MAYERS MEMORIAL HEALTHCARE DISTRICT

Finance Committee
Meeting Agenda
July 29, 2026 @ 11:00 am
Mayers Memorial Healthcare District
Fall River Boardroom @ MMHD Hall
43579 Highway 299 East
Fall River Mills, CA 96028

In observance of the Americans with Disabilities Act, please notify us at 530-336-5511, Ext 1130 at least 48 hours in advance of the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations. The District will make every attempt to accommodate your request.

Attendees
Tami Vestal-Humphry, Committee Chair, Board Member
Abe Hathaway, Board Member
Ryan Harris, CEO
Travis Lakey, CFO
Lisa Neal, Board Clerk

					Approx. Time Allotted
1	**CALL MEETING TO ORDER** This meeting will be conducted in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District.				
2	**CALL FOR REQUEST FROM THE AUDIENCE - PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS** Persons wishing to address the Board are requested to fill out a “Request Form” prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.				
3	**APPROVAL OF MINUTES**				
	3.1 Finance Board Committee Meeting – June 24, 2026		**Attachment A**	**Action Item**	2 min.
4	**FINANCIAL REVIEWS/BUSINESS**				
	4.1 Finance Notes		**Attachment B**	Discussion	5 min.
	4.2 CalRHT			Discussion	
5	**ADMINISTRATIVE REPORT**			Report	5 min.
6	**OTHER INFORMATION/ANNOUNCEMENTS**			Information	5 min.
7	**ADJOURNMENT:** Next Finance Board Committee Meeting – August 26, 2026				

Posted: 07.23.26

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills, CA 96028. This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Attachment A

Chief Executive Officer
Ryan Harris

MAYERS MEMORIAL HEALTHCARE DISTRICT

Board of Directors
Finance Committee Minutes
June 24, 2026 @ 11:00 am
Mayers Memorial Healthcare District
Burney Boardroom
20647 Commerce Way
Burney, CA 96013

These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.

1	**CALL MEETING TO ORDER:** Tami Humphry called the Finance Board Committee meeting to order at 11:08 am on June 24, 2026, in accordance with Robert's Rules of Order and the Bylaws of Mayers Memorial Healthcare District, which govern the conduct of the meeting.			

BOARD MEMBERS PRESENT:	STAFF PRESENT:
Tami Vestal-Humphry, Committee Chair Abe Hathaway, Vice President **ABSENT:**	Ryan Harris, CEO Travis Lakey, CFO Libby Mee, CPO Lisa Neal, Board Clerk

2	**CALL FOR REQUEST FROM THE AUDIENCE – PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS –** No public comment.			
3	**APPROVAL OF MINUTES:**			
	3.1	Finance Board Committee Meeting – May 27, 2026. A motion to accept the minutes, as presented, was made, seconded, and carried.	***Hathaway / Humphry***	***Approved by All***
4	**FINANCIAL REVIEWS**			
	4.1	May 2026 Financials & Accounts Payable (AP)/Accounts Receivable (AR) A motion to move the financial statements, accounts payable, and accounts receivable to the Board for action was made, seconded, and carried. A/P was higher this month due to insurance renewals and a repayment to Medicare for the interim cost report.	***Hathaway / Humphry***	***Approved by All***
		FY27 Budget Adoption A motion to move the budget adoption to the board for action was made, seconded, and carried.	***Hathaway / Humphry***	***Approved by All***
	4.2	Line of Credit/Certificate of Deposit A motion to move the Line of Credit/Certificate of Deposit letter to the board for action was made, seconded, and carried.	***Hathaway / Humphry***	***Approved by All***
5	**ADMINISTRATIVE REPORT:** Written report provided by Travis Lakey.			
6	**OTHER INFORMATION/ANNOUNCEMENTS:** The CEO, Ryan Harris, reported that the clinic's plan to hire an additional physician is being reevaluated and will be deferred until patient volumes increase.			
7	**ADJOURNMENT:** A motion to adjourn at 11:50 am was made, seconded, and carried. Next Finance Board Committee Meeting is July 29, 2026		***Hathaway / Humphry***	***Approved by All***

