

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
REGULAR MEETING OF THE BOARD OF TRUSTEES  
November 2, 2022  
2:00 p.m.  
Classrooms 1, 2 & 3**

**AGENDA**

- I. Call to Order Barbara Sowada
  - A. Roll Call
  - B. Pledge of Allegiance
  - C. [Our Mission and Vision](#) Marty Kelsey
  - D. Mission Moment Irene Richardson, *Chief Executive Officer*
- II. Agenda *(For Action)* Barbara Sowada
- III. [Minutes](#) *(For Action)* Barbara Sowada
- IV. Community Communication Barbara Sowada
- V. Old Business Barbara Sowada
  - A. [Professional Practice Review Plan](#) *(For Review)* Kerry Downs, *Medical Staff Services Director*  
Kara Jackson, *Director of Quality, Accreditation, Patient Safety & Risk*
- VI. New Business *(Review and Questions/Comments)* Barbara Sowada
  - A. [FY22 Audit Report](#) *(For Action)* Darryn McGarvey and Dan Deyle/*CliftonLarsonAllen*
  - B. [Employee Policies – Conflict of Interest](#) *(For Review)* Suzan Campbell, *In House Counsel*
  - C. [Executive Oversight and Compensation Charter](#) Barbara Sowada
- VII. Chief Executive Officer Report Irene Richardson
- VIII. Committee Reports
  - A. [Quality Committee](#) Taylor Jones
  - B. [Human Resources Committee](#) Kandi Pendleton
  - C. Finance & Audit Committee Ed Tardoni
    - 1. Bad Debt *(For Action)*
    - 2. [I.S. Report](#)
    - 3. [Finance & Audit Committee Meeting Information](#)
  - D. [Building & Grounds Committee](#) Marty Kelsey
  - E. Foundation Board Taylor Jones
  - F. Compliance Committee Kandi Pendleton
  - G. [Governance Committee](#) Barbara Sowada
  - H. [Executive Oversight and Compensation Committee](#) Barbara Sowada
  - I. Joint Conference Committee Barbara Sowada
- IX. Board Education Barbara Sowada
  - A. Supply Chain: Mitigating Risk and Disruption Beyond the Pandemic
- X. Medical Staff Report Dr. Brianne Crofts, *Medical Staff President*
- XI. Good of the Order Barbara Sowada

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**AGENDA**

- |  |                |
|--|----------------|
| XII. Executive Session (W.S. §16-4-405(a)(ix)) | Barbara Sowada |
| XIII. Action Following Executive Session       | Barbara Sowada |
| XIV. Adjourn                                   | Barbara Sowada |



# Memorial Hospital

OF SWEETWATER COUNTY

## OUR MISSION

*Compassionate care for  
every life we touch.*

## OUR VISION

*To be our community's trusted  
healthcare leader.*

## OUR VALUES

*Be Kind*

*Be Respectful*

*Be Accountable*

*Work Collaboratively*

*Embrace Excellence*

## OUR STRATEGIES

*Patient Experience*

*Quality & Safety*

*Workplace Experience*

*Growth, Opportunity & Community*

*Financial Stewardship*

**MINUTES FROM THE REGULAR MEETING  
MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
BOARD OF TRUSTEES**

**October 5, 2022**

The Board of Trustees of Memorial Hospital of Sweetwater County met in regular session at Castle Rock Medical Center in Green River, Wyoming, on October 5, 2022, at 2:00 p.m. with Dr. Barbara Sowada, President, presiding.

**CALL TO ORDER**

Dr. Sowada welcomed everyone and called the meeting to order.

Dr. Sowada requested a roll call and announced there was a quorum. The following Trustees were present: Mr. Taylor Jones, Mr. Marty Kelsey, Ms. Kandi Pendleton, Dr. Barbara Sowada, and Mr. Ed Tardoni.

Officially present during the meeting: Ms. Irene Richardson, Chief Executive Officer; Mr. Geoff Phillips, Legal Counsel.

Dr. Sowada welcomed guests Ms. Mary Thoman and Mr. Jeff Smith from the Sweetwater County Board of County Commissioners and thanked them for attending.

**Pledge of Allegiance**

Dr. Sowada led the attendees in the Pledge of Allegiance.

**Our Mission and Vision**

Ms. Kandi Pendleton read aloud the mission and vision statements.

**Mission Moment**

Ms. Richardson introduced Mr. Michael Stromberg, Director of Dining Services from Unidine. She shared various favorable comments given to her at a recent local event. The comments were for different areas of the Hospital. Ms. Richardson said we received a stack of letters from the Green River 6<sup>th</sup> Ward Young Women, read several aloud, and said the letters will be shared with staff.

**AGENDA**

The motion to approve the agenda with the addition of an item under “New Business” was made by Mr. Jones; second by Mr. Kelsey. Motion carried.



## **APPROVAL OF MINUTES**

The motion to approve the minutes of the September 14, 2022, regular meeting as presented was made by Mr. Jones; second by Mr. Tardoni. Motion carried. The motion to approve the minutes of the September 21, 2022, emergency meeting as presented was made by Mr. Jones; second by Ms. Pendleton. Motion carried. The motion to approve the minutes of the September 22, 2022, special meeting as presented was made by Mr. Jones; second by Mr. Tardoni. Ms. Pendleton said she was not in attendance and abstained. Motion carried.

## **COMMUNITY COMMUNICATION**

There were no comments.

## **OLD BUSINESS**

### **Plan for Providing Patient Care Services and Scopes of Care**

Dr. Ann Marie Clevenger, Chief Nursing Officer, reviewed the plan. The motion to approve the plan with typographical changes as noted was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

### **Think Tank Update**

Mr. Tardoni provided a Think Tank project update.

## **NEW BUSINESS**

### **Human Resources Charter**

Ms. Pendleton reviewed the changes. The motion to approve the charter as presented was made by Ms. Pendleton; second by Mr. Kelsey. Motion carried.

### **Credentials Committee**

Ms. Kerry Downs, Director of Medical Staff Services, reviewed updated applications. The motion to approve the Physician Reappointment Application, Non-Physician Provider Initial Application, and Non-Physician Provider Reappointment Application as presented was made by Mr. Tardoni; second by Ms. Pendleton. Motion carried.

### **Utilization Management Plan**

Dr. Clevenger said the plan has been approved by the Utilization Management Committee, Quality Committee, and Medical Executive Committee. The motion to approve the plan as presented was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **Recruiting Grant from the State**

Ms. Tiffany Marshall, Foundation Executive Director, reviewed the grant opportunity. The motion to approve moving forward with the grant application and allowing the Board President to sign a resolution of support by the governing body was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

### **CHIEF EXECUTIVE OFFICER REPORT**

Ms. Richardson provided a strategic plan update. Person-centered care workshops and communicating with empathy workshops continue. The Patient and Family Advisory Council continues monthly meetings and is a wonderful group from our community committed to helping us improve the patient experience. Wellness Wednesdays at noon weekly started and anyone is welcome to attend. We are focusing on the workforce to be engaged and well so we can take care of our patients. Ms. Karen Andazola from Planetree will be onsite the week of October 24 to help us prepare to move forward to our next phase in our person-centered care culture. The Culture of Safety Survey will be administered in October. We extended our Employee Satisfaction Survey a week so that moved the safety survey out to begin October 24. Ms. Richardson said we cannot do what we need to do without the help of the staff. We are focusing on continuing to “re-recruit” staff. We are working on a plan to increase days of cash on hand. Ms. Richardson said we are focusing on many items in the income statement. We changed our electronic health record in April, so we have some accounts receivable in our old system and we are working on collecting on those accounts. We are looking at efficiencies and lowering expenses. Ms. Richardson said we have plans in place to improve our financial performance. Some things are out of our control, however. Inflation and supply chain issues continue to impact us. We are working on plans to improve our bottom line. Ms. Richardson commended staff for coming through the pandemic. With support from the Board, we completed an analysis of wages and are taking steps to hire our own staff and decrease contract staff. Our contract staff expense last year was \$7M. We are starting to see those expenses come down. CliftonLarsonAllen will review our system and charge capture. Ms. Richardson will present a Town Hall October 28. We have submitted two projects to the Wyoming SLIB. Our applications will be reviewed at a special meeting in early November. There have been over 200 applications made for over \$200M with only \$60M available. Ms. Richardson thanked Ms. Marshall for the excellent job she did on preparing our SLIB grant applications as well as the entire team involved in the process. Ms. Richardson said she attended the Wyoming Hospital Association annual meeting and the American Hospital Association regional policy meeting. She said the focus is on financials nationwide. Workforce and behavior/mental health, and workplace violence are priorities. We have been able to stay open, not stop any services, and we did not lay off any staff.

### **COMMITTEE REPORTS**

#### **Quality Committee**

Mr. Jones said the information is in the meeting packet.

#### **Human Resources Committee**

Ms. Pendleton said the information is in the meeting packet.

### **Finance and Audit Committee**

Mr. Tardoni said information is in the meeting packet.

***Capital Expenditure Request:*** Ms. Tami Love, Chief Financial Officer, reviewed changes to the application previously approved. The motion to approve FY 23-4 as presented plus a 10% contingency as discussed was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

***Bad Debt:*** The motion to approve the net potential bad debt of -\$127,617.38 as presented by Mr. Ron Cheese, Director of Patient Financial Services, was made by Mr. Tardoni; second by Mr. Jones. Motion carried.

### **Building and Grounds**

Mr. Kelsey said the information is in the meeting packet.

### **Foundation**

Ms. Marshall provided an update.

### **Compliance Committee**

Ms. Pendleton said the information is in the meeting packet.

### **Governance Committee**

Dr. Sowada said the information is in the meeting packet.

### **Executive Oversight and Compensation and Joint Conference Committee**

Dr. Sowada said the groups have not met.

## **CONTRACT REVIEW**

There were no comments.

## **BOARD EDUCATION**

### **Financial Turn Around During Existential Crisis & the Purpose Of A System Is What It Does Not What It Claims To Do**

The Trustees shared comments.

## **MEDICAL STAFF REPORT**

Ms. Downs shared an update provided by Dr. Brianne Crofts, President of the Medical Staff. The Surgery Department met and elected Dr. Benjamin Jensen as the Chair and Dr. Tony Pedri as Vice-Chair. The Medicine Department will meet in the next week and conduct elections.

## **GOOD OF THE ORDER**

Ms. Pendleton commented how nice it is to have the hospital front doors open again.

## **EXECUTIVE SESSION**

The motion to go into executive session was made by Mr. Jones; second by Ms. Pendleton. Motion carried. Dr. Sowada said there would be a ten-minute break.

## **RECONVENE INTO REGULAR SESSION**

At 5:23 p.m., the motion to leave executive session and return to regular session was made by Mr. Jones; second by Ms. Pendleton. Motion carried.

## **ACTION FOLLOWING EXECUTIVE SESSION**

### **Approval of Privileges**

The motion to approve the list of clinical privileges and appointments to the Medical Staff as reviewed in executive session was made by Ms. Pendleton; second by Mr. Jones. Motion carried.

### **Credentials Committee Recommendations from September 13, 2022**

1. Initial Appointment to Associate Staff (1 year)
  - Dr. Arion Lochner, Emergency Medicine (U of U)
  - Dr. Brian Opferman, Emergency Medicine (U of U)
  - Dr. Anne Shirley Jones, Emergency Medicine (U of U)
2. Initial Appointment to Active Staff (2 years)
  - Dr. Jonathan Roddy, Emergency Medicine (U of U)
3. Reappointment to Active Staff (2 years)
  - Dr. Banu Symington, Hematology/Oncology
  - Dr. Tony Pedri, Orthopaedic Surgery
4. Reappointment to Consulting Staff (2 years)
  - Dr. Libo Wang, Cardiovascular Disease (U of U)
  - Dr. Anees Daud, Cardiovascular Disease (U of U)
5. Reappointment to NPP Staff (2 years)
  - Jacquelyn Barnhart, Oncology Nurse Practitioner
6. New Business
  - Physician Reappointment Application
  - Non-Physician Provider Initial Application
  - Non-Physician Provider Reappointment Application

## ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 5:24 p.m.

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Dr. Barbara Sowada, President

Attest:

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Ms. Kandi Pendleton, Secretary

DRAFT

Approved N/A  
Review Due N/A

Document Area **Medical Staff**  
Reg. **TJC MS**  
Standards **05.01.01, TJC MS 06.01.05, TJC MS 08.01.01, TJC MS 08.01.03, TJC MS 09.01.01**



## Professional Practice Review Plan (Medical Staff Peer Review)

### Statement of Purpose

Memorial Hospital of Sweetwater County (MHSC) Medical Staff professional practice review (peer review) process provides a standardized mechanism to measure, assess, improve, and evaluate medical staff member's performance, professionalism, competency, and behaviors through the conduct of peer and chart review. The process involves monitoring and analyzing data, along with identifying trends and/or adverse outcomes, which may impact patient safety and quality of care. This process provides for continuous quality improvement as well as opportunity to address any potential problems in a timely manner. The information identified through this process is also factored into decisions to grant clinical privileges through the credentialing process.

### Plan

#### I. Objectives

The goal of the Professional Practice Review (Medical Staff Peer Review) Plan is to outline processes to:

- A. Assist in driving healthcare quality, defined as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge " (Agency for Healthcare Research and Quality [AHRQ], 2018; Institute of Medicine [IOM], 1990). Refer to MHSC's Performance Improvement and Patient Safety (PIPS) Plan
- B. Provide a mechanism for review of charts and ongoing evaluation of Practitioner

clinical competence and professional performance through systematic, data-driven processes.

- C. Identify and resolve Practitioner performance and clinical competency issues.
- D. Comply with The Joint Commission standards for Medical Staff Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE).
- E. Create a culture of accountability.
- F. Assist in organizational process improvement strategies based on identified opportunities and in congruence with MHSC's PIPS Plan and organizational strategic plan.
- G. Continuously improve processes to ensure safe, timely, effective, efficient, patient-centered, and equitable care delivery.

## II. Definitions

- A. Medical Staff: The group of all Practitioners privileged through the organized medical staff process who are subject to the Medical Staff Bylaws, Rules, and Regulations. Nurse practitioners, physician assistants and other Non-Physician Providers are considered part of the Medical Staff per MHSC's Rules & Regulations and will be referred to as Practitioners.
- B. Professional performance review/peer review: A process that allows the Medical Staff to evaluate an individual's professional practice and/or system issues that may affect the delivery of quality care. The process includes measuring Practitioner professional performance based on metrics as defined by the Medical Staff (see attached Professional Performance Review Indicators), in addition to quality events identified through other processes (see Medical Staff Peer Review Process Flow). The evaluation may identify systems or processes of care that do not adequately protect against foreseeable human error. These system opportunities will be referred to the Performance Improvement and Patient Safety (PIPS) Committee as appropriate for evaluation and improvement interventions.
- C. Professional Practice Evaluation Committee (PPEC): A multidisciplinary peer review committee authorized to conduct peer review for the Medical Staff. This committee will also function to review and monitor the ongoing evaluation of Practitioner performance trends and provide recommendations and follow-up as appropriate.
- D. Ongoing Professional Practice Evaluation (OPPE): A summary of ongoing data collected for the purpose of assessing a Practitioner's clinical competence and professional behavior.
- E. Focused Professional Practice Evaluation (FPPE): A systematic process to ensure there is sufficient information available to evaluate a Practitioner's professional competence. A focused review can be requested by the Credentials Committee, PPEC, or the Medical Executive Committee (MEC). FPPE occurs:
  - 1. When clinical privileges are initially granted to a Practitioner who is new to the organization.
  - 2. As the result of data evaluated during OPPE.

3. When an existing Practitioner requests a new privilege.
  4. When additional data or reports indicate the need for a focused review.
- F. Care ratings: Practitioner (as determined by the PPEC or MEC)
1. Care Appropriate: Despite a complication, adverse outcome, or other question regarding the quality delivery of care, it is determined that a majority of peers would have responded similarly under similar circumstances. This designation adjudicates that there was no clear deviation from standard of practice.
  2. Improvement Opportunity: Care that involved simple errors in diagnosis, treatment or judgment, or inadvertently doing other than what should have been done: a slip, lapse, or mistake.
  3. At Risk Behavior: Care that requires education or coaching to prevent recurrence, or behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
  4. Reckless Behavior: Care that suggests reckless disregard of the Practitioner's duty to the patient through gross negligence, general incompetence or actual intent to provide substandard care, or behavioral choice to consciously disregard a substantial and unjustifiable risk.
- G. Care ratings: System Improvement (as determined by the PPEC or MEC)
1. System Improvement Opportunity: Designates an event as resulting at least in part from an opportunity to improve the care system to reduce caregiver errors, mitigate the effects of any future errors, or otherwise better support the care process. This rating will apply whenever a system improvement opportunity is identified, independent of any individual Practitioner's care rating.
- H. Professional Behavior: As defined in MHSC's Behavior Standards, the Code of Caring, a high standard of professional behavior, ethics, and integrity is expected of each individual member of the Medical Staff at MHSC in order to promote an environment conducive to providing the highest quality of care. The standards expected to be practiced at MHSC include: Courtesy, Accountability, Respect, Integrity, Nurturing, and Growth. In addition to the Code of Caring, Medical Staff will adhere to the Medical Staff Code of Conduct found within the Medical Staff Bylaws. Violations of the Code of Caring and/or Medical Staff Code of Conduct will be addressed by the Medical Executive Committee.
- I. Medical Staff Quality Reviewer: A group of reviewers appointed by each department chair to perform an initial case review to determine if the case requires peer review by the PPEC. The group of reviewers may rotate every six months.
- J. Conflict of Interest: A member of the medical staff requested to perform peer review may have a conflict of interest if they may not be able to render an unbiased opinion. An automatic conflict of interest would result if the Practitioner is involved in any way in the case under review. Relative conflicts of interest are either due to a Practitioner's involvement in the patient's care not related to the issues under review



or because of a relationship with the Practitioner involved as a direct competitor, partner, or key referral source. It is the responsibility of the PPEC to determine on a case by case basis if a potential conflict exists and if substantial enough to prevent the individual from participating in the review. If a potential conflict exists, the individual may not participate or be present during peer review discussions or decisions other than to provide specific information requested.

- K. Low volume/no activity Practitioners or specialties: Alternate data collection methods may be developed and used as approved by the Professional Practice Evaluation Committee for Practitioners in low volume specialties or specialties in which objective data is unable to be obtained.
- L. Peer: An individual practicing in the same profession and who has expertise in the appropriate subject matter. The level of subject matter expertise required to provide meaningful evaluation of a Practitioner's performance will determine what "practicing in the same profession" means on a case by case basis. (Example: for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that surgical specialty).

### III. Review Process

- A. All reviews will be directly documented within the quality management system.
- B. Indicators

Different types of indicators are utilized to identify potential quality concerns. The indicator type dictates the action required. See the Medical Staff Peer Review Process Flow. All review indicators and rate thresholds will be reviewed annually, at a minimum, by the PPEC and/or appropriate specialties.

1. Rule indicators will initiate a peer review by PPEC. The PPEC will be notified when a rule has been triggered. Additionally, the individual Practitioner will be notified when a rule indicator has been triggered through the process of OPPE.
2. Rate indicators will be trended and added to OPPE profiles. The PPEC will review peers with outlier rate indicators twice per year (every 6 months) at a minimum and provide feedback, education, initiate a performance improvement plan, or recommend FPPE with the individual as appropriate. Refer to the OPPE process flow.
3. Review indicators will be screened through an initial case review by a designated Medical Staff Quality Reviewer. If the case requires further action, follow-up, or review, it will be reviewed by the PPEC as a peer review case.
4. Other quality events will initiate a peer review and be referred directly to PPEC.

5. **If a sentinel event is identified during the peer review process, the sentinel event policy will be enacted.**

C. Initial Case Review (performed by Medical Staff Quality Reviewer)

1. An initial case review of a quality event will occur by a designated Medical Staff Quality Reviewer if the event is triggered by a review indicator (see attached list of Medical Staff Review Indicators).
2. Six Medical Staff Quality Reviewers will be appointed by the Chief of Staff. Three will be appointed from the Medicine Department and three from the Surgery Department. In the event a designated Medical Staff Quality Reviewer is unable to fulfill the term, a new reviewer will be appointed by the Chief of Staff, as a replacement.
3. Medical Staff Quality Reviewers will be notified via quality management system of cases needing review as they occur.
  - a. Review of case and outcome determination is expected to be completed within 2 weeks of notification.
4. The initial case review outcome will determine if referral to the PPEC for peer review of the case in question is needed.
  - a. If care is appropriate, a summary of findings and final conclusion is documented in the quality management system. The case will be documented and trended via the quality management system by the Quality Department. Trended results will be located on the OPPE profiles.
  - b. If the case needs further follow-up, investigation, or it is unable to determine appropriateness of care, a summary of findings and conclusion of further review needed is documented in the quality management system. The case will be documented and referred to the PPEC via the quality management system by the Quality Department. Cases requiring further review may include identification of system of care opportunities. Final conclusions of the review will be located on OPPE profiles.

D. Peer Review (performed by PPEC)

1. PPEC will meet ten (10) times per year, ideally monthly. They may meet more or less often, as needed, dependent on the volume of cases requiring review by the committee. It is the responsibility of PPEC members to review cases prior to set meeting date for discussion and final outcome determination at PPEC meeting.
2. The PPEC will be provided a list of cases and/or Practitioners for review

prior to the meeting.

3. All reviews from PPEC will be documented directly in the quality management system using a secure log-in by a designated member of the committee or may be transcribed from meeting minutes by Quality.
4. A summary of findings will be documented on all cases for peer review.
5. Outcome determinations for final conclusions must be made by a consensus of members present at PPEC.
6. The PPEC reserves the right to halt the peer review process for a Practitioner that has been involuntarily terminated. Judgment of whether or not the case needs to be reviewed is left up to PPEC.
7. The PPEC will review all cases for peer review in which rule indicators are met, those referred by Medical Staff Quality Reviewers following initial case review and cases referred by other departments.
  - a. Practitioner standard of care rating will include the following outcomes:
    - i. Care Appropriate - case closed/trended
    - ii. Improvement Opportunity - education, follow-up, FPPE, etc. provided or delegated to another peer to provide to the Practitioner in question.
      - a. Case can be closed in the quality management system once education, follow-up, FPPE, etc. is provided and documented with date.
    - iii. At Risk Behavior - MEC notified of outcome finding and recommendation for next action.
      - a. Case can be closed after MEC final conclusion is made.
    - iv. Reckless Behavior - referred to MEC with summary of findings and recommendations for appropriate action.
      - a. Case can be closed after MEC final conclusion is made.
  - b. In the event that PPEC is unable to determine the final outcome, the case will be referred to MEC for evaluation and final determination.
  - c. If additional follow-up, referral, etc. is required prior to making a

final conclusion the case is kept open and referred to the appropriate department. The case will be closed and trended upon final conclusion.

8. Findings in which care is appropriate, yet system of care opportunities are identified is a possibility will be referred to the PIPS Committee for organizational improvement interventions. Medical staff input, engagement, and support for system of care resolutions will be expected. The solution/plan for improvement developed by the PIPS Committee will be reported back to PPEC as necessary.

- a. System improvement care rating will include the following:

- i. System Improvement Opportunity - education, follow-up, etc. provided or delegated to appropriate department

9. Findings in which nursing, essential services, or other departments are needing to review or follow-up can be referred to the PIPS committee or appropriate individual department as necessary. It is the responsibility of the PPEC to communicate this need with appropriate department/committee. Medical staff input, engagement, and support for resolutions will be expected.

#### E. Patient Complaints and Grievances

1. Patient Complaints/Grievances will be entered into the electronic occurrence reporting system.
2. If the Grievance Committee determines a case needs review for behavioral issues, they will forward the case to PPEC, first.
3. PPEC will determine whether or not the standard of care was met for the grievance case. The case will then be forwarded to MEC to review for the behavioral issues.
4. Medical Staff Services (MSS) will request the practitioner's peer review file to determine if he or she had any other grievances (within the past 24 months.) MSS will draft a summary of any grievances for review at MEC.
5. The grievance (and summary of past grievances) will then go to MEC and will be discussed during executive session.
6. MEC will discuss and decide on appropriate action for the grievance.
7. If the Grievance Committee determines that a case needs to be reviewed for clinical competence, they will follow the steps in section D, above.

#### F. External Reviews

1. The PPEC or MEC may require use of external peer review consultation in cases including, but not limited to:

- a. The absence of an appropriate Practitioner able to render an opinion regarding a peer review or FPPE.
  - b. The presence of a significant conflict of interest.
  - c. Potential for litigation.
  - d. Ambiguity, especially when dealing with vague or conflicting recommendations from internal reviewers.
- 2. External reviews can be initiated by Medical Executive Committee after appropriate referral from PPEC and inability to determine a final conclusion.
- 3. If a case is sent for external review by another department within MHSC, results of the external review as they pertain to individual Practitioner performance are requested to be presented to the PPEC and enter into MHSC's internal peer review process if indicated.
- G. Practitioners performing reviews will not review their own cases.
- H. Practitioners serving on PPEC in which their case is being reviewed will not take part in the review process and outcome determination.
- I. The PPEC may request the Practitioner in question to present the case to PPEC before an outcome determination can be made.
- J. Whenever possible, a Practitioner involved as a member of the MEC, PPEC, or any other ad hoc committee tasked with peer review should vote in only one (1) level of the decision-making process. In situations in which this is not possible, Practitioners are expected to limit their involvement in multiple levels of review.

#### **IV. OPPE**

- A. Ongoing professional practice evaluation (OPPE) is factored into the decision to maintain, revise, limit, or revoke existing medical staff privileges. The organized medical staff are responsible for defining the OPPE process.
- B. Department Leadership will do the following:
  - 1. Perform at least two OPPE's on all designated staff members every 24 months, but not longer than 12 months apart. This will be performed by the Vice Chair of each Department, through their membership on PPEC. If there are negative trends or concerns about an Individual Practitioner, the Vice Chair will communicate that information to the Department Chair.
  - 2. Use the types of data and evaluation processes developed by the departments and approved by the organized medical staff.
- C. The following general competencies are included in OPPE :
  - 1. Patient Care: Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.

2. Medical/Clinical Knowledge: Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
3. Practice-based Learning and Improvement: Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
4. Interpersonal and Communication Skills: Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of healthcare interdisciplinary teams.
5. Professionalism: Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward patients, families, colleagues, their profession, and society.
6. Systems-based Practice: Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.
7. Stewardship of Resources: Practitioners are expected to demonstrate an appropriate use and allocation of resources.
- D. The Quality Department will be responsible for compiling the OPPE profiles based on data available in MHSC's electronic data systems.
1. OPPE profiles will include Practitioner level metrics for Medical Staff indicators, including rule, rate, and review indicators. Profiles will also include indicators from other quality events that required a review by PPEC.
  2. OPPE profile metrics may change and evolve over time based on individual performance and opportunities for improvement and specialty specific indicators. Specialty specific measures will be recommended for inclusion on the OPPE profiles and approved by each specialty, PPEC, and MEC.
  3. Other metrics will be included on the OPPE profiles to meet the six (6) general competency categories, including patient experience data, and will include any data showing zero performance.
  4. Compile at least two OPPE's on all designated staff members every 24 months, but not longer than 12 months apart.
  5. Individual Practitioners will be notified when profile is ready for review.
- E. PPEC will be responsible for ensuring consistent implementation of the OPPE process and for reviewing at least two OPPE's on all designated staff members every 24 months, but not longer than 12 months apart.
1. Review is expected to be completed within 30 days of receiving OPPE profiles.

2. Purpose:

- a. To review Practitioner performance, identify trends and intervene when appropriate.
  - i. If data is exceeding thresholds, the cases that contributed to the excess rate may be reviewed when indicated.
- b. To request additional information for further review.
- c. Develop individual improvement plans from this process when appropriate.
  - i. If improvement plans are not effective in improving performance, recommendation and/or initiation for FPPE may occur.

3. PPEC designated members are expected to communicate feedback and opportunities for improvement with individual Practitioners when appropriate, or communicate with the appropriate Department Chair/Vice Chair for follow-up actions.

**V. FPPE**

- A. Focused professional practice evaluation (FPPE) is a time-limited process to ensure there is sufficient information available to evaluate a Practitioner's clinical competence. It may be initiated on an individual Practitioner in the following situations:
- 1. When clinical privileges are initially granted to a Practitioner who is new to the organization.
  - 2. An existing Practitioner requests a new privilege or does not have documented evidence of performing a requested privilege.
  - 3. An existing Practitioner requests assistance with an identified improvement opportunity.
  - 4. A question arises regarding a Practitioner's ability to provide safe, high quality patient care. This can be initiated through the following processes, but not limited to:
    - a. OPPE trends
    - b. Low volume procedures
    - c. Sentinel event
    - d. Complaint
    - e. Variance from acceptable practice patterns
    - f. Variance from comparative peer performance data
    - g. Recommendations made to Medical Executive Committee
- B. Direct observation of the applicant is required, with a few exceptions. Because of staff limitations, direct observation is not required for Locum Tenens Practitioners,



but it is recommended. The evaluator may use one or more of the following in addition to direct observation:

1. Chart review.
2. Discussion with other individuals involved in a patient's care (other Practitioners, nurses, surgical assistants, administration, etc.)
3. Monitoring of diagnostic and treatment techniques.
4. Simulation.
5. Proctoring.

C. FPPE plans will contain, at a minimum:

1. An individual designated as responsible for overseeing the plan.
2. Specific criteria that will be monitored.
3. Measures of success.
4. Time frame for the plan.
5. Parameters for extending the plan.
6. Actions that may be taken if the performance is not satisfactory.
7. Method of communicating the evaluation results and recommendations based on results, to appropriate parties.

D. FPPE for initial grant of clinical privileges, existing Practitioner requesting a new privilege, or an individual request for improvement:

1. The Department Chair will oversee the evaluation process for all Practitioners undergoing FPPE. They may evaluate the Practitioner themselves, or they may assign an Active member of the Medical Staff to evaluate the Practitioner. The evaluator should have the same or similar privileges as the Practitioner being evaluated.
2. When the Practitioner's credentials file is reviewed and approved by the Department Chair, the Chair will assign an FPPE evaluator.
3. The Department Chair will develop an FPPE monitoring plan using pre-established department specific criteria. In those instances when no department-specific criteria have been established, the Department Chair will determine the specific privileges to be monitored.
4. The Medical Staff Services Office will send an FPPE letter and evaluation forms to the evaluator, and will copy the Practitioner. The FPPE letter will be sent after the Practitioner's privileges have been approved by the Board of Trustees.
5. The FPPE for initial privileges, or new privileges, should be completed within six (6) months from the date the privileges were granted. The FPPE can be based on volume of cases, instead of a specific time period, if necessary. An evaluation form will need to be completed for each of ten procedures or ten patients for which care was provided. However, as soon as the Practitioner commences clinical activity, all of his/her work is



subject to evaluation until the FPPE has been completed and competency evaluated.

6. All FPPE evaluation forms will be turned into the Medical Staff Services Office.
  7. The Medical Staff Office will forward a copy of all completed FPPE evaluation forms to the appropriate Department Chair for their review and recommendation.
  8. If an event happens in the last month of initial monitoring, the FPPE can be extended for six (6) months or five (5) cases, whichever comes first.
  9. If FPPE is found to be unsatisfactory, the Practitioner will be referred to the Credentials Committee for final determination regarding continuation of privileges.
- E. Locum Tenens or temporary Practitioners will be required to participate in FPPE. However, because they are often working when other physicians in their specialty are away, direct observation may not always be possible. In addition, locums Practitioners may only be contracted for a short time period, so the requirement of ten (10) cases in a six (6) month time period is not always practical. The Department Chair will assign an evaluator for locums or temporary Practitioners. If the evaluator is unable to review ten (10) charts, because of inadequate volume, they will review as many charts as possible. They will then document the reason they were unable to review ten (10) charts and forward that information, along with the evaluation forms, to the Medical Staff Office.
- F. FPPE for triggered events outside of the initial request for privileges or requested improvement:
1. When a triggered Focused Professional Practice Evaluation is initiated, with the exception for initial request for privileges, the following events shall occur:
    - a. The PPEC chairperson shall notify the MEC at the next regularly scheduled MEC meeting that a FPPE is either recommended and/or has been initiated.
    - b. The data supporting the necessity for recommendation/initiation is reviewed and analyzed by MEC for appropriateness.
    - c. **The Chief of Staff will notify the Board that a triggered FPPE has been initiated.**
    - d. The involved Practitioner will be given both verbal and written notice by either the chairperson of the PPEC, the Chief of Staff, or the MEC's designee regarding the specific concerns which have been identified and are the basis for initiating the FPPE.
    - e. The involved Practitioner will be given access to medical records and other appropriate information necessary to respond to the cases or events, as applicable.
    - f. The PPEC will be responsible for assigning an evaluator and for

following-up on the FPPE plan with the individual Practitioner.

- g. The PPEC can at any point during the FPPE require the Practitioner under evaluation to address the PPEC in person. A reasonable amount of time will be established by the PPEC for this to occur. Failure of the Practitioner to comply with the requests for additional information or a personal appearance shall be considered a violation of Medical Staff Bylaws and will result in automatic suspension of the Practitioner's privileges.
- h. Prior to reaching a final conclusion, the PPEC may require the involved Practitioner to respond to the committee's concerns by addressing the PPEC in person. It shall be the obligation of the Practitioner being reviewed to fulfill this requirement within a reasonable period of time as may be established by the PPEC. The involved Practitioner shall be strongly encouraged to submit a written response to all identified clinical concerns, as well. Failure of the Practitioner to comply with the requests for additional information or a personal appearance shall be considered a violation of Medical Staff Bylaws and will result in automatic suspension of the Practitioner's privileges.
- i. The conclusions and recommendations of a FPPE shall be recorded in writing and shall include a record of any medical record reviews, interviews, reports, medical literature information utilized, relevant clinical practice guidelines and/or evidence based information which has been used in arriving at the FPPE's conclusions. The recommendations shall include consideration of the need for corrective action, education, additional performance monitoring (internal or external), and/or other actions deemed appropriate by the PPEC.
- j. The findings and conclusions of the FPPE evaluation shall be reported to the MEC by the PPEC chairperson or designee at the next regularly scheduled MEC meeting.
- k. A triggered FPPE shall be completed within 120 days of initiation when possible, dependent on the nature of the situation. If the PPEC is not able to complete the triggered FPPE within 120 days of initiation, a report will be submitted to the MEC regarding the status and timeliness of the FPPE in progress.
- l. Upon completion of the triggered FPPE, PPEC will notify the Practitioner in writing of the results.
- m. Correspondence with the Practitioner regarding the monitoring plan, progress reports, and the final report will be included in the Practitioner's peer review file, which are reviewed by the Department Chair and Credentials Committee as part of the appointment/reappointment process.

## VI. Authority for Peer Review

### A. **WY Stat § 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review.**

1. (c) No hospital shall be issued a license or have its license renewed unless it provides for the review of professional practices in the hospital for the purpose of reducing morbidity and mortality and for the improvement of the care of patients in the hospital. This review shall include, but not be limited to:
  - (i) The quality and necessity of the care provided to patients as rendered in the hospital;
  - (ii) The prevention of complications and deaths occurring in the hospital;
  - (iii) The review of medical treatments and diagnostic and surgical procedures in order to ensure safe and adequate treatment of patients in the hospital; and
  - (iv) The evaluation of medical and health care services and the qualifications and professional competence of persons performing or seeking to perform those services.

2. (d) The review required in subsection (c) of this section shall be performed according to the decision of a hospital's governing board by:

- (i) A peer review committee appointed by the organized medical staff of the hospital.

## VII. Confidentiality

- A. **WY Stat § 35-2-910. Quality management functions for health care facilities; confidentiality; immunity; whistle blowing; peer review.** Subsection A. "Each licensee [hospital, healthcare facility and health services] shall implement a quality management function to evaluate and improve patient and resident care and services in accordance with the rules and regulations promulgated by the division. Quality management information relating to the evaluation or improvement of the quality of health care services is confidential. Any person who in good faith and within the scope of the functions of a quality management program participates in the reporting, collection, evaluation, or use of quality management information or performs other functions as part of a quality management program with regards to a specific circumstance shall be immune from suit in any civil action based on such functions brought by a health care Practitioner or person to whom the quality information pertains. In no event shall this immunity apply to any negligent or intentional act or omission in the provision of care" (Wyoming Laws, 2015).
- B. **WY Stat § 35-17-103. Exemption from liability; exception:** A professional standard review organization or a society or person rendering services as a member of a professional standard review organization functioning pursuant to this act is not liable either independently or jointly for any civil damages as a result of acts or omissions in his capacity as a member of any such organization or society. Such

persons or organizations or societies are not immune from liability for intentional or malicious acts or omissions resulting in harm or any grossly negligent acts or omissions resulting in harm.

- C. **WY Stat § 35-17-105.** Information of review organizations to be confidential and privileged. All reports, findings, proceedings and data of the professional standard review organizations is confidential and privileged, and is not subject to discovery or introduction into evidence in any civil action, and no person who is in attendance at a meeting of the organization shall be permitted or required to testify in any civil action as to any evidence or other matters produced or presented during the proceedings of the organization or as to any findings, recommendations, evaluations, opinions or other actions of the organization or any members thereof.
- D. Confidentiality shall be maintained, based on full respect of the patient's right to privacy and in keeping with hospital policy and state and federal regulations governing the confidentiality of quality and patient safety work. All quality and patient safety data and information shall be considered the property of Memorial Hospital of Sweetwater County.
- E. Only the following individuals will have access to Practitioner-specific peer review information and only for purposes of evaluation and improvement of the quality of care rendered in the hospital:
1. The specific Practitioner.
  2. The Chief of Staff for purposes of considering corrective action.
  3. Department chairpersons (for members of their department only) for purposes of initial chart review or considering corrective action.
  4. Members of the PPEC, MEC, and Credentials Committees for purposes of considering corrective action and as part of the appointment/reappointment process.
  5. Medical staff service professionals supporting the credentialing process and to the extent that the access to this information is necessary for re-credentialing or formal corrective action.
  6. The Quality Department for purposes of tracking peer review processes, OPPE profile compilation, and generating reports as requested by parties privileged to the information.
  7. Individuals performing surveys for accrediting bodies with appropriate jurisdiction (i.e. TJC, CMS, DHS, etc.).
  8. The Hospital Chief Executive Officer (CEO) when information is needed to take immediate formal corrective action for purposes of summary suspension by the CEO.
- F. No copies of peer review documents will be created and distributed unless authorized by medical staff policy or bylaws, the MEC, PPEC, Credentials Committee, or by mutual agreement between the Chief of Staff and CEO for purposes of deliberations regarding corrective action on specific cases.
- G. No copies of peer review information will be given to other facilities or agencies

without specific written authorization from the Practitioner.

## Reviewed and Approved:

PPEC

MEC 10/25/2022

Board of Trustees

## References

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## Attachments

[FPPE Department Chair Review](#)

[FPPE Evaluation Form](#)

[Medical Staff Professional Practice Review Indicators 2022-2023 Final.xlsx](#)

[Medical Staff Professional Practice-Peer Review Process Flow- OPPE 2022 - 2023.vsd](#)

## Approval Signatures

Step Description

Approver

Date

DRAFT





# Memorial Hospital of Sweetwater County

2022 Audit Results and Report to the Board of Directors

WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor

# Table of Contents

<i>Topic</i>	<i>Page</i>
<b>Executive Summary</b>	<b>3</b>
Results of Professional Services	4
<b>Your Business</b>	<b>5</b>
Financial Highlights	6
<b>Understanding Your Industry</b>	<b>19</b>
<b>Appendix</b>	<b>36</b>
Required Communications	36
Internal Control Matters	39







# Executive Summary

Results of Professional Services

WEALTH ADVISORY | OUTSOURCING  
AUDIT, TAX, AND CONSULTING

Investment advisory services are offered through CliftonLarsonAllen Wealth  
Advisors, LLC, an SEC-registered investment advisor

# Results of Professional Services

## Significant Transactions

- Adoption of GASB 87 – Lease Standard
- Refinance of 2013A Bonds
- Single audit completed for Period 1 CARES Act and 2021 Federal Awards
- New Electronic Health Record installed

## Audit Adjustments

- Total of 6 audit adjustments were proposed, including those provided by management, resulting in an increase in net position of approximately \$1,500,000
- No passed audit adjustments

## Internal Control Results

- Material Weaknesses – Misstatement detected by audit

## Subsequent Events

- None Noted





# Your Business

WEALTH ADVISORY | OUTSOURCING  
AUDIT, TAX, AND CONSULTING

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor

# Financial Ratios – Comparative Data Used

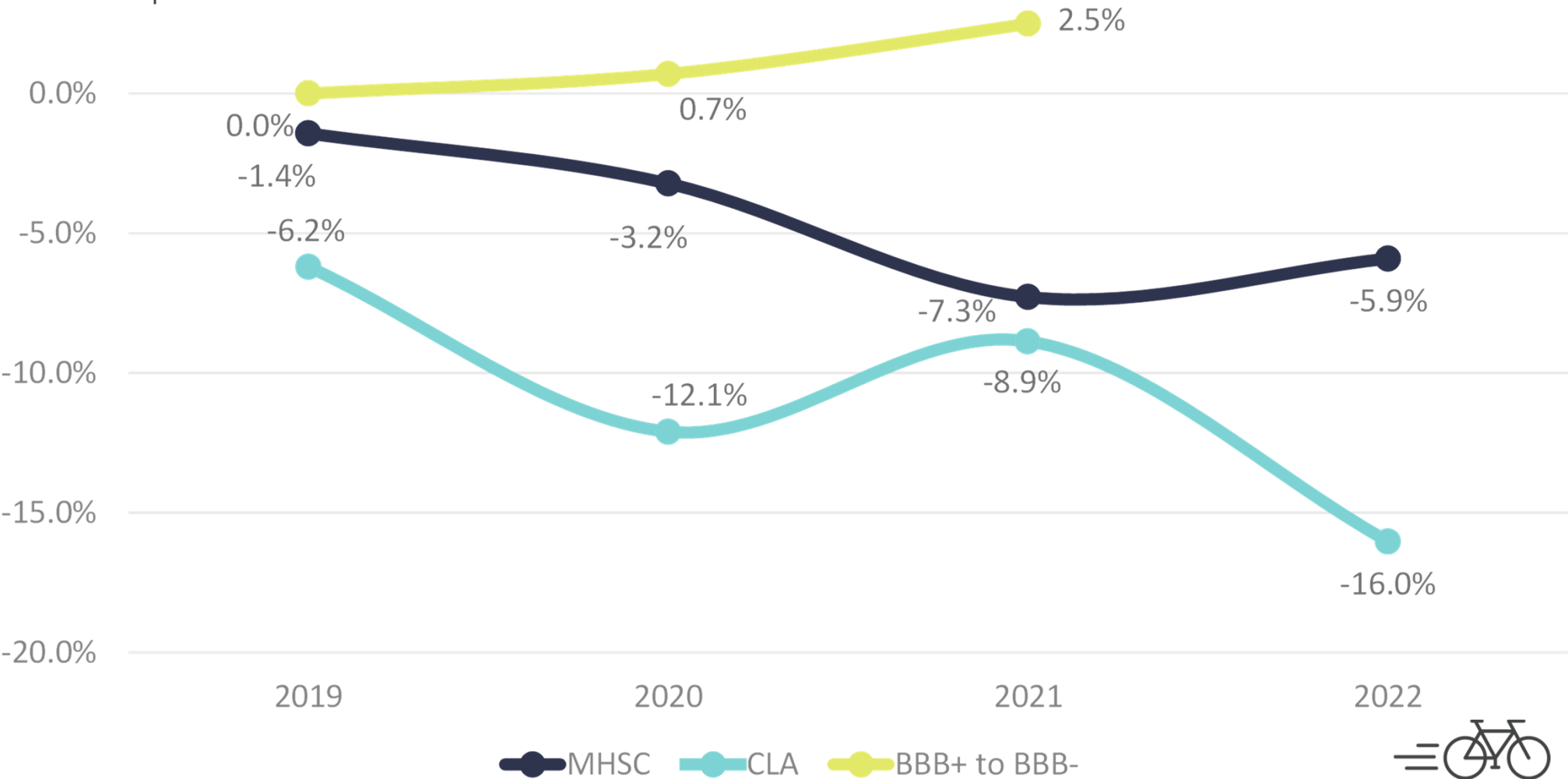
- Memorial Hospital of Sweetwater County (MHSC)
  - \$103.0 Million Net Patient Service Revenue
  - 2019-2022 Data, Based on Audited Combined Financial Statements
- CLA Benchmark (CLA)
  - Median of Similar-Sized Governmental PPS Hospitals, located in the state of Wyoming (3)
- Standards & Poor's (S&P) BBB+ to BBB-
  - Median indicators from a sample of 68 nonprofit hospitals in the United States



Operating Margin

Definition

This ratio is operating income as a percentage of net patient service revenue plus other operating revenues. It is used to report the facility’s return on revenues which relate to the main purpose of operations.



