

A G E N D A
Lander County Hospital District – Board of Trustees
Regular Session
July 10, 2024 - 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

Public Comment

Persons are invited to submit comments in writing and/or attend and make comments on any non-agenda items at the Board Meeting. All public comment 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.

❖ **Motion to Consent** – (Matheus) - (Discussion for possible action)

- 1) July 10, 2024 Agenda Notice – Posted July 3, 2024
- 2) Infection Control – June 2024
- 3) Emergency Operations and Life Safety – June 2024
- 4) Policy & Procedures – June 2024
- 5) Board Meeting Minutes – Regular Session June 12, 2024
- 6) Medical Staff appointments/reappointments – Teleradiology Services
Tahoe Carson Radiology – 2-year Reappointment
Dr. Ryan Redelman

Direct Radiology – 1 year Provisional Privileges

Dr. Michael D. Berven
Dr. Benjamin R. Park
Dr. Charles W. Westin
Dr. William T. Randazzo

Public comment

❖ **Unfinished Business** – (Matheus) – (Discussion for Possible Action)

- 7) Lander Physical Therapy

Board will review information provided by Lyle Lemaire on behalf of Lander Physical Therapy, and the possibility of Battle Mountain General Hospital purchasing this practice and all other matters properly related thereto.

Public comment

8) Critical Access Hospital Construction – (Matheus) – (Discussion for Possible Action)

Board will review and discuss updates on the hospital construction project and all other matters properly related thereto.

Public Comment

❖ **New Business** - (Matheus) – (Discussion for Possible Action)

9) Agape Hospice update and request for financial assistance

Agape Hospice will present updated information regarding the BMGH financial assistance throughout fiscal year 2023-2024. Board will discuss and consider approval to continue the request for financial assistance into fiscal year 2024-2025 and all other matters properly related thereto.

Public comment

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

10) May 2024 Financial Reports

The Board will review and discuss financial reports for May 2024 and all other matters properly related thereto.

Public comment

❖ **Chief Executive Officer Summary** – (Matheus) – (Discussion for Possible Action)

11) Summary Report

Chief Executive Officer, Jason Bleak, will present a summary of hospital activities to the Board of Trustees, and all other matters properly related thereto.

Public Comment

❖ **ADJOURN OPEN MEETING**

❖ **CLOSED SESSION**

❖ **A CLOSED SESSION WILL BE HELD IN ACCORDANCE WITH THE PROVISIONS OF NRS 241.033 to consider the Physical Therapists employment agreements for Michael Lake and Katie Gibbs as presented.**

Discussion regarding employment agreement for Michael Lake, Physical Therapist.

Discussion regarding employment agreement for Katie Gibbs, Physical Therapist.

❖ **ADJOURN CLOSED SESSION**

❖ **CALL TO ORDER OPEN MEETING**

Discussion and Action approving the employment agreement for Michael Lake, Physical Therapist, as presented.

Public comment

Discussion and Action approving the employment agreement for Katie Gibbs, Physical Therapist, as presented.

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 3RD day of July 2024, 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 before me on this 3RD day of July 2024

WITNESS _____

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 Trustees, 535 South Humboldt Street, Battle Mountain, NV 89820 (775) 635-2550, Ext. 1111.

Jessica Ceja

From: Thomas H Amezcua <tamezcua@unr.edu>
Sent: Tuesday, July 9, 2024 7:14 PM
To: Jessica Ceja
Subject: Thank You for the Battle Mountain General Hospital Scholarship
Attachments: FALL 2024 UNR Transcript.pdf

Dear Scholarship Committee,

I am writing to express my deepest gratitude for awarding me the Battle Mountain General Hospital Scholarship. It is an incredible honor to be selected as a recipient, and I am truly thankful for your support.

This generous scholarship of \$1,500 will significantly help cover my tuition and living expenses while I attend the University of Nevada, Reno. With your support, I can focus more on my studies and less on the financial challenges of college life. This assistance brings me one step closer to achieving my academic and career goals.

Thank you once again for your generosity and support. I am committed to making the most of this opportunity and giving back to the community in the future. Additionally, attached to this email is a PDF of my transcript showing enrollment for the 2024 Fall semester. If there is anything else you need, please let me know!

Best Regards, Thomas Amezcua

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.

INFECTION CONTROL REPORT MEDICAL STAFF MEETING

JUNE 2024

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

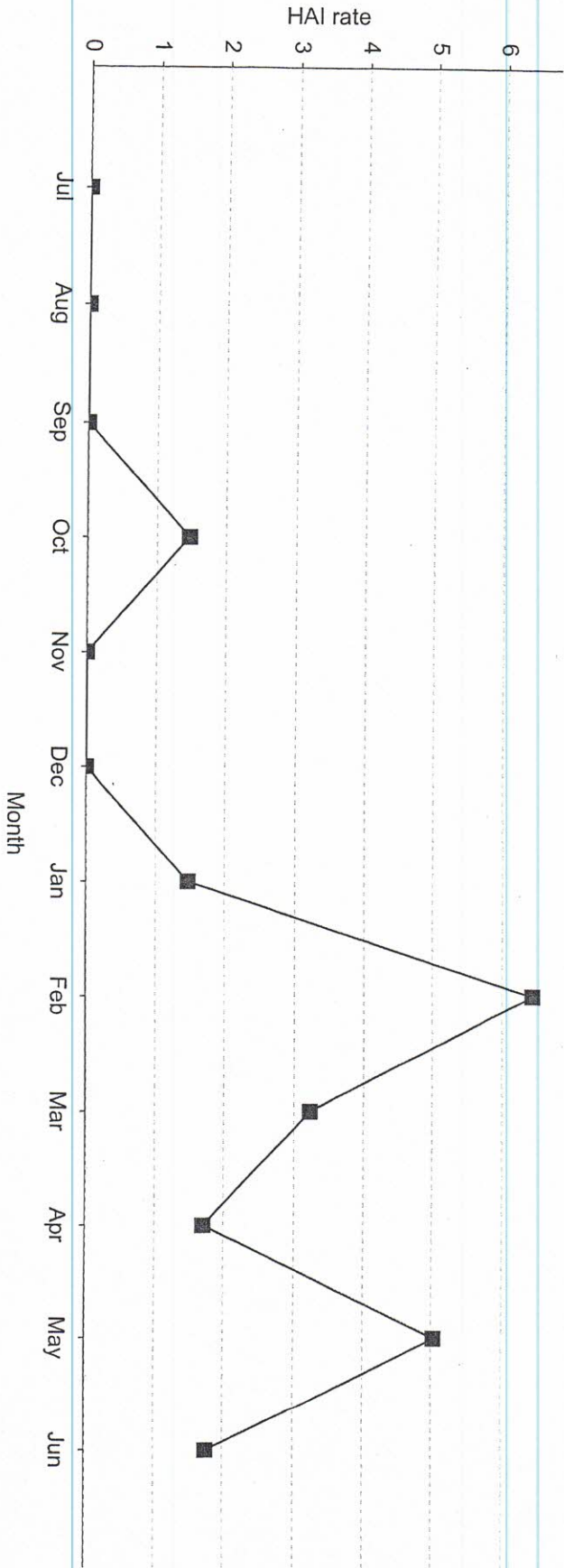
Tested: 24 Negative: 20 Positives: 4 Invalid: 0

No COVID positive case for all LTC residents and employees for the month of March.
15. The policy in effect for masking during covid outbreak - if there is a positive employee or resident, whole facility needs to mask up.
16. 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.
17. Policy in effect for masking during Flu season- unvaccinated staff must wear mask around staff and patients.

Summary

Total Infection	CAI	HAI	HAI Rate	Number Of MDRO
1	0	1	1.75	0

HAI Rate 12-Month Trend



Summary By Infection Category

Infection Category	Total	HAI	HAI 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
Eye	0	0	0.00

Infection Surveillance Monthly Report June 2024

Summary By Infection Category

Infection Category	Total	HAI	HAI Rate	
Gastrointestinal	0	0	0.00	
Genital	0	0	0.00	
MDRO	0	0	0.00	
Neurologic	0	0	0.00	
Other	0	0	0.00	
Parasitic	0	0	0.00	
Respiratory	1	1	1.75	
Skin & Soft Tissue	0	0	0.00	
Urinary Tract/Kidney	0	0	0.00	
Total	1	1		

Respiratory Infection Category

HAI 1.75

Unit/Room#	Infection Onset	Infection	Signs & Symptoms	Status	Pharmacy Order - Order Name, Order Date, Prescriber	Comments
Brown, William (Admit Date 08/28/17)						
LTC. LONG TERM CARE/210	05/23/24	Pneumonia	Cough, Difficulty breathing / Shortness of breath, Pain (general)	Closed (06/08/24) - Resolved	Azithromycin Tablet 250 MG (05/23/24) Prescriber: Burkhardt, Abby	Azithromycin 250mg (z pack) x 5 days

Minutes

**Emergency Operation & Life-Safety
Committee Meeting**

June 19, 2024

9:00 am

Battle Mountain General Hospital Training Room

CORE COMMITTEE:

Jason Bleak	CEO
Hope Bauer	CNO
Holly Heese	Emergency Operations Program Coordinator
Emily Benso	RHC Coordinator
Joy Greenhalgh	Infection Control
Amanda Allegre	Quality Assurance /Risk Manager
Brynn Heese	Materials Management Manager
Cayla Millsap	LTC Nurse Supervisor
Roy Campbell	Maintenance/Life Safety
Danny Itza	Maintenance/Life Safety
Tyson Zacharias	HIPAA/ HITECH/IT
Haleigh Allen	Staff Representative
Jodi Price	Business Office Manager
Kathy Freeman	HR

PRESENT:

Jason Bleak	CEO
Hope Bauer	CNO
Holly Heese	Emergency Operations Program Coordinator
Emily Benso	RHC Coordinator
Amanda Allegre	Quality Assurance /Risk Manager
Cayla Millsap	LTC Nurse Supervisor
Roy Campbell	Maintenance/Life Safety
Danny Itza	Maintenance/Life Safety
Tyson Zacharias	HIPAA/ HITECH/IT
Jodi Price	Business Office Manager
Michael Lamoureux	Pharmacist
Haleigh Allen	Staff Representative

ABSENT:

Joy Greenhalgh	Infection Control
Brynn Heese	Materials Management Manager
Kathy Freeman	HR

Minutes

Emergency Operation & Life-Safety Committee Meeting

MINUTES:

The BMGH Emergency Operations Program Committee Meeting, called to order at 9:06 am by Holly Heese.

A discussion on the items required and assignments made on the Facility assessment CMS F-838. Assignment have been handed out to meet the requirements of all tags included. See assignments given below. All responses due next meeting.

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

Section one: LTC Residents

- | | |
|--|---------------------------------|
| ❖ Resident Profile | LTC Nursing |
| ❖ Diseases/conditions, physical and cognitive disabilities | LTC Nursing & Infection Control |
| ❖ Acuity | LTC Nursing |
| ❖ Special Treatments and Conditions | LTC Nursing |
| ❖ Assistance with Activities of Daily Living | LTC Nursing |
| ❖ Ethnic, cultural, or religious factors | LTC Nursing |

Section Two: Services and Care We Offer Based on our Residents' Needs

- | | |
|-------------------------------|-----------------------|
| ❖ Resident support/care needs | LTC Nursing Med Staff |
|-------------------------------|-----------------------|

Section Three: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies

- | | |
|---|----------------|
| ❖ Staff type | LTC Nursing HR |
| ❖ Staffing plan | HR EMC Nursing |
| ❖ Individual staff assignment | EMC |
| ❖ Staff training/education and competencies | HR |
| ❖ Policies and procedures for provision of care | Nursing |
| ❖ Working with medical practitioners | Nursing HR |
| ❖ Physical environment and building/plant needs | Maintenance |

Section Four: Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies

- | | | |
|--------------------------|---------------|-------------------|
| ❖ Employee Training | §483.95(g) | HR |
| ❖ Competencies/Skill Set | §483.40(a)(1) | HR |
| ❖ Behavioral health | §483.95(i) | Nursing |
| ❖ Infection Control | §483.80(a) | Infection Control |

Minutes

Emergency Operation & Life-Safety Committee Meeting

❖ QAPI Program	§483.75(c)	Risk/Quality
❖ QAPI Program Activities	§483.75(a)	Risk/Quality
❖ Food and Nutrition Services	§483.60(a)	Food & Nutritional Service EMC Nursing
❖ Behavioral Health Services	§483.40(a)	Nursing
❖ Nursing Services	§483.35	Nursing

Section 5: Other Areas

- ❖ **CEO MOU/MAA Contracts:** List contracts, memoranda of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies
- ❖ **Information Technology:** List health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.
- ❖ **Infection Control:** Describe how you evaluate if your infection prevention and control program includes effective systems for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement, that follow accepted national standards In
- ❖ **Emergency Management Coordination:** Provide your facility-based and community-based risk assessment, utilizing an all-hazards approach (an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and natural disasters). Note that it is acceptable to refer to the risk assessment of your emergency preparedness plan (**E-Tags**) (**§483.73**), and focus on high-volume, high-risk areas.