Finance Notes June 2026

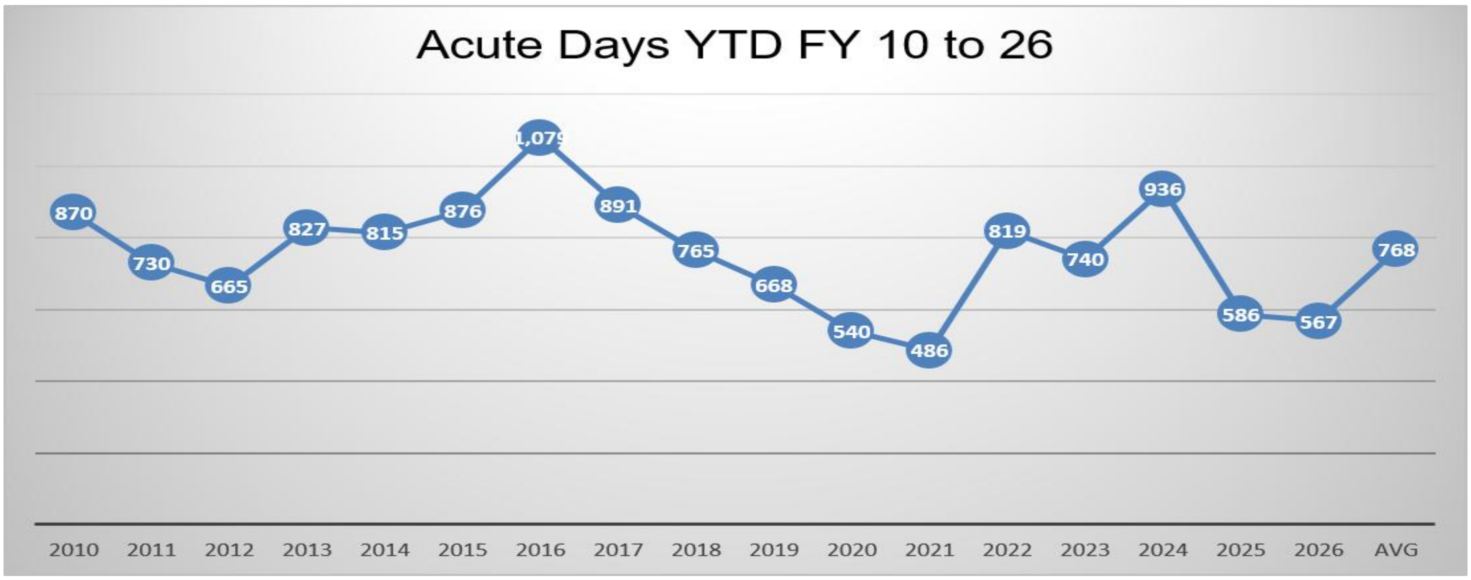
Attachment B

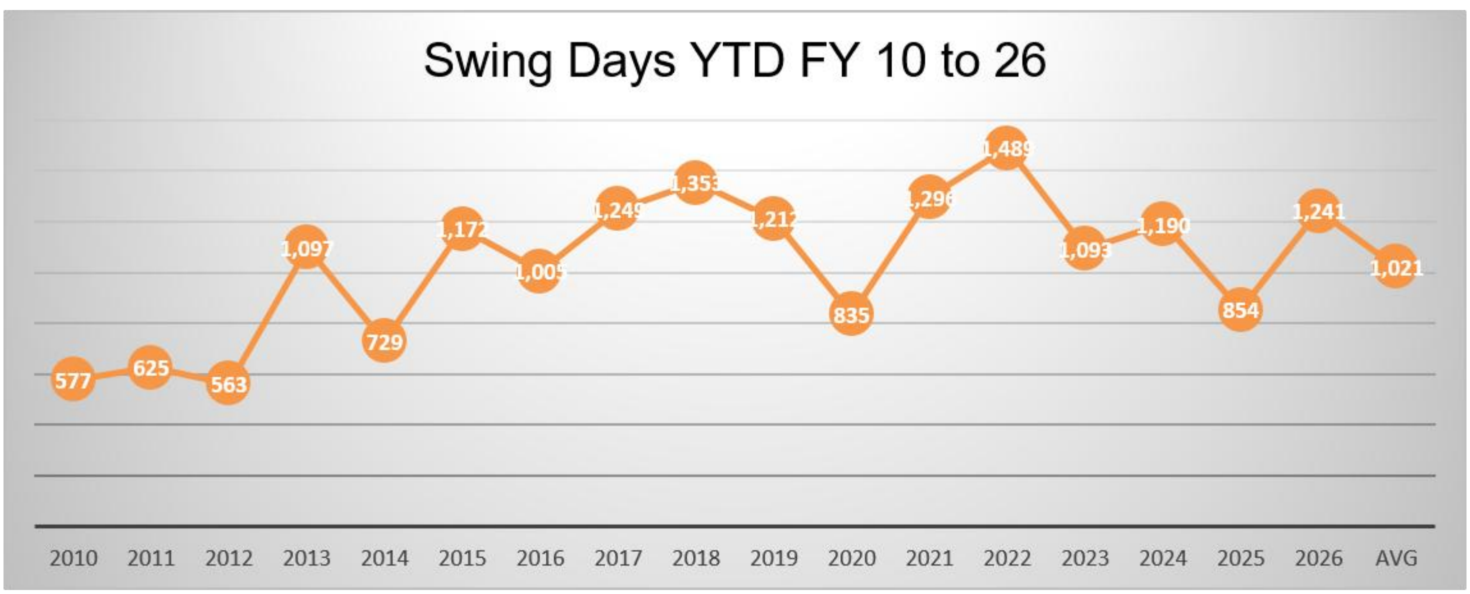
1) Given June is the end of the fiscal year I don't provide the interim year end financials until August to allow most invoices to be included and do a deep dive on a year's worth of payments and adjustments for the contractuals.
2) AR Days ended at 60.73 so we are trending in a good direction.
3) Our FY 26 audit has started so we are providing reports and documentation. This year we have elected to have the audit remote since we can handle things on Teams and not pay for the auditors travel expenses.
4) I've been spending a lot of time on webinars and researching the CalRHT (California's Rural Health Transformation Program) applications which have a short timetable for submittal. There are five separate applications with most of them due on August 14th by 3 pm. The process reviews proposed projects, reportable metrics, select upper management (CEO, CFO, CMO, and COO) and board resumes and our perceived ability to enact any of these grants in our community.
    - Transformative Payments: A very select group including Mayers which is approximately 18 of the 58 rural hospitals were chosen to be able apply for this grant application based off financial and other undisclosed metrics. This grant is meant to increase care in the community and operational efficiencies. This one is interesting as it has elements of the other grants making it more attainable. Only 6 to 12 hospitals will be selected for this grant, and this one is due July 31st.
    - Accelerator Partner: This is the Hub and Spoke Regional Collaborative Model that has been discussed quite a bit. The goal is to partner with other organizations to expand primary or OB care in our area or improving hypertension, decreasing the rate of poor diabetes control, increasing colorectal screenings, increasing the rate of first trimester prenatal care and increasing telehealth visits.
    - Expand and Support Rural Workforce Capacity: This is very focused on maternity care so it's not a promising grant for us or most frontier hospitals.
    - Workforce Recruitment and Retention: aims to strengthen and sustain the rural healthcare workforce by improving recruitment, retention, and training for health professionals, with a focus on those who provide primary care and maternal health services. It sounds like there is options for other types of health workers, but the funds will be directed at primary care and OB first.
    - EHR Modernization Grants: The first year is only for those organizations getting a new EMR. I specifically asked about improvements like AI and tools for patient engagement and was told no. I do think we can make the argument to fit them into the Transformative Payment Grant.
5) I attended the Partnership Regional Meeting where we discussed the immediate and long-term impacts of HR1 to overall Medi-Cal enrolment and on the associated supplemental payments. We discussed resources and community education to help patients stay on the Medi-Cal rolls with

