Northern Inyo Healthcare District

Board Meeting

Finance Committee Meeting - August 11, 2026

Agenda

New Business

Financial and Statistical Report

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

Mission
Northern Inyo Healthcare District provides health care services to improve the quality of life and health for all we serve

Vision
Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, compassionate, comprehensive care in coordination with regional partners.

NOTICE

NORTHERN INYO HEALTHCARE DISTRICT
Board of Directors' Finance Committee Meeting
August 11, 2026 at 8:00 am

The Finance Committee will meet in person at 150 Pioneer Lane, Bishop, CA 93514. Members of the public will be allowed to attend in person or via Zoom. Public comments can be made in person or via Zoom.

TO CONNECT VIA ZOOM: (A link is also available on the NIHD Website)
https://us06web.zoom.us/s/86114057527
Webinar ID: 861 1405 7527
Passcode: 898843

PHONE CONNECTION:
(669) 444-9171
(253) 215-8782
Webinar ID: 861 1405 7527

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1. Call to Order at 8:00 am.
2. Public Comment: At this time, members of the audience may speak only on items listed on this Notice. Each speaker is limited to a maximum of three (3) minutes, with a total of thirty (30) minutes for all public comments unless modified by the Chair. The Board is prohibited from discussing or taking action on items not listed on this Notice. Speaking time may not be transferred to another person, except when arrangements have been made in advance for a designated spokesperson to represent a large group. Comments must be brief, non-repetitive, and respectful.
3. Old Business
   a) NIH Foundation Donation – Information Item
   b) GO Bond Update – Information Item
   c) HealthTrust Benchmarking Update – Information Item
   d) RHTP (Rural Health Transformation Project) Update – Information Item
   e) Service Line Update – Information Item
   f) Strategic Growth, Wipfli/WOLD Update – Information Item
4. New Business

a) Approval of Meeting Minutes July 7, 2026 – Action Item
b) Radiology Request for Proposal (RFP) – Information Item
c) Investment Report – Information Item
d) Financial and Statistical Report – Information Item

5. General Information from Board Members – Information Item
6. Adjournment

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District Board Governance Committee meeting, please contact the administration at (760) 873-2838 at least 24 hours prior to the meeting.

CALL TO ORDER	Northern Inyo Healthcare District (NIHD) Finance Committee Chair Egan called the meeting to order at 8:23 am.
PRESENT	Maggie Egan, Finance Committee Chair Melissa Best-Baker, Finance Committee Vice-Chair Christian Wallis, Chief Executive Officer Andrea Mossman, Chief Financial Officer Allison Partridge, Chief Operations Officer / Chief Nursing Officer Adam Hawkins, Chief Medical Officer Alison Murray, Chief Human Resources Officer, Chief Business Development Officer Patty Dickson, Compliance Officer
TELECONFERENCING	Notice has been posted, and a quorum participated from locations within the jurisdiction.
PUBLIC COMMENT	Finance Chair Egan reported that at this time, audience members may speak on any items not on the agenda that are within the jurisdiction of the Board. **Public Comment:** None
STRATEGIC GROWTH, WIPFLI/WOLD UPDATE	CEO Wallis reported that Wipfli is finalizing the market survey using updated HCAI and Renown data. He provided an update on the bridge plan, including the redesign of the PMA building to create additional exam room capacity while long-term planning continues for the Medical Office Building. He also reported that the former Reed Building has been incorporated into the Rural Health Clinic property to create one continuous parcel for future development. Preliminary pricing for the Medical Office Building has been received, and the project team is evaluating opportunities to refine the design before bringing it back for further review. **Public Comment:** None **Board Discussion:** None
DPNF/BISHOP CARE CENTER UPDATE	CEO Wallis reported that discussions regarding the Distinct Part Nursing Facility (DPNF) Program partnership with Bishop Care Center continue to progress. He noted that communication has been challenging but that Wipfli has connected with both the Bishop Care Center management team and its corporate owner to begin sharing information. He stated that Wipfli will use the data to develop a pro forma for the proposed partnership, which will help inform the District's long-range financial plan. **Public Comment:** None **Board Discussion:** None

RHTP (Rural Health Transformation Project) UPDATE	CEO Wallis provided an update on the Rural Health Transformation Project (RHTP) grant opportunities recently released by the State. He reported that the District is pursuing an Accelerator Partners grant focused on recruitment and retention for maternal health services in collaboration with Southern Inyo Hospital and Mammoth Hospital using a hub-and-spoke model. He stated that additional workforce and EHR modernization grant opportunities are expected to open in mid-July with a short application timeline. He also noted that the grant application will highlight the District's regional role in providing maternity services to surrounding communities, including patients from Nevada. **Public Comment:** None **Board Discussion:** The Committee discussed emphasizing the District's longstanding service to patients from Tonopah, Nevada, and the growing number of patients from Ridgecrest in the grant application. Members noted that highlighting the District's regional role and the geographic distances served would strengthen the hub-and-spoke model described in the proposal.
TELE-NEPHROLOGY EQUIPMENT UPDATE	CEO Wallis reported that the District has overcome the legal and regulatory hurdles necessary to implement an inpatient tele-nephrology program and is among the first hospitals in California to do so. He provided an update on grant funding for the required equipment and stated that staff are awaiting final confirmation of the award. He reported that implementation planning is underway, including equipment acquisition, policy development, and staff training, with a target launch date of January 1. **Public Comment:** None **Board Discussion:** The Committee discussed the significance of being among the first California critical access hospitals to implement an inpatient tele-nephrology program and expressed support for the project's January 1, 2027 implementation timeline.
APPROVAL OF MEETING MINUTES May 12, 2026	**Public Comment:** None **Board Discussion:** None **Motion by** Best Baker to approve May 12, 2026 meeting minutes **2nd:** Egan **Pass:** 2-0
GRANT UPDATE	**Telemedicine Equipment (USDA)** CEO Wallis reported that the District submitted a federal United States Department of Agriculture (USDA) grant application requesting approximately $105,000 for telemedicine equipment. The proposed equipment includes replacement specialty telemedicine equipment, telepathology equipment, and a stroke cart. He noted that if awarded, the grant would offset equipment costs

that could otherwise be pursued through the Rural Health Transformation Project.

Public Comment: None

Board Discussion: None

FINANCIAL AND STATISTICAL REPORT

CFO Mossman presented the May 2026 Financial and Statistical Report. She reported favorable financial results driven by strong orthopedic surgical volumes, improved cash reserves, and continued improvement in revenue cycle performance. She noted that the District's year-to-date financial results include the one-time impact of the Employee Retention Credit and emphasized the importance of continuing to improve operational performance and manage expenses. She also provided updates on payer mix, cash flow, accounts receivable, debt covenant performance, and ongoing efforts to improve staffing efficiency and supply costs.

Public Comment: None

Board Discussion:
The Committee discussed the implementation status of the recently approved banking initiatives. CFO Mossman reported that the cash sweep process is being finalized with the bank and that staff are also working to establish a separate account to isolate General Obligation Bond funds for future payments.

GENERAL INFORMATION FROM BOARD MEMBERS

Director Egan acknowledged the passing of Judd Alan Symons and recognized his lasting contributions to healthcare in the Eastern Sierra. She invited those present to take a moment of reflection in his memory.

ADJOURNMENT

Adjournment at 9:01 am

_____
Maggie Egan
Northern Inyo Healthcare District
Finance Committee Chair

Attest: _____
Melissa Best-Baker
Northern Inyo Healthcare District
Finance Committee Vice-Chair

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

DATE: August 2026

TO: Board of Directors, Northern Inyo Healthcare District

FROM: Allison Partridge, CNO / COO

RE: Radiology Professional Services Request for Proposal (RFP)

MEMORANDUM

Background

Northern Inyo Healthcare District is initiating a competitive Request for Proposal (RFP) process for Professional Radiology Services. Administration has initiated a competitive Request for Proposal (RFP) process to evaluate proposals from qualified providers for future Professional Radiology Services.

Discussion

On August 5, 2026, the District released a Request for Proposal (RFP) for Professional Radiology Services. The RFP seeks proposals from qualified providers to furnish the physician professional services necessary to support the District's Diagnostic Imaging Department.

The scope of services includes 24-hour, seven-day-per-week radiology interpretation services (teleradiology), on-site radiologist coverage for interventional and therapeutic procedures, breast imaging services, medical direction, quality assurance activities, peer review, and collaboration with District staff to support patient care and regulatory requirements. The selected provider will support the District's existing Diagnostic Imaging Department, which offers X-ray, fluoroscopy, CT, MRI, ultrasound, DEXA, nuclear medicine, and mammography services.

The RFP establishes a competitive procurement process that includes proposal submission, evaluation, and, if appropriate, interviews or presentations before contract negotiations. Proposals are due August 31, 2026, with contractor selection anticipated in October 2026 and an anticipated service start date of May 3, 2027.

Recommendations

This memorandum is provided for informational purposes. No Board action is requested at this time. Management will continue to administer the procurement process and will return to the Board with any items requiring Board approval.

NORTHERN INYO HEALTHCARE DISTRICT
One Team. One Goal. Your Health.

July 27, 2026

REQUEST FOR PROPOSAL

Radiology Professional

Services RFP 2026-01

Due 5:00pm PDT Monday August 31, 2026

Table of Contents

Section 1 – Introduction

Northern Inyo Healthcare District is requesting proposals from qualified firms or individuals for Radiology Professional Services.

Proposers may deliver their proposals in the following ways:

1. Hard-copy proposals can be addressed and delivered to: Dianne Picken – Medical Staff Director, Northern Inyo Healthcare District, 150 Pioneer Lane, Bishop, CA 93514. If you will be submitting hard copies, please include two copies, with any Proprietary Information in a separate envelope. Proposals can also be delivered in person to the same address. (The Administration Building is generally open Monday-Friday, 0800- 1600 and can be accessed via Door #5.)

2. Proposals may be sent as one PDF file, with the exception of any Proprietary Information, which should be sent as a separate PDF file. Electronic submissions may be sent to: Dianne.Picken@nih.org

3. Proposals must be received on or before 5:00pm PDT Monday August 31, 2026, at which time a representative of the Executive Team will announce publicly the names of those firms or individuals submitting proposals. No proposals will be accepted after this time. Any public disclosure will be made in accordance with the California Public Records Act and the provisions of this RFP.

4. Proposers should not assume that proposals have been received until an Acknowledgement of Proposal receipt is provided by NIHD.

Northern Inyo Healthcare District's Overnight Delivery (FedEx, Airborne, and UPS)

address is: Dianne Picken, Medical Staff Director
Northern Inyo Healthcare
District 150 Pioneer Lane
Bishop, CA 93514

NORTHERN INYO HEALTHCARE DISTRICT

_____

Christian Wallis
Chief Executive Officer
Issuing Executive

Section 2 – RFP Procedures

Inquiries

All inquiries concerning this RFP must be submitted in writing to Dianne Picken, Medical Staff Director at **Dianne.Picken@nih.org** no later than 5:00pm PDT on August 21, 2026. Respondents will carefully examine all documents included in this Request for Proposal (RFP) and shall make a written request for interpretation or correction of any ambiguity, inconsistency, or error herein. Any interpretation or correction will be issued as an Addendum and be posted on the website, www.nih.org. Only a written interpretation or correction by Addendum shall be binding. Respondents are cautioned against relying upon any interpretation or correction given by any other method.

Proposal Withdrawal

Proposers may withdraw their proposals by notifying the District in writing at any time prior to the proposal response time deadline. Proposers may withdraw their proposals in person or through an authorized representative. Proposals, once opened (hard copy or email), become property of the District and will not be returned to the Proposers

Proposal Disclosure

Proposers should be aware that proposals will become public records when in judgment of the District, the Public Records Act, requires disclosure. Proposers must invoke, in writing, the exemptions to disclosure provided by law in their response to the RFP by providing a specific statutory authority for claimed exemptions, identifying the data or other materials to be protected, and stating the reasons why such exclusion from public disclosure is necessary.

Proposals will be made available for public inspection at the time the District posts notice of its decision or intended decision concerning contract awards.

Any resulting contract award may be reviewed by any person after the contract has been executed by the District. The District has the right to use any and all information/material submitted in response to this Request for Proposals and/or resulting contract from it. Disqualification of a Respondent does not eliminate this right.

Public Records Act

All material submitted regarding this RFP becomes the property of the District. Proposers should take special note of this as it relates to any proprietary information that might be included in their offer. Any resulting contract may be reviewed by any person after the contract has been executed by the District. The District has the right to use any or all information/material submitted in response to this RFP process and/or any resulting contract from the same.

Disqualification of a proposal does not eliminate this right.

Anticipated RFP Schedule

The following schedule is tentative and may be modified by the District in its discretion:

	Event	Scheduled Dates	
1.	RFP Public Announcement	August 5, 2026	
2.	Deadline for Receipt of Questions	August 21, 2026	
3.	NIHD Responses to Questions, if any	August 24, 2026	
4.	Deadline for Receipt of Proposals	August 31, 2026, at 5:00pm PDT	
5.	Optional Interviews, Presentations, or Requests for Clarification	September 2026, if requested by NIHD	
6.	Anticipated Contractor Selection/Award Notification	On or about October 2, 2026	
7.	Anticipated Contract Execution	On or about November 2, 2026	
8.	Anticipated Service Start Date	May 3, 2027	

Any selection or award is subject to completion of all applicable District review and approval processes and execution of a definitive agreement acceptable to the District.

Delays

The District may delay or modify scheduled event dates if it is to the advantage of the District to do so. The District will notify Proposers of all changes in scheduled due dates by posting any changes by addenda on the website.

Addenda

If revisions or clarifications to the RFP become necessary, the District will provide written addenda posted on the District website, www.nih.org.

It is the responsibility of Proposers to closely monitor postings on the District's website. A listing acknowledging any and all posted addenda must accompany your proposal. In the event this listing is not with your proposal, it will be assumed that the respondent is aware of any and all addenda.

The District will not issue addenda less than five (5) days prior to the scheduled deadline date and time for receiving proposals, unless said date is to be postponed.

Oral Presentations and/or Interviews

At its sole discretion, the District may invite short-listed respondents to conduct oral presentations or interviews. Presentations or interviews provide an opportunity for Proposers to clarify their proposals for the District. The District will schedule any such presentations or interviews.

Acceptance or Rejection of Proposals

The District reserves the right to reject any and all proposals when (1) such rejection is in the best interest of the District; or (2) the proposal contains any irregularities; provided, however, that the District reserves the right to waive any minor irregularities and to accept the proposal determined most responsive and responsible and best meeting its needs. The right to accept or reject proposals is completely within the District Board and management's discretion regardless of the scoring or competitive details of the proposals. The District reserves the right to select one or more Proposers to proceed to negotiate terms of a contract and to continue to choose to negotiate with any one or more Proposers until such time as the District awards a final contract.

