

A G E N D A
Lander County Hospital District – Board of Trustees
Regular Session
March 11, 2026 - 5:30 P.M.
John Peters Health Services Center
Board Room
555 West Humboldt Street
Battle Mountain, NV

5:30 PM Call to Order – Regular Session

Pledge of Allegiance

People are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comments may be limited to three (3) minutes per person, at the discretion of the Board. Reasonable restrictions may be placed on public comments based upon time, place, and manner, but public comment based upon viewpoint may not be restricted.

Public Comment

❖ **Motion to Consent** – (Lemaire) - (Discussion for Possible Action)

- 1) March 11, 2026, Agenda Notice – Posted March 5, 2026
- 2) Infection Control report – February 2026
- 3) Emergency Operation/Life Safety/Policy & Procedure – January & February 2026
- 4) Board meeting minutes – January 14, 2026 & February 11, 2026, Regular Session

Public Comment

❖ **New Business** – (Lemaire) – (Discussion for possible action)

- 5) Letter of Interest

Board will review and discuss the Letter of Interest for Trustee Seat B, Southern Lander County and all other matters properly related thereto.

Public Comment

- 6) Letter of Interest – (Lemaire) – (Discussion for possible action)

Board will review and discuss the Letter of Interest for Trustee Seat F and all other matters properly related thereto.

Public Comment

- 7) Tentative Budget 2026-2027 – (Lemaire) – (Discussion for possible action)

The Board will discuss and confirm the date to review the Tentative Budget for Fiscal Year 2026-2027, and all other matters properly related thereto.

Public Comment

❖ **Financials – (Lemaire) - (Discussion for Possible Action)**

8) January 2026 Financial Reports

The Board will review and discuss financial reports for January 2026, and all other matters properly related thereto.

Public Comment

❖ **Chief Executive Officer Report – (Lemaire) – (Discussion for Possible Action)**

9) Chief Executive Officer Bauer will present monthly report to the Board of Trustees and all other matters properly related thereto.

Public Comment

❖ **ADJOURNMENT REGULAR SESSION**

This is the tentative schedule for the meeting. The Board reserves the right to take items out of order to accomplish business in the most efficient manner. The Board may combine two or more agenda items for consideration. The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

AFFIDAVIT OF POSTING

State of Nevada _____)
) ss
County of Lander _____)

Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustees, states that on the 6th day of March 2026, A.D., she was responsible for posting a notice, of which the attached is a copy, at the following locations: 1) Battle Mountain General Hospital, 2) Lander County Courthouse, 3) Battle Mountain Post Office, and 4) Austin Courthouse, all in said Lander County where the proceedings are pending.

RECORDING SECRETARY _____

Subscribed and sworn to me on this 6th day of March 2026 _____

WITNESS Harley Heese _____

NOTICE TO PERSONS WITH DISABILITIES: Members of the public who wish to attend this meeting by teleconference or who may require assistance or accommodations at the meeting are required to notify the Hospital Board Recording Secretary in writing at Battle Mountain General Hospital, 535 South Humboldt Street, Battle Mountain, NV 89820, or telephone (775) 635-2550, Ext. 1111, at least two days in advance of pending meeting.

NOTICE: Any member of the public that would like to request any supporting material from the meeting, please contact Jessica Ceja, Recording Secretary of the Lander County Hospital District Board of Trustee 535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

Via Zoom

(Barring technical difficulties)

Topic: Board Regular Session 03 11 2026

Time: Mar 11, 2026, 05:30 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82953740880?pwd=2IGzdyMV05cqwbjhZbG59hAS3d0Rj.1>

Meeting ID: 829 5374 0880

Passcode: 407387

One tap mobile

+12532050468,,82953740880#,,,,*407387# US

+12532158782,,82953740880#,,,,*407387# US (Tacoma)

Join instructions

<https://us02web.zoom.us/join/82953740880/invitations?signature=9PP0kKbbG8k95-bMBpNtTm6m0t-L8Krp7eHYdbunZ9g>

INFECTION CONTROL REPORT MEDICAL STAFF MEETING
FEBRUARY 2016

1. Clinic had 3 procedures with 0 wound infection.
2. ER had 18 procedures with 0 wound infection.
3. 0 Needle sticks in FEB, a total of 0 for the year.
4. Immunization shots:
 - ❖ 95% of the BMGH employees received the flu shot.
 - ❖ 0 LTC Residents received any vaccinations.
5. Flu Test:
 - ❖ 101 Positive A; 24 Positive B 0
 - ❖ 11 RSV Positive 1
 - ❖ 101 Influenza-like symptoms
6. Yearly TB testing:
 - ❖ 5 New hire employee tested positive for TB Quantiferon/TST; X-ray is clear.
7. House Cultures site:
 - ❖ Working closely with Nursing and Environmental Services and Maintenance on insect control. Infection control rounds have been conducted in Long Term Care. Corrective actions have been applied.
8. Hand Hygiene monitor is ongoing in Hospital and Clinic.
9. Complete hand washing and PPE in-service for the LTC residents and staff, as well as additional training for the CNAs at meal times.
10. Total Long Term Care Residents: 22; Infection/s 4 SSTI; 3 UTI.
11. FEB 7 Acute 1 2 Infection/s
12. FEB 6 Swing 3 Infection/s
13. Immunizations are recorded in Web IZ administered at BMGH. Required by State of Nevada.
14. Cultures need to be reported ASAP.
15. Infection Control – COVID-19 Reports:

Tested: 78 Negative: 74 Positives: 4 Invalid: 0

No COVID positive case for all LTC residents and employees for the month of FEBRUARY
16. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
17. As per CDC the 5 days' isolation for COVID positive patients is no longer mandatory; Less than 5 days of isolation is now allowed as long as the symptoms are resolved. This is for the general public only; no change on isolation policy for hospital settings, still 10 days for LTC.
18. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

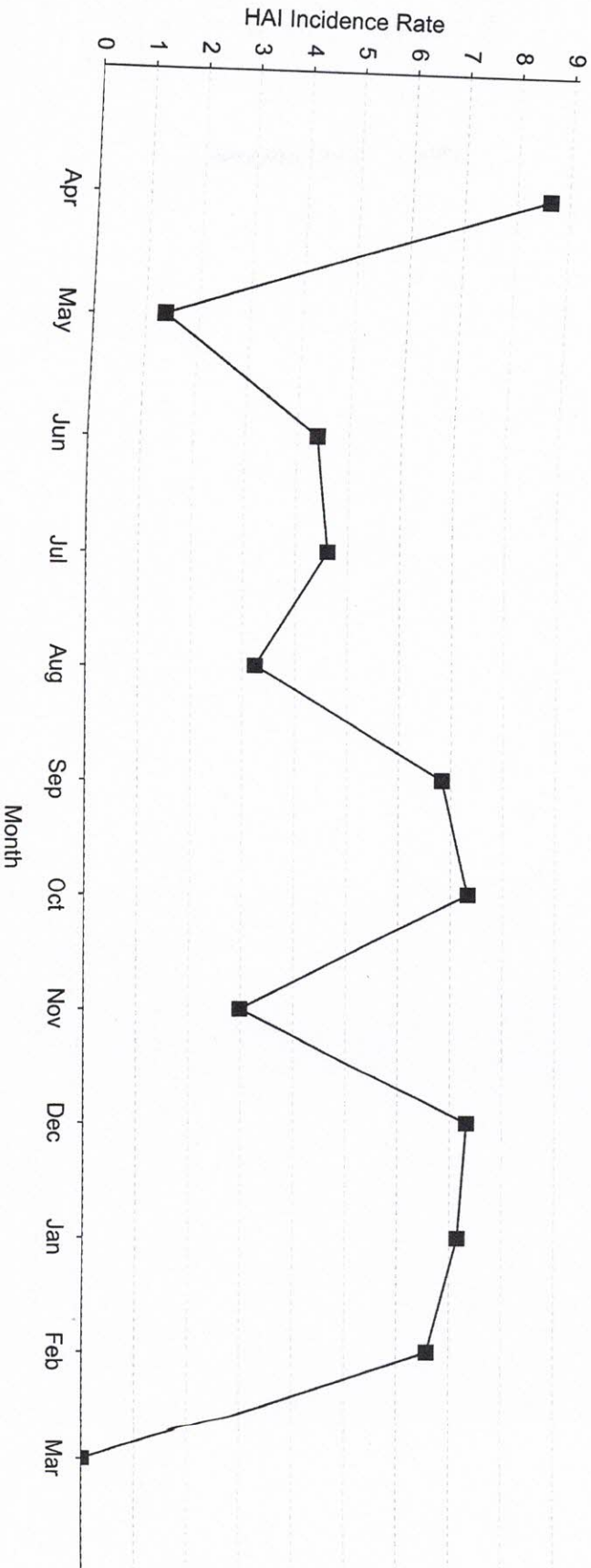
February 01, 2026 - February 28, 2026

User: jgreenhalgh

Summary

Total Infection	CAI	HAI	HAI Incidence Rate	Number Of MDRO	HAI Point Prevalence (February 28, 2026)
5	0	4	6.58	1	9.52 %

HAI Incidence Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI Incidence Rate
Blood/Systemic	0	0	0.00
Bone & Joint	0	0	0.00
Cardiovascular	0	0	0.00
Ear Nose, Mouth & Throat	0	0	0.00

Summary By Infection Category

Infection Category	Total	HAI	HAI Incidence Rate
Eye	0	0	0.00
Gastrointestinal	0	0	0.00
Genital	0	0	0.00
MDRO	0	0	0.00
Neurologic	0	0	0.00
Other	1	0	0.00
Parasitic	0	0	0.00
Respiratory	1	1	1.64
Skin & Soft Tissue	2	2	3.29
Urinary Tract/Kidney	1	1	1.64
Total	5	4	

Other Infection Category

HAI Incidence 0.00

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
Larsen, Dixie (Admit Date 04/27/20)						
LTC. LONG TERM CARE	02/11/26	Unknown		Closed (02/17/26) - Resolved	Doxycycline Hyclate Tablet 100 MG (02/11/26) Prescriber: Burkhart, Abby	Came back from Reno with WBC of 16,000. Started on Doxycycline 100mg PO BID x 7 days.



Battle Mountain General Hospital

Board of Governance Emergency Operation Program and Policy and Procedure Summary

Date: January 20, 2026

Policy and Procedure Committee Meeting Summary:

MINUTES:

- **Policy and Procedure Coordinator:**
Working with HR to format new Policies.
- **Human Resources**
 - Asked to be moved next month
 - A new handbook will be brought soon to P&P.
- **Business Office Manager**
 - Working with P&P coordinator to update new regulations and formatting.
- **Food and Nutrition Manager**
 - All policies have been approved and are in the approval process

BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

Emergency Operations Committee Meeting Summary:

MINUTES:

Security Surveillance

Survey Prep, Walk Around, Facility Security (See attached documentation). Maintenance received an email with the items found. A Committee discussion and facility walk around in preparation for survey was conducted. **CMS F-Tags 900-950 Physical Environment §483.90.** Number of questioning areas were identified and a list of possible fixes were sent to the correct departments to solve the issues.

- ◆ **Security doors unlocked, possible broken and Employee entrance**
- ◆ **Posters ripped and papers hung without lamination**
- ◆ **Strings/tape hanging from vents in hallway.**
- ◆ **Extension cord plugged in to an extension cord throughout the facility.**
- ◆ **Missing/chipped or skewed ceiling tiles throughout radiology, Er and LTC**
- ◆ **Dusty Vents**



Board of Governance
Emergency Operation Program and Policy and Procedure Summary

- ◆ **Bugs in light fixtures.**

All finding where turned into maintenance and will be fixed within the week

MONTHLY TRAINING FEBRURARY:

- ◆ **Cyber Security** Tyson Zacharias IT Manager
Cyber Related Incident

Completed by: Holly Heese, Director of Compliance, Risk and Quality

- ◆ Policy and Procedure Coordinator
- ◆ Certified Hospital Emergency Coordinator



**Board of Governance
Emergency Operation Program and Policy and Procedure Summary**

Date: February 17, 2026

Policy and Procedure Committee Meeting Summary:

MINUTES:

➤ **Policy and Procedure Coordinator:**

Working with many departmental Managers to format existing and new Policies.

- ❖ Mammography Forms
- ❖ HIPAA
- ❖ EMTALA
- ❖ Camera Usage

➤ **Human Resources**

- ❖ Shift Differential Policy

➤ **Material Management**

- ❖ Control of AED & Supplies

➤ **Administrative/SRA/ HIPAA**

- All policies have been approved and are in the approval process

➤ **IT /HIPAA HITECH**

- All policies have been approved and are in the approval process

BMGH Policy and Procedure meeting meets CMS Conditions of Participation 42 CFR §485.635, (CAH Tag) & HIPAA Hi-Tech Regulations HIPAA 164.316 (a), [NIST SP 800-53 RA-1], [NIST SP 800-53 RA-3]

Emergency Operations Committee Meeting Summary:

MINUTES:

Cyber Security and HIPAA

Battle Mountain General Hospital as part of our continuing plan of correction and compliance plans will continue conducting audits, monitoring workstations and training of all EHR, including but not limited HIPAA breaches to maintain an effective Cyber Security/HIPAA Compliance Program.

