actual -Budget	Act.-Act Var %

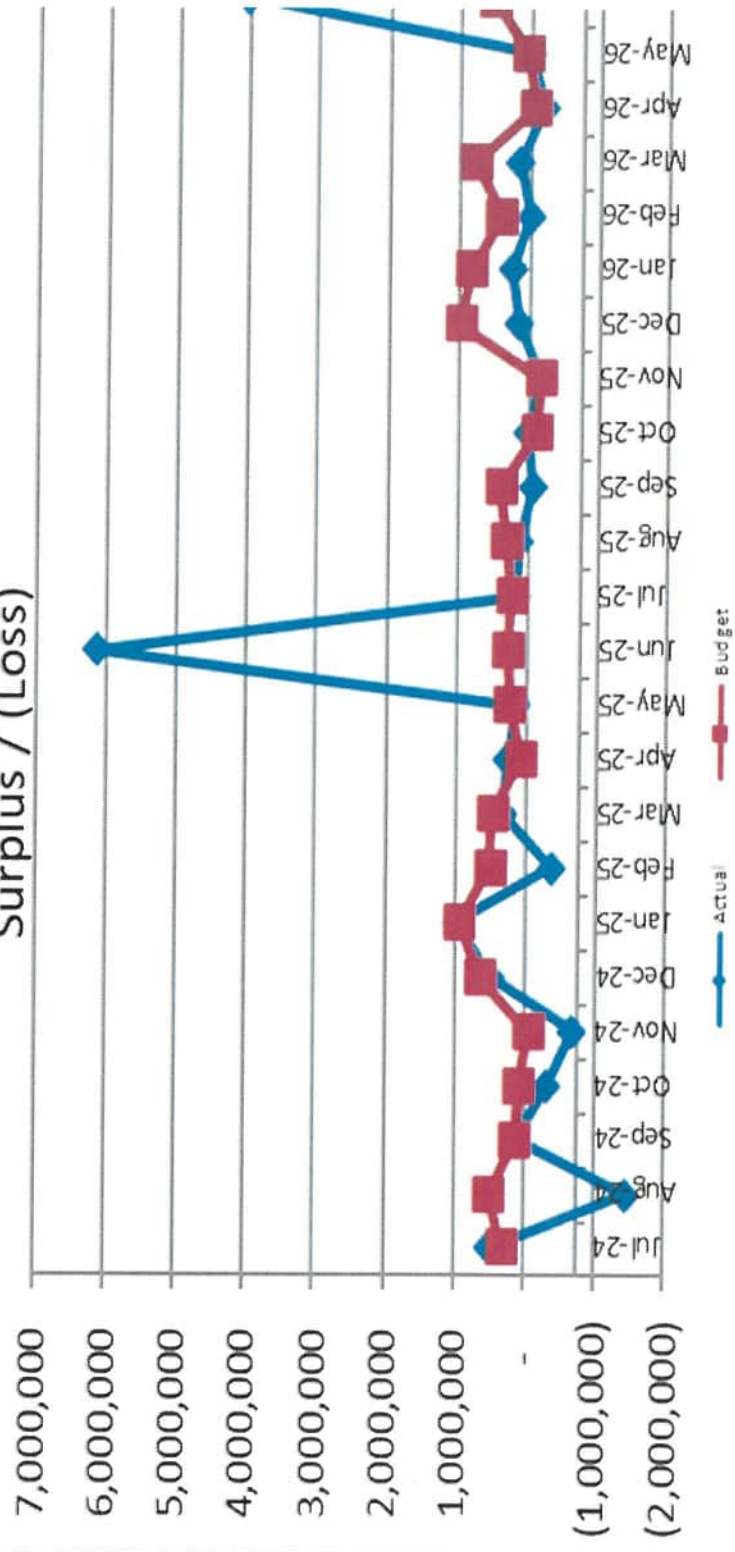
7,014	7,500	389	5.5%	-1.3%		Lab Procedures		86,999	83,500	83,425	3,499	4.2%	4.3%
788	803	21	2.7%	0.7%		X-Ray Procedures		10,256	10,502	9,802	(246)	-2.3%	4.6%
468	499	126	26.9%	19.0%		C.T. Scan Procedures		6,432	6,085	5,731	347	5.7%	12.2%
168	157	47	28.0%	36.9%		Ultrasound Procedures		2,239	2,000	1,994	239	12.0%	12.3%
51	73	3	5.9%	-26.0%		Mammography Procedures		608	677	579	(69)	-10.2%	5.0%
340	346	(52)	-15.3%	-16.8%		EKG Procedures		3,920	3,783	3,797	137	3.6%	3.2%
99	106	(26)	-26.3%	-31.1%		Respiratory Procedures		1,590	1,416	1,357	174	12.3%	17.2%
2,684	2,522	(54)	-2.0%	4.3%		Physical Therapy Procedures		31,275	29,825	29,544	1,450	4.9%	5.5%
35	27	45	128.6%	196.3%		Wound Care		701	420	74	281	66.9%	847.3%
1,947	1,898	(193)	-9.9%	-7.6%		Primary Care Clinic Visits		22,843	22,669	20,904	174	0.8%	9.3%
318	251	(31)	-9.7%	14.3%		Specialty Clinic Visits		3,196	3,741	3,512	(545)	-14.6%	-9.0%
2,265	2,149	(224)	-9.9%	-5.0%		Clinic		26,039	26,410	24,416	(371)	-1.4%	6.1%
73	69	(7)	-9.9%	-5.0%		Clinic visits per work day		71	72	67	(1)	-1.4%	6.1%

15.00%	15.80%	2.60%	17.33%	11.39%		% Medicare Revenue		16.74%	15.00%	14.50%	1.74%	11.61%	15.46%
42.00%	39.90%	-2.30%	-5.48%	-0.50%		% Medi-Cal Revenue		42.48%	42.00%	39.84%	0.48%	1.15%	6.63%
40.00%	42.80%	1.60%	4.00%	-2.80%		% Insurance Revenue		39.87%	40.00%	39.59%	-0.13%	-0.33%	0.63%
3.00%	2.80%	0.60%	20.00%	28.57%		% Self-Pay Revenue		3.21%	3.00%	3.43%	0.21%	6.94%	-6.33%
206.0	195.3	(3.9)	-1.9%	3.5%		Productive FTE's		223.1	224.7	191.4	(1.7)	-0.7%	16.5%
228.9	226.4	7.0	3.1%	4.2%		Total FTE's		233.9	228.9	215.6	5.0	2.2%	8.5%