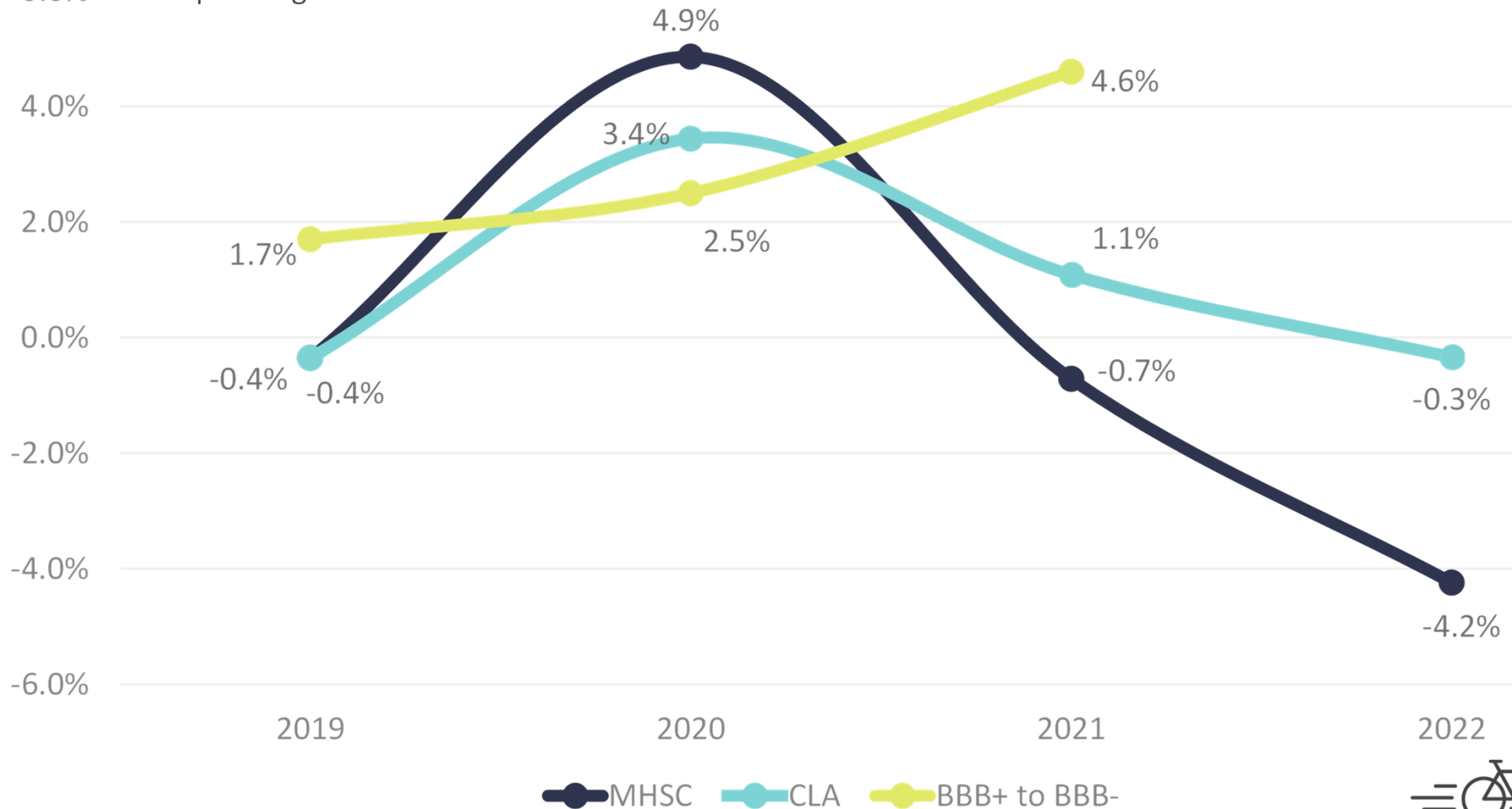
# Memorial Hospital of Sweetwater County

## Financial Indicators – Profitability Ratios

### Total Margin

#### Definition:

Total margin reflects excess of revenue over expenses as a percentage of total revenues, including nonoperating revenues.



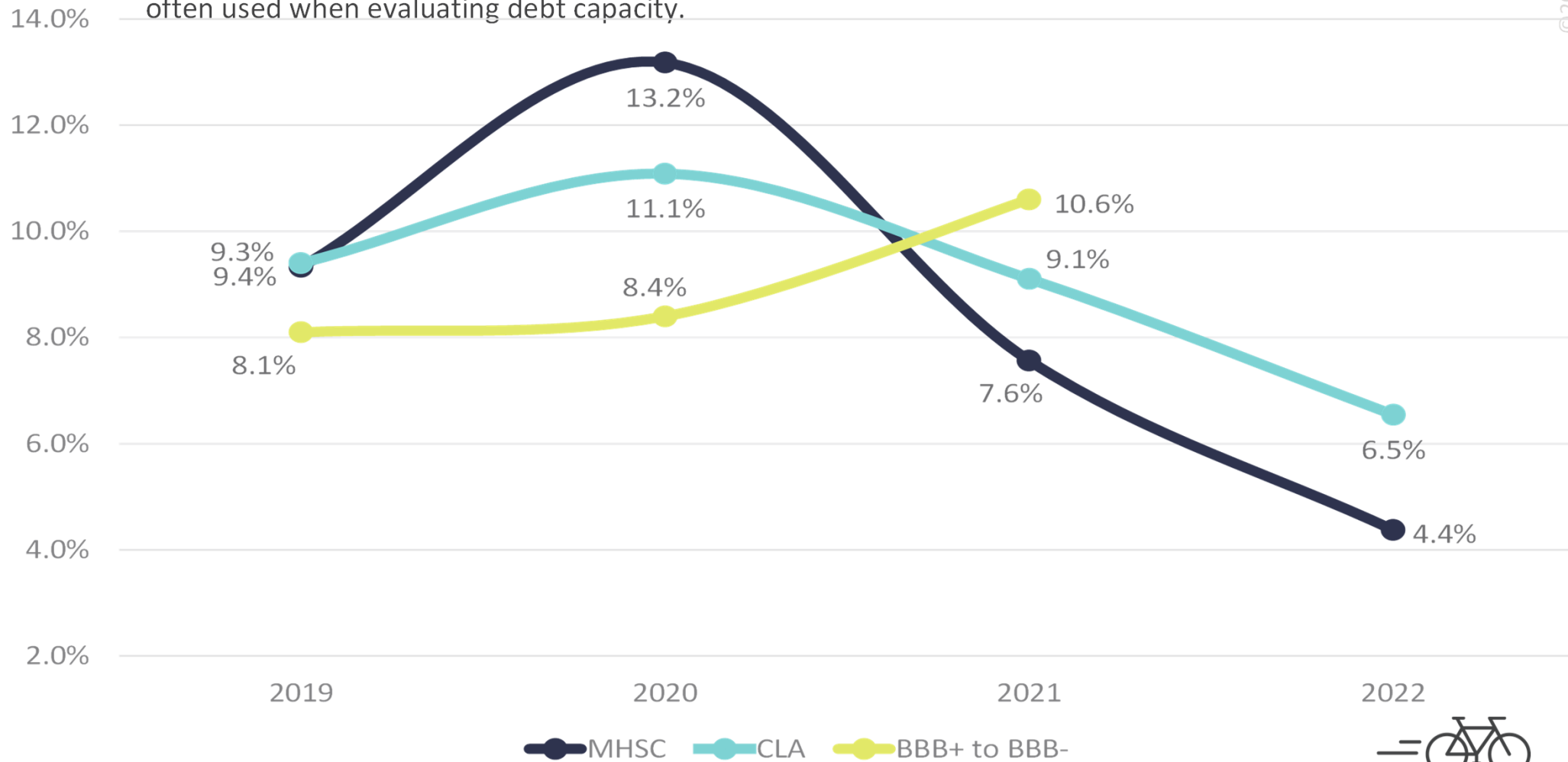
# Memorial Hospital of Sweetwater County

## Financial Indicators – Profitability Ratios

### Total EBIDA Margin

#### Definition:

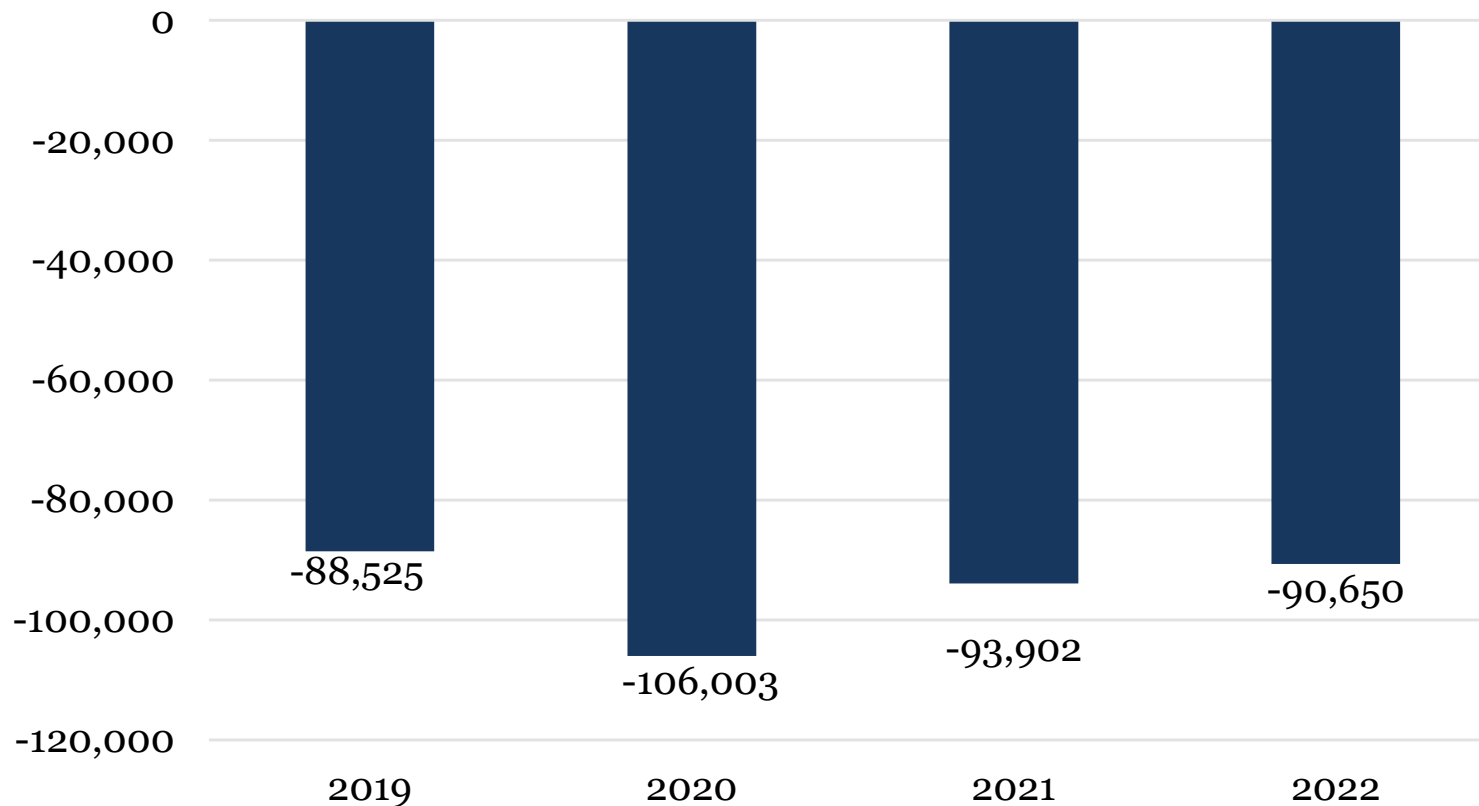
Total EBIDA Margin represents Earnings (total income) Before Interest, Depreciation, and Amortization divided by total revenues. It is used as a rough measure of operation cash flow in a facility. This ratio is often used when evaluating debt capacity.



## Operating Loss per Provider FTE

### Definition:

This is measured by dividing the amount of operating losses in the physician practices by the Provider FTE's worked. We would recommend not focusing necessarily on the loss position of the practice but more the trend over a four-year time horizon.

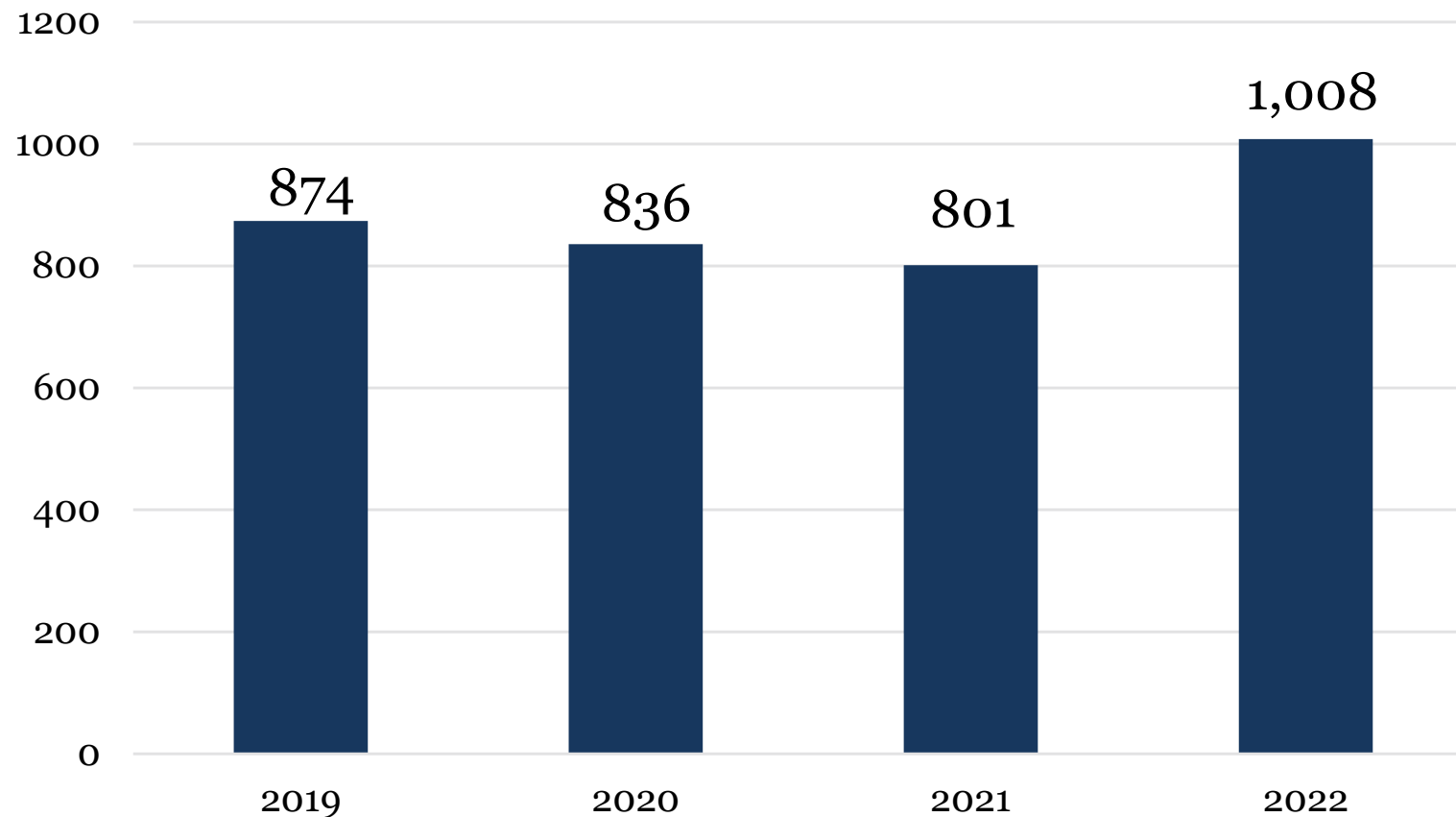




## Visits per Provider FTE

**Definition:**

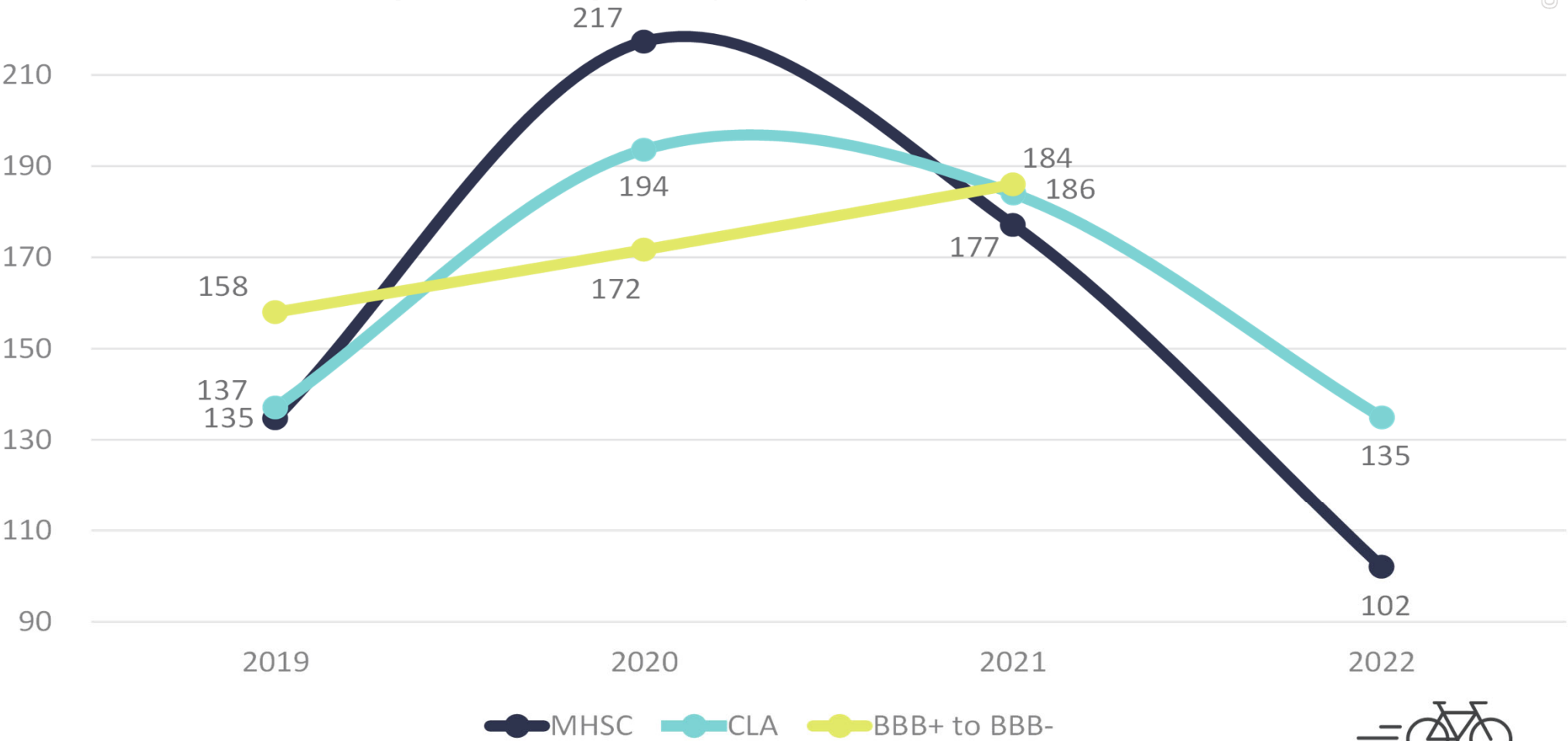
This is measured by dividing the amount of visits (primary care and specialty care) in the physician practices by the Provider FTE's worked.



Days Cash on Hand (All Sources)

Definition:

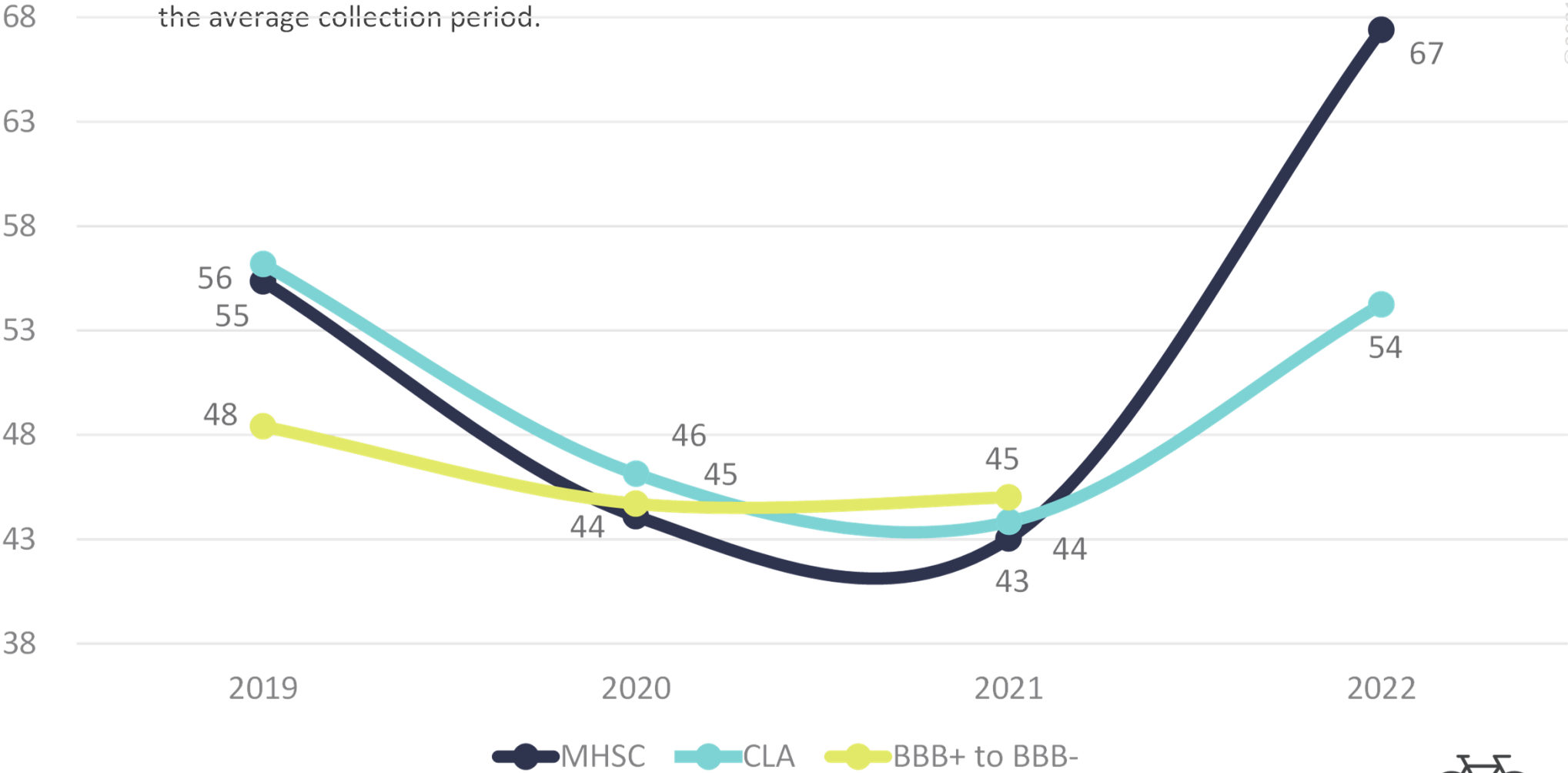
Days Cash on Hand measures the number of days of average cash expenses that the facility maintains in cash and amounts reserved for capital improvements. High values usually imply a greater ability to meet both short-term obligations and long-term capital replacement needs.



Net Days in Accounts Receivable

Definition:

Days in patient accounts receivable is defined as the average time that receivables are outstanding, or the average collection period.



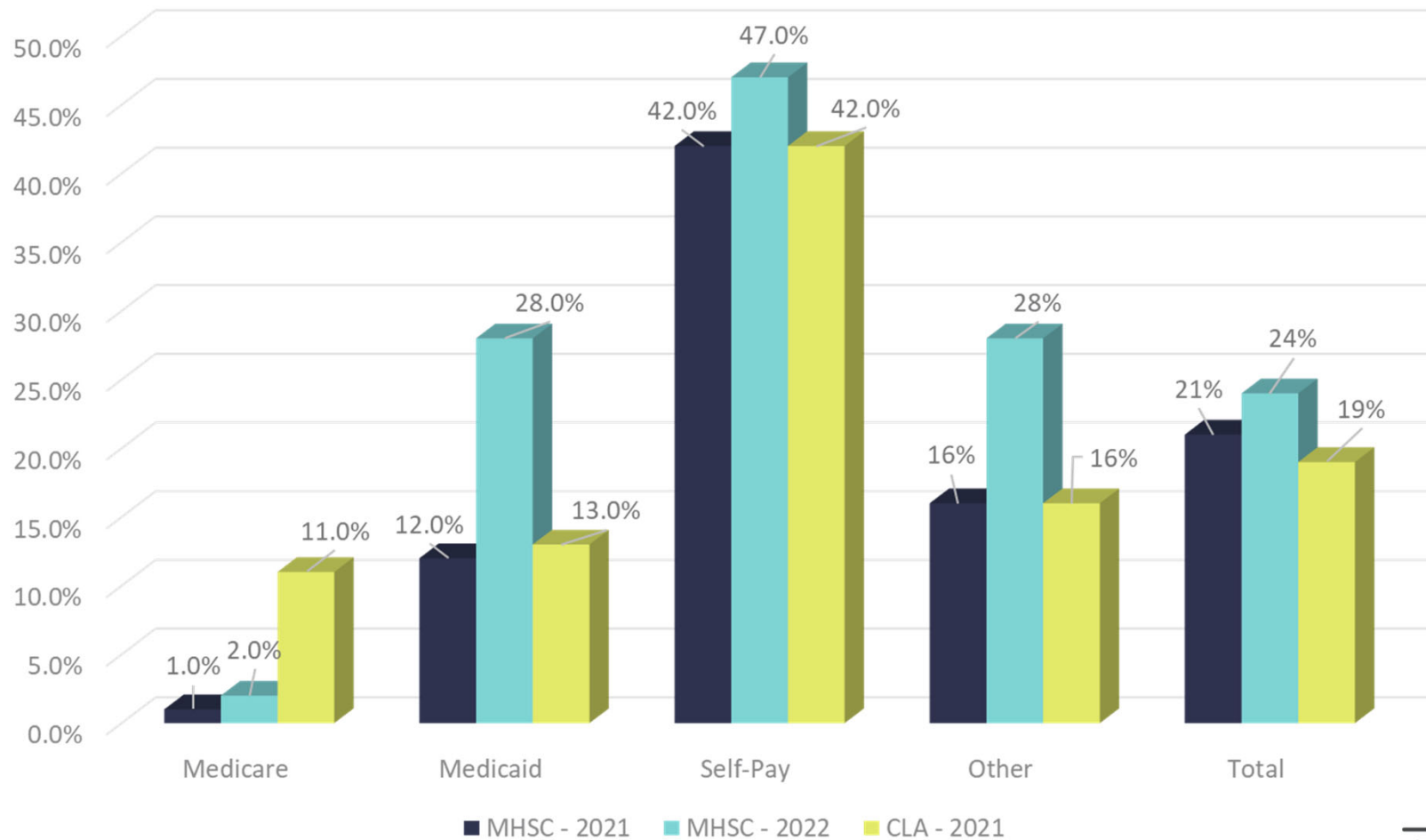
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## Aging of Accounts Receivable

### Definition:

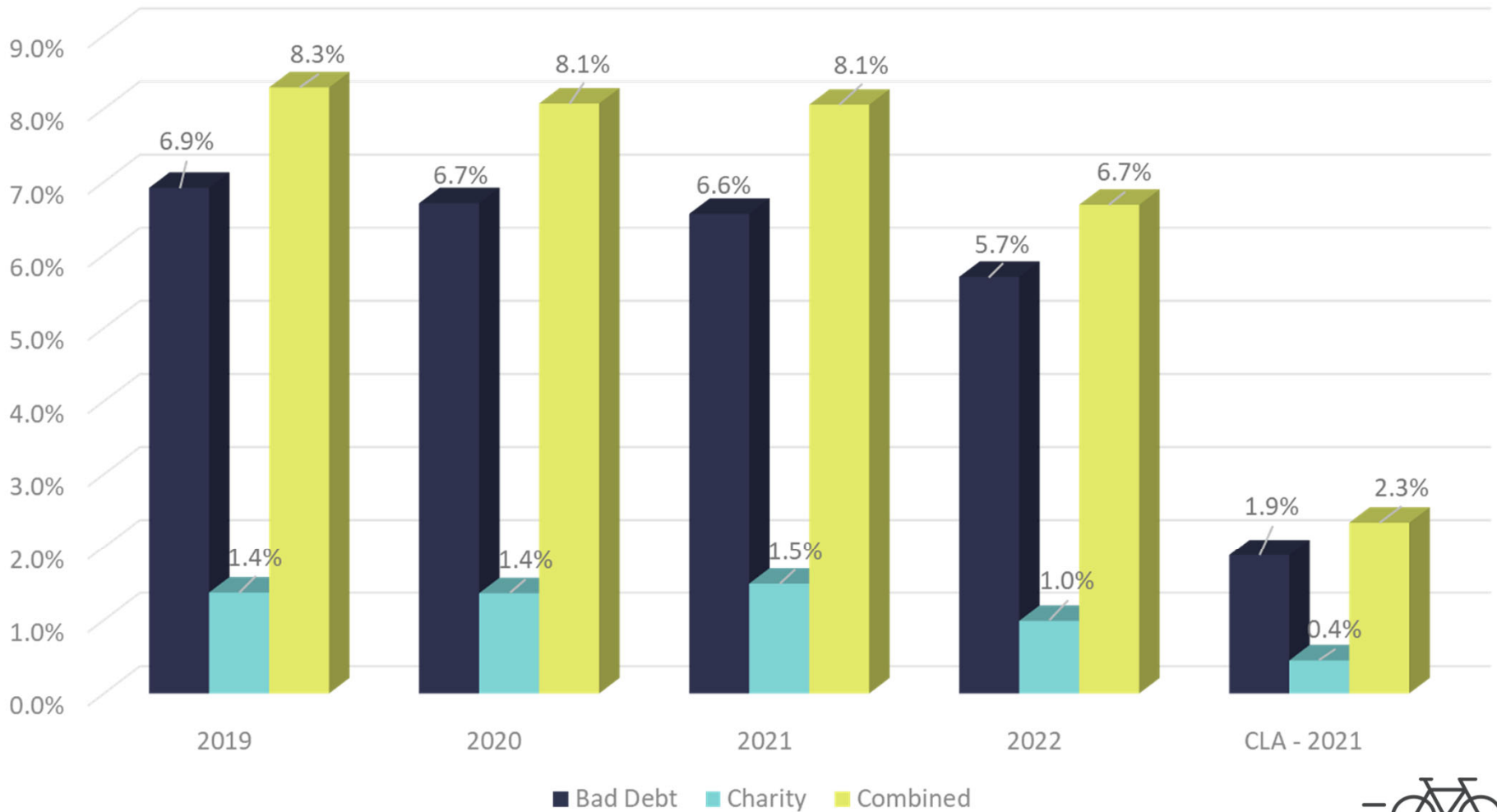
The percentage of accounts receivable within a payor classification, and in total, that is greater than 90 days old based on accounts receivable aging as of June 30, 2022.



## Bad Debt and Charity Care as a Percent of Gross Patient Service Revenue

**Definition:**

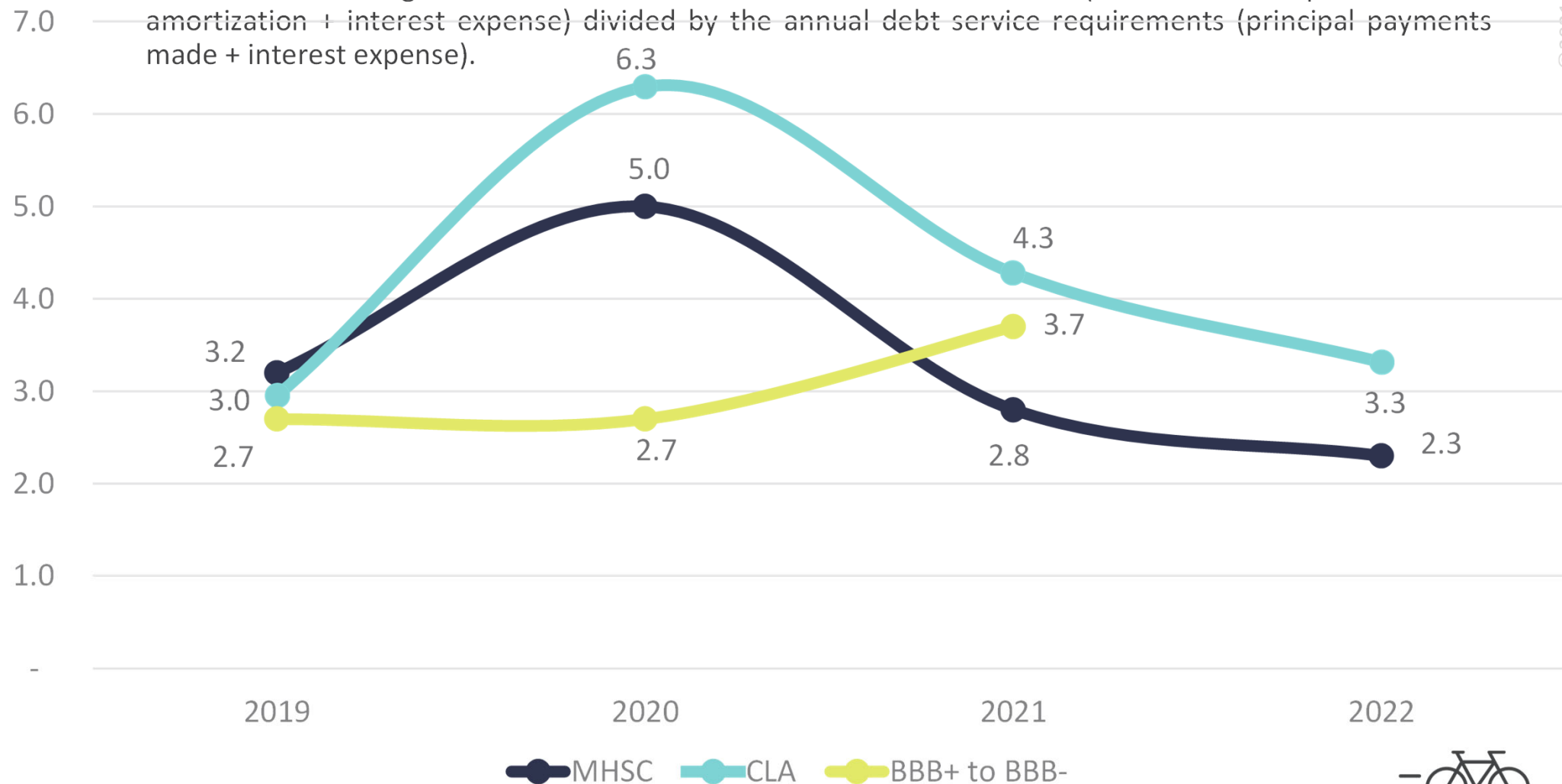
This ratio is calculated by dividing the bad debt and charity care by gross patient service revenue.



Debt Service Coverage

Definition:

Debt service coverage is calculated as income available for debt service (net income + depreciation and amortization + interest expense) divided by the annual debt service requirements (principal payments made + interest expense).

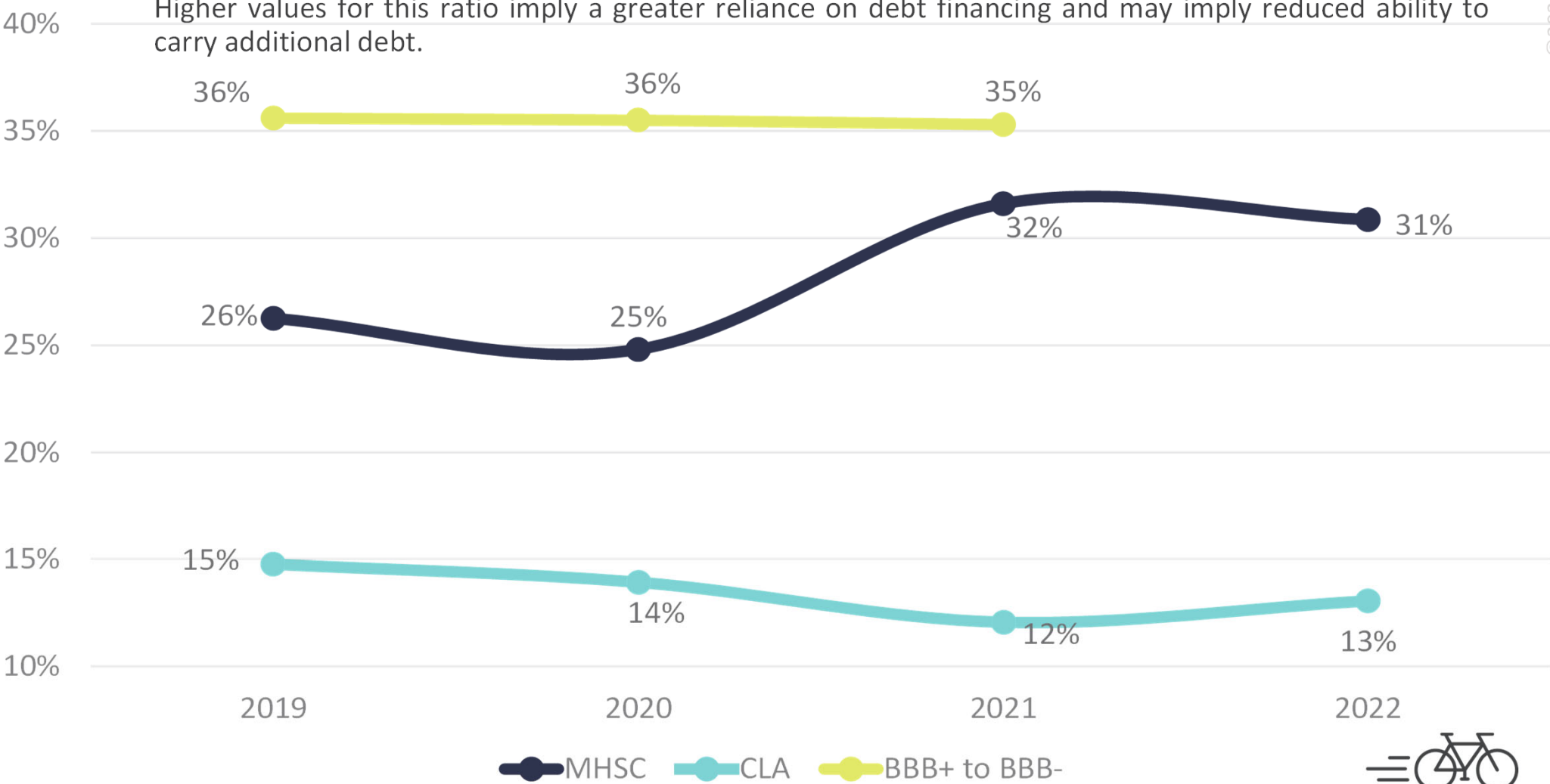


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# Debt to Capitalization

**Definition:**

This ratio is defined as the proportion of long-term debt divided by long-term debt plus total net assets. Higher values for this ratio imply a greater reliance on debt financing and may imply reduced ability to carry additional debt.