The District also reserves the right to cancel this RFP at any time and/or to solicit and re-advertise for other proposals. This RFP does not commit the District to award a contract or contracts.

Communication & Lobbying Restrictions

From the time the District posts this RFP, until it awards a contract to a successful Proposer, any Proposer (or any of its representatives or agents) is prohibited from any communication concerning this RFP with the Hospital's Executives, Staff, District Board of Directors and/or any agents thereof, except through the designated RFP contact identified in the Inquiries section. This restriction does not prohibit ordinary course clinical or operational communications unrelated to this RFP, including communications required under an existing agreement with the District. No department or office at the District has the authority to solicit or receive official proposals except as specified in this RFP. All solicitation is performed under direct supervision of the Issuing Executive. This does not apply to oral presentations before evaluation/selection teams, contract negotiations or public presentations made to the Hospital during any duly noticed public meeting. Violation of these provisions may result in disqualification, in the District's discretion.

Development Costs

Neither the District nor its representatives shall be liable for any expenses incurred in connection with the preparation, submission or presentation of a response to this RFP.

Conflicts of Interest

All Proposers must disclose with their proposal the name of any officer, director, or agent who is an elected official, appointed official, independent contractor or an employee of Northern Inyo Healthcare District and/or Northern Inyo Hospital. Further, all Proposers must disclose the name of any elected

official, appointed official, independent contractor or employee of the Hospital or the District who owns directly or indirectly, any interest in the Proposer's firm or any of its branches.

Non-Collusion

By submitting and signing a proposal response, the Proposer certifies that their offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same materials, services, supplies or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities are permitted, either with, prior to or after any delivery of material or provision of services. Any violation of this provision may result in contract cancellation, return of materials, or discontinuation of services and possible removal from the District's Vendor/Bid List(s).

Subcontracting

Firms submitting proposals may subcontract portions of the engagement to other firms. If this is to be done, that fact, and the name of the proposed subcontracting firms, must be clearly identified in the proposal. However, following award of the contract, no additional subcontracting or changes in subcontractors will be allowed without express prior written consent of the District. No compromise to insurance requirement shall be made for under insured vendors. Any approved subcontractor and its physicians must satisfy the applicable requirements of this RFP, and the successful Proposer will remain responsible for all subcontracted services.

Licenses and Permitting

Proposers, both corporate and individuals, must be or, by contract execution, become legally authorized to provide the professional medical services described in this RFP in the State of California. Each physician proposed to provide services must hold, or be eligible to obtain, all licenses and certifications required to perform the services and must obtain them before providing services. Proposers must identify in their proposals any pending licensure or certification and the anticipated date of completion. The successful Proposer and all physicians providing services must satisfy the credentialing and privileging requirements in Section 5 before providing services. Should the Respondent be unable to satisfy these requirements before commencement of services, the District may reject the proposal or withdraw the award.

Section 3 – Purpose of the RFP

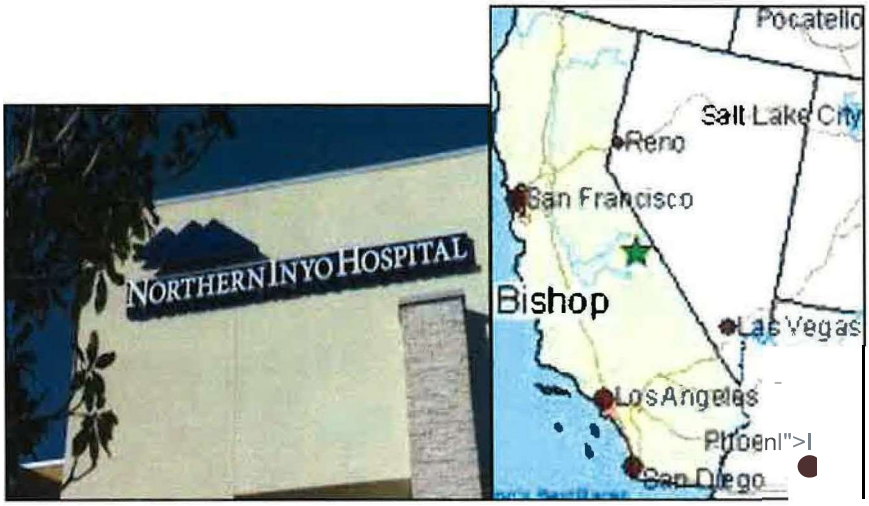
Intent

NIHD is seeking proposals to provide Radiology Professional Services that are able to deliver cost-effective, high quality service for our patients, NIHD and clinicians.

Background Information

About Us

NIHD is located in Bishop, California, a town in between two destination mountain ranges, the Sierra Nevada mountains to the West and the White Mountains to the East. There are many outdoor recreation opportunities to enjoy in and around Bishop and you can enjoy those activities in the most beautiful scenery most people will ever experience.



NIHD operates Northern Inyo Hospital, a 25-bed critical access, district designated, hospital. The hospital has 16 Medical-Surgical beds, 4 Intensive Care Unit beds and 5 Perinatal beds that has been providing healthcare in the Eastern Sierra region since 1946 and provides healthcare services in a county of 18,000+ people. There are also three state-of- the-art surgical suites and a large, modern Emergency Department. The district also operates a Rural Health Clinic that includes women's services and Northern Inyo Associates, which include outpatient clinics for General surgery, Orthopedics, Pediatrics, Allergy, Internal Medicine, and Telehealth Virtual Clinic Specialties.

There are approximately 1500 admissions per year; with 77% admitted through the ED. Our average inpatient daily census is approximately 6.98 with an average length of stay of about 3.64 days. (FY 2026).

Our Accreditation.

NIHD is the only acute care hospital for 150 miles that is accredited by The Joint Commission. This accreditation recognizes our healthcare quality improvement and risk management orientation. Staff from across the organization work together to develop and implement approaches that have the potential to improve care for the patients in our community.

Our DI department is accredited by the American College of Radiology for the following services:

- Computed Tomography
- Ultrasound
- Mammography
- Nuclear Medicine
- Magnetic Resonance Imaging
- Breast
- MRI

Our Mission

Improving our communities, one life at a time. One Team. One Goal. Your Health.

Our Vision

Northern Inyo Healthcare District will be known throughout the Eastern Sierra Region for providing high quality, comprehensive care in the most patient friendly way, both locally and in coordination with trusted regional partners.

NIHD Diagnostic Imaging (Radiology) Services

The Diagnostic Imaging (DI) Department provides emergency and inpatient radiography, CT and US services 24 hours per day, seven days per week. In addition, we provide in-patient, out-patient, and emergency patient services from Monday through Friday (excluding NIHD observed holidays) from 7am - 5:30pm. The DI Department requires 24-7-365 Teleradiology services that provide timely interpretations of all imaging exams and have the ability to provide subspecialized interpretations as requested / warranted.

In addition to the TeleRadiology coverage, NIHD requires on-site coverage by a provider(s) competent to perform the interventional / therapeutic procedures and breast health diagnostic / therapeutic procedures identified below. NIHD requires that on-site coverage provider schedule proposals account for the timely performance (within two weeks) of all on-site procedures outlined below.

The DI department includes the following modalities and services:

- General Radiography
- Fluoroscopy
- Computed Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Ultrasound (including vascular)
- Dual Energy X-ray absorptiometry (DEXA)
- Nuclear Medicine (NM) - including Cardiac
- Mammography

- Diagnostic and therapeutic procedural services (described below)
- Breast health services (described below)

Therapeutic and diagnostic procedural services include but are not limited to the following:

- *Epidurals
- *Facet injections
- *SI joint injections
- *Myelograms
- *Lumbar punctures
- *Hip injections
- *Shoulder injections
- *Knee injections
- *Wrist injections
- *Ankle injections
- *Hysterosalpingograms
- *Thoracentesis / Paracentesis
- *CT guided biopsies
- *US guided biopsies
- *All GI fluoroscopic exams

*Require on-site Provider presence

The breast health program includes but may not be limited to the following:

- Screening Mammograms (w/ Tomography)
- Diagnostic Mammograms (w/ Tomography)
- MRI Breast
- Breast Ultrasound (whole breast and targeted)
- *Stereotactic Breast biopsies
- *US guided Breast biopsies
- *Breast Wire Localizations
- *Sentinel Node Imaging and Injections

*Require on-site Provider presence

Annual Volumes in the DI department for the most recent 12 month period (July 2025 – June 2026) are below.

X-ray/ Fluoroscopy	CT	MRI	Ultrasound	DEXA	NM	Mammo	TOTAL
10,475	4,814	1,985	6,025	659	361	2,575	26,894

An estimated overall payer mix for DI procedures is as follows:

Payer	%
Medicare	44%
Medicaid	19%
Commercial	32%
Worker's Compensation	2%
All Other	3%
Total	100%

Term of Contract

A three (3) year term with the possibility of a one-time 3-year renewal

Section 4 – Specifications/Scope of Work

It is the sole responsibility of the Proposer to read and understand the requirements and specifications herein, as well as the Mandatory Requirements in Section 5.

In this RFP, NIHD seeks the submission of proposal to provide services from any and all interested and qualified proposers. NIHD seeks, by way of this RFP, to obtain the services described in the Services section above, in a manner that maximizes the quality of services while also maximizing the value to the patients of NIHD.

Proposers must be able to show that they are capable of performing the services requested. Such evidence includes, but is not limited to, the respondent's demonstrated competency and experience in delivering services of a similar scope and type and local availability of the proposer's personnel and equipment resources.

The proposer's proposal should address the following:

1 Qualifications and Experience

1.1 Please provide the following information:

Radiology Individual/Group Name - Key Contacts			
Name	Title	Email	Phone

Radiology Individual/Group Information	
# Radiologists	
# Specialists	
# Support Staff	

# Other Employees	

Key Medical Specialists		
Name	Title	Specialty

Imaging Centers Owned or Operated		
Imaging Center Name	Address	Home

1.2 Please provide a list of all hospital contracts you have won in the last 12 months.

1.3 Please provide a list of all hospital contracts terminated or not renewed in the last 12 months and briefly explain the reason for each termination or nonrenewal.

1.4 List the professional qualifications for each individual that would be assigned to provide services requested by this RFP, including any applicable degrees, additional applicable training, and any professional certifications/licensing.

1.5 Describe the services provided by you (individual) or your organization and a statement of the extent of experience/history of providing services requested by this RFP.

1.6 Provide three (3) references of clients that you currently serve. Provide the company name and address and the name, positions, telephone number and email address of a contact person. Supply references that are most comparable to NIHD.

2 Staffing Model, Service Coverage & Staff Management

2.1 Describe how the individual or group proposes to provide radiologist coverage and services to the hospital 24x7x365. Include any 3rd party groups that would be included in the proposed services. Please include your on-site staffing plan, including the proposed on-site schedule and backup coverage, and indicate if you will assign radiologists to work exclusively at our hospital.

2.2 Describe any areas of sub-specialty provided by your group and how those services are provided. Please indicate the qualifications used to determine specialty service and describe the availability and expected turnaround times for those services.

2.3 What advantages does your organization have in its ability to recruit and hire quality radiologists?

2.4 How are your radiologists compensated and incentivized to achieve performance goals?

2.5 Describe your proposed transition plan and timeline, including licensing, credentialing and

privileging, staffing, technology integration, and readiness for the anticipated service start date.

3 Customer Service

3.1 What is your approach to patient satisfaction and/or patient experience?

3.2 In the event of the identification of a problem by NIHD, its patients and/or other applicable constituents, describe how you will address such problems and the time frame for addressing them.

3.3 Describe how referring consultations are supported. Please include hours of availability, how consultations are coordinated and access to second opinions.

4 Quality Assurance and Performance Improvement

4.1 Describe your approach towards ensuring delivery of high quality services.

4.2 Describe how identified quality issues are addressed, tracked, reported and communicated with the hospital.

4.3 Describe your standard approach to "Peer Review" and your peer review process. Please include tools used, "blinding" process, how quality is measured and the standards levels assessment used.

4.4 Describe your approach toward ensuring that "Critical Findings" are tracked and communicated effectively. Please include tools used, report tracking and team staff involved to support this process, including applicable communication timeframes and escalation procedures when the ordering or responsible provider cannot be reached, and include an example of the report that will be provided to the hospital.

4.5 In the event of a quality concern with an identified radiologist, describe the process to address and remove the radiologist from the hospital practice. Please describe any potential impact to the level of service for the hospital as a result of this process and how qualified replacement coverage will be provided without interruption of services.

4.6 Final Report Turn-around Times

4.6.1 Describe your current turnaround times based on a 24x7 environment?

4.6.2 Describe how report turnaround times are measured and reported to the hospital and include an example of a report that would be used to report turnaround time performance.

4.7 Describe any utilization reports, performance metrics, etc...that you will provide the hospital on an ongoing basis and the tools you will use to help us understand how our department is

performing.

4.8 Describe your experience in improving clinical effectiveness, such as experience with imaging protocol development, radiation dose reduction initiatives, review of order appropriateness, development of ordering guidelines, reducing practice variation.

4.9 Please provide the name and contact information for your identified quality officer.

5 Compliance/Risk Management

5.1 Please list and describe any claims and regulatory violations against your organization in the past five years.

5.2 Please describe the methods or processes that you use to maintain compliance and minimize risk?

6 Financial Considerations

6.1 How do you propose to structure this contract financially?

6.2 Provide a description of your capabilities and experience with professional billing.

6.3 How do you propose to address billing and collections? (Include complaint resolution and interaction with the hospital) If you will use an outside service, please provide the name, address and phone number of the proposed billing service.

6.4 Please provide financial statements for the last two years. If you are an individual and do not have business financial statements, please include pro-forma financial statements and a financial plan for the next three years. In the latter case, the payer mix and volumes shown in Section 3 may be useful.

7 Technology Capability

7.1 Describe capabilities and provide examples of how the Proposer would work with NIHD and the NIHD IT Department to store/transmit images from the NIHD Diagnostic Imaging Department to the proposer and from the proposer to provide results/images for providers to be viewed in the systems currently in use by NIHD.

Section 5 – Mandatory Requirements

The successful Proposer will provide Radiology Professional Services required to care for the patients treated at the Hospital and to operate the Department as determined by the Hospital and its Medical Staff in accordance with recognized professional standards. The Proposer will agree to the following:

1. There will be no relationship of employer or employee created by any subsequent agreement.

Any physician providing services for the service will not have a claim against the hospital for vacation pay, sick leave, retirement benefits of any kind.

2. The service provider shall supply a physician who shall act as Medical Director for the service.

3. Radiologists must be able to obtain appointment to the Hospital Medical Staff for the appropriate department and maintain such privileging.

