
AGENDA – BOARD OF DIRECTORS MEETING

DATE Tuesday, April 22, 2025, at 5:30 p.m.
LOCATION BRH Boardroom and TEAMS Videoconference
This hybrid meeting may be accessed by the public via the following link:
<https://bit.ly/BRHBoardofDirectorsMeetings2025>

Meeting ID: 295 750 175 155

Meeting Passcode: K4ka96dC

Join by Phone: 1 469 998 7360

Phone Conference ID: 465 244 905#

I. CALL TO ORDER

II. LAND ACKNOWLEDGEMENT – Chris Letterman

Gunalchéesh to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the Áak'w Kwáan. We are grateful to provide services in your ancestral homeland and to be a part of this community.

III. ROLL CALL

IV. APPROVAL OF AGENDA

V. PUBLIC PARTICIPATION

VI. CONSENT AGENDA (p.3)

- A. March 25, 2025, Draft Board of Directors Meeting Minutes (p.4)
- B. February 2025 Financials (p.9)

VII. OLD BUSINESS (p.26)

- A. Hospital Capacity Update – Kim McDowell, CNO/COO
- B. Home Health and Hospice Services Update – Heather Paige, Director (p.27)
- C. Wildflower Court Update – Deb Koelsch, WFC Administrator (p.29)
- D. Foundation Update – Melissa McCormick, Executive Director (p.30)

VIII. NEW BUSINESS

- A. Expansion of Services A3 Presentation – John Fortin, Lab Director (p.31)

IX. MEDICAL STAFF REPORT – Luke Mather, MD, COS

X. COMMITTEE MEETING UPDATES (p.35)

- A. April 1, 2025, Draft Joint Conference Committee Meeting Minutes (p.36)
- B. April 16, 2025, Draft Joint Planning and Finance & Audit Meeting Minutes (p.38)
 - Asset Purchase – **ACTION ITEM** (p.41)

- XI. ADMINISTRATION REPORTS** (p.42)
 - A. CEO and Administration Report – Joe Wanner, CEO (p.43)
 - B. Home Health and Hospice 4-year projection (p.45)
 - XII. CBJ LIAISON REPORT** – Neil Steininger
 - XIII. PRESIDENT REPORT** – Deb Johnston
 - XIV. BOARD CALENDAR** – May 2025 (p.46)
 - XV. BOARD COMMENTS AND QUESTIONS**
 - XVI. EXECUTIVE SESSION** (p.49)
 - A. Patient Safety Dashboards – Gail Moorehead, CQCO
 - B. Credentialing Report – Luke Mather, MD
 - C. April 8, 2025, Medical Staff Meeting Minutes – Luke Mather, MD
 - D. Legal Update – Gail Moorehead, CQCO
 - XVII. ADJOURNMENT**
- NEXT MEETING** – Tuesday, May 27, 2025, 5:30 p.m.

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- The Board of Directors is being asked to approve the consent agenda.

BACKGROUND

- There are two items on the consent agenda.
- Behind this cover memo are:
 - a. Draft minutes of March 25, 2025, Board of Directors Meeting
 - b. February 2025 Financials

OPTIONS

- Approve the consent agenda as presented to the board.
- Amend the consent agenda and approve the amended consent agenda.

ADMINISTRATION'S RECOMMENDATION

- Approve the consent agenda as presented to the board.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the consent agenda as presented.

DRAFT MINUTES – BOARD OF DIRECTORS MEETING

DATE: March 25, 2025
LOCATION: BRH Boardroom and TEAMS Videoconference

- I. **CALL TO ORDER** – 5:29 p.m. by Deborah (Deb) Johnston, Board President
- II. **LAND ACKNOWLEDGEMENT** – Mr. Wanner provided the land acknowledgement: *Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak’w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.
- III. **ROLL CALL**
Board Members Present: *(Virtual attendees italicized)*
President: Deb Johnston, **Vice-President:** John Raster, MD, **Secretary:** Hal Geiger, Shelly Deering, , *Max Mertz*, Lisa Petersen, and Brent Tingey, DMD.

Absent: Kenny Solomon-Gross and Chris Letterman

Also Present: *(Virtual attendees italicized)* Joe Wanner, Kim McDowell, Gail Moorehead, Charles Cave, Chad Brown, Deb Koelsch, Heather Richter, Luke Mather, MD, *Melissa McCormick*, *Neil Steininger*, *Erin Hardin*, Paul Hawkins, and Anita Moffitt.
- IV. **APPROVAL OF AGENDA** – MOTION by Dr. Raster to approve the agenda as presented. Ms. Petersen seconded. There being no objection, MOTION approved.
- V. **PUBLIC PARTICIPATION** – None
- VI. **CONSENT AGENDA** – MOTION by Ms. Deering to approve the consent agenda. Mr. Geiger seconded. There being no objection, MOTION to approve consent agenda consisting of February 19 and March 13, 2025, Board of Directors (BOD) meeting minutes, March 14, 2025, BOD Retreat minutes, and January 2025 financials approved.
- VII. **OLD BUSINESS**
Hospital Capacity Update - Kim McDowell, CNO/COO reported we have remained pretty full and have not seen a dip in census like we usually have before cruise season. Patient days in January: CCU – 58, Med Surg – 305, MHU – 256, OB – 63, and Newborn Nursery 46. The ED saw 853 patients in February. There are 9 patients waiting for placement elsewhere. She also reported that Mt. Spurr, located 78 miles northwest of Anchorage, is expected to erupt within the next couple of weeks and air travel could be interrupted. We are trying to prepare for the

impact that it would have if we are unable to get patients out and if staff and physicians are unable to return to Juneau to work. She also reported that Governor Dunleavy introduced legislation to enact the multi state Nursing Licensure Compact here in Alaska (House Bill 131 and Senate Bill 124) and encourages attendees to write letters of support for these bills. A discussion was held about who supports and opposes this compact. The Alaska Hospital and Healthcare Association (AHHA) and all Alaska hospitals support it, the unions do not.

Home Health and Hospice Services Update – Heather Richter reported Home Health has 21 patients currently receiving services with 4 or more admissions expected this week. Hospice has 5 patients currently receiving services and 3 patients pending. The average length of stay for hospice patients is 16 days. She noted that she will be leaving the state in late May or early June but will continue to work remotely to support her replacement, Heather Paige.

Foundation Report – Ms. McCormick reported she is working remotely so she can enjoy time with her new granddaughter. (Congratulations!) She reported the application period for the Grace and Phil Edelman Health Science Scholarship is open until May 23rd. The enrollment drive for the Give From the Heart payroll contribution campaign has resulted in a slight increase in employee contributions. Hot Shot Coffee will now be open Monday – Friday from 7:30 to 11:30am and are now able to receive orders via text message. The Love Your Neighbor campaign resulted in the Mobile Integrated Health (MIH) team receiving approximately \$2,300 in assistance for families, the BRH Foundation donated \$1,000 to the campaign. The BRH Foundation is working with Home Health and Hospice to promote some upcoming events in the Fall and are also coordinating with a Navy band for a performance at WFC on May 4th.

VIII. NEW BUSINESS

MRI / CT Scanner A3 Presentation – Mr. Hawkins introduced himself as the Director of Diagnostic Imaging. He then provided an overview of an A3 outlining services BRH is now able to offer patients with its new MRI and CT Scanners. With the latest technology and advanced imaging, quality of exams has improved, scan times are reduced, workflows have improved, and the types of services BRH can now provide allow a higher level of care to patients which allows them to stay in Juneau to receive the care they need. BRH is a designated lung cancer screening center by the American College of Radiology. Dr. Raster initiated a discussion about the difference between calcium scoring and a CT coronary angiogram. One of the CT scanners has already paid for itself due to the increased revenue. Mr. Hawkins provided an overview of how Rapid AI (Artificial Intelligence) is revolutionizing radiology by enhancing image analysis and interpretation, aiding in early disease detection, and improving diagnostic accuracy and efficiency. Paramedics will eventually be able to put in orders for Rapid AIs while in the field so patients can go directly from the ambulance to the CT suite and then to the Emergency Department (ED). Mr. Hawkins and Ms. Harding are working together to make the public aware of these new services via House Calls, Face Book, Instagram, radio, etc. Ms. Johnston initiated discussion about staffing levels and how these new services affect workflow. The Ultrasound department is mostly staffed by travelers due to recruitment challenges. Diagnostic imaging staff are cross trained to perform different services within the department.

IX. MEDICAL STAFF REPORT

Chief of Staff, Luke Mather, MD., reported the following from the March 11, 2025, Medical Staff meeting: Governance documents, consisting of the Medical Staff Bylaws, Rules and Regulations, Credentialing Policy and Organizational Manual were ratified. Ms. Johnston

recommends a periodic cycle review of the bylaws, so the next one is not as challenging as this one has been.

MOTION by Mr. Geiger that the Board of Directors of Bartlett Regional Hospital to approve the Medical Staff Governance documents consisting of the Medical Staff Bylaws, Medical Staff Rules and Regulations, Medical Staff Credentialing Policy, and the Medical Staff Organizational Manual as presented subject to minor editorial adjustments. Dr. Raster seconded. It was noted that the bylaws may be revised again after discussions are concluded about the provider categories to be considered active medical staff. Ms. Johnston stated only substantive changes to the bylaws need to be brought to the board for approval, not minor editorial changes. There being no objection or further discussion, MOTION approved.

X. COMMITTEE MEETING UPDATES

Joint Planning and Finance & Audit Committee Meeting – Mr. Mertz noted on page 255 of the packet are the minutes related to the action item for the board to approve the Facility Master Plan proposal. This proposal has been presented to multiple committees.

MOTION from the Planning and Finance & Audit committees that the Board of Directors of Bartlett Regional Hospital to approve the Facility Master Plan. There being no discussion or objection, MOTION approved.

Mr. Mertz noted the other big item discussed at the joint meeting was the budget which was reviewed and approved by the board at a special meeting held on March 13th.

Governance Committee – Mr. Geiger reported minutes from the February 6th meeting accurately reflect what was discussed at the meeting. The revised bylaws were reviewed, and approved subject to minor editorial changes. The changes have been made, and the bylaws are now before the board for approval. Mr. Geiger obtained confirmation from Mr. Mertz that his concerns related to Executive Sessions as they pertain to who may request public discussion were addressed.

MOTION from that Governance Committee that the Board of Directors of Bartlett Regional Hospital approve the Board Bylaws as presented. There being no further discussion or objection, MOTION approved. Bylaws will be forwarded to the Assembly for approval.

Quality and Compliance Committee – Ms. Deering reported minutes from the March 13, 2025, meeting accurately reflect what was discussed at the meeting. A motion was approved to advance the compliance plan to the board for approval.

MOTION from the Quality and Compliance Committee that the Board of Directors of Bartlett Regional Hospital approve the Annual Compliance Plan for 2025 as presented. There being no discussion or objection, MOTION approved. Ms. Johnston thanked the staff and committee for the work done to put this plan forward.

XI. ADMINISTRATION REPORTS

CEO and Administration report – Mr. Wanner reported that it has been an exciting month for BRH. He reported that the facilities department has removed all non-code compliant appliances

(toasters, microwaves, toaster ovens, etc.) throughout the facility after a toaster fire in the ED on March 7th. We are trying to find compliant appliances to replace some of the removed items. Legislative resolution passed to extend the Disproportionate Share Hospital (DSH) funding to September 30th. This is funding we receive for our Mental Health Unit (MHU) for the Designated Evaluation and Treatment (DET) program. There have been no updates on the “Save Our Lone Emergency Services” (SOLES) Act. Senate Bill 133 for prior authorizations would streamline the prior authorization process. Mr. Wanner will share a link with anyone that would like to submit a letter of support for this bill. Training is being conducted this week in anticipation of the NetSuite accounting software going live on April 1st. Dr. Malpass has given notice that he plans to retire in December. We are trying to recruit another Oncologist to provide these services when he does. Mr. Wanner also provided updates on orthopedic surgeries, office relocations to collocate staff and services, the visual aid board by the cafeteria to display our strategic plan and some employee health and engagement programs. BRH will present its FY26 budget to the Assembly on April 5th. Senior leadership, Deb Johnston and several providers met with Senator Murkowski on March 17th. Conversations were held about specific competition issues. She was a good listener, asked great questions to better understand the issues, and will conduct additional research on the issues discussed. Similar conversations were held with Senator Sullivan on March 20th. He asked questions about the competition and how the market is unfolding. We were able to express how important the SOLES Act, DSH funds and other programs are to BRH. Mr. Geiger initiated a conversation about letters of support and who should send them. In response to Mr. Mertz’s question about what the next steps are in regard to our competition and the SOLES Act, Mr. Wanner reported that the ball is in Senator Murkowski’s court, she’s going to do more research. Ms. Johnston noted Senator Sullivan was not as well informed and the providers were not in attendance for his meeting. Both senators were surprised by the imbalance in reimbursements to SEARCH compared to BRH.

Wildflower Court (WFC) – Ms. Koelsch reported 56 residents in WFC today with one more expected within a couple of weeks. Every room will be occupied with 57 residents. WFC continues to work on their process improvement projects. WFC is still using more travelers than they would like. CNA classes from the “Grow Our Own” program start up again in April and we hope to get 6 CNAs when they’re finished. Another CNA class will be offered in August. Ms. McDowell congratulated Ms. Koelsch for reaching her goal of 57 residents.

XII. CBJ LIAISON REPORT – Mr. Steininger reported the Assembly has spent a considerable amount of time working on the lease of the tide lands for the proposed Hoonah Totem dock, body camera footage policy, and on the installation of the Hesco flood barriers on the Mendenhall River. Site prep work has begun. He noted BRH is second to the last on the Assembly’s April 5th agenda to present its FY26 budget.

XIII. PRESIDENT REPORT

Ms. Johnston noted that a lot of the things she has been involved in this past month have already been discussed. She did report that she and Mr. Wanner had discussed when to hold the next strategic planning meeting. To allow for a more productive meeting, she suggested the meeting not be held until August or September when we will have a draft Facility Master Plan document. There were no objections, and several board members expressed support for postponing the meeting.

XIV. BOARD CALENDAR

April 2025 calendar reviewed. A Joint Planning and Finance & Audit Committee meeting will be held on April 16th. The April 4th Planning Committee and April 11th Finance & Audit Committee meetings will be canceled. There were no other changes.

MOTION by Mr. Geiger to approve the calendar as amended. Ms. Deering seconded. There being no objection, MOTION approve.

Ms. Johnston called for a recess at 6:56 p.m. The board reconvened at 7:05 p.m.

- XV. BOARD COMMENTS AND QUESTIONS** – Ms. Johnston thanked Ms. McDowell and the staff for how they responded to the phone and internet outage. Dr. Tingey asked if there has been any thought of moving to Star Link. BRH has purchased a Star Link business package as part of our emergency package.

XVI. EXECUTIVE SESSION

MOTION by Mr. Geiger to recess into executive session to discuss several matters as noticed in the agenda:

- Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes, and patient safety dashboard.

He also asks that Ms. Johnston be given the flexibility to decide which staff can stay. Dr. Raster seconded. There being no objection, MOTION approved.

The Board entered executive session at 7:08 p.m. and returned to regular session at 7:36 p.m.

Ms. Moorehead reported that she and Ms. Johnston are invited to meet with the American Hospital Association (AHA) to follow up on the presentation they had given at the Rural Health Care Leadership Conference last month in San Antonio. They will share BRH's board workplace safety dashboard to be featured on the Trustee Services website. They will also do an interview for the Trustee Services Newsletter that will reach 12,000 subscribers. The focus will be on the work we are doing around workplace violence awareness and reduction within BRH. In conjunction with that, Ms. McDowell has been asked by AHA to host a podcast about the workplace violence initiatives that we have started in the ED.

MOTION by Dr. Raster to accept the credentialing report as presented. Ms. Deering seconded. There being no objection, MOTION approved.

XVII. ADJOURNMENT – 7:39 p.m.

Next Meeting: 5:30 p.m. Wednesday, March 25, 2025

MEMORANDUM

DATE: April 16, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Charles Cave, Interim Chief Financial Officer
RE: February Financial Performance

Income Statement

February inpatient revenues (Hospital) were below the prior month by 6.9%, and budgeted amounts by 20.8%. Med/Surg and CCU volumes declined from the prior month by 21.6% and 31.0% respectively. MHU census increased from the prior month by 19.1%. February outpatient revenue fell \$2.0M month-over-month with the largest declines noted in the CT, OT and MRI. ER visits fell by 6.2%.

Contractual and bad debt write-offs were 46.4% of gross revenues, just below the 13-month average of 47.0%. Uncompensated care was at 1.8% in February compared to the 13-month average of 2.6%. Net operating revenue totaling \$10.4M fell below the 13-month rolling average of \$11.5M.

Significant negative variations (from budget) in expenses included Contract Labor, Physician Contracts, and Maintenance. Contract Labor was \$452K over budget due to the ongoing use of contract employees in multiple departments. The most significant variances from prior months occurred in WFC, MHU, and ED. Physician Contracts were \$323K over budget (similar to prior months) due to Anesthesia not being budgeted. However, increases were also noted in BOPS. Maintenance expense was over budgeted dollars by \$58K. Significant positive variances existed in Salaries and Wages, Physician Wages, Employee Benefits and Supplies.

The Net Gain/Loss) for the Hospital for the month of February was (\$174K), and the rolling 13-month average monthly gain for the hospital is now \$176K.

Balance Sheet

Unrestricted cash (Cash + Board Designated Cash) increased from the prior month from \$36.6M to \$36.7M. The increase in cash is primarily due to the trending reductions in spending in both SWB (Salaries, Wages and Benefits) and operating expenses. Cash collections in the month totaled \$11.9M, 11% below the YTD average of \$13.3M.

Net accounts receivable declined in February to \$26.8M from the prior month's \$28.4M.

Wildflower Court (WFC)

For the month of February, WFC had \$1.22M of net operating revenues on \$1.44M of gross revenues.