Training Monitoring Audits:

- ◆ **Reduce unauthorized exposure to possible HIPAA Breaches**
- ◆ **Plan of Correction after breach**
- ◆ **Help eliminate complaints and mis trust with community**



Board of Governance
Emergency Operation Program and Policy and Procedure Summary

- ◆ **HIPAA laws, rules regulations required**

All finding where turned into maintenance and will be fixed within the week

MONTHLY TRAINING APRIL:

- ◆ **Infectious Diseases**
 - Cleaning
 - Reporting

Joy Greenhalgh IP

Completed by: Holly Heese, Director of Compliance, Risk and Quality

- ◆ Policy and Procedure Coordinator
- ◆ Certified Hospital Emergency Coordinator

**LANDER COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES
REGULAR SESSION
JOHN PETERS HEALTH SERVICES CENTER
BOARD ROOM
555 W HUMBOLDT STREET
BATTLE MOUNTAIN, NV
January 14, 2026**

BOARD PRESENT:

Lyle Lemaire, Chairman
Shawn Mariluch, Vice Chair
Alicia Price, Commissioner Trustee

STAFF PRESENT:

Hope Bauer, Chief Executive Officer
Wayne Allen, Chief Financial Officer

GUESTS:

Estrellita "Troy" Kelley
Jodi Price
Carynn Conder
Tyson Zacharias
Bernadette Zacharias via Zoom

CALL TO ORDER

Chairman Lemaire called the January 14, 2026, Regular Session to order at 5:30 p.m.

PUBLIC COMMENT

No public comment.

MOTION TO CONSENT

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Agenda Notice for January 14, 2026, as discussed was approved.

Addendum 1

By motion (Mariluch), seconded (Price), and the Board unanimously passed the Infection Control Report for December 2025, as discussed was approved.

Addendum 2

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Emergency Operations Program/Policy Procedure for November and December 2025, as discussed was approved.

Addendum 3

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Board meeting minutes for December 10, 2025, as discussed was approved.

Addendum 4

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Medical Staff one year provisional appointments for Dr. Alban DeSchutter, Cardiology Services and Chalee Mullin, FNPC, as discussed was approved.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Medical Staff two year reappointments for James Brull, DVM, DO, James Haug, DO, and Noman Malik, MD, as discussed was approved.

NEW BUSINESS

Notice of Resignation

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed to accept the resignation letter from Paula Tomera as presented was approved.

Addendum 5

2026 Election of Board Officers

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed that Lyle Lemaire serve as the 2026 Board Chairman as discussed was approved.

By motion duly made (Price), seconded (Lemaire), and the Board unanimously passed that Shawn Mariluch serve as the 2026 Vice Chairman as discussed was approved.

By motion duly made (Mariluch), seconded (Lemaire), and the Board unanimously passed that Alicia Price serve as the 2026 Board Secretary as discussed was approved.

2026 Board of Trustees Meeting Schedule

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed to schedule the 2026 monthly Board meetings on the second Wednesday as discussed was approved.

Assignment of Trustees to the 2026 Finance Subcommittee, Scholarship Subcommittee and Board Policy Subcommittee

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed that Lyle Lemaire and Shawn Mariluch serve on the 2026 Finance Subcommittee and the Scholarship Subcommittee is not needed because the Scholarships will be reviewed during a Regular Session. Lemaire and Price will serve on the 2026 Board Policy Subcommittee as discussed was approved.

Financial Disclosure Statements

Chairman Lemaire reminded the Board to file their 2026 Financial Disclosure Statement.

FINANCIALS

Chief Financial Officer Allen addressed the Rural Health Transformation Program. This program did get funded and the funds will be disbursed by December 31, 2025. 50 States received funding and Nevada will receive \$9,000,000 over five years, which is \$180,000,000 per year. CFO Allen and CEO Bauer will work together and present information to the Board for review. The funding is restricted to rural health.

Chief Financial Officer Allen addressed the Income Statements on page 5. He explained the gross revenue total income before expenses, non-operating revenue and the investments income which is strong in the month of November 2025.

Chief Financial Officer Allen addressed the November 2025 Financial Reports with the Board. Page 4 displayed the Balance Sheet Summary for the month of November 2025. He addressed the Cash and Liquid Capital - interest bearing, treasury bills and money market funds, Short-Term, Long-Term investments, and Construction in Progress amounts.

On pages 13-14, displayed November's Month, Year to date Sum of Charges by Ancillary departments. The gross revenue is displayed five month year to date sum of charges for years 2024 and 2025. The following departments displayed an increase in the charge master. Infusion displayed an amount of 108,357.47 over last year. Laboratory displayed an amount of 260,158.16 over last year. MRI displayed an amount of 95,422.59. The Emergency Room displayed an amount of 224,209.68 and the Med/Surg displayed an amount of 128,900.34. The bottom line displayed an amount of 1,260,197.85.

Last, there has been a slight decrease in the number of patients seen in the Rural Health Clinic, year to date. Last year displayed a total of 4,903 patients seen. Year to date displayed a total of 4,651 patients seen.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed to accept the financial reports for November 2025, as discussed, was approved.

Addendum 6

Chief Executive Officer Summary

Chief Executive Officer Bauer discussed a summary of hospital activities to the Board of Trustees.

Jodi Price, Director of Business Services reported that she continues to work on entering the charge master information.

Athena will be onsite for training February 23-26, 2026. Ambient notes will be available in the Athena Electronic Health record as well.

A Town Hall is scheduled for February 11, 2026, between 3-5 p.m. to discuss new Managed Medicaid services. Athena messaging will go out to patients with Medicaid coverage. If the patient does not select coverage the individual will be assigned one.

Carynn Conder, Radiology reported that 70 mammography exams have been provided since September through December. She continues to work on policies and procedures. Price offered assistance for Conder when calling to confirm appointments. Going forward, Conder will begin to advertise services available at BMGH.

Tyson Zacharias, IT Director shared the new radio system that has been installed in the Emergency Room. He upgraded TV services in the Long Term Care department for the Residents.

The migration is in process and BMGH is moving towards Microsoft Office 365.

The current phone system has reached its end of life and BMGH has until 2029 to replace the system. Zacharias has scheduled 3 demos' for BMGH to review the new phone systems.

The internet has been updated and there is a backup system in place as well. Zacharias is researching a new system for the Laboratory. The lab's current system is housed on an old system from 2012. He is leaning towards a cloud based option. E-signatures are a work in progress.

Chief Executive Officer Bauer reported that Lemaire and Price met Dr. Leary. She shared her interest in working with BMGH. The Board agreed that Dr. Leary would be a great fit for the Community.

Chalee Mullin is waiting for her license through the State Board of Nursing. She is shadowing Cathryn Beggs. Beggs and Burkhart continue to see patients in the Battle Mountain Clinic.

Norah Lusk and Sarah Pehrson see patients on a month to month basis. The patients like both Providers.

Dr. Robin Willcourt is interested in coming back to the Clinic and will begin the Credentialing application process. Dr. Willcourt would like to work every other week. This enables Mullin to provide Women's Health services.

Dr. DeSchutter continues to see patients in the Clinic. CEO Bauer will work on advertising for his services.

Katy Hymas, Psychiatric Nurse Practitioner would like to come back to Battle Mountain.

CEO Bauer reported on monthly stats and the number of residents in the Long Term Care department.

Eight applications were received for the vacant Chief Nursing Officer position. Interviews will begin next week per Bauer.

Bernadette Zacharias will return from maternity leave January 2026, 2026. The group will begin the budget process.

CEO Bauer made a trip to Hawthorne and spoke with the CEO of the facility. Bauer shared it was a great visit. She addressed their processes for the Clinic and hospital, hours of operations, etc.

Tyson Zacharias, Holly Heese, Jodi Price and CEO Bauer are working on a report requested by Medicaid. Medicaid sent a notification to Bauer and asked her to submit a Plan of Correction, for the price transparency information.

PUBLIC COMMENT

No public comment.

ADJOURNMENT

With no further business, Chairman Lemaire adjourned the Regular Session at 6:24 p.m.

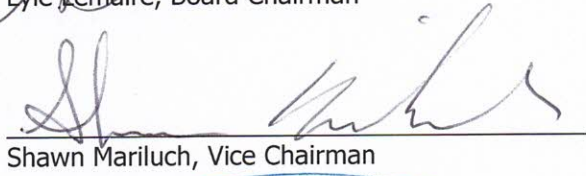
Respectfully Submitted,

Jessica Ceja, Recording Secretary

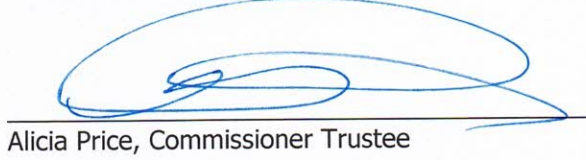
BOARD SIGNATURES:



Lyle Lemaire, Board Chairman



Shawn Mariluch, Vice Chairman



Alicia Price, Commissioner Trustee

**LANDER COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES
REGULAR SESSION
JOHN PETERS HEALTH SERVICES CENTER
BOARD ROOM
555 W HUMBOLDT STREET
BATTLE MOUNTAIN, NV
February 11, 2026**

BOARD PRESENT:

Lyle Lemaire, Chairman
Shawn Mariluch, Vice Chair
Alicia Price, Commissioner Trustee

STAFF PRESENT:

Hope Bauer, Chief Executive Officer
Wayne Allen, Chief Financial Officer
Bernadette Zacharias, Financial Controller

GUESTS:

Deb Whitakker, CareSource
Jodi Price
Carynn Conder
Tyson Zacharias
Tina Barnes
Dr. Michele Leary via Zoom

CALL TO ORDER

Chairman Lemaire called the February 11, 2026, Regular Session to order at 5:30 p.m.

PUBLIC COMMENT

Deb Whittaker, CareSource representative, presented Nevada Medicaid services available to patients which included Medical Care, Nutrition, Transportation, Child Care and Job support. Patients are welcome to enroll now through October 2026, and Medicaid just got simpler in Rural Nevada. There is an app available for users and Whittaker is available if a patient or Provider needs assistance. She will attend BMGH's annual Health Fair September 26, 2026.

MOTION TO CONSENT

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed the Agenda Notice for February 11, 2026, as discussed was approved.

Addendum 1

By motion (Price), seconded (Mariluch), and the Board unanimously passed the Infection Control Report for January 2026, as discussed was approved.

Addendum 2

The Board meeting minutes for January 14, 2026, were tabled.

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed the Medical Staff two year reappointment for Dr. Shree Shah, as discussed was approved.

NEW BUSINESS

Shift Differential

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Clinical Shift Differentials. The shift type for Swing (3-11) will receive \$1.00. The Night Shift type (11-7) will receive \$2.00. The Weekend Shift type will receive \$1.50. The Support Staff Shift Differentials for Swing (3-11) will receive \$0.75. The Night Shift type (11-7) will receive \$1.25, and the Weekend Shift type will receive \$1.25 as presented was approved.

Addendum 3

Chief Executive Officer Contract

Chairman Lemaire addressed the CEO Contract for Hope Bauer. This contract is for one year, effective until December 1, 2026, and will be retroactive September 26, 2025. If both parties agree, a three year contract will be discussed and reviewed. Bauer's salary will be \$200,000 with no bonuses. 3% increases same as all Employees as well as Paid Time Off and Sick Leave hours. \$10,000 Continuing Medical Education \$10,000 Travel and Life Insurance policy for \$40,000. Termination with or without cause.

Trustee Price loves the transparency and Bauer's commitment to all the employees.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Chief Executive Officer Contract as presented was approved.

Addendum 4

Chief Executive Officer Authorities

Last Chief Executive Officer had a \$50,000 spending limit without Board approval. Chairman Lemaire would like to continue with this dollar amount and there is a 2026 Finance Committee when needed.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the Chief Executive Officer's \$50,000 spending limit as discussed was approved.

FINANCIALS

Chief Financial Officer Allen addressed the December 2025 Financial Reports with the Board. Page 4 displayed the Balance Sheet Summary for the month of December 2025. He addressed the Cash and Liquid Capital - interest bearing, treasury bills and money market funds, Short-Term, Long-Term investments, and Construction in Progress amounts.

Chief Financial Officer Allen addressed the Income Statements on page 5. He explained the gross revenue total income before expenses, non-operating revenue and the investments income which is strong in the month of December 2025.

On pages 13-14, displayed December's Month, Year to date Sum of Charges by Ancillary departments. The gross revenue displayed five months year to date sum of charges for years 2024 and 2025. The following

departments displayed an increase in the charge master. CT displayed an amount of 272,818.16, favorable, over last year. The Laboratory displayed an amount of 256,558.65. The MRI displayed an amount of 121,260.95. The Pharmacy displayed an amount of 106,953.96, favorable. The Emergency Room displayed an amount of 113,919.77 and the Med/Surg displayed an amount of 165,569.69. The bottom line displayed an amount of 1,373,094.55. All departments are contributors per CFO Allen.

By motion duly made (Price), seconded (Mariluch), and the Board unanimously passed to accept the financial reports for December 2025, as discussed, were approved.

Addendum 5

Chief Executive Officer Summary

Chief Executive Officer Bauer discussed a summary of hospital activities to the Board of Trustees.

