



# SVHCD FINANCE COMMITTEE MEETING

## AGENDA

TUESDAY, MARCH 24, 2026

5:00 p.m. Regular Session

**To Be Held in Person at  
Sonoma Valley Hospital, 347 Andrieux Street  
Administrative Conference Room  
and via Zoom:**

<https://sonomavalleyhospital-org.zoom.us/j/93145185962?from=addon>

Meeting ID: 931 4518 5962

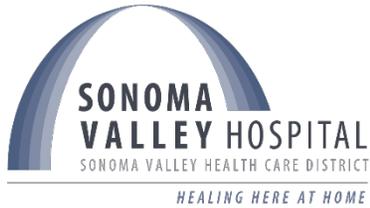
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*In compliance with the Americans with Disabilities Act, the District will provide reasonable accommodations to persons with disabilities. If you require special accommodations to participate in a District meeting, please contact Whitney Reese at [wreese@sonomavalleyhospital.org](mailto:wreese@sonomavalleyhospital.org) or 707-935-5035, at least 48 hours prior to the meeting, when possible.*

### MISSION STATEMENT

*The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*

<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Case</i>	
<b>2. PUBLIC COMMENT SECTION</b>	<i>Case</i>	
<i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i>		
<b>3. CONSENT CALENDAR</b> • Finance Committee Minutes 2.24.26	<i>Case</i>	Action <i>Pages 3 - 4</i>
<b>4. UCSF/SVH AFFILIATION AGREEMENT UPDATE</b>	<i>Bloch</i>	Inform
<b>5. SEISMIC UPDATE</b>	<i>Armfield</i>	Inform
<b>6. FINANCIAL REPORTS FOR MONTH END FEBRUARY 2026</b>	<i>Armfield</i>	Inform <i>Pages 5 - 12</i>
<b>7. ADJOURN</b>	<i>Case</i>	
<b>CLOSED SESSION:</b> Calif. Government Code §37606 and 37624.3: TRADE SECRET; Discussion will concern proposed new service and/or program		



**SVHCD FINANCE & AUDIT COMMITTEE MEETING**

**MINUTES**

**TUESDAY, FEBRUARY 24, 2026**

**In Person at Sonoma Valley Hospital**

**347 Andrieux Street**

**and Via Zoom Teleconference**

<b>Present</b>	<b>Not Present/Excused</b>	<b>Staff/Public</b>
Ed Case, in person Dennis Bloch, via zoom Paul Chakmak, in person Andrew Exner, via zoom Robert Crane, in person Graham Smith, via zoom Catherine Donahue, via zoom	Alexis Alexandridis, MD MBA FACS	Ben Armfield, SVH CFO, in person Kelley Kaiser, SVH CEO, via zoom Kimberly Drummond, SVH Chief of Support Services, in person Whitney Reese, SVH Board Clerk, in person Lois Fruzynski, SVH Accounting Manager, in person Leslie Petersen, SVH Foundation ED, in person Nathan Davis, via zoom Wendy Lee Myatt, via zoom

**MISSION & VISION STATEMENT**

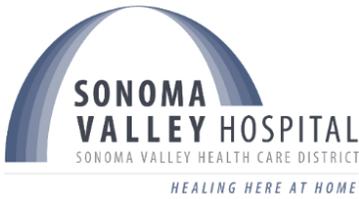
*The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.*

<b>AGENDA ITEM</b>	<b>PRESENTER</b>	<b>ACTIONS</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Ed Case</i>	Zoom difficulties delayed start. Meeting called to order at 5:06pm
<b>2. PUBLIC COMMENT SECTION</b>	None	
<b>3. CONSENT CALENDAR</b>	<i>Ed Case</i>	Action
Finance Committee Minutes 1.27.26	<b>MOTION:</b> Motion to approve by Chakmak, 2 <sup>nd</sup> by Crane. All in favor.	
<b>4. DISTRICT HOSPITAL LEADERSHIP FORUM PRESENTATION</b>	<i>Nathan Davis, SVP DHLF</i>	Inform
<p>Davis provided an update on financial advocacy and supplemental funding for California's 33 district hospitals. He highlighted that because Medi-Cal base rates remain stagnant, DHLF's work in securing supplemental payment programs has become vital; these programs generated nearly \$660 million in net benefits for district hospitals in 2025 and are projected to exceed \$1 billion in 2026. While SVH participates in nearly all available programs, Davis noted the administrative complexity and cash-flow challenges of the IGT process required to draw down these federal matching funds.</p> <p>The committee also discussed the long-term outlook regarding HR 1 and the 2030 seismic mandate. While some immediate federal cuts were delayed, Davis warned that upcoming shifts in federal matching rates (FMAP) and stricter Medi-Cal eligibility rules will likely begin reducing supplemental payments by 2027–2028. The unfunded 2030 seismic requirements remain a major concern, with many hospitals currently unable to afford compliance. Despite these looming industry-wide challenges, SVH is currently at a financial "high water mark" in terms of supplemental revenue, which provides a temporary buffer before the anticipated revenue declines.</p>		
<b>5. AUDIT FIRM ENGAGEMENT LETTER FY26 AUDIT</b>	<i>Ben Armfield</i>	Action

Armfield presented an engagement letter to formalize Baker Tilly, formerly Moss Adams, to perform the district's financial statement audit for fiscal year 2026. This is Baker Tilly's third year. They initially gave a proposal for three years and the fees that are in this memo aligned to their initial proposal.