From an expenditure standpoint, Contract Labor continues to be a significant driver of costs in February. Contract Labor costs increased from \$237K in January to \$281K in February. The YTD average Contract Labor is \$245K. In February Salaries and Wages were \$51K below the YTD average. We continue to anticipate the decline of contract labor in the coming months with the addition of CNAs from the most recent CNA class.

WFC had net operating income of \$316K. As noted in prior months, this income statement only takes into consideration direct costs, as there is no allocation of administrative expenses. Bartlett has increased the administrative cost burden related to the addition of WFC. Another important point to note is that this does not take into consideration depreciation, which is a measure of the cost of maintaining and replacing buildings, equipment, etc. at WFC. With the inclusion/assignment of these costs, we would expect something much closer to breakeven.

BARTLETT REGIONAL HOSPITAL and WFC
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 2025

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$5,418,484	\$5,979,033	-\$560,549	-9.4%	\$5,583,132	1. Inpatient Revenue	\$47,475,147	\$51,051,708	-\$3,576,561	-7.0%	\$43,544,941	9.0%
\$757,887	\$1,127,294	-\$369,407	-32.8%	\$937,503	2. Inpatient Ancillary Revenue	\$8,632,096	\$9,625,392	-\$993,296	-10.3%	\$9,129,215	-5.4%
\$6,176,371	\$7,106,327	-\$929,956	-13.1%	\$6,520,635	3. Total Inpatient Revenue	\$56,107,243	\$60,677,100	-\$4,569,857	-7.5%	\$52,674,156	6.5%
\$13,032,189	\$12,521,854	\$510,335	4.1%	\$12,745,169	4. Outpatient Revenue	\$114,848,913	\$106,917,326	\$7,931,587	7.4%	\$98,670,508	16.4%
\$19,208,560	\$19,628,181	-\$419,621	-2.1%	\$19,265,804	5. Total Patient Revenue - Hospital	\$170,956,156	\$167,594,426	\$3,361,730	2.0%	\$151,344,664	13.0%
\$0	\$325,410	-\$325,410	-100.0%	\$418,776	6. RRC Patient Revenue	\$966,206	\$2,778,484	-\$1,812,278	-65.2%	\$2,738,663	-64.7%
\$115,172	\$246,921	-\$131,749	-53.4%	\$212,808	7. BHOPS Patient Revenue	\$1,015,857	\$2,108,328	-\$1,092,471	-51.8%	\$1,838,866	-44.8%
\$1,349,574	\$1,110,646	\$238,928	21.5%	\$1,744,854	8. Physician Revenue	\$13,430,224	\$9,483,238	\$3,946,986	41.6%	\$9,750,006	37.7%
\$20,673,306	\$21,311,158	-\$637,852	-3.0%	\$21,642,242	9. Total Gross Patient Revenue	\$186,368,443	\$181,964,476	\$4,403,967	2.4%	\$165,672,199	12.5%
Deductions from Revenue:											
\$2,374,784	\$3,586,815	-\$1,212,031	-33.8%	\$2,862,646	10. Inpatient Contractual Allowance	\$21,894,768	\$29,840,927	\$7,946,159	26.6%	\$22,063,592	-0.8%
-\$350,000	-\$350,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$1,750,000	-\$1,750,000	\$0		-\$308,333	
\$6,031,575	\$5,237,273	\$794,302	15.2%	\$5,278,894	11. Outpatient Contractual Allowance	\$50,374,292	\$45,452,044	-\$4,922,248	-10.8%	\$41,691,907	20.8%
\$733,272	\$630,710	\$102,562	16.3%	\$961,349	12. Physician Service Contractual Allowance	\$7,641,428	\$5,473,662	-\$2,167,766	-39.6%	\$5,495,434	39.1%
\$1,529	\$517	\$1,012	195.7%	\$591	13. Other Deductions	\$9,660	\$4,483	-\$5,177	-115.5%	\$4,802	0.0%
\$113,106	\$134,356	-\$21,250	-15.8%	\$112,570	14. Charity Care	\$406,660	\$1,166,016	\$759,356	65.1%	\$976,543	-58.4%
\$236,012	\$718,475	-\$482,463	-67.2%	\$855,686	15. Bad Debt Expense	\$4,638,529	\$6,235,343	\$1,596,814	25.6%	\$5,568,105	-16.7%
\$9,140,278	\$9,958,146	-\$817,868	-8.2%	\$9,763,403	16. Total Deductions from Revenue	\$83,215,337	\$86,422,475	\$3,207,138	3.7%	\$75,492,050	10.2%
42.5%	44.4%			42.1%	% Contractual Allowances / Total Gross Patient Revenue	41.9%	43.4%			41.6%	
1.7%	4.0%			4.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	4.1%			4.0%	
44.2%	46.7%			45.1%	% Total Deductions / Total Gross Patient Revenue	44.7%	47.5%			45.6%	
\$11,533,028	\$11,353,012	\$180,016	1.6%	\$11,878,839	17. Net Patient Revenue	\$103,153,106	\$95,542,001	\$7,611,105	8.0%	\$90,180,149	14.4%
\$60,792	\$63,620	-\$2,828	-4.4%	\$52,862	18. Other Operating Revenue	\$714,630	\$552,141	-\$162,489	-29.4%	\$809,319	-11.7%
\$11,593,820	\$11,416,632	\$177,188	1.6%	\$11,931,701	19. Total Operating Revenue	\$103,867,736	\$96,094,142	\$7,448,616	7.8%	\$90,989,468	14.2%
Expenses:											
\$4,481,647	\$4,751,621	-\$269,974	5.7%	\$5,007,794	20. Salaries & Wages	\$39,786,872	\$41,237,224	\$1,450,352	3.5%	\$40,206,619	-1.0%
\$354,116	\$427,142	-\$73,026	17.1%	\$305,904	21. Physician Wages	\$2,714,014	\$3,706,972	-\$992,958	26.8%	\$2,248,517	20.7%
\$822,660	\$89,117	-\$733,543	-823.1%	\$584,442	22. Contract Labor	\$5,583,642	\$773,405	-\$4,810,237	-622.0%	\$6,159,616	-9.4%
\$2,104,827	\$2,646,888	-\$542,061	20.5%	\$2,392,671	23. Employee Benefits	\$18,874,432	\$22,971,137	\$4,096,705	17.8%	\$19,502,040	-3.2%
\$7,763,250	\$7,914,768	-\$151,518	1.9%	\$8,290,811		\$66,958,960	\$68,688,738	\$1,729,778	2.5%	\$68,116,792	-1.7%
67.0%	69.3%			69.5%	% Salaries and Benefits / Total Operating Revenue	64.5%	71.5%			74.9%	
\$97,625	\$72,619	-\$25,006	-34.4%	\$78,049	24. Medical Professional Fees	\$573,586	\$630,209	-\$56,623	9.0%	\$579,115	-1.0%
\$512,616	\$189,329	-\$323,287	-170.8%	\$600,240	25. Physician Contracts	\$3,938,102	\$1,643,095	-\$2,295,007	-139.7%	\$3,775,626	4.3%
\$291,969	\$395,389	-\$103,420	26.2%	\$212,740	26. Non-Medical Professional Fees	\$2,187,970	\$3,431,392	-\$1,243,422	36.2%	\$2,258,424	-3.1%
\$1,450,017	\$1,608,701	-\$158,684	9.9%	\$1,508,410	27. Materials & Supplies	\$12,106,201	\$13,961,249	\$1,855,048	13.3%	\$12,175,902	-0.6%
\$188,211	\$180,940	-\$7,271	-4.0%	\$208,387	28. Utilities	\$1,351,856	\$1,570,293	\$218,437	13.9%	\$1,392,195	-2.9%
\$518,190	\$449,618	-\$68,572	-15.3%	\$431,689	29. Maintenance & Repairs	\$3,576,347	\$3,902,020	\$325,673	8.3%	\$3,877,016	-7.8%
\$67,965	\$44,328	-\$23,637	-53.3%	\$129,319	30. Rentals & Leases	\$624,880	\$384,684	-\$240,196	-62.4%	\$1,107,819	-43.6%
\$94,812	\$85,000	-\$9,812	-11.5%	\$71,733	31. Insurance	\$750,510	\$737,675	-\$12,835	-1.7%	\$598,494	25.4%
\$590,864	\$624,803	-\$33,939	5.4%	\$594,215	32. Depreciation & Amortization	\$4,794,724	\$5,422,397	\$627,673	11.6%	\$4,475,758	7.1%
\$80,466	\$77,149	-\$3,317	-4.3%	\$85,349	33. Interest Expense	\$672,919	\$669,548	-\$3,371	-0.5%	\$706,637	-4.8%
\$154,620	\$170,031	-\$15,411	9.1%	\$266,797	34. Other Operating Expenses	\$1,057,498	\$1,475,599	\$418,101	28.3%	\$1,049,921	0.7%
\$11,810,605	\$11,812,675	\$2,070	0.0%	\$12,477,739	35. Total Expenses	\$98,593,553	\$102,516,899	\$3,923,346	3.8%	\$100,113,699	-1.5%
-\$216,785	-\$396,043	\$179,258	-45.3%	-\$546,038	36. Income (Loss) from Operations	\$5,274,183	-\$6,422,757	\$11,696,940	-182.1%	-\$9,124,231	-157.8%
\$307,065	\$138,082	-\$168,983	-122.4%	-\$24,267	37. Interest Income	\$763,441	\$1,198,356	\$434,915	36.3%	\$1,411,278	-45.9%
\$51,139	\$24,721	-\$26,418	-106.9%	\$200,294	38. Other Non-Operating Income	\$429,815	\$214,543	-\$215,272	-100.3%	\$1,689,803	-74.6%
\$358,204	\$162,803	-\$195,401	-120.0%	\$176,027	39. Total Non-Operating Revenue	\$1,193,256	\$1,412,899	-\$219,643	-15.5%	\$3,101,081	-61.5%
\$141,419	-\$233,240	\$374,659	-160.6%	-\$370,011	40. Net Income (Loss)	\$6,467,439	-\$5,009,858	\$11,477,297	-229.1%	-\$6,023,150	207.4%
-1.87%	-3.47%			-4.58%	Income from Operations Margin	5.08%	-6.68%			-10.03%	
1.22%	-2.04%			-3.10%	Net Income	6.23%	-5.21%			-6.62%	

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 2025

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
\$3,976,954	\$4,847,489	-\$870,535	-18.0%	\$4,354,946	1. Gross Patient Revenue:						
\$757,887	\$1,127,294	-\$369,407	-32.8%	\$937,503	2. Inpatient Revenue	\$3,725,726	\$41,390,053	-\$6,664,327	-16.1%	\$34,400,051	0.9%
\$4,734,841	\$5,974,783	-\$1,239,942	-20.8%	\$5,292,449	3. Inpatient Ancillary Revenue	\$8,632,096	\$9,625,392	-\$993,296	-10.3%	\$9,129,215	-5.4%
					4. Total Inpatient Revenue	\$43,357,822	\$51,015,445	-\$7,657,623	-15.0%	\$43,529,266	-0.4%
\$13,032,189	\$12,521,854	\$510,335	4.1%	\$12,745,169	5. Outpatient Revenue	\$114,848,913	\$106,917,326	\$7,931,587	7.4%	\$98,670,508	16.4%
\$17,767,030	\$18,496,637	-\$729,607	-3.9%	\$18,037,618	6. Total Patient Revenue - Hospital	\$158,206,735	\$157,932,771	\$273,964	0.2%	\$142,199,774	11.3%
\$0	\$325,410	-\$325,410	-100.0%	\$418,776	7. RRC Patient Revenue	\$966,206	\$2,778,484	-\$1,812,278	-65.2%	\$2,738,663	#REF!
\$115,172	\$246,921	-\$131,749	-53.4%	\$212,808	8. BHOPS Patient Revenue	\$1,015,857	\$2,108,328	-\$1,092,471	-51.8%	\$1,838,866	-47.5%
\$1,349,574	\$1,110,646	\$238,928	21.5%	\$1,744,854	9. Physician Revenue	\$13,430,224	\$9,483,238	\$3,946,986	41.6%	\$9,750,006	37.7%
\$19,231,776	\$20,179,614	-\$947,838	-4.7%	\$20,414,056	10. Total Gross Patient Revenue	\$173,619,022	\$172,302,821	\$1,316,201	0.8%	\$156,527,309	10.9%
					Deductions from Revenue:						
\$2,152,005	\$3,488,047	-\$1,336,042	-38.3%	\$2,862,646	11. Inpatient Contractual Allowance	\$19,974,114	\$28,983,769	-\$9,009,655	-31.1%	\$22,063,592	-9.5%
-\$350,000	-\$350,000	\$0	0.0%	-\$308,333	10a. Rural Demonstration Project	-\$1,750,000	-\$1,750,000	\$0	0.0%	-\$308,333	467.6%
\$6,031,575	\$5,237,273	\$794,302	15.2%	\$5,278,894	11. Outpatient Contractual Allowance	\$50,374,292	\$45,452,044	\$4,922,248	10.8%	\$41,691,907	20.8%
\$733,272	\$630,710	\$102,562	16.3%	\$961,349	12. Physician Service Contractual Allowance	\$7,641,428	\$5,473,662	\$2,167,766	39.6%	\$5,495,434	39.1%
\$1,529	\$517	\$1,012	195.7%	\$591	13. Other Deductions	\$9,660	\$4,483	\$5,177	115.5%	\$4,802	101.2%
\$113,106	\$134,356	-\$21,250	-15.8%	\$112,570	14. Charity Care	\$406,660	\$1,166,016	-\$759,356	-65.1%	\$976,543	-58.4%
\$236,012	\$718,475	-\$482,463	-67.2%	\$855,686	15. Bad Debt Expense	\$4,638,529	\$6,235,343	-\$1,596,814	-25.6%	\$5,568,105	-16.7%
\$8,917,499	\$9,859,378	-\$941,879	-9.6%	\$9,763,403	16. Total Deductions from Revenue	\$81,294,683	\$85,565,317	-\$4,270,634	-5.0%	\$75,492,050	7.7%
46.4%	20.4%			44.6%	% Contractual Allowances / Total Gross Patient Revenue	43.9%	45.4%			44.0%	
1.8%	4.2%			4.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.9%	4.3%			4.2%	
46.4%	48.9%			47.8%	% Total Deductions / Total Gross Patient Revenue	46.8%	49.7%			48.2%	
\$10,314,277	\$10,320,236	-\$1,889,717	-18.3%	\$10,650,653	17. Net Patient Revenue	\$92,324,339	\$86,737,504	-\$2,954,433	-3.4%	\$81,035,259	13.9%
\$60,792	\$63,620	-\$2,828	-4.4%	\$52,862	18. Other Operating Revenue	\$714,630	\$552,141	-\$1,597	-0.3%	\$809,319	-11.7%
\$10,375,069	\$10,383,856	-\$8,787	-0.1%	\$10,703,515	19. Total Operating Revenue	\$93,038,969	\$87,289,645	-\$2,956,030	-3.4%	\$81,844,578	13.7%
					Expenses:						
\$4,104,800	\$4,471,578	-\$366,778	8.2%	\$4,715,635	20. Salaries & Wages	\$36,367,367	\$38,806,831	-\$2,439,464	6.3%	\$37,810,959	-3.8%
\$354,116	\$427,142	-\$73,026	17.1%	\$305,904	21. Physician Wages	\$2,714,014	\$3,706,972	-\$992,958	26.8%	\$2,248,517	20.7%
\$541,163	\$89,117	-\$452,046	-507.3%	\$402,520	22. Contract Labor	\$3,620,812	\$773,405	-\$2,847,407	-368.2%	\$3,308,971	9.4%
\$1,948,920	\$2,486,662	-\$537,742	21.6%	\$2,260,625	23. Employee Benefits	\$17,413,310	\$21,580,606	-\$4,167,296	19.3%	\$18,535,109	-6.1%
\$6,948,999	\$7,474,499	-\$525,500	7.0%	\$7,684,684	24. Total Salaries and Benefits / Total Operating Revenue	\$60,115,503	\$64,867,814	-\$4,752,311	7.3%	\$61,903,556	-2.9%
67.0%	72.0%			71.8%		64.6%	74.3%			75.6%	
\$97,625	\$72,619	-\$25,006	-34.4%	\$78,049	24. Medical Professional Fees	\$573,586	\$630,209	-\$56,623	9.0%	\$579,115	-1.0%
\$507,616	\$184,036	-\$323,580	-175.8%	\$605,990	25. Physician Contracts	\$3,893,602	\$1,597,158	-\$2,296,444	-143.8%	\$3,746,876	3.9%
\$287,073	\$304,255	-\$17,182	5.6%	\$207,752	26. Non-Medical Professional Fees	\$2,123,100	\$2,640,477	-\$517,377	19.6%	\$2,216,840	-4.2%
\$1,411,849	\$1,536,053	-\$124,204	8.1%	\$1,461,026	27. Materials & Supplies	\$11,656,815	\$13,330,780	-\$1,673,965	12.6%	\$11,812,422	-1.3%
\$171,988	\$159,355	-\$12,633	-7.9%	\$201,033	28. Utilities	\$1,206,660	\$1,382,951	-\$176,291	12.7%	\$1,296,462	-6.9%
\$495,030	\$436,191	-\$58,839	-13.5%	\$417,718	29. Maintenance & Repairs	\$3,456,351	\$3,785,512	-\$329,161	8.7%	\$3,812,469	-9.3%
\$67,625	\$42,410	-\$25,215	-59.5%	\$128,484	30. Rentals & Leases	\$620,874	\$368,040	-\$252,834	-68.7%	\$1,104,605	-43.8%
\$94,812	\$85,000	-\$9,812	-11.5%	\$71,733	31. Insurance	\$750,510	\$737,675	-\$12,835	-1.7%	\$598,494	25.4%
\$590,864	\$610,010	-\$19,146	3.1%	\$594,215	32. Depreciation & Amortization	\$4,794,724	\$5,294,017	-\$499,293	9.4%	\$4,475,758	7.1%
\$80,466	\$77,149	-\$3,317	-4.3%	\$85,349	33. Interest Expense	\$672,919	\$669,548	-\$3,371	-0.5%	\$706,637	-4.8%
\$153,593	\$165,105	-\$11,512	7.0%	\$264,894	34. Other Operating Expenses	\$1,037,035	\$1,432,857	-\$395,822	27.6%	\$1,042,272	-0.5%
\$10,907,540	\$11,146,682	-\$239,142	2.1%	\$11,800,927	35. Total Expenses	\$90,901,679	\$96,737,038	-\$5,835,359	6.0%	\$93,295,506	-2.6%
-\$532,471	-\$762,826	\$230,355	-30.2%	-\$1,097,412	36. Income (Loss) from Operations	\$2,137,290	-\$9,447,393	\$11,584,683	-122.6%	-\$11,450,928	-118.7%
\$307,065	\$138,082	\$56,127	40.6%	-\$24,267	37. Non-Operating Revenue	\$763,441	\$1,198,356	-\$205,637	17.2%	\$1,411,278	-45.9%
\$51,139	\$24,721	\$15,403	62.3%	\$200,294	38. Interest Income	\$429,815	\$214,543	\$31,760	14.8%	\$1,689,803	-74.6%
					39. Other Non-Operating Income						
\$358,204	\$162,803	\$71,530	43.9%	\$176,027	40. Total Non-Operating Revenue	\$1,193,256	\$1,412,899	-\$219,643	-15.5%	\$3,101,081	-61.5%
-\$174,267	-\$600,023	\$425,756	-71.0%	-\$921,385	41. Net Income (Loss)	\$3,330,546	-\$8,034,494	\$11,365,040	-141.5%	-\$8,349,847	139.9%