4. Radiologists must maintain appropriate liability insurance coverage in the amounts of $1,000,000 per occurrence and $3,000,000 aggregate, as well as adequate "tail" coverage.

5. Participation in Performance Improvement and Peer review activities consistent with hospital licensing and accreditation standards.

6. Participation in the development of and adherence to protocols, which support evidence-based care, best practices and patient satisfaction.

7. Disaster coverage to be provided by one (1) on site Radiologist.

8. Complete required medical records/clinical documentation in accordance with time frames specified by Medical Staff By-Laws, Medical Staff Rules and Regulations and/or related hospital policies and procedures.

9. Regular consultation between the Administrator, Medical Executive Committee and/or other designated party or committees on matters related to the Department including productivity, quality, service and patient satisfaction.

10. Designate physician(s) to serve as Radiation Safety Officer and Magnetic Resonance Safety Officer.

11. Supervision and training of radiology personnel in conjunction with Director of Diagnostic Imaging.

12. Cooperation with NIHD to provide a Quality Assurance and Performance Improvement program consistent with agency and accreditation standards.

Special Provisions

A. Compliance with Laws/Permits/Licenses

Successful proposer shall give all notices and comply with all federal, state and municipal laws, ordinances, rules, statutes, regulations, code and orders of any public authority bearing on the performance of the contract including, but not limited to, the laws referred to in this RFP. Upon request, Proposer shall furnish copies of any licenses or permits required to comply with these laws, orders, ordinances, rules, statutes, regulations and codes, not currently maintained by the District. The successful Proposer shall be responsible for obtaining all necessary permits and licenses required for performance under any contract results from this RFP for which the District is not currently responsible.

B. Insurance and Liability

1. Within ten (10) days following the District Board's decision to award a contract to Proposer, such successful proposer shall provide Certificates of Insurance evidencing the required coverage. Throughout the term of the contract, successful Proposer shall submit original Certificates of Insurance reflecting the coverage herein.

2. The District shall be named as an additional insured party and a waiver of subrogation in favor of the District shall be issued on all policies of insurance, as its interest may appear as stated previously. The District shall be provided with 30 days' advance written notice prior to any termination, cancellation or material change to said insurance policies.

Rev. 07-15-2026 lew

Investment Accounts Report - August 2026

Account Number	Account	Beginning Balance July 1,2025	Ending Balance June 30, 2026	Maturity Date	Beg Interest Rate	Ending Interest Rate	Interest Income/Accrued Interest FY26
600250	*Mass Mutual Debt Service Reserve*	575,000.00	575,000.00		6.75%	6.75%	38,812.50
20-14-002	*LAIF*	5,402,176.98	10,640,619.20		4.26%	3.82%	280,417.43
XXXX1007	*Five Star Bank*	-	24,371,866.00		4.21%	3.81%	371,866.00
6701642	*Nursing Scholarship Fund*	25,141.73	25,204.67		0.02%	0.02%	63.00
66101029	*ESCB B&I Fund Reconciliation*	1,444,150.51	1,445,595.37		0.82%	0.82%	1,444.86
QRT-183196	***Financial Northeastern Companies***	1,851,035.72	249,897.50				53,900.20
720121AR3	Piedmont BK Peachtree Corners	250,037.50	-	Retired on 7/11/2025	5.10%	5.10%	
06428F4Z7	Bank of China New York City BRH CFT	249,982.50	-	Retired on 7/15/2025	4.25%	4.25%	
5974OJ3U1	Midfirst BK Okla City Dep	249,985.00	-	Retired on 7/10/2025	4.20%	4.20%	
85628AAC4	State BK India Chicago Ill CTF	249,812.50	-	Retired on 10/6/2025	4.15%	4.15%	
06452OBMO	Bank Princeton New Jersey CTF	99,905.00	-	Retired on 10/23/2025	4.10%	4.10%	
33847GJW3	Flagsstar BK Natl Assn Hicksville NY CTF	251,077.50	-	Retired on 01/12/2026	5.00%	5.00%	
12527CKU5	CFG Cmnty BK Lutherville	249,722.50	-	Retired on 4/15/2026	4.15%	4.15%	
856487BL6	State BK Reeseville Wis	250,187.50					
06051X6Q0	Bank Amer NA Charlotte NC	-	249,897.50	10/22/2026	3.90%	3.90%	
RMB-004151	***Multi-Bank-Securities***	985,820.47	247,029.64				27,439.48
31762FAF6	Financial Partners CR Downy	249,902.50					
38149ME33	Goldman Sachs						
208212BL3	Connex CR Un North Haven Conn SH CT	250,095.00					
46657VLZ1	JPMorgan Chase BK	238,902.01					
12527CGR7	CFG Cmnty BK Lutherville	246,575.16			4.25%	4.25%	
Total		**10,283,325.41**	**37,555,212.38**				**773,943.47**

Northern Inyo Healthcare District

Chief Financial Officer Report

Financial Summary and Operational Insights – Fiscal Year Ended June 30, 2026 (FYE 2026)

Date: August 2026
To: Board of Directors, Northern Inyo Healthcare District
From: Andrea Mossman, Chief Financial Officer

Executive Summary

Northern Inyo Healthcare District concluded Fiscal Year 2026 with financial results that exceeded budget despite continued inflationary pressures on labor and operating expenses. Strong patient volumes, particularly in surgical services, improved reimbursement, enhanced revenue cycle performance, and favorable non-operating income strengthened both earnings and liquidity throughout the year.

Although labor costs and supply expenses remain areas requiring continued attention, the organization is well positioned financially, with improved cash reserves, stronger collections, and continued growth in strategically important service lines.

Financial Performance

June 2026 Results

June closed with a **net profit of $4.8 million**, exceeding budget by **$2.3 million**. Operating income totaled **$4.8 million**, outperforming budget by **$3.7 million**.

Performance for the month was primarily driven by:

- Year-end pension accounting adjustments
- A **$2.0 million Medicare interim rate review settlement** related to prior underpayments

- Strong orthopedic surgical volumes

These favorable results were partially offset by unbudgeted compensation adjustments and increased supply costs associated with higher surgical activity.

Key Takeaway: June produced exceptionally strong financial results driven by favorable year-end adjustments, Medicare reimbursement, and continued surgical growth.

Fiscal Year 2026 Results

For Fiscal Year 2026, NIHD generated a **net profit of $10.5 million**, exceeding budget by **$3.5 million**.

Operating performance remained challenged by rising labor and supply costs, resulting in an **operating loss of $8.0 million**, approximately **$551,000 unfavorable to budget**.

The favorable year-end net income was primarily attributable to:

- An unbudgeted **Employee Retention Credit (ERC)** refund, including interest, related to 2021 employer payroll taxes
- Higher-than-budgeted surgical volumes
- Improved cash collections and investment income

Growth in general surgery, orthopedic surgery, and urology continued to drive revenue, partially offsetting increased compensation expenses resulting from wage adjustments and higher supply costs.

Key Takeaway: Fiscal Year 2026 exceeded budget due to sustained growth in key surgical service lines, improved revenue cycle performance, and favorable non-operating income despite continued operating cost pressures.

Volume and Operational Performance

Patient activity remained strong throughout June, with nearly every major service line exceeding budget.

June Highlights

- Admissions exceeded budget by **22 cases (34%)**
- Inpatient days increased **72 days (43%)** above budget

- Average Daily Census exceeded budget by **43%**
- Emergency Department visits were **1% above budget**
- Rehabilitation visits exceeded budget by **38%**
- Rural Health Clinic visits were **7% above budget**
- Diagnostic Imaging volumes were **12% above budget**
- Surgical volume exceeded budget by **10 cases (7%)**, driven by growth in general surgery, orthopedics, and urology. Lower gynecology and ophthalmology volumes reflected physician retirement and turnover.

Key Takeaway: June volume performance remained exceptionally strong, with broad-based growth across the organization and continued expansion of surgical services.

Fiscal Year 2026 Highlights

For the fiscal year, several key indicators exceeded budget:

- Admissions increased by **46 cases (5%)**
- Inpatient days increased by **55 days (2%)**
- Average Daily Census exceeded budget by **2%**
- NIA clinic visits increased **3%**
- Diagnostic Imaging volumes increased **7%**

Areas below budget included:

- Emergency Department visits (33 visits below budget)
- Deliveries (10 below budget)
- Rehabilitation visits (3% below budget)
- Rural Health Clinic visits (2% below budget)
- Total surgeries finished **15 cases (1%) below budget**, primarily due to the unplanned retirement of an ophthalmologist, resulting in **277 fewer ophthalmology procedures**.

Despite this decline, several strategic surgical service lines significantly outperformed expectations:

- General Surgery: **108 cases above budget (13%)**
- Orthopedics: **79 cases above budget (38%)**
- Urology: **31 cases above budget (21%)**

Key Takeaway: Strategic surgical growth continues to offset declines in ophthalmology and remains a significant driver of organizational performance.

Revenue Performance

June gross patient revenue exceeded budget by **$3.8 million**, reflecting higher patient volumes and an unbudgeted reimbursement rate increase.

Contractual allowances increased proportionately with gross revenue, resulting in net patient revenue approximately **44% above budget** for the month.

For Fiscal Year 2026:

- Net patient revenue exceeded budget by **$8.0 million (7%)**
- Gross patient revenue also finished **7% above budget**

Key Takeaway: Revenue growth continues to be supported by sustained patient demand, favorable reimbursement, and expanded surgical activity.

Expense Performance

June

Operating expenses exceeded budget by **$186,000 (2%)**.

Key variances included:

- Salaries, wages, and benefits were **31% below budget** due to year-end pension adjustments.
- Supply expense exceeded budget by **$1.8 million**, consistent with increased patient volumes.
- Professional fees were **$278,000 below budget**.

Fiscal Year 2026

Total operating expenses exceeded budget by **$8.6 million (7%)**.

Primary drivers included:

- Salaries, wages, and benefits were **3% above budget** due to negotiated wage increases.
- Supply expense exceeded budget by **$2.9 million**, reflecting increased surgical activity and orthopedic implant costs.
- Professional fees exceeded budget by **$2.2 million**, primarily due to productivity-based physician compensation and billing and collection fees that supported higher volumes and improved cash collections.

Key Takeaway: Expense growth reflects continued investment in patient care and increased clinical activity. Managing labor and supply costs remains a strategic priority.

Labor and Workforce

Labor management remains a key organizational focus.

Fiscal Year 2026 highlights include:

- Contract labor expense finished **$299,000 below budget**
- Contract labor staffing averaged **4.3 FTEs below budget**
- Agency labor costs remained elevated, particularly within Labor & Delivery
- Salaries, wages, and benefits represented **55% of operating expenses**, compared with the long-term organizational goal of **50% or less**

Achieving the labor target would represent approximately **$6 million in annual savings**.

Key Takeaway: Progress continues toward reducing reliance on contract labor while maintaining safe staffing levels. Workforce productivity and labor optimization remain strategic priorities.

Cash and Liquidity

Liquidity strengthened significantly during Fiscal Year 2026.

Highlights include:

- **122 Days Cash on Hand**
- **$39.6 million in unrestricted cash**, an increase of approximately **$11 million** from the prior year
- Approximately **$8 million** received through the Employee Retention Credit program

Revenue cycle improvements also strengthened cash flow:

- Accounts receivable days improved by **8 days**
- Bad debt and write-offs improved by **$1.6 million**
- Accounts receivable balances over 90 days decreased by **$1.8 million**

Key Takeaway: Strong operating performance, improved collections, and enhanced revenue cycle management significantly strengthened the organization's liquidity.

Overall Assessment

Fiscal Year 2026 demonstrated continued operational and financial improvement.

Growth in admissions, surgical services, diagnostic imaging, and outpatient clinics generated revenue above budget while ongoing revenue cycle initiatives improved cash flow and liquidity. Although labor and supply costs continue to create operating pressure, the organization successfully exceeded budget through sustained volume growth, disciplined financial management, and favorable non-operating income.

Overall, NIHD enters Fiscal Year 2027 from a position of improved financial strength.

Strategic Priorities for Fiscal Year 2027

Management will continue to focus on the following priorities:

- Expand orthopedic, urology, and general surgery programs
- Improve operating room utilization and clinic scheduling efficiency
- Continue revenue cycle optimization through enhanced coding, denials management, and collections
- Improve labor productivity and workforce optimization
- Implement supply chain and operating room cost reduction initiatives
- Maintain disciplined expense management while supporting strategic growth

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Conclusion

Fiscal Year 2026 represents another year of meaningful financial progress for Northern Inyo Healthcare District. Strong growth in admissions, surgical services, and outpatient volumes, combined with improved reimbursement and enhanced revenue cycle performance, produced results that exceeded budget and significantly strengthened liquidity.

While labor and operating cost pressures remain, management continues to address these challenges through workforce optimization, operational efficiencies, and disciplined financial stewardship. These efforts position the organization well to continue investing in patient care while maintaining long-term financial sustainability.