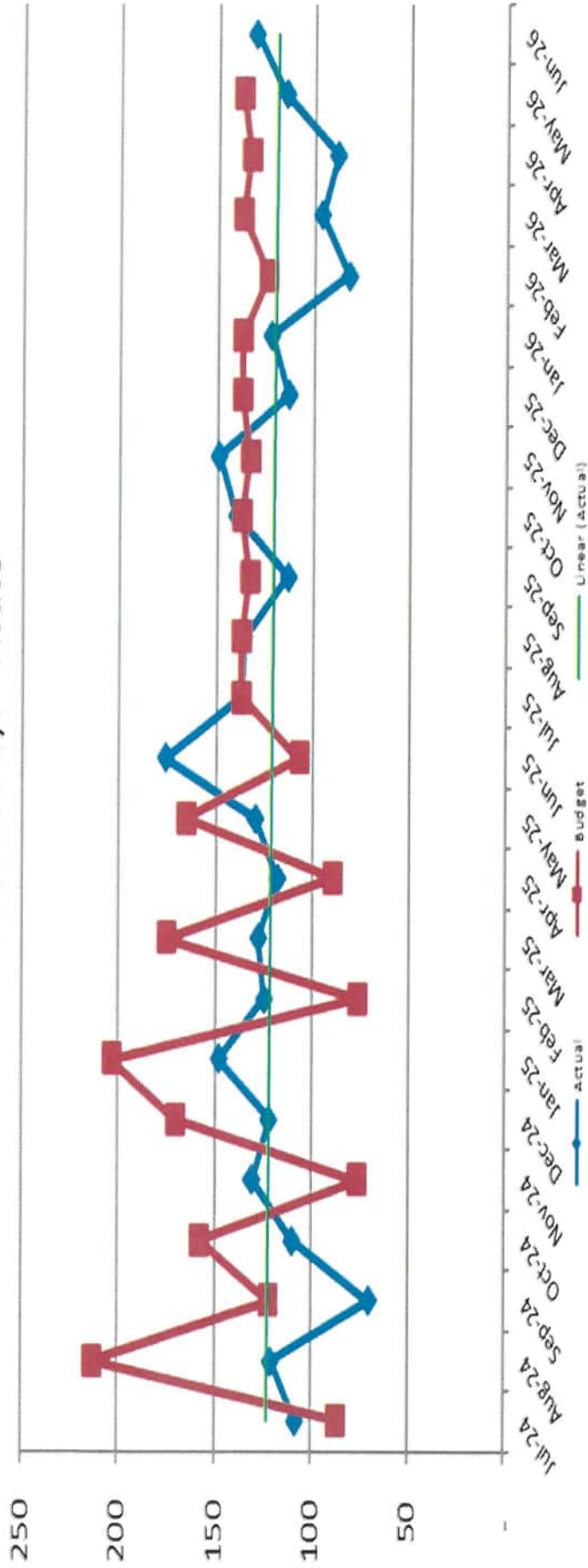
Cash & Investments



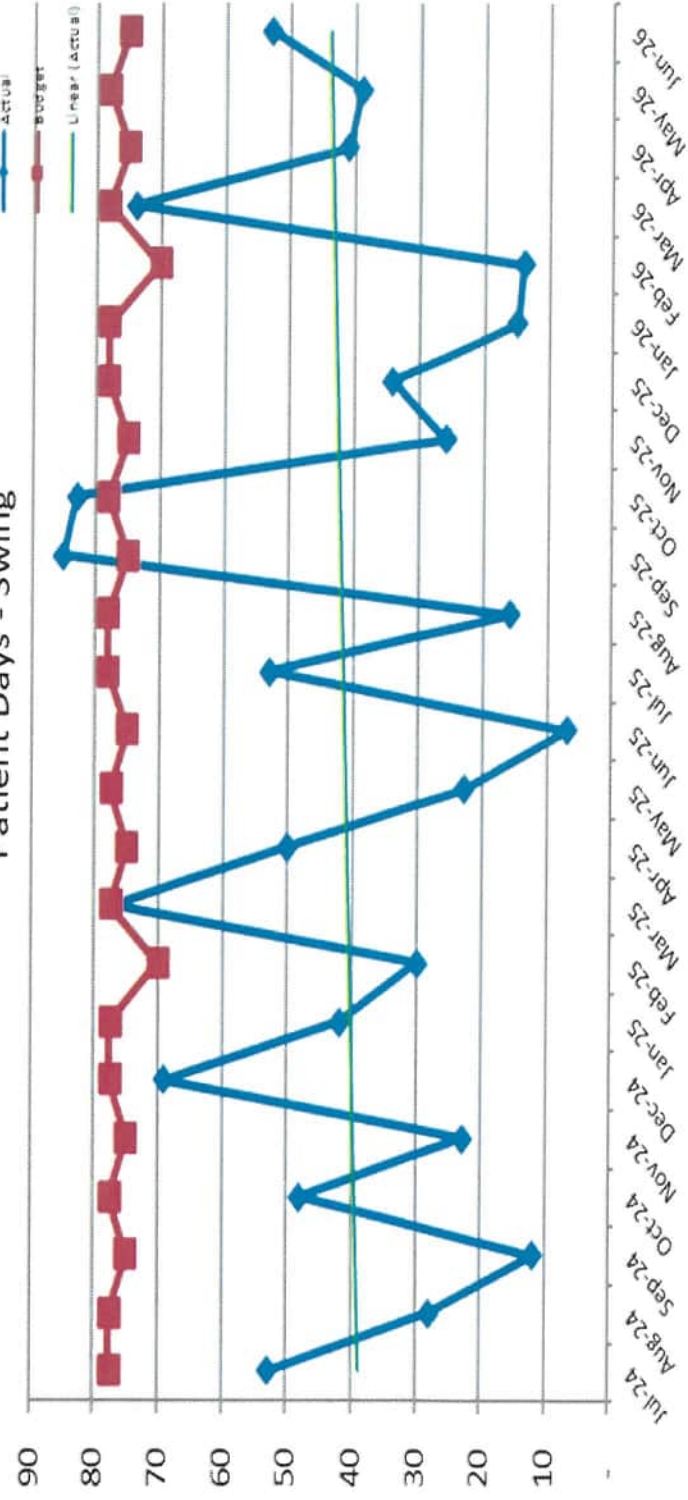
Surplus / (Loss)