**RHPP: Nevada Division of Public and Behavioral Health Rural Preparedness Summit.
May15-16 2024 Elko Nevada.**

1. Washoe Tribe Chairman [Serrell Smokey](#)

Tribal needs and assets and working with local emergency management during the Calder Fire.

2. Resources Without Borders: Utah Division of Emergency Management

Community Support Liaison Section Manager with UDEM [Angelia Crowther](#)

Community Support Liaisons ensure relationships and connections are being built and strengthened among emergency management partners at all levels of government but especially between local and state government agencies.

Working with the Sheriff's Office and its specialty teams (hazmat, dive team, search and rescue, and SWAT), managed state and federal grants, and supported emergency management at the local levels.

3. Nevada Pediatric and Maternal Emergency Needs: [Sheri Garland, RN](#)

Minutes

Emergency Operation & Life-Safety Committee Meeting

Training on critical care, pediatrics and maternal medicine

4. Disasters in Seconds: Pediatric Patient Triage Exercise

Scott L. Deboer & Lisa (Banter) Deboer

hands-on pediatric emergency skills, cardiology and EMS entrepreneurship



Pedi-Ed-Trics Emergency Medical Solutions LLC

1548 Corolla Court

Reunion, Florida 34747

(888) 280-7337

Info@PediEd.com

Simulation: Pediatric Earthquake MCI:

- ◆ Triage each victims 35 victims 28 pediatric 3 animals 4 adults
- ◆ Decision and rapid questions on CPR, Airways and emergent medications

Hazmat Inter-Local Tabletop

Resource Express: Vendor Presentations

1. National Railroad Response and Safety Rich Gent

- Hazmat Cars and understanding placards
- Emergency Notification for the Railroad
- Railroad auxiliary teams

2. UNR Nevada Seismology Lab UNR Extension College of Agriculture Biotechnology & Natural Resources/BLM Nevada wildfire Awareness William Savran, Ph.D.

NSL operations, the seismic network, and the wildland fire camera network. The NSL provides real-time information on earthquakes occurring around the state and a network of remotely controllable fire cameras that provide situational awareness to dispatch centers, first responders, and the public

- Fire weather
- Be Fire wise
- Declutter your gutter
- Fire cameras detection
- Wildfire evacuation planning
- Earthquakes notification and alerts

Minutes

Emergency Operation & Life-Safety Committee Meeting

- Earthquake preparedness
- 3. **American Red Cross:**
Disaster Preparedness:
 - Make a kit
 - Make a plan
 - Be informed
 - Smoke detectors
 - Carbon Monoxide detectors
- 4. **Equine Assisted Services:** **Marci Bender**



- Therapeutic Riding Center
- Pledges for ponies
- Post trauma for disaster workers
- 5. **Critical Infrastructure Part I: Governor's Office of Energy & NV Energy:** **Lezlie Helget, CPM, Lisa Fredley, Timothy Hill, Rustin McLaughlin, Jimmy Smith**
Natural gas emergencies, 1st Responder actions, Flow Control, Fuel Properties, and Carbon Monoxide investigations
- 6. **Disasters: Access and Functional Needs (AFN) Heather Lafferty & Kimberly Palma-Ortega**

The CMIST (Communication, Maintaining Health, Independence, Support and Safety, and Transportation) Framework, developed by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (US DHHS ASPR) is a recommended approach for integrating the access and functional needs of these individuals.

- **Individuals with Limited Mobility:** Individuals who use assistive devices or equipment for walking or mobility, e.g., wheelchairs, walkers, or crutches.
- **Individuals who are Blind:** Individuals who are blind or have low vision, night blindness, color blindness, impaired depth perception, etc.
- **Individuals who are Deaf, Deaf-Blind, Hard of Hearing:** Individuals who are deaf have situational loss of hearing or limited-range hearing.
- **Individuals with Intellectual Disabilities:** An intellectual disability is a disability characterized by significant limitations both in intellectual functioning (e.g., reasoning, learning, problem solving) and in adaptive behavior.

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Committee Meeting**

- **Older Adults and Children:** Individuals whose chronological age may impact their physical or cognitive abilities and who may need assistance with daily activities.
- **Individuals who are Limited or Non-English Speaking:** Individuals who have a limited ability or no ability to speak, read, write, or fully understand English.
- **Individuals Lesbian, Gay, Bisexual, Transgender, Queer & Questioning, Intersex, Asexual and Aromatic (LGBTQIA+):** Individuals within disaster and emergency services infrastructure who may be further marginalized by discrimination, abuse, and overlapping marginalized identities that exacerbate impacts.
- **Single Parent Households/Families with deployed members:** Households that are characterized by either having only one adult who is responsible for both financial support and caregiving, or households where the primary caregiver is absent from the home due to deployment for disaster relief or work-related obligations. In such cases, the household lacks the presence of an additional resource to provide support and assistance.
- **Individuals and Families with Limited Resources:** Individuals who may not have the resources available to meet their own or their family's needs.
- **Individuals Experiencing Homelessness, Unhoused, or Transitional Housing:** Includes persons in shelters, on the streets or temporarily housed -- transitional, safe houses for women and minors.
- **Individuals Experiencing Domestic Violence:** Individual living with domestic violence or who are domestic violence survivors.
- **Refugee & Immigrant Communities (New Americans):** Persons who may have difficulty accessing information or services due to cultural differences or unfamiliarity, and possibility distrust of governmental systems.
- **Undocumented Persons:** Individuals who do not have the required documentation to be permanent or temporary residents of the United States.
- **Individuals with Psychological Disability:** Individuals who have a diagnosed mental health condition or psychological disability as well as those who may have one that is undiagnosed.
- **Individuals Requiring Supervision:** Individuals unable to safely survive independently, attend to personal care or activities of daily living, etc.
- **Individuals with Medical Needs:** Individuals who take medication or need equipment to sustain life or control conditions for quality of life—i.e., diabetic; weakened immune systems, those who cannot be in/use public accommodations.
- **People Who Are Dependent on Drugs or Alcohol:** Includes people who use legal or illegal substances including injectable drugs and who would experience withdrawal.
- **Clients of Criminal Justice System:** Individuals who are currently or have been previously incarcerated, on parole, under house arrest, or who are registered sex offenders. This includes current clients of the juvenile justice system.
- **Emerging or Transient Specific Needs:** Needs/conditions due to emergency, temporary conditions—i.e., loss of glasses, broken leg, tourists/visitors needing care.

Minutes

Emergency Operation & Life-Safety Committee Meeting

7. POETE

Element for this capability target. Below are thoughts on what could be considered for each element:

- **Planning:** What is the state of their plans for mass fatality management? Do they have a plan? Is it up to date? Does it address best practices?
- **Organizing:** Are all stakeholders on board with mass fatality preparedness efforts? Is there a member of the community yet to be engaged? Are lines of authority during a mass fatality incident clear?
- **Equipping:** Does the jurisdiction have the equipment and supplies available to handle the needs of a mass fatality incident? Are MOUs and contracts in place?
- **Training:** Do responders and stakeholders train regularly on the tasks associated with managing a mass fatality incident? Is training up to date? Is training conducted at the appropriate level?
- **Exercising:** Have exercises been conducted recently to test the plans and familiarize stakeholders with plans and equipment? Has the jurisdiction conducted discussion-based and operations-based exercises? Have identified areas for improvement been addressed?



RHPP held a Symposium on June 11-13, 2024

- ❖ All Clear Emergency Management Group
Trainer: William Moorhead JD, MEP, Denver Colorado
Developing and conducting Table-Top Exercises and Functional Exercises at small rural hospitals, CAHs, and skilled nursing homes.
- ❖ Healthcare Coalition Exercise Design, Conduct and Evaluation
Trainer: Jenny Schmitz MA, MEP, CO-CEM, HEM, Raleigh North Carolina
- ❖ Helping people with Access and Functional Needs (AFN) POETE/CMIST Training,
Trainer: Heather Lafferty Diversity, Equity, Inclusion/Access, and Functional Needs Coordinator Nevada Division of Emergency Management (DEM) Las Vegas Nevada
- ❖ ASPR Region 9 Updates

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Committee Meeting**

Trainer: CAPT Kevin Sheehan, USPHS, San Francisco California

Hospital Preparedness Grant Requirements for the next 5-year period & discussion related to the challenges of rural exercises and real-world responses Open discussion related to rural and frontier healthcare, HVA improvements, information sharing and strategic direction. Collaborating and engaging with peers and colleagues from across the rural Nevada health care delivery system. Collaboration with FEMA 9 Representatives, Training on Conditions of Participation needs in Rurales' (E-Tags, K-tags, F-tags, J-tags)

- ❖ Hospital Incident Command (HICS) for Critical Access Hospitals and facilities with skilled nursing homes.

Trainer: Mary Massey, BSN, MA, PHN graduate from the Naval Postgraduate School with a Masters in Homeland Security and Defense. Los Angeles California

- ❖ Emergency Management Hospital Preparedness Program:

Healthcare Coalition Response Drill participants,

*ASPR/FEMA Federal

*Battle Mountain General Hospital

*Boulder City Hospital

*Carson Tahoe Regional Medical Center

*Desert View Hospital Pahrump

*Desert Springs Las Vegas

*Fort Mc Dermitt Indian Health

*Humboldt General Hospital Winnemucca

*Incline Village Community Hospital

*Mt. Grant General Hospital Hawthorne

*Nevada Department of Emergency Management

*Nevada Department of Health and Human Services

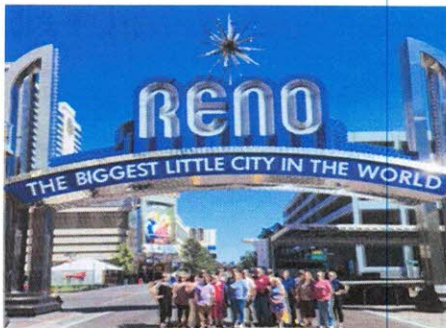
*Nevada Hospital Association

*Northeastern Nevada Regional Hospital Elko

*Nye County Emergency Management

*Pershing General Hospital Lovelock

*South Lyon Medical Center Yerington



*Minutes***Emergency Operation & Life-Safety
Committee Meeting****LEPC (June 11, 2024):**

- ❖ Danny Sommers from Dow I Engineering (Reno): MeShell sent the scope of work, which will separate the Hazmat Plan from the EOP Plans. Project was sent and is to be completed by June 30, 2024
- ❖ Discussion with Undersheriff for a funding source for the items still needed for the mass casualty trailer.
- ❖ Discussion Trailer inventories:
 - Mass Casualty (North) **Lander County EMS**
 - Hazmat (North) **Kylie Payne BM Volunteer Fire Department**
 - Barricade (North) **Michael Young Lander County Search and Rescue**
 - Light Plant (North) & Digital Signs (North) (South-currently being used by BMGH) **MeShell Young LC LEPC**
 - Mobile Emergency Tent (North) **Lander County EMS**
 - Hazmat (South) **Kylie Payne BM Volunteer Fire Department**
 - Completed- dual axle- no spare tire, etc
 - Disaster Rehab Unit (South) - Austin Ambulance Service. Need to replace 2 tires and add a spare tire. Completed inventory- Point S is working on the tires.
 - Laken asked for information on registration and lie plates. MeShell went thru all the past records and found some information and sent it to Laken.
 - **Verify inventory-** note if no spare tire or lug wrench, note which trailers could use a dolly and tie down strap. Note tire size, in case we decide to put on tire covers.
- ❖ Discussion to add or remove members to group:
 - Add Mike Speers- Lander County School District- Transportation
 - Add Russell Klein - Lander County School District- Superintendent
 - Remove Steve Burkhart - Lander County School District- Transportation
- ❖ Discussion and possible action to approve any reports or documents as it relates to the Grants.
- ❖ Conex for LEPC storage, Lander County has poured the pad for the Conex. Conex ordered and on its way.
 - Conex for LEPC storage, concrete pad is completed
 - Submitted 3rd Qtr. financial report on 5/1/2024
- ❖ OPTE Grant is on Commissioner Agenda June 20, 2024 for their approval. After which MeShell will sign and return to SERC

Nevada Gold Mining Bike Safety Rodeo June 14, 2024

- ❖ Passed out Whistles/lights, Lander County Emergency Numbers Magnets, Waters and Chap stick.
- ❖ Talked to several students on how to use the whistles lights for bicycle safety.
- ❖ Talked about hydration during riding bicycle during all weather.

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**Emergency Operation & Life-Safety
Committee Meeting**

- ❖ Talked about keeping sun screen, chap stick and bug replant on when playing outside.



Lander County Railroad Hazmat Drill Saturday June 15th, 2024.