Northern Inyo Healthcare District

June 2026 – Financial Summary

** Variances are B / (W)	Current Month				Prior MTD			Year to Date				Prior YTD		
	Actual	**Budget**	**Variance**	**Variance %**	**Actual**	**Change**	**Change %**	**Actual**	**Budget**	**Variance**	**Variance %**	**Actual**	**Change**	**Change %**
Net Income (Loss)	4,778,752	2,482,394	2,296,359	93%	2,400,606	2,378,146	(99%)	10,529,020	6,978,975	3,550,045	(51%)	5,231,102	5,297,918	101%
Operating Income (Loss)	4,760,792	1,042,099	3,718,692	357%	(6,735,735)	11,496,526	171%	(8,058,576)	(7,507,651)	(550,925)	(7%)	(16,501,349)	8,442,773	(51%)
EBIDA (Loss)	5,269,239	2,899,548	2,369,691	82%	2,890,704	2,378,535	(82%)	16,162,133	11,984,821	4,177,312	(35%)	10,317,883	5,844,251	57%
IP Gross Revenue	4,699,783	3,596,335	1,103,448	31%	3,271,065	1,428,718	44%	49,574,070	43,755,410	5,818,659	13%	44,044,886	5,529,184	13%
OP Gross Revenue	16,634,724	14,221,947	2,412,777	17%	14,026,215	2,608,509	19%	180,166,390	172,755,934	7,410,456	4%	166,541,415	13,624,974	8%
Clinic Gross Revenue	1,997,007	1,727,250	269,757	16%	1,655,734	341,273	21%	23,658,074	21,078,640	2,579,435	12%	21,078,588	2,579,487	12%
Total Gross Revenue	**23,331,513**	**19,545,532**	**3,785,981**	**19%**	**18,953,014**	**4,378,499**	**23%**	**253,398,534**	**237,589,984**	**15,808,550**	**7%**	**231,664,888**	**21,733,645**	**9%**
Net Patient Revenue	**12,830,509**	**8,925,676**	**3,904,833**	**44%**	**4,449,499**	**8,381,009**	**188%**	**116,416,229**	**108,381,731**	**8,034,498**	**7%**	**100,607,508**	**15,808,721**	**16%**
Cash Net Revenue % of Gross	*55%*	*46%*	*9%*	*20%*	*23%*	*32%*	*134%*	*46%*	*46%*	*0%*	*1%*	*43%*	*3%*	*6%*
Admits (excl. Nursery)	87	65	22	34%	65	22	34%	895	849	46	5%	849	46	5%
IP Days	271	199	72	36%	199	72	36%	2,935	2,887	48	2%	2,887	48	2%
IP Days (excl. Nursery)	239	167	72	43%	167	72	43%	2,540	2,485	55	2%	2,485	55	2%
Average Daily Census	8.0	5.6	2.4	43%	5.6	2.4	43%	7.0	6.8	0.2	2%	6.8	0.2	2%
ALOS	2.8	2.6	0.2	7%	2.6	0.2	7%	2.8	2.9	(0.1)	(3%)	2.9	(0.1)	(3%)
Deliveries	17	18	(1)	(6%)	18	(1)	(6%)	195	205	(10)	(5%)	205	(10)	(5%)
OP Visits	4,319	3,824	495	13%	3,824	495	13%	49,162	47,767	1,395	3%	47,767	1,395	3%
Rural Health Clinic Visits	2,380	2,159	221	10%	2,159	221	10%	27,866	27,720	146	1%	27,720	146	1%
Rural Health Women Visits	637	558	79	14%	558	79	14%	6,579	6,335	244	4%	6,335	244	4%
Rural Health Behavioral Visits	129	212	(83)	(39%)	212	(83)	(39%)	1,381	2,505	(1,124)	(45%)	2,505	(1,124)	(45%)
Total RHC Visits	**3,146**	**2,929**	**217**	**7%**	**2,929**	**217**	**7%**	**35,826**	**36,560**	**(734)**	**(2%)**	**36,560**	**(734)**	**(2%)**
Bronco Clinic Visits	10	-	10	-%	-	10	100%	440	394	46	12%	394	46	12%
Internal Medicine Clinic Visits	-	-	-	-%	-	-	-%	-	-	-	-%	-	-	-%
Orthopedic Clinic Visits	302	238	64	27%	238	64	27%	3,931	4,038	(107)	(3%)	4,038	(107)	(3%)
Pediatric Clinic Visits	504	473	31	7%	473	31	7%	6,865	6,928	(63)	(1%)	6,928	(63)	(1%)
Specialty Clinic Visits	740	641	99	15%	641	99	15%	8,138	6,778	1,360	20%	6,778	1,360	20%
Surgery Clinic Visits	149	196	(47)	(24%)	196	(47)	(24%)	1,744	1,887	(143)	(8%)	1,887	(143)	(8%)
Virtual Care Clinic Visits	-	51	(51)	(100%)	51	(51)	(100%)	309	678	(369)	(54%)	678	(369)	(54%)
Total NIA Clinic Visits	**1,705**	**1,599**	**106**	**7%**	**1,599**	**106**	**7%**	**21,427**	**20,703**	**724**	**3%**	**20,703**	**724**	**3%**
IP Surgeries	13	3	10	333%	3	10	333%	142	129	13	10%	129	13	10%
OP Surgeries	139	139	-	-%	139	-	-%	1,518	1,546	(28)	(2%)	1,546	(28)	(2%)
Total Surgeries	**152**	**142**	**10**	**7%**	**142**	**10**	**7%**	**1,660**	**1,675**	**(15)**	**(1%)**	**1,675**	**(15)**	**(1%)**
Cardiology	4	-	4	-%	-	4	100%	32	7	25	357%	7	25	357%
General	96	76	20	26%	76	20	26%	962	854	108	13%	854	108	13%
Gynecology & Obstetrics	6	23	(17)	(74%)	23	(17)	(74%)	126	151	(25)	(17%)	151	(25)	(17%)
Ophthalmology	-	30	(30)	(100%)	30	(30)	(100%)	68	295	(227)	(77%)	295	(227)	(77%)
Orthopedic	25	1	24	2,400%	1	24	2,400%	285	206	79	38%	206	79	38%
Pediatric	-	-	-	-%	-	-	-%	-	1	(1)	(100%)	1	(1)	(100%)
Plastics	-	-	-	-%	-	-	-%	2	2	-	-%	2	-	-%
Podiatry	1	-	1	-%	-	1	-%	4	6	(2)	(33%)	6	(2)	(33%)
Urology	19	11	8	73%	11	8	73%	180	149	31	21%	149	31	21%
Diagnostic Image Exams	2,381	2,134	247	12%	2,134	247	12%	26,895	25,216	1,679	7%	25,216	1,679	7%
Emergency Visits	897	889	8	1%	889	8	1%	10,186	10,219	(33)	(0%)	10,219	(33)	(0%)
ED Admits	57	44	13	30%	44	13	30%	558	515	43	8%	515	43	8%
ED Admits % of ED Visits	6%	5%	1%	28%	5%	1%	28%	5%	5%	0%	9%	5%	0%	9%
Rehab Visits	849	615	234	38%	615	234	38%	9,790	10,060	(270)	(3%)	10,060	(270)	(3%)
OP Infusion/Wound Care Visits	764	604	160	26%	604	160	26%	8,063	6,935	1,128	16%	6,935	1,128	16%
Observation Hours	1,532	1,196	335	28%	1,196	335	28%	15,284	17,469	(2,185)	(13%)	17,469	(2,185)	(13%)

Provided by: Chief Financial Officer
Report Name: June 2026 Financial Summary

Northern Inyo Healthcare District

June 2026 – Financial Summary

** Variances are B / (W)	Current Month				Prior MTD			Year to Date				Prior YTD		
	Actual	Budget	Variance	Variance %	Actual	Change	Change %	Actual	Budget	Variance	Variance %	Actual	Change	Change %
PAYOR MIX (Patient Days)														
Blue Cross	18.4%	22.2%	(3.7%)	(16.9%)	22.2%	(3.7%)	(16.9%)	22.6%	23.2%	(0.6%)	(2.8%)	23.2%	(0.6%)	(2.8%)
Commercial	8.9%	7.4%	1.5%	20.8%	7.4%	1.5%	20.8%	6.3%	7.5%	(1.2%)	(16.4%)	7.5%	(1.2%)	(16.4%)
Medicaid	19.2%	57.6%	(38.4%)	(66.6%)	57.6%	(38.4%)	(66.6%)	21.4%	29.1%	(7.7%)	(26.4%)	29.1%	(7.7%)	(26.4%)
Medicare	51.5%	8.0%	43.5%	542.5%	8.0%	43.5%	542.5%	47.6%	37.5%	10.1%	26.8%	37.5%	10.1%	26.8%
Self-pay	0.7%	1.0%	(0.2%)	(25.6%)	1.0%	(0.2%)	(25.6%)	1.9%	1.9%	(0.0%)	(0.9%)	1.9%	(0.0%)	(0.9%)
Worker's Comp	1.2%	-%	1.2%	-%	-%	1.2%	-%	0.2%	0.3%	(0.1%)	(31.4%)	0.3%	(0.1%)	(31.4%)
Other	-%	3.9%	(3.9%)	(100.0%)	3.9%	(3.9%)	(100.0%)	-%	0.4%	(0.4%)	(100.0%)	0.4%	(0.4%)	(100.0%)
PAYOR MIX (Gross Revenue)														
Blue Cross	24.7%	27.2%	(2.5%)	(9.3%)	27.2%	(2.5%)	(9.3%)	27.8%	26.7%	1.1%	4.1%	26.7%	1.1%	4.1%
Commercial	8.5%	7.9%	0.6%	7.1%	7.9%	0.6%	7.1%	6.8%	7.1%	(0.3%)	(4.5%)	7.1%	(0.3%)	(4.5%)
Medicaid	18.4%	18.0%	0.4%	2.4%	18.0%	0.4%	2.4%	17.7%	19.2%	(1.5%)	(7.7%)	19.2%	(1.5%)	(7.7%)
Medicare	44.4%	44.3%	0.1%	0.3%	44.3%	0.1%	0.3%	44.7%	43.6%	1.1%	2.5%	43.6%	1.1%	2.5%
Self-pay	2.9%	1.9%	1.0%	52.7%	1.9%	1.0%	52.7%	2.0%	2.2%	(0.2%)	(11.0%)	2.2%	(0.2%)	(11.0%)
Worker's Comp	0.9%	0.6%	0.4%	63.4%	0.6%	0.4%	63.4%	0.8%	1.0%	(0.2%)	(20.7%)	1.0%	(0.2%)	(20.7%)
Other	0.2%	0.1%	0.0%	39.1%	0.1%	0.0%	39.1%	0.2%	0.2%	0.0%	16.7%	0.2%	0.0%	16.7%
DEDUCTIONS														
Contract Adjust	(11,495,629)	(9,622,417)	(1,873,212)	19%	(17,009,328)	5,513,699	(32%)	(131,086,874)	(117,072,737)	(14,014,137)	12%	(118,159,553)	(12,927,321)	11%
Bad Debt	(1,391,660)	(115,868)	(1,275,792)	1,101%	284,638	(1,676,298)	(589%)	(5,077,770)	(1,409,728)	(3,668,043)	260%	(6,686,608)	1,608,838	(24%)
Write-off	(493,717)	(707,802)	214,086	(30%)	(444,054)	(49,662)	11%	(5,007,391)	(8,611,593)	3,604,202	(42%)	(8,730,569)	3,723,178	(43%)
CENSUS														
Patient Days	239	167	72	43%	167	72	43%	2,540	2,485	55	2%	2,485	55	2%
Adjusted ADC	40	31	8	27%	31	8	27%	36	36	(0)	(0%)	36	(0)	(0%)
Adjusted Days	1,189	968	221	23%	968	221	23%	12,985	13,070	(85)	(1%)	13,070	(85)	(1%)
Employed FTE	391.9	382.1	9.8	3%	382.1	9.8	3%	379.7	370.8	8.9	2%	370.8	8.9	2%
Contract Labor FTE	18.0	20.4	(2.5)	(12%)	20.4	(2.5)	(12%)	19.5	23.9	(4.3)	(18%)	23.9	(4.3)	(18%)
Total Paid FTE	409.9	402.6	7.3	2%	402.6	7.3	2%	399.2	394.7	4.5	1%	394.7	4.5	1%
EPOB (Employee per Occupied Bed)	1.7	2.4	(0.7)	(29%)	2.4	(0.7)	(29%)	1.9	1.9	(0.0)	(1%)	1.9	(0.0)	(1%)
EPOC (Employee per Occupied Case)	0.3	0.4	(0.1)	(20%)	0.4	(0.1)	(20%)	0.0	0.0	0.0	1%	0.0	0.0	1%
Adjusted EPOB	8.5	14.0	(5.5)	(39%)	14.0	(5.5)	(39%)	9.8	10.2	(0.4)	(4%)	10.2	(0.4)	(4%)
Adjusted EPOC	1.7	2.5	(0.8)	(31%)	2.5	(0.8)	(31%)	0.2	0.2	(0.0)	(2%)	0.2	(0.0)	(2%)
SALARIES														
Per Adjust Bed Day	3,166	3,437	(271)	(8%)	5,695	(2,528)	(44%)	3,424	3,076	348	11%	3,210	214	7%
Total Salaries	3,763,985	3,326,869	437,116	13%	5,511,992	(1,748,007)	(32%)	44,461,315	40,209,210	4,252,106	11%	41,959,974	2,501,341	6%
Average Hourly Rate	56.02	50.78	5.24	10%	84.14	(28.12)	(33%)	56.15	52.00	4.15	8%	54.26	1.89	3%
Employed Paid FTEs	391.9	382.1	9.8	372.4	382.1	9.8	3%	379.7	370.8	8.9	2%	370.8	8.9	2%
BENEFITS														
Per Adjust Bed Day	(516)	1,539	(2,055)	(134%)	615	(1,131)	(184%)	1,213	1,384	(171)	(12%)	1,287	(74)	(6%)
Total Benefits	(613,596)	1,489,410	(2,103,006)	(141%)	595,293	(1,208,889)	(203%)	15,745,463	18,087,698	(2,342,236)	(13%)	16,821,936	(1,076,473)	(6%)
Benefits % of Wages	(16%)	45%	(61%)	(136%)	11%	-27%	(251%)	35%	45%	(10%)	(21%)	40%	(5%)	(12%)
Pension Expense	(1,468,630)	381,274	(1,849,903)	(485%)	(288,661)	(1,179,968)	409%	2,496,187	4,640,194	(2,144,007)	(46%)	4,054,888	(1,558,701)	(38%)
MDV Expense	668,641	756,922	(88,281)	(12%)	510,871	157,770	31%	9,374,347	9,209,222	165,125	2%	8,790,515	583,832	7%
Taxes, PTO accrued, Other	186,393	351,214	(164,821)	(47%)	373,083	(186,690)	(50%)	3,874,929	4,238,282	(363,353)	(9%)	3,976,533	(101,604)	(3%)
Salaries, Wages & Benefits	3,150,389	4,816,279	(1,665,890)	(35%)	6,107,285	(2,956,896)	(48%)	60,206,778	58,296,908	1,909,870	3%	58,781,911	1,424,868	2%
SWB/APD	2,650	4,976	(2,326)	(47%)	6,310	(3,660)	(58%)	4,637	4,460	176	4%	4,497	139	3%
SWB % of Total Expenses	39%	61%	(22%)	(36%)	54%	(15%)	(28%)	52%	54%	(2%)	(5%)	55%	(3%)	(5%)