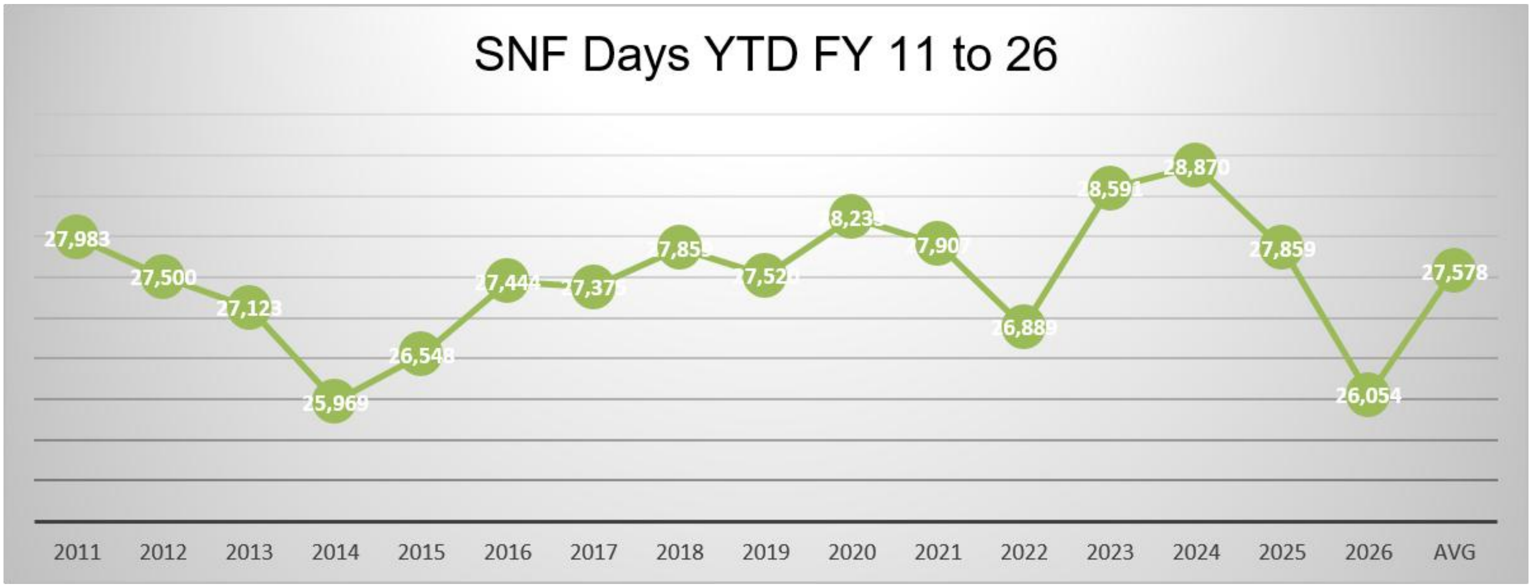
reenrollments being every 6 months vs annually plus the new work requirements. Also, the director of CalRHT was there so we got to pick her brain on the application process.