Hazmat drill conducted on Train that hit a Semi carrying chemical **Acrolein**

- ❖ Lander County L.E.P.C.
- ❖ Battle Mountain General Hospital Emergency Operations and ER
- ❖ Battle Mountain Voluntary Fire Department
- ❖ Lander County EMS
- ❖ Lander County Sheriff's Office
- ❖ Lander County Search and Rescue
- ❖ Nevada Highway Patrol
- ❖ Nevada Gold Mines *NGM Hazmat *Phoenix Mine Rescue



Minutes

**Emergency Operation & Life-Safety
Committee Meeting**

TRAINING OPPORTUNITIES:

- **FEMA Region 9 Drill in conjunction with Humboldt County**
 - ❖ HazMat component including possible closure of I-80
 - ❖ Drill would happen somewhere between Pumpernickel and Mote
 - ❖ Unified command with Humboldt County, Lander County, State, Federal and stakeholder responding agencies.
 - ❖ Table Top in October 2024
 - ❖ Drill June 2025
- **Fire Shows West September 22-23 Reno Decon Hazmat and fire safety training**

JULY MEETING TOPIC FOR REVIEW:

- ❖ **Facility Assessment 2024 Conditions of participation.**

With no further business, the meeting was adjourned at 9:56 am.

Holly Heese, Emergency Operations Program Coordinator



Battle Mountain General Hospital

Policy and Procedure Committee Meeting

June 21, 2023

9:00 am

BMGH Training Room

PRESENT:

Jason Bleak	CEO
Hope Bauer	CNO
Holly Heese	Compliance Officer P&P Coordinator
Amanda Allegre	Risk Manager
Emily Benso	RHC Coordinator
Mike Lamoureux	Pharmacist
Jodi Price	Medical Records/Business Office
Tyson Zacharias	IT
Haleigh Allen	Staff Representative
Cayla Millsap	LTC Nurse Supervisor
Roy Campbell	Maintenance
Danny Itza	Maintenance

ABSENT:

Joy Greenhalgh	Infection Control Preventionist
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PRESENTING:

No Presentation ATT

The BMGH Policy and Procedure Committee Meeting, called to order at 09:00 am by Policy and procedure coordinator.

- **EMS**-Will be removed off the schedule
- **Policy & Procedure** Schedule reviewed. Updates at next meeting

Report P&P Coordinator

- **Cyber Security Policy and Procedure:** in preparation of possible audit.
- **LTC Book:** Updating and adding F-tags rules and regulations as well as updating of formatting

PRESENTING IN JULY:

- **Rural Health Clinic**

With no further business, the meeting was adjourned at 9:05 am.

Holly Heese, Policy and Procedure Coordinator /Recording Secretary

Policy and Procedure Committee Meeting Minutes 1 | Page

Note:

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]

**LANDER COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES
REGULAR SESSION
JOHN PETERS HEALTH SERVICES CENTER
BOARD ROOM
555 W HUMBOLDT STREET
BATTLE MOUNTAIN, NV
June 12, 2024**

BOARD PRESENT:

James Matheus, Chairman
Marla Sam, Vice Chair
Lyle Farr, Board Secretary via Zoom
Paula Tomera, Trustee

BOARD ABSENT:

Mike Chopp, Commissioner Trustee

STAFF PRESENT:

Jason Bleak, Chief Executive Officer
Wayne Allen, Chief Financial Officer
Cindy Fagg, Financial Controller

GUESTS:

Mike Sheppard
Karen Matheus
Linda Lauritzen
Jodi Price
Erika Moreno
Lyle Lemaire
Suzanne Lemaire
Lori Price
Tracy Price

CALL TO ORDER

Chairman Matheus called the June 12, 2024, Regular Session to order at 5:32 p.m.

PUBLIC COMMENT

Chief Executive Officer Bleak received a list of comments regarding the recent construction project. Some concerns have been addressed and others are in discussion. A few concerns addressed the front entry way and how there is not enough space. The parking lot does not facilitate large ranch trucks. Another concern addressed signs for the Emergency entrance and Hospital entrance. Per CEO Bleak large marquee signs have been ordered and will assist in directions, Hospital entrance and the Emergency entrance. Handicap parking spaces are a work in progress and have been addressed. The landscaping has a one-year warranty; any landscaping concerns will be replaced.

Addendum 1

MOTION TO CONSENT

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Agenda Notice for the June 12, 2024, Regular Session was approved.

Addendum 2

Per Vice Chair Sam the April 2024 Infection Control report needed to be revised. Number 2, format needs to be changed. Number 14, every section needs to be completed, even if its zero. Sam would like this format going forward for every month.

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Infection Control report for April 2024, with the revisions stated by Vice Chair Sam as discussed was approved.

Addendum 3

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Emergency Operation and Life Safety meeting minutes for May 2024 was approved.

Addendum 4

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Policy and Procedures meeting minutes for May 2024 was approved.

Addendum 5

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Board Meeting Minutes for Regular Session May 8, 2024 was approved.

Addendum 6

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the Board Meeting Minutes for the Final Budget/Regular Session May 22, 2024 was approved.

Addendum 7

By motion duly made (Sam), seconded (Tomera), and the Board unanimously passed the provisional privileges for Teleradiology Services, pending Medical Staff approval for: Tahoe Carson Radiology, Dr. Bradley Clark, Dr. William Pace. Quality Nighthawk Radiology, reappointment for Dr. Ian Tseng. Direct Radiology, provisional privileges for: Sandeep Amesur, MD, Robert Berger, MD, James Brull, DO, Mark Harshany, MD, James Haug, DO, Ellen Johnson, MD, Noman Malik, MD, Teppe Popovich, MD, Faranak Sadri Tafazoli, MD, Dishant Shah, MD, Sanford Smoot, MD, as discussed was approved.

UNFINISHED BUSINESS

Critical Access Hospital Construction

Mike Sheppard, Project Manager, addressed the progress of the construction project. Per Sheppard some of the construction concerns made by the patients have been addressed. The parking lot spaces will be blacked out and the lines will be repainted diagonally. The handicap spaces will be located in the front row of the parking lot. This project has already been addressed and is a work in progress. The contractors have already begun working in this area. Landscaping is covered under warranty and if there are any issues, the landscaping will be replaced. There will be a new HVAC system and the hospital's old system will be removed. The Ambulance drop off is much improved. The Flooring and tile work is way behind schedule and Sheppard is still waiting on plans for the new CT machine for the Radiology Department. Per Sheppard the five patient rooms, nourish area, clean supply and acute areas are complete. The Treatment room and nurses station will be complete but Sheppard cannot turn over to Battle Mountain General Hospital until the CT area is completed.

Trustee Tomera shared that the Lieutenant Governor was onsite and had a facility tour. Per Tomera he was very impressed with the facility and is excited for BMGH. Lt. Governor shared with Tomera that he appreciated the Long Term Care area and how the Residents have the ability to garden out back.

CEO Bleak would like to plan a Grand re-opening for BMGH. He will confirm a date as soon as possible.

NEW BUSINESS

Lander Physical Therapy

Lyle Lemaire, Owner of Lander Physical Therapy has been fortunate to be the founder and owner of Lander Physical Therapy (LPT) for the past 27 years and the time has come for Lemaire to close this chapter and move on to new adventures and shared LPT is now for sale. Based on the long-standing relationship with BMGH, Mr. Lemaire would like to extend the first opportunity to purchase this practice and ensure the continued success of both BMGH, LPT and the patients served. This will be the first time this offer has been extended to BMGH and it would be detrimental to the citizens of Lander County should a third party purchase this practice and take it elsewhere per Lemaire.

Per Lemaire, with the purchase of LPT, BMGH will get a turnkey, highly profitable, physical therapy practice. With this practice comes an experienced staff, equipment, and a stellar reputation. This purchase would ensure BMGH is able to continue offering Lander County citizens the highest quality of care and a highly motivated staff who is committed to the same objectives. Further, it would prevent a situation where BMGH is forced to compete with a third-party practice.

Per Lemaire, failure to take this opportunity and purchase LPT will result in lost yearly revenue for BMGH opposed to a one time buy out of the practice. Beyond the loss of revenue, failure to seize this opportunity may result in an integral long-standing relationship between LPT and BMGH being lost forever. Lemaire hoped that the Board sees the importance of maintaining this level of care for the citizens of this community as well as the continued revenue opportunity for BMGH.

Chairman Matheus stated Mr. Lemaire did not mention a sum and asked for a starting point. Mr. Lemaire stated he would like to negotiate pricing but his starting point would be around \$550,000. BMGH bills for Physical Therapy services and Physical Therapy submits an invoice to BMGH. Matheus stated Lemaire's contract is similar to a Provider's contract. There is a 90 day out, and then the individual is done. Per Chairman Matheus this is the same situation and reminded the Board that Mr. Lemaire wants to retire and that he is actually ending contract prior to the contract's end date. Lemaire shared the reason behind it.

Per Lemaire, he attended the recent Budget meeting with CEO Bleak and Financial Controller Fagg. During this meeting, Lemaire informed Bleak that he should take over his practice. Per Mr. Lemaire, CEO Bleak agreed and stated he would call Grover C. Dils because they purchased Physical Therapy at their facility and that he would confirm their process. In Mr. Lemaire's mind he believed that he was being bought out. Three weeks later, this was not the case. Lemaire was told by Bleak that the process was his responsibility, he needed to confirm what process needed to be taken and to place value on his business. CEO Bleak thought Mr. Lemaire was done after his 90 days was fulfilled.

Vice Chair Sam stated just because CEO Bleak called Grover C. Dils, does not mean he is purchasing the practice. Mr. Lemaire assumed CEO Bleak was going to buy out LPT. Sam stated it was just a call and that the Board would make the final decision not CEO Bleak. When CEO Bleak called Grover C. Dils, he found out their situation was different from BMGH's situation. Grover C. Dils was going to purchase a building. This was a bigger physical asset, as well as real estate involved. Per CEO Bleak, BMGH is not purchasing the name, BMGH is not purchasing real estate or equipment. CEO Bleak did not mean to tie himself or Mr. Lemaire to a buyout.

Chairman Matheus asked Mr. Lemaire if he was going to sell the business if BMGH does not purchase Lander Physical Therapy. Mr. Lemaire confirmed that would be the direction he would take.

CEO Bleak confirmed with Mr. Lemaire if he tried to sell his business to Michael Lake. Per Lemaire, Lake did not purchase his business because he was planning on returning to Las Vegas. CEO Bleak asked what percentage of referrals come from the Clinic. Per Mr. Lemaire approximately 30% of referrals come from the Clinic and the other percentage comes from other sources such as Orthopedic Surgeons and Doctors from surrounding areas.

Chairman Matheus would like to have more discussion on this topic and stated, at this present time, he does not see value of purchase. CEO Bleak asked about the equipment and would like Mr. Lemaire to price out each item. Per Lemaire, the equipment would go for approximately \$10,000-20,000, at most.

Trustee Tomera shared she is having a difficult time coming up with value because BMGH owns building, BMGH owns most of the Physical Therapy equipment. Mr. Lemaire stated the Board should look at the situation this way, the value is what you would lose every year if LPT competes against BMGH, loss revenue.

Vice Chair Sam needs to review Lander Physical Therapy's contract and would like more time to review information and situation. Today was the first time she was made aware of the value and would like to be fair to parties involved.

Chairman Matheus stated there is no "non-compete" statement in Lander Physical Therapy's current contract and that Mr. Lemaire could compete with BMGH even if BMGH bought him out. Per Lemaire he would not do that. Because the Budget is already set, the funding would come out of net proceeds per Bleak. The Finance Committee will schedule a meeting to address budget information.

Public comment was made by Linda Lauritzen. She asked if the Finance Committee was an open session and who would be on this committee. Per Sam, the Finance Committee consisted of the CEO, Financial Controller, Chairman Matheus and Vice Chair Sam.

All adequate information will be reviewed and placed on the agenda for the next meeting or the Board will decide to hold a Special session. Per CEO Bleak, an evaluation from an auditing group should be performed.

This item was tabled and will be discussed during the next Board meeting.

Addendum 8

FINANCIALS

Chief Financial Officer Allen addressed the Balance Sheet Summary as of April 2024, which displayed Battle Mountain General Hospital's current and long term assets, short term investments, accounts receivable, net of allowance and liabilities. He continued to explain in detail, BMGH's Income Statement which included the detail against budget, Construction in Progress and Investments. The total Patient Revenue totaled \$1,504,163, which is low, lower than last year, and compared to budget, an amount of \$1,722,928.

Allen continued to address revenue on pages 13 and 14 of the April financial reports. These reports list the gross revenue and on the right hand side of this report displayed the ten-month, year to date, 2024 sum of charges. The Ambulance services is part of this decrease, which was down from last year. Observation is low and down \$45,268. Physical Therapy is down \$69,000. Swing bed is down considerably because of volume, which was low and down \$94,000 due to construction. The Emergency Room is down \$154,000. In patient dropped \$102,000. Respiratory Therapy was down \$32,000 and the Clinic is down \$81,569. Chief Financial Officer Allen will continue to watch and continue to track the revenue. Expenses

were less than last year and less than budget of \$1,413,541, which is below budget. Even though financials show a loss of \$294,447, BMGH is still very strong and the year to date, totaled \$1,293,189.