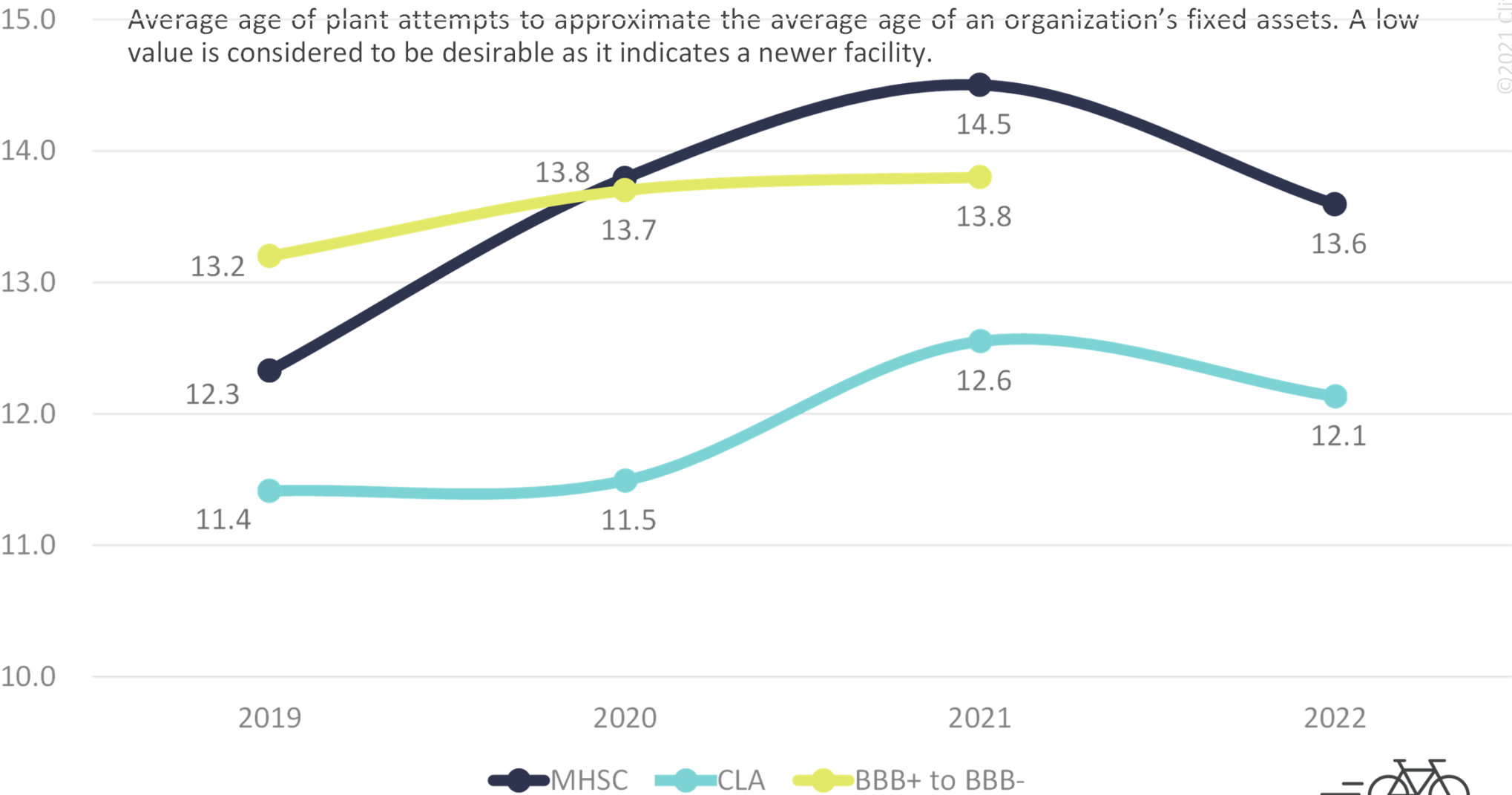
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## Average Age of Plant

**Definition:**

Average age of plant attempts to approximate the average age of an organization’s fixed assets. A low value is considered to be desirable as it indicates a newer facility.



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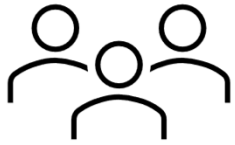


# Understanding Your Industry

WEALTH ADVISORY | OUTSOURCING  
AUDIT, TAX, AND CONSULTING

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# Trends to Monitor



Labor, labor,  
labor, labor

Private Equity  
Influence



Behavioral &  
mental health

Medicare  
Advantage Growth



Antitrust &  
Oversight

Inflation &  
Economic



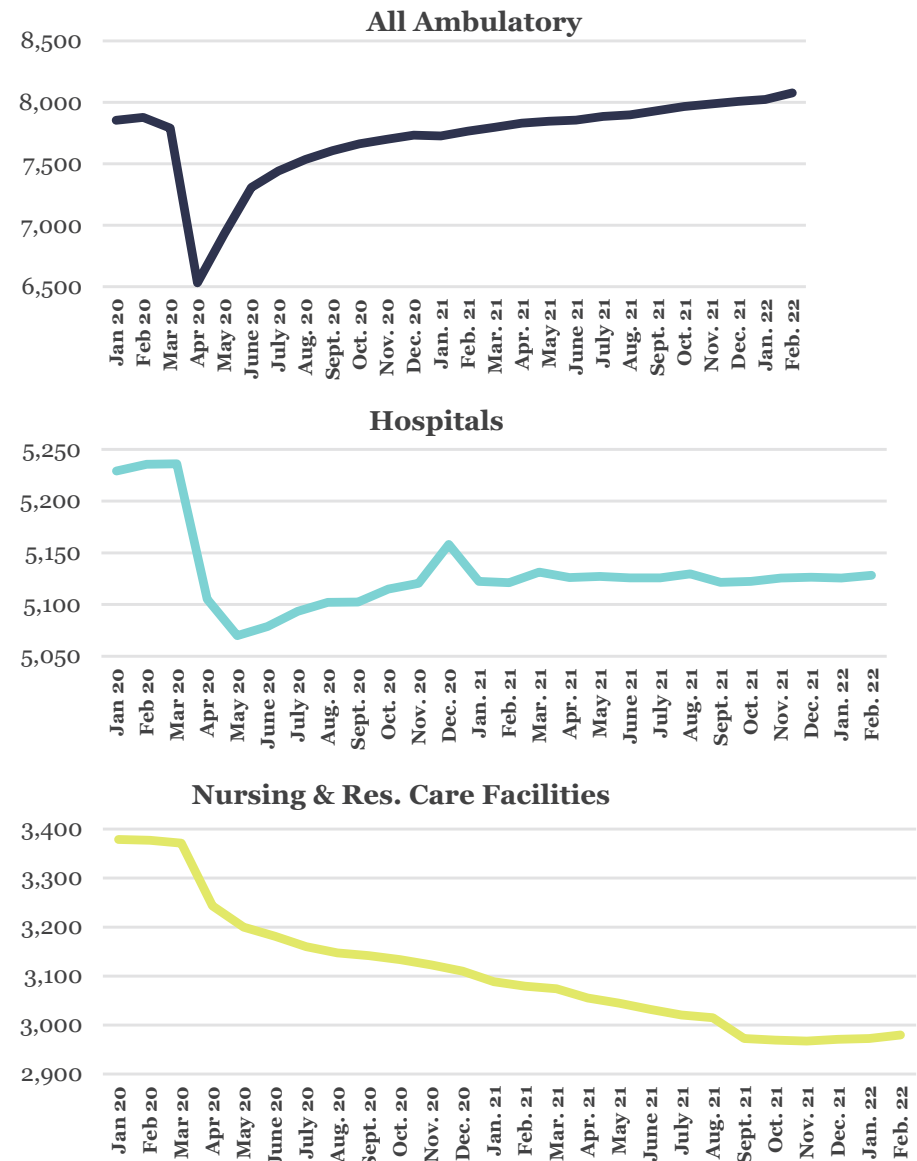
Capitol Hill &  
Regulatory Agenda



# Labor, labor.....

## *Employment Trends by Segment*

- The industry as a whole has been hit hard by turnover, early retirements and net job losses when compared to pre-pandemic levels.
- The ambulatory setting has demonstrated a stronger rebound, with net overall growth in total employment, while hospitals and nursing/residential care facilities are still lagging.
- The total change during the pandemic time period is as follows:
  - All Ambulatory: **Increase** of 2.8%
  - Hospitals: **Decrease** of 1.9%
  - Nursing & Residential Care Facilities: **Decrease** of 11.8%



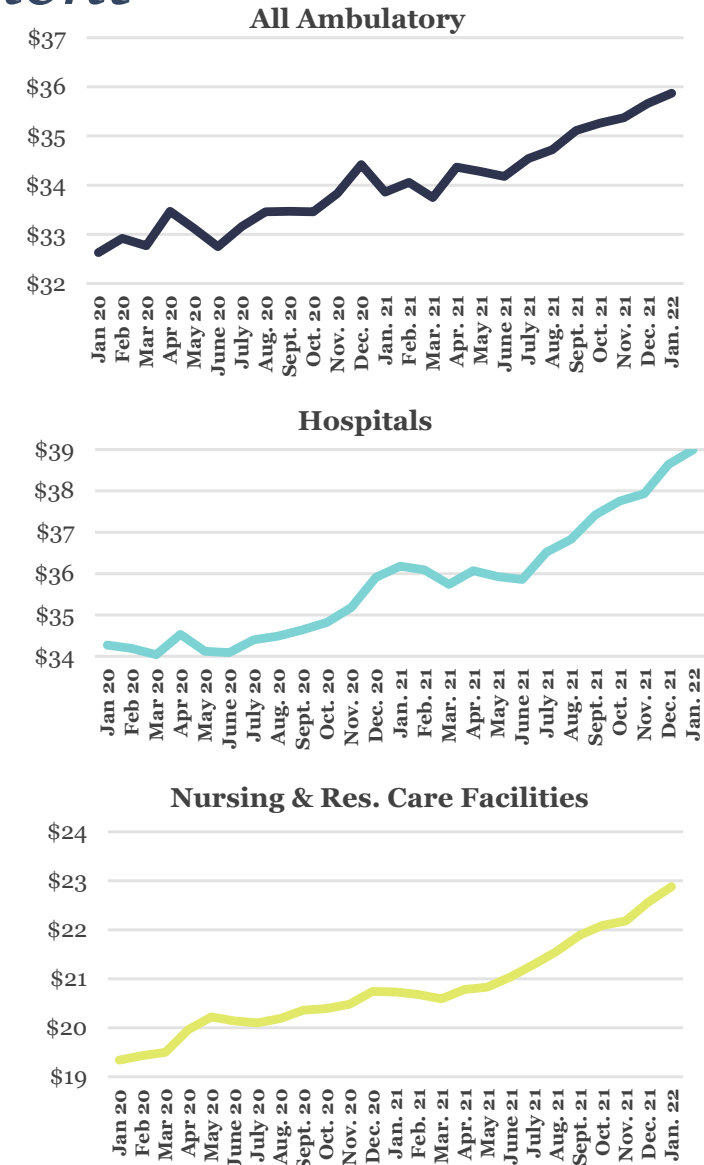
Source: U.S. Bureau of Labor Statistics as of February 2022 “Employment, Hours, and Earnings from Current Employment Statistical Survey (National)”



# Labor, labor.....

## Hourly Wage Rate Trends by Segment

- Compounding the challenges associated with available labor is the cost for the labor that is available.
- As depicted at right, each segment has experienced significant increases in wage rates during the pandemic time period as follows:
  - All Ambulatory: 9.9%
  - Hospitals: 13.8%
  - Nursing & Residential Care: 18.3%
- Double digit increases in hourly wage rate, along with lack of available labor signals devastating downward pressures on operating margins for the industry as a whole.



Source: U.S. Bureau of Labor Statistics as of February 2022 “Employment, Hours, and Earnings from Current Employment Statistical Survey (National)”

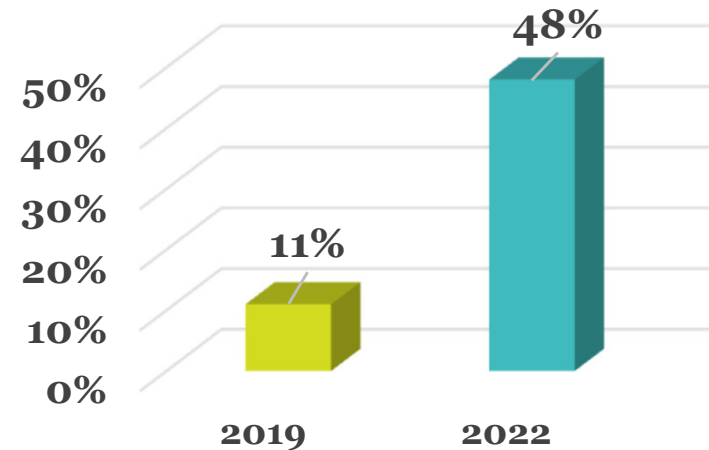


# Behavioral & Mental Health

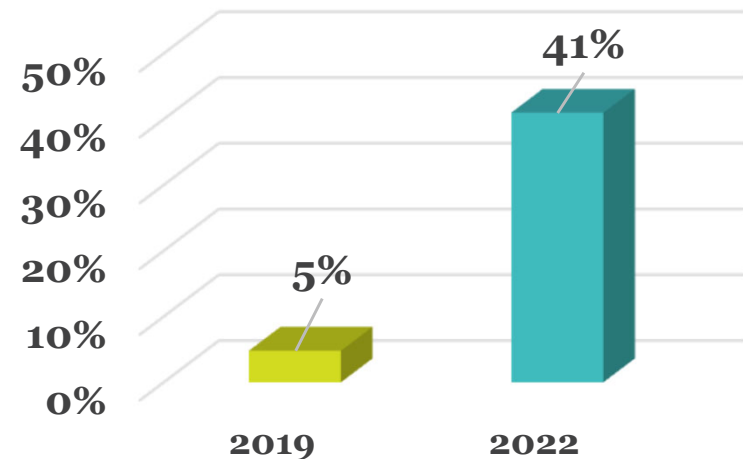
## *Anxiety, Depression & Burnout on the Rise*

- The pandemic time period has taken a significant toll on the mental health of people across the United States.
- The graphs at right depict significant increases in anxiety and depression when compared to the same time period from 2019.
- For frontline health care workers, these feelings are compounded by burnout and exhaustion which is resulting in an exodus of workers to pursue other careers or early retirements.

**Feelings of Anxiety**



**Symptoms of Depression**



*Source: CDC Nat'l Center for Health Statistics Interactive Early Release Program (Jan. – Mar. 2019) and U.S. Census Bureau Household Pulse Survey, Wk. 42 (Jan. – Feb. 2022)*

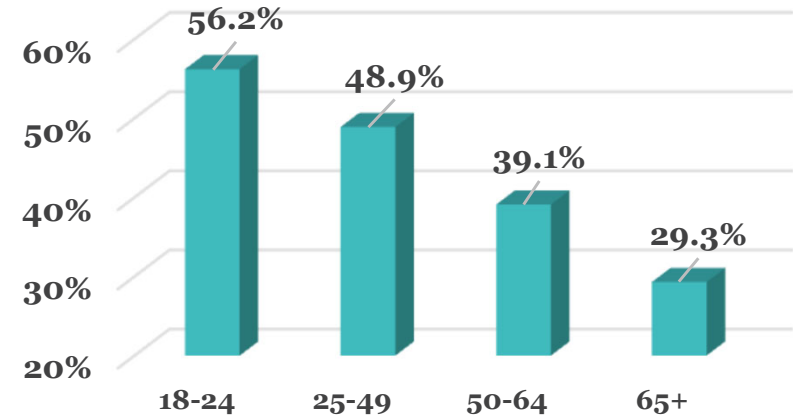


# Behavioral & Mental Health

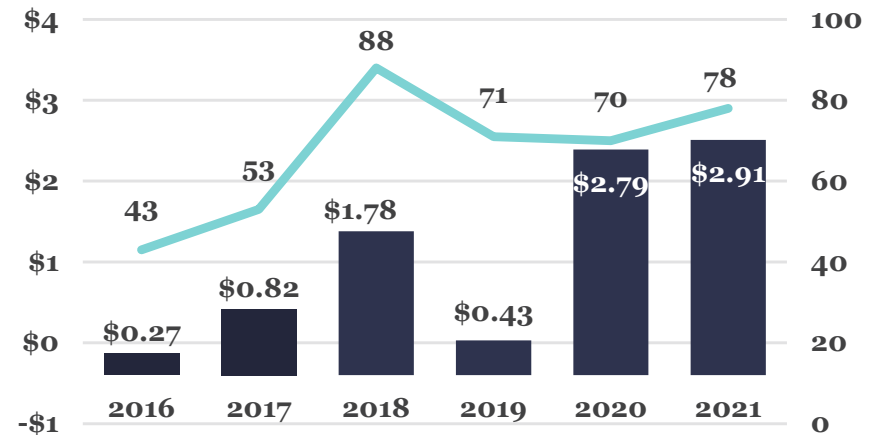
## *Anxiety, Depression & Burnout on the Rise*

- The mental health impact of the pandemic is having a more significant impact on adults aged 18 to 49.
- The significant increase and widespread impact across adults' signals a market need, and a potential opportunity for providers.
- The demand for services coupled with reimbursement changes by CMS to allow for certain services to be provided by telehealth, could be the window of opportunity Private Equity (PE) is seeing.
- As reflected at right, PE deals around Behavioral Health have picked up significantly in both volume and deal value during 2020 and 2021.

Symptoms of Anxiety and/or Depression Among Adults \*



Behavioral Health Deal Value/Volume 2016 – 2021 \*



\* Sources: CDC Nat'l Center for Health Statistics Interactive Early Release Program (Jan. – Mar. 2019) and U.S. Census Bureau Household Pulse Survey, Wk. 42 (Jan. – Feb. 2022) and Kaiser Family Foundation analysis "The implications of COVID-19 Mental Health and Substance Abuse" dated February 10, 2021. CLA Article "Transaction Trends in Health Care Deal Making" by Jed Cheney, Principal dated March 2022; charts reproduced with permission from Deal Search Online, [www.healthcaremanda.com](http://www.healthcaremanda.com), all rights reserved.



# Antitrust & Oversight

## What's being said.....

### PRESIDENT EXECUTIVE ORDER

*“This order affirms that it is the policy of my Administration to **enforce** the **antitrust laws** to **combat the excessive concentration** of industry, the abuses of market power, and the harmful effects of monopoly.....**especially as these issues arise in.....health care markets.....**”*

*- President Joe Biden, July 9, 2021*

### FTC POLICY PRIORITIES

*“In terms of **specific policy priorities**....there are a few where I'd like the agency to focus its work. **First**, we **need to address rampant consolidation and the dominance it has enabled** across markets.”*

*- Linda M. Kahn, Chair of FTC  
September 22, 2021 memo to Staff*

## DOJ & FTC recent activity.....

### Justice Department **Sues to Block** UnitedHealth Group's **Acquisition** of Change Healthcare

*“**Acquisition Would Allow** Health Care Giant to **Use Competitively Sensitive Claims Data** of Hundreds of Millions of Americans **to Reduce Competition** and Innovation to the Detriment of Health Insurance Consumers”*

*- DOJ Press Release, Thursday, **February 24, 2022***

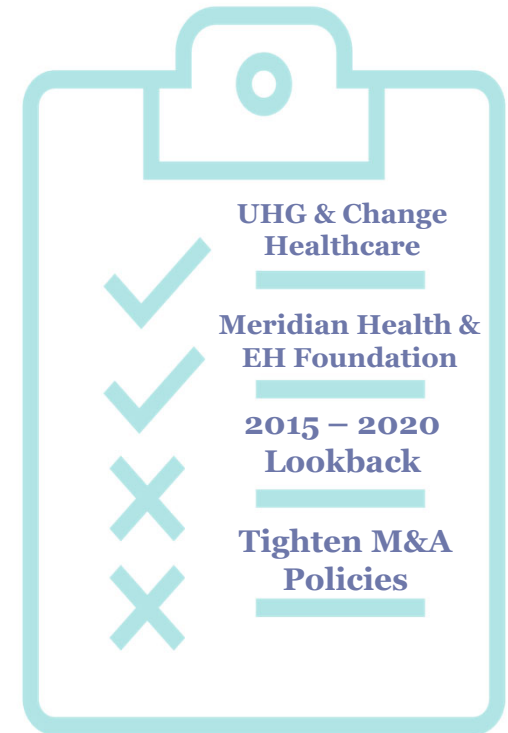
### **Hackensack Meridian Health, Inc. and Englewood Healthcare Foundation**

*“The Federal Trade Commission filed an administrative complaint and **authorized a suit** in federal court, **to block Hackensack Meridian Health, Inc.'s proposed acquisition** of Englewood Healthcare Foundation.....The proposed acquisition **would eliminate** close **competition**....and leave insurers with few alternatives.....”*

*- Pending FTC Case as of **February 25, 2022***

# Antitrust & Oversight \*

- The FTC checklist doesn't stop at current transactions.
- 2015 – 2020 Lookback
  - In 2020 ordered 6 insurance companies to provide information so FTC can study M&A impact.
  - Specific focus is studying effects of physician groups and healthcare facility mergers and how horizontal mergers have affected provider prices.
  - The study will also examine non-price issues, like health care outcomes and competitive impact on non-inpatient healthcare facilities transactions.
- Tightening M&A Policies
  - FTC is actively updating its policies and regulations impacting various business practices, including M&A transactions.
  - Expect goals policies to be implemented over the course of the next 2 years.
  - There is by-partisan support in Congress to increase funding and legal authority for the FTC.



Source: Research and insights provided by Health Policy Source, Inc. 



# Private Equity Influence

*“Recent years have seen a **surge of innovation in health care, driven by investments from private equity firms, family offices, and other sources. This elevated interest** – particularly in fragmented specialties, home-based care and behavioral health – is **creating growth opportunities** throughout the health care sector.”*

- Jed Cheney, CLA Principal\*

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Chart D — Deal Volume 2016 – 2021 by Buyer Type

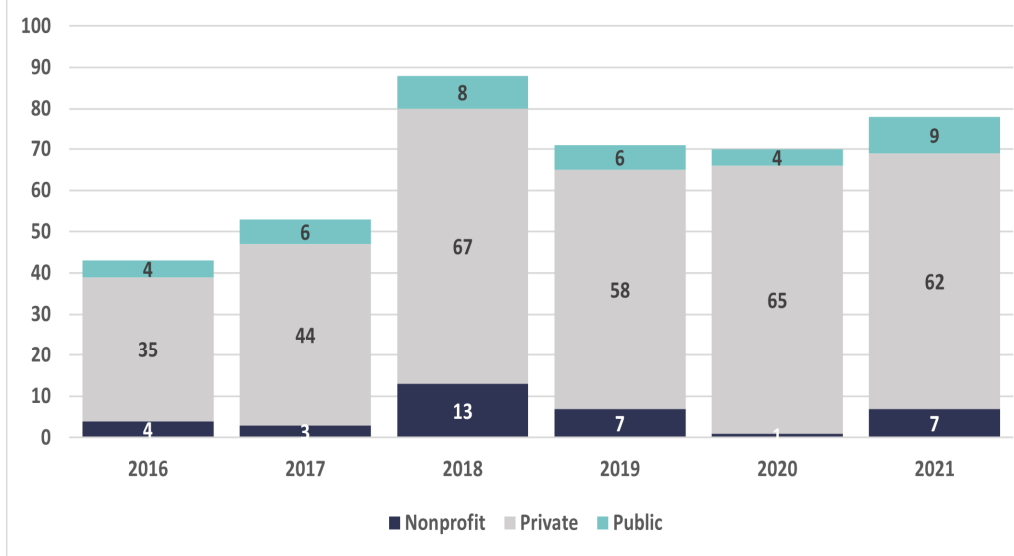
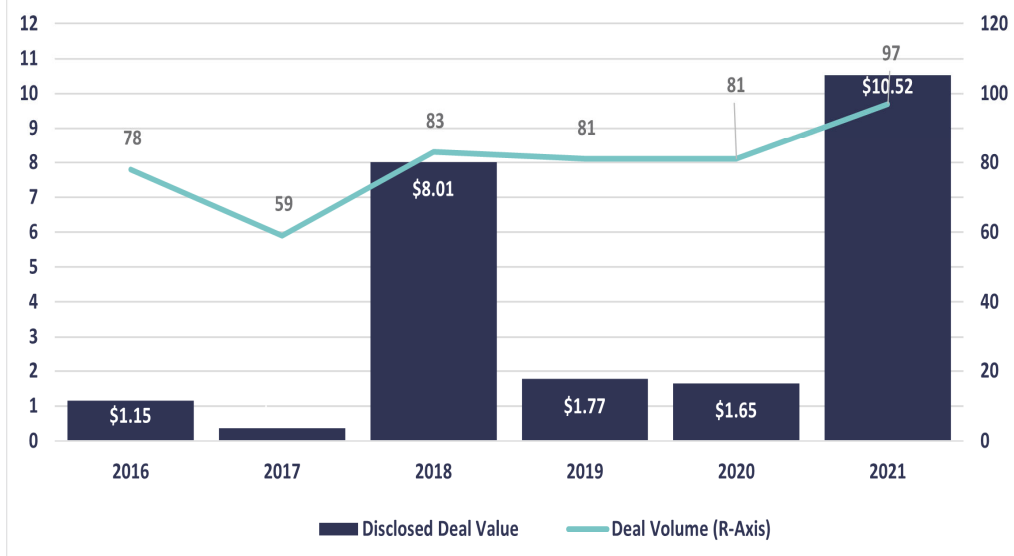


Chart E — Home Health & Hospice Deal Value / Volume 2016 - 2021



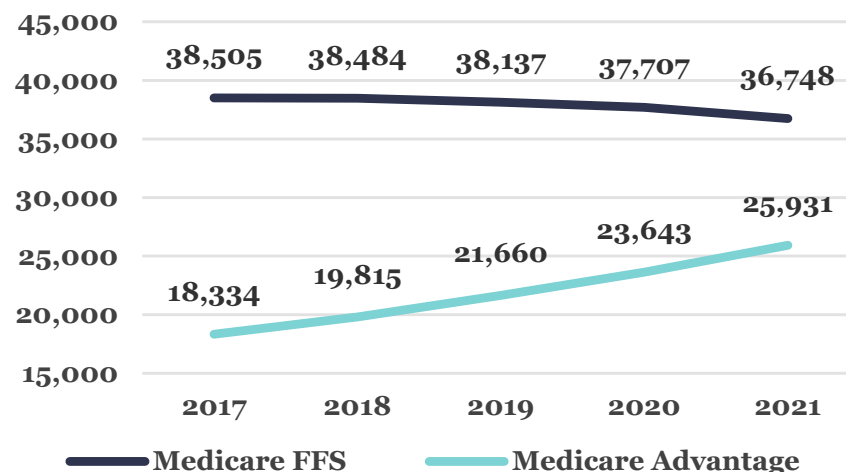
\* Source: CLA Article “Transaction Trends in Health Care Deal Making” by Jed Cheney, Principal dated March 2022; charts reproduced with permission from Deal Search Online, [www.healthcaremanda.com](http://www.healthcaremanda.com), all rights reserved.



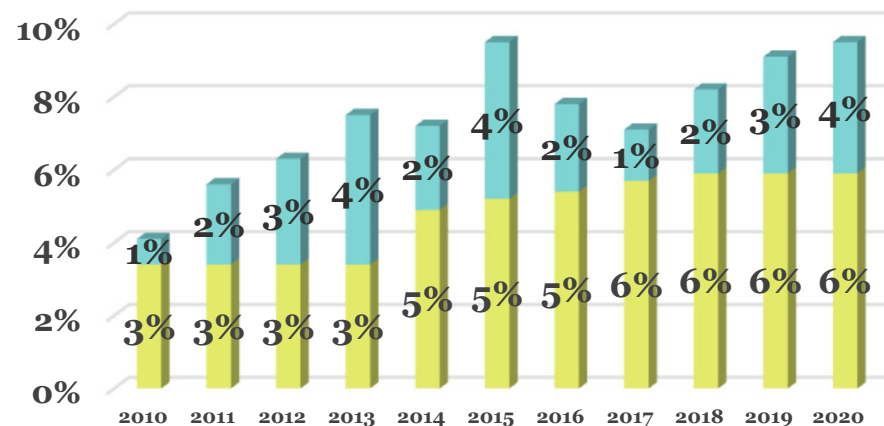
# Medicare Advantage Growth & Scrutiny

- Medicare Advantage (MA) has experienced significant growth and is becoming the “more popular option” for seniors.
- However, MA costs the federal government about 104% of Medicare Fee-for-Service (FFS).
- The federal government contracts with commercial insurers to provide MA benefits to beneficiaries, and pays the insurers a per member per month payment (PMPM).
- A critical piece of ensuring this PMPM payment is sufficient is embedded in understanding the health conditions of the enrolled beneficiaries, and ensuring they are reflecting in the coding and documentation of services.
- This “coding intensity” partially contributes to the excess spending and in a March 3, 2022 letter to CMS, MedPAC expressed the following:
  - CMS’s coding intensity adjustment is insufficient resulting in more than \$91 billion in excess payments since 2007.
  - Insufficient coding intensity adjustments plus significant growth will result in > \$15 billion of excess payments in 2022 alone.
  - Across the board coding adjustments results in payment inequity.

**Growth in Medicare FFS vs. Medicare Advantage \***



**Gap in MA Coding Intensity Adj. vs. Actual Coding Impact \***



Source: <http://CMS.gov/Research-Statistics-Data-and-Systems-Trends-and-Reports/CMSProgramStatistics/Dashboard>  
 MedPAC Letter to CMS Administrator Chaquita Brooks-LaSure dated March 3, 2022



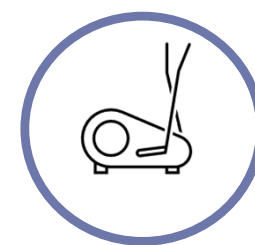
# Medicare Advantage Growth & Scrutiny

- The fact MA costs the federal government more than FFS, should not be interpreted as providers getting paid more.
- A portion of the additional costs go to beneficiaries in the form of enhanced benefits, such as dental, fitness, eye exams/glasses, etc., lower cost sharing or some combination of the two.
- Insurers who contract with the federal government are taking the PMPM payment and “managing” the utilization of services those beneficiaries receive and as a result will scrutinize services more closely.
- Some studies indicate this “care management” process results in reduced spending on actual health care services - certain patient populations have resulted in up to 17% spending less than FFS (i.e. dual beneficiaries).
- “Reduced spending” really equates to lower payments to providers by either outright payment rate reductions, but most often through driving down utilization of services.
- By contrast FFS pays providers for services delivered and lacks the “care management” protocols embedded in MA and therefore has less scrutiny over services delivered.
- This differential often leaves providers of health care frustrated and having to work through challenges when it comes to receiving and keeping payment for services to MA beneficiaries.

## Examples of Medicare Advantage Supplemental Benefits



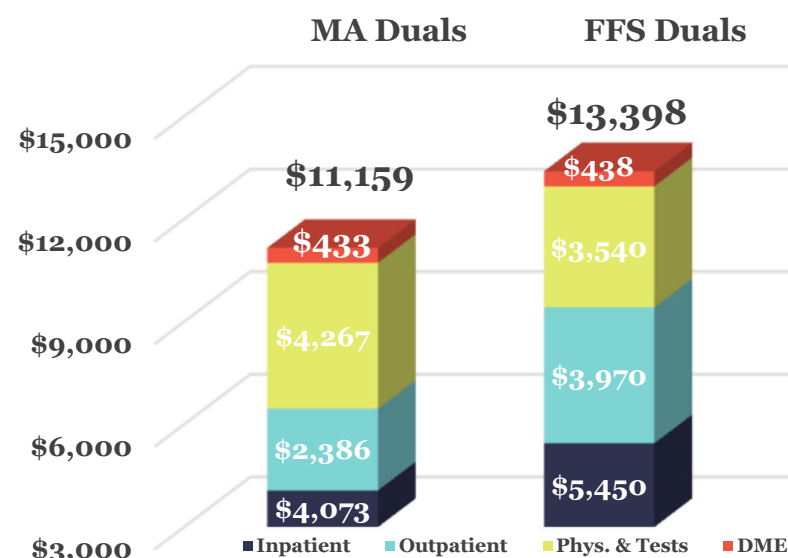
Dental



Fitness



Eye Glasses



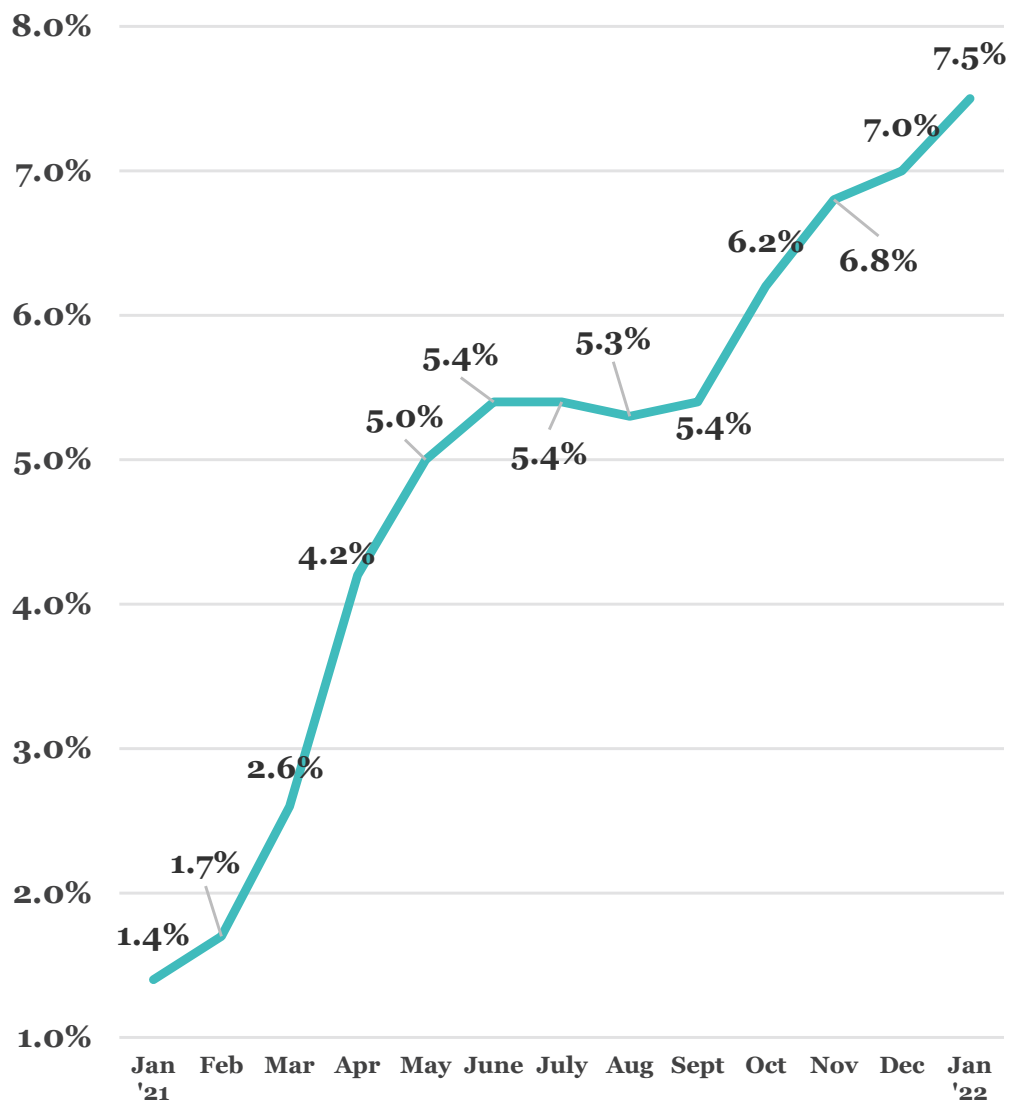
\* *Medicare Advantage Achieves Cost-Effective Care and Better Outcomes for Beneficiaries with Chronic Conditions Relative to Fee-for-Service Medicare; by Avalere Health, July 2018*



# Economy & Inflation

- Current economy is more reflective of a roller coaster than it is a smooth sail ship.
- In January of 2022 inflation hit a record high of 7.5%, after increasing steadily throughout 2021.
- Federal Reserve Chair, Jerome Powell has signaled that given the rising inflation rate it *“...will soon be appropriate to raise the target range for the federal funds rate.”*
- All signs are pointing to not just one, but a series of potential interest rate adjustments in an attempt to reverse the inflation trend.
- In the near term, inflation and market uncertainty will continue to erode investment returns, which will erode a much needed source of cash flow for health care providers.

**All Item Inflation Trend**  
**Jan. '21 – Jan. '22 \***

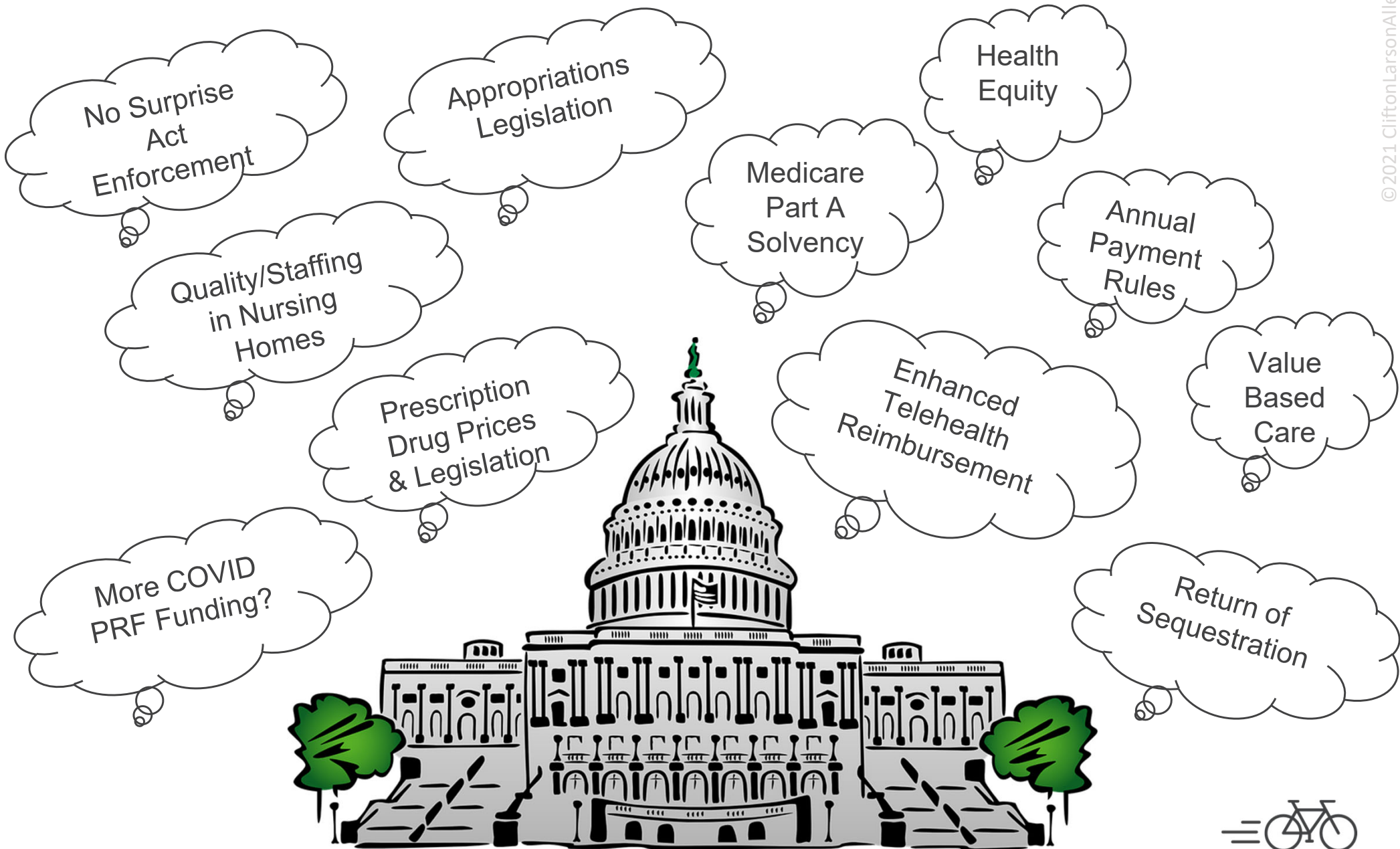


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**Source: U.S. Bureau of Labor Statistics as of February 2022 Press Release for Consumer Price Index – January 2022, dated February 10, 2022**



# Capitol Hill and the Regulatory Agenda



# Challenging Times Signal a Call to Action

- Labor challenges:
  - Utilize incentive/bonus type payments to reward extra efforts in near term.
  - Manage permanent adjustments to wage scales to avoid longer-term financial challenges.
  - Evaluate benefits packages and add enhancements where possible:
    - Employee Assistance Programs to assist with mental health & burnout related concerns.
    - Increases in contributions to retirement plans.
  - Celebrate your people more; show them you care like never before!
- Behavioral & Mental Health
  - Learn from Private Equity and consider service expansion to meet increased demand and need for services – this is NOT a short-term need!
  - Take advantage of enhanced reimbursement for services delivered via telehealth.
  - Use creative ways to connect institutionalized residents or patients with loved ones – avoid prolonged periods of isolation.



# Challenging Times Signal a Call to Action

- Anti-Trust & Oversight Activities
  - Elevate risk compliance and management programs.
  - Consider an internal audit program either internally developed or outsourced, or some combination.
  - DO NOT lose track of cybersecurity!
- Private Equity
  - Pay attention – what do they understand that you may be missing?
  - Is your organization innovative enough to compete with PE?
  - Behavioral health, data analytics, home care, etc., are areas of focus – what are your strategies?
- Medicare Advantage
  - Monitor changing demographics and MA penetration in your market.
  - Understand MA patient populations that have higher needs (i.e. one or more chronic conditions) and work with MA plans to understand care protocols.
  - If you own/participate in an MA plan, tighten up compliance.





# Challenging Times Signal a Call to Action

- Economy & Inflation
  - Back to the basics of efficiency, and service line performance – understand it and drive changes as necessities.
  - Utilize financial modeling that incorporates multiple scenarios to enhance planning and strategic direction.
  - Don't pull back on expansion activities – grow but grow efficiently!
- Capitol Hill/Regulatory Agenda
  - Enforcement activities are on the rise! Consider elevating compliance & risk management programs (seeing a theme here?).
  - Pay attention to and monitor emerging regulations as well as agency enforcement actions. These changes will have opportunities too, so getting ahead will enable more effective planning to capture them.
  - Despite looming financial compression **DO NOT** be afraid to hire external help – it'll be significantly cheaper than the fines and penalties you may face for lack of compliance.