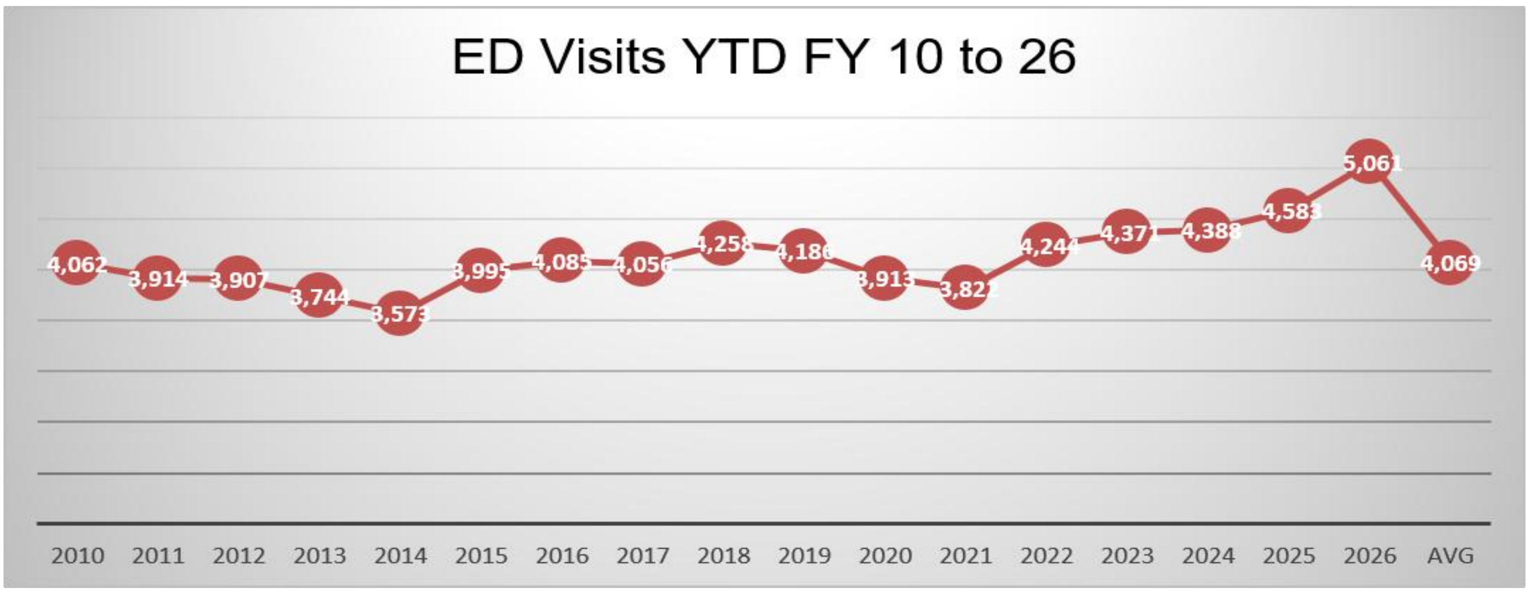
6) Libby and I are in the process of reviewing our health insurance options for next year. The last couple of years we have had a higher-than-expected claims volume for our employee census statistically. Shasta, Lassen, and Modoc counties are typically one of the highest rating areas in the state due to poor health metrics of the area.
7) Overall, I was very pleased with the growth in most of our outpatient services and swing days. Hoping we can get SNF back to our historic average census of 76.