The Schedule of Patient Revenue vs. Patient Payments for fiscal years ended June 30, 2023 and fiscal year 2024. This breakdown displayed the gross patient monthly revenue, three month rolling average, patient payments and the patient payment percentage versus monthly rolling average. All favorable, nothing negative per Allen.

By motion duly made (Tomera), seconded (Sam), and the Board unanimously passed the financial reports for April 2024 as discussed was approved.

Addendum 9

Chief Executive Officer Summary

Chief Executive Officer Bleak presented a summary of hospital activities to the Board of Trustees.

Physical Therapy: CEO Bleak has been working with Michael Lake to finalize an employment agreement for him to work in and lead the Therapy Department. As soon as the agreement is made, BMGH will begin working to hire the employees and establish the starting date of operations.

Grace Samson: Last week, CEO Bleak received the resignation letter from Grace Samson to be effective immediately. After conversation with her and with other leaders, it was decided that BMGH could accept her resignation. Behavioral health patients will continue to be seen by Katy Hymas and Jenny Douglas.

Provider Search: The search for two providers has been opened and BMGH has one provider who is coming to visit Battle Mountain June 14, 2024. BMGH is searching for a physician as well as a mid-level practitioner. BMGH hopes to find a provider that has some specialty in women's health.

Cybersecurity Report: All reports have been submitted to the Office of Civil Rights. There has not been any report of harm caused by BMGH's incident.

Worker's Compensation: BMGH has moved forward with a transition away from Pool/PACT for the facility's worker's compensation coverage. BMGH has moved coverage to MagMutual. BMGH came upon this opportunity through NRHP and RHIA. This move will provide the same coverages at a saving of around \$70,000 per year. The new coverage will begin July 1, 2024.

National Hospital Week: This past month, BMGH celebrated National Hospital Week. It was a great week full of fun activities, great food and excitement as BMGH celebrated our professions. CEO Bleak wanted to thank his administrative staff and managers for their help to organize and provide the fun.

Last Week of School: In the last week of school, CEO Bleak was fortunate to present the hospital scholarships to those awarded. CEO Bleak was able to help with the 8th grade job interviews for the students' final project. BMGH's ability to volunteer and help the school district in their role is a pleasure.

Agape Hospice Article: In a meeting with Mr. Larsgaard, he presented CEO Bleak with a copy of an article that was submitted to the Battle Mountain Bugle. In the article, it gives great praise for the Hospital Board and Administration.

Bicycle Rodeo: On June 14, 2024, BMGH will participate with other community groups in the Bicycle Rodeo that is sponsored by Nevada Gold Mine. BMGH will be there with some little safety handouts for the kids that attend.

Addendum 10

Linda Lauritzen made a public comment about Physical Therapy. She asked if the employees will be offered full benefits to include paid time off, sick leave, medical benefits and PERS. CEO Bleak confirmed and stated Physical Therapy was added to the Budget. She questioned if PERS would back date to the Employee's original start date with LPT. The Board stated PERS will not be back dated for the employee, BMGH's hourly rate is compatible and Mr. Lemaire encouraged this process and was in favor of BMGH taking over Physical Therapy services.

PUBLIC COMMENT

No public comment.

ADJOURNMENT

With no further business, Chairman Matheus adjourned the Regular Session at 6:45 p.m.

Respectfully Submitted,

Jessica Ceja, Recording Secretary

BOARD SIGNATURES:

James Matheus, Chairman

Marla Sam, Vice Chair

Lyle Farr, Board Secretary

Paula Tomera, Trustee

Mike Chopp, Commissioner Trustee

7-10-2024

Agape Hospice/Battle Mountain General Hospital Financial Assistance Maximum Limitations

COST SUMMARY	
FY24	
Consultant	\$32,500- \$47,500
Agape Office Staff	\$32,007- \$62,749
Agape Medical Staff	\$55,433*
Total	<u>\$119,940-</u> <u>\$165,682</u>

*Cost will vary depending on number of patients and man hours devoted to each patient.

Battle Mountain General Hospital Grant

1/2/2024	4,589.34
2/7/2024	5,849.22
2/29/2024	4,498.87
3/26/2024	4,847.19
5/15/2024	5,227.16
6/17/2024	7,069.41
7/3/2024	9,009.75

41,090.94

June 2, 2024

Battle Mountain Hospital Board Members, and CEO Bleak

Lander Physical Therapy (LPT) and Battle Mountain General Hospital (BMGH) have enjoyed a long and prosperous relationship. For the past 27 years physical therapy services have been an integral part of patient care at BMGH. Close working relationships with the Battle Mountain Clinic, doctors, nurses, the long-term care team and the emergency room team have ensured that the citizens of Lander County receive excellent care. This unique relationship has allowed BMGH direct access to dedicated physical therapists and in turn allows the therapists to work closely with all departments within BMGH. This business model has been very successful in providing top-notch care, while generating a substantial revenue stream for both LPT and BMGH.

Lander Physical Therapy prides itself on the strong relationships built within Northern Nevada's medical community. We have direct access to doctors and surgeons throughout the state. Our strong positive relationship with the medical community and patients results in successful outcomes, time and time again. The community trusts Lander Physical Therapy with their medical care, questions, and needs. Often patients seek the guidance of the trusted staff at LPT for guidance regarding their medical needs before any other medical professional. This type of relationship with the community allows our therapists to refer patients to BMGH when further medical treatment and/or consultation is needed. This symbiotic relationship is mutually beneficial for LPT and BMGH and is invaluable to the citizens of Lander County.

I have been fortunate to be the founder and owner of Lander Physical Therapy for the last 27 years and the time has come for me to close this chapter and move on to new adventures and Lander Physical Therapy is now for sale. Based on the long-standing relationship with BMGH I would like to extend to you the first opportunity to purchase this practice and ensure the continued success of both BMGH, LPT and the patients we serve. This will be the first time this offer has been extended to BMGH and it would be detrimental to the citizens of Lander County should a third party purchase this practice and take it elsewhere.

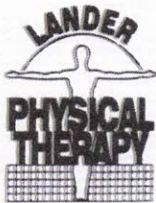
With the purchase of LPT you will get a turnkey, highly profitable, physical therapy practice. With this practice comes an experienced staff, equipment, and a stellar reputation. This purchase would ensure BMGH is able to continue offering Lander County citizens the highest quality of care and a highly motivated staff who is committed to the same objectives. Further, it would prevent a situation where BMGH is forced to compete with a third-party practice.

Failure to take this opportunity and purchase LPT will result in lost yearly revenue for BMGH opposed to a one time buy out of the practice. Beyond the loss of revenue, failure to seize this opportunity may result in an integral long-standing relationship between LPT and BMGH being lost forever. I hope that you will see the importance of maintaining this level of care for the citizens of this community as well as the continued revenue opportunity for BMGH. Thank you for your consideration in this matter.

Sincerely,

Lyle Lemaire MPT

A handwritten signature in blue ink that reads "Lyle Lemaire MPT". The signature is fluid and cursive, with the first name "Lyle" being more prominent.



LYLE LEMAIRE, MPT

Orthopedic & Neuro Rehabilitation

535 S. Humboldt, Ste. 180

Battle Mountain, NV 89820

Phone: (702) 635-3355

Fax: (702) 635-3245

June 15, 2024

Dear Hospital Board, and Mr. Bleak,

At the request of Mr. Bleak, I have prepared the following statement.

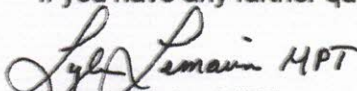
I am offering Battle Mountain General Hospital the first right of refusal to purchase Lander Physical Therapy for \$350,000.

Lander Physical Therapy billed approximately one million dollars for outpatient physical therapy services last fiscal year. If Lander Physical Therapy were to open as a satellite facility, taking conservatively 50% of the patient load, this would result in a loss of \$500,000 of billing for BMGH. At a 70% collection rate this would result in \$350,000 of yearly lost revenue.

BMGH's return on this investment would be less than one year.

Lander Physical Therapy's current physical assets are valued at approximately \$20-\$25,000.

If you have any further questions, I will be more than happy to meet with the finance committee.


Lyle Lemaire, MPT



Battle Mountain General Hospital

FINANCIALS

MAY 2024

BATTLE MOUNTAIN GENERAL HOSPITAL
MAY 2024
FINANCIAL STATEMENT REVIEW
BALANCE SHEET

ASSETS

- Operating Cash at the end of MAY 2024 was \$2,089,829, with an additional \$3,857,920, in money market funds, LGIP Accounts of \$4,948, in the Construction Reserve, \$222,204, in the Capital Expenditures, and \$648,340, in the Operations Reserve, Savings Reserve, \$1,039,416 (Helmsley Grant) with long-term cash investments equal to an additional \$20,505,002. Balance of new investment accounts were, Operations Reserve \$10,565,147, Cap Ex Reserve \$2,969,246, Construction Reserve \$10,070,722. \$1,608,407 was transferred from the construction reserve account to the operating account for construction expenses.
- Gross accounts receivable had a balance of \$5,129,139 (total) and net accounts receivable (what we expect to collect) had a balance of \$1,125,183. The balance of the accounts receivable is made up of Athena A/R, \$4,720,556, Prognosis A/R, -0-, Point Click Care A/R, \$229,594, Sharp Ambulance Billing A/R, 253,028, and (\$74,043) in Athena A/R Clearing accounts.
- Accounts payable balance at MAY month end was \$411,565.
- Total payroll liabilities were \$348,057, and is comprised mostly of accrued payroll and accrued vacation totals.
- Deferred Revenues are sitting at 1,035,000, which is the Helmsley Grant that was received but equipment has not been purchased.

INCOME STATEMENT

REVENUES

- Gross patient revenue for MAY was \$1,408,658 compared to a budget of \$1,722,928 \$314,270 under budget. MAY's gross revenues were \$95,505 less than APRIL.

Month Ending 05/31/2023	Month To Date 05/31/2024	Budget 2024		Prior Year To Date 05/31/2023	Year To Date 05/31/2024	
Actual	Actual			Actual	Actual	Budget 2024
736,766	626,169	694,019	Emergency	7,224,220	6,917,954	7,634,210
6,505	(1,263)	22,874	Inpatient	191,711	34,336	251,608
590,779	418,248	559,129	Outpatient	5,777,099	5,915,536	6,150,426
20,592	2,586	20,936	Observation	213,324	53,869	230,295
174,632	146,582	184,462	Clinic	1,879,857	1,787,814	2,029,081
0	21,687	22,280	Swing bed	158,517	260,091	245,076
			Skilled nursing			
217,062	194,649	219,228	(SNF)	2,328,854	2,309,066	2,411,509
			Total Patient			
1,746,336	1,408,658	1,722,928	Revenue	17,773,582	17,278,666	18,952,205

- In MAY all levels of care fell under budget.
- Gross Clinic revenues were under budget in MAY at \$146,582, compared to a budget of \$184,462. The Clinic had a decrease in revenues of \$10,865, when compared to APRIL's revenue numbers.

DEDUCTIONS

- Contractual Adjustments for MAY were 396,393, with a budgeted amount of \$594,410.
- Bad debt was \$100,027, 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 (\$2,156), EMS(SHARP) B/D write offs were -0-, Prognosis write offs were -0-, Athena write offs were \$104,900. B/D recovery for Prognosis accounts was (\$67), and for Athena accounts (\$2,650)

EXPENSES

- Total Operating Expenses for MAY were \$1,350,464 compared to a budget of \$1,496,785, under budget, or a difference of \$146,321.
-
- Employee Related Expenses were \$802,527 as compared to a budget of \$878,857 which is 9% under budget for the month.
-

OPERATING INCOME AND NET INCOME

- During the month of MAY BMGH overall experienced (Loss)/Gain from operations of (\$411,076) as compared to a budgeted net loss of (\$427,076), YTD as of MAY (\$4,617,688).
- The Overall (Loss)/Gain for the month of MAY was \$269,408 compared to a budget of \$1,252. YTD (Loss)Gain was 1,562,597, compared to the budgeted amount of (\$1,235)

Battle Mountain General Hospital Balance Sheet

As of May 31, 2024

Reporting Book:

As of Date:

ACCRUAL
05/31/2024

	Month Ending 05/31/2024 Actual	Month Ending 06/30/2023 Actual
Assets		
Current Assets		
Cash and Liquid Capital	28,024,629.92	9,386,742.60
Short Term Investments		
TBILL-Operations Reserve	3,500,000.00	7,816,976.35
TBILL-Construction Reserve	0.00	15,083,110.20
TBILL-Capital Expenditures Reserve	0.00	2,248,983.30
Mark to Market - TBILLS	(20,965.00)	593,447.82
Total Short Term Investments	3,479,035.00	25,742,517.67
Accounts Receivable, Net of Allowance		
Accounts Receivable	5,129,139.37	5,556,937.45
Allowances against Receivables	4,003,956.27	4,226,570.28
Total Accounts Receivable, Net of Allowance	1,125,183.10	1,330,367.17
Other Receivables	803,343.25	2,775,630.68
Inventory	554,118.56	487,555.82
Prepaid Expenses	98,118.79	75,709.81
Total Current Assets	34,084,428.62	39,798,523.75
Long Term Assets		
Fixed Assets, Net of Depreciation		
Fixed Assets	40,340,500.83	40,329,875.62
Accumulated Depreciation	24,744,949.01	22,994,178.07
Construction in Progress	13,257,846.18	7,287,550.58
Total Fixed Assets, Net of Depreciation	28,853,398.00	24,623,248.13
Total Long Term Assets	28,853,398.00	24,623,248.13
Long Term Investments		
Wells Fargo - CD - Long Term	20,987,000.00	18,636,813.38
Mark to Market - CDs	(481,998.02)	(1,263,058.33)
Total Long Term Investments	20,505,001.98	17,373,755.05
Deferred Outflow (Pension Liability)		
Deferred Outflow (Pension Liability)	4,781,599.00	4,781,599.00
Total Deferred Outflow (Pension Liability)	4,781,599.00	4,781,599.00
Total Assets	88,224,427.60	86,577,125.93
Liabilities		
Current Liabilities		
Accounts Payable	411,565.29	1,319,477.48
Accrued Taxes	(0.02)	0.00
Accrued Payroll and Related	348,056.53	375,236.66
Deferred Revenue	1,035,000.00	0.42
Total Current Liabilities	1,794,621.80	1,694,714.56
Suspense Liabilities	(200,085.63)	(184,883.38)
Uncategorized Liabilities	10,536,037.00	10,536,037.00
Total Liabilities	12,130,573.17	12,045,868.18
Retained Earnings	75,824,446.53	67,933,588.44
Net Income	269,407.90	6,597,669.31

See Accompanying Notes to the Financial Statements

Battle Mountain General Hospital
Income Statement - Detail against Budget
As of May 31, 2024

Reporting Book:
As of Date:

ACCRUAL
05/31/2024

Month Ending 05/31/2023	Month To Date 05/31/2024		Prior Year To Date 05/31/2023	Year To Date 05/31/2024	
Actual	Actual	Budget 2024	Actual	Actual	Budget 2024
736,766	626,169	694,019	7,224,220	6,917,954	7,634,210
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0	21,687	22,280	158,517	260,091	245,076
217,062	194,649	219,228	2,328,854	2,309,066	2,411,509
1,746,336	1,408,658	1,722,928	17,773,582	17,278,666	18,952,205
255,071	396,393	594,410	5,748,131	5,031,359	6,538,510
7,496	102,744	103,376	950,988	1,362,345	1,137,132
0	(2,717)	0	0	(50,593)	0
7,496	100,027	103,376	950,988	1,311,752	1,137,132
0	0	0	(33,748)	(10,056)	0
262,567	496,420	697,786	6,665,371	6,333,055	7,675,642
220	88	333	1,815	1,745	3,666
0	(15)	0	0	(16)	0
220	73	333	1,815	1,730	3,666
1,483,989	912,311	1,025,475	11,110,026	10,947,341	11,280,229
62,699	27,077	44,234	669,409	559,698	486,567
357,455	373,539	370,610	4,884,088	4,085,695	4,076,715
10,712	307,165	58,334	660,727	2,099,839	641,667
368,167	680,704	428,944	5,544,815	6,185,534	4,718,382
1,914,855	1,620,092	1,498,653	17,324,250	17,692,573	16,485,178
20,578	19,971	21,560	232,702	236,760	237,158
3,811	4,204	2,731	34,097	50,151	30,039
749,673	802,527	878,857	8,937,462	9,242,737	9,667,431
79,887	73,693	83,633	1,230,970	1,062,003	919,961
227,207	225,602	274,790	2,911,496	2,957,332	3,022,693
1,153	1,630	7,478	98,206	98,371	97,255
1,082,309	1,127,627	1,269,049	13,444,933	13,647,354	13,974,537
13,699	20,703	26,992	227,562	247,487	296,908
31,027	24,554	34,333	361,004	383,583	377,666
163,342	152,955	162,500	1,786,348	1,750,771	1,787,500
941	18,792	2,096	12,396	32,012	23,054
669	5,833	1,565	28,031	22,696	17,215
0	0	250	2,000	40,824	2,750
209,678	222,837	227,736	2,417,341	2,477,373	2,505,093
1,291,987	1,350,464	1,496,785	15,862,274	16,124,727	16,479,630
708	220	616	5,203	5,249	6,783
1,292,695	1,350,684	1,497,401	15,867,477	16,129,976	16,486,413
622,160	269,408	1,252	1,456,773	1,562,597	(1,235)

Created on : 07/01/2024 8:13 AM PDT

See Accompanying Notes to the Financial Statements

**Battle Mountain General Hospital
Wells Fargo - Operating Account
MAY 2024**

Beginning Balance:

Cash in Operating Account for Operations	1,511,978.83	
Petty Cash - Hospital	1,700.00	1,513,678.83

Deposits

Ad Valorem	84,007.30	
Net Proceeds of Mines	0.00	
Consolidated Tax	66,145.93	
County JPHSC EMS Rent	4,000.00	
340B	26,362.38	
UPL	376,602.61	
Transfer Construction Reserve	1,608,407.00	
Misc/Rebates/Dietary	1,413.76	
Helmsley Grant dollars	1,035,000.00	
Hospital/Clinic Receipts	828,686.95	
	4,030,625.93	4,030,625.93

Expenditures:

Accounts Payable	530,409.27	
Construction	1,350,261.22	
Athena	15,860.67	
Allied Insurance	63,567.14	
Payroll (Net)	383,000.33	
Payroll Taxes	73,968.57	
Misc Payroll Payments	344.94	
Transfer to Money Market (Net Proceeds)	0.00	
Lease on Credit Card Machines (2 machines total)	124.24	
Merchant Charges	239.26	
Helmsley Grant dollars to LGIP	1,035,000.00	3,452,775.64

Ending Balance:

Cash in Operating Account for Operations	2,089,829.12	
Petty Cash - Hospital	1,700.00	2,091,529.12
	2,091,529.12	

Battle Mountain General Hospital
LGIP - Reserve Accounts
MAY 2024

Beginning Balance:

LGIP - Operations Reserve	645,396.87	
LGIP - Construction Reserve	4,925.06	
LGIP - Capital Expenditures Reserve	221,195.43	
LGIP - SAVINGS (HELMSLEY GRANT)	0.00	871,517.36

Deposits:

Interest Operations Reserve	2,942.96	
Interest Construction Reserve	22.46	
Interest Capital Expenditures Reserve	1,008.63	
Interest Savings (Helmsey Grant)	4,415.50	
Transfer in for Helmsley Grant 5/3/2024	1,035,000.00	8,389.55

Expenditures:

Purchase of Treasury Bills	LGIP - Operations Reserve	0.00	
Purchase of Treasury Bills	LGIP - Construction Reserve	0.00	
Purchase of Treasury Bills	LGIP - Capital Expenditures Reserve	0.00	
	LGIP - Savings (Helmsley Grant)	0.00	0.00

Ending Balance:

LGIP - Operations Reserve	648,339.83	
LGIP - Construction Reserve	4,947.52	
LGIP - Capital Expenditures Reserve	222,204.06	
LGIP - Savings (Helmsley Grant)	1,039,415.50	1,914,906.91
	1,914,906.91	



Wells Fargo Bank, N.A.
45 FREMONT ST
FLOOR 34
SAN FRANCISCO, CA 94105-2204
WILLIAMS/LEWIS
1-415-644-9152

Money Market

Combined Summary

Brokerage Account and Bank Account

Statement Period
05/01/2024 - 05/31/2024

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST
Account Number
[REDACTED]

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	3,763,635.37	3,857,919.70	16%
Bonds	20,407,803.97	20,505,001.98	84%
Stocks	0.00	0.00	0%
Total Account Value	\$ 24,171,439.34	\$ 24,362,921.68	100%
Value Change Since Last Statement Period	\$	\$ 191,482.34	1%
Percent Increase Since Last Statement Period			0%
Value Last Year-End		\$ 24,436,683.58	0%
Percent Decrease Since Last Year-End			0%
***Includes amortized Par value of municipal leases and notes.			

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 78,322.60	\$ 148,250.21
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	15,961.73	83,488.32
Other	0.00	0.00
Income Total	\$ 94,284.33	\$ 231,738.53

Total Interest Charged USD

Description	This Period
Debit Interest For May 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 3,763,635.37
Deposits and Other Additions	78,322.60
Distributions and Other Subtractions	0.00
Dividends Reinvested	15,961.73
Change in Value	0.00
Closing Balance	\$ 3,857,919.70

Wells Fargo Bank, N.A.
45 FREMONT ST
FLOOR 34
SAN FRANCISCO, CA 94105-2204
WILLIAMS/LEWIS
1-415-644-9152

Operations Reserve

Combined Summary

Brokerage Account and Bank Account

Statement Period
05/01/2024 - 05/31/2024BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST
Account Number
~~XXXXXXXXXXXX~~

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	7,056,166.01	7,086,111.67	67%
Bonds	3,463,691.39	3,479,035.00	33%
Stocks	0.00	0.00	0%
Total Account Value	\$ 10,519,857.40	\$ 10,565,146.67	100%
Value Change Since Last Statement Period	\$	\$ 45,289.27	0%
Percent Increase Since Last Statement Period			0%
Value Last Year-End	\$	\$ 10,318,706.43	2%
Percent Increase Since Last Year-End			2%

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

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 75,250.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	29,945.66	97,606.82
Other	0.00	0.00
Income Total	\$ 29,945.66	\$ 172,856.82

Total Interest Charged USD

Description	This Period
Debit Interest For May 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 7,056,166.01
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	29,945.66
Change in Value	0.00
Closing Balance	\$ 7,086,111.67

Wells Fargo Bank, N.A.
45 FREMONT ST
FLOOR 34
SAN FRANCISCO, CA 94105-2204
WILLIAMS/LEWIS
1-415-644-9152

Construction Reserve Combined Summary

Statement Period
05/01/2024 - 05/31/2024

Brokerage Account and Bank Account

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST
Account Number **██████████**

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	11,629,773.39	10,070,721.97		100%
Bonds	0.00	0.00		0%
Stocks	0.00	0.00		0%
Total Account Value	\$ 11,629,773.39	\$ 10,070,721.97		100%
Value Change Since Last Statement Period		\$ (1,559,051.42)		
Percent Decrease Since Last Statement Period		14%		
Value Last Year-End		\$ 12,563,798.83		
Percent Decrease Since Last Year-End		20%		

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

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 112,500.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	49,355.58	188,554.63
Other	0.00	0.00
Income Total	\$ 49,355.58	\$ 301,054.63

Total Interest Charged USD

Description	This Period
Debit Interest For May 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 11,629,773.39
Deposits and Other Additions	0.00
Distributions and Other Subtractions	(1,608,407.00)
Dividends Reinvested	49,355.58
Change in Value	0.00
Closing Balance	\$ 10,070,721.97

Wells Fargo Bank, N.A.
45 FREMONT ST
FLOOR 34
SAN FRANCISCO, CA 94105-2204
WILLIAMS/LEWIS
1-415-644-9152

CAP-EX

Combined Summary
Brokerage Account and Bank Account
Statement Period
05/01/2024 - 05/31/2024

BATTLE MOUNTAIN GENERAL HOSPITAL
535 S HUMBOLDT ST
Account Number **4111111111**

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	2,956,698.38	2,969,246.31	100%
Bonds	0.00	0.00	0%
Stocks	0.00	0.00	0%
Total Account Value	\$ 2,956,698.38	\$ 2,969,246.31	100%
Value Change Since Last Statement Period	\$ 12,547.93	0%	
Percent Increase Since Last Statement Period		0%	
Value Last Year-End	\$ 2,893,644.11		
Percent Increase Since Last Year-End		3%	

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

Total Income Summary USD

	This Period	Year-To-Date
Interest	\$ 0.00	\$ 32,500.00
Dividends/Capital Gains	0.00	0.00
Money Market Mutual Funds Dividends	12,547.93	40,277.48
Other	0.00	0.00
Income Total	\$ 12,547.93	\$ 72,777.48

Total Interest Charged USD

Description	This Period
Debit Interest For May 2024	0.00
Total Interest Charged	\$ 0.00

Total Money Market Mutual Funds Summary USD

Description	Amount
Opening Balance	\$ 2,956,698.38
Deposits and Other Additions	0.00
Distributions and Other Subtractions	0.00
Dividends Reinvested	12,547.93
Change in Value	0.00
Closing Balance	\$ 2,969,246.31

Battle Mountain General Hospital
Schedule of Patient Revenue vs. Patient Payments
Fiscal Years ending June 30, 2023 & 2024