## Appendix

### WEALTH ADVISORY | OUTSOURCING AUDIT, TAX, AND CONSULTING

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor

# Required Communications

Topic	Communication
Our responsibility under Generally Accepted Auditing Standards	<ul style="list-style-type: none"> <li>Express an opinion on the fair presentation of the combined financial statements in conformity with GAAP</li> <li>Plan and perform the audit to obtain reasonable, nonabsolute assurance that the combined financial statements are free of material misstatement</li> <li>Report on internal controls related to the combined financial statements and on compliance in accordance with Government Auditing Standards</li> <li>Evaluate internal control over financial reporting</li> <li>Utilize a risk-based audit approach</li> <li>Communicate significant matters to appropriate parties</li> </ul>
Planned Scope and Timing of the Audit	<ul style="list-style-type: none"> <li>Performed the audit according to the planned scope and timing previously discussed</li> </ul>
Other Information in Documents Containing the Audited Financial Statements	<ul style="list-style-type: none"> <li>Combined financial statements may only be used in their entirety</li> <li>Our approval is required to use our audit report in a client prepared document</li> <li>We have no responsibility to perform procedures beyond those related to the combined financial statements</li> </ul>



# Required Communications

Topic	Communication
Significant Accounting Policies	<ul style="list-style-type: none"> <li>• Management is responsible for the accounting policies of the organization</li> <li>• Accounting policies are outlined in Note 1 to the combined financial statements</li> <li>• Adoption of GASB 87 in fiscal year 2022</li> <li>• Accounting policies deemed appropriate</li> <li>• No significant unusual transactions occurred</li> </ul>
Significant Accounting Estimates	<ul style="list-style-type: none"> <li>• An area of focus under a risk-based audit approach</li> <li>• Significant estimates include: <b>allowance for contractual adjustments and bad debts, useful lives assigned to fixed assets, self-funded health insurance liability, third-party payor settlement estimates, recognition of Provider Relief Funds</b></li> <li>• Estimates determined by management based on their knowledge and experience</li> <li>• No management bias indicated</li> <li>• Estimates were deemed reasonable</li> <li>• Estimate uncertainty is disclosed in the combined financial statements</li> </ul>
Significant Financial Statement Disclosures	<ul style="list-style-type: none"> <li>• No sensitive disclosures</li> <li>• Disclosure of various COVID-19 funding</li> <li>• No significant subsequent events noted</li> <li>• No significant risk, exposures, or uncertainties</li> <li>• No significant unusual transactions</li> <li>• Disclosures are neutral, consistent, and clear</li> </ul>



# Required Communications

Topic	Communication
Management Representation Letter	<ul style="list-style-type: none"><li>• Management provided signed representation letter prior to finalization of the audit report</li></ul>
Other	<ul style="list-style-type: none"><li>• No difficulties encountered in performing the audit</li><li>• No issues discussed prior to retention as independent auditors</li><li>• No disagreements with management regarding accounting, reporting, or other matters</li><li>• No consultations with other independent auditors</li><li>• No other findings or issues were discussed with, or communicated to, management</li></ul>



# Internal Control Matters

Topic	Communication
Purpose	<ul style="list-style-type: none"> <li>Express an opinion on the combined financial statements, not on the effectiveness of internal controls.</li> <li>Our consideration of internal controls was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore material weaknesses or significant deficiencies may exist that were not identified. In addition, because of inherent limitations in internal control, including the possibility of management override of controls, misstatements due to fraud or error may occur and not be detected by such controls.</li> </ul>
Material Weakness	<ul style="list-style-type: none"> <li>Reasonable possibility that a material misstatement would not be prevented, or detected and corrected on a timely basis.</li> </ul>
Significant Deficiencies	<ul style="list-style-type: none"> <li>Less significant than a material weakness, yet important enough to merit the attention of governance.</li> </ul>
Restricted Use	<ul style="list-style-type: none"> <li>This communication is intended solely for the information and use of management, the finance committee, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.</li> </ul>
Results	<ul style="list-style-type: none"> <li>Material Weakness – Misstatements detected by the audit</li> </ul>



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WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

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**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**COMBINED FINANCIAL STATEMENTS**  
**YEARS ENDED JUNE 30, 2022 AND 2021**

DRAFT

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
TABLE OF CONTENTS  
YEARS ENDED JUNE 30, 2022 AND 2021**

<b>INDEPENDENT AUDITORS' REPORT</b>	<b>1</b>
<b>MANAGEMENT'S DISCUSSION AND ANALYSIS</b>	<b>4</b>
<b>COMBINED FINANCIAL STATEMENTS</b>	
<b>COMBINED STATEMENTS OF NET POSITION</b>	<b>13</b>
<b>COMBINED STATEMENTS OF REVENUES, EXPENSES, AND CHANGES     IN NET POSITION</b>	<b>15</b>
<b>COMBINED STATEMENTS OF CASH FLOWS</b>	<b>16</b>
<b>NOTES TO COMBINED FINANCIAL STATEMENTS</b>	<b>18</b>
<b>INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF COMBINED FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH <i>GOVERNMENT AUDITING STANDARDS</i></b>	<b>34</b>



## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
Memorial Hospital of Sweetwater County  
Rock Springs, Wyoming

### Report on the Financial Statements

#### **Opinion**

We have audited the accompanying combined financial statements of Memorial Hospital of Sweetwater County (the Hospital), which comprise the combined statements of net position as of June 30, 2022 and 2021, and the related combined statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the combined financial statements.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the respective combined financial position of the Hospital as of June 30, 2022 and 2021, and the respective changes in its net position and its cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with the auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for one year after the date of the combined financial statements are available to be issued.

***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

***Required Supplementary Information***

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic combined financial statements. Such information, although not a part of the basic combined financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic combined financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic combined financial statements, and other knowledge we obtained during our audit of the basic combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

***Emphasis of Matter Regarding a Change in Accounting Principle***

As discussed in Note 1 to the combined financial statements, effective July 1, 2021, the Hospital adopted new accounting guidance for leases. The guidance requires leases to recognize a right-to-use asset and corresponding lease liability and lessors to recognize a lease receivable and corresponding deferred inflow of resources for all leases with terms greater than twelve months. Our opinion is not modified with respect to that matter.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated REPORT DATE, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

**CliftonLarsonAllen LLP**

Minneapolis, Minnesota  
REPORT DATE

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

## **INTRODUCTION**

This is management's discussion and analysis of Memorial Hospital of Sweetwater County's (the Hospital) financial performance and provides an overview of the Hospital's financial activities for the years ended June 30, 2022 and 2021. It should be read in conjunction with the Hospital's combined financial statements, which begin on page 13.

Memorial Hospital of Sweetwater County is a Joint Commission accredited, 99-bed rural acute-care facility located in Southwest Wyoming, which services a region exceeding 10,000 square miles. The Hospital serves a population in excess of 45,000 in Sweetwater County alone as well as surrounding areas. The Hospital provides a vast array of inpatient and outpatient services, emergent care, dialysis, occupational medicine, radiation oncology, and hematology oncology services. In addition, the Hospital employs over thirty physicians and mid-level providers; successfully building a vibrant list of family, internal and specialty medicine clinics. Memorial Hospital of Sweetwater County continues to maintain a strong, viable presence in the community. Recognizing the need to create a collaborative focus for the future and by identifying the opportunity and accountability in the delivery of healthcare for the communities the Hospital serves, the following goals and objectives continue to serve as our roadmap to guide the Hospital into the future:

Regional Referral Center: Continue efforts to increase presence in Sweetwater County and surrounding areas and becoming a regional referral center.

Growth in Services and Programs: Being responsive to the needs of the community by maintaining care locally whenever possible by growing service lines and offering new programs, which include:

- Radiation and Hematology Oncology
- Enhanced Orthopedic Surgery
- Pulmonology
- Occupational Medicine
- Telemedicine
- Neurology
- Onsite visiting specialty clinics
- Walk-In Clinic

Medical Staff Development Plan: Work to meet the needs of the community by developing a medical staff that will enhance current programs and effectively deliver new services and programs. The facility continues to invest in new physicians and analyze replacement positions as they become vacant. In fiscal year 2021, we added Neurology to our services offered, hired another provider in our OB/Gynecology practice and enhanced our cancer center with a full-time Radiation Oncologist. We also opened our new Walk-In Clinic, staffing with two new providers and support staff. In fiscal year 2022 we added a permanent pulmonologist to replace the locum coverage for Pulmonology. We have added several mid-levels in different practices to compliment the Physicians and the increasing volumes in our Clinics. Recognizing the need to balance growth with financial stability, the Hospital continues to streamline operations by researching new service lines. In fiscal year 2023, we will be adding a part time Urologist to assist with this growing service line. We are also looking for Physicians to add to our growing OB/GYN and General Surgery practices.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**INTRODUCTION (CONTINUED)**

Information Technology: Continued adoption of health information technology to improve quality, enhance security and meet required measurements while lowering costs. In April of 2022 we successfully implemented our new Electronic Health Record.

Joint Board/Medical Staff Decision Making: Create a culture with the board of trustees and the Medical Staff that is collaborative and will allow the Hospital to move forward with partnerships and/or affiliations that will provide the most comprehensive care for Sweetwater County and its surrounding areas.

Strategic Plan: The Hospital began working on the next 3-5-year strategic plan. The plan will include strategic pillars in Patient Experience, Workplace Experience, Quality & Safety, Growth & Community and Financial Stewardship. These are the drivers that deliver value to the patient. The dynamics of health care is changing to focus more on improving the quality of health care rather than on the cost of health care. The benefit of delivering quality health care and better customer service helps to drive costs down, which creates more value for the patient. Providing the highest value of care to the patient through improved quality and better customer service, all at a lower cost, is our number one priority.

Patient Experience: The Hospital has been diligent in striving to provide our patients with excellent customer service. We have begun implementing the Planetree initiatives surrounding patient centered care and are working on training all 500 of our employees over the next two years. Our patient satisfaction scores continue to increase with the ongoing efforts of improvement.

Workplace Experience: Through improved communication, professional development and the new patient-based culture program, the Hospital strives to be the employer of choice in Sweetwater County.

Quality & Safety: The Hospital continues to meet the increasing quality initiatives. Recognizing that reimbursement is driven by these efforts, we have created a specialized team to ensure our quality measures meet and exceed the standards. We have started implementing LEAN process improvements across the house to help with efficiencies and identify waste.

Community & Growth: The Hospital is building on community partnerships by implementing clinic improvements, including better access to care. A Community Health Needs Assessment was completed in FY2019 which will be considered in making decisions on new service lines and specialties and potential new community relationships.

Financial Stewardship: The Hospital strives to provide quality health care at a lower cost by managing expenses and maximizing reimbursement.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**INTRODUCTION (CONTINUED)**

These strategies will serve as a compass to help guide us to achieve our Mission, Vision and Values newly adopted in 2018:

Mission: Compassionate care for every life we touch.

Vision: To be our community's trusted health care leader.

Values: Be kind. Be respectful. Be accountable. Work collaboratively. Embrace excellence.

The affiliation with the University of Utah allows the Hospital to expand its service line without investment into full time staff, facilities and equipment for highly specialized procedures and services that would not be economically justifiable given the population size of the primary service area. In addition, the affiliation limits outmigration of patients by keeping them close to home, provides a high level of specialty care and allows the Hospital to retain revenue that might have otherwise gone to other hospitals. Presently, the Hospital is providing telemedicine services for stroke, burn, and ICU services to the community as a result of the University of Utah affiliation. The affiliation was renewed again in 2021 and has added services including Maternal Fetal Medicine and expanded Cardiology and Vascular services. Dermatology services through the affiliation began in July 2019. The Hospital staff have been able to gain knowledge and skills through education and shadowing at the University of Utah. Specialty physicians continue to hold visiting clinics onsite in our Hospital so our patients do not need to travel out of state for services. The Hospital continues to look at new services that can be offered through the University of Utah. The Hospital also benefits from the affiliations with the Huntsman Cancer Center through the University of Utah and the Shriner's Hospital.

Fiscal year 2022 continued to focus on stabilizing our financial position post pandemic. The Hospital's employed physicians can be found in three different locations; including the Hospital, the attached medical office building (MOB) and offsite at the Family and Occupational Medicine Clinic. The Hospital continues to grow its services to local industry in Sweetwater County through our Occupational Health service line established in 2017. We opened a Walk-In Clinic at the Family Practice building and have seen it steadily grow as we offer this new option to our Community.

Quality and patient satisfaction will continue to play a role in hospital reimbursement in the future. The Executive Team has been proactive in ensuring that quality outcomes are the best they can be and that patient satisfaction scores are in the top percentile.

The Hospital is striving to realize our Vision for the future of providing exceptional patient care by focusing on quality and safety of patient care, providing excellent customer service through teamwork and a positive culture, increasing market share and service growth and enhanced medical staff development.

Memorial Hospital of Sweetwater County Foundation (Foundation) was created to help support the Hospital. The Foundation was instrumental in assisting the hospital with available grants and assistance during the pandemic. The Foundation's financial statements are included in the combined financial statements. The Hospital and the Foundation are collectively referred to as the Hospital throughout the combined financial statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**COVID-19 PANDEMIC**

The financial impact of the COVID-19 pandemic on hospitals will continue beyond the actual pandemic. It will take time to turnaround the effects of the staffing shortages, inflationary impacts on supplies, economic impacts on patient collections and payer mix and the change in the delivery of healthcare.

Memorial Hospital of Sweetwater County was not isolated from the COVID-19 pandemic. While Wyoming was delayed in seeing the affects compared to other states, the Hospital started seeing an increase in COVID-19 patients in the second half of 2021 when our inpatient units and Emergency room was inundated.

Contract staffing became a necessity to maintain staffing levels. As we witnessed nationwide, and have previously reported, we had nurses, respiratory technicians and laboratory technicians leave their jobs to work for traveling wages. We also saw contract traveler rates immediately increase from \$80/hour to as much as \$215/hour.

Inflation and supply chain issues put pressure on the bottom line. Pharmacy costs, medical supplies, utilities and freight expenses increased by more than the reported 8% inflation. Supply chain issues also impacted expenses with some vendors requiring bulk purchases to guarantee any product. This has now become a storage and risk of expiration issue. We have also seen the impact of inflation and supply chain issues on our facility and construction projects.

From the economical downfall from the pandemic, we have seen some changes in payer mix and collection rates. Nationwide, tens of thousands of people lost their jobs and health insurance. We have seen a decrease in our commercial payer mix with a corresponding increase in Medicare and Medicaid patients. Our Self-Pay patient mix has remained steady.

Patients continue to defer care, either because of financial restraints or decreased access. We have experienced higher acuity patients due to delaying or avoiding care which results in longer lengths of stay and higher average daily census. Some of these conditions could have been caught in routine physician visits. We are just now starting to see our clinic, surgical and ancillary visits rise back to pre-pandemic levels.

**ELECTRONIC HEALTH RECORD**

In April 2022, after a couple delays, the Hospital implemented Cerner, our new electronic medical record (EMR) and patient billing system. As expected with any major conversion, we experienced delays in charge capture, coding, billing and collection of patient accounts. This impacted our days in accounts receivable and days cash on hand. Cash collections were also reduced as we paid back Medicare for the accelerated payments we received in April 2021.

Provider relief funds ended early this year with no new funds allocated to assist with the ongoing impact of the pandemic. In fiscal year 2022 the Hospital received about \$3 million in assistance in federal funds and the Wyoming Hospital Association grants.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**USING THIS ANNUAL REPORT**

The Hospital's combined financial statements consist of three statements – a combined statement of net position; a combined statement of revenues, expenses, and changes in net position; and a combined statement of cash flows. These combined financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital, but restricted for specific purposes by contributors, grantors, or enabling legislation.

**FINANCIAL AND OPERATIONAL HIGHLIGHTS**

- The Hospital recorded an operating loss of \$4,487,911 and an operating loss of \$5,391,614 in 2022 and 2021, respectively.
- The Hospital recorded a decrease in overall net position of \$3,238,565 and an increase in overall net position of \$4,867,222 in 2022 and 2021, respectively.
- The days in net patient accounts receivable are 67 and 43 in 2022 and 2021, respectively.
- The Hospital's favorable payer mix has seen some decline due to the weakening statewide economy and the aging population. We have seen a growth in Medicare and Medicaid with a corresponding decrease in commercial insurance patients.
- In late FY2020, the COVID-19 pandemic caused revenues to decrease and expenses to increase and continued through FY2021. We received CARES Act funds to assist with the lost revenue and higher costs. This resulted in an increase in our days cash on hand and is also reflected in the variance between operating and total margin.
- In FY2022 we saw our revenues increase due to the influx of COVID patients but it was not enough to offset the growing costs of staffing and supplies. We were able to subsidize our operational cash with the CARES Act funding we received in prior years. However, this resulted in the decrease in our days cash on hand.

**THE COMBINED STATEMENTS OF NET POSITION AND COMBINED STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION**

One of the most important questions asked about the Hospital's finances is "Is the Hospital as a whole better or worse off as a result of the year's activities?" The combined statements of net position and the combined statements of revenues, expenses, and changes in net position report information about the Hospital's resources and its activities in a way that helps answer this question. These combined statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are considered regardless of when cash is received or paid.

These two combined statements report the Hospital's net position and changes in them. You can think of the Hospital's net position – the difference between assets and liabilities – as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Hospital.



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**THE COMBINED STATEMENTS OF CASH FLOW**

The final required statement is the combined statement of cash flows. The combined statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?", and "What was the change in cash balance during the reporting period?"

**THE HOSPITAL'S COMBINED NET POSITION**

The Hospital's combined net position is the difference between its assets and liabilities reported in the statement of net position. The Hospital's net position has decreased by \$3,238,565 and increased by \$4,867,222 in 2022 and 2021, respectively, as shown in Table 1.

**TABLE 1: COMBINED ASSETS, DEFERRED OUTFLOWS, LIABILITIES AND NET POSITION**

	2022	(As Restated) 2021	2020
<b>ASSETS</b>			
Current Assets	\$ 35,821,496	\$ 29,313,549	\$ 49,377,465
Noncurrent Cash and Investments and Other	22,438,643	38,468,142	23,355,505
Capital Assets, Net of Accumulated Depreciation	83,227,152	84,278,414	62,969,217
<b>Total Assets</b>	<b>141,487,291</b>	<b>152,060,105</b>	<b>135,702,187</b>
Deferred Outflow from Long-Term Debt Refinancing	1,028,699	210,003	222,356
<b>Total Assets and Deferred Outflows</b>	<b>\$ 142,515,990</b>	<b>\$ 152,270,108</b>	<b>\$ 135,924,543</b>
<b>LIABILITIES</b>			
Current Liabilities	\$ 16,204,381	\$ 18,307,964	\$ 14,515,749
Other Long-Term Liabilities	-	1,539,174	7,436,021
Long-Term Debt	38,976,149	41,848,945	28,265,970
<b>Total Liabilities</b>	<b>55,180,530</b>	<b>61,696,083</b>	<b>50,217,740</b>
<b>NET POSITION</b>			
Net Investment in Capital Assets	40,422,064	38,829,880	33,708,054
Restricted for Debt Service Reserve	637,426	3,015,531	3,030,616
Restricted by Contributions and Grantors for Capital Acquisition	433,563	394,721	420,981
Unrestricted	45,842,407	48,333,893	48,547,152
<b>Total Net Position</b>	<b>87,335,460</b>	<b>90,574,025</b>	<b>85,706,803</b>
<b>Total Liabilities and Net Position</b>	<b>\$ 142,515,990</b>	<b>\$ 152,270,108</b>	<b>\$ 135,924,543</b>

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**COMBINED OPERATING RESULTS AND CHANGES IN NET POSITION**

In 2022, the Hospital's net position decreased by \$3,238,565 as shown in Table 2. This decrease is made up of the following components:

**TABLE 2: OPERATING RESULTS AND CHANGES IN NET POSITION**

	2022	(As Restated) 2021	2020
<b>OPERATING REVENUE</b>			
Operating Revenues	\$ 104,992,942	\$ 93,398,642	\$ 89,215,233
<b>OPERATING EXPENSES</b>			
Operating Expenses	109,480,853	98,790,256	90,749,784
<b>OPERATING LOSS</b>	(4,487,911)	(5,391,614)	(1,534,551)
Nonoperating Revenues and Expenses, Net	641,051	4,681,617	6,239,585
<b>EXCESS (DEFICIT) OF REVENUES OVER EXPENSES</b>	(3,846,860)	(709,997)	4,705,034
Other Changes in Net Position	608,295	5,577,219	573,155
<b>INCREASE (DECREASE) IN NET POSITION</b>	(3,238,565)	4,867,222	5,278,189
Net Position - Beginning of Year	90,574,025	85,706,803	80,428,614
<b>NET POSITION - END OF YEAR</b>	<u>\$ 87,335,460</u>	<u>\$ 90,574,025</u>	<u>\$ 85,706,803</u>

**OPERATING INCOME**

The first component of the overall change in the Hospital's net assets is its operating income, generally, the difference between net patient service revenue and other operating revenues and the expenses incurred to perform those services. In fiscal year 2022 the Hospital reported an operating loss of \$4,487,911 and in fiscal year 2021 the Hospital reported an operating loss of \$5,391,614.

The Hospital provides charity care to the patients who meet Hospital set guidelines. Charges foregone for charity care of \$2,030,555 and \$2,754,609 were provided in 2022 and 2021, respectively. Because there is no expectation of payment, charity care is not reported as patient service revenues of the Hospital. In 2022 and 2021, assistance funds of \$331,910 and \$1,448,215, respectively, were received from Sweetwater County to help offset the cost of maintenance in the Hospital.

**NONOPERATING REVENUES AND EXPENSES**

Nonoperating revenues and expenses consist primarily of CARES Act funds, rental revenue and expenses from Hospital property, investment income, interest expense and residual amounts still collected from the special purpose sales tax. The sales tax revenues make up approximately 0.1% and 0.2% of the total nonoperating revenue for the years ended June 30, 2022 and 2021, respectively.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**THE HOSPITAL'S CASH FLOWS**

Changes in the Hospital's cash flows are consistent with changes in operating gains, nonoperating revenues and expenses, discussed earlier. The Hospital's cash and cash equivalents, including restricted and designated cash and investments, decreased from \$33,783,129 in 2021 to \$15,514,855 in 2022.

**CAPITAL ASSETS AND DEBT ADMINISTRATION**

**Capital Assets**

At the end of 2022, the Hospital had \$83,227,152 invested in capital assets, net of accumulated depreciation. In 2022 and 2021, the Hospital had disbursements of approximately \$6,400,000 and \$11,500,000, respectively, for new equipment and construction-related costs.

**Long-Term Debt**

Refinancing: The Hospital had two Variable Rate Demand Notes (VRDNs) outstanding in the amount of \$25,550,000. These bonds were originally issued in 2006 and 2008 in the aggregate amount of \$48.6 million for the purpose of the Hospital's major renovation and expansion which was completed in 2009. A portion of the proceeds of the Series 2013 bonds were used to refinance the remaining bonds and convert them to fixed rate bonds.

Financing Plan: The Series 2013 Bonds were comprised of two components: The first was financing the construction and equipping of a medical office building adjacent to the Hospital and the second portion was refinancing the Hospital's approximately \$25 million of Variable Rate Demand Notes outstanding, backed by a letter of credit from Key Bank, to a fixed rate.

The financing for the MOB was issued as privately placed variable rate bonds to one or more commercial banks (the Bank Bonds). While on a parity with other indebtedness, these bonds were largely paid from the voter approved Specific Purpose Tax. In November 2012, authorized voters in Sweetwater County approved the enactment of a \$0.01 Specific Purpose Tax (SPT) in the aggregate amount of \$81.8 million for qualifying projects. The portion allocable to the Hospital was \$18.9 million. As part of the structure of the Bank Bonds, the County Treasurer entered into an agreement to send the monthly SPT receipts directly to the Bond Trustee with instructions to pay interest due and to redeem as much principal of outstanding bonds as such collected receipts permit until the Bonds were paid in full. The 2013B Bonds were paid in full as of September 2018. There have been some minimal amounts received from the County from late tax collection that remains on the books as a receivable.

In fiscal year 2022, the existing Series 2013A bonds were refinanced for the purpose of saving interest costs. The Series 2021 Taxable Hospital Revenue Refunding Bonds (Convertible to Tax -Exempt) were executed in December 2021.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
YEARS ENDED JUNE 30, 2022 AND 2021**

**2023 OUTLOOK**

The outlook for 2023 remains stable. The Hospital experienced significant growth in fiscal years 2016 and 2017 and was successful in decreasing expenses and growing cash in 2018 and 2019. The pandemic greatly impacted 2020 and 2021 and continued into 2022. With the Provider Relief Funds received through the CARES Act in FY2020 and FY2022, the hospital remained stable. The plan for 2023 is to remain vigilant of the effects of the pandemic. The fiscal year budget reflects an increase in gross revenue with continued high costs due to staffing shortages and the inflationary impact on drugs and supplies. We are now starting to see our clinic, surgical and ancillary visits rise back to pre-pandemic levels.

Despite the end of government assistance, the pandemic continues along with the related expenses. We will continue to focus on growing new and established physician practices, physician retention, increasing revenue through new and expanded services and adapting to the change in payer mix by focusing on the revenue cycle. The Executive Team of the Hospital has established a physician recruitment plan to sustain both needed specialties and an adequate number of practices in our area.

The Hospital continues to adjust to the changing landscape of the health care industry. The transition from inpatient care to outpatient care will affect reimbursement which will require continued monitoring and adjusting of expenses and resources. Opportunities to increase outpatient market share and new service lines will be the focus in 2023. The Hospital's goal is to capitalize on the growth in the existing physician practices, while expanding health care services that have been absent in Sweetwater County and Southwest Wyoming. Depending on the ongoing impact of the pandemic, the hospital is in the position to deliver quality patient care, excellent patient satisfaction and continue to increase market share; while striving to be fiscally responsible in order to achieve a positive operating margin in fiscal year 2023.

**CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT**

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Hospital's Chief Financial Officer at Memorial Hospital of Sweetwater County, 1200 College Drive, Rock Springs, Wyoming 82901.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**COMBINED STATEMENTS OF NET POSITION**  
**JUNE 30, 2022 AND 2021**

	2022	(As Restated) 2021
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash and Cash Equivalents	\$ 7,504,670	\$ 10,322,421
Restricted by Bond Indenture Agreements	637,426	474,823
Receivables:		
Patients, Net of Estimated Uncollectibles of Approximately \$6,552,000 in 2022 and \$5,658,000 in 2021	19,010,390	10,731,043
Current Maturities of Notes Receivable	201,711	232,472
Other	2,534,269	1,608,582
Supplies	4,054,218	3,774,659
Prepaid Expenses	1,878,812	2,169,549
Total Current Assets	<u>35,821,496</u>	<u>29,313,549</u>
<b>NONCURRENT CASH AND INVESTMENTS</b>		
Restricted by Contributors and Grantors	433,563	394,721
Restricted by Bond Indenture Agreements	-	2,540,708
Board Designated	21,485,576	34,977,522
Total Noncurrent Cash and Investments	<u>21,919,139</u>	<u>37,912,951</u>
<b>CAPITAL ASSETS, NET</b>	83,227,152	84,278,414
<b>OTHER ASSETS</b>		
Rental Property, Net	268,926	296,224
Notes Receivable, Less Current Maturities	154,285	182,068
Other Assets	96,293	76,899
Total Other Assets	<u>519,504</u>	<u>555,191</u>
Total Assets	141,487,291	152,060,105
<b>DEFERRED OUTFLOW FROM LONG-TERM DEBT REFINANCING</b>	<u>1,028,699</u>	<u>210,003</u>
Total Assets and Deferred Outflows	<u>\$ 142,515,990</u>	<u>\$ 152,270,108</u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
COMBINED STATEMENTS OF NET POSITION (CONTINUED)  
JUNE 30, 2022 AND 2021**

	2022	(As Restated) 2021
<b>LIABILITIES AND NET POSITION</b>		
<b>CURRENT LIABILITIES</b>		
Current Maturities of Long-Term Debt	\$ 3,706,545	\$ 2,333,120
Accounts Payable	5,269,236	4,548,323
Construction Payables	122,394	1,266,469
Estimated Third-Party Payor Settlements	231,786	262,495
Other Current Liabilities	1,255,068	4,958,823
Accrued Expenses:		
Salaries, Wages and Payroll Taxes	1,787,857	1,555,116
Vacation	2,804,901	2,537,176
Health Insurance Claims	725,000	400,000
Interest	301,594	446,442
Total Current Liabilities	<u>16,204,381</u>	<u>18,307,964</u>
 <b>OTHER LONG-TERM LIABILITIES</b>	 -	 1,539,174
 <b>LONG-TERM DEBT, LESS CURRENT MATURITIES</b>	 <u>38,976,149</u>	 <u>41,848,945</u>
 Total Liabilities	 55,180,530	 61,696,083
 <b>NET POSITION</b>		
Net Investment in Capital Assets	40,422,064	38,829,880
Restricted for Debt Service Reserve	637,426	3,015,531
Restricted by Contributors and Grantors	433,563	394,721
Unrestricted	45,842,407	48,333,893
Total Net Position	<u>87,335,460</u>	<u>90,574,025</u>
 Total Liabilities and Net Position	 <u><u>\$ 142,515,990</u></u>	 <u><u>\$ 152,270,108</u></u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
COMBINED STATEMENTS OF REVENUES, EXPENSES, AND  
CHANGES IN NET POSITION  
YEARS ENDED JUNE 30, 2022 AND 2021**

	2022	(As Restated) 2021
<b>OPERATING REVENUES</b>		
Net Patient Service Revenue (Net of Provision for Bad Debts of Approximately \$11,722,000 in 2022 and \$12,094,000 in 2021)	\$ 102,961,872	\$ 91,020,496
Other Operating Revenues	2,031,070	2,378,146
Total Operating Revenues	<u>104,992,942</u>	<u>93,398,642</u>
<b>OPERATING EXPENSES</b>		
Salaries and Wages	44,570,949	44,544,749
Employee Benefits	12,961,824	11,656,634
Professional Fees - Physicians	4,370,089	3,502,937
Purchased Services	12,380,609	6,552,944
Supplies	17,625,662	15,958,931
Repairs and Maintenance	5,964,482	5,685,327
Insurance	660,288	511,049
Utilities	1,173,797	1,110,670
Leases and Rental	380,389	745,510
Depreciation	7,475,835	6,826,755
Other Expenses	1,916,929	1,694,750
Total Operating Expenses	<u>109,480,853</u>	<u>98,790,256</u>
<b>OPERATING LOSS</b>	(4,487,911)	(5,391,614)
<b>NONOPERATING REVENUES AND EXPENSES</b>		
Interest Income	243,145	299,144
Interest Expense	(1,715,858)	(1,410,514)
Bond Issuance Costs	(428,105)	-
Rent and Other	146,050	185,898
Gain (Loss) on Disposal of Capital Assets	(184,392)	36,435
Sales Tax Revenues	1,778	12,158
Unrealized Loss on Investments	(587,380)	(154,361)
Grant Revenue	3,127,087	5,785,014
Restricted Gifts and Grants	129,007	440,958
Grants Expended for Operations	(90,281)	(513,115)
Nonoperating Revenues and Expenses, Net	<u>641,051</u>	<u>4,681,617</u>
<b>DEFICIT OF REVENUE OVER EXPENSES</b>	(3,846,860)	(709,997)
Capital Grants and Contributions	<u>608,295</u>	<u>5,577,219</u>
<b>INCREASE (DECREASE) IN NET POSITION</b>	(3,238,565)	4,867,222
Net Position - Beginning of Year - As Previously Stated	<u>90,574,025</u>	<u>85,706,803</u>
<b>NET POSITION - END OF YEAR - AS PREVIOUSLY STATED</b>	<u>\$ 87,335,460</u>	<u>\$ 90,574,025</u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
COMBINED STATEMENTS OF CASH FLOWS  
YEARS ENDED JUNE 30, 2022 AND 2021**

	2022	(As Restated) 2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from and on Behalf of Patients	\$ 94,651,816	\$ 90,758,030
Other Receipts and Payments, Net	(4,135,768)	(3,470,273)
Cash Paid to Employees	(56,707,307)	(55,970,374)
Cash Paid to Suppliers and Others	(43,740,154)	(35,195,578)
Net Cash Used by Operating Activities	(9,931,413)	(3,878,195)
<b>CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES</b>		
Restricted, Gifts, Grants, and Other Changes, Net of Expended for Operations	3,165,813	5,712,857
<b>CASH FLOWS FROM CAPITAL AND CAPITAL RELATED FINANCING ACTIVITIES</b>		
Construction and Purchase of Capital Assets	(6,369,335)	(11,519,062)
Capital Grants and Contributions	608,295	5,577,219
Payment of Issuance Costs	(428,105)	-
Loss on Refinancing of Debt	(2,000,101)	-
Proceeds from Long-Term Debt	26,835,000	-
Principal Paid on Long-Term Debt	(28,739,478)	(308,044)
Interest Paid on Long-Term Debt	(1,630,601)	(1,456,737)
Net Cash Used by Capital and Capital Related Financing Activities	(11,724,325)	(7,706,624)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Investment Income	(344,235)	144,783
Rent and Other	146,050	185,898
(Increase) Decrease of Notes Receivable	32,206	(27,063)
Receipts of Notes Receivable	6,944	-
Purchases of Investments	(5,277,174)	(7,376,440)
Proceeds from Sale of Investments	5,657,860	7,423,547
Net Cash Provided by Investing Activities	221,651	350,725
<b>DECREASE IN CASH AND CASH EQUIVALENTS</b>	(18,268,274)	(5,521,237)
Cash and Cash Equivalents - Beginning of Year	33,783,129	39,304,366
<b>CASH AND CASH EQUIVALENTS - END OF YEAR</b>	<u>\$ 15,514,855</u>	<u>\$ 33,783,129</u>

See accompanying Notes to Combined Financial Statements.



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
COMBINED STATEMENTS OF CASH FLOWS (CONTINUED)  
YEARS ENDED JUNE 30, 2022 AND 2021**

	2022	(As Restated) 2021
<b>RECONCILIATION OF CASH AND CASH EQUIVALENTS TO THE STATEMENTS OF NET POSITION</b>		
Cash and Cash Equivalents in Current Assets	\$ 7,504,670	\$ 10,322,421
Cash and Cash Equivalents in Restricted by Bond Indenture Agreements (Current and Noncurrent)	637,426	3,015,531
Cash and Cash Equivalents in Designated by Board for Capital Improvements	6,939,196	20,050,456
Cash and Cash Equivalents Restricted by Contributors and Grantors	433,563	394,721
Total Cash and Cash Equivalents	<u>\$ 15,514,855</u>	<u>\$ 33,783,129</u>
Total Noncurrent Cash and Investments Included Above	<u>\$ 7,372,759</u>	<u>\$ 22,985,885</u>
<b>RECONCILIATION OF OPERATING LOSS TO NET CASH USED BY OPERATING ACTIVITIES</b>		
Operating Loss	\$ (4,487,911)	\$ (5,391,614)
Adjustments to Reconcile Operating Loss to Net Cash Used by Operating Activities:		
Depreciation	7,475,835	6,826,755
Provision for Bad Debts	11,722,031	12,093,691
Changes in Operating Assets and Liabilities:		
Receivables	(20,925,287)	(12,098,581)
Supplies	(279,559)	(566,119)
Prepaid Expenses	290,737	(34,132)
Accounts Payable	720,913	1,166,791
Accrued Expenses	825,466	231,009
Other Liabilities	(5,242,929)	(938,024)
Unearned Revenue	-	(5,280,466)
Estimated Third-Party Payor Settlements	(30,709)	112,495
Net Cash Used by Operating Activities	<u>\$ (9,931,413)</u>	<u>\$ (3,878,195)</u>
<b>SUPPLEMENTAL DISCLOSURE OF NONCASH FINANCING ACTIVITIES</b>		
Fixed Assets Included in Accounts Payable	<u>\$ 122,394</u>	<u>\$ 1,266,469</u>

See accompanying Notes to Combined Financial Statements.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Memorial Hospital of Sweetwater County**

Memorial Hospital of Sweetwater County (Hospital) is a 99-bed general acute care facility located in Rock Springs, Wyoming. The Hospital's primary mission is to provide health care to the residents of Sweetwater County through its acute care services. The Hospital is a component unit of Sweetwater County, Wyoming (County) and participates in the County's tax levies. The Hospital, as a component unit of the County, is exempt from income taxes under current regulations.

The Hospital is governed by a board of trustees, which has all of the powers necessary and convenient to provide for the acquisition, betterment, operation, maintenance, and administration of the facilities as the board of trustees determines to be necessary and expedient.

Memorial Hospital of Sweetwater County Foundation (Foundation) is a Wyoming nonprofit corporation that is reported as a blended component unit of the Hospital. The Foundation's sole purpose is to support the Hospital. The Foundation is a nonprofit corporation as described in Section 501(c)(3) of the Internal Revenue Code (IRC) and is exempt from federal income taxes on related income pursuant to Section 501(c)(3) of the IRC. The Foundation has \$3,634,069 and \$3,201,677 of assets and \$510,103 and \$489,298 of revenue for the years ended June 30, 2022 and 2021, respectively.

Collectively, Memorial Hospital of Sweetwater County and Memorial Hospital of Sweetwater County Foundation are referred to as the Hospital in the combined financial statements.

**Measurement Focus and Basis of Accounting**

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the combined financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied. The Hospital's combined financial statements are prepared in conformity with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB). The accompanying combined financial statements have been prepared on the accrual basis of accounting. Revenues are recognized when earned and expenses are recorded when the liability is incurred.

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis, using the economic resources measurement focus, based on GASB Codification Topic 1600, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
**(CONTINUED)**

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Cash and Cash Equivalents**

Cash and cash equivalents include deposits and highly liquid investments with an original maturity of three months or less, unless otherwise designated or restricted.

**Patient Receivables**

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write-off and recovery information in determining the estimated bad debt provision.

**Supplies**

Supplies are stated at lower of cost (first-in, first-out) or market.

**Noncurrent Cash and Investments**

Interest and dividends are included in nonoperating revenues when earned. Interest earnings on borrowed proceeds for capital acquisition are capitalized.

The Hospital's investments are maintained in accordance with Wyoming Statute 9-4-831. This statute limits the types of investments the Hospital may invest in as listed in Section 9-4-831(a). The Hospital has adopted an investment policy as directed under Section 9-4-831(h).

Restricted investments consist of funds restricted in accordance with bond indenture agreements, funds restricted by donor for an endowment and purchase of equipment, and funds restricted by the board for capital improvements. Restricted investments that are available for obligations classified as current liabilities are reported in current assets. All investments are carried at fair value. Fair value is determined using quoted market prices.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
**(CONTINUED)**

**Capital Assets**

Capital assets acquisitions in excess of \$5,000 are capitalized and recorded at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land Improvements	5 to 20 Years
Buildings	5 to 40 Years
Moveable Equipment	3 to 20 Years

**Notes Receivable**

Notes receivable are stated at principal amounts and are uncollateralized. Payments on notes receivable are allocated to the outstanding principal and accrued interest balances. Management reviews all notes receivable periodically and estimates a portion, if any, of the balance that will not be collected.

**Trust Funds**

The Hospital acts as custodian for the funds of Memorial Hospital of Sweetwater County Auxiliary. Trust funds and the related liability are included in cash and accounts payable in the combined financial statements. The balance of these funds was \$111,688 and \$111,279 at June 30, 2022 and 2021, respectively.

**Compensated Absences**

The Hospital's employees earn paid-time-off and sick leave at varying rates depending on years of service. Paid-time-off and sick leave accumulate up to a specified maximum depending upon length of service. Employees are paid for accumulated paid-time-off upon termination. Sick leave accumulated is forfeited upon termination.

**Self-Funded Health Insurance**

The provision for estimated health insurance claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

**Restricted Resources**

When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Net Position**

Net position of the Hospital is classified in four components. *Net position invested in capital assets* consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted for debt service reserve* and *restricted by contributors and grantors* is the noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. *Unrestricted net position* is the remaining net position that does not meet the definition of *invested in capital assets or restricted*.

**Operating Revenues and Expenses**

The Hospital's combined statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services – the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

**Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

**Charity Care**

To fulfill its mission of community service, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
**(CONTINUED)**

**Relief Funds**

In March 2020, the World Health Organization declared the spread of Coronavirus Disease (COVID-19) a worldwide pandemic. Given the significant impact the pandemic had on global markets, supply chains, businesses and communities, the U.S. Department of Health and Human Services (HHS) made available emergency relief grant funds to health care providers. Additionally, the State Loan and Investment Board (SLIB) made available multiple preparedness and response grants. Total grant funds approved and received by the Hospital from these grants was \$19,387,442 from April 2020 through June 2022. The grant funds are subject to certain restrictions on eligible expenses or uses, and reporting requirements. Of the total amount received, \$2,453,201 and 10,361,898 is reported as Grant Revenue or Capital Grants and Contributions in the combined statements of revenues, expenses, and changes in net position for the years ending June 30, 2022 and 2021, respectively.

Specific to the Hospital, COVID-19 may impact various parts of its 2023 operations and financial results including but not limited to additional costs for emergency preparedness, disease control and containment, potential shortages of health care personnel, or loss of revenue due to reductions in certain revenue streams. Management believes the Hospital is taking appropriate actions to mitigate the negative impact. However, the full impact of COVID-19 is unknown and cannot be reasonably estimated as of June 30, 2022.

**Other Current Liabilities**

As part of the Coronavirus Aid, Relief and Economic Security (CARES) Act the Centers for Medicare & Medicaid Services (CMS) administered an Accelerated and Advanced Payment Program to provide additional relief funds to providers. During the year ended June 30, 2020 the Hospital received total advanced funds through the Accelerated and Advanced Payment Program of \$7,436,021, which started being recouped by CMS one year from the date the funds were received. During the years ended June 30, 2022 and 2021, \$5,242,929 and \$938,024, respectively, was paid back to CMS. At June 30, 2022 and 2021, respectively, \$1,255,068 and \$6,497,997 of funds are reflected as Other Current Liabilities or Other Long-Term Liabilities on the combined statements of net position.

**County Support**

The Hospital received approximately \$332,000 and \$1,448,000 or 0.3% and 1.4% of total operating and nonoperating revenue in direct financial support from the County, for the years ended June 30, 2022 and 2021, respectively. The amount received is reported as Other Operating Revenues or Capital Grants and Contributions in the combined statements of revenues, expenses, and changes in net position. The primary source of the funds is from the general funds of the County. The Hospital applies to the County for these funds, which the County distributes through resolution. For both years ended June 30, 2022 and 2021, these funds were used to reimburse the Hospital for maintenance expenses.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Grants and Contributions**

From time to time, the Hospital receives grants and contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted for capital acquisitions are reported after nonoperating revenues and expenses.

**Advertising Costs**

The Hospital expenses advertising costs as incurred.

**Risk Management**

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Fair Value Measurements**

To the extent available, the Hospital's investments are recorded at fair value. GASB Statement No. 72 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement establishes a hierarchy of valuation inputs based on the extent to which inputs are observable in the marketplace. Inputs are used in applying the various valuation techniques and take in to account the assumptions that market participants use to make valuation decisions. Inputs may include price information, credit data, interest and yield curve data, and other factors specific to the financial instrument. Observable inputs reflect market data obtained from independent sources.

In contrast, unobservable inputs reflect an entity's assumptions about how market participants would value the financial instrument. Valuation techniques should maximize the use of observable inputs to the extent available. A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(CONTINUED)**

**Fair Value Measurements (Continued)**

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used for financial instruments measured at fair value on a recurring basis:

*Level 1* – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Hospital has the ability to access.

*Level 2* – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

*Level 3* – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

**Adoption of New Accounting Standards**

In June 2017, the Governmental Accounting Standards Board (GASB) issued GASB Statement No. 87, *Leases*. This standard requires the recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and as inflow of resources or outflows of resources recognized based on the payment provisions of the contracts. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this standard, a lessee is required to recognize a lease liability and an intangible right-to-use asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources.



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
**(CONTINUED)**

**Adoption of New Accounting Standards (Continued)**

The Hospital adopted the requirements of the guidance effective July 1, 2021 and has applied the provisions of this standard to the beginning of the earliest comparative period presented. The impact of adopting GASB Statement No. 87 on the statement of net position and statement of revenues, expenses, and changed in net position as of June 30, 2021 was as follows:

	<u>As Previously Reported</u>	<u>Adjustment</u>	<u>As Restated</u>
<b>Combined Statement of Net Position</b>			
Noncurrent Assets			
Capital Assets, Net	\$ 68,128,135	\$ 16,150,279	\$ 84,278,414
Current Liabilities			
Current Maturities of Long-Term Debt	319,366	2,013,754	2,333,120
Noncurrent Liabilities			
Long-Term Debt, Less Current Maturities	27,888,861	13,960,084	41,848,945
Net Position			
Unrestricted	90,397,584	176,441	90,574,025
<b>Combined Statement of Revenues, Expenses, and Changes in Net Position</b>			
Expenses			
Repairs and Maintenance	\$ 5,957,989	\$ (272,662)	\$ 5,685,327
Nonoperating Revenues and Expenses			
Interest Expense	(1,314,293)	(96,221)	(1,410,514)

**NOTE 2 CHARITY CARE**

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, and an estimated cost (based on cost to charge ratio) of those services and supplies. The estimated costs and expenses incurred to provide charity care for the years ended June 30, 2022 and 2021, was approximately \$879,000 and \$1,165,000, respectively.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**NOTE 3 NET PATIENT SERVICE REVENUE**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**Medicare**

Acute care services provided to Medicare program beneficiaries were paid at prospectively determined rates per visit. These rates varied according to a patient classification system that was based on clinical, diagnostic, and other factors. The Hospital is entitled to certain additional payments on a sole community provider. The Hospital is reimbursed for these payments after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been finalized by the Medicare fiscal intermediary through the year ended June 30, 2018. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital.