**MOTION:** Motion to approve by Crane, 2<sup>nd</sup> by Chakmak. All in favor.

<b>6. CAPITAL PLAN REVIEW</b>	<i>Ben Armfield</i>	Inform
<p>Armfield presented an updated Capital Needs Plan, it as a fluid "working document" rather than an immediate funding request. Improved financial standing through IGT funding now allows the hospital to address a backlog of deferred maintenance and equipment needs totaling approximately \$15 million over the next five years. The plan categorizes items into three "buckets": projects currently in motion, five-year priorities (including critical IT infrastructure and servers), and long-range infrastructure. Discussion highlighted a shift toward a proactive financing strategy (including a potential subcommittee to explore bond renewals) and noted the recent activation of the Cogen project, which is expected to reduce energy costs. The list will be refined with department heads to present a finalized version alongside the FY27 budget.</p>		
<b>7. DETAILED A/R REVIEW</b>	<i>Ben Armfield</i>	Inform
<p>Armfield presented the Accounts Receivable Analysis, which remains in a strong position, with over 90% of total receivables aged under 90 days despite a year-over-year increase in gross revenue and claim volume. Key performance metrics, including a 7.5 to 8-day "discharged, not yet billed" (DNYB) rate and an 8.5% denial rate, continue to be classified as "outstanding" per Epic benchmarks, supported by a strategic five-day bill hold policy that ensures high claim accuracy. While gross A/R rose by \$1.6 million compared to the prior year, the average "days in net AR" improved by 2–3 days, reflecting increased collection velocity and a stable aging profile. During the committee discussion, it was confirmed that the hospital utilizes the native Epic billing system for all revenue cycle management, which effectively handles a payer mix where Medicare represents approximately 50% of receivables and remains the most efficient payer for processing clean claims.</p>		
<b>8. FINANCIAL REPORTS FOR MONTH END JANUARY 2026</b>	<i>Ben Armfield</i>	Inform
<p>While January saw a temporary dip in surgical volume due to holiday scheduling and physician absences, the hospital remains in a strong financial position after a remarkable six-month streak of exceeding budget. Growth in other key areas like the ER, MRI services, and inpatient census, remained robust and consistent. The hospital's liquidity is improving significantly thanks to IGT payments, allowing the team to successfully reduce outstanding payables. Surgical volumes are already rebounding strongly in February and additional revenue streams are secured through the end of the year.</p>		
<b>9. ADJOURN</b>	<i>Ed Case</i>	Inform
<p>Meeting adjourned at 6:15pm</p>		



To: SVHCD Finance Committee  
 From: Ben Armfield, Chief Financial Officer  
 Date: March 24th, 2026  
 Subject: Financial Report for February 2026

**OVERALL PERFORMANCE SUMMARY | MONTH OF FEBRUARY 2026**

- **Operating Performance** – February represented a meaningful rebound from the softer performance experienced in January. The hospital posted an operating loss of **\$(210,000)**, or approximately (1%), essentially in line with budget (unfavorable by just \$(2,000)). Notably, the hospital generated positive Operating EBDA of **\$148,000** for the month.

February’s improvement in performance relative to January is significant. Despite the shorter month, which inherently reduces the number of revenue-generating days and can create modest headwinds to volume, performance remained stable and in line with expectations. This reinforces that January’s softness was a temporary disruption rather than an emerging trend.

	Current Month				Year-To- Date				PY Actual	Var	%
	Actual	Budget	Var	%	Actual	Budget	Var	%			
<b>Operating Margin</b>	\$ (210.3)	\$ (207.7)	\$ (2.6)	-1%	\$ (1,067.6)	\$ (3,013.4)	\$ 1,945.8	65%	\$ (3,042.9)	\$ 1,975.3	65%
<b>Operating EBDA</b>	\$ 148.2	\$ 205.7	\$ (57.4)	-28%	\$ 2,692.5	\$ 1,043.3	\$ 1,649.2	158%	\$ 1,167.2	\$ 1,525.4	131%
<b>Net Income (Loss)</b>	\$ 86.9	\$ (51.8)	\$ 138.7	268%	\$ 962.7	\$ (1,766.4)	\$ 2,729.2	155%	\$ (1,546.0)	\$ 2,508.7	162%

- **Operating Revenues - \$7.0 Million**, which exceeded budget by **9%** or **\$604,000**. This favorable variance continues to be driven by IGT program revenue.

Net Patient Revenue (excluding IGT proceeds) was **\$4.2 million**, approximately **3% below budget**. While modestly under budget, this represents a meaningful improvement from January.

Total volumes for the month were impacted by the reduced number of revenue-generating days, which creates some distortion in month-over-month comparisons. On a normalized, per-day basis, performance improved across all core revenue-generating service lines, including surgical volumes, emergency department visits, outpatient physical therapy, and MRI.