Provided by: Chief Financial Officer
Report Name: June 2026 Financial Summary

Northern Inyo Healthcare District

June 2026 – Financial Summary

** Variances are B / (W)	Current Month				Prior MTD			Year to Date				Prior YTD		
	Actual	Budget	Variance	Variance %	Actual	Change	Change %	Actual	Budget	Variance	Variance %	Actual	Change	Change %
PROFESSIONAL FEES														
Per Adjust Bed Day	2,251	2,799	(548)	(20%)	3,002	(752)	(25%)	2,714	2,529	185	7%	2,459	255	10%
Total Physician Fee	1,894,150	1,698,925	195,225	11%	1,621,674	272,476	17%	21,738,188	20,509,076	1,229,112	6%	19,350,587	2,387,601	12%
Total Contract Labor	402,182	353,063	49,120	14%	537,390	(135,208)	(25%)	4,341,882	4,640,418	(298,536)	(6%)	5,369,335	(1,027,453)	(19%)
Total Other Pro-Fees	379,175	657,063	(277,888)	(42%)	746,924	(367,749)	(49%)	9,161,630	7,906,257	1,255,374	16%	7,421,363	1,740,267	23%
Total Professional Fees	2,675,507	2,709,051	(33,543)	(1%)	2,905,988	(230,481)	(8%)	35,241,700	33,055,751	2,185,949	7%	32,141,285	3,100,415	10%
Contract AHR	130.51	100.73	29.78	30%	153.33	(22.81)	(15%)	106.51	93.14	13.37	14%	107.77	(1.26)	(1%)
Contract Paid FTEs	18.0	20.4	(2.5)	(12%)	20.4	(2.5)	(12%)	19.5	23.9	(4.3)	(18%)	23.9	(4.3)	(18%)
Physician Fee per Adjust Bed Day	1,593	1,755	(162)	(9%)	1,675	(82)	(5%)	1,674	1,569	105	7%	1,481	194	13%
PHARMACY														
Per Adjust Bed Day	308	451	(144)	(32%)	84	224	266%	402	407	(5)	(1%)	329	73	22%
Total Rx Expense	366,072	437,010	(70,938)	(16%)	81,516	284,556	349%	5,223,395	5,316,953	(93,557)	(2%)	4,297,639	925,756	22%
MEDICAL SUPPLIES														
Per Adjust Bed Day	379	(1,439)	1,818	(126%)	1,289	(910)	(71%)	492	259	233	90%	461	31	7%
Total Medical Supplies	450,145	(1,393,248)	1,843,393	(132%)	1,247,647	(797,503)	(64%)	6,388,261	3,383,654	3,004,607	89%	6,027,806	360,455	6%
EHR SYSTEM														
Per Adjust Bed Day	27	33	(6)	(19%)	45	(19)	(41%)	33	29	3	12%	33	(0)	(0%)
Total EHR Expense	31,840	32,115	(275)	(1%)	44,018	(12,178)	(28%)	427,728	385,377	42,351	11%	431,744	(4,016)	(1%)
OTHER EXPENSE														
Per Adjust Bed Day	762	894	(132)	(15%)	343	418	122%	874	799	75	9%	793	81	10%
Total Other	905,278	865,217	40,061	5%	332,015	573,263	173%	11,353,829	10,444,891	908,937	9%	10,365,024	988,805	10%
DEPRECIATION AND AMORTIZATION														
Per Adjust Bed Day	413	431	(18)	(4%)	506	(94)	(19%)	434	383	51	13%	389	45	11%
Total Depreciation and Amortization	490,487	417,154	73,333	18%	490,098	388	0%	5,633,113	5,005,846	627,267	13%	5,086,781	546,332	11%
TOTAL EXPENSES	8,069,717	7,883,577	186,140	2%	11,208,567	(3,138,850)	(28%)	124,474,804	115,889,382	8,585,423	7%	117,132,190	7,342,614	6%
Per Adjust Bed Day	6,788	8,145	(1,357)	(17%)	11,580	(4,792)	(41%)	9,586	8,867	719	8%	8,962	624	7%
Per Calendar Day	268,991	262,786	6,205	2%	373,619	(104,628)	(28%)	341,027	317,505	23,522	7%	320,910	20,117	6%

Provided by: Chief Financial Officer
Report Name: June 2026 Financial Summary

Key Financial Performance Indicators	Industry Benchmark	Jun-24	FYE 2024 Average	Jun-25	FYE 2025 Average	Mar-26	Apr-26	May-26	Jun-26	Variance to PM	Variance to FYE 2025 Average	Variance to PYM
Volume												
Admits	41	71	69	65	71	92	72	86	87	1	16	22
Deliveries	n/a	22	17	18	17	18	12	13	17	4	-	(1)
Adjusted Patient Days	n/a	1,145	977	968	1,125	1,001	1,266	1,318	1,189	(129)	64	221
Total Surgeries	153	148	146	142	140	151	146	142	152	10	12	10
ER Visits	659	879	826	889	852	893	767	857	897	40	45	8
RHC and Clinic Visits	n/a	4,554	4,607	4,528	4,772	4,936	4,823	4,492	4,851	359	79	323
Diagnostic Imaging Services	n/a	1,814	2,069	2,134	2,129	2,368	2,311	2,286	2,381	95	252	247
Rehab Services	n/a	670	662	615	838	917	944	843	849	6	11	234
AR & Income												
Gross AR (Cerner only)	n/a	$ 54,287,686	$ 52,823,707	$ 45,165,161	$ 50,813,697	$ 48,086,679	$ 46,907,846	$ 48,573,893	$ 49,621,284	$ 1,047,391	$ (1,192,413)	$ 4,456,123
AR > 90 Days	$ 6,599,901.18	$ 22,959,460	$ 23,112,391	$ 18,682,553	$ 20,669,422	$ 15,208,624	$ 15,741,875	$ 16,878,857	$ 16,901,235	$ 22,378	$ (3,768,187)	$ (1,781,318)
AR % > 90 Days	15%	42.97%	44.2%	41.4%	40.6%	31.6%	33.6%	34.7%	34.1%	-0.7%	-6.5%	-7.3%
Gross AR Days (per financial statements)	60	89	85	71	80	62	66	66	64	(2)	(16)	(8)
Net AR Days (per financial statements)	30	63	58	126	71	40	52	53	40	(14)	(31)	(86)
Net AR	n/a	$ 17,964,704	$ 16,938,200	$ 18,225,043	$ 19,370,868	$ 27,435,133	$ 30,351,013	$ 27,024,016	$ 21,326,669	$ (5,697,347)	$ 1,955,801	$ 3,101,626
Net AR % of Gross	n/a	33.1%	31.9%	40.4%	38.5%	57.1%	64.7%	55.6%	43.0%	-12.7%	4.5%	2.6%
Gross Patient Revenue/Calendar Day	n/a	$ 610,465	$ 619,457	$ 631,767	$ 634,418	$ 770,059	$ 710,721	$ 735,348	$ 777,717	$ 42,369	$ 143,299	$ 145,950
Net Patient Revenue/Calendar Day	n/a	$ 284,303	$ 292,759	$ 148,317	$ 273,563	$ 378,447	$ 305,566	$ 316,717	$ 427,684	$ 110,967	$ 154,120	$ 279,367
Net Patient Revenue/APD	n/a	$ 7,449	$ 8,757	$ 4,597	$ 8,088	$ 11,720	$ 7,240	$ 7,450	$ 10,793	$ 3,343	$ 2,705	$ 6,196
Wages												
Wages	n/a	$ 3,033,481	$ 3,285,431	$ 5,511,992	$ 3,661,965	$ 3,839,305	$ 3,851,445	$ 3,684,604	$ 3,763,985	$ 79,381	$ 102,019	$ (1,748,007)
Employed paid FTEs	n/a	353.75	353.69	382.15	370.77	388.32	387.36	367.32	391.92	24.60	21.16	9.77
Employed Average Hourly Rate	$55.50	$ 50.02	$ 53.49	$ 84.37	$ 56.89	$ 55.97	$ 58.16	$ 56.78	$ 56.18	$ (0.61)	$ (0.71)	$ (28.19)
Benefits	n/a	$ 1,456,281	$ 1,640,216	$ 595,293	$ 1,401,858	$ 2,111,276	$ 1,271,979	$ 1,840,959	$ (613,596)	$ (2,454,555)	$ (2,015,454)	$ (1,208,889)
Benefits % of Wages	30%	48.0%	48.8%	10.8%	39.8%	55.0%	33.0%	50.0%	-16.3%	-66.3%	-56.1%	-27.1%
Contract Labor	n/a	$ 774,264	$ 518,351	$ 537,390	$ 447,445	$ 280,557	$ 426,165	$ 484,968	$ 402,182	$ (82,786)	$ (45,263)	$ (135,208)
Contract Labor Paid FTEs	n/a	25.95	23.49	20.45	23.89	19.83	21.77	19.76	17.06	(2.69)	(6.83)	(3.38)
Total Paid FTEs	n/a	379.71	377.18	402.59	394.65	408.16	409.13	387.08	408.98	21.91	14.33	6.39
Contract Labor Average Hourly Rate	$ 81.04	$ 174.03	$ 123.22	$ 153.75	$ 120.98	$ 80.07	$ 114.49	$ 138.96	$ 137.89	$ (1.07)	$ 16.91	$ (15.86)
Total Salaries, Wages, & Benefits	n/a	$ 5,264,026	$ 5,443,998	$ 6,644,675	$ 5,511,268	$ 6,231,139	$ 5,549,590	$ 6,010,531	$ 3,552,571	$ (2,457,960)	$ (1,958,697)	$ (3,092,104)
SWB% of NR	50%	61.7%	62.1%	149.3%	72.0%	53.1%	60.5%	61.2%	27.7%	-33.5%	-44.3%	-121.6%
SWB/APD	2,204	$ 4,597	$ 5,104	$ 6,865	$ 5,284	$ 6,225	$ 4,383	$ 4,561	$ 2,988	$ (1,572)	$ (2,296)	$ (3,877)
SWB % of total expenses	50%	64.4%	55.4%	59.4%	55.6%	52.9%	50.2%	53.1%	44.0%	-9.1%	-11.6%	-15.4%

Physician Spend	Industry Benchmark	Jun-24	FYE 2024 Average	Jun-25	FYE 2025 Average	Mar-26	Apr-26	May-26	Jun-26	Variance to PM	Variance to FYE 2025 Average	Variance to PYM
Physician Expenses	n/a	$ 1,621,674	$ 1,613,172	$ 1,621,499	$ 1,507,510	$ 1,937,506	$ 2,127,062	$ 1,802,579	$ 1,894,150	$ 91,572	$ 386,640	$ 272,651
Physician expenses/APD	n/a	$ 1,675	$ 1,565	$ 1,675	$ 1,476	$ 1,935	$ 1,680	$ 1,368	$ 1,593	$ 226	$ 117	$ (82)
Supplies												
Supply Expenses	n/a	$ 1,329,163	$ 832,644	$ (820,071)	$ 776,504	$ 930,897	$ 1,201,928	$ 1,261,625	$ 816,217	$ (445,409)	$ 39,713	$ 1,636,288
Supply expenses/APD		$ 1,373	$ 822	$ (847)	$ 744	$ 930	$ 949	$ 957	$ 687	$ (271)	$ (58)	$ 1,534
Other Expenses												
Other Expenses	n/a	$ 1,589,722	$ 1,939,040	$ 726,251	$ 1,824,207	$ 2,672,831	$ 2,180,443	$ 2,238,409	$ 1,806,779	$ (431,630)	$ (17,428)	$ 1,080,528
Other Expenses/APD	n/a	$ 1,642	$ 1,861	$ 750	$ 1,787	$ 2,670	$ 1,722	$ 1,699	$ 1,520	$ (179)	$ (267)	$ 770
Margin												
Net Income	n/a	$ 2,400,606	$ 253,100	$ 785,068	$ 383,722	$ 486,988	$ (1,013,007)	$ 1,318,651	$ 4,778,752	$ 3,460,101	$ 4,395,031	$ 3,993,684
Net Profit Margin	n/a	54.0%	3.7%	9.2%	3.0%	4.2%	-11.1%	13.4%	37.2%	23.8%	34.3%	28.0%
Operating Income	n/a	$ (6,735,735)	$ (1,557,761)	$ 356,735	$ (686,444)	$ (40,522)	$ (1,892,040)	$ (1,494,921)	$ 4,760,792	$ 6,255,712	$ 5,447,236	$ 4,404,057
Operating Margin	2.9%	-151.4%	-26.1%	4.2%	-10.9%	-0.3%	-20.6%	-15.2%	37.1%	52.3%	48.0%	32.9%
EBITDA	n/a	$ 2,890,704	$ 676,999	$ 1,224,650	$ 841,891	$ 980,998	$ (514,664)	$ 1,819,274	$ 5,269,239	$ 3,449,965	$ 4,427,348	$ 4,044,589
EBITDA Margin	12.7%	65.0%	9.4%	14.4%	8.7%	8.4%	-5.6%	18.5%	41.1%	22.5%	32.3%	26.7%
Debt Service Coverage Ratio	3.70	3.9	3.9	3.9	3.3	3.5	3.2	3.5	5.6	2.1	2.3	1.7
Cash												
Avg Daily Disbursements (excl. IGT)	n/a	$ 295,398	$ 350,828	$ 332,307	$ 355,328	$ 363,206	$ 624,096	$ 694,374	$ 507,119	$ (187,256)	$ 151,790	$ 174,811
Average Daily Cash Collections (excl. IGT)	n/a	$ 343,912	$ 340,919	$ 291,820	$ 299,110	$ 328,025	$ 384,546	$ 457,527	$ 342,069	$ (115,457)	$ 42,959	$ 50,249
Average Daily Net Cash		$ 48,514	$ (9,908)	$ (40,487)	$ (56,218)	$ (35,181)	$ (239,550)	$ (236,848)	$ (165,049)	$ 71,798	$ (108,831)	$ (124,562)
Upfront Cash Collections		$ 64,886	$ 54,286	$ 34,997	$ 36,146	$ 88,629	$ 74,703	$ 63,036	$ 69,792	$ 6,756	$ 33,646	$ 34,794
Upfront Cash % of Gross Charges	1%	0.3%	0.3%	0.2%	0.2%	0.4%	0.4%	0.3%	0.3%	0.0%	0.1%	0.1%
Unrestricted Funds	n/a	$ 28,996,641	$ 23,774,285	$ 25,138,815	$ 23,536,438	$ 32,334,262	$ 34,024,342	$ 37,776,129	$ 39,597,763	$ 1,821,634	$ 16,061,325	$ 14,458,947
Change of cash per balance sheet	n/a	$ 1,088,506	$ 321,485	$ (2,649,693)	$ (321,485)	$ 8,523,178	$ 1,690,081	$ 3,751,786	$ 1,821,634	$ (1,930,152)	$ 2,143,120	$ 4,471,327
Days Cash on Hand (assume no more cash is collected)	196	94	73	84	72	99	103	114	122	8	49	38
Estimated Days Until Depleted (operating cash only)		858	2,399	447	406	583	461	426	417	(9)	11	(31)
Years Until Cash Depletion (operating cash only)		2.35	6.57	1.23	1.11	1.60	1.26	1.17	1.14	(0.03)	0.03	(0.08)