**WILDFLOWER COURT
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF FEBRUARY 2025**

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$1,441,530	\$1,131,544	\$309,986	0.0%	\$1,228,186	1. Inpatient Revenue	\$12,749,421	\$9,661,655	\$3,087,766	32.0%	\$9,144,890	39.4%
\$0	\$0	\$0		\$0	2. Inpatient Ancillary Revenue	\$0	\$0	\$0		\$0	
\$1,441,530	\$1,131,544	\$309,986	27.4%	\$1,228,186	3. Total Inpatient Revenue	\$12,749,421	\$9,661,655	\$3,087,766	32.0%	\$9,144,890	39.4%
\$0	\$0	\$0		\$0	4. Outpatient Revenue	\$0	\$0	\$0	#DIV/0!	\$0	
\$1,441,530	\$1,131,544	\$309,986	27.4%	\$1,228,186	5. Total Patient Revenue - WFC	\$12,749,421	\$9,661,655	\$3,087,766	32.0%	\$9,144,890	39.4%
\$1,441,530	\$1,131,544	\$309,986	27.4%	\$1,228,186	9. Total Gross Patient Revenue	\$12,749,421	\$9,661,655	\$3,087,766	32.0%	\$9,144,890	39.4%
Deductions from Revenue:											
\$222,779	\$98,768	\$124,011	125.6%	\$0	10. Inpatient Contractual Allowance	\$1,920,654	\$857,158	-\$1,063,496	-124.1%	\$735,082	
\$0	\$0	\$0		\$0	10a. Rural Demonstration Project	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	11. Outpatient Contractual Allowance	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	12. Physician Service Contractual Allowance	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	13. Other Deductions	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	14. Charity Care	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	15. Bad Debt Expense	\$0	\$0	\$0			
\$222,779	\$98,768	\$124,011	125.6%	\$0	16. Total Deductions from Revenue	\$1,920,654	\$857,158	-\$1,063,496	-124.1%	\$735,082	
15.5%	8.7%			0.0%	% Contractual Allowances / Total Gross Patient Revenue		8.9%			8.0%	
0.0%	0.0%			0.0%	% Bad Debt & Charity Care / Total Gross Patient Revenue		0.0%				
15.5%	8.7%			0.0%	% Total Deductions / Total Gross Patient Revenue	15.1%	8.9%			8.0%	
\$1,218,751	\$1,032,776	\$185,975	18.0%	\$1,228,186	17. Net Patient Revenue	\$10,828,767	\$8,804,497	-\$5,384,992	-61.2%	\$8,409,808	-59.3%
\$0	\$0	\$0		\$0	18. Other Operating Revenue	\$0	\$0	\$0		\$0	
\$1,218,751	\$1,032,776	\$185,975	18.0%	\$1,228,186	19. Total Operating Revenue	\$10,828,767	\$8,804,497	-\$5,384,992	-61.2%	\$8,409,808	28.8%
Expenses:											
\$376,847	\$280,043	-\$96,804	-34.6%	\$292,159	20. Salaries & Wages	\$3,419,505	\$2,430,393	-\$989,112	-40.7%	\$2,395,660	
\$0	\$0	\$0		\$0	21. Physician Wages	\$0	\$0	\$0		\$0	
\$281,497	\$0	-\$281,497		\$181,922	22. Contract Labor	\$1,962,830	\$0	-\$1,962,830		\$2,850,645	-31.1%
\$155,907	\$160,226	\$4,319	2.7%	\$132,046	23. Employee Benefits	\$1,461,122	\$1,390,531	-\$70,591	-5.1%	\$966,931	51.1%
\$814,251	\$440,269	-\$373,982	-84.9%	\$606,127		\$6,843,457	\$3,820,924	-\$3,022,533	-79.1%	\$6,213,236	10.1%
66.8%	42.6%			49.4%	% Salaries and Benefits / Total Operating Revenue	63.2%	43.4%			73.9%	
\$0	\$0	\$0		\$0	24. Medical Professional Fees	\$0	\$0	\$0		\$0	
\$5,000	\$5,293	\$293	5.5%	-\$5,750	25. Physician Contracts	\$44,500	\$45,937	\$1,437	3.1%	\$28,750	54.8%
\$4,896	\$91,134	\$86,238	94.6%	\$4,988	26. Non-Medical Professional Fees	\$64,870	\$790,915	\$726,045	91.8%	\$41,584	56.0%
\$38,168	\$72,648	\$34,480	47.5%	\$47,384	27. Materials & Supplies	\$449,386	\$630,469	\$181,083	28.7%	\$363,480	23.6%
\$16,223	\$21,585	\$5,362	24.8%	\$7,354	28. Utilities	\$145,196	\$187,342	\$42,146	22.5%	\$95,733	51.7%
\$23,160	\$13,427	-\$9,733	-72.5%	\$13,971	29. Maintenance & Repairs	\$119,996	\$116,508	-\$3,488	-3.0%	\$64,547	85.9%
\$340	\$1,918	\$1,578	82.3%	\$835	30. Rentals & Leases	\$4,006	\$16,644	\$12,638	75.9%	\$3,214	24.6%
\$0	\$0	\$0		\$0	31. Insurance	\$0	\$0	\$0		\$0	
\$0	\$14,793	\$14,793	100.0%	\$0	32. Depreciation & Amortization	\$0	\$128,380	\$128,380	100.0%	\$0	
\$0	\$0	\$0		\$0	33. Interest Expense	\$0	\$0	\$0		\$0	
\$1,027	\$4,926	\$3,899	79.2%	\$1,903	34. Other Operating Expenses	\$20,463	\$42,742	\$22,279	52.1%	\$7,649	167.5%
\$903,065	\$665,993	-\$237,072	-35.6%	\$676,812	35. Total Expenses	\$7,691,874	\$5,779,861	-\$1,912,013	-33.1%	\$6,818,193	12.8%
\$315,686	\$366,783	-\$51,097	-13.9%	\$551,374	36. Income (Loss) from Operations	\$3,136,893	\$3,024,636	\$112,257	3.7%	\$1,591,615	97.1%
\$0	\$0	\$0		\$0	37. Interest Income	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	38. Other Non-Operating Income	\$0	\$0	\$0		\$0	
\$0	\$0	\$0		\$0	39. Total Non-Operating Revenue	\$0	\$0	\$0		\$0	
\$315,686	\$366,783	-\$51,097	-13.9%	\$551,374	40. Net Income (Loss)	\$3,136,893	\$3,024,636	\$112,257	3.7%	\$1,591,615	-97.1%

BARTLETT REGIONAL HOSPITAL AND WFC
Selected Ratios
FEBRUARY 2025

	Moody's Not-for-profit Healthcare Medians	Desired Position	Feb-25	Dec-24	Sep-24	Jun-24	Mar-24
Liquidity Ratios							
Current ratio	2.00	Above	4.06	3.71	3.39	3.32	3.11
Days in accounts receivable	48.2	Below	61.15	63.30	64.38	71.9	83.8
Days in accounts payable	62.8	Below	18.95	27.47	44.08	32.46	29.21
Days cash on hand*	167.9	Above	117.0	114.8	100.2	84.4	77
Profitability Ratios							
Operating margin	2.7%	Above	5.1%	7.1%	8.8%	-7.3%	-10.3%
Excess margin	5.6%	Above	6.2%	7.7%	10.9%	-4.2%	-7.0%
EBIDA margin*	7.2%	Above	11.5%	12.9%	8.7%		
Activity Ratios							
Average age of Plant	11.2	Below	20.04	19.99	19.7	15.84	18.19
Capital Structure Ratios							
Total debt-to-capitalization	34.9%	Below	53.2%	53.8%	55.2%	60.6%	61.2%
Total debt-to-total operating revenue	34.6%	Below	57.7%	58.4%	58.2%	70.0%	72.9%

* Benchmark is BBB rated companies

**BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD FEBRUARY 24 THRU FEBRUARY 25**

	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25
Gross Patient Revenue:													
1. Inpatient Revenue	\$4,354,946	\$4,256,841	\$3,813,391	\$4,543,445	\$4,796,565	\$5,218,823	\$4,744,639	\$4,219,370	\$4,244,902	\$3,890,999	\$4,156,876	\$4,273,165	\$3,976,954
2. Inpatient Ancillary Revenue	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129	\$873,506	\$757,887
3. Total Inpatient Revenue	\$5,292,449	\$5,236,400	\$4,892,391	\$5,786,787	\$5,995,858	\$6,543,620	\$6,080,446	\$5,389,941	\$5,416,200	\$4,886,099	\$5,160,005	\$5,146,671	\$4,734,841
4. Outpatient Revenue	\$12,705,864	\$13,064,453	\$13,626,429	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262	\$15,054,642	\$13,032,189
5. Total Patient Revenue - Hospital	\$17,998,313	\$18,300,853	\$18,518,820	\$21,512,798	\$19,449,203	\$22,105,435	\$21,269,367	\$19,859,670	\$19,053,652	\$18,166,113	\$19,663,267	\$20,201,313	\$17,767,030
6. RRC Patient Revenue	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0	\$0	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519	\$130,229	\$115,172
8. Physician Revenue	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639	\$1,907,427	\$1,349,574
9. Total Gross Patient Revenue	\$20,374,751	\$20,294,892	\$20,754,977	\$23,944,890	\$21,336,653	\$24,315,130	\$23,868,413	\$21,661,149	\$20,969,436	\$19,747,836	\$21,465,425	\$22,238,969	\$19,231,776
						57.5%	47.0%	52.2%	27.3%	31.9%	34.9%	41.6%	38.1%
						44.2%	42.6%	42.5%	45.7%	43.5%	42.5%	43.5%	46.3%
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,904,313	\$2,392,963	\$3,714,725	\$4,185,572	\$2,420,010	\$4,114,486	\$3,209,953	\$3,165,212	\$1,829,415	\$1,909,043	\$2,151,333	\$2,492,667	\$2,152,005
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,921	\$6,228,575	\$5,775,864	\$6,169,628	\$6,547,477	\$6,031,575
12. Physician Service Contractual Allowance	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503	\$1,099,811	\$733,272
13. Other Deductions	\$591	\$591	\$591	\$3,621	\$3,262	\$0	\$2,780	\$0	\$0	\$0	\$5,351	\$0	\$1,529
14. Charity Care	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762	\$84,326	\$113,106
15. Bad Debt Expense	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245	\$775,909	\$236,012
16. Total Deductions from Revenue	\$9,763,403	\$9,243,740	\$10,830,418	\$11,204,359	\$9,520,919	\$11,995,202	\$11,032,862	\$10,155,597	\$9,286,041	\$9,072,577	\$10,063,822	\$10,650,190	\$8,917,499
% Contractual Allowances / Total Gross Patient Revenue	43.2%	43.8%	49.8%	48.3%	40.5%	47.6%	44.0%	45.1%	41.8%	41.5%	41.6%	44.0%	44.5%
% Bad Debt & Charity Care / Total Gross Patient Revenue	4.8%	1.7%	2.4%	-1.5%	1.1%	1.7%	2.2%	1.7%	2.5%	4.4%	5.2%	3.9%	1.8%
% Total Deductions / Total Gross Patient Revenue	47.9%	45.5%	52.2%	46.8%	44.6%	49.3%	46.2%	46.9%	44.3%	45.9%	46.9%	47.9%	46.4%
17. Net Patient Revenue	\$10,611,348	\$11,051,152	\$9,924,559	\$12,740,531	\$11,815,734	\$12,319,928	\$12,835,551	\$11,505,552	\$11,683,395	\$10,675,259	\$11,401,603	\$11,588,779	\$10,314,277
18. Other Operating Revenue	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277	\$71,012	\$60,792
19. Total Operating Revenue	\$10,664,210	\$11,235,136	\$10,381,198	\$12,913,966	\$12,204,610	\$12,379,517	\$12,915,243	\$11,677,499	\$11,744,027	\$10,791,949	\$11,495,880	\$11,659,791	\$10,375,069
Expenses:													
20. Salaries & Wages	\$4,715,635	\$4,823,090	\$4,707,207	\$4,793,346	\$4,863,164	\$4,730,962	\$4,717,797	\$4,608,194	\$4,526,457	\$4,406,389	\$4,614,096	\$4,658,673	\$4,104,800
21. Physician Wages	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884	\$309,939	\$354,116
22. Contract Labor	\$402,520	\$414,246	\$558,063	\$429,230	\$525,507	\$419,547	\$284,223	\$294,464	\$379,865	\$391,351	\$619,305	\$690,894	\$541,163
23. Employee Benefits	\$2,260,625	\$2,448,007	\$2,334,173	\$2,035,879	\$2,255,591	\$2,294,578	\$2,241,316	\$2,169,433	\$2,197,997	\$2,117,687	\$2,167,625	\$2,275,755	\$1,948,920
	\$7,684,684	\$7,980,802	\$7,901,669	\$7,551,419	\$7,967,106	\$7,786,450	\$7,584,136	\$7,395,519	\$7,455,563	\$7,209,666	\$7,799,910	\$7,935,261	\$6,948,999
% Salaries and Benefits / Total Operating Revenue	72.1%	71.0%	76.1%	58.5%	65.3%	62.9%	58.7%	63.3%	63.5%	66.8%	67.8%	68.1%	67.0%
24. Medical Professional Fees	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746	\$123,102	\$97,625
25. Physician Contracts	\$605,990	\$582,082	\$507,880	\$520,239	\$497,708	\$429,515	\$541,320	\$518,257	\$411,440	\$394,724	\$521,443	\$569,288	\$507,616
26. Non-Medical Professional Fees	\$207,752	\$494,795	\$259,394	\$313,728	\$261,314	\$233,845	\$224,093	\$317,339	\$262,408	\$236,303	\$237,029	\$325,010	\$287,073
27. Materials & Supplies	\$1,461,026	\$1,342,442	\$1,702,324	\$1,729,310	\$784,458	\$1,765,156	\$1,334,258	\$1,538,569	\$1,660,276	\$1,120,330	\$1,062,212	\$1,864,166	\$1,411,849
28. Utilities	\$201,033	\$164,539	\$158,681	\$138,135	\$133,312	\$103,530	\$120,465	\$149,115	\$188,979	\$173,731	\$163,453	\$135,399	\$171,988
29. Maintenance & Repairs	\$417,718	\$532,531	\$436,949	\$502,413	\$347,520	\$475,078	\$467,003	\$428,228	\$490,303	\$365,951	\$344,408	\$390,349	\$495,030
30. Rentals & Leases	\$128,484	\$167,234	\$73,466	\$75,161	\$79,537	\$77,532	\$85,085	\$81,433	\$85,990	\$68,413	\$72,661	\$82,135	\$67,625
31. Insurance	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354	\$106,441	\$94,812
32. Depreciation & Amortization	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$575,622	\$600,810	\$591,616	\$584,994	\$628,647	\$592,526	\$590,864
33. Interest Expense	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657	\$82,986	\$80,466
34. Other Operating Expenses	\$264,894	\$146,770	\$106,736	\$162,825	\$155,809	\$133,081	\$137,302	\$107,193	\$162,647	\$169,722	\$116,103	\$57,571	\$153,593
35. Total Expenses	\$11,800,927	\$12,166,975	\$11,895,094	\$11,762,566	\$12,241,483	\$11,812,027	\$11,327,704	\$11,364,719	\$11,534,561	\$10,561,338	\$11,177,623	\$12,264,234	\$10,907,540
36. Income (Loss) from Operations	-\$1,136,717	-\$931,839	-\$1,513,896	\$1,151,400	-\$36,873	\$567,490	\$1,587,539	\$312,780	\$209,466	\$230,611	\$318,257	-\$604,443	-\$532,471
37. Interest Income	\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201	\$198,776	\$307,065
38. Other Non-Operating Income	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025	\$34,480	\$34,480	\$151,377	\$51,139
39. Total Non-Operating Revenue	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721	\$350,153	\$358,204
40. Net Income (Loss)	-\$960,690	-\$661,599	-\$1,336,343	\$1,359,709	\$604,786	\$913,604	\$1,839,314	\$576,349	\$152,393	\$432,849	-\$203,464	-\$254,290	-\$174,267

**BARTLETT REGIONAL HOSPITAL - CONSOLIDATED
13 MONTH ROLLING INCOME STATEMENT
FOR THE PERIOD FEBRUARY 24 THRU FEBRUARY 25**