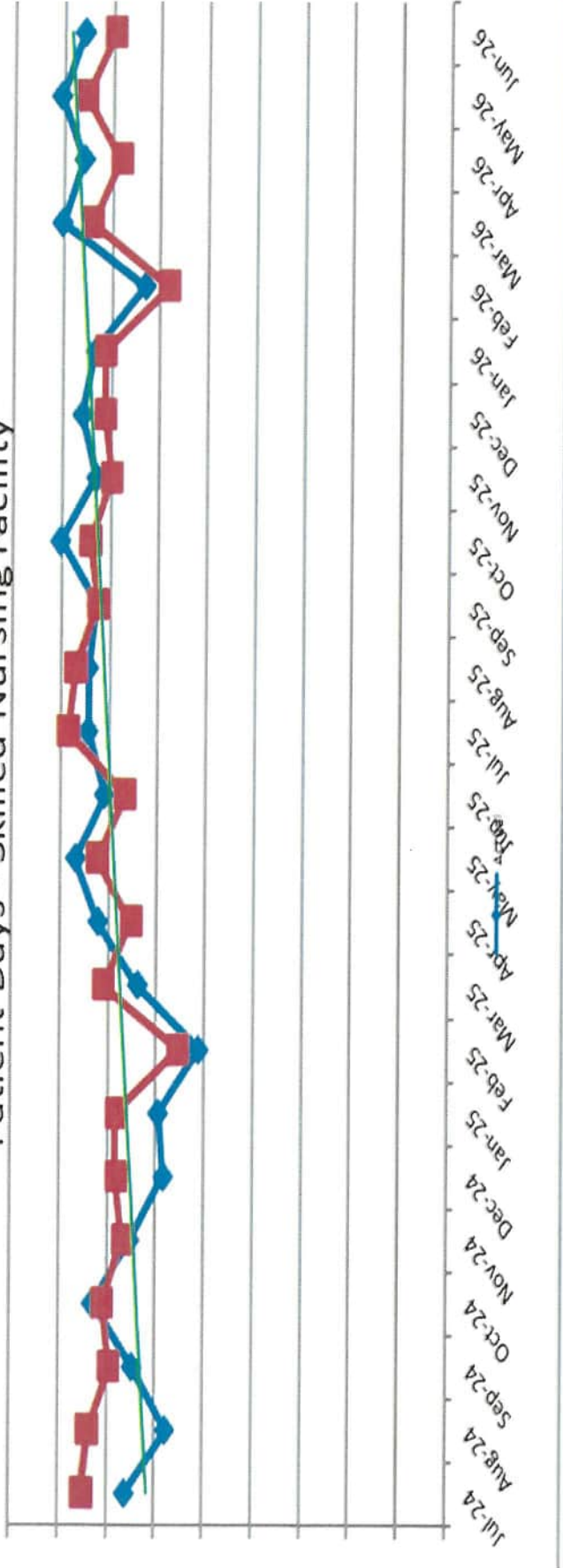
Patient Days - Acute



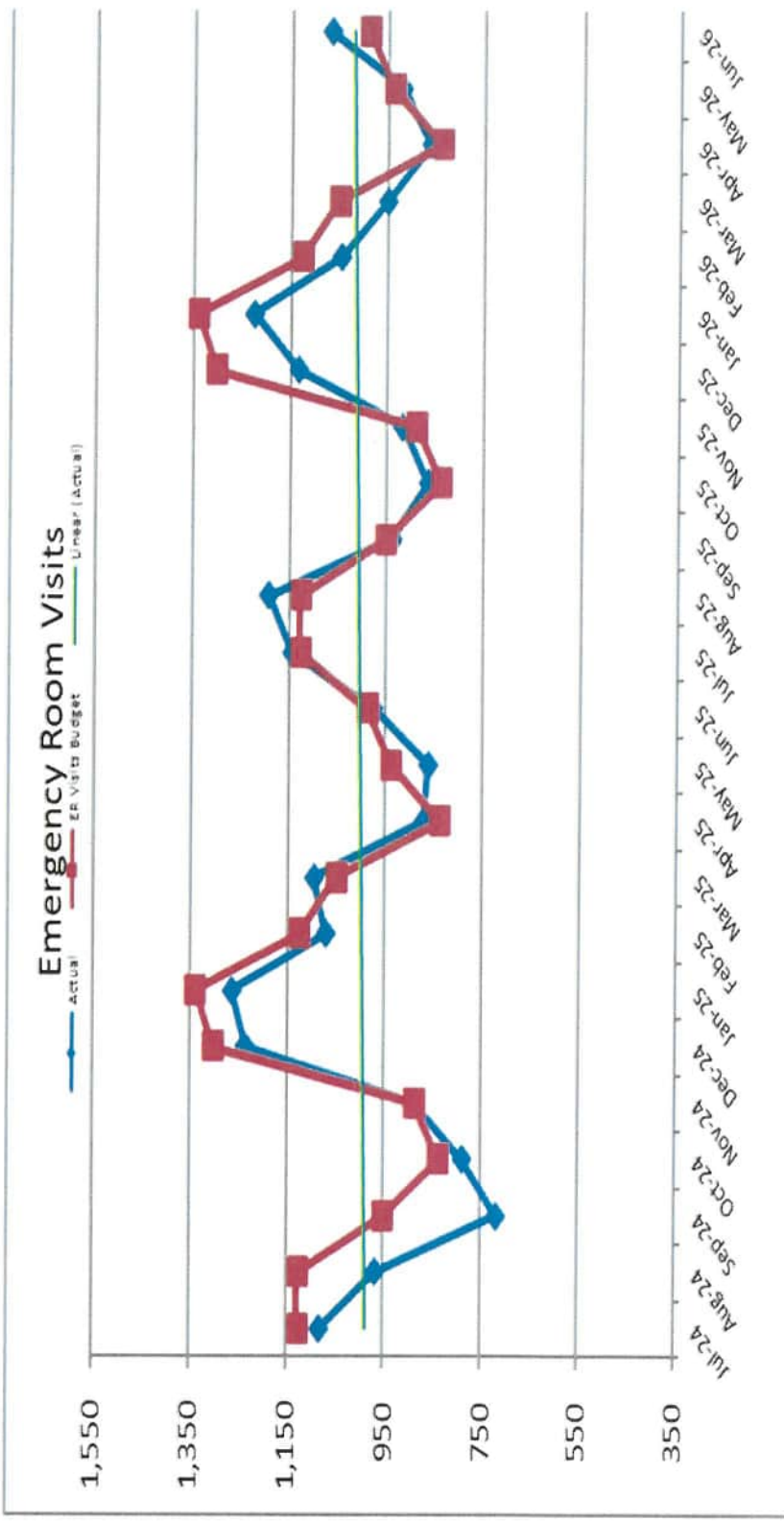
Patient Days - Swing



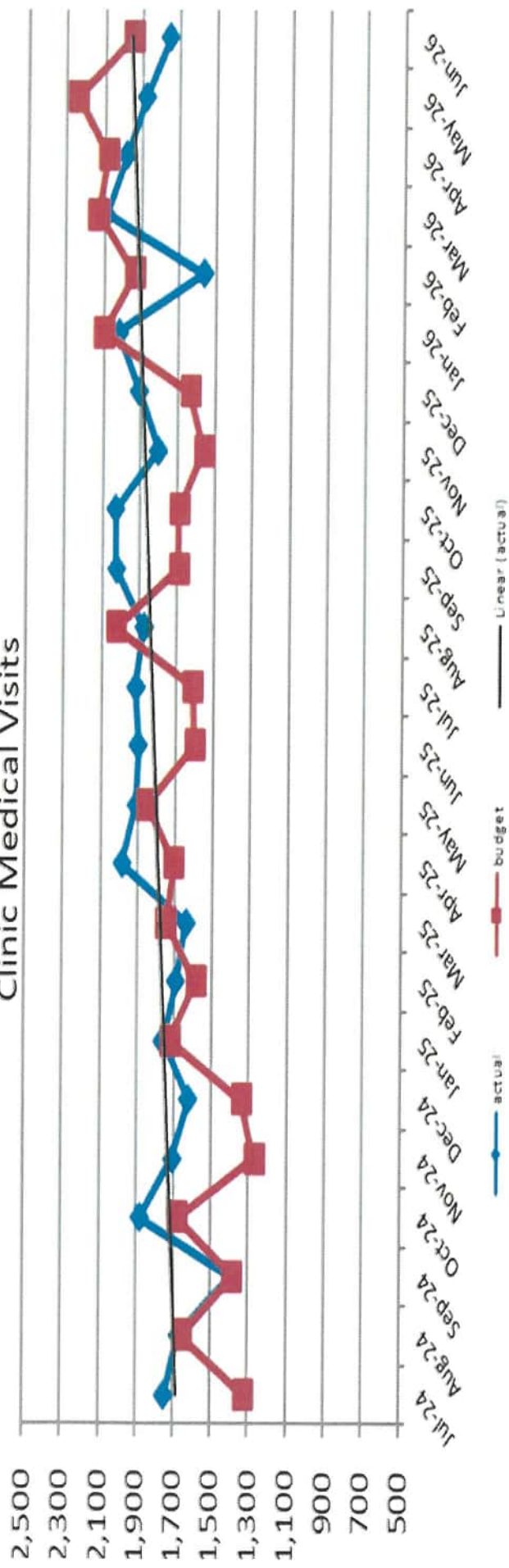