- **Operating Expenses - \$7.2 Million**, which exceeded budget by **9%** or **(\$607,000)**.

The primary driver of this variance relates to the increased net benefit from the Rate Range IGT program. As previously discussed with the Committee, the hospital originally budgeted a \$10 million net benefit but ultimately realized \$12 million. This incremental benefit results in a corresponding increase in IGT program expense (matching fee pay-in), driving a significant portion of the variance above budget.

Excluding IGT program expense, operating expenses were approximately 5% above budget for the month.

Importantly, total operating expenses declined from January levels, as expected, reflecting both the shorter month and the absence of certain one-time expenses incurred in January. Benefit expense also decreased in February following the front-loaded costs recognized in the prior month.

February also included approximately \$40,000 of interest expense associated with the previously outstanding line of credit. With the line now fully repaid, this expense is not expected to recur through the remainder of the fiscal year.

- **Year-To-Date Performance** - Underlying operating performance remains favorable when excluding IGT activity. **Net patient revenue** is approximately **\$3.1 million**, or **9%, above budget**, while **operating expenses (excluding IGT)** are approximately **\$1.9 million**, or **4%, above budget**, reflecting continued positive operating momentum and strengthening core operating performance.
- **Cash** – Cash levels improved significantly during February, driven by the full receipt of Rate Range IGT funds. These inflows resulted in a substantial increase in liquidity, with cash rising to \$6.65 million at month-end and Days Cash on Hand increasing to 42.6 days, up from 13.4 days in January.

With this improved liquidity position, the hospital was able to:

- Fully repay the outstanding line of credit, which had been utilized to support prior IGT matching fee obligations
- Reduce outstanding accounts payable balances, reflected in a significant decline in A/P days from 64.9 to 43.0 days, and begin normalizing vendor payment timing

In addition, patient cash collections remained consistent with recent trends at approximately \$4.6 million for the month.

During February, the hospital also made an additional IGT matching fee payment of approximately \$350,000 related to the District Hospital Directed Payment Program. As previously discussed, this program is expected to generate approximately \$850,000 in gross proceeds, representing a net benefit of approximately \$500,000, with funds anticipated in May.

### **DRIVERS IN MONTHLY PERFORMANCE**

- **Inpatient Activity** - Inpatient volumes remained strong, with Average Daily Census of approximately 11.0, continuing the trend of sustained elevated utilization.
- **Emergency Department** - Emergency Department volumes totaled 943 visits during the month. While total visits declined slightly from January, this is largely attributable to February being a shorter month. On an average daily basis, volumes remained strong at approximately 34 visits per day, marking the third consecutive month of sustained elevated demand.
- **Outpatient Activity** - Outpatient activity remained stable overall, with total visits in line with both budget.
  - **Imaging** – Volumes were modestly lower in total, primarily within MRI, though February’s shorter calendar impacts month-over-month comparisons. On a normalized basis, MRI volumes continue to perform well, averaging over 11 visits per day, exceeding current year targets. Opportunities remain to further optimize and grow this service line.
  - **Physical Therapy** – Volumes remain strong and continue to reflect sustained demand. Similar to imaging, management is focused on continued growth and optimization within this area.
- **Surgical Volumes** - Surgical volumes rebounded in February, driven primarily by improved activity in GI and general surgery.

A total of 136 surgeries were performed during the month, representing a significant increase from 120 cases in January, though still approximately 5% below budget.

This improvement reflects a return toward more normalized surgical activity following January's temporary slowdown.

## **OTHER FINANCE UPDATES**

### **AC-1 Repair Project**

We are pleased to report that the repair of the failing AC-1 condenser was successfully completed over the weekend of March 13th. This was a complex project requiring crane support, temporary closure of portions of the hospital entrance, and a coordinated shutdown of operating room services beginning Thursday afternoon through the weekend. Despite these constraints, the Emergency Department remained fully operational throughout the duration of the project, and surgical services resumed the following week without disruption.

Importantly, the project was completed on schedule and is expected to remain within the approved project budget of \$250,000. The timing proved critical, as the hospital experienced unseasonably high temperatures in the days immediately following completion. The successful execution of this repair helped avoid potential operational disruptions and ensured continuity of patient care.

We would like to recognize the Facilities team for their outstanding coordination and execution in managing this project safely and efficiently.

### **FY27 Budget Process**

Management has formally initiated the FY27 budget development process. Early efforts are focused on establishing baseline volume assumptions, identifying key financial and operational drivers, and aligning departmental expectations with the hospital's broader strategic priorities.

As part of this process, we are placing a strong emphasis on building a budget that continues to advance the hospital toward long-term financial sustainability, while also balancing near-term operational realities.

We will continue to keep the Finance Committee apprised of progress over the coming months, with initial framing and directional assumptions to be shared at upcoming meetings.

### **IGT Update**

Management continues to actively engage with both Kaiser and Partnership Health Plan regarding Rate Range IGT allocations for the CY25 program (FY27). While discussions remain ongoing, early indications suggest continued stability in the program, though final funding levels have not yet been confirmed.