Tyson Zacharias, IT Director shared the migration is still ongoing and should be completed in March. He is working on upgrading the facility's phone system to a cloud based system. Demos' were helpful and Zacharias is interested in a system that will have a minor increase in fees but is a better system, overall. If the internet goes down there is an app available for your cell phone.

Bernadette Zacharias, Financial Controller shared the budget process has begun. CEO Bauer and Zacharias will schedule a meeting with Chief Financial Officer Allen to discuss the revenue. Last, the Board will need to confirm the date of the Budget workshop to review the Tentative Budget information with all Department Managers.

Carynn Conder, Radiology has been remarkably busy.

Chief Executive Officer Bauer reported that the facility is preparing for the upcoming Long Term Care survey. The staff continues to try and fill beds.

During the last Department Managers meeting, the group discussed succession planning, if applicable and cross training employees going forward.

Dr. DeSchutter saw 20 patients during his last scheduled visit. Per CEO Bauer there are a few things that need to be worked out regarding echocardiograms and where to store them.

BMGH should be receiving the Certificate of Occupancy very soon. The information regarding the room variance has been sent to the Board of Directors and is scheduled to discuss this information March 6, 2026.

CEO Bauer and Kathy Freeman, Human Resources are scheduled to meet with HealthSure to discuss the employee insurance renewal and set premiums. Per Bauer BMGH has not gone out to bid in last couple years and she wants to see if BMGH can lower costs to employees.

CEO Bauer met with CFO Allen regarding the Rural Health Transformation funds. Both are attending an upcoming informational meeting regarding this matter.

CEO Bauer is scheduled to meet with the Dean of Great Basin College to discuss a potential partnership and collaborations.

CEO Bauer is headed to Las Vegas to discuss strategic planning with Nevada Rural Hospital Partners (NRHP) regarding the rural health transformation and funding. There are four main focuses, and how it benefits rural health.

Prevent and manage chronic disease
Technology, equipment, supplies mobile unit, EMS, etc.
Rural workforce to assist with Provider gaps in rural healthcare
Electronic Health Record enhancements

The Regular Session adjourned at 6:18p.m. and a Closed Session was held to discuss the employment contract for Dr. Michele Leary.

The Closed Session adjourned at 6:22 p.m. and the Regular Session was called to order.

By motion duly made (Mariluch), seconded (Price), and the Board unanimously passed the employment contract for Dr. Michele Leary, as discussed was approved.

PUBLIC COMMENT

No public comment.

ADJOURNMENT

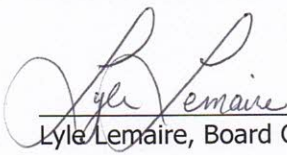
With no further business, Chairman Lemaire adjourned the Regular Session at 6:24 p.m.

Respectfully Submitted,




Jessica Ceja, Recording Secretary

BOARD SIGNATURES:



Lyle Lemaire, Board Chairman



Shawn Mariluch, Vice Chairman



Alicia Price, Commissioner Trustee

Jessica Ceja

From: kimschacht69@icloud.com
Sent: Wednesday, March 4, 2026 7:28 AM
To: Jessica Ceja
Subject: Letter of interest

To whom it may concern,
Please accept this as my letter of interest for the interim, Lander County Hospital Board Trustee seat F for Southern Lander County.

Signed
Kimberly M Schacht

Sent from my iPhone
CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Laura Bauer
621 Elquist Drive
Battle Mountain, NV 89820
3/3/2026

Board of Trustees
Battle Mountain General Hospital
Battle Mountain, NV

Dear Members of the Board,

I'm writing to share my interest in serving on the Board of Battle Mountain General Hospital. Having been born and raised here in Battle Mountain, this hospital has quite literally been part of my life from the very beginning. As a long-standing member of this community, I care deeply about the strength and future of the services that support our town.


Over the years, I've had the opportunity to serve—both previously and currently—on boards for other local organizations. Through those experiences, I've gained an appreciation for the responsibility that comes with board service, including thoughtful decision-making, financial stewardship, and long-term planning. I've seen firsthand how strong governance helps organizations thrive, especially in small communities like ours.

I've also always had a natural curiosity about how things work—how systems operate behind the scenes, how decisions are made, and how teams come together to serve a common purpose. That curiosity is part of what draws me to BMGH. I would value the opportunity to better understand its operations and contribute in a meaningful way to its continued success.

Battle Mountain is home. Being born here—at BMGH—and remaining an active member of the community has given me a strong sense of responsibility and pride. It would be an honor to serve in a role that helps ensure our hospital continues to provide quality care for generations to come.

Thank you for your time and consideration. I would welcome the opportunity to visit further about how I can contribute to the Board and support BMGH's mission.

Sincerely,

A handwritten signature in blue ink that reads "Laura Bauer". The signature is written in a cursive, flowing style.

Laura Bauer



Battle Mountain General Hospital

FINANCIALS

JANUARY 2026

BATTLE MOUNTAIN GENERAL HOSPITAL
JANUARY 2026
FINANCIAL STATEMENT REVIEW

BALANCE SHEET

ASSETS

- *Operating Cash at the end of JANUARY 2026 was \$1,130,629 with an additional \$7,008,830 in money market funds, LGIP Accounts of \$5,336, in the Construction Reserve, \$239,656, in the Capital Expenditures, and \$6,583,202, in the Operations Reserve, \$256,769 in the Savings Reserve, with long-term cash investments equal to an additional \$25,123,723. Balance of short-term investment accounts were, Operations Reserve \$11,361,771, Cap Ex Reserve \$3,197,435, Construction Reserve \$7,585,789.*

- *Gross accounts receivable had a balance of \$6,275,106 (total) and net accounts receivable (what we expect to collect) had a balance of \$1,166,149. The balance of the accounts receivable is made up of Athena A/R, \$6,211,705, Prognosis A/R, -0-, Point Click Care A/R, \$274,703, Sharp Ambulance Billing A/R, 14,598, and (\$225,900) in Athena A/R Clearing accounts.*

- *Accounts Payable balance at JANUARY month end was \$118,104.*

- *Total payroll liabilities were \$282,025 and are comprised mostly of accrued payroll and accrued vacation totals.*

- *Deferred Revenues are \$285,000, which is the Helmsley Grant that was received but not all equipment has been purchased.*

INCOME STATEMENT

REVENUES

- Gross patient revenue for JANUARY was \$2,266,748 compared to a budget of \$1,629,787. JANUARY revenues came in over budget by \$636,961. JANUARY's gross revenues were \$483,918 more than December's.

Month Ending 01/31/2025	Month To Date 01/31/2026			Prior Year To Date 01/31/2025	Year To Date 01/31/2026	
Actual	Actual	Budget 2026		Actual	Actual	Budget 2026
606,450	1,125,016	651,808	Emergency	4,525,557	5,604,558	4,562,657
(2,147)	66,952	48,023	Inpatient	78,837	458,584	336,162
449,881	620,571	475,865	Outpatient	3,365,365	3,724,929	3,331,055
1,220	34,011	5,533	Observation	45,466	190,601	38,727
124,850	129,906	147,916	Clinic	1,012,476	1,061,482	1,035,417
4,442	55,938	55,895	Swing bed	146,702	361,786	391,262
239,047	234,354	244,747	Skilled nursing (SNF)	1,549,657	1,538,219	1,713,230
1,423,743	2,266,748	1,629,787	Total Patient Revenue	10,724,060	12,940,159	11,408,510

- In JANUARY ER, IP, OP, OBS, SWING, exceeded the budgeted amount. All other levels were under budget.
- Gross Clinic revenues were under budget in JANUARY at \$129,906, compared to a budget of \$147,916. The Clinic had a decrease in revenues of \$8,659, when compared to December's revenue numbers.

DEDUCTIONS

- Contractual Adjustments for JANUARY were \$794,856, with a budgeted amount of \$529,681.
- Bad debt was \$118,184, which is made up of Athena accounts, Bad Debt recovery, AR Allowance adjustment, and return on equity that is received from Noridian. Bad Debt Passthrough from Noridian was (\$5,880), Bad Debt Adjustment was (1,764) EMS(SHARP) B/D write offs were -0-, Athena write offs were \$158,309. B/D recovery was (2,834). Allowance adjustment was (220,000), Adj to AR Collections 190,353.

EXPENSES

- Total Operating Expenses for JANUARY were \$1,744,876 compared to a budget of \$1,663,654, over budget, or a difference of \$81,222.
-
- Employee Related Expenses were \$985,223 as compared to a budget of \$998,412 which is 1% under budget for the month.
-

OPERATING INCOME AND NET INCOME

- During the month of JANUARY BMGH overall experienced (Loss)/Gain from operations of \$(240,540) as compared to a budgeted net loss of (\$598,117), YTD as of JANUARY (\$2,342,002).
- The Overall (Loss)/Gain for the month of JANUARY was 534,613 compared to a budget of \$1,678 YTD (Loss)Gain was 2,648,029, compared to the budgeted amount of (8,254).

**Battle Mountain General Hospital
Balance Sheet -- Summary
As of January 31, 2026**

Reporting Book:
As of Date:

ACCRUAL
01/31/2026

	Month Ending 01/31/2026	Month Ending 06/30/2025
	Actual	Actual
Assets		
Current Assets		
Cash and Liquid Capital		
US Bank	51,999.92	19,098.04
Operating Account	1,130,628.93	1,427,478.07
LGIP - Operations Reserve	6,583,201.75	1,999,749.57
LGIP - Construction Reserve	5,336.11	5,208.32
LGIP - Capital Expenditures Reserve	239,656.23	233,917.03
LGIP - SAV	256,768.84	583,841.68
Cash - TBILL Operations Reserve	11,361,770.86	11,097,553.08
Cash - TBILL Construction Reserve	7,585,788.88	9,608,571.69
Cash - TBILL Capital Expenditures Reserve	3,197,434.71	3,123,078.41
Cash - Money Market Account	7,008,829.50	1,590,132.61
Cash - Resident's Trust	29,900.83	18,206.96
Cash - Transfer	29,296.56	11,211.87
Petty Cash	1,700.00	1,700.00
Petty Cash - Resident's Trust	400.00	400.00
Total Cash and Liquid Capital	37,482,713.12	29,720,147.33
Accounts Receivable, Net of Allowance		
Accounts Receivable	6,275,105.50	4,712,133.97
Allowances against Receivables	5,108,956.27	3,668,956.27
Total Accounts Receivable, Net of Allowance	1,166,149.23	1,043,177.70
Other Receivables	1,757,298.77	4,816,278.20
Inventory	491,749.11	478,763.86
Prepaid Expenses	96,694.61	92,136.03
Total Current Assets	40,994,604.84	36,150,503.12
Long Term Assets		
Fixed Assets, Net of Depreciation		
Fixed Assets	41,798,355.22	41,108,972.16
Accumulated Depreciation	27,796,791.23	26,755,848.65
Construction in Progress	18,171,647.47	17,486,233.46
Total Fixed Assets, Net of Depreciation	32,173,211.46	31,839,356.97
Total Long Term Assets	32,173,211.46	31,839,356.97
Long Term Investments		
Wells Fargo - Long Term Investments	25,045,000.00	29,580,000.00
Mark to Market - Long Term Investments	78,722.76	46,404.47
Total Long Term Investments	25,123,722.76	29,626,404.47
Deferred Outflow (Pension Liability)		
Deferred Outflow (Pension Liability)	5,181,072.00	5,181,072.00
Total Deferred Outflow (Pension Liability)	5,181,072.00	5,181,072.00
Total Assets	103,472,611.06	102,797,336.56
Liabilities		
Current Liabilities		
Accounts Payable	118,104.08	1,706,500.24
Accrued Taxes	(0.04)	(0.03)
Accrued Payroll and Related	282,024.73	412,679.18
Deferred Revenue	285,000.00	620,000.00
Total Current Liabilities	685,128.77	2,739,179.39
Suspense Liabilities	(135,697.59)	(216,993.24)
Uncategorized Liabilities	15,407,184.00	15,407,184.00
Total Liabilities	15,956,615.18	17,929,370.15
Retained Earnings	86,981,383.30	80,855,941.13
Net Income	534,612.58	4,012,025.28

Battle Mountain General Hospital
Income Statement - Detail against Budget
As of January 31, 2026