Fiscal Year ended June 30, 2023

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-22	\$1,503,248	\$1,545,099	\$791,867	51.3%
Aug-22	\$1,490,192	\$1,517,552	\$838,582	55.3%
Sep-22	\$1,646,453	\$1,546,631	\$1,395,368	90.2%
Oct-22	\$1,590,320	\$1,575,655	\$731,352	46.4%
Nov-22	\$1,400,759	\$1,545,844	\$1,152,635	74.6%
Dec-22	\$1,979,431	\$1,656,837	\$895,933	54.1%
Jan-23	\$1,632,207	\$1,670,799	\$935,301	56.0%
Feb-23	\$1,413,187	\$1,674,942	\$727,404	43.4%
Mar-23	\$1,669,554	\$1,571,649	\$1,009,548	64.2%
Apr-23	\$1,701,895	\$1,594,879	\$950,889	59.6%
May-23	\$1,746,336	\$1,705,928	\$1,144,713	67.1%
Jun-23	\$1,447,851	\$1,632,027	\$1,014,886	62.2%
YTD 12 mo. AVG	\$1,601,786	\$1,603,154	\$965,707	60.3%

Fiscal Year ending June 30, 2024

Month/Year	Gross Patient Monthly Revenue	Three Month Rolling Average	Patient Payments	Patient Pymts % vs. Rolling Avg.
Jul-23	\$1,744,249	\$1,646,145	\$1,129,987	68.6%
Aug-23	\$1,646,627	\$1,612,909	\$1,185,199	73.5%
Sep-23	\$1,605,096	\$1,665,324	\$939,528	56.4%
Oct-23	\$1,639,373	\$1,630,365	\$1,033,439	63.4%
Nov-23	\$1,518,939	\$1,587,803	\$1,279,843	80.6%
Dec-23	\$1,442,194	\$1,533,502	\$960,516	62.6%
Jan-24	\$1,723,518	\$1,561,550	\$904,238	57.9%
Feb-24	\$1,518,618	\$1,561,443	\$1,047,944	67.1%
Mar-24	\$1,527,231	\$1,589,789	\$945,921	59.5%
Apr-24	\$1,504,163	\$1,516,671	\$730,309	48.2%
May-24	\$1,408,658	\$1,480,017	\$828,687	56.0%
Jun-24				
YTD 11 mo. AVG	\$1,570,788	\$1,580,502	\$998,692	63.2%

MAY

ELEVEN Month Year-to-date
2023

Sum of Charges

Ambulance	792,461.27
Outpatient	792,461.27
CM - Blood Bank	10,640.22
Emergency	9,222.40
Outpatient	1,417.82
Swing bed	0.00
CM - Central Supply	9,401.23
Emergency	9,385.48
Observation	0.00
Outpatient	15.75
CM - CT Scan	2,089,263.11
Emergency	1,619,816.28
Inpatient	1,724.31
Observation	31,008.94
Outpatient	434,318.95
Swing bed	2,394.63
CM - Infusion	630,283.20
Emergency	502,817.87
Inpatient	2,987.81
Observation	36,343.16
Outpatient	87,703.27
Swing bed	431.09
CM - Laboratory	3,288,199.03
Emergency	953,485.95
Inpatient	11,995.15
Observation	18,109.69
Outpatient	2,298,578.32
Swing bed	6,029.92
CM - MRI	378,013.25
Emergency	2,600.80
Inpatient	3,052.82
Outpatient	372,359.63
CM - Observation	69,134.15
Observation	69,134.15
CM - Pharmacy	447,024.42
Emergency	237,808.13
Inpatient	23,216.90
Observation	14,776.90
Outpatient	162,881.49
Swing bed	8,341.00
CM - Physical Therapy	1,091,358.85
Emergency	1,004.43
Inpatient	6,496.98
Observation	705.60
Outpatient	1,063,242.88
Swing bed	19,908.96
CM - Professional Fees	94,800.44
Emergency	93,866.62
Observation	0.00
Outpatient	933.82
CM - Radiology	618,520.99
Emergency	290,594.72
Inpatient	1,368.20
Observation	3,372.52
Outpatient	322,185.58
Swing bed	999.97
CM - Ultrasound	200,979.21
Emergency	41,070.29
Inpatient	0.00
Observation	1,191.80
Outpatient	158,717.12

ELEVEN Month Year-to-date
2024

Sum of Charges

Ambulance	537,790.65
Outpatient	537,790.65
CM - Blood Bank	25,289.26
Emergency	12,494.77
Outpatient	12,794.49
Swing bed	0.00
CM - Central Supply	10,954.49
Emergency	10,905.62
Observation	-34.65
Outpatient	83.52
CM - CT Scan	2,201,797.60
Emergency	1,681,222.45
Inpatient	0.00
Observation	1,693.44
Outpatient	518,881.71
Swing bed	0.00
CM - Infusion	615,330.08
Emergency	509,720.01
Inpatient	2,143.27
Observation	9,336.31
Outpatient	93,454.43
Swing bed	676.06
CM - Laboratory	3,399,230.00
Emergency	863,531.97
Inpatient	765.38
Observation	4,001.73
Outpatient	2,523,665.06
Swing bed	7,265.86
CM - MRI	352,975.07
Emergency	0.00
Inpatient	0.00
Outpatient	352,975.07
CM - Observation	17,486.19
Observation	17,486.19
CM - Pharmacy	588,502.97
Emergency	225,180.00
Inpatient	517.85
Observation	2,664.79
Outpatient	341,834.30
Swing bed	18,306.03
CM - Physical Therapy	979,628.55
Emergency	0.00
Inpatient	147.00
Observation	0.00
Outpatient	944,094.04
Swing bed	35,387.51
CM - Professional Fees	79,599.93
Emergency	79,565.20
Observation	0.00
Outpatient	34.73
CM - Radiology	595,680.91
Emergency	253,153.22
Inpatient	0.00
Observation	0.00
Outpatient	341,328.56
Swing bed	1,199.13
CM - Ultrasound	209,781.21
Emergency	23,670.87
Inpatient	0.00
Observation	0.00
Outpatient	186,110.34

Changes Greater than \$5K

FY 2023 Increase (Decrease)

(254,670.62)	-32%
(254,670.62)	-32%
14,649.04	138%
11,376.67	802%
112,534.49	5%
61,406.17	4%
(29,315.50)	-95%
84,562.76	19%
(14,953.12)	-2%
6,902.14	1%
(27,006.85)	-74%
5,751.16	7%
111,030.97	3%
(89,953.98)	-9%
(11,229.77)	-94%
(14,107.96)	-78%
225,086.74	10%
(25,038.18)	-7%
(19,384.56)	-5%
(51,647.96)	-75%
(51,647.96)	-75%
141,478.55	32%
(12,628.13)	-5%
(22,699.05)	-98%
(12,112.11)	-82%
178,952.81	110%
9,965.03	119%
(111,730.30)	-10%
(6,349.98)	-98%
(119,148.84)	-11%
15,478.55	78%
(15,200.51)	-16%
(14,301.42)	-15%
(22,840.08)	-4%
(37,441.50)	-13%
19,142.98	6%
8,802.00	4%
(17,399.42)	-42%
27,393.22	17%

MAY

ELEVEN Month Year-to-date
2023
Sum of Charges

CM- Swing Bed	102,433.86
Swing bed	102,433.86
Emergency	3,212,491.97
Emergency	3,203,898.98
Inpatient	3,845.52
Observation	1,457.60
Outpatient	3,289.87
Med/Surg	147,469.59
Inpatient	129,494.36
Observation	17,975.23
Respiratory Therapy	294,281.95
Emergency	209,139.27
Inpatient	8,446.30
Observation	19,314.53
Outpatient	56,664.11
Swing bed	717.74
OP Lab/Rad	46.00
Outpatient	46.00
SNF/Respite	-2,850.00
Inpatient	0.00
Swing bed	-2,850.00
Clinic	1,970,775.26
Clinic	1,879,857.55
Emergency	49,408.95
Inpatient	0.00
Observation	33.50
Outpatient	21,521.64
Swing bed	19,953.62
LTC	2,328,854.00
Grand Total	17,773,582.00

ELEVEN Month Year-to-date
2024
Sum of Charges

CM- Swing Bed	7,422.50
Swing bed	7,422.50
Emergency	3,028,053.54
Emergency	3,017,884.55
Inpatient	1,368.20
Observation	3,046.83
Outpatient	5,753.96
Med/Surg	39,153.72
Inpatient	25,815.52
Observation	13,338.20
Respiratory Therapy	250,689.48
Emergency	181,564.58
Inpatient	745.30
Observation	2,336.38
Outpatient	50,008.98
Swing bed	16,034.24
OP Lab/Rad	989.64
Outpatient	989.64
SNF/Respite	166,582.50
Inpatient	0.00
Swing bed	166,582.50
Clinic	1,862,661.89
Clinic	1,787,814.18
Emergency	59,060.87
Inpatient	2,832.90
Observation	0.00
Outpatient	5,736.76
Swing bed	7,217.18
LTC	2,309,066.00
Grand Total	17,278,666.18

Changes Greater than \$5K
FY 2023 Increase (Decrease)

(95,011.36)	-93%
(95,011.36)	-93%
(184,438.43)	-6%
(186,014.43)	-6%
(108,315.87)	-73%
(103,678.84)	-80%
(43,592.47)	-15%
(27,574.69)	-13%
(7,701.00)	-91%
(16,978.15)	-88%
(6,655.13)	-12%
15,316.50	2134%
169,432.50	-5945%
169,432.50	-5945%
(108,113.37)	-5%
(92,043.37)	-5%
9,651.92	20%
(15,784.88)	-73%
(12,736.44)	-64%
(19,788.00)	-1%
(494,915.82)	-3%

Company name: Battle Mountain General Hospital
 Report name: Check register
 Created on: 6/20/2024

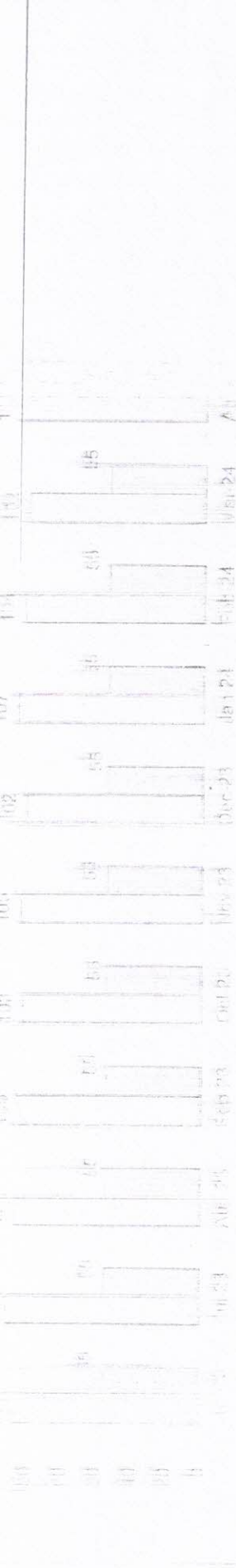
Bank	Date	Vendor	Document no.	Amount
	5/1/2024	85--FARR, LYLE	110438	255.00
	5/1/2024	83--MATHEUS, JAMES	110439	1,185.00
	5/1/2024	80--SAM, MARLA	110440	965.00
	5/1/2024	729--TOMERA, PAULA	110441	320.00
	5/9/2024	785--AGAPE HOSPICE COMPLIANCE GUIDANCE	110442	5,227.16
	5/9/2024	1328--ANTHEM BLUE CROSS AND BLUE SHIELD	110444	3,318.68
	5/9/2024	784--ANTHEM BLUE CROSS BLUE SHIELD	110445	207.94
	5/9/2024	1214--AT&T	110447	1.05
	5/9/2024	9442--AT&T	110446	1,838.52
	5/9/2024	1531--AZALEA HEALTH	ACH	1,500.00
	5/9/2024	900851--BAIR DISTRIBUTING INC	110448	256.58
	5/9/2024	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	110449	550.00
	5/9/2024	92100--BATTLE MTN. WATER & SEWER	110450	443.30
	5/9/2024	98723--BECKMAN COULTER, INC.	ACH	1,616.03
	5/9/2024	303--BLUE CROSS BLUE SHIELD NEVADA	110451	429.47
	5/9/2024	367--CARDINAL HEALTH 110, LLC	110452	5,474.76
	5/9/2024	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	217.45
	5/9/2024	658--CIGNA HEALTHCARE	110453	77.18
	5/9/2024	366--CIRRUS PHARMACY SYSTEMS	110454	1,300.53
	5/9/2024	154--CLIFTON LARSON ALLEN LLP	110455	2,100.00
	5/9/2024	757--CONSENSUS CLOUD SOLUTION, LLC	ACH	826.33
	5/9/2024	11--CORCOM COMMUNICATION	110456	699.00
	5/9/2024	9766--CPSI	110457	18,854.00
	5/9/2024	1441--CTA INC/ CUSHING TERRELL	ACH	10,108.34
	5/9/2024	1114--DEPT. OF EMPLOYMENT, TRAINING & REHABILITATION	110458	2,187.74
	5/9/2024	3039--DESERT DISPOSAL	110459	316.00
	5/9/2024	9716--DONALD CARTER HANSEN MD PC	ACH	7,632.00
	5/9/2024	791--DOUGLAS, JENNIFER	ACH	280.00
	5/9/2024	435--DR. AJETT MAHENDERNATH	ACH	11,448.00
	5/9/2024	708--DR. PELLEGRINI	ACH	15,264.00
	5/9/2024	678--EMCOR SERVICES	110460	710.00
	5/9/2024	500433--EMPLOYEE FUND BMGH	ACH	162.00
	5/9/2024	240000--ETCHEVERRYS FOODTOWN	110461	519.40
	5/9/2024	100100--FARMER BROS. CO.	ACH	225.17
	5/9/2024	655--FIDELITY INVESTMENTS	ACH	45.00
	5/9/2024	94300--FISHER HEALTHCARE	ACH	2,421.45
	5/9/2024	35--GALLAGHER BENEFIT SERVICES	110462	518.40
	5/9/2024	625--GERBER LAW OFFICES, LLP	110463	270.00
	5/9/2024	278--HEALTH ASSURE BY ALSCO	110464	5,521.00
	5/9/2024	569--HEALTHSURE INS SERVICES, INC	110465	3,950.00
	5/9/2024	9706--HERMAN, PAUL	ACH	30,638.40
	5/9/2024	646--JACKSON, MARY JO	ACH	19.63
	5/9/2024	9271--KINGSTON WATER UTILITY	110466	50.10
	5/9/2024	100226--LABCARE	110467	865.03
	5/9/2024	3015--LANDER COUNTY GATEFEES	110468	146.00
	5/9/2024	180008--LANDER HARDWARE	110469	360.93
	5/9/2024	120014--LANDER PHYSICAL THERAPY	ACH	49,309.88
	5/9/2024	120015--LICON	110470	10,007.13
	5/9/2024	564--LINDE GAS & EQUIPMENT INC	110471	977.30
	5/9/2024	712--MCCLANAHAN, SHAWNEE	ACH	192.50
	5/9/2024	130031--MCKESSON DRUG COMPANY	ACH	5,585.69
	5/9/2024	349--MCKESSON MEDICAL SURGICAL	ACH	96.52
	5/9/2024	130044--MEDLINE INDUSTRIES, INC.	110472	7,034.93
	5/9/2024	9433--MEDTOX DIAGNOSTICS, INC	110473	93.00
	5/9/2024	3--MICHAEL CLAY CORPORATION	110474	788,867.95
	5/9/2024	130049--MIDWAY MARKET	110475	19.00
	5/9/2024	1412--NBF GROUP INC.	110476	60.00
	5/9/2024	9630--NETWORK SERVICES CO	ACH	223.79