NIHD Financial Update

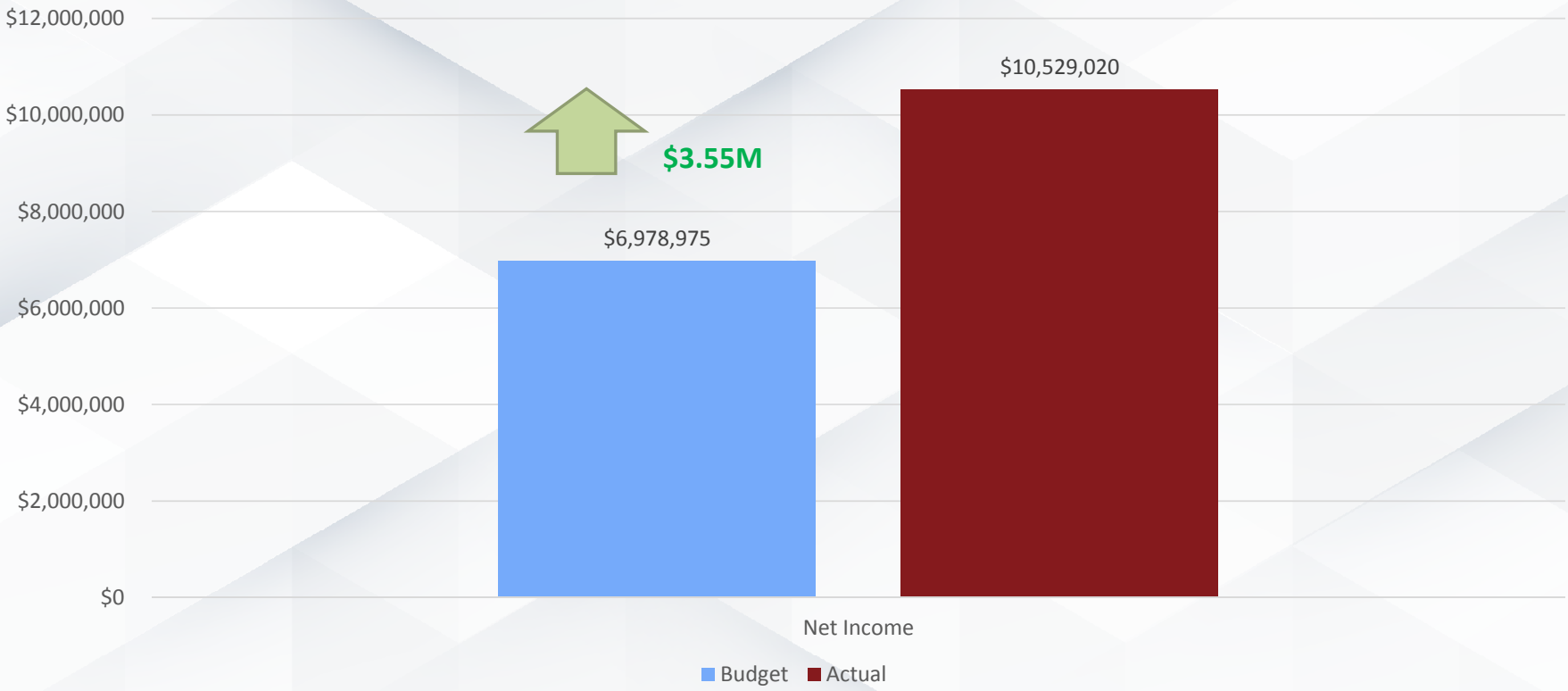
Chief Financial Officer

FYE 2026 Results

Northern Inyo Healthcare District

INCOME PERFORMANCE

Net Income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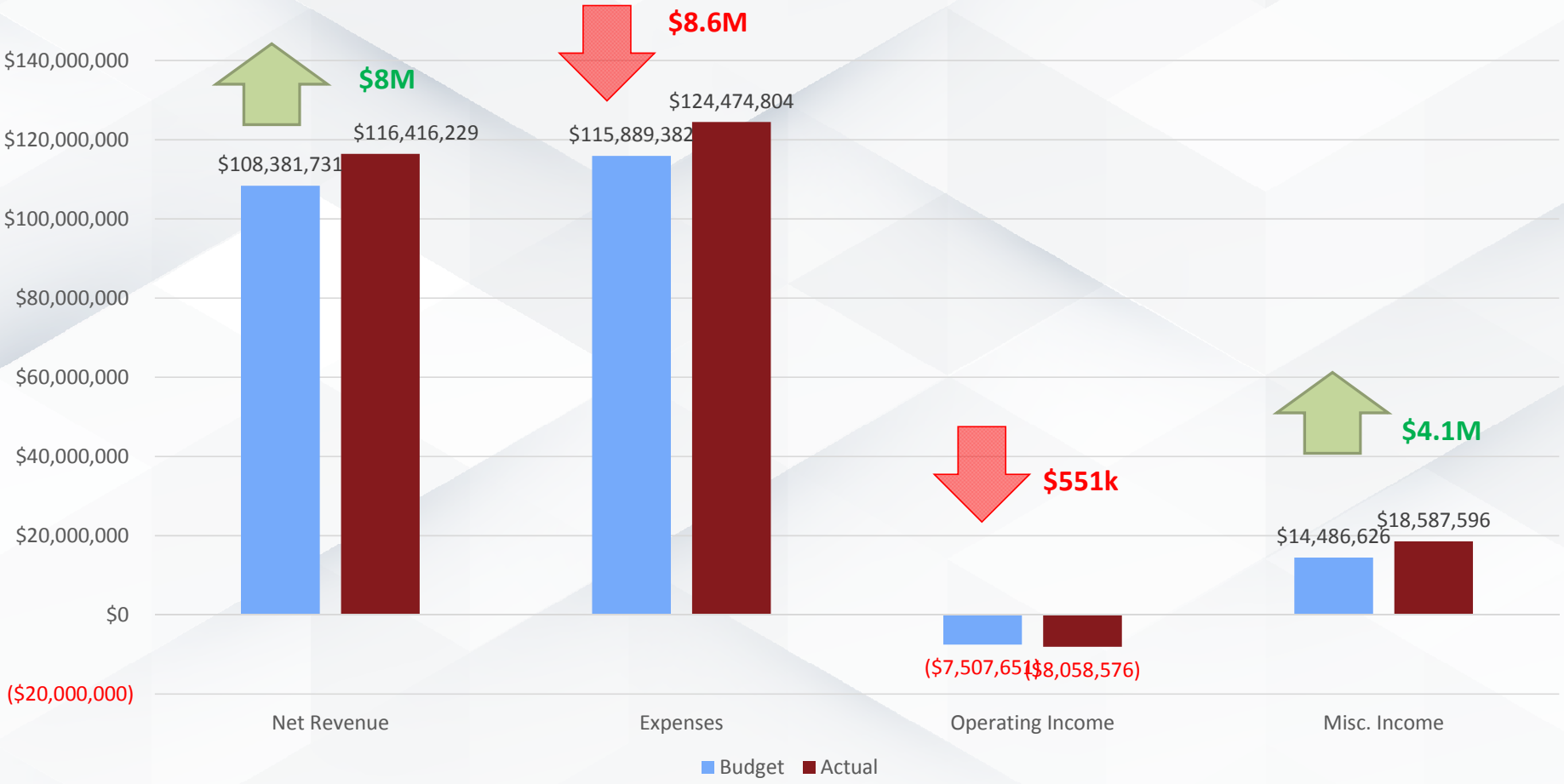
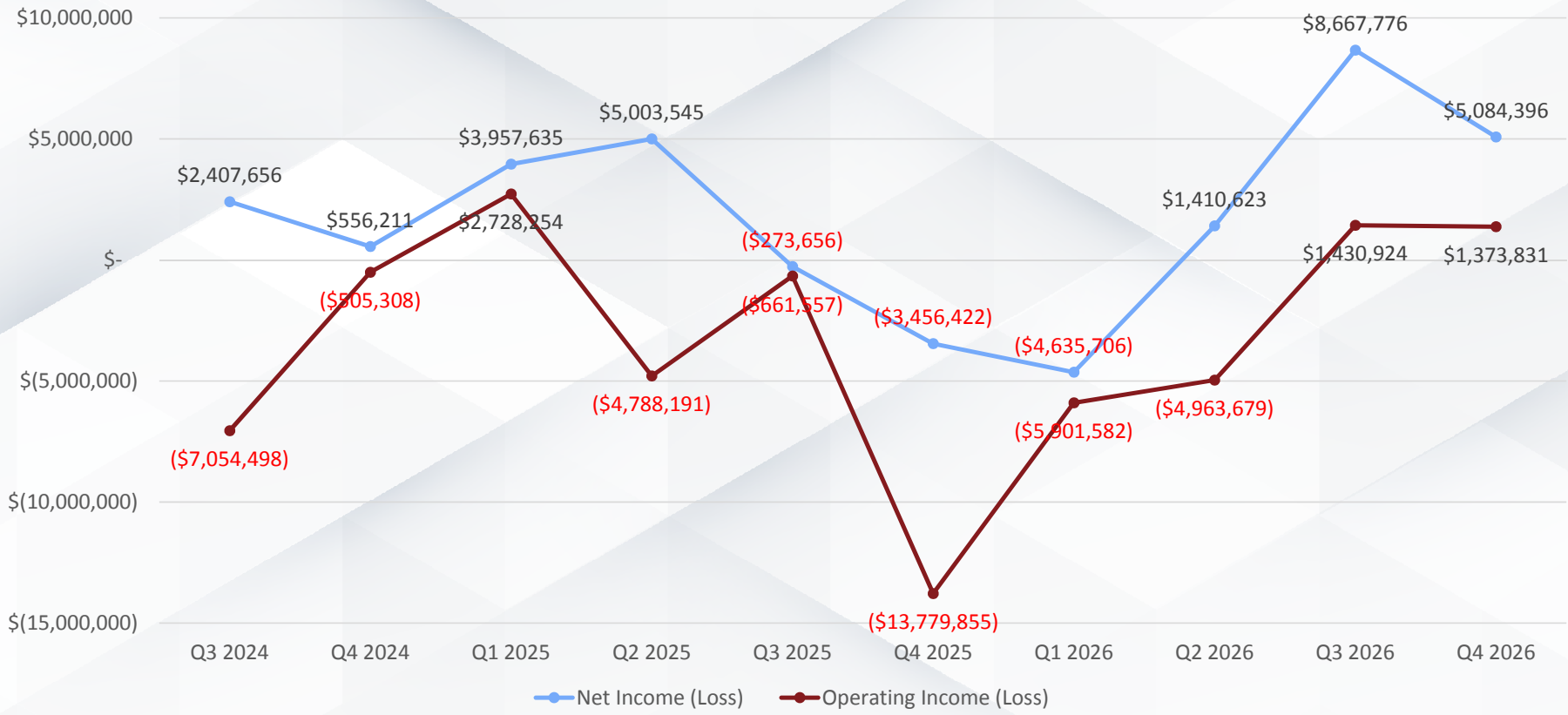
Net Income
Budget
Actual