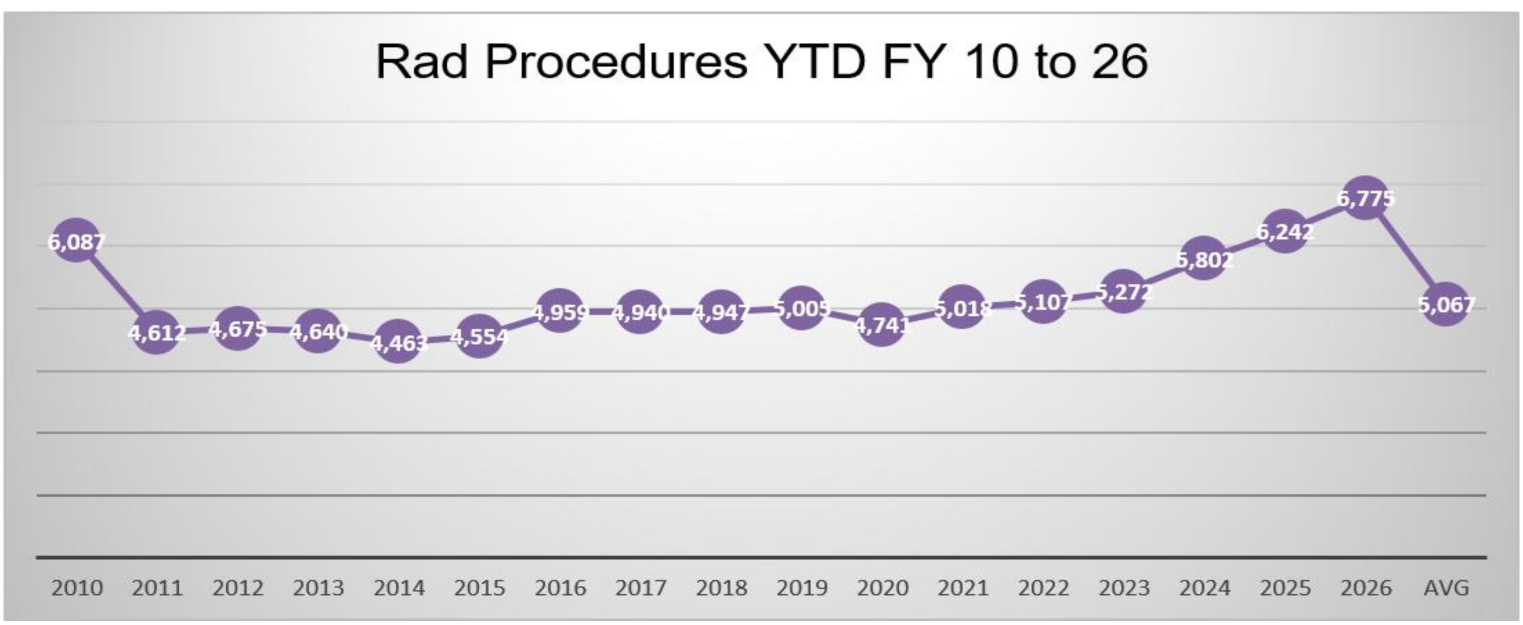
Stats

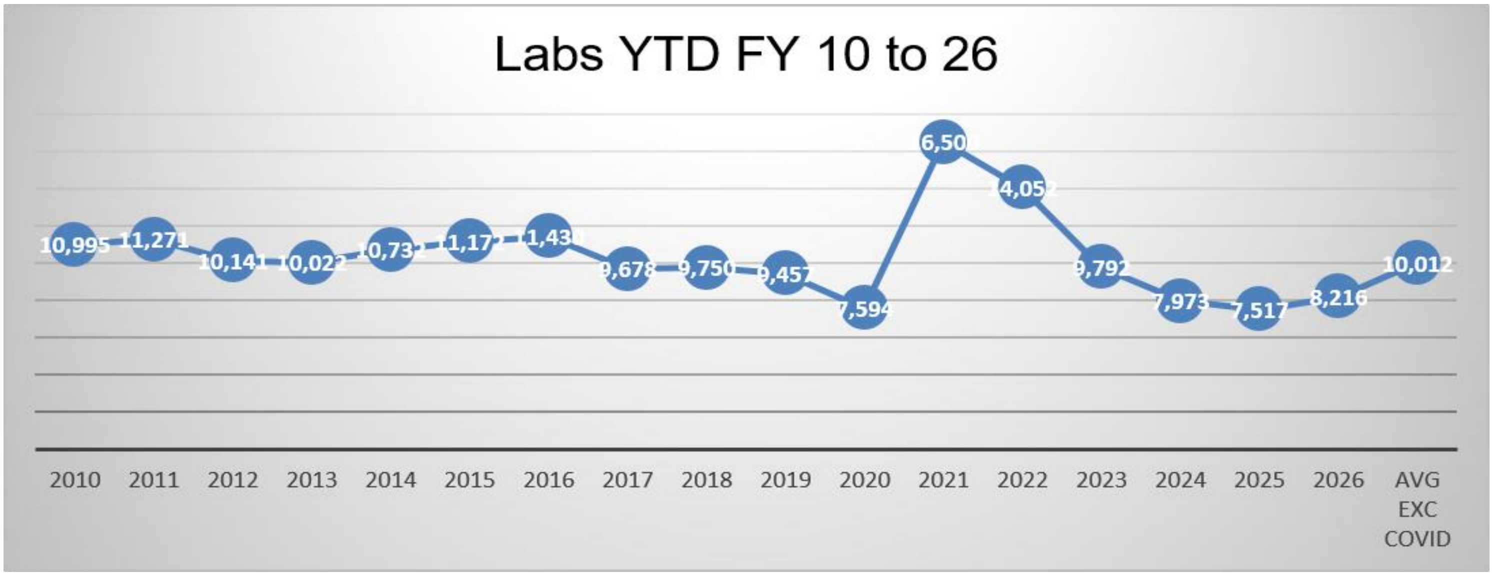


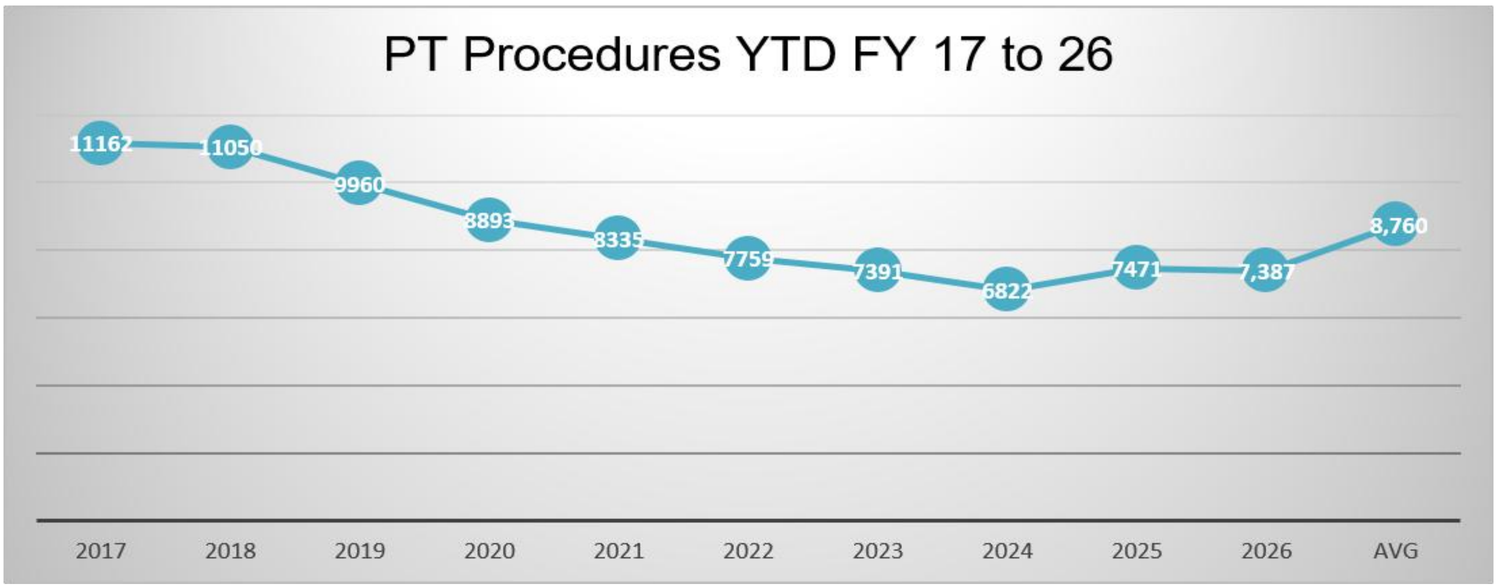



SNF Days YTD FY 11 to 26
27,983
27,500
27,123
25,969
26,548
27,859
26,054
27,578
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