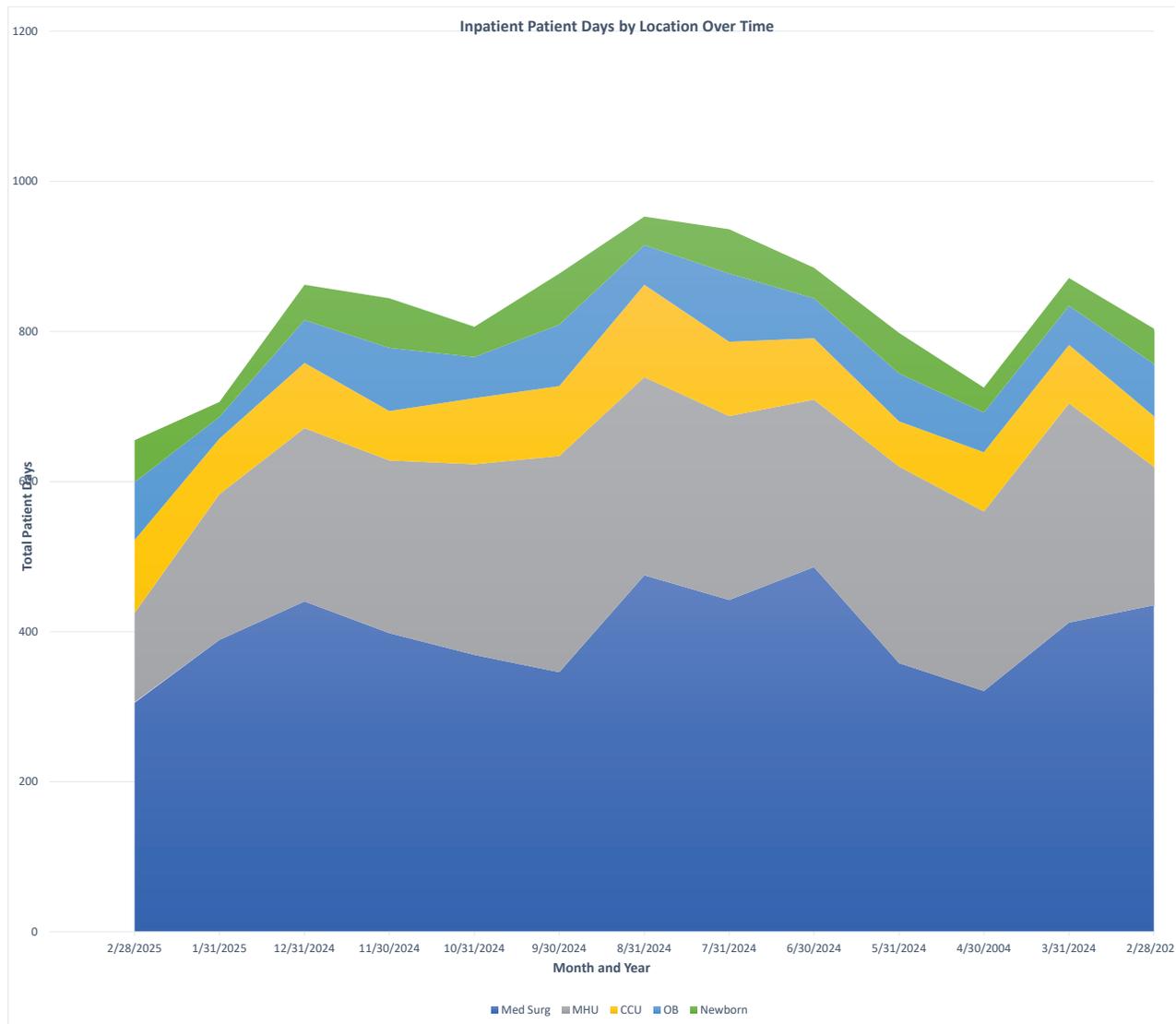
	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25
Gross Patient Revenue:													
1. Inpatient Revenue	\$5,583,132	\$5,553,958	\$4,999,206	\$5,752,616	\$6,137,670	\$6,800,207	\$6,333,852	\$5,781,389	\$5,835,839	\$5,442,089	\$5,761,789	\$5,864,861	\$5,418,484
2. Inpatient Ancillary Revenue	\$937,503	\$979,559	\$1,079,000	\$1,243,342	\$1,199,293	\$1,324,797	\$1,335,807	\$1,170,571	\$1,171,298	\$995,100	\$1,003,129	\$873,506	\$757,887
3. Total Inpatient Revenue	\$6,520,635	\$6,533,517	\$6,078,206	\$6,995,958	\$7,336,963	\$8,125,004	\$7,669,659	\$6,951,960	\$7,007,137	\$6,437,189	\$6,764,918	\$6,738,367	\$6,176,371
4. Outpatient Revenue	\$12,705,864	\$13,064,453	\$13,646,771	\$15,726,011	\$13,453,345	\$15,561,815	\$15,188,921	\$14,469,729	\$13,637,452	\$13,280,014	\$14,503,262	\$15,054,642	\$13,032,189
5. Total Patient Revenue - Hospital	\$19,226,499	\$19,597,970	\$19,724,977	\$22,721,969	\$20,790,308	\$23,686,819	\$22,858,580	\$21,421,689	\$20,644,589	\$19,717,203	\$21,268,180	\$21,793,009	\$19,208,560
6. RRC Patient Revenue	\$418,776	\$478,477	\$327,990	\$435,031	\$489,071	\$440,031	\$357,003	\$169,173	\$0	\$0	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$212,808	\$232,257	\$182,633	\$240,999	\$159,102	\$182,057	\$118,761	\$111,371	\$137,687	\$77,060	\$143,519	\$130,229	\$115,172
8. Physician Revenue	\$1,744,854	\$1,283,305	\$1,725,534	\$1,756,062	\$1,239,277	\$1,587,607	\$2,123,282	\$1,520,935	\$1,778,097	\$1,504,663	\$1,658,639	\$1,907,427	\$1,349,574
9. Total Gross Patient Revenue	\$21,602,937	\$21,592,009	\$21,961,134	\$25,154,061	\$22,677,758	\$25,896,514	\$25,457,626	\$23,223,168	\$22,560,373	\$21,298,926	\$23,070,338	\$23,830,665	\$20,673,306
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$3,011,800	\$2,498,340	\$3,797,850	\$4,294,069	\$2,682,210	\$4,396,957	\$3,444,841	\$3,407,027	\$2,077,696	\$2,147,078	\$2,377,839	\$2,718,547	\$2,374,784
10a. Rural Demonstration Project	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$5,278,894	\$6,134,582	\$5,981,422	\$6,774,998	\$5,935,178	\$6,874,937	\$6,469,424	\$6,155,922	\$6,228,575	\$5,775,864	\$6,169,628	\$6,547,477	\$6,031,575
12. Physician Service Contractual Allowance	\$961,349	\$714,490	\$979,737	\$952,258	\$633,220	\$932,568	\$1,181,518	\$806,020	\$1,058,252	\$866,483	\$963,503	\$1,099,811	\$733,272
13. Other Deductions	\$591	\$591	\$591	\$3,621	\$2,362	\$0	\$2,780	\$0	\$0	\$0	\$5,351	\$0	\$1,529
14. Charity Care	\$112,570	\$89,169	\$241,257	\$62,566	\$37,656	\$40,798	\$9,968	\$25,979	\$72,184	\$27,536	\$32,762	\$84,326	\$113,106
15. Bad Debt Expense	\$855,686	\$261,945	\$262,686	-\$424,656	\$842,493	\$382,413	\$509,219	\$352,465	\$447,615	\$843,651	\$1,091,245	\$775,909	\$236,012
16. Total Deductions from Revenue	\$9,870,890	\$9,349,117	\$10,913,543	\$11,312,856	\$9,783,119	\$12,277,673	\$11,267,750	\$10,397,413	\$9,534,322	\$9,310,612	\$10,290,328	\$10,876,070	\$9,140,278
% Contractual Allowances / Total Gross Patient	43.2%	41.7%	47.4%	46.4%	39.2%	45.8%	42.2%	43.1%	40.0%	39.6%	39.7%	42.0%	42.5%
% Bad Debt & Charity Care / Total Gross Patient	4.8%	1.6%	2.3%	-1.4%	3.9%	1.6%	2.0%	1.6%	2.3%	4.1%	4.9%	3.6%	1.7%
% Total Deductions / Total Gross Patient Revenue	47.9%	43.3%	49.7%	45.0%	43.1%	47.4%	44.3%	44.8%	42.3%	43.7%	44.6%	45.6%	44.2%
17. Net Patient Revenue	\$11,732,047	\$12,242,892	\$11,047,591	\$13,841,205	\$12,894,639	\$13,618,841	\$14,189,876	\$12,825,755	\$13,026,051	\$11,988,314	\$12,780,010	\$12,954,595	\$11,533,028
18. Other Operating Revenue	\$52,862	\$183,984	\$456,639	\$173,435	\$388,876	\$59,589	\$79,692	\$171,947	\$60,632	\$116,690	\$94,277	\$71,012	\$60,792
19. Total Operating Revenue	\$11,784,909	\$12,426,876	\$11,504,230	\$14,014,640	\$13,283,515	\$13,678,430	\$14,269,568	\$12,997,702	\$13,086,683	\$12,105,004	\$12,874,287	\$13,025,607	\$11,593,820
Expenses:													
20. Salaries & Wages	\$5,007,794	\$5,167,577	\$5,083,594	\$5,175,037	\$5,182,118	\$5,135,073	\$5,099,406	\$5,044,753	\$4,973,800	\$4,861,654	\$5,059,649	\$5,130,892	\$4,481,647
21. Physician Wages	\$305,904	\$295,459	\$302,226	\$292,964	\$322,844	\$341,363	\$340,800	\$323,428	\$351,244	\$294,239	\$398,884	\$309,939	\$354,116
22. Contract Labor	\$584,442	\$721,027	\$834,649	\$715,971	\$712,586	\$630,817	\$588,960	\$558,510	\$634,255	\$554,682	\$866,065	\$927,693	\$822,660
23. Employee Benefits	\$2,392,671	\$2,593,285	\$2,485,652	\$2,193,917	\$2,414,946	\$2,456,644	\$2,412,833	\$2,344,551	\$2,405,564	\$2,316,425	\$2,361,836	\$2,471,749	\$2,104,826
	\$8,290,811	\$8,777,348	\$8,706,121	\$8,377,889	\$8,632,494	\$8,563,897	\$8,441,999	\$8,271,242	\$8,364,863	\$8,027,000	\$8,686,434	\$8,840,273	\$7,763,249
% Salaries and Benefits / Total Operating Revenue	72.1%	70.6%	75.7%	59.8%	65.0%	62.6%	59.2%	63.6%	63.9%	66.3%	67.5%	67.9%	67.0%
24. Medical Professional Fees	\$78,049	\$82,613	\$78,096	\$101,389	\$67,585	\$53,186	\$80,125	\$66,266	\$45,748	\$57,788	\$49,746	\$123,102	\$97,625
25. Physician Contracts	\$600,240	\$599,332	\$513,630	\$525,989	\$503,458	\$435,265	\$547,070	\$524,007	\$417,190	\$400,474	\$527,193	\$574,288	\$512,616
26. Non-Medical Professional Fees	\$212,740	\$499,775	\$260,102	\$319,275	\$264,856	\$242,874	\$236,089	\$325,008	\$280,330	\$245,038	\$238,269	\$328,395	\$291,969
27. Materials & Supplies	\$1,508,410	\$1,390,792	\$1,818,465	\$1,773,481	\$826,116	\$1,797,463	\$1,408,355	\$1,578,034	\$1,751,543	\$1,169,143	\$1,131,616	\$1,820,032	\$1,450,017
28. Utilities	\$208,387	\$186,865	\$177,787	\$156,513	\$155,446	\$105,506	\$134,771	\$158,747	\$198,018	\$241,730	\$169,613	\$155,260	\$188,211
29. Maintenance & Repairs	\$431,688	\$538,299	\$434,470	\$514,501	\$348,181	\$502,568	\$476,871	\$440,825	\$509,256	\$375,714	\$351,913	\$401,011	\$518,190
30. Rentals & Leases	\$129,319	\$167,543	\$73,466	\$75,161	\$79,537	\$77,872	\$86,495	\$81,773	\$86,330	\$68,753	\$73,218	\$82,475	\$67,965
31. Insurance	\$71,733	\$71,733	\$71,733	\$72,582	\$71,733	\$91,879	\$93,262	\$77,063	\$94,812	\$94,886	\$97,354	\$106,441	\$94,812
32. Depreciation & Amortization	\$594,215	\$515,981	\$512,804	\$509,967	\$1,790,292	\$577,714	\$627,553	\$600,810	\$591,616	\$584,994	\$628,647	\$592,526	\$590,864
33. Interest Expense	\$85,349	\$85,453	\$85,362	\$85,398	\$85,309	\$85,061	\$85,033	\$84,927	\$84,959	\$84,830	\$84,657	\$82,986	\$80,466
34. Other Operating Expenses	\$266,797	\$148,365	\$111,076	\$183,277	\$157,408	\$135,919	\$144,158	\$108,029	\$165,343	\$171,850	\$116,648	\$60,931	\$154,620
35. Total Expenses	\$12,477,738	\$13,064,099	\$12,843,112	\$12,695,422	\$12,982,415	\$12,669,204	\$12,361,781	\$12,316,731	\$12,590,008	\$11,522,200	\$12,155,308	\$13,167,720	\$11,810,604
36. Income (Loss) from Operations	-\$692,829	-\$637,223	-\$1,338,882	\$1,319,218	\$301,100	\$1,009,226	\$1,907,787	\$680,971	\$496,675	\$582,804	\$718,979	-\$142,113	-\$216,784
37. Interest Income	-\$24,267	\$71,173	-\$23,843	\$2,747	\$413,215	\$302,387	\$209,003	\$224,842	-\$91,098	\$168,668	-\$556,201	\$198,776	\$307,065
38. Other Non-Operating Income	\$200,294	\$199,067	\$201,396	\$205,562	\$228,444	\$43,727	\$42,772	\$38,727	\$34,025	\$33,570	\$34,480	\$151,377	\$51,139
39. Total Non-Operating Revenue	\$176,027	\$270,240	\$177,553	\$208,309	\$641,659	\$346,114	\$251,775	\$263,569	-\$57,073	\$202,238	-\$521,721	\$350,153	\$358,204
40. Net Income (Loss)	-\$516,802	-\$366,983	-\$1,161,329	\$1,527,527	\$942,759	\$1,355,340	\$2,159,562	\$944,540	\$439,602	\$785,042	\$197,258	\$208,040	\$141,420

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
February 28, 2025

	<u>February-25</u>	<u>January-25</u>	<u>February-24</u>	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	19,724,894	20,083,100	3,673,112	16,051,782
2. Board designated cash	16,924,828	16,469,088	19,557,453	(2,632,625)
3. Patient accounts receivable, net	26,849,025	28,360,656	34,375,685	(7,526,660)
4. Other receivables	868,749	1,186,255	1,458,065	(589,316)
5. Inventories	4,393,212	4,375,909	3,831,960	561,252
6. Prepaid Expenses	3,209,424	3,254,182	3,268,934	(59,510)
7. Other assets	2,267,664	2,286,961	3,130,768	(863,104)
8. Total current assets	<u>74,237,796</u>	<u>76,016,151</u>	<u>69,295,977</u>	4,941,819
Appropriated Cash:				
9. CIP Appropriated Funding	8,510,656	8,510,656	11,127,357	(2,616,701)
Property, plant & equipment				
10. Land, bldgs & equipment	205,146,377	205,146,377	175,292,381	29,853,996
11. Construction in progress	13,755,981	13,724,375	37,897,950	(24,141,969)
12. Total property & equipment	218,902,358	218,870,752	213,190,331	5,712,027
13. Less: accumulated depreciation	(144,353,458)	(143,781,891)	(136,187,139)	(8,166,319)
14. Net property and equipment	<u>74,548,900</u>	<u>75,088,861</u>	<u>77,003,192</u>	(2,454,292)
15. Deferred outflows/Contribution to Pension Plan	11,855,390	11,855,390	11,862,711	(7,321)
16. Total assets	<u><u>169,152,742</u></u>	<u><u>171,471,058</u></u>	<u><u>169,289,237</u></u>	<u><u>(136,495)</u></u>
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,083,462	2,251,154	5,141,091	(3,057,629)
18. Accrued employee benefits	5,810,148	5,493,775	5,053,138	757,010
19. Accounts payable and accrued expenses	4,994,863	6,501,715	6,576,740	(1,581,877)
20. Due to 3rd party payors	1,156,602	1,156,602	1,394,450	(237,848)
21. Deferred revenue	99,876	116,542	690,667	(590,791)
22. Interest payable	283,258	270,490	309,989	(26,731)
23. Note payable - current portion	1,086,350	2,116,350	2,115,347	(1,028,997)
24. Other payables	2,776,916	2,819,785	3,358,251	(581,335)
25. Total current liabilities	<u>18,291,475</u>	<u>20,726,413</u>	<u>24,639,673</u>	(6,348,198)
Long-term Liabilities:				
26. Bonds payable	30,085,000	30,085,000	30,930,000	(845,000)
27. Bonds payable - premium/discount	1,773,473	1,792,147	1,995,156	(221,683)
28. Net Pension Liability	38,061,021	38,061,021	43,294,439	(5,233,418)
29. Deferred In-Flows	1,758,258	1,758,258	2,763,011	(1,004,753)
30. Total long-term liabilities	<u>71,677,752</u>	<u>71,696,426</u>	<u>78,982,606</u>	(7,304,854)
31. Total liabilities	89,969,227	92,422,839	103,622,279	(13,653,052)
32. Fund Balance	<u>79,183,515</u>	<u>79,048,219</u>	<u>65,666,960</u>	13,516,555
33. Total liabilities and fund balance	<u><u>169,152,742</u></u>	<u><u>171,471,058</u></u>	<u><u>169,289,237</u></u>	<u><u>(136,495)</u></u>