Income to Budget

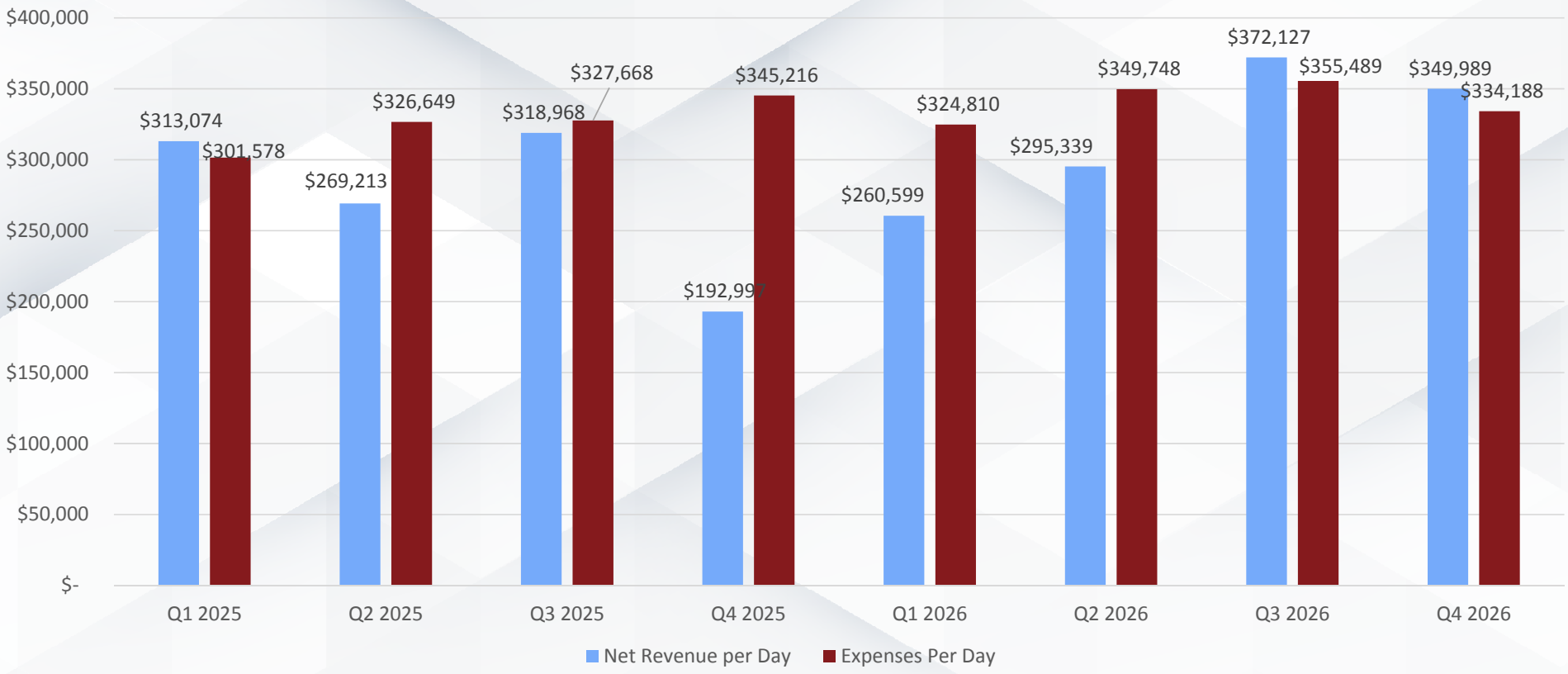


income trend

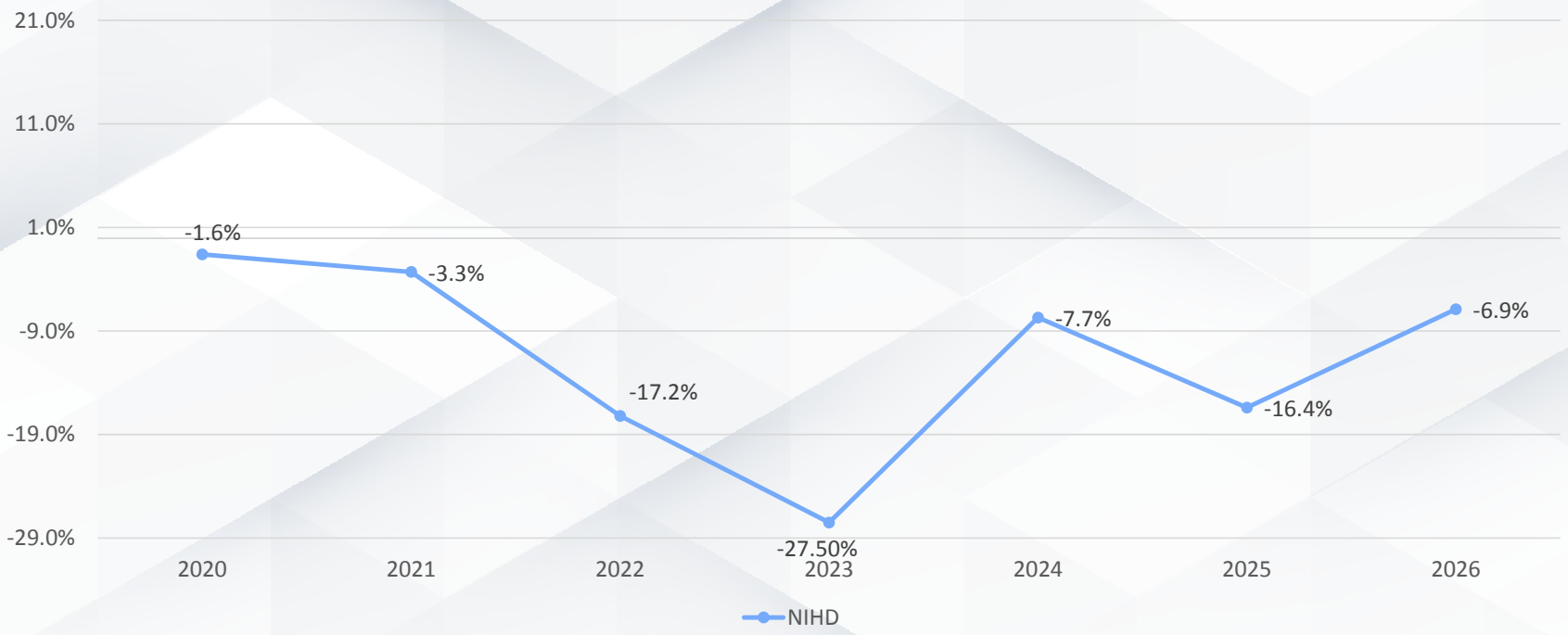


Net Profit Margin

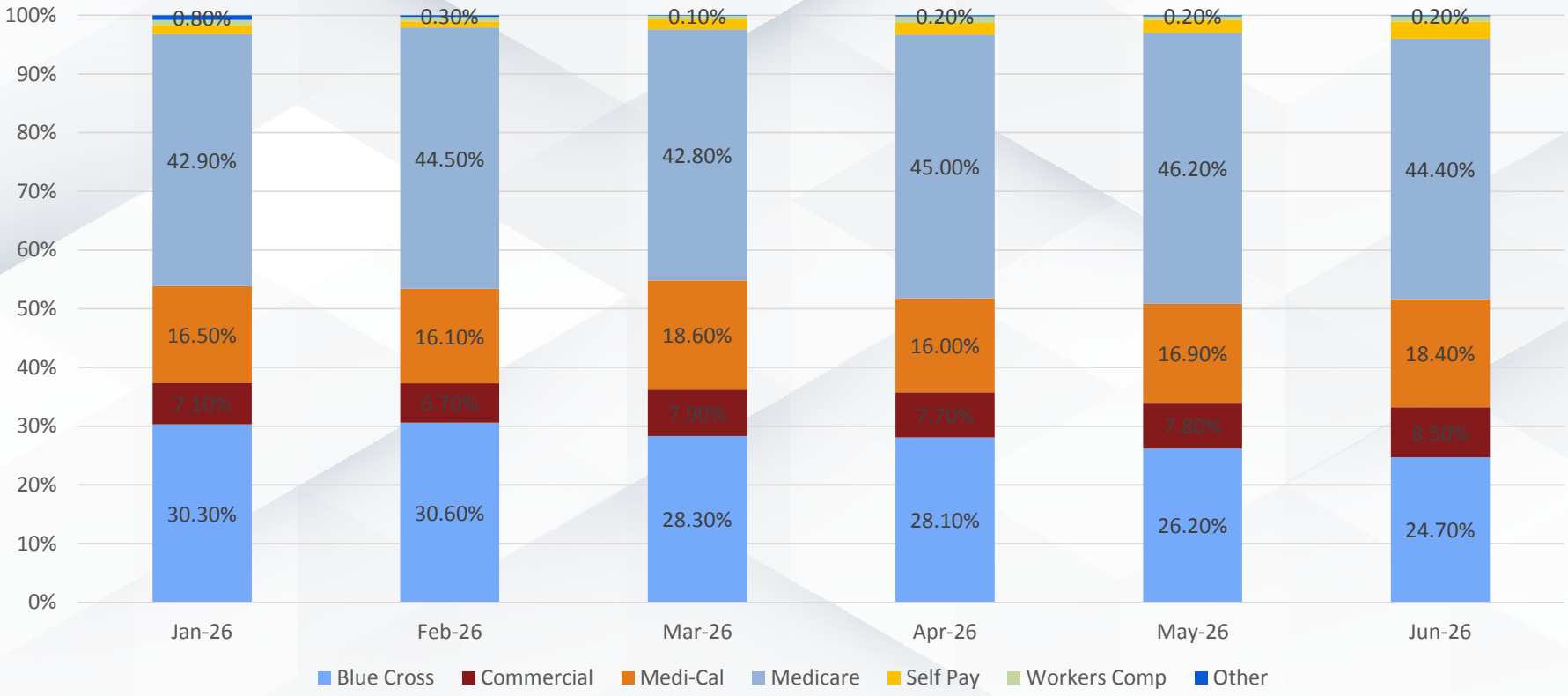
Trend per calendar day



Operating Margin



Payor Mix trend



WAGE Costs

	FYE 2025	FYE 2026	FYE 2026 Budget
Total Paid FTEs	394.7	399.2	394.7
Salaries, Wages, Benefits (SWB) Expense (incl. contract labor)	$64,151,246	$64,548,660	$62,937,326
SWB % of total expenses (including contract labor)	55%	52%	54%
Employed Average Hourly Rate	$54.26	$56.15	$52.00
Benefits % of Wages	40%	35%	45%

VOLUME & Income Action plan

- Surgical volumes were better than budget in general, orthopedics, and urology services.
- We are working on reviewing operational efficiency including OR utilization and space utilization reviews to maximize patient flow and care.
- We are being more deliberate in our service line strategy.
- We are working on a staff benchmarking analysis to determine if we are appropriately staffing by skill mix in all departments.
- Leaders are doing a great job of managing their expenses and helping build budgets for the next fiscal year.

Cash Performance

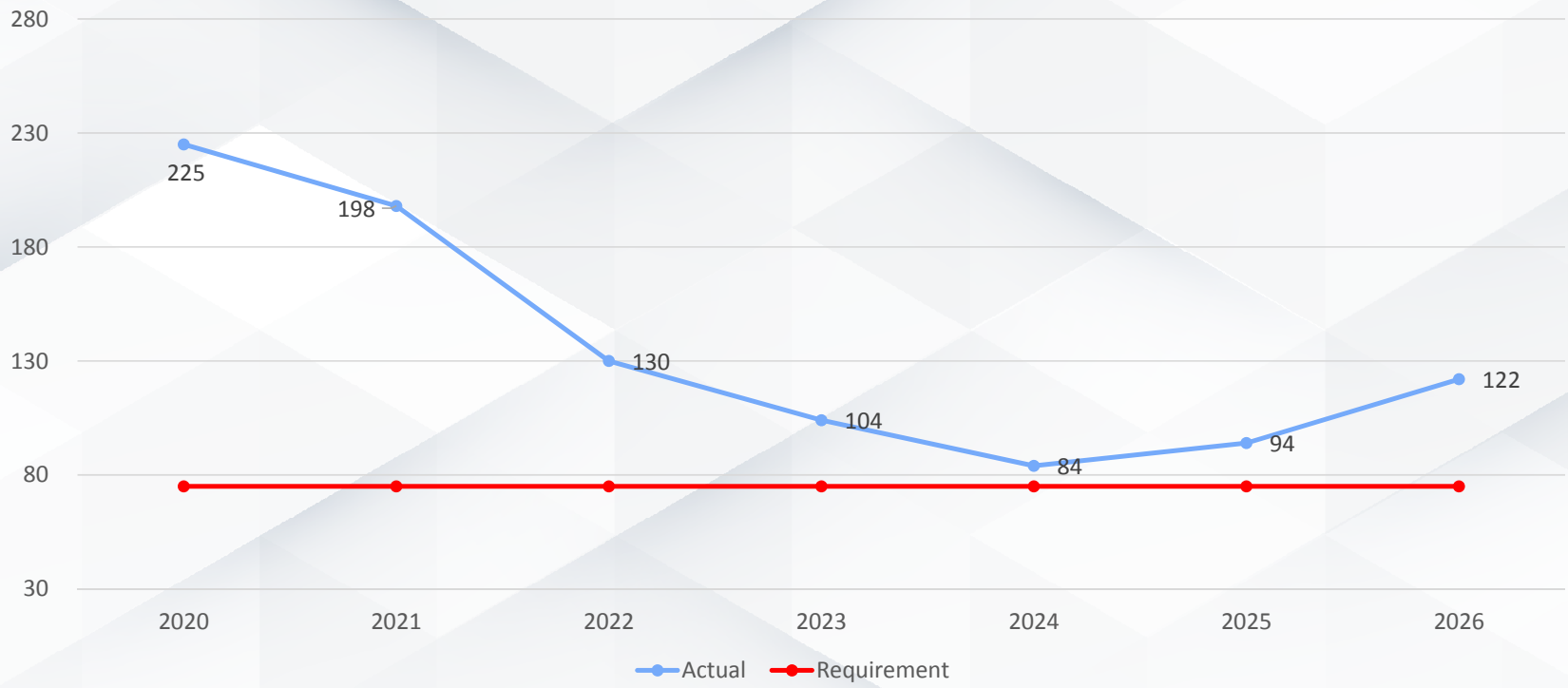
Income to Cash

	FYE 2026
Net Income (loss)	**$10,529,020**
Principal Payments on Long-Term Debt (balance sheet only)	$(1,942,891)
Other Debt (long-term leases & subscriptions – balance sheet only)	$(1,133,486)
Capital purchases (balance sheet only)	$(2,317,970)
Timing of accruals vs cash for year end	$1,838,535
Employee Retention Credit (accrued FYE 2025 and cash received FYE 2026)	$4,125,000
Impact to Cash	**$569,188**
Adjusted Net Income (cash basis)	**$11,098,208**

Gross AR Days

Debt Service Coverage Ratio

Days Cash on Hand



Unrestricted Funds

Cash action plan

- The cash flow action team is working to improve processes in all aspects of billing and collections.
- We have hired a new AI-based billing company, Jorie, and have hit record cash collections. The automation is working well and we continue to meet with them to find more opportunities to automate and improve cash.
- We have moved $24M in cash to Five Star Bank to earn better returns on our cash.
- We have another $11M in the LAIF Earning over 4% interest.
- AR days are at a record low for the organization.