Reporting Book: ACCRUAL
As of Date: 01/31/2026

Month Ending			Month To Date			Prior Year To Date			Year To Date		
01/31/2025			01/31/2026			01/31/2025			01/31/2026		
Actual	Actual	Budget 2026				Actual	Actual	Budget 2026			
606,450	1,125,016	651,808	Emergency			4,525,557	5,604,558	4,562,657			
(2,147)	66,952	48,023	Inpatient			78,837	458,584	336,162			
449,881	620,571	475,865	Outpatient			3,365,365	3,724,929	3,331,055			
1,220	34,011	5,533	Observation			45,466	190,601	38,727			
124,850	129,906	147,916	Clinic			1,012,476	1,061,482	1,035,417			
4,442	55,938	55,895	Swing bed			146,702	361,786	391,262			
239,047	234,354	244,747	Skilled nursing (SNF)			1,549,657	1,538,219	1,713,230			
1,423,743	2,266,748	1,629,787	Total Patient Revenue			10,724,060	12,940,159	11,408,510			
441,613	794,856	529,681	Contractual Adjustments			3,031,028	4,254,766	3,707,765			
			Bad Debt								
21,852	121,018	89,638	Bad Debt Write Off Hospital/Clinic			627,424	559,898	627,469			
(5,312)	(2,834)	0	Bad Debt Recovery			(30,677)	(53,071)	0			
16,540	118,184	89,638	Total Bad Debt			596,747	506,827	627,469			
0	0	0	Revenue Deductions			671	6,031	0			
458,153	913,040	619,319	Total Revenue Deductions			3,628,446	4,767,624	4,335,234			
0	0	83	Incentive Revenue			512	2,323	584			
(60)	0	0	Capitated Revenue			(60)	0	0			
(60)	0	83	Total Other Patient Revenue			452	2,323	584			
965,531	1,353,708	1,010,551	Total Net Patient Revenue			7,096,066	8,174,858	7,073,860			
83,669	150,628	54,986	Other Operating Revenue			474,184	696,166	384,900			
802,450	431,817	431,879	Non-Operating Revenue			3,143,687	3,370,530	3,023,150			
448,869	343,851	168,333	Interest Income			1,573,907	1,621,779	1,178,333			
1,251,319	775,668	600,212	Total Non-Operating Revenue			4,717,594	4,992,309	4,201,483			
2,300,519	2,280,004	1,665,749	Total Income before Expenses			12,287,844	13,863,333	11,660,243			
13,575	16,398	22,750	Repairs and Maintenance			163,620	90,083	159,253			
6,402	5,221	4,928	Leases and Rental Expenses			55,582	41,121	34,490			
1,108,964	985,223	998,412	Employee Related Expenses			6,025,927	6,483,098	6,988,886			
111,929	129,516	109,283	Supplies			785,160	990,162	764,981			
250,342	354,577	246,343	Contract Services			1,609,658	2,124,957	1,724,400			
6,575	19,397	9,496	Other Department Expenses			81,807	87,749	86,476			
1,497,787	1,510,332	1,391,212	Total Departmental Expenses			8,721,754	9,817,170	9,758,486			
19,801	20,117	27,059	Hospital Insurance Expenses			140,298	140,577	189,409			
27,174	23,094	27,793	Utilities			170,122	116,412	194,555			
159,302	151,889	213,667	Depreciation and Amortization			1,085,000	1,040,943	1,495,667			
15,103	27,627	2,500	Recruitment and Credentialing			29,342	34,431	17,500			
446	1,201	1,173	Other Fees			14,990	18,951	8,213			
0	10,616	250	Other Operating Expenses			38,643	44,542	1,750			
221,826	234,544	272,442	Total General and Administrative Expenses			1,478,395	1,395,856	1,907,094			
1,719,613	1,744,876	1,663,654	Total Operating Expenses			10,200,149	11,213,026	11,665,580			
365	515	417	Non-Operating Expenses			1,962	2,278	2,917			
1,719,978	1,745,391	1,664,071	Total Expenses			10,202,111	11,215,304	11,668,497			
580,541	534,613	1,678	Total Net Income			2,085,733	2,648,029	(8,254)			

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**Battle Mountain General Hospital
Wells Fargo - Operating Account
JANUARY 2026**

Beginning Balance:

Cash in Operating Account for Operations	1,640,219.03	
Petty Cash - Hospital	1,700.00	1,641,919.03

Deposits

Ad Valorem	171,675.77	
Net Proceeds of Mines	0.00	
Consolidated Tax	90,578.51	
County JPHSC EMS Rent	4,000.00	
340B	145,799.99	
UPL/DSH	0.00	
Healthy Thursday	160.00	
Transfer from Construction Reserve	673,000.00	
Misc/Rebates/Dietary	5,328.05	
Hospital/Clinic Receipts	383,655.72	
		1,474,198.04

Expenditures:

Accounts Payable	1,093,201.30	
Athena	34,175.51	
Allied Insurance	54,920.98	
Payroll (Net)	670,335.61	
Payroll Taxes	130,919.30	
Transfer to Money Market for investments		
Transfer to LGIP Operating Reserves		
Merchant Charges	235.44	
		1,983,788.14

Ending Balance:

Cash in Operating Account for Operations	1,130,628.93	
Petty Cash - Hospital	1,700.00	<u>1,132,328.93</u>

1,132,328.93

Wells Fargo Securities, LLC
Wells Fargo Bank, N.A.
Combined Account Summary



Statement Period
01/01/2026 - 01/31/2026

BATTLE MOUNTAIN GENERAL HOSPITAL
 535 S HUMBOLDT ST

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	Portfolio %
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	11,326,326.99	11,361,770.86	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 11,326,326.99	\$ 11,361,770.86	100%
Value Change Since Last Statement Period	\$ 35,443.87	\$ 35,443.87	0%
Percent Increase Since Last Statement Period	0%	0%	0%
Value Last Year-End	\$ 11,326,326.99	\$ 11,326,326.99	0%
Percent Increase Since Last Year-End	0%	0%	0%

***Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	35,443.87	35,443.87
Other	0.00	0.00
Income Total	\$ 35,443.87	\$ 35,443.87

Total Interest Charged USD

Description	This Period
Debit Interest For January 2026	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 11,326,326.99
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	35,443.87
Change in Value	0.00
Closing Balance	\$ 11,361,770.86

Brokerage

Wells Fargo Securities, LLC
Wells Fargo Bank, N.A.
Combined Account Summary

Statement Period
01/01/2026 - 01/31/2026

BATTLE MOUNTAIN GENERAL HOSPITAL
 535 S HUMBOLDT ST

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	0.00	0%
Money Market Mutual Funds	7,561,564.33	7,585,788.88	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 7,561,564.33	\$ 7,585,788.88	100%
Value Change Since Last Statement Period	\$	24,224.55	0%
Percent Increase Since Last Statement Period	\$	7,561,564.33	0%

Value Last Year-End
Percent Increase Since Last Year-End

***Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	24,224.55	24,224.55
Other	0.00	0.00
Income Total	\$ 24,224.55	\$ 24,224.55

Total Interest Charged USD

Description	This Period
Debit Interest For January 2026	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 7,561,564.33
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	24,224.55
Change in Value	0.00
Closing Balance	\$ 7,585,788.88

**Wells Fargo Securities, LLC
Wells Fargo Bank, N.A.
Combined Account Summary**

**Statement Period
01/01/2026 - 01/31/2026**

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 0.00	\$ 0.00	0%
Money Market Mutual Funds	3,187,460.08	3,197,434.71	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 3,187,460.08	\$ 3,197,434.71	100%
Value Change Since Last Statement Period	\$	\$ 9,974.63	
Percent Increase Since Last Statement Period		0%	
Value Last Year-End	\$	\$ 3,187,460.08	
Percent Increase Since Last Year-End		0%	

***Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 0.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	9,974.63	9,974.63
Other	0.00	0.00
Income Total	\$ 9,974.63	\$ 9,974.63

Total Interest Charged USD

Description	This Period
Debit Interest For January 2026	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 3,187,460.08
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	9,974.63
Change in Value	0.00
Closing Balance	\$ 3,197,434.71

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST

Total Account Value Summary - US Dollar (USD)

This summary does not reflect the value of unpriced securities. Repurchase agreements are reflected at par value.

	Amount Last Statement Period	Amount This Statement Period	% Portfolio
Cash	\$ 54,806.25	\$ 0.00	0%
Money Market Mutual Funds	2,672,254.46	7,008,829.50	22%
Bonds	29,200,590.95	25,123,722.76	78%
Stocks	0.00	0.00	0%
Total Account Value	\$ 31,927,651.66	\$ 32,132,552.26	100%
Value Change Since Last Statement Period	\$	\$ 204,900.60	1%
Percent Increase Since Last Statement Period	\$	\$ 31,927,651.66	1%

Value Last Year-End

Percent Increase Since Last Year-End

***Includes amortized Par value of municipal leases and notes.

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 228,430.68	\$ 228,430.68
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	8,338.11	8,338.11
Other	0.00	0.00
Income Total	\$ 236,768.79	\$ 236,768.79

Total Interest Charged USD

Description	This Period
Debit Interest For January 2026	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 2,672,254.46
Deposits and Other Additions	4,328,236.93
Distributions and Other Subtractions	0.00
Dividends Reinvested	8,338.11
Change in Value	0.00
Closing Balance	\$ 7,008,829.50

Brokerage

Battle Mountain General Hospital
LGIP - Reserve Accounts
AS OF JANUARY 2026

Beginning Balance:

LGIP - Operations Reserve	6,518,803.02
LGIP - Construction Reserve	5,283.91
LGIP - Capital Expenditures Reserve	237,311.84
LGIP - SAVINGS	7,015,655.82

Deposits:

Interest Operations Reserve	21,874.61	NOVEMBER 2025
	21,774.36	DECEMBER 2025
	20,749.76	JANUARY 2026
<hr/>		
Interest Construction Reserve	17.73	NOVEMBER 2025
	17.65	DECEMBER 2025
	16.82	JANUARY 2026
<hr/>		
Interest Capital Expenditures Reserve	796.33	NOVEMBER 2025
	792.68	DECEMBER 2025
	755.38	JANUARY 2026
<hr/>		
Interest Savings	853.19	NOVEMBER 2025
	849.28	DECEMBER 2025
	809.32	JANUARY 2026
<hr/>		

TBill Purchases

LGIP - Operations Reserve		
LGIP - Construction Reserve		
LGIP - Capital Expenditures Reserve		
LGIP - Savings	0.00	

Ending Balance:

LGIP - Operations Reserve	6,583,201.75
LGIP - Construction Reserve	5,336.11
LGIP - Capital Expenditures Reserve	239,656.23
LGIP - Savings	256,768.84
	7,084,962.93
	7,084,963.04

Battle Mountain General Hospital
 Schedule of Patient Revenues vs. Patient Payments
 Fiscal Years ending June 30, 2026 & 2025

Fiscal Year ending June 30, 2026

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-25	\$1,830,147	\$1,692,946	\$1,237,117	73.1%
Aug-25	\$1,601,021	\$1,671,058	\$1,091,824	65.3%
Sep-25	\$1,826,152	\$1,752,440	\$1,091,403	62.3%
Oct-25	\$1,900,918	\$1,776,030	\$1,148,815	64.7%
Nov-25	\$1,732,344	\$1,819,805	\$918,583	50.5%
Dec-25	\$1,782,830	\$1,805,364	\$1,324,098	73.3%
Jan-26	\$2,266,748	\$1,927,307	\$1,056,656	54.8%
Feb-26				
Mar-26				
Apr-26				
May-26				
Jun-26				
YTD 7 mo. AVG	\$1,848,594	\$1,777,850	\$1,124,071	63.2%

Fiscal Year ended June 30, 2025

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-24	\$1,455,416	\$485,139	\$796,186	164.1%
Aug-24	\$1,449,563	\$968,326	\$888,117	91.7%
Sep-24	\$1,674,162	\$1,526,380	\$985,409	64.6%
Oct-24	\$1,616,094	\$1,579,940	\$1,896,715	120.0%
Nov-24	\$1,432,407	\$1,574,221	\$1,113,188	70.7%
Dec-24	\$1,672,675	\$1,573,725	\$1,050,996	66.8%
Jan-25	\$1,423,743	\$1,509,608	\$1,093,255	72.4%
Feb-25	\$1,488,197	\$1,528,205	\$931,967	61.0%
Mar-25	\$1,564,858	\$1,492,266	\$1,195,088	80.1%
Apr-25	\$1,952,693	\$1,668,583	\$971,785	58.2%
May-25	\$1,666,686	\$1,728,079	\$1,247,218	72.2%
Jun-25	\$1,582,006	\$1,733,795	\$1,038,681	59.9%
YTD 12 mo. AVG	\$1,581,542	\$1,447,356	\$1,100,717	76.1%