**Medicaid**

Acute care services provided to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

**Blue Cross**

Inpatient and outpatient services provided to Blue Cross subscribers are paid at established charges except for physician services that are reimbursed based on fee screens.

Revenue from the Medicare and Medicaid programs accounted for approximately 22% and 8%, respectively, of the Hospital's net patient service revenue for the year ended June 30, 2022 and 27% and 5%, respectively, of the Hospital's net service patient revenue for the year ended June 30, 2021. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Hospital under these agreements includes charges, prospectively determined rates per discharge, and prospectively determined daily rates.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 3 NET PATIENT SERVICE REVENUE (CONTINUED)**

A summary of patient service revenue, contractual adjustments, and provision for bad debts for the years ended June 30, 2022 and 2021 is as follows:

	2022	2021
Gross Patient Service Revenue	\$ 205,689,842	\$ 184,339,029
Adjustments and Discounts:		
Medicare	(56,844,224)	(45,429,020)
Medicaid	(12,996,738)	(12,199,444)
Other Third-Party Payors	(21,164,977)	(23,596,378)
Provision for Bad Debts	(11,722,031)	(12,093,691)
Total Adjustments and Discounts	<u>(102,727,970)</u>	<u>(93,318,533)</u>
Net Patient Service Revenue	<u>\$ 102,961,872</u>	<u>\$ 91,020,496</u>

**NOTE 4 DEPOSITS AND INVESTMENTS**

**Deposits**

The Hospital's deposits are subject to, and in accordance with, Wyoming State Statutes. Under these statutes, all uninsured deposits are fully collateralized. The eligible collateral pledged shall be held in custody of any Federal Reserve Bank, or branch thereof, or held in escrow by some other bank in a manner as the banking commissioner shall prescribe be rules and regulations, or may be segregated from the other assets of the eligible public depository and held in its own trust department. All collateral so held shall be clearly identified as being security maintained or pledged for the aggregate amount of public deposits accepted and held on deposit by the eligible public depository. The depository has the right at any time to make substitutions of eligible collateral maintained or pledged and shall at all times be entitled to collect and retain all income derived from those investments with restrictions. The Hospital may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities.

The Hospital's investments are recorded at fair value and consist of cash and cash equivalents and U.S. agency obligations. As of June 30, 2022 and 2021, management believes the investments were in compliance with the defined rating and risk criteria set forth under Wyoming regulations.

The Hospital provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect the Hospital's account balances.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 4 DEPOSITS AND INVESTMENTS (CONTINUED)**

**Investments**

The Hospital's investments are reported at fair value as discussed in Note 1. At June 30, 2022 and 2021, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by a custodial bank that is an agent of the Hospital.

2022		Investment Maturity (in Years)			Credit Rating
Investment Type	Fair Value	Less than 1	1 to 5	6 to 10	
Money Market	\$ 2,330,181	\$ 2,330,181	\$ -	\$ -	N/A
Brokered Certificates of Deposit	5,214,965	2,564,942	2,650,023	-	AA+ or AAA
U.S. Treasury	1,859,774	671,842	1,187,932	-	AA or AAA
Federal Farm Credit Bank Loan	371,354	-	371,354	-	AA or AAA
Federal Home Loan Bank	3,126,882	-	3,126,882	-	AA or AAA
Federal National Mortgage	1,643,224	1,227,699	415,525	-	AA or AAA
Total Investments	<u>\$ 14,546,380</u>	<u>\$ 6,794,664</u>	<u>\$ 7,751,716</u>	<u>\$ -</u>	

2021		Investment Maturity (in Years)			Credit Rating
Investment Type	Fair Value	Less than 1	1 to 5	6 to 10	
Money Market	\$ 43,928	\$ 43,928	\$ -	\$ -	N/A
Brokered Certificates of Deposit	7,545,672	2,041,134	5,259,036	245,502	AA+ or AAA
Federal Farm Credit Bank Loan	3,869,119	2,803,143	1,065,976	-	AA or AAA
Federal Home Loan Bank	992,940	-	992,940	-	AA or AAA
Federal National Mortgage	2,475,407	-	2,475,407	-	AA or AAA
Total Investments	<u>\$ 14,927,066</u>	<u>\$ 4,888,205</u>	<u>\$ 9,793,359</u>	<u>\$ 245,502</u>	

The carrying values of deposits shown above are included in the combined statements of net position as follows:

	2022	2021
Carrying Value:		
Deposits	\$ 15,403,125	\$ 33,671,808
WYO-STAR State Pooled Funds	111,730	111,321
Investments	14,546,380	14,927,066
Total Deposits and Investments	<u>\$ 30,061,235</u>	<u>\$ 48,710,195</u>
Included in the Following Balance Sheet Captions:		
Cash and Cash Equivalents	\$ 7,504,670	\$ 10,322,421
Restricted by Contributors and Grantors	433,563	394,721
Restricted by Bond Indenture Agreements	637,426	3,015,531
Designated by Board for Capital Improvements	21,485,576	34,977,522
Total Deposits and Investments	<u>\$ 30,061,235</u>	<u>\$ 48,710,195</u>

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 4 DEPOSITS AND INVESTMENTS (CONTINUED)**

**Fair Value Measurements**

The Hospital uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Hospital measures fair value refer to Note 1 – Organization and Summary of Significant Accounting Policies. The following table presents the fair value hierarchy for the balances of the assets and liabilities of the Hospital measured at fair value on a recurring basis as of June 30, 2022 and 2021 :

Investment Type	2022			
	Level 1	Level 2	Level 3	Total
Brokered Certificates of Deposit	\$ 5,214,965	\$ -	\$ -	\$ 5,214,965
U.S. Government Agencies	-	7,001,234	-	7,001,234
Total	\$ 5,214,965	\$ 7,001,234	\$ -	\$ 12,216,199

Investment Type	2021			
	Level 1	Level 2	Level 3	Total
Brokered Certificates of Deposit	\$ 7,545,672	\$ -	\$ -	\$ 7,545,672
U.S. Government Agencies	-	7,337,466	-	7,337,466
Total	\$ 7,545,672	\$ 7,337,466	\$ -	\$ 14,883,138

**Interest Income**

Interest income of \$243,145 and \$299,144 for the years ended June 30, 2022 and 2021, respectively, is made up entirely of interest income from deposits.

**NOTE 5 PATIENT ACCOUNTS RECEIVABLE**

Patient accounts receivable for the years ended June 30, 2022 and 2021 consists of the following:

	2022	2021
Receivable from Patients and Their Insurance Carriers	\$ 20,822,695	\$ 14,636,155
Receivable from Medicare	3,926,852	1,467,738
Receivable from Medicaid	812,843	285,150
Total Patient Accounts Receivable	25,562,390	16,389,043
Less: Estimated Allowance for Uncollectible Amounts	(6,552,000)	(5,658,000)
Net Patient Accounts Receivable	\$ 19,010,390	\$ 10,731,043

**NOTE 6 DESIGNATED NET POSITION**

Of the \$45,842,407 and \$48,333,893 of unrestricted net position reported in 2022 and 2021, \$21,485,576 and \$34,977,522, respectively, are reserve funds to be used at the discretion of the Board of Trustees as deemed necessary.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 7 CAPITAL ASSETS**

Capital assets additions, retirements, and balances for the years ended June 30, 2022 and 2021 are as follows:

	Balance June 30, 2021	Additions	Transfers Retirements	Balance June 30, 2022
Land	\$ 18,245	\$ -	\$ -	\$ 18,245
Land Improvements	4,006,914	-	217,135	4,224,049
Buildings	41,264,157	-	7,649,752	48,913,909
Equipment	129,870,285	1,645,994	(647,138)	130,869,141
Totals at Historical Cost	175,159,601	1,645,994	7,219,749	184,025,344
Less: Accumulated Depreciation for:				
Land Improvements	(2,954,078)	(187,357)	123,143	(3,018,292)
Buildings	(17,196,225)	(1,279,465)	1,039,992	(17,435,698)
Equipment	(78,847,132)	(5,981,716)	3,665,074	(81,163,774)
Total Accumulated Depreciation	(98,997,435)	(7,448,538)	4,828,209	(101,617,764)
Capital Assets, Net before Construction in Progress	76,162,166	(5,802,544)	12,047,958	82,407,580
Construction in Progress	8,116,248	6,919,970	(14,216,646)	819,572
Capital Assets, Net	<u>\$ 84,278,414</u>	<u>\$ 1,117,426</u>	<u>\$ (2,168,688)</u>	<u>\$ 83,227,152</u>

	Balance June 30, 2020	Additions	Transfers Retirements	Balance June 30, 2021
Land	\$ 18,245	\$ -	\$ -	\$ 18,245
Land Improvements	3,509,442	-	497,472	4,006,914
Buildings	38,087,662	-	3,176,495	41,264,157
Equipment	110,074,716	16,916,609	2,878,960	129,870,285
Totals at Historical Cost	151,690,065	16,916,609	6,552,927	175,159,601
Less: Accumulated Depreciation for:				
Land Improvements	(2,807,676)	(146,402)	-	(2,954,078)
Buildings	(16,178,790)	(1,017,435)	-	(17,196,225)
Equipment	(73,578,046)	(5,635,621)	366,535	(78,847,132)
Total Accumulated Depreciation	(92,564,512)	(6,799,458)	366,535	(98,997,435)
Capital Assets, Net before Construction in Progress	59,125,553	10,117,151	6,919,462	76,162,166
Construction in Progress	3,843,664	12,453,013	(8,180,429)	8,116,248
Capital Assets, Net	<u>\$ 62,969,217</u>	<u>\$ 22,570,164</u>	<u>\$ (1,260,967)</u>	<u>\$ 84,278,414</u>

Construction in progress at June 30, 2022 is related to the lab expansion project and the building automation project. The lab expansion project has an estimated total cost of approximately \$3,500,000 and is expected to be completed during fiscal year 2023. The building automation project has an estimated total cost of approximately \$905,000 and is expected to be completed in October 2022. The projects will be financed with internal funds.

Right of use assets are as follows as of June 30:

	2022	2021
Equipment	\$ 20,231,858	\$ 18,875,450
Less: Accumulated Amortization	(1,809,404)	(1,111,621)
Total	<u>\$ 18,422,454</u>	<u>\$ 17,763,829</u>

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
NOTES TO COMBINED FINANCIAL STATEMENTS  
JUNE 30, 2022 AND 2021**

**NOTE 8 LONG-TERM DEBT**

Long-term debt at June 30, 2022 and 2021 consists of the following:

	Balance June 30, 2021	Additions	Reductions	Balance June 30, 2022	Amount Due Within One Year
Hospital Revenue Bonds:					
Series 2013A	\$ 26,790,000	\$ -	\$ (26,790,000)	\$ -	\$ -
Series 2013A Bond Premium	952,753	-	(952,753)	-	-
Series 2021	-	26,835,000	-	26,835,000	515,000
Total Bonds	27,742,753	26,835,000	(27,742,753)	26,835,000	515,000
Siemen's Note Payable	103,823	-	(103,823)	-	-
Finance Leases	16,335,489	1,356,407	(1,845,655)	15,846,241	3,191,545
Total Notes from Direct Borrowings and Capital Lease Obligations	16,439,312	1,356,407	(1,949,478)	15,846,241	3,191,545
Total Long-Term Debt	<u>\$ 44,182,065</u>	<u>\$ 28,191,407</u>	<u>\$ (29,692,231)</u>	<u>\$ 42,681,241</u>	<u>\$ 3,706,545</u>
	Balance June 30, 2020	Additions	Reductions	Balance June 30, 2021	Amount Due Within One Year
Hospital Revenue Bonds:					
Series 2013A	\$ 26,790,000	\$ -	\$ -	\$ 26,790,000	\$ -
Series 2013A Bond Premium	1,010,496	-	(57,743)	952,753	-
Total Bonds	27,800,496	-	(57,743)	27,742,753	-
Siemen's Note Payable	202,823	-	(99,000)	103,823	103,823
Finance Leases	570,695	16,916,608	(1,151,814)	16,335,489	2,229,297
Total Notes from Direct Borrowings and Capital Lease Obligations	773,518	16,916,608	(1,250,814)	16,439,312	2,333,120
Total	<u>\$ 28,574,014</u>	<u>\$ 16,916,608</u>	<u>\$ (1,308,557)</u>	<u>\$ 44,182,065</u>	<u>\$ 2,333,120</u>

The terms and due dates of the Hospital's long-term debt at June 30, 2022 are as follows:

- Sweetwater County, Wyoming Taxable Hospital Revenue Refunding Bond (Convertible to Tax-Exempt) Series 2021 (Memorial Hospital Project), dated December 17, 2021. Interest is due semi-annually to September 2036 at a 3.19% rate. Bonds are secured by Hospital revenues.
- Sweetwater County, Wyoming (Memorial Hospital) Hospital Revenue Refunding Bonds Series 2013A, dated June 20, 2013. Interest was due annually to September 2037 at a 5% rate. Bonds were secured by Hospital revenues. Bonds were refinanced in December 2021 with the Series 2021 bonds.
- Siemen's Note Payable, payable in monthly installments of \$8,877, including interest at 4.76%, through June 2022.
- Finance Leases, payable in monthly installments ranging from \$18,430 to \$114,445, with interest rates ranging from 0.70% to 2.68%, through September 2030.

**Restrictive Covenants**

The Hospital is required to meet certain financial and nonfinancial covenants. Management believes the Hospital was in compliance with the restrictive covenants as of June 30, 2022 and 2021, respectively.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 8 LONG-TERM DEBT (CONTINUED)**

Scheduled principal and interest payments on long-term debt and finance leases are as follows:

<u>Year Ending June 30,</u>	Bonds		Finance Leases		Total Long-Term Debt	
	Principal	Interest	Principal	Interest	Principal	Interest
2023	\$ 515,000	\$ 846,759	\$ 3,191,545	\$ 149,798	\$ 3,706,545	\$ 996,557
2024	1,455,000	690,140	2,768,833	90,083	4,223,833	780,223
2025	1,630,000	605,339	2,560,869	62,222	4,190,869	667,561
2026	1,675,000	563,745	1,557,687	45,552	3,232,687	609,297
2027	1,715,000	521,082	1,337,382	35,958	3,052,382	557,040
2028 to 2032	9,285,000	1,925,442	4,429,925	51,660	13,714,925	1,977,102
2033 to 2037	10,560,000	678,362	-	-	10,560,000	678,362
Total	<u>\$ 26,835,000</u>	<u>\$ 5,830,869</u>	<u>\$ 15,846,241</u>	<u>\$ 435,273</u>	<u>\$ 42,681,241</u>	<u>\$ 6,266,142</u>

**NOTE 9 PENSION PLANS**

The Hospital has a Section 457 defined contribution pension plan that is available to all qualified Hospital employees. Employees are eligible to participate in the plan upon completion of three months of service. The Hospital's matching contributions are deposited into the 401(a) plan described below.

The Hospital has a Section 401(a) defined contribution pension plan that is available to all qualified Hospital employees. The Hospital's contribution is based on a 100% match of employee contributions up to a maximum of 7% of participant salaries. Employees are eligible to participate in the plan upon completion of one year of service.

The pension expense for the years ended June 30, 2022, 2021, and 2020 was \$1,788,966, \$1,739,138, and \$1,608,185, respectively.

**NOTE 10 CONCENTRATION OF CREDIT RISK**

The Hospital grants credit without collateral to its patients, most of who are insured under third-party payor agreements. The mix of patient receivables from third-party payors and patients at June 30, 2022 and 2021 was as follows:

	2022	2021
Medicare	30 %	21 %
Medicaid	9	6
Blue Cross	13	14
Other Third-Party Payors	28	24
Patients	20	35
Total	<u>100 %</u>	<u>100 %</u>



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**NOTES TO COMBINED FINANCIAL STATEMENTS**  
**JUNE 30, 2022 AND 2021**

**NOTE 11 COMMITMENTS AND CONTINGENCIES**

**Malpractice Insurance**

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. There is additional excess coverage above this limit up to \$10 million. Effective May 1, 2020 this excess coverage was decreased to \$5 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

**Self-Funded Health Insurance**

The Hospital self-funds health benefits for eligible employees and their dependents. Health insurance expense is recorded on an accrual basis. An accrued liability is recorded in the combined financial statements, which estimates the claims incurred but not yet reported and claims reported but not yet paid. The Hospital has stop loss insurance to cover catastrophic claims. The Hospital expensed amounts representing the employer's portion of actual claims paid, adjusted for the actuarially determined estimates of liabilities relating to claims resulting from services provided prior to the respective fiscal period-end. The Hospital recognized approximately \$7,851,000 and \$6,472,000 of expense during the years ended June 30, 2022 and 2021, respectively. The estimated liability relating to self-funded health insurance was \$725,000 and \$400,000 as of June 30, 2022 and 2021, respectively.

**Litigations, Claims, and Disputes**

The Hospital is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of litigation, claims, and disputes in process will not be material to the combined financial position of the Hospital.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services. Management believes that the Hospital is in substantial compliance with current laws and regulations.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER  
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS  
BASED ON AN AUDIT OF COMBINED FINANCIAL STATEMENTS PERFORMED IN  
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Trustees  
Memorial Hospital of Sweetwater County  
Rock Springs, Wyoming

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of Memorial Hospital of Sweetwater County (the Hospital), which comprise the combined statement of net position as of June 30, 2022, and the related combined statement of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated REPORT DATE.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the combined financial statements, we considered the Hospital's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a certain deficiency in internal control, described in the accompanying schedule of findings as item 2022-001 that we consider to be a material weakness.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Hospital's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Memorial Hospital of Sweetwater County's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the Hospital's response to the findings identified in our audit and described in the accompanying schedule of findings. The Hospital's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

### **CliftonLarsonAllen LLP**

Minneapolis, Minnesota  
REPORT DATE

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
SCHEDULE OF FINDINGS  
YEAR ENDED JUNE 30, 2022**

**2022 – 001**

Type of Finding: Material Weakness in Internal Control over Financial Reporting

**Condition:** Material misstatements were detected during the course of the audit which required management to post adjusting journal entries to correct certain general ledger balances.

**Effect:** Without these adjustments, the combined financial statements would have been materially misstated. Management is responsible for having controls in place to prevent or detect a material misstatement in a timely manner.

**Recommendation:** We recommend that management implement additional reviews to ensure material misstatements are prevented or detected in a timely manner throughout the year.

**Views of responsible officials and planned corrective actions:** Management will review procedures in order to limit the number of adjusting journal entries necessary as part of the annual audit process.

DRAFT



## EMPLOYEE POLICIES-CONFLICT OF INTEREST

### EMPLOYEE POLICIES- CONFLICT OF INTEREST

The success of our hospital is dependent on the trust and confidence we earn from our employees, patients and community members. We gain credibility by adhering to our Mission, Vision and Values. Employees should avoid any situation which involves or may involve a conflict between their personal interest and the interest of the Hospital. Employees shall make prompt and full disclosure in writing to their manager of any potential situation which may involve a conflict of interest.

Employees of MHSC must avoid any relationship or activity that might impair, or even appear to impair, the employee's ability to make objective and fair decisions when performing the employee's job. At times, employee's may be faced with situations where the business actions they take on behalf of MHSC may conflict with their own personal or family interests. Employee's owe a duty to MHSC to advance its legitimate interests when the opportunity to do so arises.

#### Conflicts of Interest

1. Employees cannot solicit or compete with the Hospital's services. Outside work cannot be performed on the Hospital's time. Employees cannot use the Hospital's equipment, materials, resources, or inside information for outside work.
2. Employee's must never use MHSC property or information for personal gain or personally take advantage of an opportunity that is discovered through their position with the Hospital.
3. Employees should not solicit business or clients or perform outside work on the Hospital's premises. employees and their immediate family must be free of any significant investment or association with competitors or suppliers that might interfere or appear to interfere with Hospitals interests.
4. Employees should not serve as a director, officer, partner, consultant, or in a managerial or technical capacity with an outside enterprise which does or is seeking to do business with or is a competitor of the Hospital. Exceptions to this can be approved by the Chief Executive Officer of MHSC.
5. Employees should not act as a broker, finder, go-between or otherwise act for the benefit of a

third party in transactions involving or potentially involving the Hospital or its interests.

6. Employees should avoid any other arrangements or circumstances, including family or other personal relationships, which might dissuade the employee from acting in the best interest of the hospital.

**MHSC Employees are required to review this policy and sign the attached Conflict of Interest Disclosure form at new employee orientation and each year on the anniversary of thier employment.**

Determining whether a conflict of interest exists is not always easy to do. Employees with a conflict of interest question should seek advice from management. Before engaging in any activity, transaction or relationship that might give rise to a conflict of interest, employees must seek review from their managers or the Compliance Officer.

*Link to form Conflict of Interest and Code of Conduct declaration*

## Approval Signatures

Step Description

Approver

Date

# Board Charter: Executive Oversight and Compensation Committee

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**Category:** Board Committee & Committee Charters

**Title:** Executive Oversight and Compensation Committee

**Original adoption:** June 14, 2010

**Revision:** 2017; June 3, 2020

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## **Purpose:**

The purpose of the Committee is to assist the Board of Trustees (Board) with discharging its fiduciary and oversight duties in respect to conducting oversight, evaluation, and compensation review, in accordance with Board's Oversight and Compensation Policy, for the Chief Executive Officer (CEO) and in respect to establishing the compensation range of other Chief Officers.

## **Authority:**

The Committee has no express or implied power or authority.

## **Responsibilities:**

In fulfilling its charge, the Committee is responsible for the following activities and functions:

- Provides direction and oversight for the CEO evaluation process.
- In conjunction with the full Board, meets monthly with the CEO to review progress toward meeting performance expectations and responses to unanticipated situations.
  - The secretary of the Committee shall document and maintain records of these proceeding.
  - Annually, the records will be summarized for Board approval, which then becomes the annual CEO evaluation.

- Recommends policies and processes to the Board for the regular and orderly review of the performance, compensation, and development of the CEO. The process shall include provisions for input from the full Board.
- Develops, for Board approval, the job description for the CEO, including responsibilities, as well as education and experience requirements.
- Monitors the contractual relationships between the Hospital and the CEO so that the charitable, tax-exempt mission of the Hospital is not jeopardized and the contractual provisions are in compliance with all Federal and State regulations.
- Periodically reviews CEO compensation for reasonableness and competitiveness and, if appropriate, recommends to the Board changes in salary, benefits, and other forms of compensation for the hospital's chief officers.
- Directs the CEO to prepare and annually update a succession and management development plan for the CEO and other chief officers. These plans shall be reviewed by the Committee and subsequently presented to the Board of Trustees for review and
- approval.

## **Composition**

The Committee shall consist of two (2) members of the Board, one of whom is the President of the Board, who shall serve as chair. The other shall be the secretary of this committee. The Chief Executive Officer attends committee meetings by invitation.

## **Meeting Schedule**

The Committee shall meet quarterly, or as needed.

## **Reports**

The Committee will receive and review the following reports.

- Data from independent sources on executive compensation for comparable positions in comparable organizations, when appropriate.
- Succession and Management Development Plans for the CEO and chief officers. The annual summary of the monthly performance review proceedings with the CEO, which summary shall be presented to the Board for approval before discussing the report with the CEO.



# Board Charter: ~~The~~ Executive Oversight and Compensation Committee

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- ~~• Directs the CEO to prepare and annually update a CEO and other chief officers succession and management development plan, which shall be reviewed with the Committee and shall be reported to and approved by the Board.~~
- Directs the CEO to prepare and annually update a succession and management development plan for the CEO and other chief officers. These plans shall be reviewed by the Committee and subsequently presented to the Board of Trustees for review and
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- ~~• Management succession plan.~~ Succession and Management Development Plans for the CEO and chief officers.

- The annual summary of the monthly performance review proceedings with the CEO, which summary shall be presented to the Board for approval before discussing the report with the CEO.

To: Board of Trustees  
From: Barbara J. Sowada, Chair  
Re: Quality Committee Meeting  
Date: October 19, 2022

Major discussion items were as follows:

- ✓ Dr. Poyer recognized Dr. Kattan for going the extra mile for his colleagues. Each month Dr. Poyer recognizes a physician for his/her extraordinary contribution to patient care.
- ✓ Care Compare refresh was reviewed, showing MHSC has **3 Stars for HCAHPS** at the end of Q3. Data includes Q1-3.
  - Patient experience continues to have some opportunities for improvement. New improvement activities include rounding on patient care units by COO and CNO and the upcoming workshop by Press Ganey for physicians.
  - The Overall Star Rating was refreshed July, 2022. At that time Star Rating for MHSC was 2 stars.
- ✓ Action items and due dates have been added to Control Charts narrative. Data is continuously being monitored, and, when needed, appropriate action is being taken.
- ✓ The three quality priorities for FY 23 are: 1) Medication Safety, 2) Sepsis Bundle, and 3) HCAHPS scores. Data are trending in a positive direction for all three. Medication Safety is noticeably improved.
- ✓ October 16 – October 22, was National Quality Week. Quality Department staff was recognized for their significant leadership toward advancing the Hospital's quality and safety initiatives. They have much to be proud of.
  - To celebrate their work and the week, the meeting ended with the staff sharing their "why's" and "joys" of working in the Quality Department.

For more detail, see the reports and minutes of this meeting that are included in the November Board packet.

Next Quality meeting will be November 16<sup>th</sup>.

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**Human Resources Committee Meeting Minutes - Draft**  
**Monday – October 17, 2022**

*Zoom*

Trustee Members Present by Zoom: Kandi Pendleton, Barbara Sowada  
Voting Members Present by Zoom: Suzan Campbell, Amber Fisk, Irene Richardson  
Non-Voting Members & Guests Present by Zoom: Ann Marie Clevenger, Kari Quickenden, Shawn Bazzanella, Eddie Boggs, Amy Lucy, Ruthann Wolfe, Cindy Nelson

Kandi called the meeting to order and welcomed everyone.

**APPROVAL OF AGENDA**

The motion to approve the agenda as presented was made by Suzan, second by Barbara. Motion carried.

**APPROVAL OF MINUTES**

The motion to approve the September meeting minutes was made by Barbara, second by Suzan. Motion carried.

**ROUTINE REPORTS**

**Turnover**

Amber reviewed the turnover through the end of September. Barbara said she wants to see the percentage of turnover in the top four departments. Amber will begin including the total number in a third column and it will show the percentage of the department. The Committee discussed the purpose of showing the number for less than thirty days and agreed to continue reporting. Amber said Amy added the number of staff rehired from the Covid timeframe to the report.

**Open Positions**

Amy reviewed the open jobs and said there were currently 56 (42 full time, 5 part time, 9 PRN). Kandi asked for the timeframe between when an application is submitted and an applicant is contacted. Amber said rather quickly and said Shawn pulls all applications daily and forwards to managers. HR is only vetting for basic requirements. Amber said HR asks managers to respond within two weeks. She said every applicant is then notified.

**Contract Staffing**

Amber said we look at average rates nationally on a weekly basis and we are always negotiating rates. She said the pink coding on the report indicates no one is in the position currently. Amber said the job is posted, also open with our agencies, and not filled. The darker pink shade indicates we have contract staff who just ended in that assignment. Irene said contract staffing has come down and we are working to continually decrease.

**Employee Injury & Illness Reporting**

Amber said there is no update.



## **OLD BUSINESS**

### **Employee Policies – Conflict of Interest**

Suzan reviewed. The motion to bring the policy forward to the Board for review at the November meeting was made by Barbara, second by Irene. Motion carried.

### **Employee Policies – Workplace Violence Prevention Policy & Plan**

Suzan reviewed the policy and plan. She said this has been in the works for a long time. She said the update and plan align with what The Joint Commission requires. She said these documents would replace what is currently in Policy Stat. Barbara said she didn't see any reference to weapons. Suzan will review. The Committee discussed safety committee design. Since there is additional work to do, the plan is not ready to be presented at this level. Barbara requested sending the information out as a Word document to review and make notes instead of a PDF file. The management team will continue working on the policy and plan. The Committee will revisit in November.

## **NEW BUSINESS**

### **Employee Engagement survey Timeline Update**

Amber reported we had a 68% participation rate. She said the preliminary survey results meeting is scheduled October 18. She plans to bring all information to the November meeting.

### **Next Meeting**

The next meeting is scheduled November 21<sup>st</sup>.

# Information Services Report 09/22

By Terry (TJ) Thompson

## MHSC IS service environment:

- 1160 computer users accounts
- 100 portable device, Cell Phones and iPads
- 790 Desktop systems, Laptops and Desktops
- 562 VoIP Telephony devices
- 174 Server, 152 being VM
- 86 Networking Nodes
- 103 Wireless devices
- 18 UPS
- 7 Extranet connections

## MHSC service desk:

For the month of September 2022, 459 service tickets opened where 374 were closed with an average MTTR of 8 days at a 81% closure rate. Our goal is 90% closure rate with a 5 day MTTR

## Cerner Service Request:

For the month of September 2022, we opened 132 service requests with Cerner, where 84 were closed with an average MTTR of 6.4 days at a 63% closure rate. Cerner continues to move to their mark, to a 90% closure rate with a 5 Day MTTR

## Projects:

1. Cerner implementation, tech dev @97%
  - a. Cerner has resolved patient appointment notification system, however there are still a few errors within the hospital notification system
  - b. Cerner is still correcting issue with patient payment system, Fixed and operational
  - c. We have resolved 90% of the Cerner CareAway handheld systems issues, still issue with patient pain reporting, and printing
2. Legacy system archiving and shutdown, tech dev @30%
  - Working with Harmony HIT to archive MHSC TSystem next month
3. System backup remediation, business continuity, @100%
4. AD and server system audit and remediation, security @80%
5. Endpoint encryption (bitlocker) implementation, security @10%
6. CISA Phishing campaign is ongoing and will reoccur each month @50%
7. CISA Website Application Scanning (WAS) evaluation and testing, Security @80%
  - a. CISA found an issue with <https://www.sweetwatermemorial.com>, working with website developer to correct the issue.
8. CISA Cyber Resilience Review CRR, working to complete the review at the end of the month, Security 10%
9. Removed Iprism content filtering as Cisco Umbrella can perform this function, reduce technical debt 11K
10. Working to remove the exchange hybrid server and the barracuda secure email gateway, reducing technical debt

Corrective actions and points of consideration:

1. Continued weekly meetings MHSC IS, Informatics, Finance and Cerner SSO to improve upon Cerner Service Request mean time to resolve.
2. Remediation of cloud-based backups to an offsite solution as to reduce monthly cost for cloud-based backups



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
FINANCE & AUDIT COMMITTEE AGENDA**

**Wednesday~ October 26, 2022      2:00 p.m.      Teleconference**

**Voting Members:**

Ed Tardoni, Chair  
Marty Kelsey, Trustee  
Irene Richardson  
Tami Love  
Jan Layne

**Non-Voting Members:**

Ron Cheese      Terry Thompson  
Angel Bennett      Kari Quickenden  
Ann Clevenger

**Guests:**

Leslie Taylor      Darryn      Dan Deyle, CLA  
McGarvey,  
CLA

- |       |  |                      |
|-------|--|----------------------|
| I.    | Call Meeting to Order                                      | Ed Tardoni           |
| II.   | Approve Agenda   | Ed Tardoni           |
| III.  | <a href="#">Approve September 28, 2022 Meeting Minutes</a> | Ed Tardoni           |
| IV.   | <a href="#">Financial Audit FY22</a>                       | Darryn McGarvey, CLA |
| V.    | Charge Capture Assessment                                  | Tami Love            |
| VI.   | <a href="#">Capital Requests FY 23</a>                     |                      |
| VII.  | Financial Report   |                      |
|       | A. Monthly Financial Statements & Statistical Data         |                      |
|       | 1. <a href="#">Narrative</a>                               | Tami Love            |
|       | 2. <a href="#">Financial Information</a>                   | Tami Love            |
|       | 3. <a href="#">Self-Pay Report</a>                         | Ron Cheese           |
|       | 4. <a href="#">Preliminary Bad Debt</a>                    | Ron Cheese           |
| VIII. | Old Business   |                      |
|       | A. SLIB projects   | Tami Love            |
| IX.   | New Business   |                      |
|       | A. Financial Forum Discussion                              | Ed Tardoni           |
| X.    | Next Meeting   | Tami Love            |
| XI.   | Adjournment  | Ed Tardoni           |

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### NARRATIVE TO SEPTEMBER 2022 FINANCIAL STATEMENTS

**THE BOTTOM LINE.** The bottom line from operations for September is a loss of \$541,178, compared to a gain of \$13,857 in the budget. This yields a -6.02% operating margin for the month compared to .16% in the budget. The year-to-date loss is \$1,142,046 compared to a loss of \$606,435 in the budget. The year to date operating margin is -4.18%, compared to -2.29% in the budget.

The total net loss for September is \$497,860, compared to a gain of \$23,295 in the budget. This represents a total profit margin of -5.54% compared to budget of .26%. Year-to date, the total net loss is \$1,145,986, compared to a total net loss of \$562,252 in the budget. This represents a YTD profit margin of -4.20% compared to -2.12% in the budget.

**REVENUE.** Revenue was down in September from the prior month, coming in at \$18,354,819, but still over budget by \$401,640. Inpatient revenue is under budget by \$1,019,741, hospital outpatient revenue is over budget by \$1,212,807 and the Clinic is over budget by \$208,574.

**VOLUME.** Inpatient admits and patient days are under budget for September. Births came in over budget. The average daily census (ADC) decreased slightly to 12.9, under budget and average length of stay (LOS) is at 3.5, slightly under budget. Emergency Room and Outpatient visits are under budget in September. Surgeries and Clinic volumes are over budget.

Annual Debt Service Coverage came in at 1.37. Days of Cash on Hand decreased to 85 as daily cash expense increased to \$285,000 for the month.

**REDUCTION OF REVENUE.** Deductions from revenue are 51.7% in September, close to the budget of 51.5%. Total collections for the month came in at \$8,801,981 as we continue to catch up on delayed coding and billing from the Cerner conversion. The repayment of the Medicare Advanced Payment began in April 2021 and through September 2022 we have paid back the complete balance of the \$7.4 million received.

Net days in AR fell to 71.18 days as we continue to get a handle on the delayed coding, billing and collections related to the Cerner conversion. With the delays in Cerner billing, we have seen an increase in the aging percentages of all payers.

**EXPENSES.** Total expenses in September came in over budget at \$9,530,904, over budget by \$668,769. The following line items were over budget in September:



**Salary and Wage** – September was over budget due to a three-payroll month and the imprecise system accruals for months with 3 payrolls. We also have some double coverage for nursing as the new hires are oriented.

**Fringe Benefits** – Group Health came in under budget in September as we saw the weekly claims come back down to normal. Retirement, FICA and Work Comp were over budget due to the 3-payroll month.

**Contract Labor** – Due to continuing staffing shortages in clinical areas there are currently contract labor staff in Med/Surg, ICU, Surgery, Dialysis, Emergency Room, Laboratory, Respiratory, Behavioral Health and Social Services. We no longer have contract staff in Labor & Delivery as they are fully staffed. We continue to negotiate traveler rates when renewing contracts.

**Supplies** – Lab supplies, blood, patient chargeables, drugs, food and office supplies all came in over budget in September. We continue to see the impact of supply chain constraints and inflation on our supply expenses house wide. The increase in drug costs corresponds to the increase in Medical Oncology and Women's Health.

**Utilities** – Fuel, electricity and waste collection are over budget in September.

**Leases and Rentals** – Equipment rent lease is over budget for the Nuclear Medicine equipment lease which did not qualify for the new GASB 87 rule.

**PROVIDER CLINIC.** Revenue for the Clinics came in over budget at \$2,162,806. The bottom line for the Clinics in September is a loss of \$389,169 compared to a loss of \$435,428 in the budget. The year to date loss is \$1,208,376, compared to a budgeted loss of \$1,415,202. Clinic volumes were down slightly from the prior month but still came in over budget at 5,943 visits. Total Clinic expenses for the month are \$1,663,774, over budget by \$98,013. Salary & Wage, Fringe benefits and Supplies are over budget for September.

**OUTLOOK FOR OCTOBER.** Gross patient revenue for October is projecting significantly higher at \$20.6 million, over budget. Inpatient volumes are back up in October by about 15%. Births are projecting right at budget in October but we do expect an increase over the next several months. The average daily census is currently up to 16.3 with average length of stay at 2.8. Outpatient volumes across most departments are projecting higher than budget.

Collections are projecting to \$8.1 million and are expected to increase over the next few weeks as we start to collect on the prior high revenues. Deductions of revenue are expected to come in similar to October at about 51%. Expenses will remain level in October due to continued staffing shortages and the need for contract labor and the

increased cost of supplies due to inflation. The bottom line for October is estimated at a gain of \$700,000 - \$800,000, which would be over budget.

We continue to watch all spending as we start the new fiscal year. We continue to see the impact of contract labor and increased cost of supplies due to inflation. We recommend to continue the freeze on capital unless it is emergent or regulatory.

**CLA Revenue Assessment.** We continue to work with CLA as they complete the charge capture assessment and claims review, comparing our current charging practices to industry benchmarks including volumes pre and post Cerner conversion. They were onsite the week of October 10<sup>th</sup> for operational interviews with revenue generating departments and focused on charge entry process and reconciliation, charge usage variances from pre-Cerner and any impact to reimbursement. We have received a preliminary report. They continue to do claims review and expect to have a final report mid-November. We expect the report to have action plans for several areas where recommendations were given and we have already started working on their recommendations.

CLA is also working with our team to set some short and long term financial goals for this fiscal year.

We are currently working on a plan to help accelerate collection of the aging AR in our legacy systems. This will expedite turning the accounts receivable into cash so we can start building back our days cash on hand. The legacy systems are currently being supported and we would like to archive the systems as soon as possible to save on support costs.

**FY2022 AUDIT.** The FY2022 audit and FY2022 Medicare cost report have been completed. The FY2022 Audited Financials will be presented to the Board for approval at their November meeting.

**SLIB GRANT FUNDS.** The State Land Investment Board has rescheduled their meeting to November 9<sup>th</sup> to review all grant applications. Our applications for the Laboratory Expansion and MOB Entrance Renovation were submitted to the State Land Investment Board in August.