Patient Days - Skilled Nursing Facility



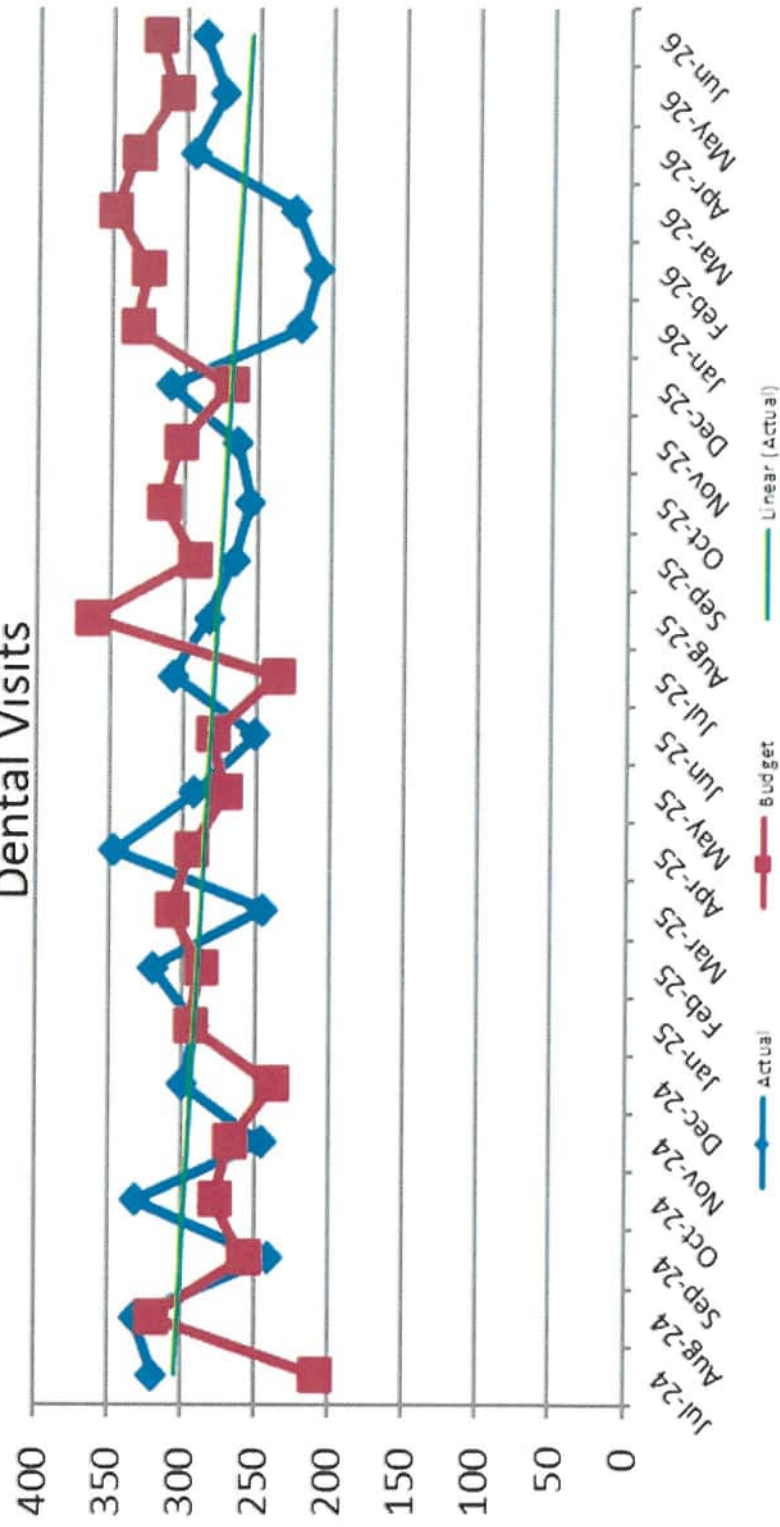
Emergency Room Visits

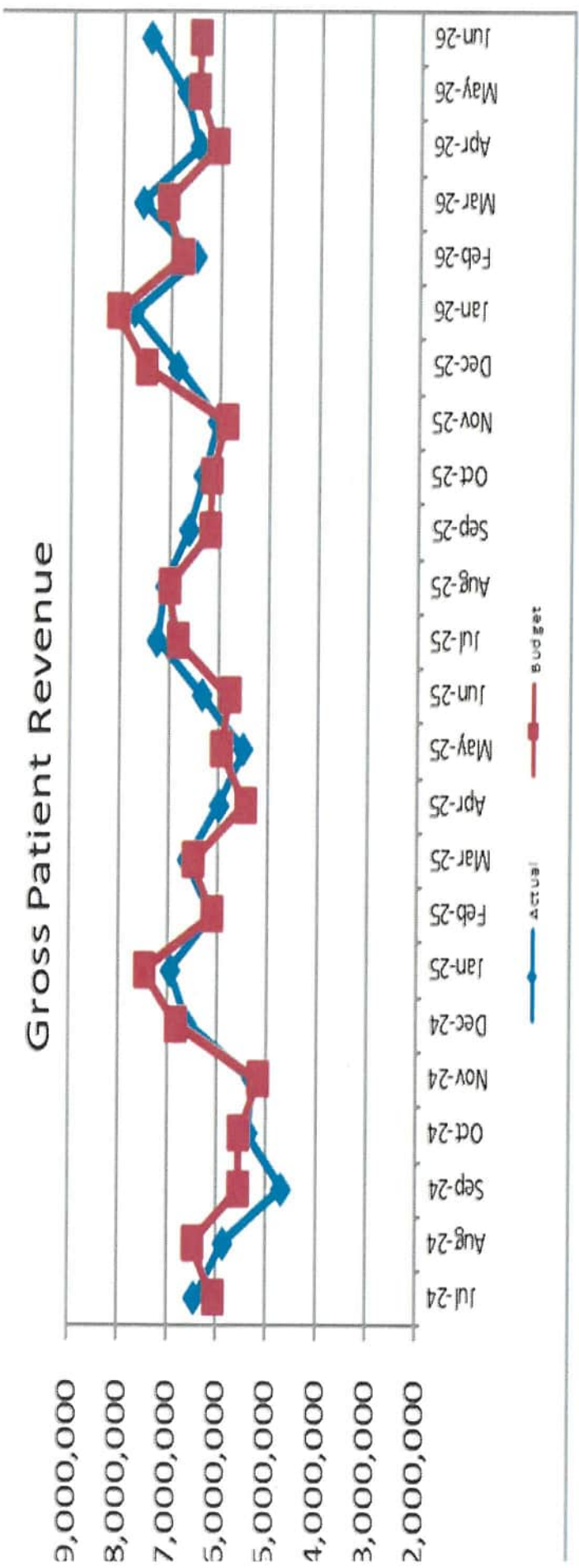
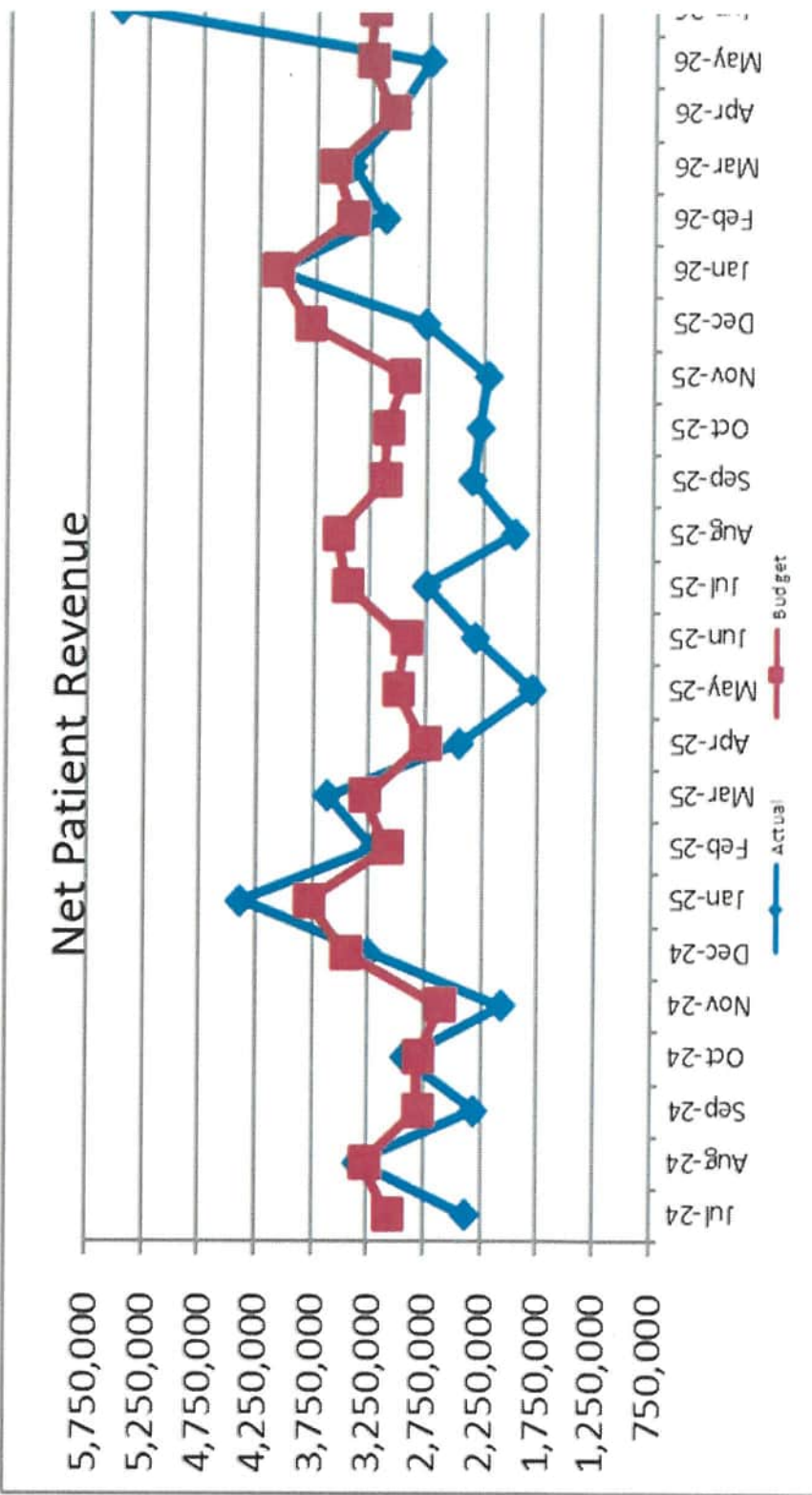