Given the material impact IGT funding has on the hospital's financial position, this remains a key area of focus. We expect to have greater clarity on projected funding levels in the coming months and will provide updates to the Committee as additional information becomes available.

### **Capital Needs Assessment**

Management has launched a comprehensive capital needs assessment across all departments of the hospital. This effort is intended to develop a more structured and prioritized view of both short-term equipment needs and longer-term infrastructure requirements.

The goal is to establish a disciplined, multi-year capital planning framework that aligns with the hospital's strategic priorities and financial capacity. This work will help inform both the FY27 budget process and broader

long-range planning efforts, including future discussions related to seismic compliance and facility modernization.

**Assembly Bill 2311 (AB 2311)**

The hospital is supporting Assembly Bill 2311 (Schiavo), which would provide healthcare districts with the ability to directly employ physicians.

If enacted, this legislation would represent a meaningful shift for district hospitals, including Sonoma Valley Hospital, by expanding our ability to recruit and retain providers in a highly competitive environment. This is particularly important given the challenges district hospitals face in contracting for physician services while managing high levels of Medi-Cal and uncompensated care.

Management will continue to monitor the progress of this legislation closely and assess its potential implications for our provider alignment strategy.

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**FINANCE REPORT ATTACHMENTS:**

- Attachment A            Income Statement
- Attachment B            Balance Sheet
- Attachment C            Cash Flow Forecast
- Attachment D            Key Performance Indicators | Volumes & Statistics
- Attachment E            Key Performance Indicators | Overall Performance

Sonoma Valley Health Care District  
Income Statement (in 1000s)  
For the Period Ended February 28, 2026

ATTACHMENT A

	Month				Year-To-Date						
	CYM Actual	CYM Budget	Var	%	YTD Actual	YTD Budget	Var	%	PYTD Actual	Var	%
<b>Revenues</b>											
1 Net Patient Revenue	\$ 4,218.5	\$ 4,331.2	(112.7)	-3%	\$ 36,181.2	\$ 33,115.5	3,065.7	9%	\$ 33,452.6	2,728.6	8%
2 IGT Program Revenue	2,375.9	1,653.7	722.3	44%	14,689.0	13,229.5	1,459.5	11%	7,699.6	6,989.4	91%
3 Parcel Tax Revenue	316.7	316.7	(0.0)	0%	2,533.3	2,533.3	(0.0)	0%	2,533.3	(0.0)	0%
4 Other Operating Revenue	94.6	99.9	(5.3)	-5%	793.8	799.1	(5.3)	-1%	790.6	3.2	0%
<b>5 Total Revenue</b>	<b>\$ 7,005.7</b>	<b>\$ 6,401.5</b>	<b>604.3</b>	<b>9%</b>	<b>\$ 54,197.2</b>	<b>\$ 49,677.4</b>	<b>4,519.9</b>	<b>9.1%</b>	<b>\$ 44,476.1</b>	<b>9,721.1</b>	<b>22%</b>
<b>Operating Expenses</b>											
6 Labor / Total People Cost	\$ 3,244.1	\$ 3,052.0	192.1	6%	\$ 25,810.6	\$ 24,321.7	1,488.9	6%	\$ 23,059.5	2,751.2	12%
7 Professional Fees	963.0	817.0	146.0	18%	5,849.6	5,602.8	246.8	4%	5,395.1	454.5	8%
8 Supplies	692.9	691.2	1.7	0%	5,778.2	5,535.9	242.3	4%	4,997.7	780.5	16%
9 Purchased Services	526.6	534.0	(7.4)	-1%	3,774.2	3,532.2	242.0	7%	3,162.0	612.2	19%
10 Depreciation	358.5	413.3	(54.8)	-13%	3,760.1	4,056.7	(296.6)	-7%	4,210.1	(450.0)	-11%
11 Interest	70.0	36.6	33.4	91%	439.8	424.2	15.5	4%	297.9	141.8	48%
12 Other	300.7	300.3	0.3	0%	3,144.1	3,100.1	44.0	1%	3,016.7	127.4	4%
13 IGT Program Expense	1,060.2	764.6	295.6	39%	6,708.2	6,117.0	591.1	10%	3,380.0	3,328.2	98%
<b>14 Operating Expenses</b>	<b>\$ 7,216.0</b>	<b>\$ 6,609.2</b>	<b>606.8</b>	<b>9.2%</b>	<b>\$ 55,264.9</b>	<b>\$ 52,690.8</b>	<b>2,574.1</b>	<b>4.9%</b>	<b>\$ 47,519.1</b>	<b>7,745.8</b>	<b>16%</b>
<b>15 Operating Margin</b>	<b>\$ (210.3)</b>	<b>\$ (207.7)</b>	<b>\$ (2.6)</b>	<b>-1%</b>	<b>\$ (1,067.6)</b>	<b>\$ (3,013.4)</b>	<b>\$ 1,945.8</b>	<b>65%</b>	<b>\$ (3,042.9)</b>	<b>\$ 1,975.3</b>	<b>65%</b>
<b>Non Operating Income</b>											
16 GO Bond Activity, Net	235.2	128.6	106.5	83%	1,712.3	1,029.0	683.3	66%	1,291.4	420.9	33%
17 Misc Revenue/(Expenses)	62.0	27.2	34.8	128%	318.1	217.9	100.1	46%	205.5	112.5	55%
<b>18 Total Non-Op Income</b>	<b>\$ 297.2</b>	<b>\$ 155.9</b>	<b>141.3</b>	<b>91%</b>	<b>\$ 2,030.4</b>	<b>\$ 1,247.0</b>	<b>783.4</b>	<b>63%</b>	<b>\$ 1,497.0</b>	<b>533.4</b>	<b>36%</b>
<b>19 Net Income (Loss)</b>	<b>\$ 86.9</b>	<b>\$ (51.8)</b>	<b>138.7</b>	<b>268%</b>	<b>\$ 962.7</b>	<b>\$ (1,766.4)</b>	<b>2,729.2</b>	<b>155%</b>	<b>\$ (1,546.0)</b>	<b>2,508.7</b>	<b>162%</b>
20 Restricted Foundation Contr.	-	125.0	(125.0)	-100%	1,953.2	1,000.0	953.2	95%	2,038.0	(84.8)	-4%
<b>21 Change in Net Position</b>	<b>\$ 86.9</b>	<b>\$ 73.2</b>	<b>13.7</b>	<b>19%</b>	<b>\$ 2,916.0</b>	<b>\$ (766.4)</b>	<b>3,682.4</b>	<b>480%</b>	<b>\$ 492.0</b>	<b>2,424.0</b>	<b>493%</b>
<b>22 Operating EBDA</b>	<b>\$ 148.2</b>	<b>\$ 205.7</b>	<b>(57.4)</b>	<b>-28%</b>	<b>\$ 2,692.5</b>	<b>\$ 1,043.3</b>	<b>1,649.2</b>	<b>158%</b>	<b>\$ 1,167.2</b>	<b>1,525.4</b>	<b>131%</b>