JANUARY

SEVEN Month Year-to-date 2025		SEVEN Month Year-to-date 2026		Changes Greater than \$5K FY 2026 Increase (Decrease)	
	Sum of Charges		Sum of Charges		
CM - Blood Bank	34,924.69	CM - Blood Bank	25,018.32	(9,906.37)	-28%
Emergency	20,777.60	Emergency	14,097.15	(6,680.45)	-32%
Inpatient	0.00	Inpatient	3,165.67		
Outpatient	14,147.09	Outpatient	7,755.50	(6,391.59)	-45%
CM - Central Supply	5,811.89	CM - Central Supply	8,414.67		
Emergency	5,811.89	Emergency	8,407.85		
Swing bed	0.00	Swing bed	6.82		
CM - CT Scan	1,559,880.61	CM - CT Scan	2,084,507.70	524,627.09	34%
Emergency	1,262,053.28	Emergency	1,598,911.49	336,858.21	27%
Inpatient	0.00	Inpatient	22,903.93	22,903.93	100%
Observation	0.00	Observation	25,895.58	25,895.58	100%
Outpatient	297,827.33	Outpatient	430,598.39	132,771.06	45%
Swing bed	0.00	Swing bed	6,198.31	6,198.31	100%
CM - Infusion	430,479.06	CM - Infusion	625,325.55	194,846.49	45%
Emergency	369,799.77	Emergency	502,005.38	132,205.61	36%
Inpatient	0.00	Inpatient	13,223.94	13,223.94	100%
Observation	8,895.12	Observation	51,585.18	42,690.06	480%
Outpatient	51,784.17	Outpatient	58,511.05	6,726.88	13%
CM - Laboratory	2,057,739.09	CM - Laboratory	2,434,420.01	376,680.92	18%
Emergency	559,123.54	Emergency	723,024.59	163,901.05	29%
Inpatient	1,867.06	Inpatient	42,684.22	40,817.16	2186%
Observation	3,369.84	Observation	13,676.68	10,306.84	306%
Outpatient	1,490,493.75	Outpatient	1,635,515.76	145,022.01	10%
Swing bed	2,884.90	Swing bed	19,518.76	16,633.86	577%
CM - MRI	238,001.52	CM - MRI	376,974.54	138,973.02	58%
Emergency	0.00	Emergency	10,150.15	10,150.15	100%
Outpatient	238,001.52	Outpatient	366,824.39	128,822.87	54%
CM - Observation	14,479.20	CM - Observation	45,616.18	31,136.98	215%
Observation	14,479.20	Observation	45,616.18	31,136.98	215%
CM - Pharmacy	407,467.17	CM - Pharmacy	567,257.58	159,790.41	39%
Emergency	121,177.63	Emergency	213,976.62	92,798.99	77%
Inpatient	7,467.12	Inpatient	56,381.91	48,914.79	655%
Observation	2,710.51	Observation	21,703.06	18,992.55	701%
Outpatient	257,148.38	Outpatient	196,321.16	(60,827.22)	-24%
Swing bed	17,963.53	Swing bed	78,874.83	60,911.30	339%
CM - Physical Therapy	581,023.07	CM - Physical Therapy	651,344.47	70,321.40	12%
Emergency	910.14	Emergency	971.98		
Inpatient	7,048.06	Inpatient	23,005.40	15,957.34	226%
Observation	0.00	Observation	586.42		
Outpatient	547,369.02	Outpatient	590,025.49	42,656.47	8%
Swing bed	25,695.85	Swing bed	36,755.18	11,059.33	43%
CM - Professional Fees	32,332.70	CM - Professional Fees	50,426.54	18,093.84	56%
Emergency	31,650.86	Emergency	48,560.48	16,909.62	53%
Inpatient	0.00	Inpatient	536.58		
Observation	681.84	Observation	786.96		
Outpatient	0.00	Outpatient	542.52		
CM - Radiology	397,857.80	CM - Radiology	459,063.01	61,205.21	15%
Emergency	147,865.70	Emergency	193,867.20	46,001.50	31%
Inpatient	1,289.29	Inpatient	4,416.19		
Observation	338.03	Observation	1,042.11		
Outpatient	246,369.29	Outpatient	259,469.24	13,099.95	5%
Swing bed	1,995.49	Swing bed	268.27		
CM - Ultrasound	143,454.31	CM - Ultrasound	151,394.30	7,939.99	6%
Emergency	15,118.95	Emergency	17,948.55		
Inpatient	0.00	Inpatient	2,883.75		
Observation	0.00	Observation	807.22		
Outpatient	128,335.36	Outpatient	128,809.25		
Swing bed	0.00	Swing bed	945.53		
Swing Bed	6,282.70	CM - Swing Bed	19,649.65	13,366.95	213%
Observation	0.00	Observation	238.48		
Swing bed	6,282.70	Swing bed	19,411.17	13,128.47	209%

JANUARY

	SEVEN Month Year-to-date 2025		SEVEN Month Year-to-date 2026	Changes Greater than \$5K FY 2026 Increase (Decrease)	
	Sum of Charges		Sum of Charges		
Emergency	1,855,791.62	Emergency	2,080,479.71	224,688.09	12%
Emergency	1,851,552.75	Emergency	2,079,983.69	228,430.94	12%
Inpatient	2,873.22	Inpatient	496.02		
Observation	240.79	Observation	0.00		
Outpatient	1,536.46	Outpatient	248.01		
Swing bed	-411.60	Swing bed	-248.01		
Med/Surg	69,504.88	Med/Surg	293,708.62	224,203.74	323%
Inpatient	58,292.02	Inpatient	271,687.68	213,395.66	366%
Observation	11,212.86	Observation	22,020.94	10,808.08	96%
Respiratory Therapy	154,658.33	Respiratory Therapy	234,860.04	80,201.71	52%
Emergency	116,930.40	Emergency	167,684.99	50,754.59	43%
Inpatient	0.00	Inpatient	12,384.67	12,384.67	100%
Observation	2,537.54	Observation	6,642.44		
Outpatient	35,190.39	Outpatient	43,667.37	8,476.98	24%
Swing bed	0.00	Swing bed	4,480.57		
OP Lab/Rad	3,417.75	OP Lab/Rad	3,387.26		
Outpatient	3,417.75	Outpatient	0.00		
Emergency	0.00	Emergency	3,387.26		
SNF/Respite	93,073.12	SNF/Respite	195,574.46	102,501.34	110%
Swing bed	93,073.13	Swing bed	195,574.46	102,501.33	110%
Clinic	1,088,223.29	Clinic	1,094,517.70	6,294.41	1%
Clinic	1,012,476.98	Clinic	1,061,482.47	49,005.49	5%
Emergency	19,366.78	Emergency	21,581.08		
Inpatient	-0.04	Inpatient	4,813.19		
Outpatient	57,162.24	Outpatient	6,640.96	(50,521.28)	-88%
Swing bed	-782.67	Swing bed	0.00		
LTC	1,549,657.38	LTC	1,538,219.00	(11,438.38)	-1%
d Total	10,724,060.18	Grand Total	12,940,159.31	2,216,099.13	21%

Company name: Battle Mountain General Hospital

Report name: Check register

Created on: 2/13/2026

Bank	Date	Vendor	Document nr	Amount
	1/2/2026	903867--AFLAC TRADITIONAL AND DIRECT	112325	1,011.59
	1/2/2026	99081--ALBAN DE SCHUTTER	ACH	15,000.00
	1/2/2026	1328--ANTHEM BLUE CROSS AND BLUE SHIELD	112326	4,059.64
	1/2/2026	900851--BAIR DISTRIBUTING INC	ACH	294.78
	1/2/2026	318--BATTLE MOUNTAIN GENERAL HOSPITAL A1	112327	100.00
	1/2/2026	98723--BECKMAN COULTER, INC.	ACH	536.50
	1/2/2026	[REDACTED]	112328	132.83
	1/2/2026	72--BMGH NURSING HOME CRAFT	112329	150.00
	1/2/2026	1323--BOUND TREE MEDICAL, LLC	ACH	15.59
	1/2/2026	138--BRACCO DIAGNOSTICS INC.	112330	155.70
	1/2/2026	367--CARDINAL HEALTH 110, LLC	112331	14,265.92
	1/2/2026	732--CARDINAL HEALTH MEDICAL PRODUCTS &	ACH	638.25
	1/2/2026	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00
	1/2/2026	843--CHG MEDICAL STAFFING INC	ACH	2,476.55
	1/2/2026	658--CIGNA HEALTHCARE	112332	304.05
	1/2/2026	99082--Cindara Managemet Services, LLC	ACH	8,000.00
	1/2/2026	9716--DONALD CARTER HANSEN MD PC	ACH	7,921.38
	1/2/2026	754--DR. JONES, DANIEL C	ACH	8,089.92
	1/2/2026	708--DR. PELLEGRINI	ACH	25,938.30
	1/2/2026	500433--EMPLOYEE FUND BMGH	ACH	186.00
	1/2/2026	240000--ETCHEVERRYS FOODTOWN	112333	411.34
	1/2/2026	100103--FALLS BRAND INDEPENDENT MEAT	112334	376.49
	1/2/2026	100100--FARMER BROS. CO.	ACH	275.74
	1/2/2026	94300--FISHER HEALTHCARE	ACH	2,584.83
	1/2/2026	61--FUTUREMED	112335	80.82
	1/2/2026	720--GEHA	112336	60.07
	1/2/2026	9337--GREAT BASIN SUN	112337	46.80
	1/2/2026	[REDACTED]	112338	104.85
	1/2/2026	278--HEALTH ASSURE BY ALSCO	ACH	4,308.25
	1/2/2026	324--HENRY SCHEIN	ACH	280.88
	1/2/2026	255--HOLLAND AUTO PARTS, LLC	112339	697.38
	1/2/2026	814--HSA	ACH	30.00
	1/2/2026	9762--ICU MEDICAL	ACH	624.48
	1/2/2026	22--IDENTIPLUS	112340	152.85
	1/2/2026	9663--IDEXX DISTRIBUTION, INC.	112341	775.93
	1/2/2026	764--INOVALON PROVIDER, INC	ACH	2,783.45
	1/2/2026	646--JACKSON, MARY JO	ACH	25.70
	1/2/2026	[REDACTED]	112342	266.06
	1/2/2026	180008--LANDER HARDWARE	112343	560.72
	1/2/2026	564--LINDE GAS & EQUIPMENT INC	ACH	5,802.42
	1/2/2026	712--McCLANAHAN, SHAWNEE	ACH	140.00
	1/2/2026	130031--MCKESSON DRUG COMPANY	ACH	3,185.26
	1/2/2026	349--MCKESSON MEDICAL SURGICAL	ACH	9.08
	1/2/2026	353--MCKESSON PLASMA & BIOLOGICS LLC	ACH	2,691.24
	1/2/2026	130044--MEDLINE INDUSTRIES, INC.	112344	12,114.58
	1/2/2026	9433--MEDTOX DIAGNOSTICS, INC	ACH	1,675.00
	1/2/2026	3--MICHAEL CLAY CORPORATION	112345	38,242.60
	1/2/2026	130049--MIDWAY MARKET	112346	159.63
	1/2/2026	[REDACTED]	112347	24.26
	1/2/2026	92050--NAPA AUTO PARTS	112348	76.96
	1/2/2026	9630--NETWORK SERVICES CO	ACH	506.98
	1/2/2026	752--NEVADA AGRICULTURAL SELF-INSURED G	112349	573.44
	1/2/2026	99044--NEVADA HEALTH AUTHORITY DIRECTOF	112350	2,550.04
	1/2/2026	140025--NEW YORK LIFE INS CO	112351	1,396.58
	1/2/2026	140046--NORCO, INC	112352	45.00
	1/2/2026	270--NORIDIAN HEATHCARE SOLUTIONS MEDIC	112353	2,272.48
	1/2/2026	190008--NV ENERGY	112354	8,879.80
	1/2/2026	652--ODP BUSINESS SOLUTIONS LLC	ACH	1,842.51

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Bank	Date	Vendor	Document no	Amount
	1/2/2026	767--OPTUM BANK	ACH	100.00
	1/2/2026	9615--PACIFIC STATES COMMUNICATIONS	112355	1,379.55
	1/2/2026	19--PHARMERICA	112356	207.66
	1/2/2026	747--PPLSI	112357	104.75
	1/2/2026	98984--PUBLIC EMPLOYEES RETIREMENT SYSTE	ACH	193,705.36
	1/2/2026	140027--RELIASTAR LIFE INSURANCE COMPAN\	112358	250.00
	1/2/2026	745--REOWN MEDICAL SCHOOL ASSOCIATES I	ACH	1,550.00
	1/2/2026		112359	25.50
	1/2/2026	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	3,241.15
	1/2/2026	806--SKY FIBER NETWORK	ACH	99.00
	1/2/2026	99058--TAHOE CARSON RADIOLOGY LTD	112360	9,441.00
	1/2/2026	99037--TARBET, SKYLAR	ACH	152.16
	1/2/2026	190033--US FOODSERVICE, INC.	ACH	3,675.03
	1/2/2026	1598--VERIZON WIRELESS	112361	235.87
	1/2/2026	100801--WELLS FARGO	112362	10,723.44
	1/2/2026	1601--WERFEN USA LLC	ACH	2,127.60
	1/2/2026	1563--WEX BANK	ACH	241.15
	1/15/2026	201--ALLEN, JODY	ACH	1,768.00
	1/15/2026	852--ARGENTA RIM APARTMENTS	112363	1,306.50
	1/15/2026	900851--BAIR DISTRIBUTING INC	ACH	262.09
	1/15/2026	318--BATTLE MOUNTAIN GENERAL HOSPITAL A1	112364	125.00
	1/15/2026	92100--BATTLE MTN. WATER & SEWER	112365	577.10
	1/15/2026	195--BAUER, HOPE	ACH	489.76
	1/15/2026	704--BDG WEG DESIGN	112366	2,400.00
	1/15/2026	98723--BECKMAN COULTER, INC.	ACH	25.79
	1/15/2026	1323--BOUND TREE MEDICAL, LLC	ACH	339.04
	1/15/2026		ACH	420.02
	1/15/2026	367--CARDINAL HEALTH 110, LLC	112367	4,046.62
	1/15/2026	1897--CDW GOVERNMENT	ACH	390.49
	1/15/2026	99082--Cindara Managemet Services, LLC	ACH	8,000.00
	1/15/2026	366--CIRRUS PHARMACY SYSTEMS	ACH	1,440.82
	1/15/2026	808--Clearlyip INC	ACH	848.82
	1/15/2026	757--CONSENSUS CLOUD SOLUTION, LLC	ACH	826.33
	1/15/2026	99056--CONSILIUM STAFFING	ACH	107.31
	1/15/2026	11--CORCOM COMMUNICATION	112368	699.00
	1/15/2026	1114--DEPT. OF EMPLOYMENT, TRAINING & REH	112369	467.64
	1/15/2026	3039--DESERT DISPOSAL	112370	966.00
	1/15/2026	100187--DIRECT SUPPLY, INC.	ACH	151.96
	1/15/2026	9716--DONALD CARTER HANSEN MD PC	ACH	8,089.92
	1/15/2026	708--DR. PELLEGRINI	ACH	16,179.84
	1/15/2026	500433--EMPLOYEE FUND BMGH	ACH	186.00
	1/15/2026	1467--ENERSPECT	ACH	327.98
	1/15/2026	240000--ETCHEVERRYS FOODTOWN	112371	597.10
	1/15/2026	100100--FARMER BROS. CO.	ACH	260.19
	1/15/2026	94300--FISHER HEALTHCARE	ACH	328.32
	1/15/2026	35--GALLAGHER BENEFIT SERVICES	112372	523.80
	1/15/2026	982--HARDENBERGH GROUP INC	ACH	990.40
	1/15/2026	278--HEALTH ASSURE BY ALSCO	ACH	8,523.64
	1/15/2026	9508--HEALTHIE NEVADA	ACH	1,250.00
	1/15/2026	569--HEALTHSURE INS SERVICES, INC	ACH	3,950.00
	1/15/2026	324--HENRY SCHEIN	ACH	118.96
	1/15/2026	9706--HERMAN, PAUL	ACH	37,322.16
	1/15/2026	392--HOOD & DUCT CLEANING LLC	112373	565.00
	1/15/2026	814--HSA	ACH	30.00
	1/15/2026	646--JACKSON, MARY JO	ACH	93.68
	1/15/2026	9271--KINGSTON WATER UTILITY	112374	50.10
	1/15/2026	99070--L3HARRIS P5PC	ACH	2,070.70
	1/15/2026	3015--LANDER COUNTY GATEFEES	112375	330.00