Company name: Battle Mountain General Hospital
 Report name: Check register
 Created on: 6/20/2024

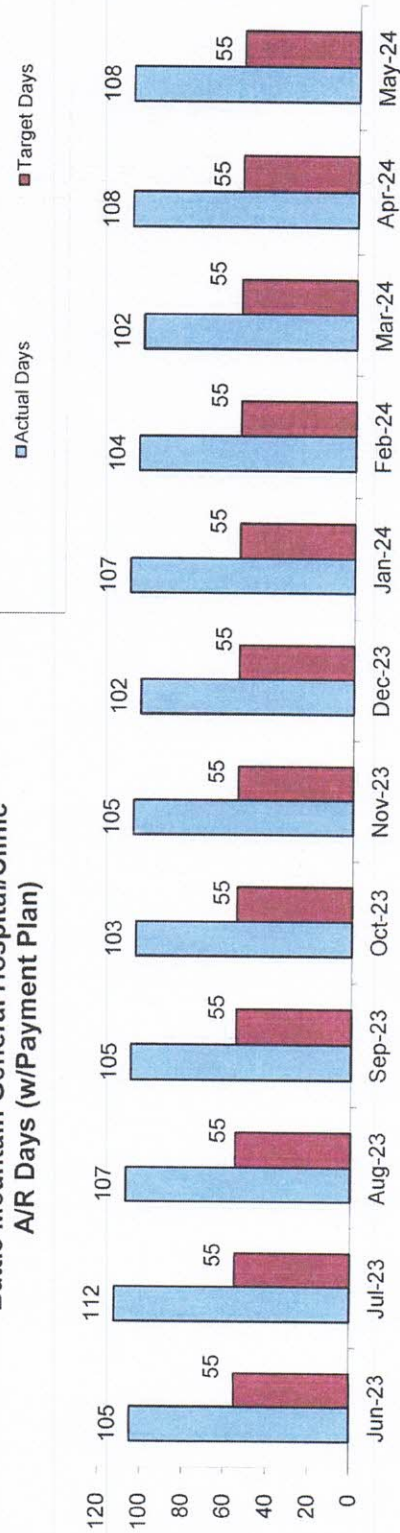
Bank	Date	Vendor	Document no.	Amount
	5/9/2024	804--NEVADA ADVERTISING & PRINTING	110477	75,456.00
	5/9/2024	9776--NEVADA RURAL HOSPITAL PARTNER	110478	4,616.26
	5/9/2024	10--NOVARAD CORPORATION	110479	1,108.49
	5/9/2024	190008--NV ENERGY	110480	1,071.96
	5/9/2024	1129--OCG CREATIVE, LLC	110481	905.00
	5/9/2024	652--ODP BUSINESS SOLUTIONS LLC	110482	2,078.51
	5/9/2024	767--OPTUM BANK	ACH	70.00
	5/9/2024	27--ORCHARD SOFTWARE CORPORATION	ACH	14,072.83
	5/9/2024	1434--OSSUR AMERICAS INC	110483	2,095.60
	5/9/2024	648--OVERHEAD DOOR CO. OF SIERRA NEVADA	110484	3,400.00
	5/9/2024	9615--PACIFIC STATES COMMUNICATIONS	110485	1,205.20
	5/9/2024	514--PERFORMANCE HEALTH SUPPLY, INC	ACH	420.32
	5/9/2024	9539--PHARMERICA	ACH	1,766.33
	5/9/2024	100141--PUBLIC EMPLOYEES BENEFIT PROGRAM	110486	2,571.92
	5/9/2024	2963--QUEST DIAGNOSTICS	110488	13,068.19
	5/9/2024	12--QUEST DIAGNOSTICS	110487	15.60
	5/9/2024	140027--RELIASTAR LIFE INSURANCE COMPANY	110489	550.00
	5/9/2024	199--ROBERTSON, DEBRA	ACH	128.00
	5/9/2024	657--SHARP AMBULANCE BILLING	110490	225.93
	5/9/2024	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	3,549.16
	5/9/2024	550--SILVERTON MANAGEMENT COMPANY, LLC	ACH	3,546.13
	5/9/2024	190016--SOUTHWEST GAS	110491	12,776.61
	5/9/2024	314--STOTZ EQUIPMENT	110492	129.41
	5/9/2024	499--UpToDate, Inc	ACH	3,113.00
	5/9/2024	190033--US FOODSERVICE, INC.	ACH	5,398.58
	5/9/2024	220008--VITALANT	110493	1,761.00
	5/9/2024	100801--WELLS FARGO	110494	16,822.20
	5/9/2024	9656--XCAST LABS, INC.	ACH	835.55
	5/23/2024	903867--AFLAC	110495	1,373.44
	5/23/2024	201--ALLEN, JODY	ACH	1,815.00
	5/23/2024	1328--ANTHEM BLUE CROSS AND BLUE SHIELD	110496	3,841.51
	5/23/2024	147--ASSOCIATED PATHOLOGISTS CHARTERED	110497	15.30
	5/23/2024	765--AT&T	110498	31.07
	5/23/2024	9383--AT&T U VERSE	110499	95.69
	5/23/2024	1531--AZALEA HEALTH	ACH	1,500.00
	5/23/2024	900851--BAIR DISTRIBUTING INC	110500	252.85
	5/23/2024	318--BATTLE MOUNTAIN GENERAL HOSPITAL ATHENA	110501	550.00
	5/23/2024	92100--BATTLE MTN. WATER & SEWER	110502	90.60
	5/23/2024	195--BAUER, HOPE	ACH	1,072.34
	5/23/2024	191--BENSO, EMILY	ACH	314.00
	5/23/2024	1464--BMI	ACH	5,500.00
	5/23/2024	1323--BOUND TREE MEDICAL, LLC	110503	207.90
	5/23/2024	367--CARDINAL HEALTH 110, LLC	110504	4,815.30
	5/23/2024	732--CARDINAL HEALTH MEDICAL PRODUCTS & SERVICE	ACH	752.31
	5/23/2024	77--CAREFUSION SOLUTIONS, LLC	ACH	1,062.00
	5/23/2024	679--CHEMAQUA	ACH	500.00
	5/23/2024	562--DISH NETWORK LLC	110505	741.92
	5/23/2024	9716--DONALD CARTER HANSEN MD PC	ACH	11,448.00
	5/23/2024	435--DR. AJETT MAHENDERNATH	ACH	11,448.00
	5/23/2024	754--DR. JONES, DANIEL C	ACH	7,632.00
	5/23/2024	500433--EMPLOYEE FUND BMGH	ACH	162.00
	5/23/2024	240000--ETCHEVERRYS FOODTOWN	110506	422.75
	5/23/2024	100103--FALLS BRAND INDEPENDENT MEAT	110507	155.48
	5/23/2024	100100--FARMER BROS. CO.	ACH	130.15
	5/23/2024	94300--FISHER HEALTHCARE	ACH	2,582.91
	5/23/2024	625--GERBER LAW OFFICES, LLP	110508	510.00
	5/23/2024	902502--GRAINGER	110509	83.35
	5/23/2024	9337--GREAT BASIN SUN	110510	388.13
	5/23/2024	278--HEALTH ASSURE BY ALSCO	110511	5,434.08

Company name: Battle Mountain General Hospital
 Report name: Check register
 Created on: 6/20/2024

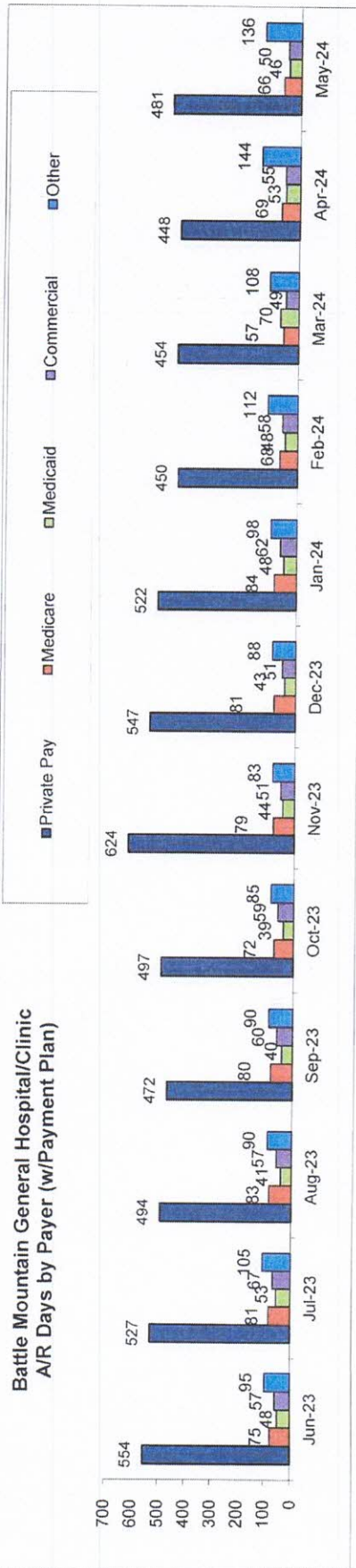
Bank	Date	Vendor	Document no.	Amount
	5/23/2024	650--HEALTHSTREAM, INC	110512	368.10
	5/23/2024	324--HENRY SCHEIN	110513	852.24
	5/23/2024	357--HYMAS, KATYLYNN	ACH	4,000.00
	5/23/2024	9762--ICU MEDICAL	ACH	1,252.32
	5/23/2024	764--INOVALON PROVIDER, INC	ACH	2,645.88
	5/23/2024	368--JONES, McKENNA	ACH	275.00
	5/23/2024	180008--LANDER HARDWARE	110514	145.05
	5/23/2024	120014--LANDER PHYSICAL THERAPY	ACH	49,343.04
	5/23/2024	564--LINDE GAS & EQUIPMENT INC	110515	3,117.40
	5/23/2024	712--McCLANAHAN, SHAWNEE	ACH	175.00
	5/23/2024	130031--MCKESSON DRUG COMPANY	ACH	641.64
	5/23/2024	130044--MEDLINE INDUSTRIES, INC.	110516	3,459.68
	5/23/2024	3--MICHAEL CLAY CORPORATION	110517	551,284.93
	5/23/2024	130049--MIDWAY MARKET	110518	114.85
	5/23/2024	34--MINDRAY DS USA	ACH	46.50
	5/23/2024	92050--NAPA AUTO PARTS	110519	4.69
	5/23/2024	1412--NBF GROUP INC.	110520	60.00
	5/23/2024	9630--NETWORK SERVICES CO	ACH	1,438.78
	5/23/2024	140025--NEW YORK LIFE INS CO	110521	1,286.08
	5/23/2024	140046--NORCO, INC	110522	45.00
	5/23/2024	190008--NV ENERGY	110523	32.30
	5/23/2024	652--ODP BUSINESS SOLUTIONS LLC	110524	1,038.06
	5/23/2024	767--OPTUM BANK	ACH	25.00
	5/23/2024	16--PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	ACH	431.61
	5/23/2024	9304--POINTCLICKCARE TECHNOLOGIES	ACH	1,189.14
	5/23/2024	747--PPLSI	110525	104.75
	5/23/2024	140027--RELIASTAR LIFE INSURANCE COMPANY	110526	550.00
	5/23/2024	745--RENOWN MEDICAL SCHOOL ASSOCIATES NORTH, INC	110527	1,550.00
	5/23/2024	711--SECURITAS TECHNOLOGY CORPORATION	110528	410.00
	5/23/2024	1078--SIEMENS HEALTHCARE DIAGNOSTICS	ACH	4,857.43
	5/23/2024	749--SOFTLINX, INC	110529	923.00
	5/23/2024	437--TROPHY PEAK FIRE PROTECTION	110530	400.00
	5/23/2024	190033--US FOODSERVICE, INC.	ACH	3,060.36
	5/23/2024	1598--VERIZON WIRELESS	110531	251.79
	5/23/2024	220008--VITALANT	110532	1,761.00
Operating Account - Wells Fargo				
Total for Operating Account				1,878,675.49