Sonoma Valley Health Care District

ATTACHMENT B

**Balance Sheet**  
**As of February 28, 2026**  
 Expressed in 1,000s

	<u>Current Month</u>	<u>Prior Month</u>	<u>FYE 2025 Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 6,653.4	\$ 1,861.4	\$ 4,386.3
2 Net Patient Receivables	8,255.6	7,990.2	7,585.8
3 Allow Uncollect Accts	(1,240.3)	(1,496.5)	(1,256.1)
4 Net Accounts Receivable	\$ 7,015.3	\$ 6,493.7	\$ 6,329.7
5 IGT Program Receivable	891.8	21,047.4	-
6 Parcel Tax Receivable	1,744.6	1,744.6	-
7 GO Bond Tax Receivable	1,626.6	1,626.5	-
8 Other Receivables	836.9	900.0	1,423.3
9 Inventory	978.2	992.5	841.0
10 Prepaid Expenses	1,205.1	1,328.6	788.1
11 Total Current Assets	\$ 20,951.8	\$ 35,994.7	\$ 13,768.5
12 Property, Plant & Equip, Net	\$ 59,955.9	\$ 60,217.9	60,342.6
13 Trustee Funds - GO Bonds	5,017.2	5,004.8	5,986.7
14 Other Assets - Deferred IGT Expense	4,645.1	5,421.1	-
<b>15 Total Assets</b>	<b>\$ 90,569.9</b>	<b>\$ 106,638.4</b>	<b>\$ 80,097.8</b>
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
16 Accounts Payable	4,642.1	\$ 7,006.0	\$ 7,282.7
17 Accrued Compensation	4,560.1	4,525.4	4,059.9
18 IGT Program Payable	242.0	590.9	-
19 Interest Payable - GO Bonds	201.0	169.5	154.4
20 Accrued Expenses	853.0	808.6	166.1
21 Deferred IGT Revenue	9,553.5	11,929.4	-
22 Deferred Parcel Tax Revenue	1,266.7	1,583.4	-
23 Deferred GO Bond Tax Revenue	1,097.4	1,371.7	-
25 Line of Credit - Summit Bank	-	10,500.0	-
26 Other Liabilities	-	(0.0)	-
27 Total Current Liabilities	\$ 23,155.8	\$ 39,224.9	\$ 12,403.1
28 Long Term Debt, net current portion	\$ 23,568.4	\$ 23,654.7	\$ 27,239.3
29 Total Fund Balance	\$ 43,845.8	\$ 43,758.9	\$ 40,455.4
<b>30 Total Liabilities &amp; Fund Balances</b>	<b>\$ 90,569.9</b>	<b>\$ 106,638.4</b>	<b>\$ 80,097.8</b>

<u>Cash Indicators</u>	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year FYE</u>
Days Cash	42.6	13.4	29.2
A/R Days	45.5	42.2	45.8
A/P Days	43.0	64.9	67.2