**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY**

**Unaudited Financial Statements**

**for**

**Three months ended September 30, 2022**

**Certification Statement:**

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

**Certified by:**

**Tami Love**

**Chief Financial Officer**

## **Table of Contents**

<b>MEMORIAL HOSPITAL OF SWEETWATER COUNTY</b>	<b>PAGE 1</b>
<b>ROCK SPRINGS, WY</b>	
<b>Three months ended September 30, 2022</b>	

## **TABLE OF CONTENTS**

EXECUTIVE SUMMARY	PAGE 2
FINANCIAL RATIOS AND BENCHMARKS	PAGE 3
BALANCE SHEET - ASSETS	PAGE 4
BALANCE SHEET - LIABILITIES AND NET ASSETS	PAGE 5
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 6
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 7
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 8
STATEMENT OF CASH FLOWS	PAGE 10
KEY OPERATING STATISTICS	PAGE 11
ACCOUNTS RECEIVABLE REPORT	PAGE 12
REVENUE AND EXPENSE VARIANCE ANALYSIS	PAGE 13
KEY FINANCIAL RATIOS - FORMULAS AND PURPOSE	PAGE S-A

# MEMORIAL HOSPITAL OF SWEETWATER COUNTY

## EXECUTIVE FINANCIAL SUMMARY

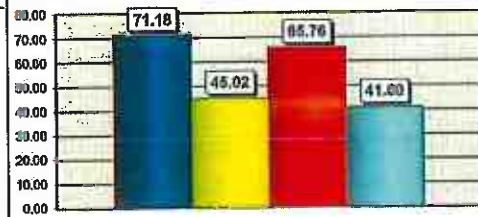
PAGE 2

Three months ended September 30, 2022

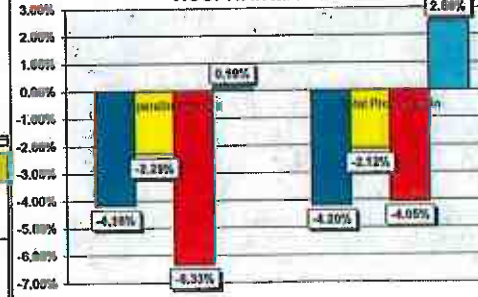
### BALANCE SHEET

	YTD 9/30/2022	Prior FYE 6/30/2022
<b>ASSETS</b>		
Current Assets	\$36,104,464	\$33,058,523
Assets Whose Use is Limited	17,712,478	22,099,344
Property, Plant & Equipment (Net)	69,519,215	71,476,119
Other Assets	1,179,744	1,204,231
<b>Total Unrestricted Assets</b>	<b>124,515,901</b>	<b>127,838,217</b>
Restricted Assets	435,536	434,089
<b>Total Assets</b>	<b>\$124,951,437</b>	<b>\$128,272,306</b>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities	\$11,722,046	\$12,011,619
Long-Term Debt	26,198,750	26,491,667
Other Long-Term Liabilities	2,532,448	4,126,288
<b>Total Liabilities</b>	<b>40,453,244</b>	<b>42,629,574</b>
Net Assets	84,498,193	85,642,732
<b>Total Liabilities and Net Assets</b>	<b>\$124,951,437</b>	<b>\$128,272,306</b>

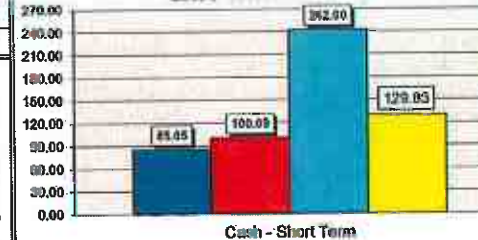
### NET DAYS IN ACCOUNTS RECEIVABLE



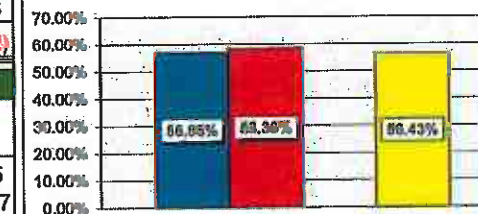
### HOSPITAL MARGINS



### DAYS CASH ON HAND



### SALARY AND BENEFITS AS A PERCENTAGE OF TOTAL EXPENSES



STATEMENT OF REVENUE AND EXPENSES - YTD				
	09/30/22 ACTUAL	09/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
<b>Revenue:</b>				
Gross Patient Revenues	\$18,354,819	\$17,953,179	\$54,011,537	\$53,399,543
Deductions From Revenue	(9,480,685)	(9,238,964)	(27,285,012)	(27,481,676)
Net Patient Revenues	8,874,134	8,714,215	26,726,525	25,917,865
Other Operating Revenue	115,592	161,777	590,644	614,084
<b>Total Operating Revenues</b>	<b>8,989,726</b>	<b>8,875,992</b>	<b>27,317,169</b>	<b>26,531,949</b>
<b>Expenses:</b>				
Salaries, Benefits & Contract Labor	5,396,928	4,985,337	16,178,738	15,441,684
Purchased Serv. & Physician Fees	764,752	894,722	2,466,146	2,612,308
Supply Expenses	1,728,154	1,323,253	4,729,198	4,037,567
Other Operating Expenses	854,042	909,695	2,808,519	2,800,631
Bad Debt Expense	0	0	0	0
Depreciation & Interest Expense	787,028	749,128	2,276,615	2,246,194
<b>Total Expenses</b>	<b>9,530,904</b>	<b>8,862,135</b>	<b>28,469,216</b>	<b>27,138,384</b>
<b>NET OPERATING SURPLUS</b>	<b>(541,178)</b>	<b>13,857</b>	<b>(1,142,046)</b>	<b>(806,435)</b>
Non-Operating Revenue/(Exp.)	43,318	9,438	(3,940)	44,183
<b>TOTAL NET SURPLUS</b>	<b>(\$497,860)</b>	<b>\$23,295</b>	<b>(\$1,145,986)</b>	<b>(\$562,252)</b>

### KEY STATISTICS AND RATIOS

	09/30/22 ACTUAL	09/30/22 BUDGET	YTD ACTUAL	YTD BUDGET
Total Acute Patient Days	388	620	1,166	1,335
Average Acute Length of Stay	3.5	4.6	3.5	3.7
Total Emergency Room Visits	1,256	1,305	3,915	3,987
Outpatient Visits	7,276	10,534	21,943	30,470
Total Surgeries	154	90	434	329
Total Worked FTE's	446.84	465.19	437.27	465.19
Total Paid FTE's	490.45	511.59	492.53	511.59
Net Revenue Change from Prior Yr	-6.01%	-7.19%	3.72%	0.74%
EBIDA - 12 Month Rolling Average			-0.03%	6.18%
Current Ratio			3.08	
Days Expense in Accounts Payable			37.95	

MEMORIAL HOSPITAL OF SWEETWATER COUNTY	
Budget	09/30/22
Prior Fiscal Year End	06/30/22
CLA \$50-\$100M Net Revenue	6/30/2020









FINANCIAL STRENGTH INDEX - (1.55)	
Excellent - Greater than 3.0	Good - 3.0 to 0.0
Fair - 0.0 to (2.0)	Poor - Less than (2.0)

## Key Financial Ratios

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**  
**Three months ended September 30, 2022**

**PAGE 3**

  - DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET

		Year to Date 9/30/2022	Budget 6/30/2023	Prior Fiscal Year End 06/30/22	CLA \$50-\$100 MM Net Revenue (See Note 1)
<b>Profitability:</b>					
Operating Margin		-4.18%	0.24%	-6.33%	0.10%
Total Profit Margin		-4.20%	0.31%	-4.05%	2.50%
<b>Liquidity:</b>					
Days Cash, All Sources **		85.05	129.83	100.09	242.00
Net Days in Accounts Receivable		71.18	45.02	65.76	41.00
<b>Capital Structure:</b>					
Average Age of Plant (Annualized)		12.28	11.32	14.13	12.00
Long Term Debt to Capitalization		24.19%	19.87%	24.14%	27.00%
Debt Service Coverage Ratio **		1.37	2.42	1.14	2.80
<b>Productivity and Efficiency:</b>					
Paid FTE's per Adjusted Occupied Bed		7.78	8.43	8.34	NA
Salary Expense per Paid FTE		\$103,493	\$86,892	\$102,150	NA
Salary and Benefits as a % of Total Operating Exp		56.85%	56.43%	58.36%	NA

**Note 1 - 2020 CLA Benchmark \$50M-\$100M net patient service revenue**

**\*\*Bond Covenant ratio is 65 Days Cash on Hand and 1.0-1.25 Debt Service Coverage**



# Balance Sheet - Assets

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 4

### ROCK SPRINGS, WY

Three months ended September 30, 2022

	Current Month 9/30/2022	Prior Month 8/31/2022	ASSETS Positive/ (Negative) Variance	Percentage Variance	Prior Year End 6/30/2022
<b>Current Assets</b>					
Cash and Cash Equivalents	\$6,934,015	\$6,449,493	\$484,522	7.51%	\$7,173,928
Gross Patient Accounts Receivable	44,889,343	44,462,318	427,025	0.96%	41,948,878
Less: Bad Debt and Allowance Reserves	(24,211,752)	(23,806,725)	(405,027)	-1.70%	(23,879,694)
Net Patient Accounts Receivable	20,677,592	20,655,593	21,998	0.11%	18,069,184
Interest Receivable	0	0	0	0.00%	0
Other Receivables	2,526,072	2,553,764	(27,692)	-1.08%	1,779,130
Inventories	4,088,397	4,084,450	3,947	0.10%	4,054,218
Prepaid Expenses	1,878,389	2,132,513	(254,125)	-11.92%	1,982,063
Due From Third Party Payers	0	0	0	0.00%	0
Due From Affiliates/Related Organizations	0	0	0	0.00%	0
Other Current Assets	0	0	0	0.00%	0
<b>Total Current Assets</b>	<b>36,104,464</b>	<b>35,875,814</b>	<b>228,650</b>	<b>0.64%</b>	<b>33,058,523</b>
<b>Assets Whose Use is Limited</b>					
Cash	29,618	5,569	24,048	431.80%	(37,762)
Investments	0	0	0	0.00%	0
Bond Reserve/Debt Retirement Fund	0	0	0	0.00%	0
Trustee Held Funds - Project	202,043	952,544	(750,501)	-78.79%	637,426
Trustee Held Funds - SPT	36	22	14	62.11%	28,281
Board Designated Funds	3,445,243	4,939,518	(1,494,274)	-30.25%	6,924,862
Other Limited Use Assets	14,035,538	14,035,537	0	0.00%	14,546,537
<b>Total Limited Use Assets</b>	<b>17,712,478</b>	<b>19,933,191</b>	<b>(2,220,713)</b>	<b>-11.14%</b>	<b>22,099,344</b>
<b>Property, Plant, and Equipment</b>					
Land and Land Improvements	4,242,294	4,242,294	0	0.00%	4,242,294
Building and Building Improvements	49,613,983	49,613,983	0	0.00%	49,597,599
Equipment	118,825,079	118,824,079	1,000	0.00%	118,714,821
Construction In Progress	990,198	954,178	36,020	3.78%	731,897
Capitalized Interest	0	0	0	0.00%	65,232
Gross Property, Plant, and Equipment	173,671,554	173,634,534	37,020	0.02%	173,351,843
Less: Accumulated Depreciation	(104,152,339)	(103,365,319)	(787,029)	-0.76%	(101,875,723)
<b>Net Property, Plant, and Equipment</b>	<b>69,519,215</b>	<b>70,269,223</b>	<b>(750,008)</b>	<b>-1.07%</b>	<b>71,476,119</b>
<b>Other Assets</b>					
Unamortized Loan Costs	1,179,744	1,187,907	(8,162)	-0.69%	1,204,231
Other	0	0	0	0.00%	0
<b>Total Other Assets</b>	<b>1,179,744</b>	<b>1,187,907</b>	<b>(8,162)</b>	<b>-0.69%</b>	<b>1,204,231</b>
<b>TOTAL UNRESTRICTED ASSETS</b>	<b>124,515,901</b>	<b>127,266,135</b>	<b>(2,750,233)</b>	<b>-2.16%</b>	<b>127,838,217</b>
<b>Restricted Assets</b>	<b>435,536</b>	<b>435,536</b>	<b>0</b>	<b>0.00%</b>	<b>434,089</b>
<b>TOTAL ASSETS</b>	<b>\$124,951,437</b>	<b>\$127,701,670</b>	<b>(\$2,750,233)</b>	<b>-2.15%</b>	<b>\$128,272,306</b>

# Balance Sheet - Liabilities and Net Assets

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

Three months ended September 30, 2022

PAGE 5

	LIABILITIES AND FUND BALANCE				Prior Year End 6/30/2022
	Current Month 9/30/2022	Prior Month 8/31/2022	Positive/ (Negative) Variance	Percentage Variance	
<b>Current Liabilities</b>					
Accounts Payable	\$6,227,029	\$6,057,128	(\$169,901)	-2.80%	\$5,227,646
Notes and Loans Payable	0	0	0	0.00%	0
Accrued Payroll	1,078,441	2,473,619	1,395,177	56.40%	1,787,856
Accrued Payroll Taxes	0	0	0	0.00%	0
Accrued Benefits	2,739,258	2,718,582	(20,676)	-0.76%	2,804,901
Accrued Pension Expense (Current Portion)	0	0	0	0.00%	0
Other Accrued Expenses	0	0	0	0.00%	0
Patient Refunds Payable	0	0	0	0.00%	0
Property Tax Payable	0	0	0	0.00%	0
Due to Third Party Payers	0	0	0	0.00%	0
Advances From Third Party Payers	0	0	0	0.00%	0
Current Portion of LTD (Bonds/Mortgages)	1,486,567	1,496,169	9,602	0.64%	1,562,895
Current Portion of LTD (Leases)	0	0	0	0.00%	0
Other Current Liabilities	190,751	942,482	751,731	79.76%	628,321
<b>Total Current Liabilities</b>	<b>11,722,046</b>	<b>13,687,979</b>	<b>1,965,933</b>	<b>14.36%</b>	<b>12,011,619</b>
<b>Long Term Debt</b>					
Bonds/Mortgages Payable	27,685,317	27,816,169	130,852	0.47%	28,054,562
Leases Payable	0	0	0	0.00%	0
Less: Current Portion Of Long Term Debt	1,486,567	1,496,169	9,602	0.64%	1,562,895
<b>Total Long Term Debt (Net of Current)</b>	<b>26,198,750</b>	<b>26,320,000</b>	<b>121,250</b>	<b>0.46%</b>	<b>26,491,667</b>
<b>Other Long Term Liabilities</b>					
Deferred Revenue	0	85,101	85,101	100.00%	1,255,068
Accrued Pension Expense (Net of Current)	0	0	0	0.00%	0
Other	2,532,448	2,612,537	80,089	3.07%	2,871,220
<b>Total Other Long Term Liabilities</b>	<b>2,532,448</b>	<b>2,697,638</b>	<b>165,190</b>	<b>6.12%</b>	<b>4,126,288</b>
<b>TOTAL LIABILITIES</b>	<b>40,453,244</b>	<b>42,705,617</b>	<b>2,252,373</b>	<b>5.27%</b>	<b>42,629,574</b>
<b>Net Assets:</b>					
Unrestricted Fund Balance	83,253,397	83,253,397	0	0.00%	87,459,582
Temporarily Restricted Fund Balance	1,959,119	1,959,119	0	0.00%	1,959,119
Restricted Fund Balance	431,663	431,663	(0)	0.00%	430,216
Net Revenue/(Expenses)	(1,145,986)	(648,128)	N/A	N/A	(4,206,185)
<b>TOTAL NET ASSETS</b>	<b>84,498,193</b>	<b>84,996,053</b>	<b>497,860</b>	<b>0.59%</b>	<b>85,642,732</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$124,951,437</b>	<b>\$127,701,670</b>	<b>\$2,750,233</b>	<b>2.15%</b>	<b>\$128,272,306</b>

# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

### ROCK SPRINGS, WY

Three months ended September 30, 2022

PAGE 6

	CURRENT MONTH				Prior Year 09/30/21
	Actual 09/30/22	Budget 09/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$3,246,872	\$4,266,613	(\$1,019,741)	-23.90%	\$6,033,540
Outpatient Revenue	12,945,141	11,732,334	1,212,807	10.34%	10,541,547
Clinic Revenue	2,162,806	1,954,232	208,574	10.67%	1,419,718
Specialty Clinic Revenue	0	0	0	0.00%	375,846
Total Gross Patient Revenue	18,354,819	17,953,179	401,640	2.24%	18,370,651
Deductions From Revenue					
Discounts and Allowances	(9,331,432)	(7,857,894)	(1,473,738)	-18.76%	(7,681,993)
Bad Debt Expense (Governmental Providers Only)	126,524	(1,188,607)	1,292,531	110.85%	(722,948)
Medical Assistance	(275,776)	(215,263)	(60,514)	-28.11%	(502,179)
Total Deductions From Revenue	(9,480,685)	(9,258,964)	(221,721)	-2.62%	(8,887,126)
Net Patient Revenue	8,874,134	8,714,215	159,919	1.84%	9,483,531
Other Operating Revenue	115,592	161,777	(46,185)	-28.55%	80,543
Total Operating Revenue	8,989,726	8,875,992	113,733	1.28%	9,564,074
Operating Expenses					
Salaries and Wages	3,761,912	3,592,345	(169,567)	-4.72%	3,770,223
Fringe Benefits	1,032,168	986,783	(45,385)	-4.60%	1,079,997
Contract Labor	602,847	406,208	(196,639)	-48.41%	354,688
Physicians Fees	271,035	349,558	78,523	22.46%	309,701
Purchased Services	493,717	545,164	51,447	9.44%	433,583
Supply Expense	1,728,154	1,323,253	(404,901)	-30.60%	1,677,803
Utilities	105,291	89,970	(15,321)	-17.03%	88,009
Repairs and Maintenance	513,654	525,578	11,924	2.27%	533,318
Insurance Expense	63,788	62,682	(1,106)	-1.76%	50,846
All Other Operating Expenses	144,896	213,682	68,786	32.19%	189,267
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	26,413	17,783	(8,630)	-48.53%	54,068
Depreciation and Amortization	787,028	749,128	(37,900)	-5.06%	561,412
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	9,530,904	8,862,135	(668,769)	-7.55%	9,102,915
Net Operating Surplus/(Loss)	(541,178)	13,857	(555,036)	-4005.37%	461,159
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	17,463	12,250	5,213	42.56%	12,534
Tax Subsidies (Except for GO Bond Subsidies)	14	0	14	0.00%	105
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(82,203)	(87,265)	(5,062)	5.80%	(171,369)
Other Non-Operating Revenue/(Expenses)	108,044	84,453	23,591	27.93%	11,583
Total Non Operating Revenue/(Expense)	43,318	9,438	33,880	358.95%	(87,147)
Total Net Surplus/(Loss)	(497,860)	\$23,295	(\$521,155)	-2237.19%	\$374,012
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(497,860)	\$23,295	(\$521,155)	-2237.19%	\$374,012
Operating Margin	-6.02%	0.16%			4.82%
Total Profit Margin	-5.54%	0.26%			3.91%
EBIDA	2.73%	8.60%			10.69%



# Statement of Revenue and Expense

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WY

Three months ended September 30, 2022

PAGE 7

	YEAR-TO-DATE				Prior Year 09/30/21
	Actual 09/30/22	Budget 09/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Inpatient Revenue	\$10,818,313	\$11,091,708	(\$273,395)	-2.46%	\$12,483,198
Outpatient Revenue	36,873,861	36,458,301	415,560	1.14%	34,731,838
Clinic Revenue	6,319,363	5,849,534	469,829	8.03%	4,422,612
Specialty Clinic Revenue	0	0	0	0.00%	781,250
Total Gross Patient Revenue	54,011,537	53,399,543	611,994	1.15%	52,418,899
Deductions From Revenue					
Discounts and Allowances	(25,893,800)	(23,377,376)	(2,522,422)	-10.82%	(23,000,293)
Bad Debt Expense (Governmental Providers Only)	(937,953)	(9,320,883)	2,582,431	73.36%	(2,819,297)
Medical Assistance	(513,259)	(649,817)	136,658	21.03%	(683,985)
Total Deductions From Revenue	(27,285,012)	(27,481,576)	196,666	0.72%	(26,403,584)
Net Patient Revenue	26,726,525	25,917,865	808,660	3.12%	26,015,315
Other Operating Revenue	590,644	614,084	(23,440)	-3.82%	321,999
Total Operating Revenue	27,317,169	26,531,949	785,220	2.96%	26,337,314
Operating Expenses					
Salaries and Wages	11,087,141	11,214,342	127,201	1.13%	10,821,672
Fringe Benefits	3,329,295	2,935,716	(393,579)	-13.41%	2,854,758
Contract Labor	1,762,301	1,291,625	(470,676)	-36.44%	955,120
Physicians Fees	909,259	987,673	78,413	7.94%	926,798
Purchased Services	1,556,886	1,624,635	67,749	4.17%	1,344,820
Supply Expense	4,729,198	4,037,567	(691,631)	-17.13%	4,535,660
Utilities	303,807	265,062	(41,745)	-15.75%	259,090
Repairs and Maintenance	1,608,589	1,608,126	(463)	-0.03%	1,523,647
Insurance Expense	189,429	188,047	(1,382)	-0.73%	179,394
All Other Operating Expenses	626,623	685,405	58,782	8.58%	608,373
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	77,072	53,992	(23,081)	-42.75%	170,649
Depreciation and Amortization	2,276,615	2,246,194	(30,421)	-1.35%	1,681,292
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	28,459,215	27,138,384	(1,320,831)	-4.87%	25,861,272
Net Operating Surplus/(Loss)	(1,142,046)	(866,435)	(635,611)	88.32%	476,041
Non-Operating Revenue:					
Contributions	0	0	0	0.00%	0
Investment Income	46,560	36,910	9,650	26.14%	33,339
Tax Subsidies (Except for GO Bond Subsidies)	11,768	0	11,768	0.00%	552
Tax Subsidies for GO Bonds	0	0	0	0.00%	0
Interest Expense (Governmental Providers Only)	(266,184)	(246,085)	(14,099)	5.73%	(326,620)
Other Non-Operating Revenue/(Expense)	197,916	253,358	(55,442)	-21.88%	345,482
Total Non Operating Revenue/(Expense)	(3,840)	44,183	(48,123)	-108.92%	52,753
Total Net Surplus/(Loss)	(\$1,145,986)	(\$662,252)	(\$583,734)	103.82%	\$628,794
Change in Unrealized Gains/(Losses) on Investments	0	(79,600)	79,600	-100.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(\$1,145,986)	(\$662,252)	(\$583,734)	78.54%	\$628,794
Operating Margin	-4.18%	-2.29%			1.81%
Total Profit Margin	-4.20%	-2.12%			2.01%
EBIDA	4.18%	6.18%			8.19%

**Statement of Revenue and Expense - 13 Month Trend**  
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**

PAGE 8

	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022	Actual 5/31/2022	Actual 4/30/2022
<b>Gross Patient Revenue</b>						
Inpatient Revenue	\$3,246,872	\$4,134,824	\$3,436,817	\$3,777,323	\$4,251,353	\$3,328,718
Inpatient Psych/Rehab Revenue						
Outpatient Revenue	\$12,945,141	\$12,931,953	\$10,996,767	\$11,110,377	\$11,073,942	\$11,024,642
Clinic Revenue	\$2,162,806	\$2,396,888	\$1,799,588	\$1,879,271	\$1,684,143	\$1,511,759
Specialty Clinic Revenue	\$0	\$0	\$0	\$282,105	\$142,760	\$278,446
<b>Total Gross Patient Revenue</b>	<b>\$18,354,819</b>	<b>\$19,423,565</b>	<b>\$16,233,153</b>	<b>\$16,849,077</b>	<b>\$17,032,197</b>	<b>\$16,144,564</b>
<b>Deductions From Revenue</b>						
Discounts and Allowances	\$9,331,432	\$9,741,462	\$8,760,917	\$7,197,480	\$7,836,089	\$8,874,612
Bad Debt Expense (Governmental Providers On Charity Care)	(\$126,524)	(\$31,820)	\$1,096,397	\$705,218	\$798,159	\$1,128,374
	\$275,778	\$166,493	\$79,890	\$857,759	\$40,187	\$216,239
<b>Total Deductions From Revenue</b>	<b>9,480,685</b>	<b>9,608,024</b>	<b>7,936,303</b>	<b>8,563,456</b>	<b>8,440,432</b>	<b>8,019,124</b>
<b>Net Patient Revenue</b>	<b>\$8,874,134</b>	<b>\$9,555,541</b>	<b>\$8,296,850</b>	<b>\$8,285,622</b>	<b>\$8,591,766</b>	<b>\$8,125,441</b>
<b>Other Operating Revenue</b>	<b>115,592</b>	<b>154,077</b>	<b>320,978</b>	<b>181,833</b>	<b>133,070</b>	<b>108,564</b>
<b>Total Operating Revenue</b>	<b>8,999,726</b>	<b>9,709,618</b>	<b>8,617,828</b>	<b>8,387,455</b>	<b>8,725,436</b>	<b>8,324,024</b>
<b>Operating Expenses</b>						
Salaries and Wages	\$3,761,912	\$3,647,186	\$3,676,065	\$3,742,411	\$3,734,120	\$3,824,854
Fringe Benefits	\$1,032,168	\$1,215,918	\$1,081,211	\$789,815	\$871,272	\$1,000,848
Contract Labor	\$802,847	\$527,615	\$631,838	\$886,061	\$1,085,822	\$1,073,901
Physicians Fees	\$271,035	\$309,898	\$328,337	\$327,771	\$331,682	\$331,304
Purchased Services	\$493,717	\$585,772	\$497,397	\$541,244	\$445,141	\$449,588
Supply Expense	\$1,728,154	\$1,715,201	\$1,285,843	\$1,181,337	\$1,157,703	\$1,271,366
Utilities	\$108,291	\$101,700	\$99,735	\$98,423	\$105,411	\$105,551
Repairs and Maintenance	\$613,854	\$548,033	\$546,902	\$857,419	\$653,592	\$639,594
Insurance Expense	\$63,788	\$63,788	\$61,854	\$61,854	\$68,440	\$62,289
All Other Operating Expenses	\$144,898	\$234,961	\$248,795	\$242,792	\$232,080	\$226,221
Bad Debt Expense (Non-Governmental Providers)						
Leases and Rentals	\$28,413	\$25,204	\$25,455	(\$277,144)	\$61,782	\$72,847
Depreciation and Amortization	\$787,028	\$756,081	\$739,528	\$1,031,439	\$737,884	\$802,022
Interest Expense (Non-Governmental Providers)						
<b>Total Operating Expenses</b>	<b>\$9,630,904</b>	<b>\$9,705,334</b>	<b>\$9,222,928</b>	<b>\$9,463,454</b>	<b>\$9,584,040</b>	<b>\$9,742,343</b>
<b>Net Operating Surplus/(Loss)</b>	<b>(\$641,178)</b>	<b>\$4,235</b>	<b>(\$605,103)</b>	<b>(\$1,075,999)</b>	<b>(\$858,604)</b>	<b>(\$1,418,318)</b>
<b>Non-Operating Revenue:</b>						
Contributions						
Investment Income	17,463	13,686	15,610	119,125	17,159	11,223
Tax Subsidies (Except for GO Bond Subsidies)						
Tax Subsidies for GO Bonds	14	11,745	9	16	285	0
Interest Expense (Governmental Providers Only)	(\$2,205)	(\$78,746)	(\$9,245)	(\$271,576)	(\$79,408)	(\$79,409)
Other Non-Operating Revenue/(Expenses)	198,044	17,514	59,045	10,800	19,933	301,537
<b>Total Non Operating Revenue/(Expense)</b>	<b>\$43,318</b>	<b>(\$35,900)</b>	<b>(\$14,855)</b>	<b>(\$142,834)</b>	<b>(\$42,087)</b>	<b>\$233,362</b>
<b>Total Net Surplus/(Loss)</b>	<b>(\$597,860)</b>	<b>(\$31,665)</b>	<b>(\$619,779)</b>	<b>(\$1,218,833)</b>	<b>(\$900,671)</b>	<b>(\$1,184,957)</b>
<b>Change in Unrealized Gains/(Losses) on Investm</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(\$87,380)</b>		
<b>Increase/(Decrease in Unrestricted Net Assets</b>	<b>(\$597,860)</b>	<b>(\$31,665)</b>	<b>(\$619,779)</b>	<b>(\$1,306,213)</b>	<b>(\$900,671)</b>	<b>(\$1,184,957)</b>
<b>Operating Margin</b>	<b>-6.02%</b>	<b>0.04%</b>	<b>-7.02%</b>	<b>-12.83%</b>	<b>-9.84%</b>	<b>-17.04%</b>
<b>Total Profit Margin</b>	<b>-5.54%</b>	<b>-0.33%</b>	<b>-7.19%</b>	<b>-14.53%</b>	<b>-10.32%</b>	<b>-14.24%</b>
<b>EBIDA</b>	<b>2.73%</b>	<b>7.77%</b>	<b>1.56%</b>	<b>-0.63%</b>	<b>-1.38%</b>	<b>-8.81%</b>

Actual 3/31/2022	Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021
\$3,977,177	\$3,576,754	\$3,563,344	\$3,801,947	\$3,935,628	\$6,090,930
\$11,545,545	\$11,321,452	\$11,144,237	\$12,775,161	\$11,200,991	\$10,874,893
\$1,701,127	\$1,734,823	\$1,462,429	\$1,967,053	\$1,622,038	\$1,896,739
\$433,489	\$170,388	\$315,556	\$357,797	\$254,659	\$230,626
\$17,657,638	\$16,803,394	\$16,505,665	\$19,001,956	\$16,713,813	\$18,593,188
\$8,147,341	\$7,628,096	\$7,888,958	\$8,655,249	\$7,294,927	\$7,994,841
\$813,526	\$1,205,992	\$1,242,529	\$1,000,088	\$1,129,861	\$889,293
\$311,522	(\$9,588)	\$27,295	\$235,454	(\$18,194)	(\$17,074)
9,272,389	8,827,400	9,158,782	9,790,791	8,408,294	8,687,120
\$8,385,250	\$7,975,994	\$7,346,883	\$9,211,166	\$8,307,519	\$9,706,088
498,170	188,958	227,298	176,824	80,826	137,282
8,881,419	8,132,982	7,674,181	9,387,780	8,389,144	9,843,360
\$3,738,770	\$3,548,337	\$3,879,506	\$3,657,198	\$3,723,086	\$4,105,038
\$1,083,304	\$1,465,793	\$1,082,665	\$973,861	\$1,055,893	\$1,318,416
\$818,922	\$632,212	\$623,830	\$469,979	\$410,170	\$361,897
\$443,620	\$377,123	\$402,794	\$408,140	\$384,978	\$382,963
\$420,067	\$519,599	\$549,353	\$390,764	\$481,277	\$359,636
\$1,661,159	\$1,262,845	\$1,116,697	\$1,685,777	\$1,435,569	\$1,384,907
\$116,195	\$91,748	\$107,027	\$105,790	\$92,733	\$91,857
\$858,633	\$827,377	\$543,950	\$631,372	\$731,037	\$612,137
\$53,274	\$49,845	\$61,700	\$51,204	\$51,204	\$51,404
\$198,212	\$204,287	\$198,162	\$168,727	\$241,518	\$222,476
\$82,298	\$59,614	\$47,850	\$50,397	\$55,342	\$58,923
\$624,984	\$581,401	\$986,558	\$890,356	\$621,714	\$625,982
\$9,717,627	\$9,427,992	\$8,943,999	\$9,083,535	\$9,264,501	\$9,483,525
(\$836,197)	(\$1,288,899)	(\$1,359,819)	\$304,265	(\$865,357)	\$359,825
11,674	7,177	6,384	10,129	14,192	11,918
28	28	189	13	147	559
(\$1,590)	(\$8,878)	(\$40,705)	4,670	(\$11,565)	(\$107,774)
155,183	13,064	1,783,576	288,782	14,504	833,411
\$85,293	(\$16,689)	\$1,537,355	\$303,544	(\$82,803)	\$438,160
(\$750,814)	(\$1,311,508)	\$167,546	\$807,769	(\$949,160)	\$797,933
(\$750,814)	(\$1,311,508)	\$167,546	\$807,769	(\$949,160)	\$797,933
-9.41%	-15.92%	-18.09%	3.24%	-10.33%	3.66%
-8.45%	-16.13%	2.21%	6.47%	-11.32%	8.11%
-2.38%	-8.77%	-10.42%	9.42%	-2.92%	9.00%



## Statement of Cash Flows

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY

PAGE 10

Three months ended September 30, 2022

	CASH FLOW	
	Current Month 9/30/2022	Current Year-To-Date 9/30/2022
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	(\$497,860)	(\$1,145,986)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	787,028	2,276,615
(Increase)/Decrease in Net Patient Accounts Receivable	(21,998)	(2,698,408)
(Increase)/Decrease in Other Receivables	27,692	(746,942)
(Increase)/Decrease in Inventories	(3,947)	(34,179)
(Increase)/Decrease in Pre-Paid Expenses	254,125	103,674
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Accounts Payable	169,901	999,383
Increase/(Decrease) in Notes and Loans Payable	0	0
Increase/(Decrease) in Accrued Payroll and Benefits	(1,374,501)	(775,058)
Increase/(Decrease) in Accrued Expenses	0	0
Increase/(Decrease) in Patient Refunds Payable	0	0
Increase/(Decrease) in Third Party Advances/Liabilities	0	0
Increase/(Decrease) in Other Current Liabilities	(751,731)	(437,570)
<b>Net Cash Provided by Operating Activities:</b>	<b>(1,411,292)</b>	<b>(2,368,471)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of Property, Plant and Equipment	(37,019)	(319,710)
(Increase)/Decrease in Limited Use Cash and Investments	2,244,761	4,454,247
(Increase)/Decrease in Other Limited Use Assets	(24,048)	(67,380)
(Increase)/Decrease in Other Assets	8,162	24,486
<b>Net Cash Used by Investing Activities</b>	<b>2,191,856</b>	<b>4,091,643</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(130,852)	(369,245)
Increase/(Decrease) in Capital Lease Debt	0	0
Increase/(Decrease) in Other Long Term Liabilities	(165,190)	(1,593,840)
<b>Net Cash Used for Financing Activities</b>	<b>(296,042)</b>	<b>(1,963,085)</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>(0)</b>	<b>(0)</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>484,522</b>	<b>(239,913)</b>
Cash, Beginning of Period	6,449,493	7,173,928
<b>Cash, End of Period</b>	<b>\$6,934,015</b>	<b>\$6,934,015</b>

## Patient Statistics

## MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 11

## ROCK SPRINGS, WY

Three months ended September 30, 2022

Current Month				Year-To-Date				
Actual 09/30/22	Budget 09/30/22	Positive/ (Negative) Variance	Prior Year 09/30/21	STATISTICS	Actual 09/30/22	Budget 09/30/22	Positive/ (Negative) Variance	Prior Year 09/30/21
<b>Discharges</b>								
111	136	(25)	136	Acute	335	363	(28)	363
111	136	(25)	136	Total Adult Discharges	335	363	(28)	363
41	34	7	34	Newborn	110	104	6	104
152	170	(18)	170	Total Discharges	445	467	(22)	467
<b>Patient Days:</b>								
388	620	(232)	620	Acute	1,166	1,335	(169)	1,335
388	620	(232)	620	Total Adult Patient Days	1,166	1,335	(169)	1,335
68	49	19	49	Newborn	184	161	23	161
456	669	(213)	669	Total Patient Days	1,350	1,496	(146)	1,496
<b>Average Length of Stay (ALOS)</b>								
3.5	4.6	(1.1)	4.6	Acute	3.5	3.7	(0.2)	3.7
3.5	4.6	(1.1)	4.6	Total Adult ALOS	3.5	3.7	(0.2)	3.7
1.7	1.4	0.2	1.4	Newborn ALOS	1.7	1.5	0.1	1.5
<b>Average Daily Census (ADC)</b>								
12.9	20.7	(7.7)	20.7	Acute	12.7	14.5	(1.8)	14.5
12.9	20.7	(7.7)	20.7	Total Adult ADC	12.7	14.5	(1.8)	14.5
2.3	1.6	0.6	1.6	Newborn	2.0	1.8	0.3	1.8
<b>Emergency Room Statistics</b>								
115	140	(25)	140	ER Visits - Admitted	340	372	(32)	372
1,141	1,165	(24)	1,165	ER Visits - Discharged	3,575	3,615	(40)	3,615
1,256	1,305	(49)	1,305	Total ER Visits	3,915	3,987	(72)	3,987
9.16%	10.73%		10.73%	% of ER Visits Admitted	8.68%	9.33%		9.33%
103.60%	102.94%		102.94%	ER Admissions as a % of Total	101.49%	102.48%		102.48%
<b>Outpatient Statistics:</b>								
7,276	10,534	(3,258)	10,534	Total Outpatients Visits	21,943	30,470	(8,527)	29,257
0	0	0	91	Observation Bed Days	0	235	(235)	326
5,423	4,990	433	4,990	Clinic Visits - Primary Care	14,887	14,474	413	14,474
520	527	(7)	527	Clinic Visits - Specialty Clinics	1,480	1,491	(11)	1,491
49	18	31	18	IP Surgeries	97	60	37	60
105	72	33	72	OP Surgeries	337	269	68	269
<b>Productivity Statistics:</b>								
446.84	465.19	(18.35)	459.59	FTE's - Worked	437.27	465.19	(27.92)	451.74
490.45	511.59	(21.14)	511.34	FTE's - Paid	492.58	511.59	(19.01)	503.69
1.4600	1.8773	(0.42)	1.8773	Case Mix Index - Medicare	1.3900	0.0000	1.39	1.7009
1.0600	0.9129	0.15	0.9129	Case Mix Index - All payers	1.1300	0.0000	1.13	1.0891



# Accounts Receivable Tracking Report

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 12

ROCK SPRINGS, WY

09/30/22

	<u>Current Month Actual</u>	<u>Current Month Target</u>
Gross Days in Accounts Receivable - All Services	76.46	76.31
Net Days in Accounts Receivable	71.18	65.76
Number of Gross Days in Unbilled Revenue	19.50	3.0 or <
Number of Days Gross Revenue in Credit Balances	0.00	< 1.0
Self Pay as a Percentage of Total Receivables	24.49%	N/A
Charity Care as a % of Gross Patient Revenue - Current Month	1.50%	1.20%
Charity Care as a % of Gross Patient Revenue - Year-To-Date	0.95%	1.22%
Bad Debts as a % of Gross Patient Revenue - Current Month	-0.69%	6.49%
Bad Debts as a % of Gross Patient Revenue - Year-To-Date	1.74%	6.59%
Collections as a Percentage of Net Revenue - Current Month	99.19%	100% or >
Collections as a Percentage of Net Revenue - Year-To-Date	89.35%	100% or >
Percentage of Blue Cross Receivable > 90 Days	11.67%	< 10%
Percentage of Insurance Receivable > 90 Days	35.09%	< 15%
Percentage of Medicaid Receivable > 90 Days	29.92%	< 20%
Percentage of Medicare Receivable > 60 Days	30.30%	< 6%

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING

PAGE 13

Three months ended September 30, 2022

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.  
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Gross Patient Revenue	401,640	2.24%	611,994	1.15%
Gross patient revenue is over budget for the month and over budget year to date. Patient statistics under budget include ER visits and Outpatient visits. Average Daily Census is 12.9 in September which is under budget by 7.7				
Deductions from Revenue	(241,721)	-2.62%	196,666	0.72%
Deductions from revenue are under budget for September and under budget year to date. They are currently booked at 51.6% for September and 50.5% year to date. This number is monitored closely each month and fluctuates based on historical write-offs and current collection percentages.				
Bad Debt Expense	1,292,531	110.85%	2,582,431	73.36%
Bad debt expense is booked at -0.0068% for September and 1.73% year to date.				
Charity Care	(30,514)	-28.11%	136,658	21.03%
Charity care yields a high degree of variability month over month and is dependent on patient needs. Patient Financial Services evaluates accounts consistently to determine when charity adjustments are appropriate in accordance with our Charity Care Policy.				
Other Operating Revenue	(45,186)	-28.55%	(23,440)	-3.82%
Other Operating Revenue is under budget for the month and is under budget year to date.				
Salaries and Wages	(169,587)	-4.72%	127,201	1.13%
Salary and Wages are over budget in September and are under budget year to date. Paid FTEs are under budget by 21.14 FTEs for the month and over 19.01 FTEs year to date.				
Fringe Benefits	(45,385)	-4.60%	(393,579)	-13.41%
Fringe benefits are over budget in September and over budget year to date.				
Contract Labor	(198,639)	-48.41%	(470,676)	-36.44%
Contract labor is over budget for September and over budget year to date. Med/surg, OR, ER, Lab, Respiratory Therapy, Security and Social Services are over budget.				

# Variance Analysis

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

PAGE 14

ROCK SPRINGS, WYOMING

Three months ended September 30, 2022

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.  
Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month		Year-to-Date	
	Amount	%	Amount	%
Physician Fees	78,523	22.46%	78,413	7.94%
Physician fees under budget in September and under budget year to date. ER, Sleep Lab and Locums are over budget in September.				
Purchased Services	51,447	9.44%	67,749	4.17%
Purchased services are under budget for September and under budget year to date. Expenses over budget are Dept Mgmt Service, Legal Fee's and Audit Fee's.				
Supply Expense	(404,901)	-30.60%	(691,631)	-17.18%
Supplies are over budget for September and over budget year to date. Line items over budget include Lab Supplies, chargeables, implants, drugs and food.				
Repairs & Maintenance	11,924	2.27%	(465)	-0.93%
Repairs and Maintenance are under budget for September and over budget year to date.				
All Other Operating Expenses	68,786	32.19%	58,782	8.58%
This expense is under budget in September and under budget year to date. Other expenses over budget are Physician recruitment other expenses				
Leases and Rentals	(8,639)	-48.53%	(23,081)	-42.75%
This expense is over budget for September and is over budget year to date				
Depreciation and Amortization	(37,900)	-5.08%	(30,421)	-1.35%
Depreciation is over budget for September and is over budget year to date				
<b>BALANCE SHEET</b>				
Cash and Cash Equivalents	\$484,522	7.51%		
Cash decreased in August. Cash collections for September were \$8.8 million. Days Cash on Hand decreased to 85 days.				
Gross Patient Accounts Receivable	\$427,025	0.96%		
This receivable increased in September due to Cerner				

## Variance Analysis

### MEMORIAL HOSPITAL OF SWEETWATER COUNTY ROCK SPRINGS, WYOMING

PAGE 15

Three months ended September 30, 2022

Monthly Variances in excess of \$10,000 as well as in excess of 10% explained below.

Year-To-Date Variances in excess of \$30,000 as well as in excess of 5% explained below.