Clinic Medical Visits

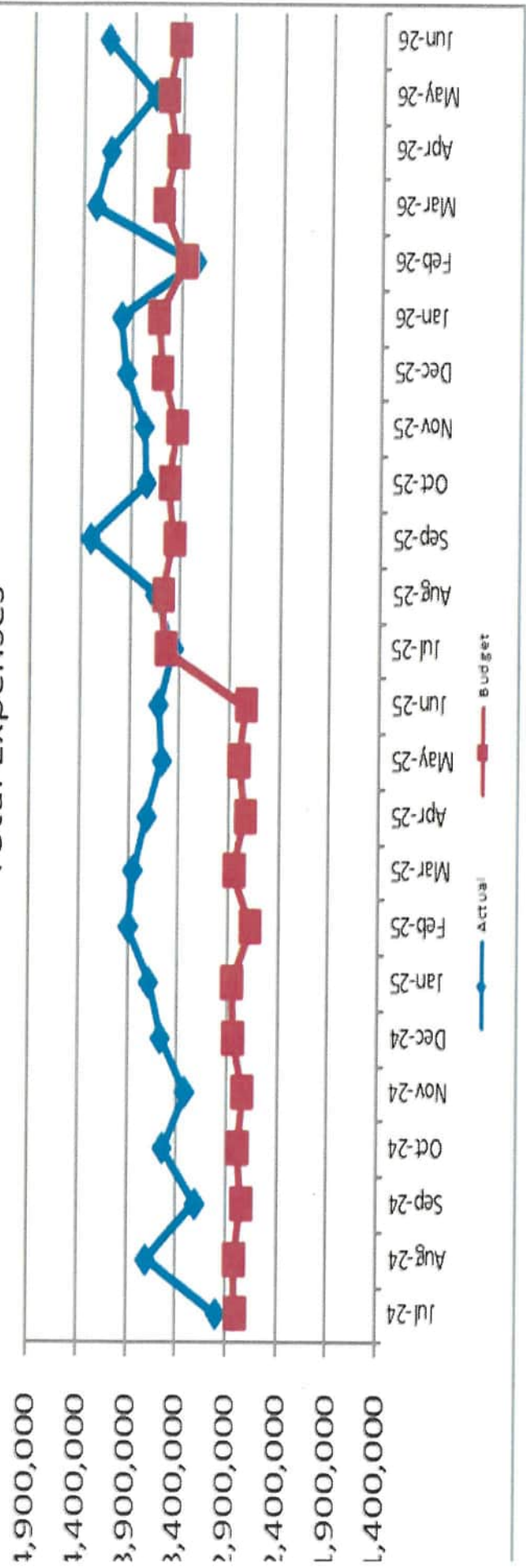


Dental Visits

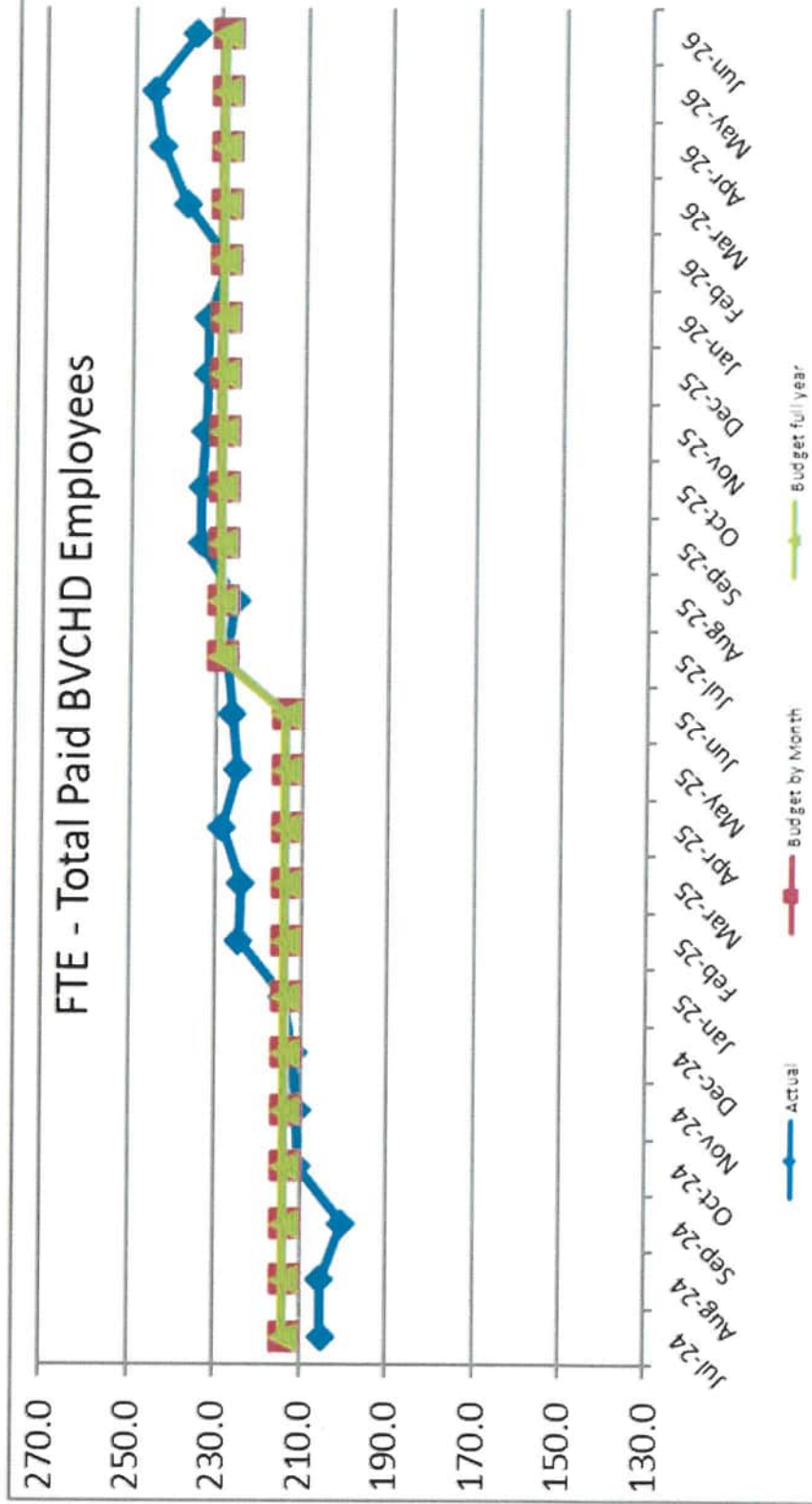




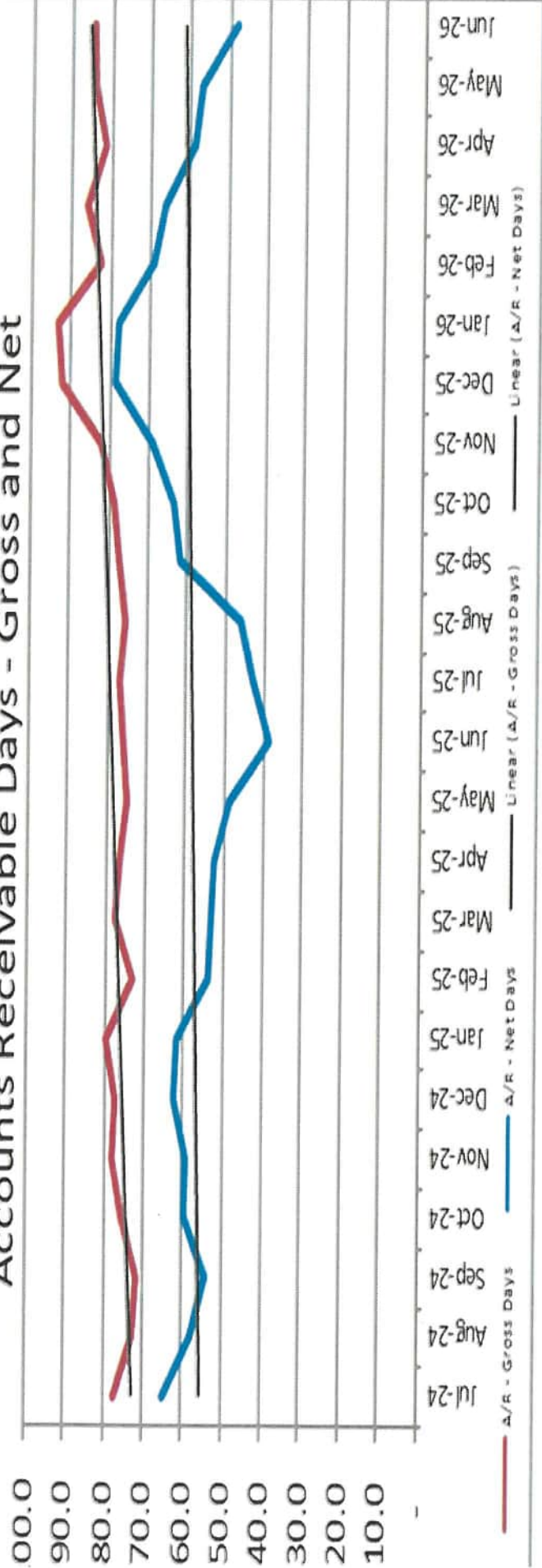
Total Expenses



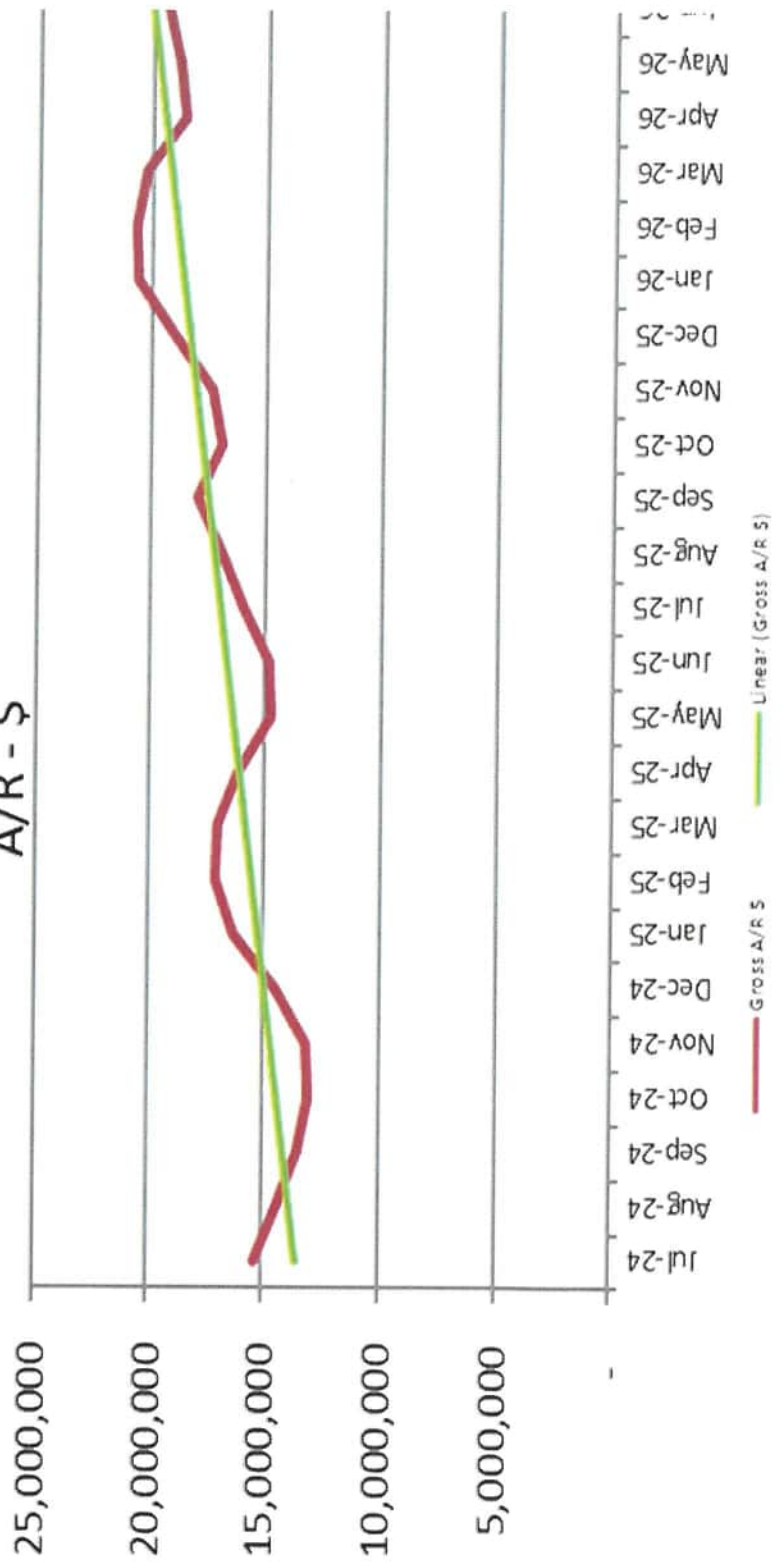
FTE - Total Paid BVCHD Employees



Accounts Receivable Days - Gross and Net



A/R - \$



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CODE	NUMBER	DATE	AMOUNT	PAYEE
FMB *	115103	06/08/26	552.50	CR LEWIS BRISBOIS BISGAARD SMITH
FMB *	119977	06/03/26	34,680.00	CR IRIS TELEHEALTH MEDICAL GROUP
FMB *	120597	06/23/26	12,000.00	CR PACIFIC HEALTH CARE IMAGING
FMB	120947	06/04/26	1,482.48	AMAZON CAPITAL SERVICES, INC
FMB	120948	06/04/26	175.92	AMERISOURCEBERGEN
FMB	120949	06/04/26	2,400.00	AMN HEALTHCARE ALLIED, INC.
FMB	120950	06/04/26	491.15	ANA LUCIA MANZO LUPIAN
FMB	120951	06/04/26	1,882.75	ANDY MEADORS BRANDING, INC
FMB	120952	06/04/26	1,250.00	ANDY WERKING
FMB	120953	06/04/26	373.59	AT&T MOBILITY LLC
FMB	120954	06/04/26	2,474.22	BAY CITY ELECTRIC WORKS
FMB	120955	06/04/26	606.57	BB HOTEL LLC
FMB	120956	06/04/26	989.08	BEAR VALLEY ELECTRIC
FMB	120957	06/04/26	2,047.21	BECTON DICKINSON AND COMPANY
FMB	120958	06/04/26	121.88	BIG BEAR CITY CSD
FMB	120959	06/04/26	15,955.00	BIG BEAR FAMILY MEDICINE, INC
FMB	120960	06/04/26	6,000.00	BIG BEAR TELEVISION, LLC
FMB	120961	06/04/26	2,475.00	BRANDON EUGENE SAGER
FMB	120962	06/04/26	788.36	BUTCHERS BLOCK
FMB	120963	06/04/26	180.00	CALIF TELEHEALTH NETWORK
FMB	120964	06/04/26	558.81	CARDINAL HEALTH
FMB	120965	06/04/26	4,200.00	CARY STEWART MD INC
FMB	120966	06/04/26	54,800.00	CENTER FOR ORAL HEALTH
FMB	120967	06/04/26	1,122.59	CHARTER COMMUNICATIONS HOLDING
FMB	120968	06/04/26	2,000.00	CLINICIANS TELEMED MED GROUP
FMB	120969	06/04/26	8,100.00	CPSI/EVIDENT
FMB	120970	06/04/26	38,750.00	D CRITEL NURSING ANESTH INC
FMB	120971	06/04/26	15,200.00	DAVID HORNER PC
FMB	120972	06/04/26	223.38	DIY HOME CENTER
FMB	120973	06/04/26	1,650.00	DR ERIC A. SAIDI
FMB	120974	06/04/26	290.37	DR SMOOTHIE BRANDS LLC
FMB	120975	06/04/26	17,500.00	ELEVATE EMERGENCY MEDICINE
FMB	120976	06/04/26	3,334.73	EMERALD TEXTILES
FMB	120977	06/04/26	400.00	EVAN RAYNER
FMB	120978	06/04/26	1,182.00	EXTRA SPACE MANAGEMENT INC
FMB	120979	06/04/26	15,505.21	FISHER HEALTHCARE
FMB	120980	06/04/26	44.40	FRESENIUS KABI LLC
FMB	120981	06/04/26	7,500.00	GALLAGHER BENEFIT SERVICES, INC
FMB	120982	06/04/26	4,000.64	GATEWAY ACCEPTANCE CO.
FMB	120983	06/04/26	54.79	GEIGER SUPPLY
FMB	120984	06/04/26	135.85	GLOBALSTAR USA
FMB	120985	06/04/26	75.00	GNXCOR USA INC
FMB	120986	06/04/26	284.04	GRAINGER PARTS
FMB	120987	06/04/26	12,220.00	HABEN PROF. CHIROPRACTIC CORP.
FMB	120988	06/04/26	1,196.86	HAMILTON MEDICAL INC
FMB	120989	06/04/26	13,596.88	HEARTWORKS, INC
FMB	120990	06/04/26	186.06	HENRY SCHEIN INC
FMB	120991	06/04/26	2,000.00	HIGH DESERT PATHOLOGY MDCL GRP
FMB	120992	06/04/26	2,500.00	HOSPITAL QUALITY INSTITUTE
FMB	120993	06/04/26	1,974.31	INDEED, INC.

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CODE	NUMBER	DATE	AMOUNT	PAYEE
FMB	120994	06/04/26	20.00	INNOVATIVE CREDIT SOLUTIONS
FMB	120995	06/04/26	1,935.41	INTERSTATE BATTERIES
FMB	120996	06/04/26	1,119.15	IPITOMY COMMUNICATIONS LLC
FMB	120997	06/04/26	66,300.00	IRIS TELEHEALTH MEDICAL GROUP
FMB	120998	06/04/26	585.00	JAMES SKOEN
FMB	120999	06/04/26	55.00	JIM SCHLENKER
FMB	121000	06/04/26	420.00	JODIE ANN BIDWELL
FMB	121001	06/04/26	1,509.00	KBHR FM
FMB	121002	06/04/26	1,689.93	KONICA MINOLTA
FMB	121003	06/04/26	1,554.34	LEIGH OVERTON
FMB	121004	06/04/26	1,127.00	LPI DIGITAL, LLC
FMB	121005	06/04/26	2,632.03	MARKETLAB, INC
FMB	121006	06/04/26	2,544.62	MATHESON TRI GAS INC.
FMB	121007	06/04/26	850.37	MEDLINE INDUSTRIES INC
FMB	121008	06/04/26	4,604.87	MEDPRO WASTE DISPOSAL, LLC.
FMB	121009	06/04/26	1,500.00	MICHAEL S CHIN, MD, INC
FMB	121010	06/04/26	9,708.81	MINDRAY CAPITAL