**Sonoma Valley Health Care District  
Projected Cash Forecast (In 1000s)  
FY 2026**

**ATTACHMENT C**

	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>ACTUAL</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<i>Forecast</i>	<b>TOTAL</b>
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>Hospital Operating Sources</b>													
1 Patient Payments Collected	\$ 4,683.2	\$ 4,292.8	\$ 4,956.9	\$ 4,513.5	\$ 4,208.0	\$ 4,353.9	\$ 4,970.2	\$ 4,666.0	\$ 4,600.0	\$ 4,600.0	\$ 4,600.0	\$ 4,600.0	\$ 55,044.5
2 Other Revenue - Operating & Non-Op	182.5	104.0	101.6	94.6	101.0	129.0	91.8	114.8	105.0	105.0	105.0	105.0	1,339.2
3 IGT Program Revenue	-	-	-	523.7	31.5	-	2,639.8	20,155.6	0.9	-	850.0	161.5	24,363.0
4 Parcel Tax Revenue	110.9	-	-	-	-	2,055.4	-	-	-	1,608.7	-	-	3,775.0
5 Unrestricted Contributions	4.0	-	-	-	-	-	-	-	-	-	-	-	4.0
<b>6 Sub-Total Hospital Sources</b>	<b>\$ 4,980.6</b>	<b>\$ 4,396.8</b>	<b>\$ 5,058.5</b>	<b>\$ 4,608.1</b>	<b>\$ 4,309.0</b>	<b>\$ 7,112.5</b>	<b>\$ 7,701.8</b>	<b>\$ 24,936.4</b>	<b>\$ 4,705.9</b>	<b>\$ 6,313.7</b>	<b>\$ 5,555.0</b>	<b>\$ 4,866.5</b>	<b>\$ 84,544.7</b>
<b>Hospital Uses of Cash</b>													
7 Operating Expenses / AP Payments	\$ 5,649.7	\$ 4,948.5	\$ 4,975.3	\$ 6,009.0	\$ 4,877.2	\$ 5,616.9	\$ 6,661.0	\$ 8,499.2	\$ 5,750.0	\$ 5,500.0	\$ 5,900.0	\$ 5,200.0	\$ 69,586.8
8 Term Loan Paydowns - Summit / CHFFA	73.6	73.6	73.6	73.6	73.6	73.6	131.0	73.6	73.6	73.6	73.6	73.6	940.3
9 IGT Financing Interest	-	-	-	-	106.0	77.1	74.2	43.3	-	-	-	-	300.6
10 IGT Matching Fee Payments	-	228.5	-	-	10,426.1	-	-	348.9	-	409.9	87.7	-	11,501.1
11 Capital Expenditures - SVH Funded	145.6	-	11.3	84.5	59.3	60.0	539.8	723.8	344.5	344.5	244.5	244.5	2,802.4
12 Capital Expenditures - Foundation Funded	876.5	468.8	133.8	205.4	94.3	69.6	-	-	-	-	-	-	1,848.4
<b>13 Total Hospital Uses</b>	<b>\$ 6,745.4</b>	<b>\$ 5,719.5</b>	<b>\$ 5,194.0</b>	<b>\$ 6,372.4</b>	<b>\$ 15,636.6</b>	<b>\$ 5,897.2</b>	<b>\$ 7,406.0</b>	<b>\$ 9,688.8</b>	<b>\$ 6,168.1</b>	<b>\$ 6,328.0</b>	<b>\$ 6,305.8</b>	<b>\$ 5,518.1</b>	<b>\$ 86,979.8</b>
<b>Net Hospital Sources/Uses of Cash</b>	<b>\$ (1,764.7)</b>	<b>\$ (1,322.7)</b>	<b>\$ (135.5)</b>	<b>\$ (1,764.3)</b>	<b>\$ (11,327.6)</b>	<b>\$ 1,215.3</b>	<b>\$ 295.8</b>	<b>\$ 15,247.6</b>	<b>\$ (1,462.2)</b>	<b>\$ (14.3)</b>	<b>\$ (750.8)</b>	<b>\$ (651.6)</b>	<b>\$ (2,435.0)</b>
<b>Non-Hospital Sources</b>													
14 Restricted Donations (rec'd from Foundation)	806.7	538.6	214.6	124.5	94.3	-	-	44.4	-	-	-	-	1,823.2
15 Line of Credit - Draw	-	-	-	-	10,500.0	-	-	-	-	-	-	-	10,500.0
<b>17 Sub-Total Non-Hospital Sources</b>	<b>\$ 806.7</b>	<b>\$ 538.6</b>	<b>\$ 214.6</b>	<b>\$ 124.5</b>	<b>\$ 10,594.3</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 44.4</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,323.2</b>
<b>Non-Hospital Uses of Cash</b>													
18 Line of Credit - Payoff	-	-	-	-	-	-	-	10,500.0	-	-	-	-	10,500.0
<b>20 Sub-Total Non-Hospital Uses of Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,500.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,500.0</b>
<b>21 Net Non-Hospital Sources/Uses of Cash</b>	<b>\$ 806.7</b>	<b>\$ 538.6</b>	<b>\$ 214.6</b>	<b>\$ 124.5</b>	<b>\$ 10,594.3</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (10,455.6)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,823.2</b>
<b>22 Net Sources/Uses</b>	<b>\$ (958.0)</b>	<b>\$ (784.1)</b>	<b>\$ 79.1</b>	<b>\$ (1,639.8)</b>	<b>\$ (733.3)</b>	<b>\$ 1,215.3</b>	<b>\$ 295.8</b>	<b>\$ 4,792.0</b>	<b>\$ (1,462.2)</b>	<b>\$ (14.3)</b>	<b>\$ (750.8)</b>	<b>\$ (651.6)</b>	<b>\$ (611.8)</b>
23 Total Cash at beginning of period	\$ 4,386.3	\$ 3,428.3	\$ 2,644.2	\$ 2,723.3	\$ 1,083.5	\$ 350.3	\$ 1,565.6	\$ 1,861.4	\$ 6,653.4	\$ 5,191.2	\$ 5,176.9	\$ 4,426.1	
<b>24 Total Cash at End of Period</b>	<b>\$ 3,428.3</b>	<b>\$ 2,644.2</b>	<b>\$ 2,723.3</b>	<b>\$ 1,083.5</b>	<b>\$ 350.3</b>	<b>\$ 1,565.6</b>	<b>\$ 1,861.4</b>	<b>\$ 6,653.4</b>	<b>\$ 5,191.2</b>	<b>\$ 5,176.9</b>	<b>\$ 4,426.1</b>	<b>\$ 3,774.5</b>	
25 Days of Cash on Hand at End of Month	22.0	17.0	17.5	7.2	4.3	10.0	11.9	42.6	33.3	33.2	28.4	24.2	