	Current Month Amount	%	Year-to-Date Amount	%
Bad Debt and Allowance Reserves	(405,927)	-1.70%		
Bad Debt and Allowances increased.				
Other Receivables	(27,692)	-1.08%		
Other Receivables increased in September due to county and occ med invoices and retention bonuses.				
Prepaid Expenses	(254,128)	-11.92%		
Prepaid expenses increased due to the normal activity in this account.				
Limited Use Assets	(2,226,713)	-11.14%		
These assets decreased due to funds moved to the general account for operations				
Plant Property and Equipment	(750,008)	-1.01%		
The decrease in these assets is due to the increase in Capital equipment and the normal increase in accumulated depreciation.				
Accounts Payable	(169,901)	-2.60%		
This liability increased due to the normal activity in this account.				
Accrued Payroll	1,395,177	56.40%		
This liability decreased in August. The payroll accrual for September was 5 days.				
Accrued Benefits	(20,676)	-0.75%		
This liability increased in September with the normal accrual and usage of PTO				
Other Current Liabilities	751,731	79.76%		
This liability decreased for September due to the payment on the bonds				
Other Long Term Liabilities	165,190	6.12%		
This liability decreased due the payment of accelerated medicare				
Total Net Assets	497,860	0.59%		

The net loss from operations for September is \$541,178.27



**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
ROCK SPRINGS, WY**

PHYSICIAN CLINICS

**Unaudited Financial Statements**

**for**

**Three months ended September 30, 2022**

**Certification Statement:**

To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

**Certified by:**

**Tami Love**

**Chief Financial Officer**

## Table of Contents

<b>MEMORIAL HOSPITAL OF SWEETWATER COUNTY</b>	<b>PAGE 1</b>
<b>ROCK SPRINGS, WY</b>	
<b>Three months ended September 30, 2022</b>	

## **TABLE OF CONTENTS**

FINANCIAL RATIOS AND BENCHMARKS	PAGE 2
STATEMENT OF OPERATIONS - CURRENT MONTH	PAGE 3
STATEMENT OF OPERATIONS - YEAR-TO-DATE	PAGE 4
STATEMENT OF OPERATIONS - 13 MONTH TREND	PAGE 5
KEY OPERATING STATISTICS	PAGE 7

**Key Financial Ratios****MEMORIAL HOSPITAL OF SWEETWATER COUNTY****PAGE 2****ROCK SPRINGS, WY****Three months ended September 30, 2022****- DESIRED POSITION IN RELATION TO BENCHMARKS AND BUDGET**

	Month to Date 9/30/2022	Year to Date 9/30/2022	Prior Fiscal Year End 06/30/22	MGMA Hospital Owned Rural
<b>Profitability:</b>				
Operating Margin	-30.53%	-32.56%	-6.33%	-36.58%
Total Profit Margin	-30.53%	-32.56%	-4.05%	-36.58%
Contractual Allowance %	42.89%	43.24%	44.30%	
<b>Liquidity:</b>				
Net Days in Accounts Receivable	49.23	52.00	65.76	39.58
Gross Days in Accounts Receivable	55.29	58.03	76.31	72.82
<b>Productivity and Efficiency:</b>				
Patient Visits Per Day	180.77	161.82	155.29	
Total Net Revenue per FTE	N/A	\$193,049	\$204,705	
Salary Expense per Paid FTE	N/A	\$184,006	\$102,150	
Salary and Benefits as a % of Net Revenue	115.07%	111.78%	58.36%	91.26%
Employee Benefits %	16.03%	17.28%	28.35%	6.10%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Three months ended September 30, 2022

PAGE 3

	CURRENT MONTH				Prior Year 09/30/21
	Actual 09/30/22	Budget 09/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	2,162,806	1,954,232	208,574	10.67%	1,419,718
Specialty Clinic Revenue	0	0	0	0.00%	375,846
Total Gross Patient Revenue	2,162,806	1,954,232	208,574	10.67%	1,795,564
Deductions From Revenue					
Discounts and Allowances	(927,592)	(877,777)	(49,815)	-5.68%	(801,974)
Total Deductions From Revenue	(927,592)	(877,777)	(49,815)	-5.68%	(801,974)
Net Patient Revenue	1,235,214	1,076,455	158,759	14.75%	993,590
Other Operating Revenue	39,391	53,878	(14,487)	-26.89%	51,015
Total Operating Revenue	1,274,605	1,130,333	144,272	12.76%	1,044,605
Operating Expenses					
Salaries and Wages	1,263,961	1,079,422	(184,539)	-17.10%	1,142,100
Fringe Benefits	202,670	183,857	(18,814)	-10.23%	181,343
Contract Labor	0	0	0	0.00%	0
Physicians Fees	67,448	127,090	59,642	46.93%	39,947
Purchased Services	8,150	7,427	(723)	-9.74%	11,585
Supply Expense	24,164	20,863	(3,300)	-15.82%	15,849
Utilities	1,905	2,493	588	23.60%	1,326
Repairs and Maintenance	14,326	18,023	3,696	20.51%	19,156
Insurance Expense	16,625	16,709	84	0.50%	14,844
All Other Operating Expenses	53,151	99,558	46,407	46.61%	107,037
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	3,264	3,471	207	5.96%	2,635
Depreciation and Amortization	8,110	6,849	(1,261)	-18.41%	11,086
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	1,663,774	1,565,761	(98,013)	-6.26%	1,546,906
Net Operating Surplus/(Loss)	(389,169)	(435,428)	46,259	-10.62%	(502,301)
Total Net Surplus/(Loss)	(389,169)	(435,428)	46,259	-10.62%	(502,301)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease in Unrestricted Net Assets	(389,169)	(435,428)	46,259	-10.62%	(502,301)
Operating Margin	-30.53%	-38.52%			-48.09%
Total Profit Margin	-30.53%	-38.52%			-48.09%
EBIDA	-29.90%	-37.92%			-47.02%



# Statement of Revenue and Expense

MEMORIAL HOSPITAL OF SWEETWATER COUNTY

ROCK SPRINGS, WY

Three months ended September 30, 2022

PAGE 4

	YEAR-TO-DATE				Prior Year 09/30/21
	Actual 09/30/22	Budget 09/30/22	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue					
Clinic Revenue	6,319,363	5,849,534	469,829	8.03%	4,422,612
Specialty Clinic Revenue	0	0	0	0.00%	781,250
Total Gross Patient Revenue	6,319,363	5,849,534	469,829	8.03%	5,203,862
Deductions From Revenue					
Discounts and Allowances	(2,732,508)	(2,607,314)	(125,194)	-4.80%	(2,342,047)
Total Deductions From Revenue	(2,732,508)	(2,607,314)	(125,194)	-4.80%	(2,342,047)
Net Patient Revenue	3,586,854	3,242,220	344,634	10.63%	2,861,816
Other Operating Revenue	124,360	159,119	(34,759)	-21.84%	161,678
Total Operating Revenue	3,711,215	3,401,339	309,876	9.11%	3,023,493
Operating Expenses					
Salaries and Wages	3,537,370	3,344,938	(192,432)	-5.75%	3,402,686
Fringe Benefits	611,191	565,298	(45,893)	-8.12%	490,219
Contract Labor	0	0	0	0.00%	0
Physicians Fees	211,183	331,270	120,087	36.25%	158,871
Purchased Services	25,030	21,898	(3,132)	-14.30%	37,615
Supply Expense	61,411	66,276	4,865	7.34%	55,248
Utilities	4,803	7,486	2,682	35.84%	4,741
Repairs and Maintenance	41,535	60,017	18,483	30.80%	52,365
Insurance Expense	49,990	50,126	137	0.27%	44,531
All Other Operating Expenses	343,868	338,170	(5,698)	-1.68%	342,209
Bad Debt Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Leases and Rentals	8,881	10,511	1,630	15.51%	10,642
Depreciation and Amortization	24,330	20,551	(3,779)	-18.39%	33,295
Interest Expense (Non-Governmental Providers)	0	0	0	0.00%	0
Total Operating Expenses	4,919,591	4,816,541	(103,049)	-2.14%	4,632,422
Net Operating Surplus/(Loss)	(1,208,376)	(1,415,202)	206,826	-14.61%	(1,608,929)
Total Net Surplus/(Loss)	(1,208,376)	(1,415,202)	\$206,826	-14.61%	(1,608,929)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0.00%	0
Increase/(Decrease) in Unrestricted Net Assets	(1,208,376)	(1,415,202)	\$206,826	-14.61%	(1,608,929)
Operating Margin	-32.56%	-41.61%			-53.21%
Total Profit Margin	-32.56%	-41.61%			-53.21%
EBIDA	-31.90%	-41.00%			-52.11%

**Statement of Revenue and Expense - 13 Month Trend**  
**MEMORIAL HOSPITAL OF SWEETWATER COUNTY**  
**ROCK SPRINGS, WY**

**PAGE 5**

	Actual 9/30/2022	Actual 8/31/2022	Actual 7/31/2022	Actual 6/30/2022
Gross Patient Revenue				
Clinic Revenue	\$2,162,806	\$2,356,988	\$1,799,568	\$1,448,630
Specialty Clinic Revenue	\$0	\$0	\$0	\$348,674
Total Gross Patient Revenue	\$2,162,806	\$2,356,988	\$1,799,568	\$1,797,304
Deductions From Revenue				
Discounts and Allowances	(\$927,592)	(\$1,027,867)	(\$777,549)	(\$814,085)
Total Deductions From Revenue	(\$927,592)	(\$1,027,867)	(\$777,549)	(\$814,085)
Net Patient Revenue	\$1,235,214	\$1,329,621	\$1,022,019	\$978,219
Other Operating Revenue	\$39,391	\$42,453	\$42,516	\$48,757
Total Operating Revenue	1,274,605	1,372,073	1,064,536	1,024,977
Operating Expenses				
Salaries and Wages	\$1,263,961	\$1,042,504	\$1,230,906	\$1,061,614
Fringe Benefits	\$202,670	\$208,681	\$201,840	\$149,134
Contract Labor	\$0	\$0	\$0	\$0
Physicians Fees	\$67,448	\$59,870	\$83,785	\$146,371
Purchased Services	\$8,150	\$9,056	\$7,824	\$15,910
Supply Expense	\$24,164	\$19,379	\$17,868	\$21,967
Utilities	\$1,905	\$1,907	\$991	\$2,404
Repairs and Maintenance	\$14,326	\$13,311	\$13,888	\$18,834
Insurance Expense	\$16,625	\$16,825	\$16,739	\$13,611
All Other Operating Expenses	\$53,151	\$140,639	\$180,077	\$83,557
Bad Debt Expense (Non-Governmental Providers)				
Leases and Rentals	\$3,264	\$3,013	\$2,604	\$4,093
Depreciation and Amortization	\$8,110	\$8,110	\$8,110	\$12,936
Interest Expense (Non-Governmental Providers)				
Total Operating Expenses	\$1,663,774	\$1,521,195	\$1,734,622	\$1,508,431
Net Operating Surplus/(Loss)	(\$389,169)	(\$149,122)	(\$670,086)	(\$483,454)
Total Net Surplus/(Loss)	(\$389,169)	(\$149,122)	(\$670,086)	(\$483,454)
Change in Unrealized Gains/(Losses) on Investments	0	0	0	0
Increase/(Decrease) in Unrestricted Net Assets	(\$389,169)	(\$149,122)	(\$670,086)	(\$483,454)
Operating Margin	-30.53%	-10.87%	-47.17%	-69.01%
Total Profit Margin	-30.53%	-10.87%	-47.17%	-69.01%
EBIDA	-29.90%	-10.28%	-45.91%	-67.44%

Actual 5/31/2022	Actual 4/30/2022	Actual 3/31/2022	Actual 2/28/2022	Actual 1/31/2022	Actual 12/31/2021	Actual 11/30/2021	Actual 10/31/2021	Actual 9/30/2021
\$1,308,860	\$1,588,815	\$1,451,105	\$1,300,088	\$1,410,542	\$1,374,626	\$1,444,093	\$1,438,042	\$1,264,797
\$181,892	\$288,056	\$342,042	\$281,294	\$311,812	\$321,841	\$320,942	\$234,817	\$351,223
\$1,470,752	\$1,886,871	\$1,793,147	\$1,581,380	\$1,722,154	\$1,696,166	\$1,771,035	\$1,669,859	\$1,616,020
(\$701,578)	(\$869,032)	(\$828,370)	(\$758,645)	(\$836,394)	(\$744,684)	(\$787,893)	(\$755,733)	(\$741,674)
(\$701,578)	(\$869,032)	(\$828,370)	(\$758,645)	(\$836,394)	(\$744,684)	(\$787,893)	(\$755,733)	(\$741,674)
\$769,173	\$1,017,838	\$964,777	\$822,735	\$885,759	\$954,482	\$983,142	\$904,126	\$874,346
\$59,125	\$58,845	\$59,103	\$65,776	\$70,558	\$67,749	\$70,839	\$74,395	\$79,030
828,299	1,076,684	1,023,880	888,510	956,317	1,022,231	1,053,982	978,521	949,376
\$940,167	\$1,037,659	\$1,142,213	\$1,104,879	\$1,132,930	\$1,137,133	\$1,211,751	\$1,088,459	\$1,088,987
\$184,189	\$286,716	\$218,355	\$240,814	\$263,026	\$188,182	\$149,894	\$164,048	\$149,004
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$114,521	\$48,488	\$30,939	\$93,378	\$76,308	\$140,901	\$122,268	\$145,489	\$79,510
\$13,208	\$12,175	\$15,397	\$13,204	\$15,024	\$12,233	\$12,758	\$14,882	\$15,580
\$15,954	\$18,891	\$18,548	\$17,037	\$14,851	\$12,388	\$12,806	\$13,359	\$15,225
\$1,933	\$1,872	\$1,875	\$1,836	\$1,810	\$594	\$2,122	\$972	\$647
\$16,580	\$16,968	\$18,493	\$16,542	\$17,458	\$19,895	\$20,740	\$18,512	\$18,488
\$13,611	\$13,611	\$13,611	\$13,611	\$13,611	\$13,611	\$13,611	\$13,294	\$13,294
\$82,775	\$134,876	\$185,518	\$95,431	\$91,548	\$109,020	\$82,354	\$103,990	\$88,010
\$4,022	\$3,037	\$3,450	\$3,319	\$3,032	\$2,398	\$3,871	\$3,239	\$2,177
\$12,937	\$12,966	\$17,183	\$18,273	\$18,273	\$18,641	\$18,641	\$18,214	\$18,280
\$1,399,867	\$1,508,056	\$1,583,583	\$1,620,324	\$1,647,571	\$1,634,705	\$1,650,804	\$1,582,457	\$1,487,181
(\$571,568)	(\$429,373)	(\$559,793)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,885)
(\$571,568)	(\$429,373)	(\$559,793)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,885)
0	0	0	0	0	0	0	0	0
(\$571,568)	(\$429,373)	(\$559,793)	(\$731,814)	(\$691,254)	(\$612,474)	(\$596,823)	(\$603,935)	(\$537,885)
-39.88%	-54.66%	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-56.65%
-39.88%	-54.66%	-82.36%	-72.28%	-59.92%	-56.63%	-61.72%	-56.65%	-56.65%
-38.67%	-52.99%	-80.31%	-70.37%	-58.09%	-54.86%	-59.86%	-54.72%	-54.72%

**MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
CASH DISBURSEMENT SUMMARY FOR SEPTEMBER 22**

PAYMENT SOURCE	NO. OF DISBURSEMENTS	AMOUNT
OPERATIONS (GENERAL FUND/KEYBANK)	739	8,300,109.60
CAPITAL EQUIPMENT (PLANT FUND)	4	169,148.49
CONSTRUCTION IN PROGRESS (BUILDING FUND)	3	204,427.45
PAYROLL SEPTEMBER 1, 2022		1,597,862.30
PAYROLL SEPTEMBER 15, 2022		1,634,443.61
PAYROLL SEPTEMBER 29, 2022		1,693,978.63
TOTAL CASH OUTFLOW		<u>\$8,673,685.54</u>
CASH COLLECTIONS		8,801,981.44
INCREASE/DECREASE IN CASH		\$128,295.90

**PLANT FUND CASH DISBURSEMENTS  
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002534	7/15/2022	CERNER CORPORATION	24,262.00	CERNER ANESTHESIA CARTS		
<b>JULY TOTALS</b>					<b>24,262.00</b>	<b>24,262.00</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002535	8/12/2022	EAGLE COMPACTION	18,250.00	TRASH COMPACTOR		
002536	8/12/2022	OLYMPUS AMERICA INC	10,755.50	URETERSCOPE		
002537	8/18/2022	ROBERT I MERRILL COMPANY	16,434.00	RATED DOOR FOR MED IMAGE & SURGERY		
<b>AUGUST TOTALS</b>					<b>45,439.50</b>	<b>69,701.50</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
002538	9/1/2022	OLYMPUS AMERICA INC	9,388.49	URETERSCOPE		
002539	9/9/2022	WASATCH CONTROLS (HARRIS A	71,250.00	BUILDING AUTOMATION		
002540	9/15/2022	WASATCH CONTROLS (HARRIS A	73,150.00	BUILDING AUTOMATION		
002541	9/22/2022	MITCHELL ACOUSTICS, INC	15,360.00	BUILDING AUTOMATION		
<b>SEPTEMBER TOTALS</b>					<b>169,148.49</b>	<b>238,849.99</b>

**CONSTRUCTION IN PROGRESS (BUILDING FUND) CASH DISBURSEMENTS  
FISCAL YEAR 2023**

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001171	7/7/2022	WASATCH CONTROLS (HARRIS .	38,000.00			
001172	7/7/2022	WESTERN ENGINEERS & GEOLO	704.07			
001173	7/8/2022	CERNER CORPORATION	59,427.44			
WF DEBT	7/19/2022	WF DEBT SERVICE	157,000.26			
<b>JULY TOTALS</b>					<b>255,211.77</b>	<b>255,211.77</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001174	8/4/2022	WESTERN ENGINEERS & GEOLO	200.75	BUILDING AUTOMATION		
001175	8/4/2022	WYLIE CONSTRUCTION INC.	61,978.36	BULK OXYGEN		
001176	8/12/2022	PLAN ONE/ARCHITECTS	2,025.00	MOB ENTRY		
WF DEBT	8/16/2022	WF DEBT SERVICE	157,000.26	WF DEBT SERVICE		
<b>AUGUST TOTALS</b>					<b>221,284.37</b>	<b>476,496.14</b>

CHECK NUMBER	DATE	PAYEE	AMOUNT	DESCRIPTION	MONTHLY TOTAL	FYTD TOTAL
001177	9/9/2022	WESTERN ENGINEERS & GEOLO	144.75	BUILDING AUTOMATION		
001178	9/22/2022	WYLIE CONSTRUCTION INC.	13,532.04	BULK OXYGEN		
WF DEBT	9/19/2022	WF DEBT SERVICE	190,750.66	WF DEBT SERVICE		
<b>SEPTEMBER TOTALS</b>					<b>204,427.45</b>	<b>680,923.59</b>

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

Amount	Description
46,138.81	<b>Advertising Total</b>
7,223.91	<b>Billing Services Total</b>
25,284.03	<b>Blood Total</b>
3,500.00	<b>Building Lease Total</b>
3,665.33	<b>Cellular Telephone Total</b>
36,533.57	<b>Collection Agency Total</b>
15,828.74	<b>Computer Equipment Total</b>
524,723.78	<b>Contract Maintenance Total</b>
800,665.72	<b>Contract Personnel Total</b>
1,627.63	<b>Courier Services Total</b>
3,047.29	<b>Credit Card Payment Total</b>
28,029.85	<b>Dental Insurance Total</b>
16,119.61	<b>Dialysis Supplies Total</b>
1,940.00	<b>Education &amp; Travel Total</b>
250.00	<b>Education Material Total</b>
2,540.00	<b>Employee Recruitment Total</b>
6,686.51	<b>Employee Vision Plan Total</b>
154,216.30	<b>Equipment Lease Total</b>
10,358.97	<b>Food Total</b>
7,890.02	<b>Freight Total</b>
473.52	<b>Fuel Total</b>
5,523.90	<b>Garbage Collection Total</b>
671,638.68	<b>Group Health Total</b>
439,682.16	<b>Hospital Supplies Total</b>
25,573.00	<b>Implant Supplies Total</b>
555.81	<b>Instruments Total</b>
33,026.52	<b>Insurance Premium Total</b>
2,438.65	<b>Insurance Refund Total</b>
69,654.09	<b>Laboratory Services Total</b>
266,188.24	<b>Laboratory Supplies Total</b>
15,691.39	<b>Legal Fees Total</b>
2,344.84	<b>Life Insurance Total</b>
363.72	<b>Linen Total</b>
21,695.80	<b>Maintenance &amp; Repair Total</b>
20,403.01	<b>Maintenance Supplies Total</b>
9,598.00	<b>Marketing &amp; Promotional Supplies Total</b>
3,540.46	<b>MHSC Foundation Total</b>
4,022.00	<b>Minor Equipment Total</b>
647.00	<b>Monthly Pest Control Total</b>
15,074.02	<b>Non Medical Supplies Total</b>
425,580.66	<b>Nutrition Services Management &amp; Food Total</b>
23,736.23	<b>Office Supplies Total</b>
1,970.00	<b>Other Employee Benefits Total</b>
347.00	<b>Other Purchased Services Total</b>
9,905.22	<b>Oxygen Rental Total</b>
17,182.28	<b>Patient Refund Total</b>
733.86	<b>Payroll Deduction Total</b>



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
2	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
3	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57	60	63	66	69	72	75	78	81	84	87	90	93	96	99	102	105	108	111	114	117	120	123	126	129	132	135	138	141	144	147	150	153	156	159	162	165	168	171	174	177	180	183	186	189	192	195	198	201	204	207	210	213	216	219	222	225	228	231	234	237	240	243	246	249	252	255	258	261	264	267	270	273	276	279	282	285	288	291	294	297	300
4	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72	76	80	84	88	92	96	100	104	108	112	116	120	124	128	132	136	140	144	148	152	156	160	164	168	172	176	180	184	188	192	196	200	204	208	212	216	220	224	228	232	236	240	244	248	252	256	260	264	268	272	276	280	284	288	292	296	300	304	308	312	316	320	324	328	332	336	340	344	348	352	356	360	364	368	372	376	380	384	388	392	396	400
5	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	23																																																						

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MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

Check Number	Date	Vendor Check Name	Amount	Description
188269	9/22/2022	BEST VERSION MEDIA LLC	387.20	Advertising
187925	9/1/2022	BIG THICKET BROADCASTING	3,183.00	Advertising
188048	9/9/2022	BIG THICKET BROADCASTING	6.00	Advertising
188270	9/22/2022	BIG THICKET BROADCASTING	3,192.00	Advertising
187928	9/1/2022	BRIDGER VALLEY PIONEER	520.00	Advertising
188275	9/22/2022	BRIDGER VALLEY PIONEER	270.00	Advertising
187964	9/1/2022	KEMMERER GAZETTE	1,028.00	Advertising
188307	9/22/2022	KEMMERER GAZETTE	734.00	Advertising
188217	9/15/2022	PILOT BUTTE BROADCASTING	650.00	Advertising
187984	9/1/2022	PINEDALE ROUNDUP	250.00	Advertising
188325	9/22/2022	PINEDALE ROUNDUP	250.00	Advertising
188227	9/15/2022	ROCKET MINER	935.00	Advertising
188332	9/22/2022	ROCKET MINER	19.56	Advertising
188469	9/29/2022	ROCKET MINER	109.20	Advertising
188114	9/9/2022	ROYAL FLUSH ADVERTISING	2,754.00	Advertising
188009	9/1/2022	SUBLETTE EXAMINER	250.00	Advertising
188345	9/22/2022	SUBLETTE EXAMINER	250.00	Advertising
188241	9/15/2022	SWEETWATER NOW, LLC	2,900.00	Advertising
188246	9/15/2022	THE RADIO NETWORK	3,365.65	Advertising
188351	9/22/2022	TRUE NORTH CUSTOM PUBLISHING	24,673.20	Advertising
EFT000000007671	9/1/2022	LAMAR ADVERTISING	412.00	Advertising
EFT000000007698	9/15/2022	LAMAR ADVERTISING	1,236.00	Advertising
EFT000000007699	9/15/2022	ROCK SPRINGS SWEETWATER COUNTY AIRPORT	280.00	Advertising
EFT000000007709	9/23/2022	GREEN RIVER STAR	450.00	Advertising
EFT000000007721	9/29/2022	LAMAR ADVERTISING	412.00	Advertising
188166	9/15/2022	CSG, LLC	894.09	Billing Services
188180	9/15/2022	EXPRESS MEDICAID BILLING SERV	3,118.27	Billing Services
188110	9/9/2022	RENAL SERVICES EXCHANGE, INC.	702.00	Billing Services
188250	9/15/2022	TRUE COMMENCE, INC	131.55	Billing Services
188022	9/1/2022	VITALANT	6,930.27	Blood
188141	9/9/2022	VITALANT	11,089.72	Blood
188353	9/22/2022	VITALANT	7,264.04	Blood
188286	9/22/2022	CURRENT PROPERTIES, LLC	3,500.00	Building Lease
188020	9/1/2022	VERIZON WIRELESS, LLC	3,665.33	Cellular Telephone
188281	9/22/2022	COLLECTION PROFESSIONALS, INC	306.28	Collection Agency
188023	9/1/2022	WAKEFIELD & ASSOCIATES, INC.	36,227.29	Collection Agency
187933	9/1/2022	CDW GOVERNMENT LLC	11,849.48	Computer Equipment
188287	9/22/2022	DELL COMPUTER CORPORATION	3,979.26	Computer Equipment
188153	9/15/2022	ABILITY NETWORK INC	848.54	Contract Maintenance
187927	9/1/2022	BISCOM	1,655.35	Contract Maintenance
188423	9/29/2022	BISCOM	2,626.63	Contract Maintenance
188425	9/29/2022	CARASOFT TECHNOLOGY CORP	27,574.38	Contract Maintenance
188168	9/15/2022	CHANGE HEALTHCARE SOLUTIONS, LLC	16,394.19	Contract Maintenance
188172	9/15/2022	COMMON CENTS CASINO PARTIES	3,800.00	Contract Maintenance
188058	9/9/2022	CONVERGEONE, INC.	167,633.57	Contract Maintenance
188187	9/15/2022	FRONT RANGE MOBILE IMAGING, INC.	3,412.00	Contract Maintenance
188188	9/15/2022	GE HEALTHCARE	24,986.60	Contract Maintenance
188442	9/29/2022	GE HEALTHCARE	24,986.60	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

187949	9/1/2022	GE HEALTHCARE INC	2,140.20	Contract Maintenance
188071	9/9/2022	GE HEALTHCARE INC	2,140.20	Contract Maintenance
188189	9/15/2022	GE HEALTHCARE INC	2,140.20	Contract Maintenance
187952	9/1/2022	HARMONY HEALTHCARE IT	7,727.00	Contract Maintenance
188080	9/9/2022	INSIGHT SCREENING LLC	1,316.80	Contract Maintenance
187954	9/1/2022	INTERACT INTRANET INC	34,845.12	Contract Maintenance
187955	9/1/2022	INTOUCH HEALTH	7,248.00	Contract Maintenance
187956	9/1/2022	ISI WATER CHEMISTRIES	2,430.75	Contract Maintenance
188450	9/29/2022	ISI WATER CHEMISTRIES	2,430.75	Contract Maintenance
188090	9/9/2022	MD ANDERSON CANCER CENTER	795.00	Contract Maintenance
188094	9/9/2022	MERGE HEALTHCARE SOLUTIONS, INC	97.15	Contract Maintenance
188029	9/1/2022	NUANCE COMMUNICATIONS, INC	208.33	Contract Maintenance
188100	9/9/2022	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
188462	9/29/2022	NUANCE COMMUNICATIONS, INC	313.33	Contract Maintenance
187982	9/1/2022	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
188323	9/22/2022	PHILIPS HEALTHCARE	1,433.00	Contract Maintenance
188466	9/29/2022	QUADRAMED	17,750.00	Contract Maintenance
187991	9/1/2022	REMI CORPORATION	2,730.90	Contract Maintenance
188331	9/22/2022	RL DATIX	842.00	Contract Maintenance
188116	9/9/2022	SCORPION HEALTHCARE LLC	2,849.00	Contract Maintenance
188230	9/15/2022	SCORPION HEALTHCARE LLC	6,235.34	Contract Maintenance
188337	9/22/2022	SECHRIST TECHNOLOGY GROUP	1,024.00	Contract Maintenance
187998	9/1/2022	SIEMENS MEDICAL SOLUTIONS USA	10,950.08	Contract Maintenance
188118	9/9/2022	SIEMENS MEDICAL SOLUTIONS USA	2,875.42	Contract Maintenance
188231	9/15/2022	SIEMENS MEDICAL SOLUTIONS USA	10,808.67	Contract Maintenance
188340	9/22/2022	SIEMENS MEDICAL SOLUTIONS USA	10,950.08	Contract Maintenance
188015	9/1/2022	THOMSON REUTERS	1,686.30	Contract Maintenance
188137	9/9/2022	TRANE U.S. INC.	9,656.00	Contract Maintenance
188140	9/9/2022	UNITED AUDIT SYSTEMS, INC.	1,606.25	Contract Maintenance
188487	9/29/2022	UNITED AUDIT SYSTEMS, INC.	5,700.00	Contract Maintenance
188142	9/9/2022	VIVOR LLC	12,000.00	Contract Maintenance
188026	9/1/2022	WYODATA SECURITY INC.	1,235.00	Contract Maintenance
188143	9/9/2022	WYODATA SECURITY INC.	1,445.00	Contract Maintenance
188258	9/15/2022	WYODATA SECURITY INC.	1,585.00	Contract Maintenance
EFT00000007676	9/1/2022	UP TO DATE	27,745.00	Contract Maintenance
EFT00000007686	9/9/2022	STATE FIRE DC SPECIALTIES	2,363.00	Contract Maintenance
EFT00000007690	9/15/2022	ARRENDALE ASSOCIATES, INC	1,435.00	Contract Maintenance
EFT00000007701	9/15/2022	STATE FIRE DC SPECIALTIES	10,377.00	Contract Maintenance
EFT00000007713	9/23/2022	STATE FIRE DC SPECIALTIES	7,364.35	Contract Maintenance
W/T	9/14/2022	ORTHO PHREESIA FEE	1.40	Contract Maintenance
W/T	9/20/2022	ORTHO TRIZETTO FEE	237.00	Contract Maintenance
W/T	9/22/2022	CARE CLOUD	349.00	Contract Maintenance
W/T	9/6/2022	ZENITH	420.42	Contract Maintenance
W/T	9/14/2022	CLINIC PHREESIA FEE	662.90	Contract Maintenance
W/T	9/20/2022	CLINIC TRIZETTO FEE	5,864.66	Contract Maintenance
187935	9/1/2022	CERNIER CORPORATION	16,075.83	Contract Maintenance
188056	9/9/2022	CERNIER CORPORATION	4,924.54	Contract Maintenance
188057	9/9/2022	CLOUDLI COMMUNICATIONS INC.	51.02	Contract Maintenance
EFT00000007673	9/1/2022	MARTIN-RAY LAUNDRY SYSTEMS	793.60	Contract Maintenance

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

EFT00000007681	9/9/2022	MARTIN-RAY LAUNDRY SYSTEMS	3,200.00	Contract Maintenance
187941	9/1/2022	ELWOOD STAFFING SERVICES, INC	2,007.68	Contract Personnel
188065	9/9/2022	ELWOOD STAFFING SERVICES, INC	4,358.31	Contract Personnel
188435	9/29/2022	ELWOOD STAFFING SERVICES, INC	5,448.01	Contract Personnel
187945	9/1/2022	FAVORITE HEALTHCARE STAFFING, INC.	5,391.00	Contract Personnel
188066	9/9/2022	FAVORITE HEALTHCARE STAFFING, INC.	5,014.50	Contract Personnel
188439	9/29/2022	FAVORITE HEALTHCARE STAFFING, INC.	35,436.75	Contract Personnel
187948	9/1/2022	FOCUSONE SOLUTIONS LLC	118,827.21	Contract Personnel
188069	9/9/2022	FOCUSONE SOLUTIONS LLC	111,901.63	Contract Personnel
188184	9/15/2022	FOCUSONE SOLUTIONS LLC	116,102.25	Contract Personnel
188296	9/22/2022	FOCUSONE SOLUTIONS LLC	191,002.50	Contract Personnel
188441	9/29/2022	FOCUSONE SOLUTIONS LLC	98,262.88	Contract Personnel
188458	9/29/2022	MICHAL ZANETTI LOVE	8,600.00	Contract Personnel
188320	9/22/2022	NURSE ASSIST INC	693.00	Contract Personnel
188115	9/9/2022	SARAH ROTH	180.00	Contract Personnel
188336	9/22/2022	SARAH ROTH	600.00	Contract Personnel
188472	9/29/2022	SARAH ROTH	300.00	Contract Personnel
188000	9/1/2022	SOLIAANT HEALTH	11,112.50	Contract Personnel
188121	9/9/2022	SOLIAANT HEALTH	32,260.00	Contract Personnel
188474	9/29/2022	SOLIAANT HEALTH	53,167.50	Contract Personnel
187980	9/1/2022	PACKAGERUNNER LOGISTICS LLC	763.20	Courier Services
188322	9/22/2022	PACKAGERUNNER LOGISTICS LLC	864.43	Courier Services
W/T	9/28/2022	UMB BANK	3,047.29	Credit Card Payment
188062	9/9/2022	DELTA DENTAL	28,029.85	Dental Insurance
188070	9/9/2022	FRESENIUS USA MARKETING, INC.	5,228.72	Dialysis Supplies
188186	9/15/2022	FRESENIUS USA MARKETING, INC.	3,736.63	Dialysis Supplies
188297	9/22/2022	FRESENIUS USA MARKETING, INC.	5,321.47	Dialysis Supplies
188077	9/9/2022	HENRY SCHEIN INC	1,402.75	Dialysis Supplies
188303	9/22/2022	HENRY SCHEIN INC	133.46	Dialysis Supplies
188446	9/29/2022	HENRY SCHEIN INC	140.50	Dialysis Supplies
EFT00000007696	9/15/2022	HENRY SCHEIN INC	156.08	Dialysis Supplies
188175	9/15/2022	COPE2THRIVE, LLC	1,690.00	Education & Travel
188192	9/15/2022	HSM ENTERPRISES	250.00	Education & Travel
EFT00000007682	9/9/2022	MY EDUCATIONAL RESOURCES	250.00	Education Material
188266	9/22/2022	ARTHUR L. DAVIS PUBLISHING AGENCY	515.00	Employee Recruitment
188465	9/29/2022	PUBLISHING CONCEPTS, INC.	1,050.00	Employee Recruitment
EFT00000007685	9/9/2022	SST TESTING +, INC.	975.00	Employee Recruitment
188021	9/1/2022	VISION SERVICE PLAN - WY	6,686.51	Employee Vision Plan
187939	9/1/2022	COPIER & SUPPLY COMPANY	9,215.14	Equipment Lease
188284	9/22/2022	COPIER & SUPPLY COMPANY	10,406.63	Equipment Lease
187950	9/1/2022	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
188072	9/9/2022	GE HEALTHCARE FINANCIAL SERVICES	10,692.03	Equipment Lease
188443	9/29/2022	GE HEALTHCARE FINANCIAL SERVICES	47,164.93	Equipment Lease
187996	9/1/2022	SHADOW MOUNTAIN WATER CO, WY	318.40	Equipment Lease
188117	9/9/2022	SHADOW MOUNTAIN WATER CO, WY	1,085.57	Equipment Lease
188338	9/22/2022	SHADOW MOUNTAIN WATER CO, WY	1,155.37	Equipment Lease
187999	9/1/2022	SIEMENS FINANCIAL SERVICES, INC	18,429.63	Equipment Lease
188390	9/22/2022	TIMEPAYMENT CORP	5,644.43	Equipment Lease
188252	9/15/2022	US BANK EQUIPMENT FINANCE	1,398.12	Equipment Lease

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188490	9/29/2022	US BANK EQUIPMENT FINANCE	1,541.12	Equipment Lease
187946	9/1/2022	F B MCFADDEN WHOLESAL	3,145.85	Food
188067	9/9/2022	F B MCFADDEN WHOLESAL	2,961.11	Food
188181	9/15/2022	F B MCFADDEN WHOLESAL	1,402.55	Food
188292	9/22/2022	F B MCFADDEN WHOLESAL	585.65	Food
188440	9/29/2022	F B MCFADDEN WHOLESAL	1,560.53	Food
188112	9/9/2022	ROCK SPRINGS KIWANIS	703.28	Food
188182	9/15/2022	FED EX	189.10	Freight
188293	9/22/2022	FED EX	350.32	Freight
188249	9/15/2022	TRIOSE, INC	6,066.60	Freight
188251	9/15/2022	UPS STORE	1,284.00	Freight
188109	9/9/2022	RED HORSE OIL COMPANIES INC	473.52	Fuel
188011	9/1/2022	SWEETWATER COUNTY SOLID WASTE	99.00	Garbage Collection
EFT00000007688	9/9/2022	WWS - ROCK SPRINGS	5,424.90	Garbage Collection
W/T	9/16/2022	BCBS 9/9/22	86,793.59	Group Health
W/T	9/29/2022	BCBS 9/23/22	96,195.62	Group Health
W/T	9/9/2022	BCBS 9/2/22	111,206.39	Group Health
W/T	9/23/2022	BCBS 9/22/22	134,138.21	Group Health
W/T	9/2/2022	BCBS 8/26/22	235,413.06	Group Health
W/T	9/21/2022	FURTHER ADMIN FEE	217.75	Group Health
W/T	9/22/2022	FURTHER FLEX 9/21/22	921.05	Group Health
W/T	9/29/2022	FURTHER FLEX 9/26/22	1,029.30	Group Health
W/T	9/8/2022	FURTHER FLEX 9/7/22	1,415.61	Group Health
W/T	9/15/2022	FURTHER FLEX 9/14/22	1,916.07	Group Health
W/T	9/1/2022	FURTHER FLEX 8/31/22	2,392.03	Group Health
187995	9/1/2022	ABBOTT NUTRITION	213.32	Hospital Supplies
188471	9/29/2022	ABBOTT NUTRITION	265.43	Hospital Supplies
187918	9/1/2022	AESCULAP INC	78.50	Hospital Supplies
188154	9/15/2022	AESCULAP INC	459.00	Hospital Supplies
188414	9/29/2022	AESCULAP INC	211.32	Hospital Supplies
187920	9/1/2022	APPLIED MEDICAL	411.00	Hospital Supplies
188043	9/9/2022	APPLIED MEDICAL	1,800.00	Hospital Supplies
188265	9/22/2022	APPLIED MEDICAL	96.00	Hospital Supplies
188156	9/15/2022	APPLIED MEDICAL TECHNOLOGY	638.95	Hospital Supplies
187921	9/1/2022	ARTHREX INC.	125.00	Hospital Supplies
188158	9/15/2022	ARTHREX INC.	3,127.00	Hospital Supplies
187923	9/1/2022	B BRAUN MEDICAL INC.	585.60	Hospital Supplies
188046	9/9/2022	B BRAUN MEDICAL INC.	1,592.92	Hospital Supplies
188162	9/15/2022	B BRAUN MEDICAL INC.	2,536.40	Hospital Supplies
188420	9/29/2022	B BRAUN MEDICAL INC.	976.00	Hospital Supplies
188160	9/15/2022	BARD PERIPHERAL VASCULAR INC	835.80	Hospital Supplies
188267	9/22/2022	BARD PERIPHERAL VASCULAR INC	1,565.55	Hospital Supplies
188418	9/29/2022	BARD PERIPHERAL VASCULAR INC	4,659.90	Hospital Supplies
187922	9/1/2022	BAXTER HEALTHCARE CORP/IV	1,663.88	Hospital Supplies
188268	9/22/2022	BAXTER HEALTHCARE CORP/IV	2,386.08	Hospital Supplies
188045	9/9/2022	BAYER HEALTHCARE LLC	825.00	Hospital Supplies
188161	9/15/2022	BAYER HEALTHCARE LLC	2,195.20	Hospital Supplies
188419	9/29/2022	BAYER HEALTHCARE LLC	724.50	Hospital Supplies
188047	9/9/2022	BIG MEDICAL LLC	900.00	Hospital Supplies