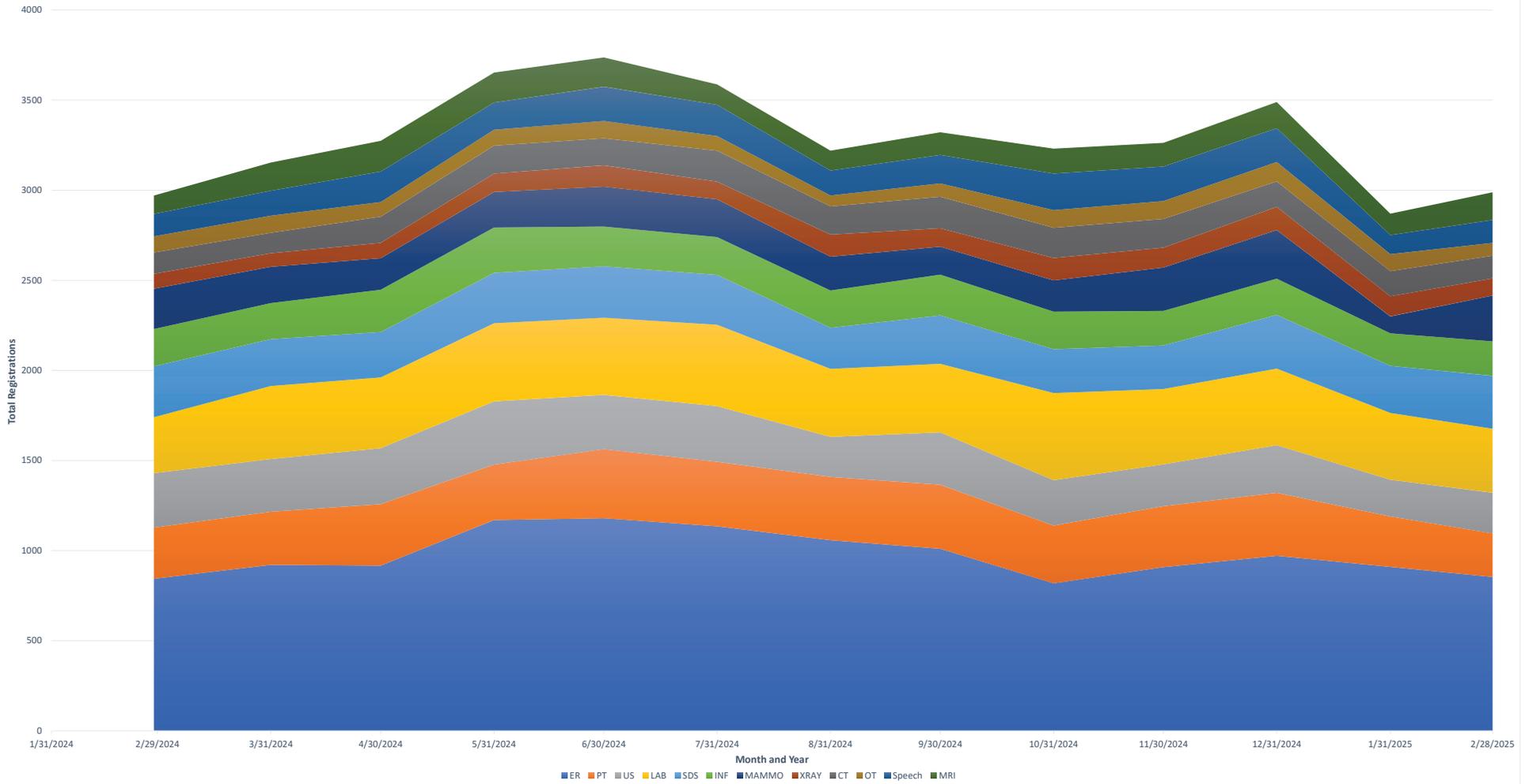
**BARTLETT REGIONAL HOSPITAL
13 MONTH ROLLING BALANCE SHEET
FOR THE PERIOD FEBRUARY 24 THRU FEBRUARY 25**

	February-24	March-24	April-24	May-24	June-24	July-24	August-24	September-24	October-24	November-24	December-24	January-25	February-25
ASSETS													
Current Assets:													
1. Cash and cash equivalents	3,192,115	5,658,916	4,174,871	6,379,741	9,575,609	9,520,297	8,403,064	13,687,893	14,658,747	14,582,659	18,197,194	20,083,100	19,724,894
2. Board designated cash	19,557,453	14,002,474	14,495,980	14,986,650	14,196,017	14,664,603	15,131,098	15,589,449	16,045,942	17,303,448	16,488,365	16,469,088	16,924,828
3. Patient accounts receivable, net	31,955,366	32,306,493	32,762,890	31,832,445	28,985,006	29,383,820	29,219,006	30,701,215	28,758,626	29,878,021	28,387,944	28,360,656	26,849,025
4. Other receivables	1,458,065	1,571,605	1,722,080	2,174,474	4,262,353	4,437,855	4,261,982	2,796,413	1,755,846	1,866,592	1,326,477	1,186,255	868,749
5. Inventories	3,740,723	3,815,240	3,600,091	3,935,467	4,302,000	4,291,752	4,348,116	4,393,224	4,393,224	4,341,305	4,875,673	4,375,909	4,393,212
6. Prepaid Expenses	3,067,093	2,774,768	2,481,324	2,110,680	1,821,317	3,795,464	3,954,488	4,106,167	3,820,465	3,598,515	3,143,557	3,254,182	3,209,424
7. Other assets	3,079,994	3,058,697	3,039,100	3,017,177	2,997,880	2,978,582	2,959,285	2,990,763	2,970,963	2,325,556	2,306,258	2,286,960	2,267,663
8. Total current assets	66,050,809	63,188,193	62,276,336	64,436,634	66,140,182	69,072,373	68,277,039	74,265,124	72,403,813	73,896,096	74,725,468	76,016,150	74,237,795
Appropriated Cash:													
9. CIP Appropriated Funding	11,127,357	10,625,547	10,625,547	10,625,547	9,424,275	9,424,275	9,424,275	9,417,202	9,417,202	8,987,334	8,987,334	8,510,656	8,510,656
Property, plant & equipment													
10. Land, bldgs & equipment	157,682,804	160,275,129	160,275,129	160,275,129	186,233,640	186,233,640	186,233,640	203,853,370	203,837,770	203,837,770	205,146,377	205,146,377	205,146,377
11. Construction in progress	37,897,950	36,773,284	37,060,441	37,166,431	12,634,974	12,820,903	12,999,508	13,172,200	13,479,089	14,352,417	13,215,359	13,724,375	13,755,981
12. Total property & equipment	195,580,754	197,048,413	197,335,570	197,441,560	198,868,614	199,054,543	199,233,148	217,025,570	217,316,859	218,190,187	218,361,736	218,870,752	218,902,358
13. Less: accumulated depreciation	(120,016,256)	(120,513,233)	(121,006,740)	(121,497,410)	(123,268,404)	(123,826,820)	(124,435,075)	(141,187,471)	(142,033,616)	(142,599,313)	(143,208,663)	(143,781,891)	(144,353,458)
14. Net property and equipment	75,564,498	76,535,180	76,328,830	75,944,150	75,600,210	75,227,723	74,798,073	75,838,099	75,283,243	75,590,874	75,153,073	75,088,861	74,548,900
15. Deferred outflows/Contribution to Pension Plan	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,862,711	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390	11,855,390
16. Total assets	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265	171,471,057	169,152,741
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	4,484,237	2,672,495	2,931,450	3,464,341	3,865,388	4,339,660	2,420,459	3,431,381	3,174,212	3,416,737	3,999,447	2,251,154	2,083,462
18. Accrued employee benefits	5,053,138	5,567,058	5,634,997	4,985,433	4,872,324	4,876,509	5,434,909	5,417,327	4,710,551	4,848,424	4,862,610	5,493,775	5,810,148
19. Accounts payable and accrued expenses	4,989,768	4,054,292	3,997,812	4,975,548	4,472,411	5,341,549	3,092,998	5,763,314	4,011,837	4,370,944	5,244,734	6,501,715	4,994,863
20. Due to 3rd party payors	1,394,450	1,394,450	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,202,163	1,156,602	1,156,602	1,156,602	1,156,602	1,156,602
21. Deferred revenue	690,667	524,000	357,334	190,667	24,000	24,000	24,000	24,000	33,209	33,209	33,209	116,542	99,876
22. Interest payable	309,989	415,207	520,278	625,455	189,183	294,363	314,143	419,228	524,410	609,247	168,428	270,490	283,258
23. Note payable - current portion	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,115,347	2,086,350	2,116,350	2,116,350	1,086,350
24. Other payables	3,358,250	3,605,362	3,655,928	3,135,806	3,189,292	3,274,372	3,506,714	3,555,850	3,054,281	2,556,096	2,556,864	2,819,784	2,776,915
25. Total current liabilities	22,395,846	20,348,211	20,415,309	20,694,760	19,930,108	21,467,963	18,110,733	21,928,610	18,780,449	19,077,609	20,138,244	20,726,412	18,291,474
Long-term Liabilities:													
26. Bonds payable	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,930,000	30,085,000	30,085,000	30,085,000
27. Bonds payable - premium/discount	1,995,156	1,974,144	1,953,133	1,932,121	1,911,109	1,889,815	1,868,520	1,847,206	1,825,892	1,833,574	1,812,260	1,792,147	1,773,473
28. Net Pension Liability	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	43,221,408	38,134,052	38,061,021	38,061,021	38,061,021	38,061,021	38,061,021
29. Deferred In-Flows	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	2,763,011	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258	1,758,258
30. Total long-term liabilities	78,909,575	78,888,563	78,867,552	78,846,540	78,825,528	78,804,234	78,782,939	72,669,516	72,575,171	72,582,853	71,716,539	71,696,426	71,677,752
31. Total liabilities	101,305,421	99,236,774	99,282,861	99,541,300	98,755,636	100,272,197	96,893,672	94,598,126	91,355,620	91,660,462	91,854,783	92,422,838	89,969,226
32. Fund Balance	63,299,955	62,974,858	61,810,566	63,327,744	64,271,741	65,314,886	67,468,424	76,777,689	77,604,028	78,669,232	78,866,482	79,048,219	79,183,515
33. Total liabilities and fund balance	164,605,375	162,211,631	161,093,424	162,869,042	163,027,378	165,587,082	164,362,098	171,375,815	168,959,648	170,329,694	170,721,265	171,471,057	169,152,741

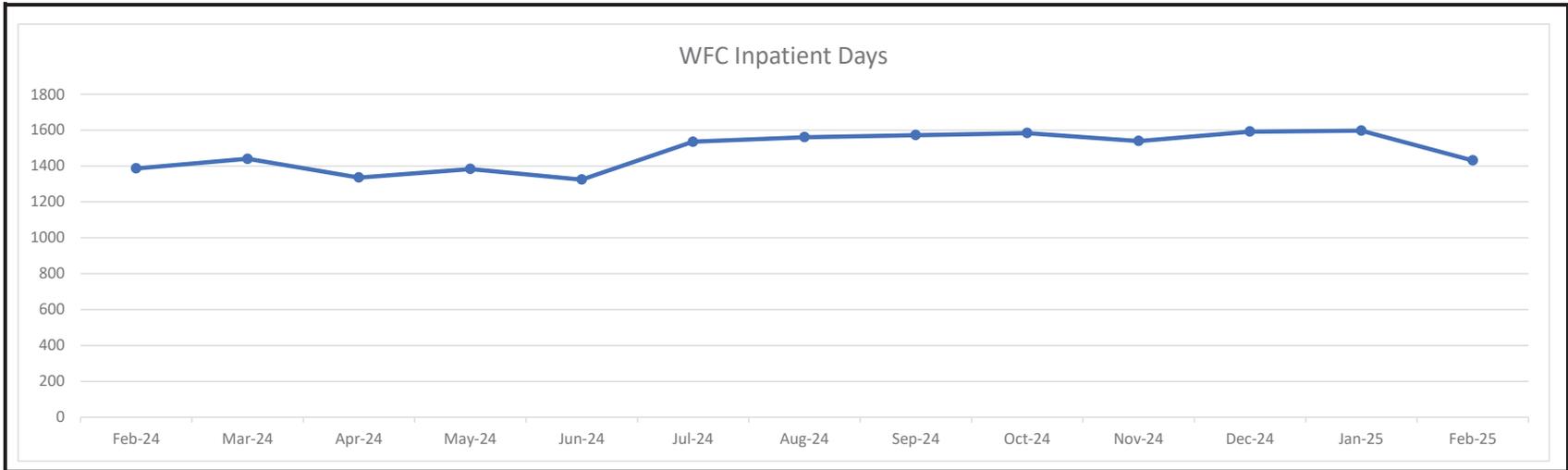


FY 2025 Inpatient Days													
Group/Location	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Medical/Surgical Unit	435	412	321	358	486	442	475	346	369	398	440	389	305
Mental Health Unit InPt	239	262	223	245	264	288	254	230	231	194	119	215	256
Critical Care Unit InPt	79	60	82	99	123	93	88	66	87	74	97	84	58
Obstetrics Unit InPt	53	64	53	91	53	82	55	84	57	29	77	68	63
Newborn Nursery InPt	33	54	41	59	38	68	40	66	47	20	56	55	46

Outpatient Registrations by Location Over Time



Group/Location	FY2025 Month and Registrations												
	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Emergency Room	844	921	916	1169	1180	1134	1057	1010	818	908	971	909	853
Physical Therapy Outpatient	342	308	383	359	352	355	321	338	349	280	242	275	312
Ultrasound	310	351	301	308	222	291	251	233	265	204	226	247	245
Laboratory Outpatient	393	433	429	452	378	381	484	417	425	371	355	396	386
Same Day Surgery	251	280	285	277	227	268	243	242	298	261	294	270	251
Infusion Center Outpatient	235	252	221	210	208	227	209	192	201	180	191	203	203
Mammography	176	197	221	209	187	155	174	241	270	95	255	228	211
Xray	84	102	118	98	123	102	124	110	128	111	94	122	133
Computerized Tomography	146	155	150	172	157	174	168	159	142	140	126	165	142
Occupational Therapy OutPt	81	88	97	82	59	75	98	100	107	94	71	74	66
Speech Therapy Outpatient	170	152	189	173	139	157	202	192	188	106	128	118	153
Magnetic Resonance Imaging	170	166	163	113	111	127	138	131	145	119	154	133	120



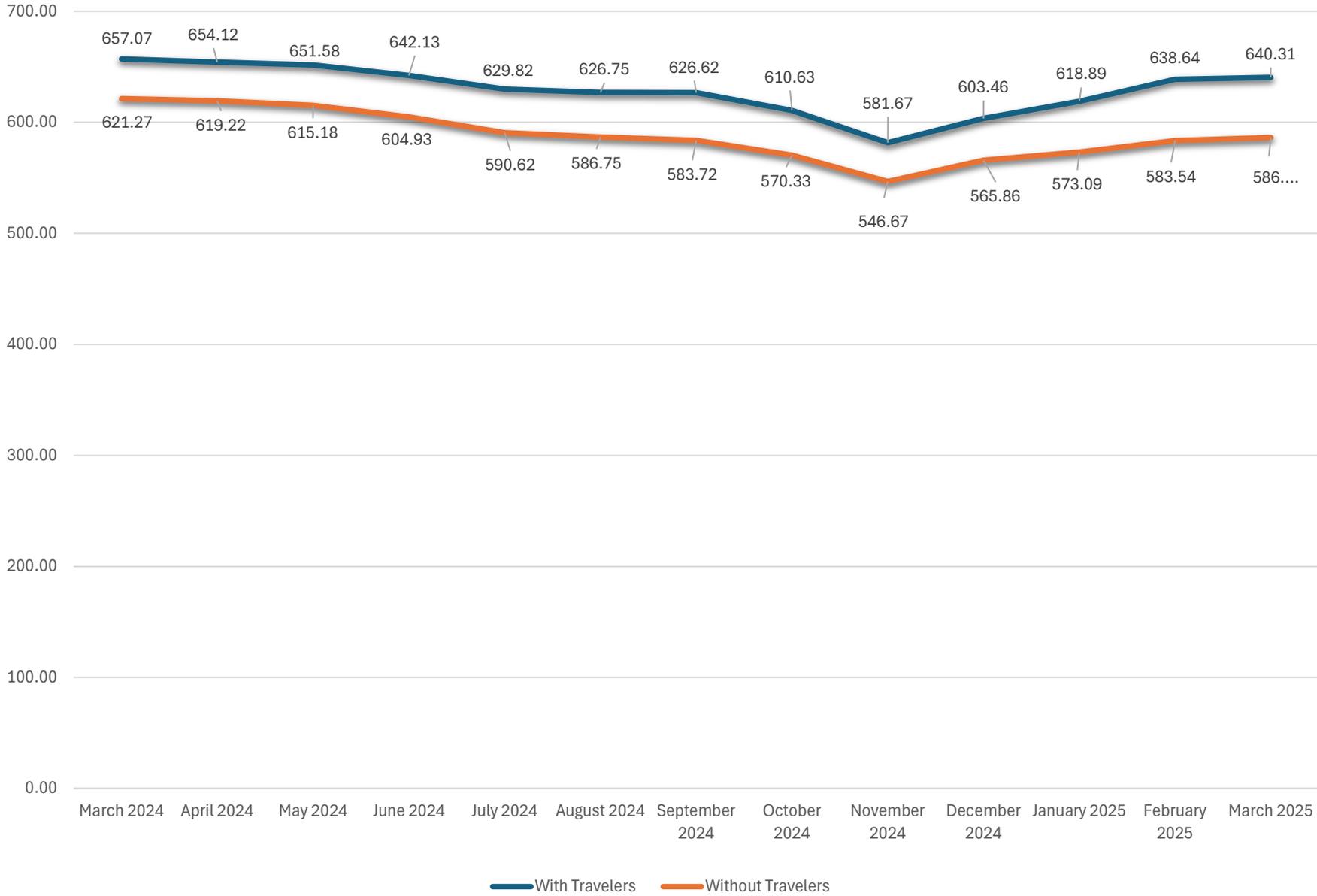
	FY 2025 Inpatient Days												
Group/Location	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
WFC Inpatient Days	1387	1440	1336	1383	1324	1535	1561	1572	1584	1539	1592	1597	1431