**Sonoma Valley Health Care District**  
**Key Performance Indicators | Volumes & Statistics**  
 For the Period Ended February 28, 2026

	Current Month				Year-To-Date							
	Actual	Budget	Var	%	YTD	YTD	Var	%	PYTD			
					Actual	Budget			Actual	Var	%	
<b>Inpatient Volume</b>												
Acute Patient Days	308	250	58	23%	2,369	2,053	316	15%	1,995	374	19%	
Acute Discharges	81	68	13	19%	648	560	89	16%	534	114	21%	
Average Length of Stay	3.8	3.7	0.1	3%	3.7	3.7	(0.0)	0%	3.7	(0.1)	-2%	
Average Daily Census	11.0	8.9	2.1	23%	11.2	9.7	1.5	15%	9.4	2	19%	

	Actual	Budget	Var	%	YTD	YTD	Var	%	PYTD		
					Actual	Budget			Actual	Var	%
<b>Surgical Volume</b>											
IP Surgeries	15	9	6	60%	97	77	20	27%	71	26	37%
OP Surgeries	121	134	(13)	-10%	1,121	1,043	78	7%	1,036	85	8%
<b>Total Surgeries</b>	<b>136</b>	<b>144</b>	<b>(8)</b>	<b>-5%</b>	<b>1,218</b>	<b>1,120</b>	<b>98</b>	<b>9%</b>	<b>1,107</b>	<b>111</b>	<b>10%</b>

	Actual	Budget	Var	%	YTD	YTD	Var	%	PYTD		
					Actual	Budget			Actual	Var	%
<b>Other Outpatient Activity</b>											
Total Outpatient Visits	5,794	5,769	25	0%	47,669	45,603	2,066	5%	45,290	2,379	5%
Emergency Room Visits	943	925	18	2%	7,963	7,147	816	11%	7,333	630	9%

	Actual	Budget	%	Actual	Budget	%
	<b>Payor Mix</b>					
Medicare	40.8%	37.7%	3.1%	39.0%	37.9%	1.1%
Medicare Mgd Care	19.6%	18.2%	1.4%	18.2%	18.3%	-0.1%
Medi-Cal	15.4%	16.2%	-0.8%	17.7%	16.2%	1.5%
Commercial	20.6%	23.9%	-3.3%	21.4%	23.8%	-2.4%
Other	3.5%	3.9%	-0.4%	3.7%	3.8%	-0.1%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		<b>100.0%</b>	<b>100.0%</b>	

Payor Mix calculated based on gross revenues

**Trended Outpatient Visits by Area**

Department	Most Recent Six Months						Last 6 Months	YoY Monthly Averages			
	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26		FY26	FY25	Chg	% Chg
Lab	1,481	1,535	1,217	1,355	1,420	1,350		1,401	1,348	53	4%
Medical Imaging	999	1,056	940	1,081	1,041	1,009		1,028	982	46	5%
Physical Therapy	1,502	1,600	1,270	1,337	1,439	1,482		1,427	1,424	3	0%
CT Scanner	482	545	465	508	454	514		492	449	42	9%
Occ. Health	285	313	282	310	279	285		276	267	9	3%
Mammography	250	295	254	301	238	239		255	245	10	4%
Occ. Therapy	195	236	248	285	256	231		243	203	40	20%
Ultrasound	247	281	289	295	244	256		270	218	52	24%
MRI	251	251	202	245	235	206		225	181	44	24%
ECHO	114	131	88	132	100	95		112	129	(17)	-13%
Speech Therapy	53	57	58	57	50	114		64	68	(5)	-7%
Other	19	17	18	33	28	13		25	23	1	6%
<b>TOTAL</b>	<b>6,203</b>	<b>6,601</b>	<b>5,331</b>	<b>5,938</b>	<b>5,784</b>	<b>5,794</b>		<b>5,963</b>	<b>5,789</b>	<b>174</b>	<b>3%</b>
Emergency Room	975	952	932	1,047	1,022	943		1,000	868	132	15%
ER Visits / Day	32.5	30.7	31.1	33.8	33.0	33.7		32.6	28.9	3.7	13%