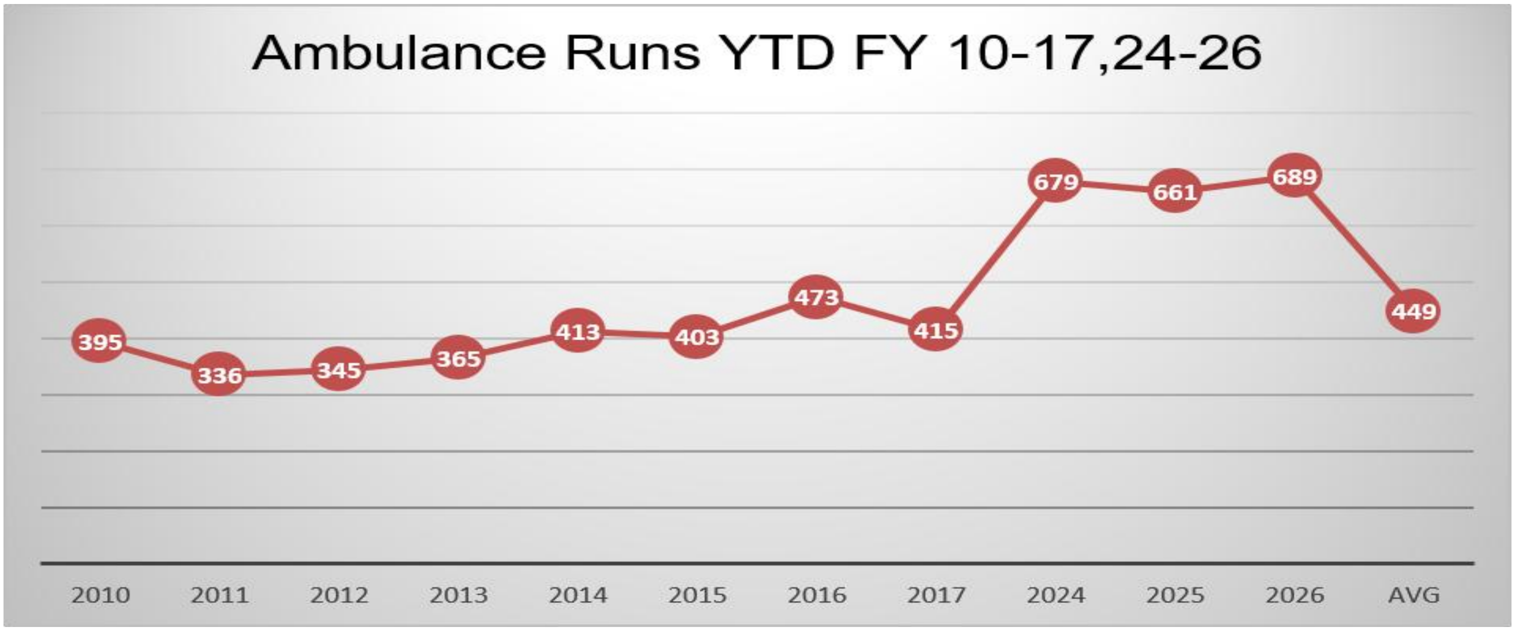

ED Visits YTD FY 10 to 26
4,062
3,914
3,907
3,744
3,573
3,995
4,085
4,056
4,258
4,186
3,913
3,822
4,244
4,371
4,388
4,583
5,061
4,069
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

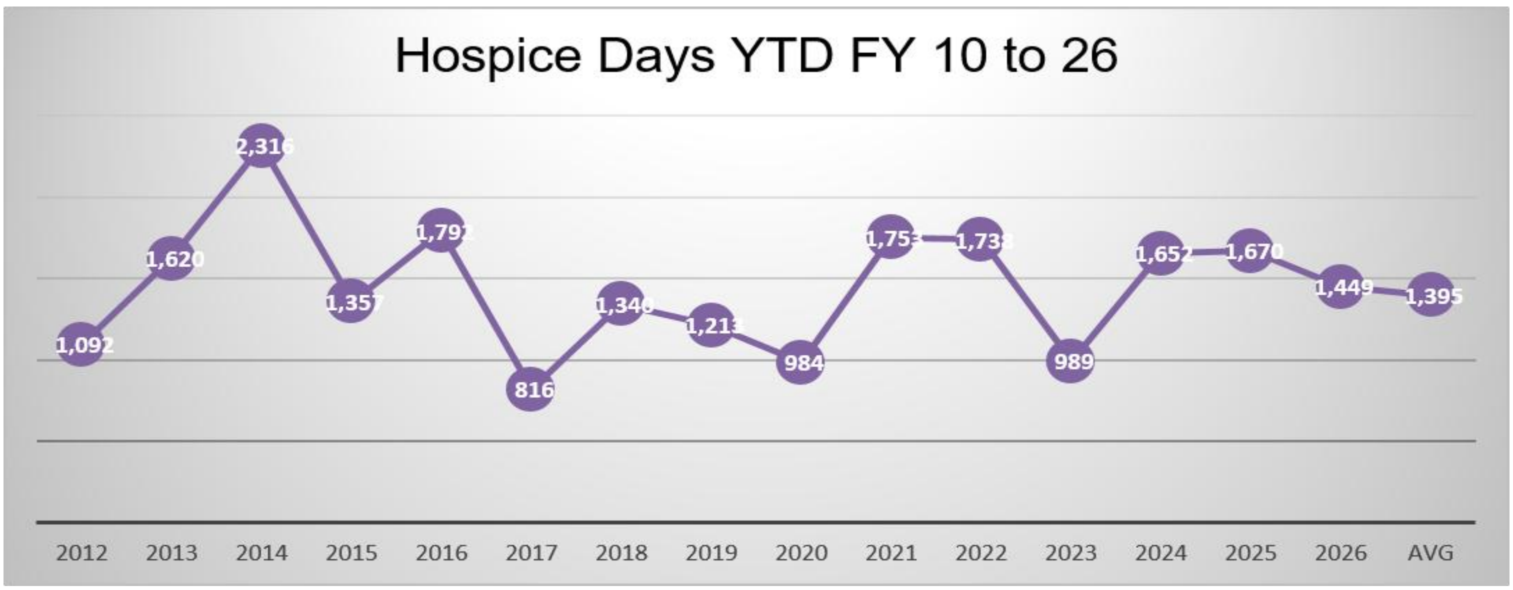

Rad Procedures YTD FY 10 to 26
6,087
4,612
4,675
4,640
4,463
4,554
4,959
4,940
4,947
5,005
4,741
5,018
5,107
5,272
5,802
6,242
6,775
5,067
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG

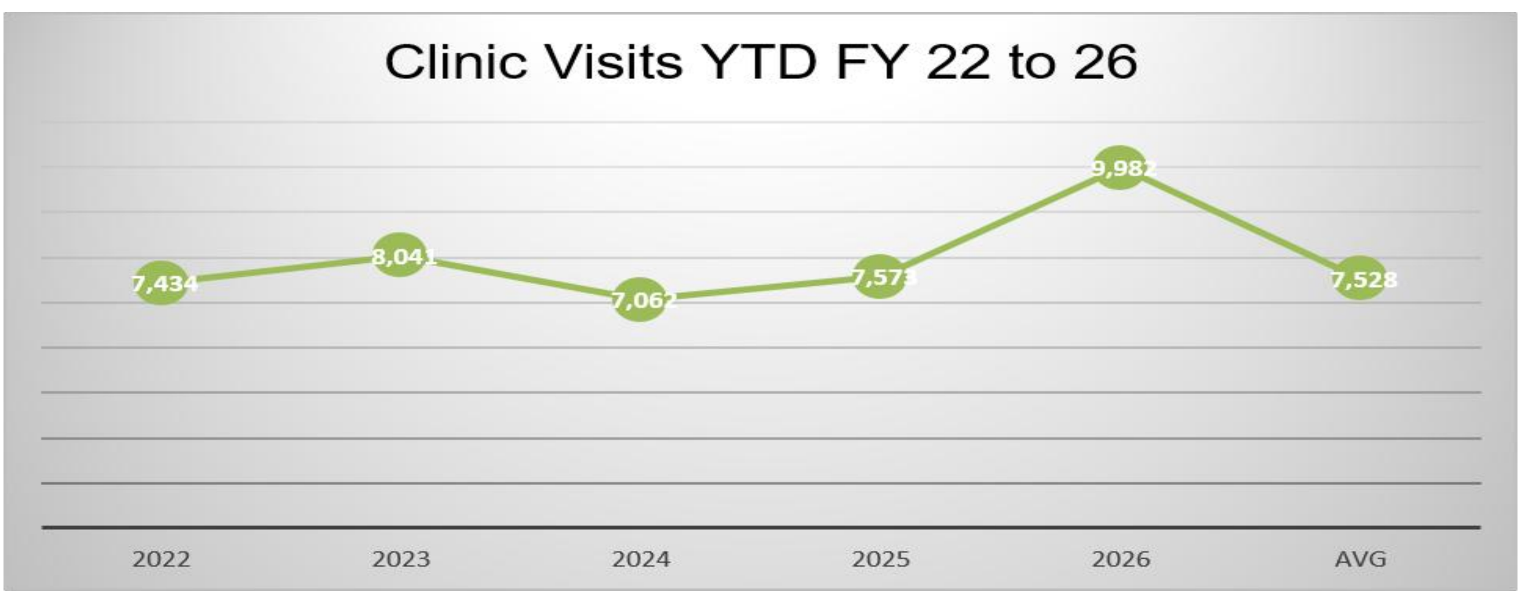

Labs YTD FY 10 to 26
10,995
11,271
10,141
10,022
10,732
11,172
11,430
9,678
9,750
9,457
7,594
6,50
4,052
9,792
7,973
7,517
8,216
10,012
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG EXC COVID


PT Procedures YTD FY 17 to 26
11162
11050
9960
8893
8335
7759
7391
6822
7471
7,387
8,760
2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG


OPM Procedures YTD FY 10 to 26
1,701
1,326
1,637
1,440
1,388
1,098
1,628
1,523
1,607
1,985
1,656
1,535
1,678
1,602
1,272
1,738
1,745
1,551
2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 AVG


Ambulance Runs YTD FY 10-17,24-26
395
336
345
365
413
403
473
415
679
661
689
449
2010
2011
2012
2013
2014
2015
2016
2017
2024
2025
2026
AVG


Hospice Days YTD FY 10 to 26
1,092
1,620
2,316
1,357
1,792
816
1,346
1,213
984
1,753
1,733
989
1,652
1,670
1,449
1,395
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
AVG


Clinic Visits YTD FY 22 to 26
7,434
8,041
7,062
7,573
9,982
7,528
2022
2023
2024
2025
2026
AVG