FMB	121011	06/04/26	193.96	NANOSONICS, INC
FMB	121012	06/04/26	2,870.00	NAVE LAW OFFICE, PC
FMB	121013	06/04/26	780.00	NOVA BIOMEDICAL CORP
FMB	121014	06/04/26	275.74	ORTHO-CLINICAL DIAGNOSTICS INC
FMB	121015	06/04/26	3,000.00	PACIFIC HEALTH CARE IMAGING
FMB	121016	06/04/26	2,300.00	PACIFIC PROFESS SURGICAL GRP
FMB	121017	06/04/26	20,750.00	PAUL F STEMMER MD
FMB	121018	06/04/26	228.31	PERFORMANCE HEALTH SUPPLY INC.
FMB	121019	06/04/26	169.79	REBEKAH BRENDEN
FMB	121020	06/04/26	2,726.00	RED PLANET PROMO
FMB	121021	06/04/26	3,991.38	SOFTSCRIPT INC
FMB	121022	06/04/26	1,275.00	STANLEY K MATHIS, DPM, INC.
FMB	121023	06/04/26	2,398.22	STAPLES ADVANTAGE
FMB	121024	06/04/26	1,200.73	STERICYCLE INC
FMB	121025	06/04/26	17,050.00	STEVEN MICHAEL KNAPIK
FMB	121026	06/04/26	85.80	SURGICAL PRODUCT SOLUTIONS LLC
FMB	121027	06/04/26	2,747.92	SYSCO RIVERSIDE INC
FMB	121028	06/04/26	9,016.30	T-SYSTEM, INC
FMB	121029	06/04/26	244.80	TAVOCA INC
FMB	121030	06/04/26	9,038.00	TELE CONNECT THERAPIES
FMB	121031	06/04/26	3,985.35	US FOOD SERVICE INC
FMB	121032	06/04/26	15,200.00	V. MADHU ANVEKAR MD, INC.
FMB	121033	06/04/26	470.94	VISA
FMB	121034	06/04/26	304.15	WAGEWORKS, INC.
FMB	121035	06/04/26	2,700.00	WILD CONSULTING, INC
FMB	121036	06/04/26	38,250.00	WILLIAM CANNATA, MD
FMB *	121037	06/04/26	2,227.91	ZONES INC
FMB	121039	06/11/26	25.00	GALLEGOS RENE
FMB	121040	06/11/26	656.17	ADP SCREENING AND SELECTION SE
FMB	121041	06/11/26	.00	VOIDED
FMB	121042	06/11/26	1,147.50	AGILITI HEALTH, INC.
FMB	121043	06/11/26	4,125.60	ARTHREX, INC
FMB	121044	06/11/26	472.98	AUTOZONE STORES, LLC
FMB	121045	06/11/26	300.00	BELLA NATALIE CERVATES

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CODE	NUMBER	DATE	PAYEE
FMB	121046	06/11/26	BENJAMIN GARCIA
FMB	121047	06/11/26	BIG BEAR DISPOSAL
FMB	121048	06/11/26	BIG BEAR GRIZZLY
FMB	121049	06/11/26	BIG BEAR PAINT CENTER INC
FMB	121050	06/11/26	BIO RAD LABORATORIES, INC.
FMB	121051	06/11/26	BREWD COFFEE SYSTEMS
FMB	121052	06/11/26	C&D TERMITE & PEST CONTROL
FMB	121053	06/11/26	CALIF TOOL & WELDING SUPPLY
FMB	121054	06/11/26	CARDINAL HEALTH
FMB	121055	06/11/26	CHARTER COMMUNICATIONS HOLDING
FMB	121056	06/11/26	CINTAS COPORATION NO.2
FMB	121057	06/11/26	COUNTY OF SAN BERNARDINO
FMB	121058	06/11/26	CPSI/EVIDENT
FMB	121059	06/11/26	DATEx OHMEDA INC
FMB	121060	06/11/26	DAY WIRELESS SYSTEMS
FMB	121061	06/11/26	FISHER HEALTHCARE
FMB	121062	06/11/26	FRESENIUS KABI LLC
FMB	121063	06/11/26	FRONTIER COMMUNICATIONS
FMB	121064	06/11/26	GATEWAY ACCEPTANCE CO.
FMB	121065	06/11/26	GLOBO LANGUAGE SOLUTIONS LLC
FMB	121066	06/11/26	GRAINGER PARTS
FMB	121067	06/11/26	HARDY DIAGNOSTICS
FMB	121068	06/11/26	HENRY SCHEIN INC
FMB	121069	06/11/26	HILL ROM
FMB	121070	06/11/26	HUMAN MEDICAL BILLING
FMB	121071	06/11/26	INFLUENCE MARKETING SERVICES
FMB	121072	06/11/26	J AND J PRODUCE CO
FMB	121073	06/11/26	JENNIFER RICHARDS
FMB	121074	06/11/26	JESSICA NEMETH
FMB	121075	06/11/26	MED-PAT, INC
FMB	121076	06/11/26	MEDELY, INC.
FMB	121077	06/11/26	VOIDED
FMB	121078	06/11/26	MEDLINE INDUSTRIES INC
FMB	121079	06/11/26	MINDCARE SOLUTIONS GROUP, INC
FMB	121080	06/11/26	MINDWAYS SOFTWARE INC
FMB	121081	06/11/26	MOONRIDGE FUEL
FMB	121082	06/11/26	MOUNTAIN WATER CO
FMB	121083	06/11/26	NEPHROS INC
FMB	121084	06/11/26	NORIDIAN HEALTHCARE SOLUTIONS
FMB	121085	06/11/26	ORTHO-CLINICAL DIAGNOSTICS INC
FMB	121086	06/11/26	PRIMO BRANDS
FMB	121087	06/11/26	PTS COMMUNICATIONS
FMB	121088	06/11/26	QHR HEALTH, LLC
FMB	121089	06/11/26	QUADIENT FINANCE USA, INC
FMB	121090	06/11/26	RAM HEALTHCARE CONSULTING GROU
FMB	121091	06/11/26	RAPIDFIRE SAFETY & SECURITY
FMB	121092	06/11/26	RELIAS LLC
FMB	121093	06/11/26	ROTARY CLUB OF BIG BEAR LAKE
FMB	121094	06/11/26	SAN BERNARDINO COUNTY
FMB	121095	06/11/26	SECURITAS TECHNOLOGY CORP.
FMB	121096	06/11/26	SMILEMAKERS