Sonoma Valley Health Care District  
**Overall Performance | Key Performance Indicators**  
 For the Period Ended February 28, 2026

ATTACHMENT E

	Current Month				Year-To- Date				PY Actual	Var	%
	Actual	Budget	Var	%	Actual	Budget	Var	%			
<b>Operating Margin</b>	\$ (210.3)	\$ (207.7)	\$ (2.6)	-1%	\$ (1,067.6)	\$ (3,013.4)	\$ 1,945.8	65%	\$ (3,042.9)	\$ 1,975.3	65%
<b>Operating EBDA</b>	\$ 148.2	\$ 205.7	\$ (57.4)	-28%	\$ 2,692.5	\$ 1,043.3	\$ 1,649.2	158%	\$ 1,167.2	\$ 1,525.4	131%
<b>Net Income (Loss)</b>	\$ 86.9	\$ (51.8)	\$ 138.7	268%	\$ 962.7	\$ (1,766.4)	\$ 2,729.2	155%	\$ (1,546.0)	\$ 2,508.7	162%

**Operating Revenue Summary (All Numbers in 1000s)**

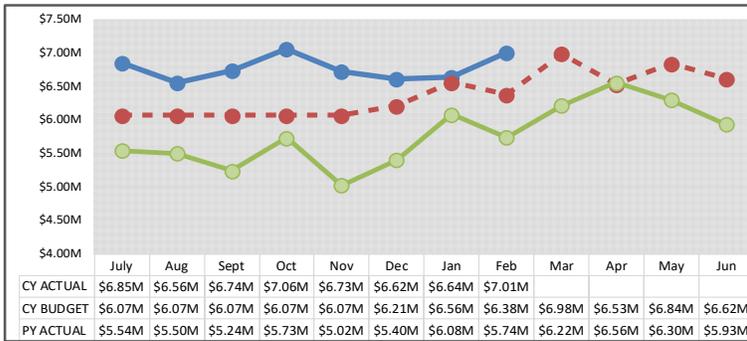
<b>Net Patient Revenue</b>	\$ 4,218	\$ 4,331	\$ (113)	-3%	\$ 36,181	\$ 33,115	\$ 3,066	9%	\$ 33,453	\$ 2,729	8%
<b>NPR as a % of Gross</b>	13.4%	14.4%	-7.1%		13.7%	14.1%	-2.6%		14.2%	-3.3%	
<b>Operating Revenue</b>	\$ 7,006	\$ 6,401	\$ 604	9%	\$ 54,197	\$ 49,677	\$ 4,520	9%	\$ 44,476.1	\$ 9,721	22%

**Operating Expense Summary (All Numbers in 1000s)**

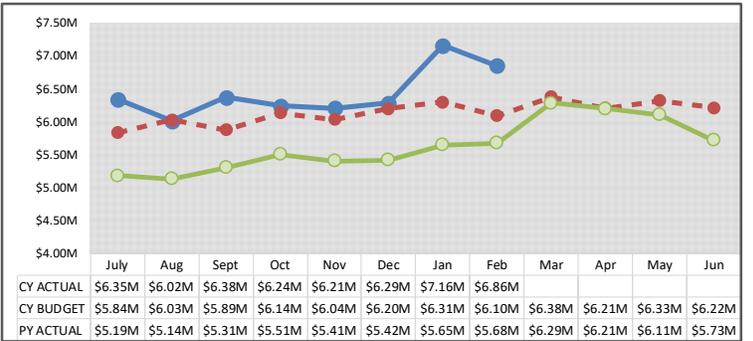
<b>Operating Expenses</b>	\$ 7,216	\$ 6,609	\$ 607	9%	\$ 55,265	\$ 52,691	\$ 2,574	5%	\$ 47,519	\$ 7,746	16%
<b>Op Exp. Excl. Depr.</b>	\$ 6,857	\$ 6,196	\$ 662	11%	\$ 51,505	\$ 48,634	\$ 2,871	6%	\$ 43,309	\$ 8,196	19%
<b>Worked FTEs</b>	234.36	232.11	2.25	1%	232.12	227.72	\$ 4.40	2%	218.09	14.03	6%

**Trended Operating Revenue & Operating Expense Graphs**

**Trended Operating Revenues**  
 CY Actual vs CY Budget vs PY Actual



**Trended Operating Expenses (excl Depreciation)**  
 CY Actual vs CY Budget vs PY Actual



— CY ACTUAL    - - - CY BUDGET    — PY ACTUAL

**Cash Indicators**

	Current Month	Prior Month	Var	% Var
<b>Days Cash</b>	42.6	13.4	29.2	218%
<b>A/R Days</b>	45.5	42.2	3.4	8%
<b>A/P Days</b>	43.0	64.9	(21.9)	-34%