**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

PHYSICIAN	DAYS WORKED May-24	PATIENTS SEEN May-24	PATIENTS SEEN PER DAY (AVERAGE)	PATIENTS SEEN		YTD	YTD			
							Face to Face			
Dr Malinski Telehealth	12	249	21	2,728	4	2,728	Telehealth	398	10,668	
Dr Potterjones(Includes LTC) Telehealth	14	218	16	2,874	27	2,874	Injections	316		
Abby Burkhardt(Includes LTC) Telehealth	18	427	24	3,501	44	3,501	Dietician	3	11,385	
Vickrey Kinkade, APRN Telehealth	0	0	#DIV/0!	754	114	754				
Katylynn Hymas, MHNP Telehealth	4	21	7	476	203	476				
Jennifer Douglas, LCSW-I Telehealth	18	36	0	208	5	208				
Grace Samson, PMHNP Telehealth	16	64		127	1	127				
Jodi Allen, RD Injections	1	2	0	3	0	3				
Total	0	22	0	316	1057	316				
						11,385				

PATIENTS SEEN MAY 2023 1021

PATIENTS SEEN YTD 5/31/2023 11475

Battle Mountain General Hospital
Departmental Income Statement against Budget
As of May 31, 2024

Reporting Book:

As of Date:

Department:

ACCRUAL

05/31/2024

RURAL HEALTH CLINIC

	Month To Date 05/31/2024			Year To Date 05/31/2024		
	Actual	Budget 2024	Budget Variance	Actual	Budget 2024	Budget Variance
Net Income						
Income before Expenses						
Net Patient Revenue						
Patient Revenue						
Patient Revenue	147,235.36	184,461.91	(20.18) %	1,789,410.94	2,029,081.01	(11.81) %
Total Patient Revenue	147,235.36	184,461.91	(20.18) %	1,789,410.94	2,029,081.01	(11.81) %
Revenue Deductions						
Contractual Adjustments						
Contractual Adjustment	16,918.48	63,639.33	(73.41) %	125,599.50	700,032.63	(82.05) %
Total Contractual Adjustments	16,918.48	63,639.33	(73.41) %	125,599.50	700,032.63	(82.05) %
Bad Debt						
Bad Debt Write Off Hospital/Clinic	4,969.60	0.00	100.00 %	143,596.41	0.00	100.00 %
Total Bad Debt	4,969.60	0.00	100.00 %	143,596.41	0.00	100.00 %
Revenue Deductions						
Charity Write Off - Clinic	0.00	0.00	0.00 %	(1,910.80)	0.00	100.00 %
Total Revenue Deductions	0.00	0.00	0.00 %	(1,910.80)	0.00	100.00 %
Total Revenue Deductions	21,888.08	63,639.33	(65.60) %	267,285.11	700,032.63	(61.81) %
Total Net Patient Revenue	125,347.28	120,822.58	3.74 %	1,522,125.83	1,329,048.38	14.52 %
Other Operating Revenue						
Interest on Patient Account	1.78	0.00	100.00 %	(2.25)	0.00	100.00 %
Total Other Operating Revenue	1.78	0.00	100.00 %	(2.25)	0.00	100.00 %
Total Income before Expenses	125,349.06	120,822.58	3.74 %	1,522,123.58	1,329,048.38	14.52 %
Expenses						
Operating Expenses						
Departmental Expenses						
Repairs and Maintenance						
Purchased Maintenance	280.37	583.33	(51.93) %	7,353.57	6,416.63	14.60 %
Total Repairs and Maintenance	280.37	583.33	(51.93) %	7,353.57	6,416.63	14.60 %
Leases and Rental Expenses						
Rental Expense	260.80	258.33	0.95 %	1,810.57	2,841.63	(36.28) %
Total Leases and Rental Expenses	260.80	258.33	0.95 %	1,810.57	2,841.63	(36.28) %
Employee Related Expenses						
Salary						
Salary - General	44,643.31	39,090.81	14.20 %	401,910.79	429,998.91	(6.53) %
Salary - MD/PA/NP	74,295.62	85,892.30	(13.50) %	872,078.43	944,815.30	(7.69) %
Salary - RN	0.00	0.00	0.00 %	3,125.00	0.00	100.00 %
Salary - Clerk	292.88	0.00	100.00 %	292.88	0.00	100.00 %
Total Salary	119,231.81	124,983.11	(4.60) %	1,277,407.10	1,374,814.21	(7.08) %
Benefits						
Self Insured - Insurance Funding	484.61	0.00	100.00 %	20,452.71	0.00	100.00 %
Health Insurance Expense	5,340.10	8,195.92	(34.84) %	68,723.69	90,155.12	(23.77) %
Retirement Expense	23,179.79	12,995.23	78.37 %	251,642.93	142,947.53	76.03 %
Vacation/Holiday/Sick Expense	1,786.14	756.08	136.23 %	68,939.14	8,316.88	728.90 %
FICA Expense	1,501.26	1,823.21	(17.65) %	23,259.64	20,055.31	15.97 %
Work Comp Benefit	3,563.22	2,854.28	24.83 %	32,898.72	31,397.08	4.78 %
Total Benefits	35,855.12	26,624.72	34.66 %	465,916.83	292,871.92	59.08 %
Non-Benefit Expenses						
Dues and Subscriptions	866.12	800.00	8.26 %	11,980.83	8,800.00	36.14 %
Travel Expense	314.00	500.00	(37.20) %	314.00	5,500.00	(94.29) %
Training Expense	670.00	1,541.66	(56.54) %	4,613.39	16,958.26	(72.79) %
Total Non-Benefit Expenses	1,850.12	2,841.66	(34.89) %	16,908.22	31,258.26	(45.90) %
Total Employee Related Expenses	156,937.05	154,449.49	1.61 %	1,760,232.15	1,698,944.39	3.60 %

Battle Mountain General Hospital
Departmental Income Statement against Budget
As of May 31, 2024

Reporting Book:

As of Date:

Department:

ACCRUAL

05/31/2024

RURAL HEALTH CLINIC

	Month To Date 05/31/2024			Year To Date 05/31/2024		
	Actual	Budget 2024	Budget Variance	Actual	Budget 2024	Budget Variance
Supplies						
Non-Chargeable Supplies						
Office Supplies	288.13	500.00	(42.37) %	4,301.44	5,500.00	(21.79) %
Medical Supplies	1,291.49	708.33	82.32 %	10,164.06	7,791.63	30.44 %
Non-Medical Supplies	157.71	166.66	(5.37) %	2,027.55	1,833.26	10.59 %
Sutures and Needles	0.00	50.00	(100.00) %	832.40	550.00	51.34 %
Pharmaceuticals	6,102.72	12,500.00	(51.17) %	103,489.00	137,500.00	(24.73) %
Ortho Supplies	36.10	208.33	(82.67) %	2,394.66	2,291.63	4.49 %
Food	0.00	0.00	0.00 %	97.41	0.00	100.00 %
Minor Equipment Expense	0.00	125.00	(100.00) %	717.05	1,375.00	(47.85) %
Oxygen and Other Gases	0.00	125.00	(100.00) %	90.30	1,375.00	(93.43) %
Total Non-Chargeable Supplies	7,876.15	14,383.32	(45.24) %	124,113.87	158,216.52	(21.55) %
Other Supply Expenses						
Postage/Freight	0.00	41.66	(100.00) %	350.95	458.26	(23.41) %
Total Other Supply Expenses	0.00	41.66	(100.00) %	350.95	458.26	(23.41) %
Total Supplies	7,876.15	14,424.98	(45.39) %	124,464.82	158,674.78	(21.55) %
Contract Services						
Purchased Services	1,649.00	3,333.33	(50.52) %	25,775.50	36,666.63	(29.70) %
Collection Fee	0.00	125.00	(100.00) %	78.11	1,375.00	(94.31) %
Professional Fee	4,000.00	0.00	100.00 %	12,900.00	0.00	100.00 %
Total Contract Services	5,649.00	3,458.33	63.34 %	38,753.61	38,041.63	1.87 %
Other Department Expenses						
Advertising/Marketing	0.00	83.33	(100.00) %	0.00	916.63	(100.00) %
Total Other Department Expenses	0.00	83.33	(100.00) %	0.00	916.63	(100.00) %
Total Departmental Expenses	171,003.37	173,257.79	(1.30) %	1,932,614.72	1,905,835.69	1.40 %
General and Administrative Expenses						
Utilities						
Utilities Fuel	0.00	25.00	(100.00) %	0.00	275.00	(100.00) %
Total Utilities	0.00	25.00	(100.00) %	0.00	275.00	(100.00) %
Total General and Administrative Expenses	0.00	25.00	(100.00) %	0.00	275.00	(100.00) %
Total Operating Expenses	171,003.37	173,282.79	(1.31) %	1,932,614.72	1,906,110.69	1.39 %
Total Expenses	171,003.37	173,282.79	(1.31) %	1,932,614.72	1,906,110.69	1.39 %
Total Net Income	(45,654.31)	(52,460.21)	(12.97) %	(410,491.14)	(577,062.31)	(28.86) %

**LANDER COUNTY HOSPITAL DISTRICT
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL
NOTES TO MAY 31, 2024
FINANCIAL STATEMENTS**

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 or District) 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, 2022 and 2021, cash equivalents consisted primarily of money market accounts with brokers and certificates of deposit.

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
DBA: BATTLE MOUNTAIN GENERAL HOSPITAL
NOTES TO MAY 31, 2024
FINANCIAL STATEMENTS**

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

Fair Value Measurements

To the extent available, the District's investments are recorded at fair value. GASS 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 district 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.

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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.

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(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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(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.

Net Patient Service Revenue (Continued)

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.

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.

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(CONTINUED)**

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, 2021.

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, 2021.

Approximately 44% and 42% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ended June 30, 2023 and 2022, 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.



535 South Humboldt Street Battle Mountain, Nevada 89820
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Executive Summary

7/10/2024

- **Provider Search:** Last month, we brought a nurse practitioner to Battle Mountain for a site visit and interviews. An offer was extended but specifics are still under discussion. We have another nurse practitioner that we are considering. No physician applications have been brought forward yet.
- **Katy Hymas:** I am working with Katy to re-establish a new employment agreement with her to provide behavioral health treatment for 2-days per week in person and 1-day every other week on telehealth.
- **Fiscal Year 24/25 Begins:** July 1st marked the first day of our new fiscal year. The Department Managers have gone through the annual process of submitting their inventories in preparation for another year. We are ready to work toward another great year.
- **BMGH House:** With our summer help, we have begun a little landscaping project at the house across from the hospital. The 6-foot fence will be reduced to a 4-foot fence and we are preparing to put grass in the front yard. A plan is being established to maintain the property behind the house.
- **2016 Stark Violation:** In June, CMS notified Administration that they are prepared to move forward to conclude the voluntary disclosure of a Stark Violation from 2016. I participated in a phone conversation with a CMS representative but she did not indicate any specific of the consequences. We were told that the settlement was non-negotiable and would only be pennies on the dollar. More information will be brought forward as it is received.
- **Katheren L. Ancho Memorial Rose Garden:** In 1999, the Katheren L. Ancho Memorial Rose Garden was established by the clinic entrance. Steps have begun to improve and maintain the rose garden. Fresh bouquets of flowers will be placed in the hospital and clinic in memory and recognition of the many years of love and effort that Kathy contributed toward the successes of BMGH.
- **Skip-Level and Leadership Growth Meetings:** Administration is planning three days of training and leadership activities for the managers and some selected staff members. These meetings are intended to strengthen and build leadership as well as give Administration another opportunity to hear directly from staff about their work environment. The meetings are being planned and scheduled for August 27-29 in Reno.