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	1/15/2026	180008--LANDER HARDWARE	112376	161.87
	1/15/2026	130031--MCKESSON DRUG COMPANY	ACH	15,033.85
	1/15/2026	353--MCKESSON PLASMA & BIOLOGICS LLC	ACH	893.00
	1/15/2026	130044--MEDLINE INDUSTRIES, INC.	112377	6,070.63
	1/15/2026	130049--MIDWAY MARKET	112378	213.86
	1/15/2026	9630--NETWORK SERVICES CO	ACH	1,169.93
	1/15/2026	9776--NEVADA RURAL HOSPITAL PARTNER	112379	9,057.29
	1/15/2026	140004--NEVADA RURAL HOSPITAL PARTNERS	112380	4,960.00
	1/15/2026	10--NOVARAD CORPORATION	112381	1,037.13
	1/15/2026	652--ODP BUSINESS SOLUTIONS LLC	ACH	658.26
	1/15/2026	150000--OFFICE PRODUCTS INC (OPI)	ACH	1,837.29
	1/15/2026	767--OPTUM BANK	ACH	100.00
	1/15/2026	27--ORCHARD SOFTWARE CORPORATION	ACH	4,750.00
	1/15/2026	9539--PHARMERICA	ACH	545.97
	1/15/2026	9304--POINTCLICKCARE TECHNOLOGIES	ACH	1,230.77
	1/15/2026	98984--PUBLIC EMPLOYEES RETIREMENT SYSTE	ACH	251.01
	1/15/2026	2963--QUEST DIAGNOSTICS	112383	16,669.50
	1/15/2026	12--QUEST DIAGNOSTICS	112382	16.05
	1/15/2026	140027--RELIASTAR LIFE INSURANCE COMPANY	112384	250.00
	1/15/2026	745--RENOWN MEDICAL SCHOOL ASSOCIATES I	ACH	1,550.00
	1/15/2026	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	376.12
	1/15/2026	550--SILVERTON MANAGEMENT COMPANY, LLC	ACH	3,313.60
	1/15/2026	190016--SOUTHWEST GAS	112385	4,878.88
	1/15/2026	102300--TALX UC EXPRESS	ACH	278.60
	1/15/2026	190033--US FOODSERVICE, INC.	ACH	5,128.23
	1/15/2026	220008--VITALANT	ACH	2,219.00
	1/15/2026	1391--WAYSTAR/ ZIRMED INC	ACH	1,331.93
	1/15/2026	99021--ZOLL MEDICAL CORPORATION	ACH	637.94
	1/29/2026	903867--AFLAC TRADITIONAL AND DIRECT	112386	1,011.59
	1/29/2026	99081--ALBAN DE SCHUTTER	ACH	15,000.00
	1/29/2026	190085--ALIMED, INC.	ACH	30.08
	1/29/2026	852--ARGENTA RIM APARTMENTS	112387	1,306.50
	1/29/2026	900851--BAIR DISTRIBUTING INC	ACH	308.96
	1/29/2026	792--BATTLE MOUNTAIN CHAMBER OF COMMER	112388	300.00
	1/29/2026	318--BATTLE MOUNTAIN GENERAL HOSPITAL A1	112389	125.00
	1/29/2026	98723--BECKMAN COULTER, INC.	ACH	2,643.16
	1/29/2026	858--BLEDSOE, CHARLOTH	ACH	2,000.00
	1/29/2026	1323--BOUND TREE MEDICAL, LLC	ACH	1,669.99
	1/29/2026	138--BRACCO DIAGNOSTICS INC.	112390	420.95
	1/29/2026	51--BURNEY'S COMMERCIAL SERVICE	112391	2,755.80
	1/29/2026	367--CARDINAL HEALTH 110, LLC	112392	27,466.59
	1/29/2026	732--CARDINAL HEALTH MEDICAL PRODUCTS &	ACH	743.88
	1/29/2026	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00
	1/29/2026	679--CHEMAQUA	ACH	1,085.32
	1/29/2026	658--CIGNA HEALTHCARE	112393	448.52
	1/29/2026	99082--Cindara Managemet Services, LLC	ACH	9,035.00
	1/29/2026	154--CLIFTON LARSON ALLEN LLP	112394	18,285.75
	1/29/2026	9758--DELTA PHYSICIAN PLACEMENT	ACH	25,733.82
	1/29/2026	9716--DONALD CARTER HANSEN MD PC	ACH	20,224.80
	1/29/2026	435--DR. AJETT MAHENDERNATH	ACH	24,269.76
	1/29/2026	500433--EMPLOYEE FUND BMGH	ACH	180.00
	1/29/2026	240000--ETCHEVERRYS FOODTOWN	112395	179.29
	1/29/2026	183--EXPRESS SYSTEMS	112396	30.08
	1/29/2026	[REDACTED]	ACH	600.00
	1/29/2026	100100--FARMER BROS. CO.	ACH	230.61
	1/29/2026	655--FIDELITY INVESTMENTS	ACH	395.00
	1/29/2026	94300--FISHER HEALTHCARE	ACH	252.56
	1/29/2026	902502--GRAINGER	ACH	158.61

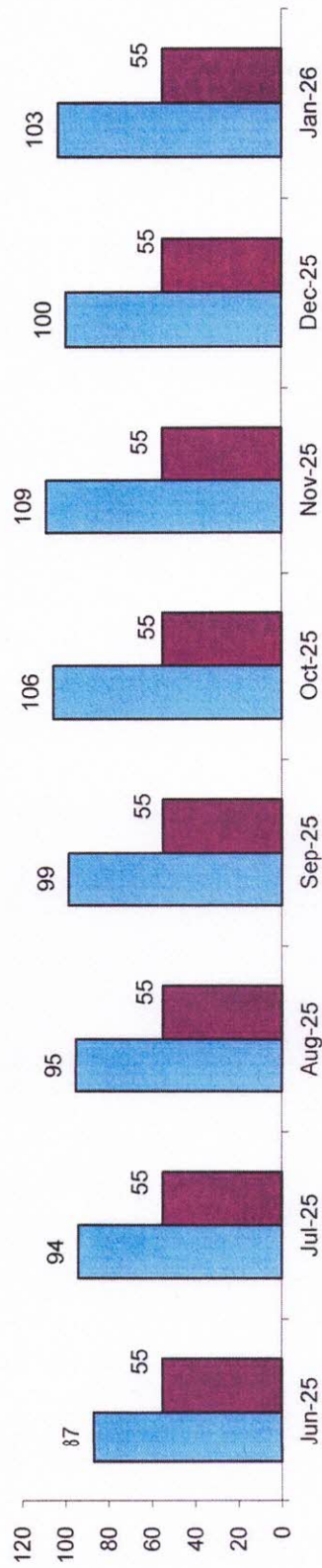
Company name: Battle Mountain General Hospital

Report name: Check register

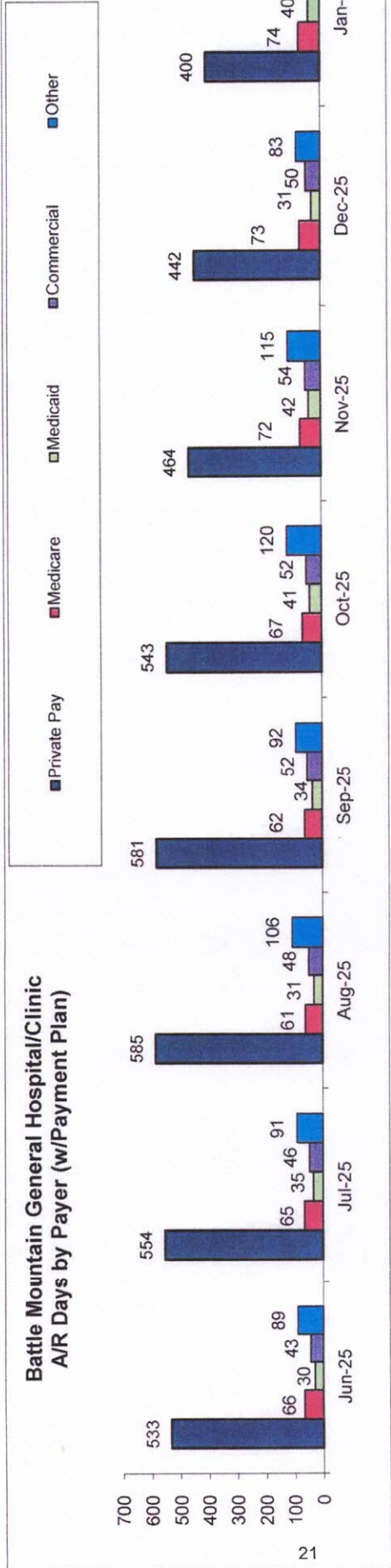
Created on: 2/13/2026

Bank	Date	Vendor	Document no	Amount
	1/29/2026	278--HEALTH ASSURE BY ALSCO	ACH	4,308.25
	1/29/2026	650--HEALTHSTREAM, INC	ACH	426.30
	1/29/2026	324--HENRY SCHEIN	ACH	737.27
	1/29/2026	9706--HERMAN, PAUL	ACH	27,344.40
	1/29/2026	334--HOMETOWN HEALTH	112397	168.33
	1/29/2026	814--HSA	ACH	75.00
	1/29/2026	9762--ICU MEDICAL	ACH	2,227.98
	1/29/2026	99041--INDIAN HEALTH SERVICES	112398	102.88
	1/29/2026	764--INOVALON PROVIDER, INC	ACH	2,908.70
	1/29/2026	646--JACKSON, MARY JO	ACH	214.95
	1/29/2026	180008--LANDER HARDWARE	112399	126.22
	1/29/2026	120015--LICON	112400	9,390.70
	1/29/2026	564--LINDE GAS & EQUIPMENT INC	ACH	4,673.57
	1/29/2026	130031--MCKESSON DRUG COMPANY	ACH	5,349.36
	1/29/2026	349--MCKESSON MEDICAL SURGICAL	ACH	909.39
	1/29/2026	353--MCKESSON PLASMA & BIOLOGICS LLC	ACH	159.90
	1/29/2026	130044--MEDLINE INDUSTRIES, INC.	112401	7,519.82
	1/29/2026	130049--MIDWAY MARKET	112402	506.29
	1/29/2026		ACH	3,192.97
	1/29/2026	9630--NETWORK SERVICES CO	ACH	1,570.67
	1/29/2026	752--NEVADA AGRICULTURAL SELF-INSURED G	112403	31.05
	1/29/2026	140025--NEW YORK LIFE INS CO	112404	1,396.58
	1/29/2026	140046--NORCO, INC	112405	45.00
	1/29/2026	270--NORIDIAN HEATHCARE SOLUTIONS MEDIC	112406	216.47
	1/29/2026	190008--NV ENERGY	112407	8,403.94
	1/29/2026	652--ODP BUSINESS SOLUTIONS LLC	ACH	1,840.69
	1/29/2026	99042--OptimisPT	112408	300.87
	1/29/2026	767--OPTUM BANK	ACH	145.00
	1/29/2026	1434--OSSUR AMERICAS INC	112409	1,505.74
	1/29/2026	1931--PEPPERMILL HOTEL CASINO RENO	ACH	279.72
	1/29/2026	514--PERFORMANCE HEALTH SUPPLY, INC	ACH	744.76
	1/29/2026	163--PETTY CASH	112410	282.81
	1/29/2026	1220--PHILIPS HEALTHCARE	ACH	160.16
	1/29/2026	747--PPLSI	112411	104.75
	1/29/2026	100141--PUBLIC EMPLOYEES BENEFIT PROGRAM	112412	2,619.29
	1/29/2026	98984--PUBLIC EMPLOYEES RETIREMENT SYSTE	ACH	190,157.38
	1/29/2026	140027--RELIASTAR LIFE INSURANCE COMPAN	112413	250.00
	1/29/2026	745--RENOWN MEDICAL SCHOOL ASSOCIATES I	ACH	1,287.72
	1/29/2026	711--SECURITAS TECHNOLOGY CORPORATION	ACH	584.16
	1/29/2026	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	4,489.74
	1/29/2026	806--SKY FIBER NETWORK	ACH	99.00
	1/29/2026	99058--TAHOE CARSON RADIOLOGY LTD	112414	10,173.00
	1/29/2026	856--THE HARDENBERGH GROUP, INC	ACH	1,499.40
	1/29/2026	190033--US FOODSERVICE, INC.	ACH	5,916.12
	1/29/2026	1598--VERIZON WIRELESS	112415	240.85
	1/29/2026	220008--VITALANT	ACH	1,980.00
	1/29/2026	100801--WELLS FARGO	112416	10,591.50
	1/29/2026	1104--WELLS FARGO BANKS	112417	878.12
	1/29/2026	1601--WERFEN USA LLC	ACH	2,205.91
	1/29/2026	1563--WEX BANK	ACH	167.71
Total for Operating Account				1,084,763.52