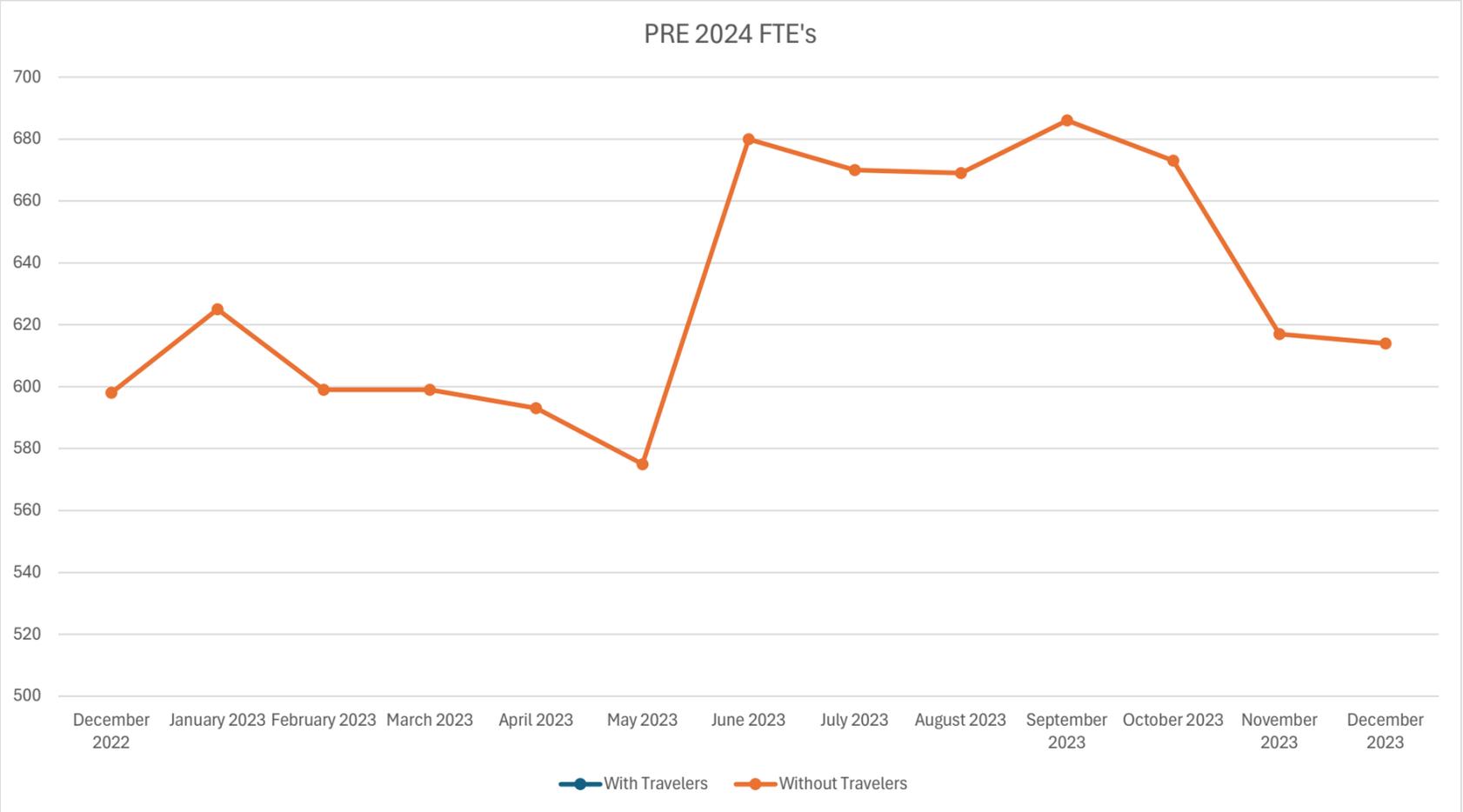
MONTH - FEBRUARY 2025

YEAR TO DATE THROUGH FEBRUARY 2025

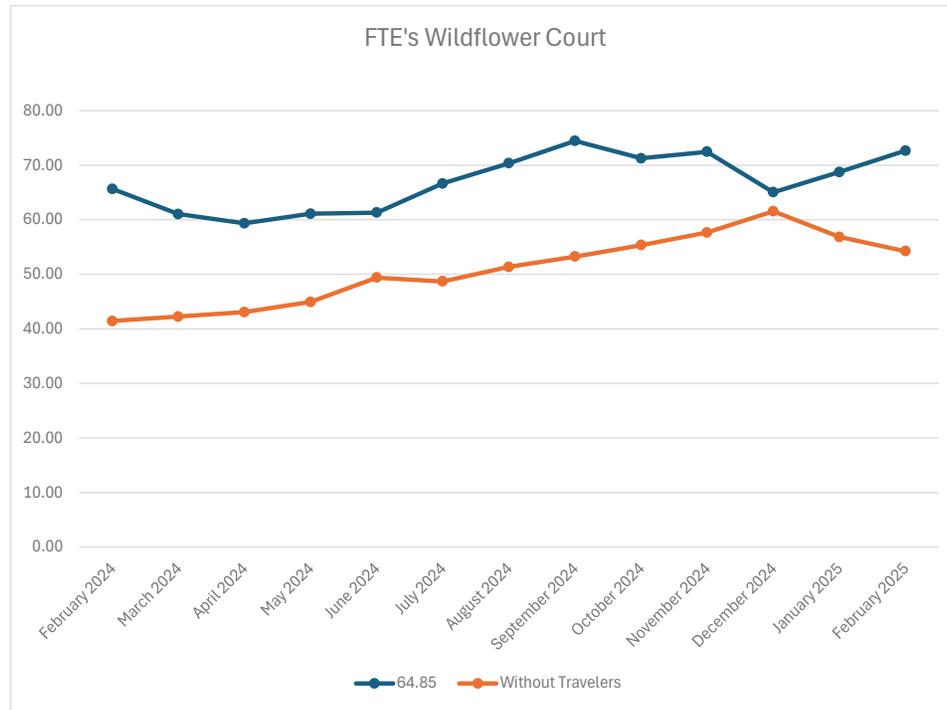
	MONTH - FEBRUARY 2025				YEAR TO DATE THROUGH FEBRUARY 2025			
	Enterprise Fund Hospital	SNF WFC	Healthcare Ancillary Home Health Hospice		Enterprise Fund Hospital	SNF WFC	Healthcare Ancillary Home Health Hospice	
Gross Patient Revenue:								
1. Inpatient Revenue	\$3,976,954	\$1,441,530	\$0	\$0	\$34,725,726	\$12,749,421	\$0	\$0
2. Inpatient Ancillary Revenue	\$757,887	\$0	\$0	\$0	\$8,632,096	\$0	\$0	\$0
3. Total Inpatient Revenue	\$4,734,841	\$1,441,530	\$0	\$0	\$43,357,822	\$12,749,421	\$0	\$0
4. Outpatient Revenue	\$12,929,744	\$0	\$58,305	\$44,140	\$113,925,897	\$0	\$426,806	\$496,211
5. Total Patient Revenue	\$17,664,586	\$1,441,530	\$58,305	\$44,140	\$157,283,719	\$12,749,421	\$426,806	\$496,211
6. RRC Patient Revenue	\$0	\$0	\$0	\$0	\$966,206	\$0	\$0	\$0
7. BHOPS Patient Revenue	\$115,172	\$0	\$0	\$0	\$1,015,857	\$0	\$0	\$0
8. Physician Revenue	\$1,349,574	\$0	\$0	\$0	\$13,430,224	\$0	\$0	\$0
9. Total Gross Patient Revenue	\$19,129,332	\$1,441,530	\$58,305	\$44,140	\$172,696,006	\$12,749,421	\$426,806	\$496,211
Deductions from Revenue:								
10. Inpatient Contractual Allowance	\$1,802,005	\$222,779			\$18,224,114	\$1,920,654		
11. Outpatient Contractual Allowance	\$6,018,100	\$0	-\$15,004	\$28,479	\$50,130,762	\$0	\$11,151	\$232,379
12. Physician Service Contractual Allowance	\$733,272	\$0			\$7,641,428	\$0		
13. Other Deductions	\$1,529	\$0			\$9,660	\$0		
14. Charity Care	\$113,106	\$0			\$406,660	\$0		
15. Bad Debt Expense	\$236,012	\$0			\$4,638,529	\$0		
16. Total Deductions from Revenue	\$8,904,024	\$222,779	-\$15,004	\$28,479	\$81,051,153	\$1,920,654	\$11,151	\$232,379
% Contractual Allowances / Total Gross Patient Revenue	44.7%	15.5%	-25.7%	64.5%	44.0%	15.1%	2.6%	46.8%
% Bad Debt & Charity Care / Total Gross Patient Revenue	1.8%	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%
% Total Deductions / Total Gross Patient Revenue	46.5%	15.5%	-25.7%	64.5%	46.9%	15.1%	2.6%	46.8%
17. Net Patient Revenue	\$10,225,307	\$1,218,751	\$73,309	\$15,661	\$91,644,853	\$10,828,767	\$415,655	\$263,831
18. Other Operating Revenue	\$60,792	\$0	\$0	\$0	\$714,630	\$0	\$0	\$0
19. Total Operating Revenue	\$10,286,099	\$1,218,751	\$73,309	\$15,661	\$92,359,483	\$10,828,767	\$415,655	\$263,831
Expenses:								
20. Salaries & Wages	\$4,045,517	\$376,847	\$39,466	\$19,817	\$35,781,149	\$3,419,505	\$322,751	\$263,467
21. Physician Wages	\$354,116	\$0	\$0	\$0	\$2,714,014	\$0	\$0	\$0
22. Contract Labor	\$525,043	\$281,497	\$16,120	\$0	\$3,597,321	\$1,962,830	\$23,491	\$0
23. Employee Benefits	\$1,920,162	\$155,906	\$18,460	\$10,297	\$17,138,305	\$1,461,122	\$154,434	\$120,571
% Salaries and Benefits / Total Operating Revenue	66.5%	66.8%	101.0%	192.3%	64.1%	63.2%	120.5%	145.6%
24. Medical Professional Fees	\$97,625	\$0	\$0	\$0	\$573,586	\$0	\$0	\$0
25. Physician Contracts	\$507,616	\$5,000	\$0	\$0	\$3,892,177	\$44,500	\$0	\$1,425
26. Non-Medical Professional Fees	\$287,073	\$4,896	\$0	\$0	\$2,123,101	\$64,870	\$0	\$0
27. Materials & Supplies	\$1,408,763	\$38,168	\$805	\$2,281	\$11,625,275	\$449,386	\$7,509	\$24,031
28. Utilities	\$171,813	\$16,223	\$0	\$175	\$1,205,139	\$145,196	\$643	\$878
29. Maintenance & Repairs	\$495,030	\$23,160	\$0	\$0	\$3,456,227	\$119,996	\$125	\$0
30. Rentals & Leases	\$64,957	\$340	\$1,334	\$1,334	\$599,984	\$4,006	\$10,445	\$10,445
31. Insurance	\$94,812	\$0	\$0	\$0	\$750,510	\$0	\$0	\$0
32. Depreciation & Amortization	\$590,864	\$0	\$0	\$0	\$4,794,724	\$0	\$0	\$0
33. Interest Expense	\$80,466	\$0	\$0	\$0	\$672,919	\$0	\$0	\$0
34. Other Operating Expenses	\$134,587	\$1,027	\$10,373	\$8,633	\$973,095	\$20,463	\$35,094	\$28,846
35. Total Expenses	\$10,778,445	\$903,063	\$86,559	\$42,537	\$89,897,525	\$7,691,874	\$554,491	\$449,663
36. Income (Loss) from Operations	\$ (492,346)	\$ 315,687	\$ (13,250)	\$ (26,876)	\$ 2,461,958	\$ 3,136,893	\$ (138,836)	\$ (185,832)
Non-Operating Revenue								
37. Interest Income	\$307,065	\$0	\$0	\$0	\$763,441	\$0	\$0	\$0
38. Other Non-Operating Income	\$51,139	\$0	\$0	\$0	\$429,815	\$0	\$0	\$0
39. Total Non-Operating Revenue	\$358,204	\$0	\$0	\$0	\$1,193,256	\$0	\$0	\$0
40. Net Income (Loss)	(134,142)	315,687	(13,250)	(26,876)	3,655,214	3,136,893	(138,836)	(185,832)
	181,546		(40,126)		6,792,106		(324,668)	

Change in Total FTE: February 2024 - February 2025





Month	With Trave	Without Tr	Travelers Only
January 2024	64.85	41.45	23.40
February 2024	65.65	42.25	23.40
March 2024	61.05	43.05	18.00
April 2024	59.35	44.95	14.40
May 2024	61.10	49.40	11.70
June 2024	61.30	48.70	12.60
July 2024	66.65	51.35	15.30
August 2024	70.35	53.25	17.10
September 2024	74.45	55.35	19.10
October 2024	71.25	57.65	13.60
November 2024	72.45	61.55	10.90
December 2024	65.05	56.85	8.20
January 2025	68.75	54.25	14.50
February 2025	72.65	53.55	19.10
Net FTE Change	-3.90	-12.80	8.90



MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Heather Richter, Director of Home Health & Hospice Services, Deborah Koelsch, Wildflower Court Administrator, and Melissa McCormick, Executive Director
Bartlett Regional Hospital Foundation

ISSUE

- The board will be briefed on the current hospital capacity and the latest updates for Home Health & Hospice Services, Wildflower Court and the Bartlett Regional Hospital Foundation in the form of standing reports.
- Behind this cover memo are reports for:
 - a. Home Health & Hospice Services
 - b. Wildflower Court
 - c. Bartlett Foundation

OPTIONS

- This is an information update. No action is necessary.

MEMORANDUM

DATE: April 16, 2025,
TO: Bartlett Regional Hospital Board of Directors
FROM: Heather L. Paige, Director Home Health and Hospice Services
SUBJECT: **Home Health and Hospice Report**

The following is a brief update as of 4/16/25 on the status of the Home Health and Hospice programs at Bartlett Regional Hospital.

Census updates:

Home Health:

- The program had 19 admissions with 2 recertifications for the month of March. There are 6 admissions pending, and 20 patients currently on service.

Hospice:

- The Hospice program had 5 admissions for the month of March, and 7 patients are currently receiving service.
- The Hospice Average Daily Census (ADC) for the previous quarter is 4.
- The Hospice Average Length of Stay for the previous quarter is 16 days.

Licensure/Program Updates:

Home Health and Hospice:

- The current Director of Home Health and Hospice will be vacating the position on May 29th. Heather L. Paige, RN, has begun orienting with Heather Richter, RN.
- The Home Health program received Medicaid provider enrollment approval on November 13th and has begun implementation of Electronic Visit Verification (EVV) services as required for Medicaid reimbursement. Initial training for EVV began 11/27/24. This is ongoing due to delays in service authorization approvals from Medicaid.
- The program director met with Alaska Medicaid leadership alongside the Director of Patient Financial Services in an attempt to resolve ongoing issues with delayed or denied service authorizations. We received access to a secure portal in which to submit requests directly, which may resolve these issues and allow for prompt reimbursement of services. As of 4/16 we began to see a resolution in initial requests.
- The position of Administrative Coordinator II / Volunteer Coordinator has been offered and accepted by Wendy Hafer. She is currently orienting.
- Current RN staffing is 2 permanent FTE's out of 4. Next week a traveler is expected. In June, one of the two permanent FTE's is transferring outside of the department.

- Float pool RN staffing is now included in our department. Two RN's will be oriented next month in an attempt to alleviate staffing needs.

Recent Outreach and Education:

- Hospice leadership is working alongside the Foundation for End-of-Life Care (FELC) and the BRH Foundation to provide community education around death and dying, hospice services, and other community resources. Leadership met with the FELC board and discussed how funding can support Hospice. Discussions included planning a community event in the fall for providers and community members to attend with the purpose of providing awareness of end-of-life issues and Hospice availability.
- Leadership communicated to Family Practice to discuss Hospice requirements and provide support to patients.
- A 6-week bereavement support group was completed on Tuesday, February 25th. Led by hospice volunteers, it covers topics in a safe environment such as the geography of grief, role changes, and how to navigate anniversaries and holidays.

MEMORANDUM

DATE: April 14, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah Koelsch, Wildflower Court Administrator

WILDFLOWER COURT (WFC):

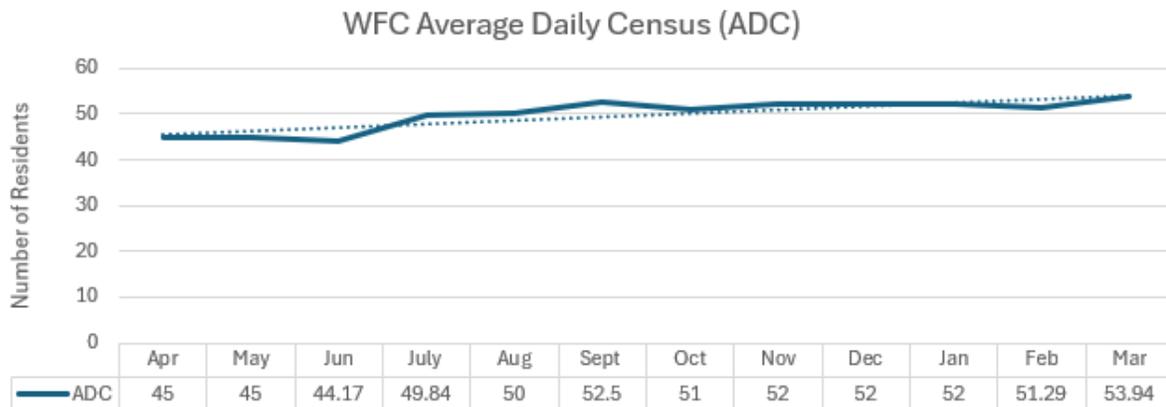
The WFC team continues to work on Quality Improvement Performance Improvement (QAPI) initiatives. The identified projects came from multiple resources and reports, such as CMS Care Compare Five-Star Ratings of Nursing Homes quarterly report, State of Alaska/Federal Survey findings, staff and resident input, staff survey outcomes and WFC Annual Facility Assessment conclusions.