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CODE	NUMBER	DATE	AMOUNT	PAYEE
FMB	121097	06/11/26	7,392.63	SMITH & NEPHEW INC
FMB	121098	06/11/26	21,833.00	SOL RADIOLOGY INC
FMB	121099	06/11/26	7,350.00	STALCUP LANDSCAPE INNOVATIONS
FMB	121100	06/11/26	2,654.92	STAPLES ADVANTAGE
FMB	121101	06/11/26	250.00	STEVEN ROUSSO
FMB	121102	06/11/26	1,871.01	SYSCO RIVERSIDE INC
FMB	121103	06/11/26	1,247.84	TEAMSTERS LOCAL 1932
FMB	121104	06/11/26	35,375.00	THE FARNSWORTH GROUP, LTD
FMB	121105	06/11/26	1,725.66	ULINE
FMB	121106	06/11/26	429.24	UNITED NURSES ASSOCIATION
FMB	121107	06/11/26	25.00	UNITED PARCEL SERVICE
FMB	121108	06/11/26	579.00	UPTODATE, INC
FMB	121109	06/11/26	1,985.00	VISBOON LLC
FMB *	121110	06/11/26	669.22	WESTFAX, INC
FMB	121112	06/18/26	10,544.00	ACHD
FMB	121113	06/18/26	9,118.27	AGILITI HEALTH, INC.
FMB	121114	06/18/26	135.22	ALBERTSONS SAFEWAY
FMB	121115	06/18/26	423.85	ALIMED, LLC
FMB	121116	06/18/26	1,277.63	AMAZON CAPITAL SERVICES, INC
FMB	121117	06/18/26	636.58	AMERISOURCEBERGEN
FMB	121118	06/18/26	1,179.75	ARTHREX, INC
FMB	121119	06/18/26	5,995.00	AZARA HEALTHCARE, LLC
FMB	121120	06/18/26	606.57	BB HOTEL LLC
FMB	121121	06/18/26	44,044.22	BEAR VALLEY ELECTRIC
FMB	121122	06/18/26	8,722.43	BECKMAN COULTER INC
FMB	121123	06/18/26	54,699.46	BETA HEALTHCARE GROUP
FMB	121124	06/18/26	644.56	BIO RAD LABORATORIES, INC.
FMB	121125	06/18/26	2,224.92	BOSCH BUILDING TECH LLC
FMB	121126	06/18/26	1,500.00	BRANDON EUGENE SAGER
FMB	121127	06/18/26	750.00	BRYAN EXHAUST SERVICE INC
FMB	121128	06/18/26	360.00	CALIF TELEHEALTH NETWORK
FMB	121129	06/18/26	2,311.88	CALIF TOOL & WELDING SUPPLY
FMB	121130	06/18/26	8,802.00	CANON MEDICAL SYSTEMS USA, INC
FMB	121131	06/18/26	1,183.37	CARDINAL HEALTH
FMB	121132	06/18/26	3,355.62	CHARTER COMMUNICATIONS HOLDING
FMB	121133	06/18/26	41.33	CRISANDRAE DIZON
FMB	121134	06/18/26	2,877.96	CUSTOMER PAYMENT SOLUTIONS
FMB	121135	06/18/26	6,204.06	EMERALD TEXTILES
FMB	121136	06/18/26	658.52	EXPERIAN HEALTH, INC
FMB	121137	06/18/26	333.60	FRESENIUS KABI LLC
FMB	121138	06/18/26	3,436.13	HEALTHSTREAM INC
FMB	121139	06/18/26	2,639.15	INSTRUMENTATION LABORATORY
FMB	121140	06/18/26	6,772.66	IRON MOUNTAIN INC
FMB	121141	06/18/26	596.11	J AND J PRODUCE CO
FMB	121142	06/18/26	184.00	JAMES STEWART
FMB	121143	06/18/26	425.00	JAZZY BEAR, LLC
FMB	121144	06/18/26	3,863.33	JOHNSON AND JOHNSON
FMB	121145	06/18/26	1,025.45	KONICA MINOLTA BUSINESS SOL
FMB	121146	06/18/26	6,793.59	LABORATORY CORP OF AMERICA
FMB	121147	06/18/26	2,125.91	LEASING ASSOC. BARRINGTON, INC
FMB	121148	06/18/26	1,090.85	LIFESTREAM

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CODE	NUMBER	DATE	AMOUNT	PAYEE
FMB	121149	06/18/26	371.00	MEALSUITE INC
FMB	121150	06/18/26	3,315.00	MEDICAL DISPATCH
FMB	121151	06/18/26	111.22	MICHELLE POTTENGER
FMB	121152	06/18/26	705.00	ONSHIFT INC
FMB	121153	06/18/26	211.64	ORTHO-CLINICAL DIAGNOSTICS INC
FMB	121154	06/18/26	1,025.00	PAUL'S X-RAY
FMB	121155	06/18/26	119.21	PERFORMANCE HEALTH SUPPLY INC.
FMB	121156	06/18/26	968.81	QUADIENT LEASING USA INC
FMB	121157	06/18/26	2,343.75	RAM HEALTHCARE CONSULTING GROU
FMB	121158	06/18/26	280.71	RED PLANET PROMO
FMB	121159	06/18/26	3,240.13	SOFTSCRIPT INC
FMB	121160	06/18/26	2,788.26	STAPLES ADVANTAGE
FMB	121161	06/18/26	531.74	STERICYCLE INC
FMB	121162	06/18/26	8,091.07	SYSCO RIVERSIDE INC
FMB	121163	06/18/26	4,067.50	THE FARNSWORTH GROUP, LTD
FMB	121164	06/18/26	33.59	TRI ANIM HEALTH SERVICES INC
FMB	121165	06/18/26	9,231.00	UC RIVERSIDE
FMB	121166	06/18/26	115.66	ULINE
FMB	121167	06/18/26	1,975.00	UNIVERSITY OF CA SAN DIEGO
FMB	121168	06/18/26	3,274.10	US FOOD SERVICE INC
FMB	121169	06/18/26	151.12	WATER AND SANITATION DIVISION
FMB	121170	06/18/26	10,902.80	WEST PHYSICS CONSULTING LLC
FMB *	121171	06/18/26	14,174.00	ZIMMER BIOMET
FMB	121176	06/25/26	2,542.94	HUMANA
FMB	121177	06/25/26	50.00	TEIXEIRASOARES GILBERT
FMB	121178	06/25/26	454.95	AC APPLIANCE
FMB	121179	06/25/26	3,255.54	AFLAC
FMB	121180	06/25/26	361.20	AIRGAS USA, LLC
FMB	121181	06/25/26	4,533.21	ALL PROTECTION ALARM
FMB	121182	06/25/26	660.70	AMAZON CAPITAL SERVICES, INC
FMB	121183	06/25/26	5,600.00	AMN HEALTHCARE ALLIED, INC.
FMB	121184	06/25/26	1,032.60	ANTMED CORPORATION
FMB	121185	06/25/26	3,345.00	BAY CITY ELECTRIC WORKS
FMB	121186	06/25/26	10,887.17	BEAR VALLEY ELECTRIC
FMB	121187	06/25/26	426.79	BECKMAN COULTER INC
FMB	121188	06/25/26	300.00	BELLA NATALIE CERVATES
FMB	121189	06/25/26	155.00	BIG BEAR SHEET METAL
FMB	121190	06/25/26	1,964.58	BIO RAD LABORATORIES, INC.
FMB	121191	06/25/26	163,765.20	BLUE SHIELD OF CALIFORNIA
FMB	121192	06/25/26	2,201.72	BRACCO DIAGNOSTICS INC
FMB	121193	06/25/26	961.00	BREWD COFFEE SYSTEMS
FMB	121194	06/25/26	103.00	C&D TERMITE & PEST CONTROL
FMB	121195	06/25/26	869.33	CALIF TOOL & WELDING SUPPLY
FMB	121196	06/25/26	2,962.60	CARDINAL HEALTH
FMB	121197	06/25/26	1,600.00	CARL JOHNSON
FMB	121198	06/25/26	1,888.38	COMMUNICATION SCIENCE, INC
FMB	121199	06/25/26	168.00	COUNTY OF SAN BERNARDINO
FMB	121200	06/25/26	59.29	COUNTY OF SAN BERNARDINO
FMB	121201	06/25/26	1,495.57	CPST/EVIDENT
FMB	121202	06/25/26	13,311.42	DELTA DENTAL OF CA
FMB	121203	06/25/26	1,428.99	DWP CITY OF BIG BEAR LAKE