**Battle Mountain General Hospital/Clinic
A/R Days (w/Payment Plan)**



**Battle Mountain General Hospital/Clinic
A/R Days by Payer (w/Payment Plan)**



BATTLE MOUNTAIN GENERAL HOSPITAL BATTLE MOUNTAIN CLINIC

YTD	
Face to Face	6,051
Telehealth	134
Injections	180
Dietician	2
Total	6,367

PHYSICIAN	DAYS WORKED January 2026	PATIENTS SEEN January 2026	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN	
				YTD	YTD
Abby Burkhardt, APRN(Includes LTC) Telehealth	12	312	26	2,067	1
Cathryn Beggs, APRN Telehealth	15	298	20	1,713	4
Charloth Bledsoe, PMHNP Telehealth	15	85	7	375	119
Dr Potterjones(Includes LTC) Telehealth	0	0	0	1,022	1
Dr. David Rivas Telehealth	0	0	0	407	0
Sarah Pehrson, APRN Telehealth	1	23	23	81	0
Norah Lusk, APRN Telehealth	3	61	20	197	0
Jennifer Douglas, LCSW-I Telehealth	0	0	0	125	9
Chalee Mullin - FNP-C Telehealth	6	64	11	64	0
Jodi Allen, RD Injections	1	1	0	2	180
Total		879		6,367	

PATIENTS SEEN January 2025 986

PATIENTS SEEN YTD January 2025 6,874

**LANDER COUNTY HOSPITAL DISTRICT
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NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations and Reporting Entity

Lander County Hospital District dba: Battle Mountain General Hospital (the Hospital) is a hospital district formed under the provisions of the Nevada Revised Statutes. The Hospital primarily earns revenues by providing inpatient, outpatient, long-term care and emergency care services to patients in Battle Mountain, Nevada. It also operates a primary care clinic in Battle Mountain.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific (such as county appropriations), property taxes, and investment income are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities and deferred inflows of resources and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Hospital considers all liquid investments, other than those limited as to use, with original maturities of three months or less to be cash equivalents. At June 30, 2025 and 2024, cash equivalents consisted primarily of money market accounts with brokers.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Investments and Investment Income

The Hospital maintains fixed income investments and certificate of deposits with an investment broker. Investments are carried at fair value. Fair value is determined using quoted market prices. Investment income includes dividend and interest income and the net change for the year in fair value of investments carried at fair value.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Fair Value Measurements

To the extent available, the Hospital's investments are recorded at fair value. GASB Statement No. 72 - *Fair Value Measurement and Application*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take into account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources.

In contrast, unobservable inputs reflect an entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

Level 1 - Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Hospital has the ability to access.

Level 2 - Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

Level 3 - Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Patient Accounts Receivable

Patient accounts receivable are obligations that are stated at the amount management expects to collect for outstanding balances. These obligations are primarily from patients whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient receivables are applied to the specific claim identified on the remittance advice or statement. The district does not have a policy to charge interest on past due accounts.

Patient accounts receivable are recorded on the accompanying financial statements at an amount net of contractual adjustments and an allowance for doubtful accounts, which reflect management's estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to patients accounts receivable.

In addition, management provides for probable uncollectible amounts, primarily for uninsured patient and amounts for which patient are personally responsible, through a reduction of gross revenue and a credit to an allowance for doubtful accounts.

In evaluating the collectability of patient accounts receivable, the District analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the district analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid for payors who are known to be having financial difficulties that make the realization of amounts due unlikely.

For receivables associated with self-pay patients (which includes patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which that are financially responsible. The difference between the standard rates and the amounts collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method or market.

**LANDER COUNTY HOSPITAL DISTRICT
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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Capital Assets

The District capitalizes assets whose cost exceeds \$5,000 and have an estimated life of at least three years. Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Buildings and Leasehold Improvements	5 to 40 Years
Equipment	3 to 20 Years

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs, and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the statement of net position date plus an additional amount for compensation-related payments such as Medicare taxes computed using rates in effect at that date. The estimated compensated absences liability expected to be paid more than one year after the statement of net position date is included in other long- term liabilities.

Pension Plan

The Hospital participates in the Public Employees Retirement System of the state of Nevada, (PERS), a cost-sharing multiple employer defined benefit pension plan. For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the plan and additions to/deductions from the plan's fiduciary net position have been determined on the same basis as they are reported by the plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Deferred Outflow of Resources

Deferred outflows of resources represent a consumption of net position that applies to a future period(s) and will not be recognized as an outflow of resources (expense) until then. Deferred outflows of resources consist of unrecognized items not yet charged to pension expense and contributions from the employer after the measurement date but before the end of the employer's reporting period.

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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Deferred Inflow of Resources

Although certain revenues are measurable, they are not available. Available means collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources represent the amount of assets that have been recognized, but the related revenue has not been recognized since the assets are not collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred inflows of resources consist of pension related deferred inflows.

Unearned Revenue

Revenue received in advance of the performance of services deemed to be exchange transactions are deferred until such time as related expenditures are incurred and then recognized as revenue.

Net Position

Net position of the Hospital is classified in two components. Net investment in capital assets consists of capital assets net of accumulated depreciation. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts.

Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Adoption of New Accounting Standards

Effective July 1, 2024, the District implemented GASB Statement No. 101, Compensated Absences. This statement updated the recognition and measurement guidance for compensated absences and associated salary-related payments and amended certain previously disclosures. The District determined that Standard did not have a material impact on the financial statements.

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**NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)**

Income Taxes

As an essential government function, the Hospital is generally exempt from federal income taxes under Section 115 of the Internal Revenue Code. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified for comparative purposes to conform with the presentation of the 2025 financial statements. The reclassifications have no effect on previously reported net income or equity.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of net position date but before the financial statements are issued. The Hospital recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net position, including the estimates inherent in the process of preparing the financial statements.

The Hospital's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net position but arose after the statement of net position date and before the financial statements are issued. The Hospital has evaluated subsequent events through November 6, 2025, which is the date the financial statements were available to be issued.

NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare - The Hospital is certified as a Medicare critical access hospital. The Hospital is reimbursed under a cost reimbursement methodology for inpatient and most outpatient services. The Hospital is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor. The Hospital's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2022.

Medicaid - Inpatient and nursing home services rendered to Medicaid program beneficiaries are reimbursed under cost reimbursement methodologies. Outpatient services are reimbursed at prospectively determined rates.

The Hospital is reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid administrative contractor. The Hospital's Medicaid cost reports have been audited by the Medicaid administrative contractor through June 30, 2022.

**LANDER COUNTY HOSPITAL DISTRICT
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NET PATIENT SERVICE REVENUE (CONTINUED)

Approximately 59% and 47% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2025 and 2024, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the Hospital under these agreements is primarily discounts from established charges.

Executive Summary of Initiative Priorities

The 2026 NRHP Winter Retreat convened the NRHP Board and key state stakeholders for a full-day strategic session focused on defining organizational priorities and long-term sustainability for rural hospitals. Informed by facilitated discussions and direct feedback from the NRHP Board Retreat Survey, the group identified Workforce Recruitment & Stabilization as the highest priority, followed by Financial Sustainability & Reimbursement Stability. Participants emphasized the urgent need to strengthen rural talent pipelines, improve reimbursement and revenue cycle performance, and ensure accountable, outcomes-driven implementation of the Transformational Fund. The retreat also underscored the importance of regional collaboration through shared service models, alongside strategic investments in infrastructure and technology, to preserve rural hospital independence, financial viability, and access to care through 2030.

NRHP Retreat and Survey Stated Priorities	
<p>Identified Priorities.</p> <ol style="list-style-type: none"> 1. Workforce Recruitment & Stabilization (Highest Priority) 2. Financial Sustainability & Reimbursement Stability 3. Transformational Fund Governance & Accountability 4. Collaboration & Shared Models Across Rural Hospitals 	<p>Initiative Category Ranking (Based on Frequency & Intensity)</p> <ol style="list-style-type: none"> 1. Workforce Recruitment & Stabilization 2. Financial Sustainability & Reimbursement Stability 3. Transformational Fund Governance & Implementation 4. Collaboration & Shared Workforce Models 5. Capital Infrastructure Modernization 6. Technology & Digital Enablement 7. Behavioral Health Expansion 8. Quality & Clinical Redesign (Lower emphasis)
<p>Secondary but meaningful categories include:</p> <ul style="list-style-type: none"> • Capital infrastructure modernization • Technology & digital health • Access to care expansion • Behavioral health integration 	

1. Workforce Recruitment & Retention (Top Tier Priority)

<p>Evidence Across Survey</p> <ul style="list-style-type: none"> • Workforce shortages tied for highest external force impact (12 responses) • Workforce recruitment & retention ranked #2 strategic focus area • Transformational Fund top priority: Workforce programs (13 responses) • Workforce stabilization required as measurable outcome (57%) • Workforce stabilization impact listed as key funding guardrail • Success by 2030 repeatedly defined as workforce sustainability • Shared workforce strategies identified as top collaboration need 	
<p>There is strong support for:</p> <ul style="list-style-type: none"> • Recruitment programs • Retention incentives • Tuition/education pathways • Reduced reliance on travelers • Shared regional workforce models 	<p>Retreat Board Stated Priorities</p> <ul style="list-style-type: none"> • Partnerships with Schools • Marketing on behalf of Rural NV • Centralized Licensing • Training Partnerships with Training • CNA Program • Shared Services • Grant Writers • Gas Stipend

2. Financial Sustainability & Reimbursement Stability

Evidence Across Survey <ul style="list-style-type: none"> • Medicaid/Medicare reimbursement changes (12 responses) • Financial sustainability ranked #1 strategic focus area • Financial margin improvement cited as required measurable outcome • Financial performance dashboards prioritized for retreat review • Risks to sustainability heavily tied to reimbursement & infrastructure gaps • Difficult issues include NRHP financial viability 	
Thematic Interpretation: Members are concerned about: <ul style="list-style-type: none"> • Federal reimbursement vulnerability • Medicaid funding volatility • Operating margin erosion • Infrastructure replacement funding • Financial fragility of rural hospitals 	Retreat Board Stated Priorities <ul style="list-style-type: none"> • Grant Management • Staffing Pool • Shared Services • Redi Health Collaboration • Training Plan for Revenue Cycle Management • Vendor Expansion • Billing training • Contract Negotiation • RCM Expert • Administration Fees • 5-year vision/Plan (Medicaid Cuts, Impact assessment)

3. Collaboration & Shared Regional Models

Collaboration Needs <ul style="list-style-type: none"> • Transformational Fund implementation (11) • Shared workforce strategies (8) • Behavioral health integration (5) • Data sharing (4) • Technology investments (4) 	Barriers <ul style="list-style-type: none"> • Distance & geographic vastness (36%) • Size differences among hospitals • System variability • Communication gaps • Resource limitations
Governance Excellence & Board Structure <ul style="list-style-type: none"> • Formalized training • Board education • Stronger Board Communication • Stronger Establishment with NRHA • Annual Board Self Evaluation • Board Define needs of RHTF • Pro-Active Leadership with outcomes • Established Board Subcommittees 	Retreat Board Stated Priorities <ul style="list-style-type: none"> • Shared Radiology • Shared Legal • Bio Med • CIO • AI • Cyber Security • Staffing pool • Hospital Education • HIM Transfer Program (State Sponsored)
Members want shared: <ul style="list-style-type: none"> • Workforce pipelines • Funding structures • Service models • Data and benchmarking 	

4. Transformational Fund – Structure, Guardrails & Implementation

<p>Funding Priorities Top selections:</p> <ul style="list-style-type: none"> • Workforce programs (13) • Facility modernization (6) • Technology upgrades (5) • Telehealth (4) 	<p>Guardrails Top criteria:</p> <ul style="list-style-type: none"> • Demonstrated sustainability beyond initial funding (10) • Impact on access to care (10) • Alignment with NRHP strategic plan (7) • Workforce stabilization impact (7) • Measurable ROI (6)
<p>Structure Preferences: Most support:</p> <ul style="list-style-type: none"> • Formula-based allocation (4) • Hybrid approach (4) • Some uncertainty (3) 	<p>Thematic Interpretation: Members want:</p> <ul style="list-style-type: none"> • Accountability • Clear funding roadmap • Defined performance expectations • Sustainability beyond grant period • Transparency

5. Capital Infrastructure & Modernization

<p>Repeated references include:</p> <ul style="list-style-type: none"> • Aging facilities • Capital expenditures • Replacement buildings • Infrastructure gaps • Technology modernization 	<p>While not the #1 initiative, infrastructure appears strongly linked to:</p> <ul style="list-style-type: none"> • Financial stability • Workforce recruitment • Access sustainability
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6. Technology & Digital Health

<ul style="list-style-type: none"> • EHR upgrades • Cybersecurity • AI integration • Telehealth • EMR interoperability (Page 3 speaker suggestions)
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7. Access to Care & Rural Independence

<p>Success by 2030 repeatedly defined as:</p> <ul style="list-style-type: none"> • Financial viability • Workforce stabilization • Maintained independence • Access to care • Community health stability
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Strategic Framing Recommendation for Strategy: Based on the feedback, initiative categories could be organized into four core pillars:

Strategic Framing Recommendation – 5 Core Pillars

Pillar 1 – Governance Excellence & Board Structure

- Focuses on clarifying governance roles, strengthening board effectiveness, defining committee structures, enhancing accountability, and aligning leadership oversight with strategic priorities.