Current performance improvement projects (PIPs) include:

1. Medication Management
2. Catheter Management
3. Fall Reduction
4. Staff Development/Competency Evaluation
5. Nursing Department Accountability: Cultivating Excellence

March 2025, WFC census information

- Average Daily Census (ADC) 53.94
- Average Daily Census Long-term Care residents 43.90
- Average Daily Census Skilled Nursing residents 9.48
- Occupancy Rate 85.61%



MEMORANDUM

DATE: April 14, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Melissa McCormick, Executive Director Bartlett Foundation

Current Activity/Fundraising/Events:

1. The application period for the Grace and Phil Edelman Health Science Scholarship is open until May 23rd, materials are available on the Foundation’s website at <https://www.brhfoundation.org/scholarships>.
2. Enrollment Drive for the Give From the Heart payroll contribution campaign throughout May 2025. We will be sharing Hot Shot gift cards for all new enrollees in April and May 2025. Enrollment is currently at 33 employees contributing \$555 per pay period.
3. Coordinating with the Navy Band for a performance at Wildflower Court on May 4th.
4. Foundation investment in Bartlett Regional Hospital through April 14, 2025:

Bartlett Employee thank you gifts for payroll deduction	\$600
Bartlett House bedding donation for Columbia Students	\$300
LPN Education Q1 Funding	\$5,000
Hospice Education Q1 Discretionary Funding	\$2,000
Love Your Neighbor MIH fundraising campaign	\$1,000
Bladder Scanner	\$5,000
Edelman Spring Scholarship Awards	\$16,500
Total	\$30,400

“At the end it’s not about what you have or even what you’ve accomplished. It’s about who you’ve lifted up, who you’ve made better. It’s about what you’ve given back.”

Denzel Washington

A3 Project Title: In house testing vs send out.

Background:

January 2024: Hospital Laboratories across the country were financially impacted due to changes of reimbursement from insurance companies, starting in November 2023. Both clinics and hospital cannot charge for testing if not done at that facility. Bartlett Laboratory project is to validate previously sent out testing with higher volumes to become available for in-house testing.

Current Conditions

January 2024: No in-house testing for Vitamin D, and Chlamydia trachomatis (CT) / Neisseria gonorrhoeae (NG)

April 2024: Both Vitamin D and Chlamydia trachomatis (CT) / Neisseria gonorrhoeae (NG) have in-house testing. Monitoring received margins

June 2024: No in-house testing for MVP (multi vaginal panel), Ferritin, Folate, B12 and PSA

July 2024: Live with MVP, Arrival of new Chemistry Analyzer

August 2024: Validations for current testing being completed on new Chemistry Analyzer EXL LM

September 2024: Testing validations done, to include new tests. MVP went live July 1. Current Sr CLS in training, expecting go live end of October for Ferritin, Folate, Vit B12 and PSA.

January 2025: Test for PSA and iCA still needs final validation. Vit D, CT/GC, Ferritin, Folate, Vit B12, Procalcitonin, MVP live

April 2025: Test for iCA on hold. Vit D, CT/GC, Ferritin, Folate, Vit B12, Procalcitonin, MVP, PSA - live.

Target/Goals

1. MVP
 - a. Volumes from 2023 – 140 tests
 - b. Cost of reagent - \$48 per test
 - c. LabCorp Cost if allowed to perform Client billing - \$27.00
 - d. Allowed reimbursement per Med Assets - \$725.00
 - e. Estimated potential profits vs loss- \$ 95,000
2. Folate
 - a. Volumes from 2023 – 186 tests
 - b. Cost of reagent - \$25.50 per test
 - c. LabCorp Cost if allowed to perform Client bill - \$2.85
 - d. Allowed reimbursement per Med Assets - \$152.25
 - e. Estimated potential profits vs loss - \$23,500
3. Ferritin
 - a. Volumes from 2023 – 183 tests
 - b. Cost of reagent - \$24 per test
 - c. LabCorp Cost if allowed to perform Client billing - \$2.44
 - d. Allowed reimbursement per Med Assets - \$156.50
 - e. Estimated potential profits vs loss - \$24,000
4. Vit B12
 - a. Volumes from 2023 - 252
 - b. Cost of reagent - \$17.20 per test
 - c. LabCorp Cost if allowed to perform Client billing - \$2.85
 - d. Allowed reimbursement per Med Assets - \$157.00
 - e. Estimated potential profits vs loss - \$35,000
5. PSA
 - a. Volumes from 2023 – 187
 - b. Cost of reagent - \$49.21 per test
 - c. LabCorp Cost if allowed to perform Client billing - \$4.88
 - d. Allowed reimbursement per Med Assets - \$179.25
 - e. Estimated potential profits vs loss - \$24,000
6. iCa
 - a. Volumes 2024
 - b. Cost of reagent - \$
 - c. LabCorp Cost if allowed to perform Client billing - \$
 - d. Allowed reimbursement per Med Assets - \$
 - e. Estimated potential profits vs loss - \$
7. Free PSA NEW
8. Transferrin NEW

- a. Volumes from 2024 – 65
- b. Cost of reagent - \$26.90 per test
- c. LabCorp Cost if allowed to perform Client billing - \$9.77
- d. Allowed reimbursement per Med Assets - \$170.50
- e. Estimated potential profits vs loss - \$9,334

- a. Volumes 2024 - 44
- b. Cost of reagent - \$ 17.32 per test
- c. LabCorp Cost if allowed to perform Client billing - \$ 2.44
- d. Allowed reimbursement per Med Assets - \$ 131.00
- e. Estimated potential profits vs loss - \$5,002

Proposed Countermeasures

January 2024: Perform Validations of the two highest outpatients send out test per the received utilization reports from LabCorp. This includes both CT/NG and Vitamin D. Validation in house will allow Bartlett to charge outpatients directly for CT/NG and Vitamin D testing. The other option was to maintain current, which we would lose reimbursement and LabCorp would only benefit. Plan completed for both CT/NG and Vitamin D.

June 2024: Start new plan for future validations. Perform new validations for tests which have higher utilization. Future validations will include the following tests: MVP (multi vaginal panel) (microbiology), Ferritin, Folate, B12 and PSA (Chemistry).

September 2024: All validations completed and live with new microbiology test, MVP (multi vaginal panel) on July 1. Initial testing validations are complete for Ferritin, Folate, B12 and PSA. LIS validations and test validation with policy signoff needed by Medical Director. Current Sr CLS is training on new analyzer and cannot address til after return

January 2025: Vit D, CT/GC, Ferritin, Folate, Vit B12, Procalcitonin, MVP live. PSA and iCA still need final validations.

April 2025: Vit D, CT/GC, Ferritin, Folate, Vit B12, Procalcitonin, MVP, PSA live. iCA validations on hold. Will be adding free PSA and Transferrin so we can offer prostrate and anemia panels.

Plan

Action	Expected Results	Owner	Due Date
Correlation Accuracy and Precision	Completion of initial Validation for iCa	Robin Marks	On Hold – new coordinator
Correlation Accuracy and Precision	Completion of initial Validation for free PSA and Transferrin	Sam Galorport	July 2025
Procedure completion	Complete before go live for iCa	Robin Marks	On Hold – new coordinator
Procedure completion	Complete before go live for free PSA and Transferrin	Sam Galorport	July 2025

New charge codes	Before go live iCa	John Fortin	On Hold – new coordinator
New charge codes	Before go live free PSA and Transferrin	John Fortin	July 2025
LIS build, add to order sets	Testing order available in Meditech through Order Management iCa	Britt Watters	On Hold – new coordinator
LIS build, add to order sets	Testing order available in Meditech through Order Management free PSA and Transferrin	Britt Watters	July 2025
Final sign off of validation, approve Procedure, notification to provider and go live	All above completed iCa	Joseph Rank	On Hold – new coordinator
Final sign off of validation, approve Procedure, notification to provider and go live	All above completed free PSA and Transferrin	Joseph Rank	August 2025

Follow-Up

April 2024 – Both CT/NG are live for in house testing. As of April 30, 2024, there have been 58 billed Vitamin D and 80 billed CT/NG. Total revenue brought back to Bartlett \$43,132 – Goal Met

June 2024 – Create plan for validations to bring in new in-house tests.

July 29 2024 – Total of 16 MVP performed since July 1. Laboratory billed out \$11,600

September 2024 –

1. \$116,221 has been billed out for original testing, Vitamin D and GC/CT. Went live in April 2024
2. \$24,650 has been billed out for MVP. Went live in July 2024
3. Projecting > \$100,000 per year once live with Ferritin, Folate, B12 and PSA.
4. Initial discussion with validation of iCa. Revenue per test would be \$157/test. Volumes are low but would expect to increase after go live due to need, when results are desired.

- Hospital KPI project for “Microbiology Turnaround” is in progress. New Analyzer (BioFire) installed October 2024 with validations expected to be completed in November 2024, around Thanksgiving.

January 2025 -

- \$173,073.25 has been billed out for original testing, Vitamin D and GC/CT. Went live in April 2024
- \$48,575.00 has been billed out for MVP. Went live in July 2024
- \$12,564.25 has been billed out for Ferritin, Folate and B12. Went live late November.
- Initial discussion with validation of iCa. Revenue per test would be \$157/test. Volumes since July 1 were 10, which we could have charged out \$1570. When this test is live, volumes will increase. There is a need currently in our emergency room.
- PSA validations complete. Waiting on policy and final review by Medical Director. Will charge \$179.25 per test. Volumes since July 1 were 75, which we could have charged out \$13,443.75
- **Hospital KPI project for “Microbiology Turnaround” is live. We have billed out \$3,731.50. This value is not included in totals for laboratories A3 project.
- Total testing billed out** for current A3 project - \$291,270.50

April 14 2025

- Completed validations

Range[TEST] ▼	Range[COST] ▼	Range[CHARGE] ▼	Range[GROSS] ▼	Range[NET] ▼	Date Live ▼
VITD	28993.44	233.25	144848.25	115854.81	3/13/2024
PCT	68561.8	322	102074	33512.2	3/6/2024
FOLATE	2786.31	158.5	19337	16550.69	11/13/2024
VITB12	2356.83	163.5	23871	21514.17	11/13/2024
FERRITIN	2224.56	158.5	16008.5	13783.94	12/20/2024
TPSA	3764.26	186.5	3916.5	152.24	4/7/2025
CT/NG	9262.6	376.75	116039	106776.4	1/11/2024
MVP	5769	754	67106	61337	7/1/2024
BCID	14180.85	514.5	30355.5	16174.65	11/13/2025
ME	10301.94	1660.25	1660.25	-8641.69	3/11/2025
Total Net =				377014.41	

- Validations to complete: iCa, Transferrin, Free PSA

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- These are the draft minutes, and presentation items from board committee meetings held since last month's Board of Directors meeting. A representative from each committee will be available to answer questions from board members.

BACKGROUND

- Behind this cover memo are the minutes and action items from each committee meeting held.
 - A. April 1, 2025, Draft Joint Conference Committee Meeting Minutes
 - B. April 16, 2025, Draft Joint Planning and Finance & Audit Committee Minutes
 - Asset Purchase – ACTION ITEM

DRAFT MINUTES – JOINT CONFERENCE MEETING

DATE: Tuesday, April 1, 2025 - 12:15 p.m.

LOCATION: BRH Boardroom

I. **CALL TO ORDER** – 12:16 p.m. by Deb Johnston, Committee Chair

II. **ROLL CALL**

***Committee and Board Members Present:** *Deb Johnston, *Hal Geiger, *John Raster, MD* Luke Mather, MD., Alex Malter, MD., and Amy Dressel, MD.

Also Present: Joe Wanner and Anita Moffitt

III. **APPROVAL OF AGENDA** – MOTION by Mr. Geiger to approve the agenda as presented. Dr. Raster seconded. There being no objection, MOTION approved.

IV. **PUBLIC PARTICIPATION** - None

V. **NEW BUSINESS**

Ongoing Communications – Ms. Johnston asked the members of the Medical Executive Committee (MEC) consisting of Drs. Mather, Malter and Dressel, how they feel communications between the Board of Directors (BOD) and the medical staff are going and what might need to change. Dr. Malter said he feels like the MEC doesn't have any communication concerns and doesn't need to have more meetings. He also expressed his feeling that things didn't change when issues were brought up with leadership in the past. Dr. Mather, Chief of Staff (COS), provides a medical staff report at the monthly BOD meetings. He also meets once a month or more, if necessary, with the CEO to discuss the latest updates and any medical staff concerns. The CEO also receives updates during his monthly meetings with Dr. Taintor, Hospitalist Director. It was noted that some topics such as hiring a Chief Medical Officer (CMO) or compensation for MEC and committee chairs are bigger topics than conversations for the COS and CEO to have and are better discussed at joint meetings of the MEC and BOD.

Meeting Frequency - Dr. Raster suggested joint conference meetings be held quarterly. Attendees agreed. Meetings will be cancelled if deemed appropriate but there will be no less than two meetings held per year. Ms. Moffitt will send out a poll to determine when in June the next meeting will be held. Ms. Johnston plans to schedule regular one-on-one meetings with the COS.

Strategic Plan – Mr. Wanner provided an overview of the hospital's strategic plan that supports accomplishment of each of the five strategies identified by the BOD. The five strategies:

1. **Deliver seamless continuity of care:** Deliver quality, cost effective medical care, meeting patients where they are with services they need.
2. **Support the development and alignment of employees, providers, and partners:** Cultivate a work environment that enables our employees, providers, and partners to thrive aligning around our mission, vision, and values.

3. **Improve infrastructure to meet community needs:** Develop and maintain the physical and technological infrastructure needed to meet the growing health care services, access, and convenience needs of our patients.
4. **Optimize and drive strategic clinical growth:** Achieve long-term sustainability through organization of operations and selective investment in service line growth.
5. **Promote a distinct identity and brand:** Strengthen community engagement and increase awareness of the range and equity of services offered, elevating the reputation of the organization within Southeast Alaska.

During Mr. Wanner's overview, discussions were held about BRH obtaining a Critical Access Hospital (CAH) designation, the "Save Our Lone Emergency Services" (SOLES) Act, and the Rural Demonstration Project funding. Dr. Malter had also initiated discussion about ophthalmology services and the possibility of recruiting a full-time optometrist. (Discussions are currently underway with the Credentials Committee about having local optometrist do consultations for patients.) Dr. Mather initiated discussions about what the hospital's ultimate goal is and expressed concerns about the expansion of services and potential conflict with private practices. The goal is to recapture outmigration of patients and supporting the needs of our community by providing neurology, ophthalmology, oncology, and cardiology. Discussion held about BRH hiring orthopedists. BRH would like to be a safe landing place for providers that are struggling but don't want to leave the community or go to work for the competition. We want to build better relationships with local providers, not compete against them.

Medical Executive Committee Member Compensation – A discussion was held about compensating the MEC members and committee chairs for serving on these committees as other hospitals across the country do. There is a lot of time and work required from the volunteers that make up these committees. Dr. Mather is in support of compensation but expressed concern that compensation might give the perception that the COS would be representing the CEO instead of the medical staff. He did express support for continuing to send MEC and Credential Committee members to Horty Springer conferences. A discussion was held about hiring a CMO to be a liaison between the physicians and the hospital. Ms. Johnston and Mr. Wanner will conduct research about CMOs, compensation for COS, MEC and committee chairs and will make recommendations to this committee at its next meeting.

Virginia Mason/Franciscan Health (VMFH) Affiliation – There was not enough time to provide an overview of the VMFH presentation included in the packet. The MEC members are encouraged to look it over and reach out to Ms. Johnston or Mr. Wanner with any questions. Dr. Malter stated that other than clinical stuff, the medical staff is comfortable with administration's recommendations.

- VI. COMMENTS AND QUESTIONS** – Dr. Mather reported Jody Totten has agreed to be the Vice Chief of Staff. A vote to appoint her Vice Chief of Staff will be taken at the April 8th Medical Staff Meeting. Ms. Johnston reported the American Hospital Association (AHA) hosted a credentialing and legal training in Anchorage in February. They plan to host these meetings in Alaska on an annual basis.

Next meeting – To be determined – Ms. Moffitt will poll the committee.

- VII. ADJOURNMENT** – 1:42 p.m.

DRAFT MINUTES – JOINT PLANNING AND FINANCE & AUDT COMMITTEE MEETING

DATE: Wednesday, April 16, 2025, at 12:00 p.m.
LOCATION: BRH Boardroom & Teams Videoconference

I. **CALL TO ORDER** – 12:00 p.m. by Kenny Solomon-Gross, Planning Committee Chair

II. **ROLL CALL**

Committee and Board Members Present (*Zoom attendees italicized*): Deb Johnston, Hal Geiger, Max Mertz, Kenny Solomon-Gross, Brent Tingey, DMD, John Raster, MD, Lisa Petersen, Shelly Deering, and Chris Letterman

Also Present (*Zoom attendees italicized*): Joe Wanner, Gail Moorehead, Chuck Cave, Chad Brown, Jeanne Rynne, Nate Rumsey, Lisa Egan Lagerquist, Alex Malter, MD., Erin Hardin, Beth Mow, Elise Dumo, and Sharon Price

III. **APPROVAL OF AGENDA** – Mr. Mertz requested item 7A, Asset Purchase, be moved ahead of item 6, Old Business, on the agenda. There being no objections, the agenda was approved.

IV. **PUBLIC PARTICIPATION** - None

V. **APPROVAL OF MINUTES** – MOTION by Mr. Geiger to approve the March 7, 2025, Joint Planning and Finance and Audit Committee meeting minutes. Ms. Deering seconded. There being no objection, MOTION approved.