Northern Inyo Healthcare District
Income Statement
Fiscal Year 2026

	4/30/2026	Apr Budget	4/30/2025	5/31/2026	May Budget	5/31/2025	6/30/2026	Jun Budget	6/30/2025	2026 YTD	Budget Variance	PYM Change
Gross Patient Service Revenue												
Inpatient Patient Revenue	3,901,381	3,596,335	3,003,097	4,196,525	3,716,213	3,371,624	4,699,783	3,596,335	3,271,065	49,574,070	1,103,448	1,428,718
Outpatient Revenue	15,480,289	14,221,947	13,297,993	16,694,284	14,695,389	13,103,211	16,634,724	14,221,947	14,026,215	180,166,390	2,412,777	2,608,509
Clinic Revenue	1,939,954	1,727,250	1,891,743	1,904,971	1,784,825	1,810,472	1,997,007	1,727,250	1,655,734	23,658,074	269,757	341,273
Gross Patient Service Revenue	21,321,624	19,545,532	18,192,833	22,795,779	20,196,427	18,285,307	23,331,513	19,545,532	18,953,014	253,398,534	3,785,981	4,378,499
Deductions from Revenue												
Contractual Adjustments	(11,804,084)	(9,622,417)	(8,841,205)	(12,797,977)	(9,943,164)	(7,499,521)	(11,495,629)	(9,622,417)	(17,009,328)	(131,086,874)	(1,873,212)	5,513,699
Bad Debt	26,871	(115,868)	(3,774,465)	63,117	(119,730)	(2,837,626)	(1,391,660)	(115,868)	284,638	(5,077,770)	(1,275,792)	(1,676,298)
A/R Writeoffs	(377,429)	(707,802)	(179,014)	(242,695)	(731,396)	(177,633)	(493,717)	(707,802)	(444,054)	(5,007,391)	214,086	(49,662)
Other Deductions from Revenue	-	(173,770)	-	-	(179,562)	-	2,880,000	(173,770)	2,665,229	4,189,730	3,053,770	214,771
Deductions from Revenue	(12,154,642)	(10,619,856)	(12,794,684)	(12,977,555)	(10,973,852)	(10,514,779)	(10,501,005)	(10,619,856)	(14,503,515)	(136,982,305)	118,851	4,002,510
Other Patient Revenue												
Incentive Income	-	-	-	-	-	2,304	0	-	-	0	0	0
Other Oper Rev - Rehab Thera Serv	-	-	-	-	-	-	-	-	-	-	-	-
Medical Office Net Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Other Patient Revenue	-	-	-	-	-	2,304	0	-	-	0	0	0
Net Patient Service Revenue	**9,166,983**	**8,925,676**	**5,398,149**	**9,818,224**	**9,222,576**	**7,772,831**	**12,830,509**	**8,925,676**	**4,449,499**	**116,416,229**	**3,904,833**	**8,381,009**
CNR%	**43.0%**	**45.7%**	**29.7%**	**43.1%**	**45.7%**	**42.5%**	**55.0%**	**45.7%**	**23.5%**	**45.9%**	**9.3%**	**31.5%**
Cost of Services - Direct												
Salaries and Wages	3,241,797	2,800,257	3,078,978	3,158,248	2,944,913	3,089,016	3,211,627	2,838,657	4,625,502	37,816,793	372,970	(1,413,874)
Benefits	1,118,914	1,310,180	1,277,083	1,587,950	1,325,644	935,894	(421,790)	1,023,831	478,322	13,582,415	(1,445,621)	(900,112)
Professional Fees	2,354,887	2,005,418	1,903,652	1,997,032	1,894,850	2,159,742	2,078,099	2,153,662.69	1,897,471	24,173,220	(75,564)	180,627
Contract Labor	281,325	233,067.53	355,281	314,495	234,619.64	292,586	279,292	245,181.55	422,463	3,217,463	34,111	(143,171)
Pharmacy	571,051	437,010	327,061	485,963	451,577	331,813	366,072	437,010	81,516	5,223,395	(70,938)	284,556
Medical Supplies	630,877	427,637	289,061	775,662	442,142	247,645	450,145	(1,393,248)	1,247,647	6,388,261	1,843,393	(797,503)
Hospice Operations	-	-	-	-	-	-	-	-	-	-	-	-
EHR System Expense	34,915	32,115	44,592	31,361	32,115	49,037	31,840	32,115	44,018	427,728	(275)	(12,178)
Other Direct Expenses	750,237	644,159.13	602,461	728,903	643,142.53	737,203	687,577	657,149.21	484,303	8,411,035	30,427	203,274
Total Cost of Services - Direct	8,984,004	7,889,843	7,878,169	9,079,615	7,969,003	7,842,936	6,682,861	5,994,359	9,281,241	99,240,311	688,503	(2,598,380)
General and Administrative Overhead												
Salaries and Wages	609,648	526,612	724,391	526,356	490,801	510,479	552,357	488,211.43	886,490	6,644,523	64,146	(334,133)
Benefits	153,065	179,230	138,697	253,009	211,216	219,722	(191,806)	465,578.97	116,971	2,163,048	(657,385)	(308,777)
Professional Fees	411,662	350,570	431,885	514,713	488,377	890,001	195,227	202,325.47	447,793	6,726,598	(7,099)	(252,567)
Contract Labor	144,840	119,995	97,467	170,473	127,176	99,759	122,890	107,880.98	114,927	1,124,419	15,009	7,963
Depreciation and Amortization	498,344	417,154	409,164	500,623	417,154	409,164	490,487	417,154	490,098	5,633,113	73,333	388
Other Administative Expenses	257,460	221,057	277,268	268,356	236,782	285,999	217,701	208,067	(152,287)	2,942,794	9,634	369,989
Total General and Administrative Overhead	2,075,019	1,814,619	2,078,872	2,233,530	1,971,506	2,415,124	1,386,856	1,889,218	1,903,993	25,234,494	(502,362)	(517,137)
Total Expenses	**11,059,023**	**9,704,462**	**9,957,041**	**11,313,145**	**9,940,509**	**10,258,060**	**8,069,717**	**7,883,577**	**11,185,234**	**124,474,804**	**186,140**	**(3,115,517)**
											-	-
Financing Expense	162,781	196,180	194,928	171,352	196,180	198,265	163,307	196,180	95,292	2,089,291	(32,873)	68,015
Financing Income	414,751	190,806	903,825	1,067,033	197,166	250,741	-	190,806	260,000	4,556,611	(190,806)	(260,000)
Investment Income	339,523	47,322	58,156	113,844	47,322	54,996	(192,999)	47,322	28,984	1,142,268	(240,321)	(221,982)
Miscellaneous Income	287,539	209,364	69,492	1,804,046	212,613	243,075	374,267	1,398,346	8,942,649	14,978,008	(1,024,080)	(8,568,382)
Net Income (Change in Financial Position)	**(1,013,007)**	**(527,473)**	**(3,722,346)**	**1,318,651**	**(457,012)**	**(2,134,682)**	**4,778,752**	**2,482,394**	**2,400,606**	**10,529,020**	**2,296,359**	**2,378,146**
Operating Income	(1,892,040)	(778,786)	(4,558,891)	(1,494,921)	(717,933)	(2,485,229)	4,760,792	1,042,099	(6,735,735)	(8,058,576)	3,718,692	11,496,526
EBIDA	(514,664)	(110,319)	(3,313,182)	1,819,274	(39,858)	(1,725,518)	5,269,239	2,899,548	2,890,704	16,162,133	2,369,691	2,378,535
Net Profit Margin	-11.1%	-5.9%	-69.0%	13.4%	-5.0%	-27.5%	37.2%	-18.6%	54.0%	9.0%	55.8%	-52.2%
Operating Margin	-20.6%	-8.7%	-84.5%	-15.2%	-7.8%	-32.0%	37.1%	-22.8%	-151.4%	-6.9%	59.9%	151.0%
EBIDA Margin	-5.6%	-1.2%	-61.4%	18.5%	-0.4%	-22.2%	41.1%	-13.4%	65.0%	13.9%	54.5%	-59.4%

Northern Inyo Healthcare District
Balance Sheet
Fiscal Year 2026

	PY Balances	4/30/2026	4/30/2025	5/31/2026	5/31/2025	6/30/2026	6/30/2025	PM Change	PY Change
Assets									
Current Assets									
Cash and Liquid Capital	20,757,956	22,886,679	19,449,093	26,638,540	19,669,998	28,460,217	20,757,956	1,821,676	7,702,261
Short Term Investments	7,741,599	11,137,664	7,742,770	11,137,589	7,741,372	11,137,546	7,741,599	(42)	3,395,947
PMA Partnership	-	-	-	-	-	-	-	-	-
Accounts Receivable, Net of Allowance	16,645,748	30,351,013	12,663,338	27,024,016	24,454,016	21,326,669	18,225,043	(5,697,347)	3,101,626
Other Receivables	9,238,007	(1,058,088)	9,700,579	(1,480,505)	(1,534,786)	3,028,579	9,295,249	4,509,085	(6,266,670)
Inventory	5,334,241	5,345,142	7,043,517	5,345,559	7,034,856	5,537,948	5,334,241	192,389	203,707
Prepaid Expenses	1,106,127	1,741,924	1,277,412	1,660,627	900,565	1,784,708	1,221,188	124,081	563,519
Total Current Assets	**60,823,678**	**70,404,334**	**57,876,709**	**70,325,825**	**58,266,021**	**71,275,667**	**62,575,277**	**949,842**	**8,700,390**
Assets Limited as to Use									
Internally Designated for Capital Acquisitions	-	-	-	-	-	-	-	-	-
Short Term - Restricted	1,469,292	129,810	1,469,040	129,939	1,469,168	1,470,800	1,469,292	1,340,861	1,508
Limited Use Assets			-		-		-	-	-
LAIF - DC Pension Board Restricted	-	-	-	-	-	-	-	-	-
LAIF - DB Pension Board Restricted	9,393,030	9,393,030	13,882,457	9,393,030	13,882,457	3,743,510	9,393,030	(5,649,520)	(5,649,520)
PEPRA - Deferred Outflows	-	-	-	-	-	-	-	-	-
PEPRA Pension	-	-	-	-	-	-	-	-	-
Deferred Outflow - Excess Acquisition	573,097	573,097	573,097	573,097	573,097	573,097	573,097	-	-
Total Limited Use Assets	9,966,127	9,966,127	14,455,554	9,966,127	14,455,554	4,316,607	9,966,127	(5,649,520)	(5,649,520)
Revenue Bonds Held by a Trustee	297,382	241,007	319,127	235,529	313,383	230,052	297,382	(5,477)	(67,330)
Total Assets Limited as to Use	**11,732,801**	**10,336,944**	**16,243,722**	**10,331,595**	**16,238,105**	**6,017,459**	**11,732,801**	**(4,314,136)**	**(5,715,342)**
Long Term Assets									
Long Term Investment	497,086	-	497,075	-	496,765	-	497,086	-	(497,086)
Fixed Assets, Net of Depreciation	81,644,252	78,315,524	82,773,362	77,978,700	82,508,539	78,340,189	81,671,110	361,489	(3,330,921)
Total Long Term Assets	**82,141,338**	**78,315,524**	**83,270,437**	**77,978,700**	**83,005,303**	**78,340,189**	**82,168,196**	**361,489**	**(3,828,007)**
Total Assets	**154,697,817**	**159,056,802**	**157,390,868**	**158,636,120**	**157,509,429**	**155,633,315**	**156,476,274**	**(3,002,805)**	**(842,959)**
Liabilities									
Current Liabilities									
Current Maturities of Long-Term Debt	3,599,764	3,556,887	4,300,283	3,661,147	4,391,066	3,542,416	3,779,214	(118,731)	(236,798)
Accounts Payable	4,413,297	5,174,270	3,663,678	4,997,597	4,392,528	4,416,760	4,046,243	(580,837)	370,518
Accrued Payroll and Related	3,525,333	5,366,893	3,524,904	4,116,268	3,941,303	4,465,522	3,685,124	349,254	780,398
Accrued Interest and Sales Tax	83,538	102,872	220,309	14,720	141,308	76,912	162,526	62,191	(85,615)
Notes Payable	339,892	339,892	446,860	229,820	339,892	229,820	339,892	-	(110,072)
Unearned Revenue	-	-	(4,542)	-	(4,542)	-	-	-	-
Due to 3rd Party Payors	3,324,903	4,331,882	1,637,684	4,125,564	(333,316)	4,125,564	3,324,903	-	800,661
Due to Specific Purpose Funds	-	-	-	-	-	-	-	-	-
Other Deferred Credits - Pension & Leases	8,758,790	8,740,163	12,579,127	8,740,163	12,577,057	5,006,479	8,758,790	(3,733,684)	(3,752,311)
Total Current Liabilities	**24,045,518**	**27,612,860**	**26,368,305**	**25,885,279**	**25,445,296**	**21,863,473**	**24,096,692**	**(4,021,807)**	**(2,233,219)**
Long Term Liabilities									
Long Term Debt	33,367,666	30,283,079	33,648,895	30,178,498	33,547,552	30,065,301	33,252,083	(113,196)	(3,186,782)
Bond Premium	127,973	96,603	134,247	93,465	131,110	90,328	127,973	(3,137)	(37,645)
Accreted Interest	17,272,679	17,215,090	17,094,610	17,299,478	17,183,644	17,383,865	17,272,679	84,388	111,187
Other Non-Current Liability - Pension	31,874,258	31,874,258	32,946,355	31,874,258	32,946,355	28,132,971	31,874,258	(3,741,287)	(3,741,287)
Total Long Term Liabilities	**82,642,576**	**79,469,030**	**83,824,107**	**79,445,699**	**83,808,662**	**75,672,466**	**82,526,993**	**(3,773,233)**	**(6,854,527)**
Suspense Liabilities	-	-	-	-	-	-	-	-	-
Uncategorized Liabilities (grants)	61,310	114,957	139,321	114,957	139,321	130,985	61,310	16,028	69,674
Total Liabilities	**106,749,404**	**107,196,846**	**110,331,732**	**105,445,935**	**109,393,279**	**97,666,924**	**106,684,996**	**(7,779,012)**	**(9,018,072)**
Fund Balance									
Fund Balance	40,722,935	45,957,791	40,624,917	45,969,241	43,816,486	45,966,571	43,090,884	(2,670)	2,875,687
Temporarily Restricted	1,469,292	1,470,548	1,469,040	1,470,676	1,469,168	1,470,800	1,469,292	124	1,508
Net Income	5,756,186	4,431,616	4,965,178	5,750,268	2,830,496	10,529,020	5,231,102	4,778,752	5,297,918
Total Fund Balance	**47,948,412**	**51,859,956**	**47,059,136**	**53,190,185**	**48,116,150**	**57,966,391**	**49,791,279**	**4,776,207**	**8,175,113**
Liabilities + Fund Balance	**154,697,817**	**159,056,802**	**157,390,868**	**158,636,120**	**157,509,429**	**155,633,315**	**156,476,274**	**(3,002,805)**	**(842,959)**
(Decline)/Gain		(963,718)	(3,359,679)	(420,682)	118,561	(3,002,805)	(1,033,155)	(2,582,123)	(1,969,650)

Northern Inyo Healthcare District
Long-Term Debt Service Coverage Ratio
FYE 2026

Calculation method agrees to SECOND and THIRD
SUPPLEMENTAL INDENTURE OF TRUST 2021 Bonds Indenture

Long-Term Debt Service Coverage Ratio Calculation

Numerator:	HOSPITAL FUND ONLY
Excess of revenues over expense	$ 10,529,020
+ Depreciation Expense	5,633,113
+ Interest Expense	2,089,291
Less GO Property Tax revenue	3,697,439
Less GO Interest Expense	458,611
"Income available for debt service"	**$ 14,095,374**
Denominator:	
Maximum "Annual Debt Service"	
2021A Revenue Bonds	$ 112,700
2021B Revenue Bonds	892,400
2009 GO Bonds (Fully Accreted Value)	
2016 GO Bonds	
Financed purchases and other loans	1,506,725
Total Maximum Annual Debt Service	**$ 2,511,825**
Ratio: (numerator / denominator)	**5.61**
Required Debt Service Coverage Ratio:	1.10
In Compliance? (Y/N)	**Yes**

Unrestricted Funds and Days Cash on Hand

	HOSPITAL FUND ONLY
Cash and Investments-current	$ 39,597,763
Cash and Investments-non current	-
Sub-total	39,597,763
Less - Restricted:	
PRF and grants (Unearned Revenue)	-
Held with bond fiscal agent	-
Building and Nursing Fund	-
Total Unrestricted Funds	**$ 39,597,763**
Total Operating Expenses	$ 124,474,804
Less Depreciation	5,633,113
Net Expenses	118,841,691
Average Daily Operating Expense	$ 325,594
Days Cash on Hand	**122**

Northern Inyo Healthcare District
Statement of Cash Flows
Fiscal Year 2026

CASH FLOWS FROM OPERATING ACTIVITIES	
Receipts from and on Behalf of Patients	116,460,265
Payments to Suppliers and Contractors	(40,840,455)
Payments to and on Behalf of Employees	(64,548,660)
Other Receipts and Payments, Net	4,196,703
Net Cash Provided (Used) by Operating Activities	15,267,852
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES	
Noncapital Contributions and Grants	7,838,511
Property Taxes Received	859,172
Net Cash Provided (Used) by Noncapital Financing Activities	8,697,683
CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES	
Principal Payments on Long-Term Debt	(1,942,891)
Proceeds from the Issuance of Refunding Revenue Bonds	-
Payment to Defease Revenue Bonds	-
Interest Paid	(2,089,291)
Purchase and Construction of Capital Assets	(8,879,428)
Payments on Lease Liability	(108,352)
Payments on Subscription Liability	(1,025,134)
Property Taxes Received	(32,822)
Net Cash Provided (Used) by Capital and Capital Related Financing Activities	(14,077,917)
CASH FLOWS FROM INVESTING ACTIVITIES	
Investment Income	1,142,268
Rental Income	68,322
Net Cash Provided (Used) by Investing Activities	1,210,590
NET CHANGE IN CASH AND CASH EQUIVALENTS	11,098,208
Cash and Cash Equivalents - Beginning of Year	28,499,555
CASH AND CASH EQUIVALENTS - END OF YEAR	39,597,763