Pillar 2 – Workforce Stability & Rural Talent Pipeline

- Addresses recruitment, retention, succession planning, leadership development, and long-term workforce pipeline strategies tailored to rural healthcare realities.

Pillar 3 – Financial Sustainability & Reimbursement Strategy

- Integrates operational financial performance, reimbursement optimization, revenue diversification, and disciplined oversight of transformational funds to ensure measurable impact and long-term sustainability.

Pillar 4 – Infrastructure, Services & Operational Excellence

- Aligns facility planning, technology systems, capital investment, service line strategy, operational efficiency, and care delivery models to meet current and future community needs.

Pillar 5 – Rural Collaboration & Shared Models

- Strengthens regional partnerships, shared service models, collaborative purchasing, workforce sharing, and strategic alliances that improve access, scale, and sustainability across rural communities.

NEVADA RURAL HOSPITAL PARTNERS (NRHP) Year Strategic Planning & Governance Framework

- I. **STRATEGIC PLANNING FOUNDATION:** The purpose of this strategic planning framework is to establish a Board-driven roadmap that ensures NRHP advances rural hospital sustainability across Nevada over the next 3–5 years. This framework positions the Board as the steward of long-term direction, financial oversight, and policy influence while empowering the Executive Director to execute within clearly defined parameters. The strategic plan serves as the central governance tool for prioritization, accountability, and performance evaluation.

II. FIVE-PHASE STRATEGIC PLANNING ROADMAP

PHASE 1 – DISCOVERY & ALIGNMENT (March 2026): The purpose of the Discovery & Alignment phase is to ground the strategic planning process in objective assessment rather than assumption. This phase evaluates board structure and ensures the Board understands NRHP’s current governance maturity, operational capacity, financial stability, and external risk environment before setting long-term direction. By aligning leadership around a shared understanding of reality, NRHP reduces strategic blind spots and increases the likelihood of successful execution.

PHASE 2 – STRATEGIC DIRECTION SETTING (April): The purpose of Strategic Direction Setting is to define a clear and compelling 1-3 year and 3–5 year vision supported by measurable outcomes that guide all Board and organizational decisions. This phase ensures that NRHP’s mission, vision, and core values are aligned with the evolving needs of Nevada’s rural hospitals and the state’s healthcare policy landscape. By establishing focused strategic pillars, the Board creates structural clarity that drives disciplined prioritization and resource allocation.

PHASE 3 – INITIATIVE DEVELOPMENT (March-May): The purpose of Initiative Development is to translate high-level strategic pillars into actionable, time-bound priorities that can be executed and measured. This phase prevents strategy from remaining conceptual by assigning ownership, defining milestones, aligning financial resources, and identifying performance indicators. By limiting initiatives to a manageable number annually, NRHP ensures focus, avoids leadership fatigue, and improves execution success rates.

PHASE 4 – GOVERNANCE ALIGNMENT & BOARD FRAMEWORK (Summer 2026): The purpose of Governance Alignment is to ensure that NRHP’s Board structure, committee design, and bylaws actively support strategic execution rather than hinder it. Clear delineation between governance and management strengthens accountability, protects the Executive Director’s authority, and reduces operational interference. A properly aligned governance model increases Board effectiveness, accelerates decision-making, and builds long-term organizational stability.

RECOMMENDED BOARD STRUCTURE

1. **Executive Committee:** The purpose of the Executive Committee is to provide strategic continuity and leadership oversight between full Board meetings while safeguarding organizational stability. This committee ensures that urgent matters, executive performance oversight, and emerging risks are addressed promptly without disrupting long-term priorities. It also serves as a key advisory and support structure for the Executive Director, reinforcing accountability while maintaining strategic focus.

2. **Strategic Planning Committee:** The purpose of the Strategic Planning Committee is to serve as the Board's primary mechanism for monitoring progress against the 3–5 year strategic plan. This committee ensures initiatives remain aligned with Board-approved outcomes, identifies performance gaps early, and recommends course corrections when necessary. By meeting bi-weekly during the build phase and monthly thereafter, the committee creates disciplined momentum and sustained oversight.
 3. **Finance & Sustainability Committee:** The purpose of the Finance & Sustainability Committee is to protect NRHP's financial health and ensure long-term viability in a volatile rural healthcare funding environment. This committee aligns budget decisions with strategic priorities, monitors reserves, and evaluates revenue diversification strategies to mitigate funding risk. Strong financial governance enables NRHP to pursue advocacy and programmatic initiatives confidently and sustainably.
 4. **Advocacy & Policy Committee:** The purpose of the Advocacy & Policy Committee is to elevate NRHP's influence within Nevada's legislative and regulatory environment to protect and strengthen rural hospitals. This committee develops coordinated advocacy strategies, tracks policy developments, and mobilizes member engagement around priority issues. A focused advocacy structure ensures NRHP speaks with a unified, data-driven voice on behalf of rural healthcare.
 5. **Governance & Board Development Committee:** The purpose of the Governance & Board Development Committee is to cultivate a high-performing, strategically aligned Board capable of sustaining long-term impact. This committee oversees succession planning, ongoing education, and annual self-evaluation to ensure governance excellence. By continuously strengthening Board composition and performance, NRHP protects its leadership continuity and organizational credibility.
 6. **Vendor Review & Strategic Partnerships Committee:** The purpose of the Vendor Review & Strategic Partnerships Committee is to ensure NRHP enters, evaluates, and manages vendor relationships in a manner that aligns with its 3–5 year strategic priorities, financial stewardship responsibilities, and member value proposition. This committee protects NRHP from financial risk, reputational exposure, and misaligned contractual commitments while promoting high-value partnerships that advance rural hospital sustainability.
- V. **BYLAW EVALUATION FRAMEWORK:** The purpose of the Bylaw Evaluation Framework is to ensure NRHP's governing documents clearly define authority, accountability, committee structure, and strategic oversight expectations. Well-defined bylaws reduce ambiguity, prevent governance drift, and protect the Board from overreach into operational management. Updating and aligning bylaws with the strategic plan institutionalizes discipline and creates long-term governance stability.
- VI. **MEETING CADENCE & EXECUTION MODEL:** The purpose of the Meeting Cadence & Execution Model is to create predictable, structured oversight that reinforces accountability and accelerates strategic progress. A disciplined cadence ensures communication flows consistently between H&H, the Executive Director, committees, and the full Board. This model shifts Board engagement from reactive reporting to proactive strategic governance.
- **Weekly: H&H + Executive Director (March):** The purpose of the weekly H&H and Executive Director meeting is to maintain strategic momentum, identify emerging risks early, and ensure alignment before issues escalate to the Board level. This meeting serves as the primary checkpoint for initiative progress, KPI monitoring, and Board preparation. Consistent weekly alignment strengthens executive effectiveness and reduces surprises during formal Board sessions.

- **Bi-Weekly: Strategic Planning Committee (March Start):** The purpose of the bi-weekly Strategic Planning Committee meeting is to provide focused oversight during the strategy build and early execution phase. This cadence ensures initiatives remain on schedule, KPIs are reviewed consistently, and obstacles are resolved quickly. Early-stage intensity improves long-term execution discipline.
 - **Monthly: Board Progress Report (March Start)** The purpose of the monthly Board Progress Report is to provide transparent, data-driven updates that enable informed strategic decision-making. By presenting dashboard metrics, financial updates, legislative developments, and initiative status in a structured format, the Board can focus on high-level direction rather than operational detail. This format increases accountability while preserving strategic meeting time.
 - **Quarterly: NRHP Strategic Review Meeting:** The purpose of the quarterly NRHP Strategic Review Meeting is to conduct deeper evaluation of one strategic pillar at a time and recalibrate priorities as needed. This quarterly cadence allows the Board to assess progress against measurable outcomes while integrating new environmental realities, member feedback, and legislative changes. Regular recalibration protects the long-term relevance and agility of the 3–5 year plan.
- VII. LONG-TERM CRITERIA (3–5 YEARS):** The purpose of defining Long-Term Success Criteria is to ensure the strategic plan concludes with measurable evidence of impact rather than anecdotal success. Clear success indicators allow the Board to evaluate performance objectively and demonstrate value to member hospitals and stakeholders. Establishing these benchmarks upfront reinforces accountability and clarifies what achievement looks like at the end of the planning cycle.

**Governance & Strategic Planning Document Request
 Multi-Year Strategic Planning Review**

I. Governance & Legal Structure Documents: To understand the legal authority, governance structure, role clarity, and decision-making framework that guide the association’s operations and Board accountability.

Documents Requested:

Document		Notes / Status / Sent
1.	Current Articles of Incorporation	
2.	Current Bylaws (including all amendments)	
3.	Board Governance Policies & Procedures Manual	
4.	Conflict of Interest Policy (signed disclosures if available)	
5.	Board Member Roster with Terms & Officer Designations	
6.	Committee Charters or Written Definitions	

II. Strategic & Organizational Planning Documents: To assess strategic maturity, planning discipline, historical priorities, and alignment between stated goals and executed initiatives.

Documents Requested:

Document		Notes / Status / Sent
1.	Current Strategic Plan:	
2.	Prior Strategic Plans (past 3–5 years)	
3.	Annual Operating Plans	
4.	Annual Reports (last 3 years)	
5.	Board Retreat Materials (past 2 years)	
6.	Organizational Dashboard or KPI Reports	

III. Financial & Sustainability Documents: To evaluate fiscal health, funding diversification, reserve stability, and alignment between financial resources and strategic ambition.

Documents Requested:

Document		Notes / Status / Sent
1.	Current Year Approved Budget	
2.	Last 3 Years of Audited Financial Statements or 990s	
3.	Revenue Source Breakdown (Dues, Grants, Sponsorships, Programs)	
4.	Grant Portfolio Summary	

IV. Vendor & Contracted Partner Review: To assess contractual exposure, financial commitments, vendor alignment with strategy, and procurement governance oversight.

Documents Requested:

Document		Notes / Status / Sent
1.	Contracted Vendor Index (Complete List of Active Vendors)	
2.	Copies of All Active Contracts Over a Defined Dollar Threshold	
3.	Procurement Policy (if applicable)	
4.	Vendor Performance Evaluation Process (if applicable).	
5.	Strategic Partnerships or Affiliate Agreements: Includes MOUs or collaborative agreements impacting advocacy or shared services.	

V. Committee Structure & Activity Documentation: To evaluate committee effectiveness, strategic alignment, and reporting discipline.

Documents Requested:

Document	Notes / Status / Sent
1. List of All Standing and Ad Hoc Committees	
2. Written Committee Definitions or Charters	
3. Committee Meeting Schedule (past 12 months)	
4. Committee Reports to Board (past 6–12 months)	
5. Task Forces or Special Initiatives Documentation	

VI. Annual Activities & Programmatic Operations: To understand the association’s operational footprint, member engagement model, and programmatic workload before building future strategy.

Documents Requested:

Document	Notes / Status / Sent
1. Annual Calendar of Activities & Events	
2. Membership Directory & Participation Metrics	
3. Legislative Agenda (Current & Prior Year)	
4. Educational or Shared Service Program Descriptions	
5. Staff Organizational Chart & Job Descriptions	

VII. Executive Leadership & Performance Oversight: To determine clarity of Executive Director accountability and alignment between Board oversight and strategic goals.

Documents Requested:

Document	Notes / Status / Sent
1. Executive Director Employment Agreement	
2. Executive Director Evaluation Process	
3. Board Reporting Templates or Monthly Reports	