Asset Purchase – Mr. Wanner reported the Planning Committee, and the Finance and Audit Committee are being asked to approve the purchase of assets from Family Practice Physicians, Inc. (FPP) and move to the full board for approval. Due to continued reimbursement decreases by federal payers and an aging population, FPP's ability to continue operating independently has become increasingly difficult. FPP and BRH Administration feel that bringing FPP under the hospital's ownership would benefit FPP, BRH, and the patients we serve. FPP will close their practice and become employees of BRH. BRH will purchase the assets within the building. Patients will continue to receive the care they are accustomed to. Administration has engaged a consultant to obtain a Fair Market Value (FMV) assessment of the assets. Ms. Deering asked how long the transition will take. Mr. Wanner estimates it will take about 3 months. The clinic will be branded Bartlett Family Medicine. Mr. Mertz initiated a discussion about the physician contract process. Contracts are Relative Value Units (RVU) based. Physicians are paid based on the work and complexity of the services they provide, measured by RVUs, which are then converted to a dollar amount. Mr. Wanner outlined the strategic value of this transaction to BRH, the physicians, and to the community. Mr. Solomon-Gross asked if there were any concerns with CBJ about BRH having offices off the BRH campus. CBJ has raised no concerns. BRH already owns the building and is now asking for approval to buy the physical assets of FPP. BRH is not buying the practice and is not taking on their liability. Mr. Solomon-Gross initiated conversation about physicians working under the Bartlett umbrella, but located off-campus, writing prescriptions under the 340B program. Dr. Raster said he has only heard general support of this transaction from the medical

community, and he doesn't see a downside. It helped that Mr. Wanner laid the groundwork by talking to other providers in the community. Mr. Letterman asked if there would need to be a second board action taken to institute this practice under BRH's umbrella. No, opening the clinic and hiring physicians is in the CEO's purview. Mr. Geiger expressed his appreciation for the way Mr. Wanner has kept the board informed throughout this process. Ms. Johnston agreed that this transaction has been handled very well. Bartlett's goal is to be a safe landing space for those physicians that want to remain in practice but feel that they can't continue in the circumstances they are in.

MOTION by Ms. Deering that the Planning Committee, and the Finance and Audit Committee of Bartlett Regional Hospital approve the purchase of assets from Family Practice Physicians in an amount not to exceed the pending asset valuation and move to the full board for approval. Mr. Geiger seconded. Mr. Solomon-Gross said he wants to see a dollar amount. Mr. Mertz suggested \$600K. Ms. Deering amended her motion to add that if the valuation is above \$600K, it will come back to the committees for further consideration. There being no objection, MOTION approved. Ms. Deering stated that she supports this 100%. Mr. Wanner thanked Dr. Malter for helping to move this forward.

VI. OLD BUSINESS

BRH Project Updates – Ms. Rynne introduced project manager, Lisa Eagan Lagerquist. Ms. Rynne is retiring at the end of this month and Ms. Eagan Lagerquist will be the interim lead for the architecture section at CBJ. She is also the project manager for the ED addition and renovation project. Ms. Eagan Lagerquist said she is looking forward to working with everyone until a permanent replacement is found.

Ms. Rynne provided an update on the following projects: Ground floor asbestos abatement, Wildflower Court (WFC) fuel tank installation, WFC Life Safety Condition Assessment, WFC sidewalk replacement project, Emergency Department (ED) renovation project. On March 29th, a Request for Proposal (RFP) was issued to three short-listed firms to solicit bids for a Construction Manager at Risk (CMAR) for the ED renovation project. Their responses are due April 29th. The CMAR firm is expected to be under contract by mid-June. Construction is anticipated to begin in the spring of 2026. Phase 2 of the surge protection project is currently on hold. Mr. Mertz asked how the short-listed firms were chosen. This was a process that began a year ago, there was a call for a statement of qualifications (RFQ), an evaluation panel ranked and scored the proposers, three of the four proposers were short-listed. Ms. Johnston thanked Ms. Rynne for all of her assistance and patience, she will be missed.

Facility Master Plan (FMP) Update – Mr. Wanner reported the modification request he had submitted to CBJ to get an exemption to allow Capital Healthcare Planning to conduct an FMP analysis was denied. An RFP has been issued for an FMP analysis to be conducted. A preproposal teleconference was held on April 10th for interested vendors. Proposals are due on April 23rd. An evaluation panel will review and score the proposals for vendor selection. Results of this analysis will be used to help in the development of the hospital's FMP.

Mr. Solomon-Gross turned the meeting over to Mr. Mertz, Finance Committee Chair. Mr. Mertz turned it over to Mr. Cave to provide his last BRH financial update.

Mr. Cave introduce Elise Dumo, Interim Controller. She will be the lead finance person as the hospital continues recruitment efforts for a permanent CFO. Ms. Dumo's history includes working at the Controller level as well as the CFO level.

VII. NEW BUSINESS

February 2025 Financial Statement Review – Mr. Cave provided an overview of the February financial statements included in the packet. February inpatient revenues for the hospital were below the prior

month, 8.3% and 10% below the 13-month average. Outpatient revenue fell \$2M month-over-month. Contractual and bad debt write-offs were 44.2% of gross revenues. Net operating revenue totaling \$10.4M fell below the 13-month rolling average of \$11.5M. Mr. Mertz asked about the contractual allowance decrease and the bad debt charity care numbers being lower than last year. He expressed concerns that they are being understated. Mr. Cave said our contractual allowances are so flat they vary little month to month. The months that have a variance are due to the mix of patient revenue, more commercial, less government. Mr. Cave will make sure Ms. Dumo is up to speed before he leaves at the end of the month. He noted on his list of items to do is to do a 12-month lookback to ensure the contractual allowance percentages are all in line and to also make sure charity care patients are identified and authorized to be written off to the appropriate category. Mr. Cave confirmed for Mr. Mertz that the net decrease in net AR from the prior month is due to improvements in cash collections. He credits this to the oversight by the strong leadership in the Patient Financial Services (PFS) department. Contract labor was \$452K over budget and physician contracts were \$323K over budget due to Anesthesia not being budgeted. This issue will continue until we get into a new budget year. Maintenance expense was over budget by \$58K due to software maintenance. Total net income for the month of February was \$141K. Wildflower Court (WFC) had \$1.44M in gross revenues, \$1.22M net operating revenues. Contract labor costs were \$281K in February, YTD average \$245K. Salaries and Wages were \$51K below the YTD average. WFC had a net operating income of \$316K. Mr. Solomon-Gross asked why we don't budget for contract labor. Mr. Cave responded that BRH budgets for salaries and wages and for contract labor. He noted there is \$8M in the FY26 budget for contract labor. Mr. Mertz initiated discussion about reporting the allocation of overhead expenses to WFC in FY26. A breakout of these expenses will be reported on a quarterly basis. Mr. Cave provided an overview of the balance sheet included in the packet; total assets in February \$169M, total liabilities \$90M, total liabilities and fund balance \$169M. Mr. Mertz initiated discussion about a board designated cash line, he's not sure what floats into that. He feels that this would be a good exercise for the board to go through as part of the facility master planning process. He also talked about the fund balance and identifying money for capital improvement projects. Mr. Cave provided an overview of patient volumes in February. Total gross patient revenue for Home Health services was \$58K and \$44K for Hospice. Total net revenue was \$73K for Home Health and almost \$16K for Hospice. Net income for Home Health was -\$13K and -\$27K for Hospice. This gives a total of \$40K loss for the month, \$325K loss YTD. Mr. Cave does have a 4-year projection for Home Health and Hospice. Mr. Mertz asked that this be sent to the Finance Committee members and also asked that it be included in the April board packet under the CEO report. Mr. Cave provided a comparison of total FTEs and productive FTEs. Productive FTEs will be used to set productivity standards for departments. Non-productive FTEs include people being paid while gone for training, on vacation or sick leave, etc.

Mr. Mertz thanked Mr. Cave for all of the hard work he has put in during the time he has been here at BRH. Mr. Cave thanked Mr. Mertz. He then reported that the NetSuite implementation is complete. It has been live as of April 1st. We are still tweaking the system, but overall, it is working well.

VIII. COMMITTEE COMMENTS AND QUESTIONS

Mr. Mertz initiated a discussion about combined Planning and Finance and Audit Meetings. These committees will continue to be separate committees with their own meetings.

IX. ADJOURNMENT – 1:30 p.m.

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- The Board of Directors is being asked to approve the purchase of assets from Family Practice Physicians, Inc.

BACKGROUND

- Over the course of the last ten months, Bartlett has had discussions with Family Practice Physicians, Inc. (FPP) over the future state of their practice. Due to continued reimbursement decreases by federal payers and an aging population, their ability to continue operating independently has become increasingly difficult.
- FPP and the BRH Administration both feel that bringing FPP under the hospital's ownership would be of benefit to FPP, BRH, and the patients we serve.
- BRH Administration has engaged a consultant in a Fair Market Value assessment of FPP's assets.
- This purchase was approved by the Planning and Finance & Audit Committees at the April 16, 2025, joint committee meeting.
- Joe Wanner, CEO, will be present to brief the board.

OPTIONS

- Approve the asset purchase as presented to the board with a not to exceed amount pending the asset valuation.
- Seek additional information.

ADMINISTRATION'S RECOMMENDATION

- Approve the asset purchase as presented to the board.

SUGGESTED MOTION

- I move the Bartlett Regional Hospital Board of Directors to approve the purchase of assets from Family Practice Physicians in an amount not to exceed \$600K. If the pending asset valuation is above \$600K, this will come back to the committees and the board for further consideration.

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, Chief Executive Officer

ISSUE

- This is a standing report from the CEO and Administration staff to the board regarding current BRH matters.

BACKGROUND

- The board will be briefed on current BRH matters in the form of a standing report.
- Behind this cover memo:
 - CEO and Administration report
 - Home Health and Hospice 4-year projection

OPTIONS

- This is an information update. No action is necessary.

MEMORANDUM

DATE: March 25, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Joe Wanner, CEO
SUBJECT: **Executive Administration Report**

"Great things are not done by impulse, but by a series of small things brought together." Vincent van Gogh

Over the course of the last decade, delivering health care in a financially sustainable manner has become increasingly difficult to achieve. Unfortunately, it has become all too common news since COVID to see hospitals cutting services, staff, or even closing their doors. Bartlett has not been immune to these challenges, having gone through its own struggles in recent years. In addition to the decreasing number of hospitals and hospital-affiliated services across the nation, there has also been a decrease in the number of independent clinics and practitioners. Over the course of the last five years, independent physicians in U.S. rural areas have declined 43%. This number is driven by a total decrease in rural physicians and a move away from physician employment through independent practices to hospitals, health systems, and corporate entities. In Alaska, we have seen a 31% decrease in independent clinics between 2019 to 2024. We have seen this trend locally with the consolidation of several practices, including Juneau OB/Gyn, Rainforest Pediatric Care, Juneau Physical Therapy, and Southeast Medical Clinic.

It is in this backdrop that Bartlett has been working with Family Practice Physicians (FPP) to bring them under our banner as a new primary care clinic, Bartlett Family Medicine. As we look to the long-range sustainability of both organizations, this change shows a shared commitment to meet the needs of the patients of Juneau and the greater Southeast Alaska region. We have seen the local options of primary and specialty care be reduced as independent practices have consolidated. This strategic partnership will ensure local residents continue to have a choice and continue to receive the care in a way they have become accustomed to. While Bartlett continues to face headwinds and evaluate the disruption that is happening at the federal level, we feel that this partnership is in alignment with our mission, vision, and values. We look forward to working with FPP, and other local providers, to help deliver the best possible care to our patients.

HR Board Summary – April 2025

EMPLOYEE ENGAGEMENT

1. Using employee engagement data to improve employee satisfaction.

- Rounding Tracking – Senior Leadership have been consistently exceeding Goal of 80%
- Cup o Jo with Joe
- Service Awards: 4/26
- Hospital Week: 5/11-17

KEY INITIATIVES

1. Implementing intuitive user-friendly technology
 - Time & Attendance – Implemented new Shift Differentials & Time Fences – Continuing Optimization Phase
 - Digital / Paperless Transformation - Approx 90% complete
 - New fully integrated HCM system Including – Projected Go Live 12/2025

Applicant Tracking	Performance Reviews
Employee Self Service	Paperless / Electronic Processes
Predictive Analytics	Succession Planning
Integrated Benefits Enrollment	Payroll

ADDITIONAL CRITICAL PROJECTS

- Policy Review – All BRH HR Policies – Expected Completion FY25-Q4
- Succession Planning – Pushed to FY26 Q2
- Oversight of Strategic Goal #2 A3s – Ongoing

**Bartlett Regional Medical Center
Hospice Department
4 Year Projection**

	8 Months	Projected	Budget	Projected				
	FYTD 2025	FY25	FY26	FY26	FY27	FY28	FY29	
9. Total Gross Patient Revenue	\$ 504,311	756,466	634,788	634,788	660,179	686,587	714,050	4% increase per year
16. Total Deductions from Revenue	\$ 12,243	6,147	15,411	5,158	5,364	16,668	5,802	At current rates
<i>% Contractual Allowances / Total Gross Patient Revenue</i>								
<i>% Bad Debt & Charity Care / Total Gross Patient Revenue</i>								
<i>% Total Deductions / Total Gross Patient Revenue</i>								
17. Net Patient Revenue	\$ 492,068	\$ 750,319	\$ 619,377	\$ 629,630	\$ 654,815	\$ 669,919	\$ 708,248	
City Contribution			100,000	100,000				
19. Total Operating Revenue	\$ 492,068	\$ 750,319	\$ 719,377	\$ 729,630	\$ 654,815	\$ 669,919	\$ 708,248	
Expenses:								
20. Salaries & Wages	\$ 322,751	484,126	459,489	584,126	513,610	529,018	544,888	Current plus \$100K in FY26
21. Physician Wages								
22. Contract Labor	\$ 23,491	35,285	-	-	-	-	-	
23. Employee Benefits	\$ 154,434	231,651	219,862	279,500	245,758	253,131	260,725	
	\$ 500,676	\$ 751,062	\$ 679,351	\$ 863,626	\$ 759,368	\$ 782,149	\$ 805,613	
<i>% Salaries and Benefits / Total Operating Revenue</i>								
24. Medical Professional Fees								
25. Physician Contracts								
26. Non-Medical Professional Fees								
27. Materials & Supplies	\$ 7,509	11,279	13,043	13,043	13,565	14,107	14,672	Ratio of Revenue
28. Utilities	\$ 643	965	685	706	727	749	771	3% per year
29. Maintenance & Repairs	\$ 125	187	125	129	133	137	141	3% per year
30. Rentals & Leases	\$ 10,445	15,689	15,585	16,364	17,182	18,042	18,944	5% per year
31. Insurance	\$ -	-						
32. Depreciation & Amortization	\$ -	-						
33. Interest Expense	\$ -	-						
34. Other Operating Expenses	\$ 35,094	52,714	74,540	76,776	79,079	81,452	83,895	3% per year
35. Total Expenses	\$ 554,491	\$ 831,896	\$ 783,329	\$ 970,644	\$ 870,054	\$ 896,635	\$ 924,036	
40. Net Income (Loss)	\$ (62,424)	\$ (81,577)	\$ (63,952)	\$ (241,014)	\$ (215,239)	\$ (226,716)	\$ (215,788)	

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- The board is being asked to review and approve the board calendar for the next month.

BACKGROUND

- Behind this cover memo is the draft calendar of board and committee meetings scheduled to take place in the upcoming month.

OPTIONS

- Approve the board calendar as presented to the board.
- Amend the board calendar and approve the amended board calendar.
- Seek additional information.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital to approve the board calendar as presented.

May 2025

All public meetings will be virtual and in person. Participants wishing to join virtually are encouraged to do so by using the video conference meeting information listed on the next page and at the top of each meeting's agenda.

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2 12:00 pm Planning Committee (PUBLIC MEETING)	3
4	5	6 7:00am Credentials Committee (Not a public meeting)	7	8 3:00pm Board Quality and Compliance Committee (PUBLIC MEETING)	9 12:00pm Finance Committee (PUBLIC MEETING)	10
11 	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 	27 5:30pm Board of Directors (PUBLIC MEETING)	28	29	30	31

MAY 2025 - BRH Board of Directors and Committee Meetings

BRH Planning Committee 12:00 pm Friday, May 2nd

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link
<https://bit.ly/BRHPlanningCommitteeMeetings2025> **Meeting ID:** 281 356 428 302 **Passcode:** dc9aos
Join by Phone: 1 469 998 7360 **Phone Conference ID:** 901 310 556#

BRH Board Quality and Compliance Committee 3:00 pm Thursday, May 8th

This hybrid meeting will be held in the BRH boardroom and via Microsoft Teams via the following link
<https://bit.ly/QualityCommitteeMeetingMarch2025> **Meeting ID:** 217 444 282 366 **Passcode:** B4Vb35D4
Join by Phone: 1 469 998 7360 **Phone Conference ID:** 869 150 23#

BRH Board Finance Committee 12:00 pm Friday, May 9th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link
<https://bit.ly/BRHFinanceCommitteeMeetings2025> **Meeting ID:** 272 417 242 42 **Passcode:** FoafKQ
Join by Phone: 1 469 998 7360 **Phone Conference ID:** 215 796 66#

BRH Board of Directors Meeting 5:30pm Tuesday, May 27th

This hybrid meeting will be held in the BRH Boardroom and via Microsoft Teams via the following link:
<https://bit.ly/BRHBoardofDirectorsMeetings2025> **Meeting ID:** 295 750 175 155 **Passcode:** K4ka96dC
Join by Phone: 1 469 998 7360 **Phone Conference ID:** 465 244 905#

MEMORANDUM

DATE: April 22, 2025
TO: Bartlett Regional Hospital Board of Directors
FROM: Deborah (Deb) Johnston, Board President

ISSUE

- The board will be briefed on confidential matters not subject to public disclosure, including the patient safety dashboards, credentialing status of medical providers, discussions at the Medical Staff meeting, and legal updates.

BACKGROUND

- Documents to be reviewed are:
 - a. Patient Safety Dashboards
 - b. Credentialing files summary report
 - c. April 8, 2025, Medical Staff Meeting Minutes

OPTIONS

- No action will be taken during executive session. Action to be taken on the credentialing files summary report will occur when the open meeting resumes.

SUGGESTED MOTION

- I move the Board of Directors of Bartlett Regional Hospital recess into executive session to discuss several matters:
 - Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient safety dashboards, credentialing report, Medical Staff Meeting minutes, and legal updates.