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CODE	NUMBER	DATE	AMOUNT	PAYEE
FMB	121204	06/25/26	4,438.52	EMERALD TEXTILES
FMB	121205	06/25/26	74.84	FIRST-CITIZENS BANK & TRUST CO
FMB	121206	06/25/26	1,569.65	FISHER HEALTHCARE
FMB	121207	06/25/26	250.00	HARKEY COMPLIANCE
FMB	121208	06/25/26	2,358.54	HEXMODAL TECHNOLOGIES, LLC
FMB	121209	06/25/26	1,020.50	HILL ROM
FMB	121210	06/25/26	1,495.00	HOOSIER OSTEOTROINX
FMB	121211	06/25/26	1,008.69	J AND J PRODUCE CO
FMB	121212	06/25/26	2,647.96	JAMES STEWART
FMB	121213	06/25/26	1,268.98	JAMIE SMITH
FMB	121214	06/25/26	80.00	JENNIFER RICHARDS
FMB	121215	06/25/26	52,137.15	KAISER FOUNDATION HEALTH PLAN
FMB	121216	06/25/26	5,781.08	MATHESON TRI GAS INC.
FMB	121217	06/25/26	10,380.39	MEDELY, INC.
FMB	121218	06/25/26	7,844.59	MEDLINE INDUSTRIES INC
FMB	121219	06/25/26	1,405.36	OLYMPUS AMERICA INC.
FMB	121220	06/25/26	6,797.49	ORTHO-CLINICAL DIAGNOSTICS INC
FMB	121221	06/25/26	12,000.00	PACIFIC HEALTH CARE IMAGING
FMB	121222	06/25/26	2,200.00	PRECEPT ENVIRONMENTAL, INC
FMB	121223	06/25/26	280.79	PRIMO BRANDS
FMB	121224	06/25/26	181.00	QUEST DIAGNOSTICS INC
FMB	121225	06/25/26	2,375.00	RAM HEALTHCARE CONSULTING GROU
FMB	121226	06/25/26	1,927.90	RAPIDFIRE SAFETY & SECURITY
FMB	121227	06/25/26	475.50	SHOES FOR CREWS NORTH AMERICA
FMB	121228	06/25/26	329.72	SIEMENS HEALTHCARE DIAGNOSTICS
FMB	121229	06/25/26	140.77	SMILEMAKERS
FMB	121230	06/25/26	6,866.57	SOUTHWEST GAS CORPORATION
FMB	121231	06/25/26	175.18	STALCUP LANDSCAPE INNOVATIONS
FMB	121232	06/25/26	1,312.31	STERICYCLE INC
FMB	121233	06/25/26	6,787.44	SUNBELT RENTALS, INC
FMB	121234	06/25/26	54.00	SUTISOFT, INC
FMB	121235	06/25/26	8,455.15	SYSCO RIVERSIDE INC
FMB	121236	06/25/26	104.50	T-SYSTEM, INC
FMB	121237	06/25/26	1,365.94	TEAMSTERS LOCAL 1932
FMB	121238	06/25/26	7,400.00	TRYSPARROW.COM INC
FMB	121239	06/25/26	452.61	UNITED NURSES ASSOCIATION
FMB	121240	06/25/26	48.29	UNITED PARCEL SERVICE
FMB	121241	06/25/26	11,242.31	UNUM LIFE INS CO OF AMERICA
FMB	121242	06/25/26	7,573.33	US FOOD SERVICE INC
FMB	121243	06/25/26	19,853.00	US IMPLANT SOLUTIONS, LLC
FMB	121244	06/25/26	831.71	WAXIE SANITARY SUPPLY
FMB	121245	06/25/26	1,000.00	WILLIAM A. GIAMARINO
FMB	121246	06/25/26	15,049.43	ZONES INC
TOTALS:			1,802,540.59	



CNO Monthly Report

TOPIC	UPDATE
1. Regulatory	▪ Working towards ACHC accreditation ○ Life safety gap analysis completed ○ Clinical gap analysis scheduled for August 5-7 ○ Meeting with each manager to review regulations ▪ POC for Annual SNF and Life Safety have been accepted
2. Budget/Staffing	▪ Nursing vacancies: ○ 2 FT RN vacancies in the ED ○ 1 FT RN/LVN vacancy on acute ○ 1 FT LVN SNF vacancy ▪ CNA positions remain difficult to fill ○ 3 FT open positions – 2 to hire from recent CNA class
3. Departmental Reports	
▪ Emergency Department	▪ Staff completing training for ACHC competency requirements ▪ Staffing is a concern with FMLA ▪ Revising policies and competencies for ACHC accreditation ▪ Working on high risk call back program & decreasing ED 7 day returns
▪ Acute	▪ Working on improving decision to admit times ▪ Anticipating RN vacancies due to NP graduations
• Skilled Nursing	▪ Census is currently at 20- 1 admission pending ▪ Working on filling and onboarding vacant CNA positions ▪ Implementing CNA CUSP grant for CNA education and career advancement ▪ Staffing and MDS errors are affecting overall CMS star rating ▪ Implementing Inovalon software for MDS, PBJ and quality reporting- 60 day implementation process

Surgical Services	- OR 2 functioning- utilized for ortho cases - Continuing call for general surgery - OR staff assuming outpatient responsibilities - OR staff participating in wound care program
Care Coordination	- Continuing outreach to surrounding hospitals for recruitment of swing patients - Working on AHA GWTG HF and CAD - Completing MAP from ovation Case Management assessment
Respiratory Therapy	- Working to expand echo services- new echo service on board - Working on redesign of echo and stress echo program - Department has been relocated
Physical Therapy	- Volumes exceeding capacity for staff availability and building space. - Working on requirements for Kaiser OT and ST program 1 traveler extended to cover FMLA - Anticipated staffing needs due to FMLA
Food and Nutritional Services	- Hosted SNF Candlelight - Anticipating staffing shortages due to FMLA and retirement
Wound Care	- Program is growing quickly- department has been relocated to permanent space - Working on optimizing EHR and obtaining additional training - Working on ensuring chart completion and accuracy for billing - Will be opening 3rd day of wound care pending new admissions
Pharmacy	- Retail pharmacy application re-submitted to Board of Pharmacy- waiting on date of construction completion for licensing - Working on policy revision for ACHC accreditation - Working on medication take back box- to be placed in the ED waiting room for community access - Submitted SUD honor roll assessment & SUD videos for extra credit
Radiology	- Working closely with maintenance on radiology room remodels, time constraints due to end of life equipment - Researching CARM options to meet needs of multiple specialties - Rental CARM in place - Researching options for equipment needs for IR program

▪ Laboratory	▪ Full staff onboarded, working on training new staff ▪ Working on combining Lab and RT CLIA/ COLA licensure – will save on fees and survey time
4. Infection Prevention	▪ Working on ongoing staff education ▪ Reporting Influenza and RSV cases to Public Health and CDPH L&C ▪ Handwashing improvement project in place
5. Quality Improvement	▪ Current projects- ▪ CT blunt head trauma in the ED ▪ Quest for Zero- ED Tier I and II ▪ 7 day and 30 day follow up SUD/ Behavioral health ▪ Employee wellbeing ESWI ▪ SNF QAPI ▪ AHA stroke Get with the Guidelines ▪ AHA CAD ▪ AHA HF ▪ Patient Experience ▪ Readmissions/ Admissions ▪ Discharge workgroup ▪ EDSP grant ▪ EMS Education Grant
6. Policy Updates	▪ Policy and Procedure committee continues to meet and review District policies. ▪ Multiple policy updates in process to comply with ACHC regulations.
7. Safety & Products	▪ Safety rounding implemented per ACHC recommendations from recent gap analysis. ▪ Generator monitoring added to safety agenda per POC
8. Education	▪ In person ACLS, PALS & BLS being held quarterly ▪ Educator working on code stroke and code blue drills, wound care training, MSP training, working with ED on new CMS requirements for OB training ▪ Meeting with department managers to review departmental training needs ▪ Survey sent to staff regarding education needs – currently redesigning plan to meet needs of staff ▪ Completed education plan per ACHC standards ▪ In house trainings completed: ○ Mindray education and in-services (all units)

	○ Hands only CPR ○ BLS for providers ○ Nursing Orientation every other Tuesday ○ Weekly mock codes in the hospital units ○ ED/Acute/SNF choking in-service ○ ED/Acute/SNF Auto pulse in-service ○ Acute charting in-services ○ Acute discharge in-service ○ Code Stroke in-service ○ ACLS/PALS ○ 5150 class ○ LVN class ○ CNA professionalism training ○ MSP classes ○ IV pump training ○ Education videos- blood warmer, auto pulse, pumps, TPA ▪ Working on ED specific competency for ACHC accreditation
9. Information Items/Concerns	▪ AHA Get with the Guidelines Gold status was awarded ▪ ACHC Gap Analysis to be held Aug 5-7
Respectfully Submitted by: Kerri Jex, CNO/ COO	
Date: July 31, 2026	