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188422	9/29/2022	BG MEDICAL LLC	2,125.00	Hospital Supplies
188049	9/9/2022	BIOMET SPORTS MEDICINE	6,000.00	Hospital Supplies
188271	9/22/2022	BIOMET SPORTS MEDICINE	1,748.00	Hospital Supplies
188050	9/9/2022	BLUE ENDO	285.71	Hospital Supplies
188051	9/9/2022	BOSTON SCIENTIFIC CORP	3,764.27	Hospital Supplies
188164	9/15/2022	BOSTON SCIENTIFIC CORP	779.64	Hospital Supplies
188273	9/22/2022	BOSTON SCIENTIFIC CORP	6,826.01	Hospital Supplies
188424	9/29/2022	BOSTON SCIENTIFIC CORP	1,740.86	Hospital Supplies
187931	9/1/2022	CARDINAL HEALTH/V. MUELLER	28,524.77	Hospital Supplies
188054	9/9/2022	CARDINAL HEALTH/V. MUELLER	3,263.16	Hospital Supplies
188279	9/22/2022	CARDINAL HEALTH/V. MUELLER	117,801.70	Hospital Supplies
188427	9/29/2022	CARDINAL HEALTH/V. MUELLER	29,876.94	Hospital Supplies
187932	9/1/2022	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
188428	9/29/2022	CAREFUSION 2200 INC	1,200.00	Hospital Supplies
188429	9/29/2022	CIVCO RADIOTHERAPY	665.00	Hospital Supplies
188282	9/22/2022	COINE INSTRUMENTS	114.78	Hospital Supplies
188174	9/15/2022	CONMED CORPORATION	1,860.30	Hospital Supplies
187938	9/1/2022	COOK MEDICAL INC.	281.60	Hospital Supplies
188059	9/9/2022	COOK MEDICAL INC.	1,054.00	Hospital Supplies
188283	9/22/2022	COOK MEDICAL INC.	149.60	Hospital Supplies
188060	9/9/2022	COOK MEDICAL INCORPORATED	957.13	Hospital Supplies
188431	9/29/2022	COOK MEDICAL INCORPORATED	756.14	Hospital Supplies
187940	9/1/2022	DIAGNOSTICA STAGO INC	1,073.79	Hospital Supplies
188434	9/29/2022	DJ ORTHOPEDICS, LLC	469.63	Hospital Supplies
188178	9/15/2022	EDGE PHARMACEUTICALS, LLC	350.00	Hospital Supplies
188064	9/9/2022	EDLAW PHARMACEUTICALS INC	77.50	Hospital Supplies
188290	9/22/2022	EITAN GROUP NORTH AMERICA, INC.	281.40	Hospital Supplies
187944	9/1/2022	EXPAND-A-BAND, LLC	23.00	Hospital Supplies
188438	9/29/2022	EXPAND-A-BAND, LLC	84.00	Hospital Supplies
188295	9/22/2022	FISHER & PAYKEL HEALTHCARE, INC	89.97	Hospital Supplies
188073	9/9/2022	GENERAL HOSPITAL SUPPLY CORPORATION	229.00	Hospital Supplies
188298	9/22/2022	GENERAL HOSPITAL SUPPLY CORPORATION	519.00	Hospital Supplies
188444	9/29/2022	GENERAL HOSPITAL SUPPLY CORPORATION	235.00	Hospital Supplies
188075	9/9/2022	GYNEX CORP	393.40	Hospital Supplies
188076	9/9/2022	HEALTHCARE LOGISTICS INC	247.12	Hospital Supplies
188902	9/22/2022	HEALTHCARE LOGISTICS INC	41.90	Hospital Supplies
188078	9/9/2022	HOLOGIC, INC.	5,737.00	Hospital Supplies
188191	9/15/2022	HOLOGIC, INC.	6,174.00	Hospital Supplies
188447	9/29/2022	HOLOGIC, INC.	898.50	Hospital Supplies
188079	9/9/2022	HOT SPOTS, LLC	3,968.00	Hospital Supplies
188448	9/29/2022	HULL ANESTHESIA INC	267.50	Hospital Supplies
187957	9/1/2022	J & J HEALTH CARE SYSTEMS INC	11,149.01	Hospital Supplies
188081	9/9/2022	J & J HEALTH CARE SYSTEMS INC	5,769.92	Hospital Supplies
188194	9/15/2022	J & J HEALTH CARE SYSTEMS INC	11,031.90	Hospital Supplies
188304	9/22/2022	J & J HEALTH CARE SYSTEMS INC	4,868.49	Hospital Supplies
188451	9/29/2022	J & J HEALTH CARE SYSTEMS INC	17,958.45	Hospital Supplies
188242	9/15/2022	JOHNSON & JOHNSON HEALTHCARE	4,143.92	Hospital Supplies
187962	9/1/2022	KARL STORZ ENDOSCOPY-AMERICA	602.43	Hospital Supplies
188083	9/9/2022	KARL STORZ ENDOSCOPY-AMERICA	7,154.03	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188196	9/15/2022	KARL STORZ ENDOSCOPY-AMERICA	105.52	Hospital Supplies
188306	9/22/2022	KARL STORZ ENDOSCOPY-AMERICA	7,154.03	Hospital Supplies
187963	9/1/2022	KCI USA	1,501.02	Hospital Supplies
188010	9/1/2022	LEICA BIOSYSTEMS RICHMOND	520.86	Hospital Supplies
188347	9/22/2022	LEICA BIOSYSTEMS RICHMOND	443.61	Hospital Supplies
187977	9/1/2022	M V A P MEDICAL SUPPLIES, INC.	304.50	Hospital Supplies
188211	9/15/2022	M V A P MEDICAL SUPPLIES, INC.	43.00	Hospital Supplies
188459	9/29/2022	M V A P MEDICAL SUPPLIES, INC.	170.05	Hospital Supplies
187969	9/1/2022	MASIMO AMERICAS, INC.	1,924.00	Hospital Supplies
188201	9/15/2022	MASIMO AMERICAS, INC.	1,924.00	Hospital Supplies
188454	9/29/2022	MASIMO AMERICAS, INC.	3,120.00	Hospital Supplies
188202	9/15/2022	MCKESSON MEDICAL-SURGICAL	3,463.96	Hospital Supplies
188312	9/22/2022	MCKESSON MEDICAL-SURGICAL	403.49	Hospital Supplies
187971	9/1/2022	MEDELA LLC	196.60	Hospital Supplies
188203	9/15/2022	MEDELA LLC	569.60	Hospital Supplies
188314	9/22/2022	MEDTRONIC, USA	292.00	Hospital Supplies
188205	9/15/2022	MERCURY MEDICAL	94.52	Hospital Supplies
187974	9/1/2022	MINDRAY DS USA, INC.	187.50	Hospital Supplies
188318	9/22/2022	MUSCULOSKELETAL TRANSPLANT FOUNDATION	385.00	Hospital Supplies
188319	9/22/2022	NATUS MEDICAL INC	623.00	Hospital Supplies
188460	9/29/2022	NEOTECH PRODUCTS, INC	116.00	Hospital Supplies
188097	9/9/2022	NETDAIS	16,500.00	Hospital Supplies
187978	9/1/2022	OLYMPUS AMERICA INC	388.06	Hospital Supplies
188101	9/9/2022	OLYMPUS AMERICA INC	5,000.50	Hospital Supplies
188212	9/15/2022	OLYMPUS AMERICA INC	1,896.72	Hospital Supplies
187979	9/1/2022	OWENS & MINOR 90005430	1,620.46	Hospital Supplies
188102	9/9/2022	OWENS & MINOR 90005430	8,454.85	Hospital Supplies
188463	9/29/2022	OWENS & MINOR 90005430	7,258.67	Hospital Supplies
188103	9/9/2022	PERFORMANCE HEALTH SUPPLY INC	1,747.24	Hospital Supplies
188216	9/15/2022	PERFORMANCE HEALTH SUPPLY INC	33.78	Hospital Supplies
188330	9/22/2022	RADIOMETER AMERICA INC	4,933.97	Hospital Supplies
187992	9/1/2022	RESMED CORP	255.00	Hospital Supplies
188111	9/9/2022	RESPIRONICS	356.00	Hospital Supplies
188224	9/15/2022	RYTHMILINK HOLDINGS, LLC	188.00	Hospital Supplies
188339	9/22/2022	SHEATHING TECHNOLOGIES, INC.	95.15	Hospital Supplies
187997	9/1/2022	SHIPPET MEDICAL TECHNOLOGIES	139.00	Hospital Supplies
188232	9/15/2022	SMITHS MEDICAL ASD INC	178.52	Hospital Supplies
188342	9/22/2022	SMITHS MEDICAL ASD INC	532.22	Hospital Supplies
188233	9/15/2022	SPACELABS MEDICAL	218.25	Hospital Supplies
188004	9/1/2022	STERIS CORPORATION	1,125.48	Hospital Supplies
188127	9/9/2022	STERIS CORPORATION	2,251.22	Hospital Supplies
188238	9/15/2022	STERIS CORPORATION	4,165.30	Hospital Supplies
188479	9/29/2022	STERIS CORPORATION	4,692.12	Hospital Supplies
188482	9/29/2022	SUREMARK CO	216.00	Hospital Supplies
188135	9/9/2022	TELEFLEX LLC	1,788.00	Hospital Supplies
188245	9/15/2022	TELEFLEX LLC	514.00	Hospital Supplies
188196	9/9/2022	TIDI PRODUCTS, LC	550.80	Hospital Supplies
188016	9/1/2022	TRI-ANIM HEALTH SERVICES INC	495.55	Hospital Supplies
188138	9/9/2022	TRI-ANIM HEALTH SERVICES INC	2,308.28	Hospital Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188406	9/29/2022	TRI-ANIM HEALTH SERVICES INC	637.80	Hospital Supplies
188248	9/15/2022	TRILLIANT SURGICAL, LLC	4,604.00	Hospital Supplies
188253	9/15/2022	UTAH MEDICAL PRODUCTS INC	292.13	Hospital Supplies
188018	9/1/2022	VERATHON INC.	378.00	Hospital Supplies
188254	9/15/2022	VERATHON INC.	567.00	Hospital Supplies
188354	9/22/2022	VYAIRE MEDICAL	288.00	Hospital Supplies
188024	9/1/2022	WAXIE SANITARY SUPPLY	178.56	Hospital Supplies
188255	9/15/2022	WAXIE SANITARY SUPPLY	3,683.77	Hospital Supplies
EFT00000007668	9/1/2022	BEEKLEY CORPORATION	249.95	Hospital Supplies
EFT00000007669	9/1/2022	BREG INC	308.47	Hospital Supplies
EFT00000007672	9/1/2022	MARSHALL INDUSTRIES	1,955.26	Hospital Supplies
EFT00000007679	9/9/2022	BREG INC	154.51	Hospital Supplies
EFT00000007687	9/9/2022	STRYKER INSTRUMENTS	2,143.94	Hospital Supplies
EFT00000007692	9/15/2022	BREG INC	425.76	Hospital Supplies
EFT00000007693	9/15/2022	BSN MEDICAL INC	134.09	Hospital Supplies
EFT00000007695	9/15/2022	HARDY DIAGNOSTICS	103.63	Hospital Supplies
EFT00000007702	9/15/2022	STRYKER INSTRUMENTS	2,834.94	Hospital Supplies
EFT00000007705	9/23/2022	BREG INC	258.50	Hospital Supplies
EFT00000007706	9/23/2022	BSN MEDICAL INC	57.32	Hospital Supplies
EFT00000007707	9/23/2022	CLINICAL CHOICE	46.55	Hospital Supplies
EFT00000007710	9/23/2022	HARDY DIAGNOSTICS	2,034.48	Hospital Supplies
EFT00000007711	9/23/2022	OVATION MEDICAL	269.70	Hospital Supplies
EFT00000007718	9/29/2022	BIONIX RADIATION THERAPY	425.86	Hospital Supplies
EFT00000007720	9/29/2022	BREG INC	215.65	Hospital Supplies
EFT00000007724	9/29/2022	STRYKER INSTRUMENTS	507.24	Hospital Supplies
EFT00000007727	9/29/2022	ZOLL MEDICAL CORPORATION	1,725.63	Hospital Supplies
188417	9/29/2022	ARTELON	1,950.00	Implant Supplies
188321	9/22/2022	OSSIO, INC.	6,558.00	Implant Supplies
188120	9/9/2022	SKYE ORTHOBIOLOGICS, LLC	6,060.00	Implant Supplies
188473	9/29/2022	SKYE ORTHOBIOLOGICS, LLC	5,360.00	Implant Supplies
188350	9/22/2022	TREACE MEDICAL CONCEPTS, INC.	5,645.00	Implant Supplies
188133	9/9/2022	SURGICAL DIRECT	555.81	Instruments
188017	9/1/2022	PROVIDENT LIFE & ACCIDENT	4,193.14	Insurance Premium
188409	9/29/2022	PROVIDENT LIFE & ACCIDENT	28,833.38	Insurance Premium
188409	9/29/2022	INSURANCE REFUND	275.50	Insurance Refund
188410	9/29/2022	INSURANCE REFUND	275.50	Insurance Refund
188406	9/29/2022	INSURANCE REFUND	246.24	Insurance Refund
188403	9/29/2022	INSURANCE REFUND	374.49	Insurance Refund
188412	9/29/2022	INSURANCE REFUND	1,266.92	Insurance Refund
188415	9/29/2022	ALLERMETRIX INC	1,313.00	Laboratory Services
187970	9/1/2022	MAYO COLLABORATIVE SERVICES, INC.	191.44	Laboratory Services
188311	9/22/2022	MAYO COLLABORATIVE SERVICES, INC.	191.44	Laboratory Services
188091	9/9/2022	MEDIALAB, INC	2,475.00	Laboratory Services
188207	9/15/2022	METABOLIC NEWBORN SCREENING	5,681.20	Laboratory Services
188346	9/22/2022	SUMMIT PATHOLOGY	3,210.34	Laboratory Services
EFT00000007715	9/23/2022	ARUP LABORATORIES, INC.	56,591.67	Laboratory Services
187926	9/1/2022	BIOMERIEUX, INC.	9,390.15	Laboratory Supplies
188163	9/15/2022	BIOMERIEUX, INC.	4,128.41	Laboratory Supplies
188272	9/22/2022	BIOMERIEUX, INC.	8,190.07	Laboratory Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188277	9/22/2022	CANCER DIAGNOSTICS, INC	101.75	Laboratory Supplies
187930	9/1/2022	CARDINAL HEALTH	1,982.59	Laboratory Supplies
188053	9/9/2022	CARDINAL HEALTH	12,475.54	Laboratory Supplies
188278	9/22/2022	CARDINAL HEALTH	78,560.00	Laboratory Supplies
188426	9/29/2022	CARDINAL HEALTH	32,955.43	Laboratory Supplies
187934	9/1/2022	CEPHEID	115.00	Laboratory Supplies
188055	9/9/2022	CEPHEID	13,600.00	Laboratory Supplies
188167	9/15/2022	CEPHEID	115.00	Laboratory Supplies
188280	9/22/2022	CEPHEID	18,738.76	Laboratory Supplies
187947	9/1/2022	FISHER HEALTHCARE	12,261.34	Laboratory Supplies
188068	9/9/2022	FISHER HEALTHCARE	3,668.77	Laboratory Supplies
188183	9/15/2022	FISHER HEALTHCARE	10,695.24	Laboratory Supplies
188294	9/22/2022	FISHER HEALTHCARE	34,877.54	Laboratory Supplies
188197	9/15/2022	KURIN INC.	3,000.00	Laboratory Supplies
188453	9/29/2022	LIFELOC TECHNOLOGIES	435.00	Laboratory Supplies
188099	9/9/2022	NOVA BIOMEDICAL CORP.	72.00	Laboratory Supplies
188328	9/22/2022	R&D SYSTEMS INC	74.00	Laboratory Supplies
188119	9/9/2022	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	1,020.00	Laboratory Supplies
188341	9/22/2022	SIEMENS HEALTHCARE DIAGNOSTICS, INC.	2,190.00	Laboratory Supplies
188125	9/9/2022	STATLAB MEDICAL PRODUCTS	167.47	Laboratory Supplies
188235	9/15/2022	STATLAB MEDICAL PRODUCTS	2,045.86	Laboratory Supplies
188478	9/29/2022	STATLAB MEDICAL PRODUCTS	116.58	Laboratory Supplies
188006	9/1/2022	STRECK LABORATORIES INC	285.79	Laboratory Supplies
188129	9/9/2022	STRECK LABORATORIES INC	307.57	Laboratory Supplies
188139	9/9/2022	TYPENEX MEDICAL, LLC	34.35	Laboratory Supplies
EFT000000007674	9/1/2022	PDC HEALTHCARE	144.63	Laboratory Supplies
EFT000000007675	9/1/2022	SYSMEX AMERICA INC.	1,637.97	Laboratory Supplies
EFT000000007678	9/9/2022	BIO-RAD LABORATORIES	2,877.40	Laboratory Supplies
EFT000000007683	9/9/2022	NCL, INC	5,192.50	Laboratory Supplies
EFT000000007684	9/9/2022	PDC HEALTHCARE	625.12	Laboratory Supplies
EFT000000007691	9/15/2022	BIO-RAD LABORATORIES	621.30	Laboratory Supplies
EFT000000007697	9/15/2022	PACE ANALYTICAL SERVICES, LLC	232.40	Laboratory Supplies
EFT000000007712	9/23/2022	PDC HEALTHCARE	79.33	Laboratory Supplies
EFT000000007714	9/23/2022	SYSMEX AMERICA INC.	53.82	Laboratory Supplies
EFT000000007719	9/29/2022	BIO-RAD LABORATORIES	1,757.20	Laboratory Supplies
EFT000000007723	9/29/2022	PDC HEALTHCARE	73.85	Laboratory Supplies
EFT000000007725	9/29/2022	SYSMEX AMERICA INC.	1,347.51	Laboratory Supplies
188061	9/9/2022	CROWLEY FLECK ATTORNEYS	1,680.00	Legal Fees
187983	9/1/2022	PHILLIPS LAW, LLC	7,798.89	Legal Fees
188324	9/22/2022	PHILLIPS LAW, LLC	6,212.50	Legal Fees
188461	9/29/2022	NEW YORK LIFE INSURANCE COMPANY	2,344.84	Life Insurance
188475	9/29/2022	STANDARD TEXTILE	363.72	Linens
188155	9/15/2022	AGILITI SURGICAL EQUIPMENT REPAIR INC.	355.00	Maintenance & Repair
188042	9/9/2022	AMERICAN PHARMA, INC.	10,860.00	Maintenance & Repair
188095	9/9/2022	MITCHELL ACOUSTICS, INC	1,398.00	Maintenance & Repair
188218	9/15/2022	P M AUTO GLASS, INC.	30.00	Maintenance & Repair
188214	9/15/2022	PARTSSOURCE	751.50	Maintenance & Repair
188464	9/29/2022	PARTSSOURCE	214.30	Maintenance & Repair
188105	9/9/2022	PLAN ONE/ARCHITECTS	1,770.00	Maintenance & Repair



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

187994	9/1/2022	ROOFTOP ANCHOR, INC.	4,775.00	Maintenance & Repair
188003	9/1/2022	STEALTH TECHNOLOGIES	506.00	Maintenance & Repair
188126	9/9/2022	STEALTH TECHNOLOGIES	92.00	Maintenance & Repair
188236	9/15/2022	STEALTH TECHNOLOGIES	524.00	Maintenance & Repair
188355	9/22/2022	WYOMING TRUCKS AND CARS INC	420.00	Maintenance & Repair
188041	9/9/2022	ALPINE PURE SOFT WATER	970.20	Maintenance Supplies
187936	9/1/2022	CODALE ELECTRIC SUPPLY, INC	263.99	Maintenance Supplies
188170	9/15/2022	CODALE ELECTRIC SUPPLY, INC	46.44	Maintenance Supplies
188430	9/29/2022	CODALE ELECTRIC SUPPLY, INC	1,726.22	Maintenance Supplies
187951	9/1/2022	GRAINGER	1,431.00	Maintenance Supplies
188074	9/9/2022	GRAINGER	518.31	Maintenance Supplies
188190	9/15/2022	GRAINGER	993.99	Maintenance Supplies
188299	9/22/2022	GRAINGER	213.91	Maintenance Supplies
187953	9/1/2022	HOME DEPOT	1,213.14	Maintenance Supplies
187993	9/1/2022	ROCK SPRINGS WINNELSON CO	5,031.71	Maintenance Supplies
188113	9/9/2022	ROCK SPRINGS WINNELSON CO	2,830.31	Maintenance Supplies
188228	9/15/2022	ROCK SPRINGS WINNELSON CO	2,996.38	Maintenance Supplies
188333	9/22/2022	ROCK SPRINGS WINNELSON CO	1,418.63	Maintenance Supplies
188470	9/29/2022	ROCK SPRINGS WINNELSON CO	231.08	Maintenance Supplies
EFT000000007666	9/1/2022	ACE HARDWARE	176.91	Maintenance Supplies
EFT000000007703	9/23/2022	ACE HARDWARE	111.88	Maintenance Supplies
EFT000000007716	9/29/2022	ACE HARDWARE	228.91	Maintenance Supplies
187987	9/1/2022	PURPLE LIZARDS, LLC	2,863.00	Marketing & Promotional Supplies
188106	9/9/2022	PURPLE LIZARDS, LLC	5,810.00	Marketing & Promotional Supplies
188220	9/15/2022	PURPLE LIZARDS, LLC	925.00	Marketing & Promotional Supplies
188034	9/1/2022	MHSC-FOUNDATION	1,169.32	MHSC Foundation
188148	9/13/2022	MHSC-FOUNDATION	1,166.82	MHSC Foundation
188395	9/27/2022	MHSC-FOUNDATION	1,204.32	MHSC Foundation
188132	9/9/2022	SUPERIOR AUDIOMETRICS, LLC	4,022.00	Minor Equipment
188013	9/1/2022	TERMINIX OF WYOMING	647.00	Monthly Pest Control
188445	9/29/2022	GLOBAL EQUIPMENT COMPANY	426.00	Non Medical Supplies
188062	9/9/2022	J.J. KELLER & ASSOCIATES, INC.	280.76	Non Medical Supplies
187972	9/1/2022	MEDLINE INDUSTRIES INC	93.64	Non Medical Supplies
188092	9/9/2022	MEDLINE INDUSTRIES INC	2,439.72	Non Medical Supplies
188204	9/15/2022	MEDLINE INDUSTRIES INC	1,849.01	Non Medical Supplies
188313	9/22/2022	MEDLINE INDUSTRIES INC	5,138.69	Non Medical Supplies
188455	9/29/2022	MEDLINE INDUSTRIES INC	4,181.33	Non Medical Supplies
EFT000000007722	9/29/2022	POSITIVE PROMOTIONS	664.87	Non Medical Supplies
188038	9/1/2022	UNIDINE CORPORATION	275,302.02	Nutrition Services Management & Food
188260	9/15/2022	UNIDINE CORPORATION	150,278.64	Nutrition Services Management & Food
188063	9/9/2022	DISCOUNT ID	50.80	Office Supplies
187942	9/1/2022	ENCOMPASS GROUP, LLC	3,463.92	Office Supplies
188179	9/15/2022	ENCOMPASS GROUP, LLC	769.20	Office Supplies
188436	9/29/2022	ENCOMPASS GROUP, LLC	3,086.80	Office Supplies
188449	9/29/2022	IDENTISYS INC	525.00	Office Supplies
188001	9/1/2022	STANDARD REGISTER COMPANY	205.68	Office Supplies
188122	9/9/2022	STANDARD REGISTER COMPANY	1,395.09	Office Supplies
188476	9/29/2022	STANDARD REGISTER COMPANY	1,122.91	Office Supplies
188002	9/1/2022	STAPLES BUSINESS ADVANTAGE	236.35	Office Supplies

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188123	9/9/2022	STAPLES BUSINESS ADVANTAGE	4,761.83	Office Supplies
188234	9/15/2022	STAPLES BUSINESS ADVANTAGE	280.18	Office Supplies
188343	9/22/2022	STAPLES BUSINESS ADVANTAGE	2,220.42	Office Supplies
188477	9/29/2022	STAPLES BUSINESS ADVANTAGE	3,121.00	Office Supplies
EFT000000007700	9/15/2022	SMYTH PRINTING	2,495.25	Office Supplies
188028	9/1/2022	YOUNG AT HEART SENIOR CITIZENS CENTER	1,970.00	Other Employee Benefits
188185	9/15/2022	FOTOS BY JENNI	79.00	Other Purchased Services
187956	9/1/2022	QUICK RESPONSE TAXI	64.00	Other Purchased Services
188009	9/8/2022	QUICK RESPONSE TAXI	34.00	Other Purchased Services
188198	9/15/2022	QUICK RESPONSE TAXI	51.00	Other Purchased Services
188310	9/22/2022	QUICK RESPONSE TAXI	85.00	Other Purchased Services
188452	9/29/2022	QUICK RESPONSE TAXI	34.00	Other Purchased Services
EFT000000007667	9/1/2022	AIRGAS INTERMOUNTAIN INC	100.48	Oxygen Rental
EFT000000007677	9/9/2022	AIRGAS INTERMOUNTAIN INC	9,096.80	Oxygen Rental
EFT000000007689	9/15/2022	AIRGAS INTERMOUNTAIN INC	309.85	Oxygen Rental
EFT000000007704	9/23/2022	AIRGAS INTERMOUNTAIN INC	233.65	Oxygen Rental
EFT000000007717	9/29/2022	AIRGAS INTERMOUNTAIN INC	164.44	Oxygen Rental
188494	9/29/2022	PATIENT REFUND	30.00	Patient Refund
188357	9/22/2022	PATIENT REFUND	24.66	Patient Refund
188358	9/22/2022	PATIENT REFUND	5.00	Patient Refund
188495	9/29/2022	PATIENT REFUND	42.00	Patient Refund
188496	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188497	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188498	9/29/2022	PATIENT REFUND	114.00	Patient Refund
188499	9/29/2022	PATIENT REFUND	112.92	Patient Refund
188500	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188502	9/29/2022	PATIENT REFUND	70.00	Patient Refund
188503	9/29/2022	PATIENT REFUND	258.00	Patient Refund
188359	9/22/2022	PATIENT REFUND	25.85	Patient Refund
188501	9/29/2022	PATIENT REFUND	140.00	Patient Refund
188361	9/22/2022	PATIENT REFUND	25.00	Patient Refund
188360	9/22/2022	PATIENT REFUND	25.00	Patient Refund
188504	9/29/2022	PATIENT REFUND	507.96	Patient Refund
188505	9/29/2022	PATIENT REFUND	80.00	Patient Refund
188506	9/29/2022	PATIENT REFUND	280.00	Patient Refund
188259	9/15/2022	PATIENT REFUND	258.47	Patient Refund
188507	9/29/2022	PATIENT REFUND	78.00	Patient Refund
188362	9/22/2022	PATIENT REFUND	25.00	Patient Refund
188400	9/29/2022	PATIENT REFUND	53.64	Patient Refund
188401	9/29/2022	PATIENT REFUND	883.67	Patient Refund
188508	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188363	9/22/2022	PATIENT REFUND	39.71	Patient Refund
188510	9/29/2022	PATIENT REFUND	73.20	Patient Refund
188509	9/29/2022	PATIENT REFUND	506.00	Patient Refund
188511	9/29/2022	PATIENT REFUND	33.00	Patient Refund
188515	9/29/2022	PATIENT REFUND	26.80	Patient Refund
188512	9/29/2022	PATIENT REFUND	45.00	Patient Refund
188513	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188514	9/29/2022	PATIENT REFUND	139.50	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188364	9/22/2022	PATIENT REFUND	25.00	Patient Refund
188516	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188517	9/29/2022	PATIENT REFUND	19.00	Patient Refund
188518	9/29/2022	PATIENT REFUND	50.00	Patient Refund
188365	9/22/2022	PATIENT REFUND	35.00	Patient Refund
188519	9/29/2022	PATIENT REFUND	60.00	Patient Refund
188520	9/29/2022	PATIENT REFUND	32.53	Patient Refund
188521	9/29/2022	PATIENT REFUND	20.00	Patient Refund
188366	9/22/2022	PATIENT REFUND	254.65	Patient Refund
188522	9/29/2022	PATIENT REFUND	50.00	Patient Refund
188367	9/22/2022	PATIENT REFUND	9.84	Patient Refund
188405	9/29/2022	PATIENT REFUND	324.80	Patient Refund
188573	9/29/2022	PATIENT REFUND	15.00	Patient Refund
188368	9/22/2022	PATIENT REFUND	25.00	Patient Refund
188402	9/29/2022	PATIENT REFUND	51.01	Patient Refund
188404	9/29/2022	PATIENT REFUND	30.00	Patient Refund
188408	9/29/2022	PATIENT REFUND	438.52	Patient Refund
188524	9/29/2022	PATIENT REFUND	20.00	Patient Refund
188369	9/22/2022	PATIENT REFUND	87.75	Patient Refund
188525	9/29/2022	PATIENT REFUND	153.88	Patient Refund
188527	9/29/2022	PATIENT REFUND	5.00	Patient Refund
188526	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188528	9/29/2022	PATIENT REFUND	25.17	Patient Refund
188529	9/29/2022	PATIENT REFUND	130.00	Patient Refund
188370	9/22/2022	PATIENT REFUND	150.00	Patient Refund
188371	9/22/2022	PATIENT REFUND	100.00	Patient Refund
188530	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188531	9/29/2022	PATIENT REFUND	30.00	Patient Refund
188574	9/29/2022	PATIENT REFUND	30.00	Patient Refund
188533	9/29/2022	PATIENT REFUND	218.60	Patient Refund
188372	9/22/2022	PATIENT REFUND	140.00	Patient Refund
188534	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188535	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188536	9/29/2022	PATIENT REFUND	34.84	Patient Refund
188539	9/29/2022	PATIENT REFUND	24.32	Patient Refund
188373	9/22/2022	PATIENT REFUND	167.10	Patient Refund
188538	9/29/2022	PATIENT REFUND	100.00	Patient Refund
188537	9/29/2022	PATIENT REFUND	30.25	Patient Refund
188374	9/22/2022	PATIENT REFUND	63.02	Patient Refund
188375	9/22/2022	PATIENT REFUND	30.00	Patient Refund
188540	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188541	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188542	9/29/2022	PATIENT REFUND	63.00	Patient Refund
188376	9/22/2022	PATIENT REFUND	40.00	Patient Refund
188377	9/22/2022	PATIENT REFUND	100.00	Patient Refund
188543	9/29/2022	PATIENT REFUND	20.00	Patient Refund
188544	9/29/2022	PATIENT REFUND	84.93	Patient Refund
188545	9/29/2022	PATIENT REFUND	20.00	Patient Refund
188378	9/22/2022	PATIENT REFUND	25.00	Patient Refund

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188546	9/29/2022	PATIENT REFUND	179.84	Patient Refund
188547	9/29/2022	PATIENT REFUND	97.18	Patient Refund
188379	9/22/2022	PATIENT REFUND	14.00	Patient Refund
188407	9/29/2022	PATIENT REFUND	200.47	Patient Refund
188316	9/22/2022	PATIENT REFUND	4,540.79	Patient Refund
188548	9/29/2022	PATIENT REFUND	187.20	Patient Refund
188549	9/29/2022	PATIENT REFUND	17.90	Patient Refund
188550	9/29/2022	PATIENT REFUND	5.00	Patient Refund
188380	9/22/2022	PATIENT REFUND	58.24	Patient Refund
188551	9/29/2022	PATIENT REFUND	310.00	Patient Refund
188381	9/22/2022	PATIENT REFUND	272.71	Patient Refund
188552	9/29/2022	PATIENT REFUND	40.00	Patient Refund
188553	9/29/2022	PATIENT REFUND	5.00	Patient Refund
188382	9/22/2022	PATIENT REFUND	35.00	Patient Refund
188413	9/29/2022	PATIENT REFUND	1,171.51	Patient Refund
188554	9/29/2022	PATIENT REFUND	24.64	Patient Refund
188555	9/29/2022	PATIENT REFUND	73.81	Patient Refund
188556	9/29/2022	PATIENT REFUND	35.00	Patient Refund
188383	9/22/2022	PATIENT REFUND	52.00	Patient Refund
188557	9/29/2022	PATIENT REFUND	57.90	Patient Refund
188384	9/22/2022	PATIENT REFUND	205.49	Patient Refund
188558	9/29/2022	PATIENT REFUND	15.00	Patient Refund
188559	9/29/2022	PATIENT REFUND	168.55	Patient Refund
188385	9/22/2022	PATIENT REFUND	40.00	Patient Refund
188560	9/29/2022	PATIENT REFUND	119.82	Patient Refund
188386	9/22/2022	PATIENT REFUND	35.00	Patient Refund
188411	9/29/2022	PATIENT REFUND	12.21	Patient Refund
188561	9/29/2022	PATIENT REFUND	30.00	Patient Refund
188575	9/30/2022	PATIENT REFUND	30.00	Patient Refund
188387	9/22/2022	PATIENT REFUND	315.53	Patient Refund
188563	9/29/2022	PATIENT REFUND	265.00	Patient Refund
188564	9/29/2022	PATIENT REFUND	40.00	Patient Refund
188565	9/29/2022	PATIENT REFUND	154.29	Patient Refund
188562	9/29/2022	PATIENT REFUND	20.00	Patient Refund
188566	9/29/2022	PATIENT REFUND	116.50	Patient Refund
188567	9/29/2022	PATIENT REFUND	61.00	Patient Refund
188568	9/29/2022	PATIENT REFUND	100.00	Patient Refund
188569	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188570	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188571	9/29/2022	PATIENT REFUND	25.00	Patient Refund
188388	9/22/2022	PATIENT REFUND	345.10	Patient Refund
188572	9/29/2022	PATIENT REFUND	40.00	Patient Refund
188037	9/1/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
188151	9/13/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
188399	9/27/2022	UNITED WAY OF SWEETWATER COUNTY	244.62	Payroll Deduction
188030	9/1/2022	CIRCUIT COURT 3RD JUDICIAL-GR	945.67	Payroll Garnishment
188031	9/1/2022	CIRCUIT COURT 3RD JUDICIAL-GR	111.15	Payroll Garnishment
188145	9/13/2022	CIRCUIT COURT 3RD JUDICIAL-GR	945.55	Payroll Garnishment
188391	9/27/2022	CIRCUIT COURT 3RD JUDICIAL-GR	549.21	Payroll Garnishment



MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188392	9/27/2022	CIRCUIT COURT 3RD JUDICIAL-GR	945.67	Payroll Garnishment
188032	9/1/2022	CIRCUIT COURT OF THE SIXTH JUDICIAL DISTRICT	259.40	Payroll Garnishment
188146	9/13/2022	CIRCUIT COURT OF THE SIXTH JUDICIAL DISTRICT	238.33	Payroll Garnishment
188393	9/27/2022	CIRCUIT COURT OF THE SIXTH JUDICIAL DISTRICT	221.02	Payroll Garnishment
188033	9/1/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
188147	9/13/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
188394	9/27/2022	DAVID G. PEAKE	3,484.62	Payroll Garnishment
188035	9/1/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
188149	9/13/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
188396	9/27/2022	STATE OF WYOMING DFS/CSES	2,232.78	Payroll Garnishment
188150	9/13/2022	SWEETWATER CIRCUIT COURT-RS	284.43	Payroll Garnishment
188397	9/27/2022	SWEETWATER CIRCUIT COURT-RS	284.43	Payroll Garnishment
188036	9/1/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
188152	9/13/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
188398	9/27/2022	TREASURER STATE OF MAINE	172.00	Payroll Garnishment
W/T	9/13/2022	PAYROLL 19	1,600,000.00	Payroll Transfer
W/T	9/27/2022	PAYROLL 20	1,700,000.00	Payroll Transfer
188209	9/15/2022	MHSC - PETTY CASH	16.75	Petty Cash
188165	9/15/2022	CARDINAL HEALTH PHARMACY MGMT	5,509.00	Pharmacy Management
188012	9/1/2022	TACORE MEDICAL, INC.	3,000.00	Physician Recruitment
188348	9/22/2022	TACORE MEDICAL, INC.	3,000.00	Physician Recruitment
188485	9/29/2022	DR. TONY PEDRI	25,000.00	Physician Retention
188243	9/15/2022	TAMARA WALKER, FNP	20,000.00	Physician Retention
187937	9/1/2022	COMPHEALTH, INC.	24,000.00	Physician Services
188173	9/15/2022	COMPHEALTH, INC.	19,200.00	Physician Services
188025	9/1/2022	WEATHERBY LOCUMS, INC	18,191.91	Physician Services
188256	9/15/2022	WEATHERBY LOCUMS, INC	257.27	Physician Services
188261	9/22/2022	ADVANCED MEDICAL IMAGING, LLC	19,952.00	Physician Services
187961	9/1/2022	JOHN A. ILIYA, M.D.	23,000.00	Physician Services
188199	9/15/2022	LOCUM TENENS.COM	35,866.31	Physician Services
187976	9/1/2022	MPLY HEALTHCARE, LLC	22,714.72	Physician Services
188210	9/15/2022	MPLY HEALTHCARE, LLC	5,516.46	Physician Services
188014	9/1/2022	THE SLEEP SPECIALISTS	5,225.00	Physician Services
188483	9/29/2022	THE SLEEP SPECIALISTS	14,750.00	Physician Services
188488	9/29/2022	UNIVERSITY OF UTAH (UHC OUTREACH)	122,261.74	Physician Services
188300	9/22/2022	GRANITE STATE MANAGEMENT & RESOURCES	666.67	Physician Student Loan
188301	9/22/2022	GREAT LAKES EDUCATION LOAN SERVICES	1,000.00	Physician Student Loan
188288	9/22/2022	MOHELA	1,666.67	Physician Student Loan
188289	9/22/2022	MOHELA	1,666.67	Physician Student Loan
188352	9/22/2022	US DEPARTMENT OF EDUCATION	5,833.34	Physician Student Loan
188491	9/29/2022	US DEPARTMENT OF EDUCATION	5,000.01	Physician Student Loan
187943	9/1/2022	CE BROKER	232.96	Professional Service
188437	9/29/2022	CE BROKER	246.96	Professional Service
188169	9/15/2022	CLEANIQUE PROFESSIONAL SERVICES	4,500.00	Professional Service
188088	9/9/2022	CLIFTON LARSON ALLEN LLP	53,961.70	Professional Service
188096	9/9/2022	MOUNTAIN STATES MEDICAL PHYSICS	7,878.00	Professional Service
188098	9/9/2022	NORTHWEST SOLUTIONS LLC	6,100.00	Professional Service
188213	9/15/2022	P3 CONSULTING LLC	555.00	Professional Service
188019	9/1/2022	VERISYS INC.	31.00	Professional Service

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188027	9/1/2022	WYOMING DEPARTMENT OF HEALTH	312.00	Professional Service
EFT000000007726	9/29/2022	WESTERN STAR COMMUNICATIONS	673.00	Professional Service
188171	9/15/2022	COLLEGE OF AMERICAN PATHOLOGY	450.00	Proficiency Testing
188108	9/9/2022	RADIATION DETECTION COMPANY	555.93	Radiation Monitoring
188329	9/22/2022	RADIATION DETECTION COMPANY	6.70	Radiation Monitoring
188206	9/15/2022	MERRY X-RAY	1,095.49	Radiology Film
188315	9/22/2022	MERRY X-RAY	581.08	Radiology Film
188082	9/9/2022	BRACCO DIAGNOSTICS INC	1,150.05	Radiology Material
188274	9/22/2022	BRACCO DIAGNOSTICS INC	1,330.40	Radiology Material
187965	9/1/2022	LANTHEUS MEDICAL IMAGING, INC	4,376.59	Radiology Material
188067	9/9/2022	LANTHEUS MEDICAL IMAGING, INC	3,857.46	Radiology Material
188309	9/22/2022	LANTHEUS MEDICAL IMAGING, INC	1,879.76	Radiology Material
187981	9/1/2022	PHARMALOGIC WY, LTD	2,694.39	Radiology Supplies
188104	9/9/2022	PHARMALOGIC WY, LTD	1,581.98	Radiology Supplies
188222	9/15/2022	RADIATION PRODUCTS DESIGN, INC	992.23	Radiology Supplies
187959	9/1/2022	DR. JACQUES DENKER	3,681.00	Reimbursement - CME
187967	9/1/2022	DR. LUCY RYAN	776.67	Reimbursement - CME
187985	9/1/2022	DR. PRACHI PAWAR	3,056.00	Reimbursement - CME
188257	9/15/2022	DR. WILLIAM SARETTE	625.00	Reimbursement - CME
188263	9/22/2022	AMY LUCY	422.70	Reimbursement - Education & Travel
188276	9/22/2022	CAUE COX	78.66	Reimbursement - Education & Travel
188177	9/15/2022	DAVID BELTRAN	92.34	Reimbursement - Education & Travel
187929	9/1/2022	DR. BRYTON LONG	902.88	Reimbursement - Education & Travel
187958	9/1/2022	DR. JACOB JOHNSON	2,831.76	Reimbursement - Education & Travel
188195	9/15/2022	DR. JANENE GLYN	1,456.09	Reimbursement - Education & Travel
187980	9/1/2022	DR. RASHEEL CHOWDHARY	456.00	Reimbursement - Education & Travel
188223	9/15/2022	DR. RASHEEL CHOWDHARY	1,782.96	Reimbursement - Education & Travel
188193	9/15/2022	IRENE RICHARDSON	237.12	Reimbursement - Education & Travel
187960	9/1/2022	JODY BUTLER	3,180.75	Reimbursement - Education & Travel
188305	9/22/2022	KARI QUICKENDEN	235.98	Reimbursement - Education & Travel
188085	9/9/2022	LACEY REDICK	413.95	Reimbursement - Education & Travel
188093	9/9/2022	MEGAN JACOBSEN	2,000.00	Reimbursement - Education & Travel
187975	9/1/2022	MORGAN WINKLER	3,573.77	Reimbursement - Education & Travel
188215	9/15/2022	PATTY O'LEXY	44.00	Reimbursement - Education & Travel
188225	9/15/2022	ROBIN SNOWBERGER	28.05	Reimbursement - Education & Travel
188237	9/15/2022	STEPHANIE DUPAPE	372.79	Reimbursement - Education & Travel
188244	9/15/2022	TAMI LOVE	243.95	Reimbursement - Education & Travel
188134	9/9/2022	TASHA HARRIS	2,650.00	Reimbursement - Education & Travel
188349	9/22/2022	TIFFANY MARSHALL	235.98	Reimbursement - Education & Travel
188484	9/29/2022	TINA FRULLO	27.54	Reimbursement - Education & Travel
188264	9/22/2022	AMY FISCHER	159.00	Reimbursement - Hospital Supplies
188200	9/15/2022	LYNDESE SGRIO	50.00	Reimbursement - Insurance Premiums
187968	9/1/2022	MARIANNE SANDERS	639.91	Reimbursement - Non Hospital Supplies
188456	9/29/2022	MEGAN TOZZI	42.00	Reimbursement - Non Hospital Supplies
188247	9/15/2022	TERRY THOMPSON	57.75	Reimbursement - Non Hospital Supplies
188416	9/29/2022	ALVARO HERNANDEZ	150.00	Reimbursement - Uniforms
W/T	9/1/2022	ABG 8/18/22	163,854.82	Retirement
W/T	9/13/2022	ABG 9/1/22	167,974.31	Retirement
W/T	9/28/2022	ABG 9/15/22	160,952.57	Retirement

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188124	9/9/2022	STATE OF WYO.DEPT.OF REVENUE	965.81	Sales Tax Payment
187973	9/1/2022	MHSC MEDICAL STAFF	250.00	Scholarship
188317	9/22/2022	MHSC MEDICAL STAFF	50.00	Scholarship
188457	9/29/2022	MHSC MEDICAL STAFF	50.00	Scholarship
188432	9/29/2022	COWBOYS AGAINST CANCER	2,000.00	Sponsorship
188291	9/22/2022	EVE'S	2,124.00	Sponsorship
188219	9/15/2022	PMS SCREEN PRINTING	135.00	Sponsorship
188335	9/22/2022	R.S. CHAMBER OF COMMERCE	350.00	Sponsorship
188334	9/22/2022	ROCK SPRINGS AVENGERS SOCCER CLUB	275.00	Sponsorship
188157	9/15/2022	WYOMING DOWN SYNDROME ASSOCIATION	250.00	Sponsorship
187919	9/1/2022	ALI MED INC	327.03	Surgery Supplies
188039	9/9/2022	ALI MED INC	119.95	Surgery Supplies
188262	9/22/2022	ALI MED INC	1,645.33	Surgery Supplies
187924	9/1/2022	BECTON DICKINSON	1,228.95	Surgery Supplies
188421	9/29/2022	BECTON DICKINSON	871.10	Surgery Supplies
188176	9/15/2022	COVIDIEN SALES LLC, DBA GIVEN IMAGING	3,921.30	Surgery Supplies
188285	9/22/2022	COVIDIEN SALES LLC, DBA GIVEN IMAGING	2,948.52	Surgery Supplies
188004	9/9/2022	KEY SURGICAL INC	82.00	Surgery Supplies
188007	9/1/2022	STRYKER ENDOSCOPY	382.55	Surgery Supplies
188130	9/9/2022	STRYKER ENDOSCOPY	279.93	Surgery Supplies
188239	9/15/2022	STRYKER ENDOSCOPY	1,859.76	Surgery Supplies
188344	9/22/2022	STRYKER ENDOSCOPY	433.30	Surgery Supplies
188400	9/29/2022	STRYKER ENDOSCOPY	382.55	Surgery Supplies
188006	9/1/2022	STRYKER ORTHOPAEDICS	6,674.00	Surgery Supplies
188131	9/9/2022	STRYKER ORTHOPAEDICS	25,169.00	Surgery Supplies
188240	9/15/2022	STRYKER ORTHOPAEDICS	8,550.00	Surgery Supplies
188481	9/29/2022	STRYKER ORTHOPAEDICS	12,660.00	Surgery Supplies
188493	9/29/2022	ZIMMER	150.00	Surgery Supplies
188144	9/9/2022	ZIMMER BIOMET	328.75	Surgery Supplies
188356	9/22/2022	ZIMMER BIOMET	143.75	Surgery Supplies
EFT000000007670	9/1/2022	COOPER SURGICAL	2,065.59	Surgery Supplies
EFT000000007680	9/9/2022	COOPER SURGICAL	335.59	Surgery Supplies
EFT000000007694	9/15/2022	COOPER SURGICAL	2,156.70	Surgery Supplies
EFT000000007708	9/23/2022	COOPER SURGICAL	335.39	Surgery Supplies
187986	9/1/2022	PRESS GANEY ASSOCIATES, INC	4,475.11	Survey Expenses
188326	9/22/2022	PRESS GANEY ASSOCIATES, INC	4,475.11	Survey Expenses
188006	9/9/2022	LANGUAGE LINE SERVICES	1,036.08	Translation Services
188308	9/22/2022	LANGUAGE LINE SERVICES	732.11	Translation Services
188389	9/22/2022	QUARTERMASTER	46.50	Uniforms
188040	9/9/2022	ALL WEST COMMUNICATIONS	2,402.16	Utilities
188044	9/9/2022	AT&T	88.76	Utilities
188159	9/15/2022	AT&T	170.00	Utilities
187989	9/1/2022	CENTURY LINK	3,302.67	Utilities
188107	9/9/2022	CENTURY LINK	2,460.32	Utilities
188221	9/15/2022	CENTURY LINK	2,285.46	Utilities
188327	9/22/2022	CENTURY LINK	376.11	Utilities
188468	9/29/2022	CENTURY LINK	3,182.52	Utilities
188433	9/29/2022	DISH NETWORK LLC	80.52	Utilities
188467	9/29/2022	DOMINION ENERGY WYOMING	27,726.12	Utilities

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
GENERAL FUND DISBURSEMENTS  
9/30/2022

188226	9/15/2022	ROCK SPRINGS MUNICIPAL UTILITY	16,569.93	Utilities
188229	9/15/2022	ROCKY MOUNTAIN POWER	42,307.52	Utilities
188492	9/29/2022	WHITE MOUNTAIN WATER & SEWER DISTRICT	60.95	Utilities
188005	9/1/2022	STERICYCLE, INC.	143.91	Waste Disposal
188128	9/9/2022	STERICYCLE, INC.	669.32	Waste Disposal
			8,300,109.60	




Memorial Hospital of Sweetwater County  
County Voucher Summary  
as of month ending September 30, 2022

<b>Vouchers Submitted by MHSC at agreed discounted rate</b>		
July 2022		\$0.00
August 2022	\$168,183.03	
September 2022		\$0.00
October 2022		\$0.00
November 2022		\$0.00
December 2022		\$0.00
January 2023		\$0.00
February 2023		\$0.00
March 2023		\$0.00
April 2023		\$0.00
May 2023		\$0.00
June 2023		\$0.00
County Requested Total Vouchers Submitted	\$168,183.03	
Total Vouchers Submitted FY 23		\$168,183.03
Less: Total Approved by County and Received by MHSC FY 23		\$168,183.03
Total Vouchers Pending Approval by County		<u>\$0.00</u>

FY23 Title 25 Fund Budget from Sweetwater County	\$273,488.00
Funds Received From Sweetwater County	<u>\$168,183.03</u>
FY23 Title 25 Fund Budget Remaining	\$105,304.97
Total Budgeted Vouchers Pending Submittal to County	<u>\$0.00</u>

FY23 Maintenance Fund Budget from Sweetwater County	\$1,448,215.00
County Maintenance FY23 - July	\$258,289.40
County Maintenance FY23 - August	\$42,947.22
County Maintenance FY23 - September	\$114,358.00
County Maintenance FY23 - October	\$0.00
County Maintenance FY23 - November	\$0.00
County Maintenance FY23 - December	\$0.00
County Maintenance FY23 - January	\$0.00
County Maintenance FY23 - February	\$0.00
County Maintenance FY23 - March	\$0.00
County Maintenance FY23 - April	\$0.00
County Maintenance FY23 - May	\$0.00
County Maintenance FY23 - June	\$0.00
	<u>\$415,594.62</u>
FY23 Maintenance Fund Budget Remaining	<u>\$1,032,620.38</u>

MEMO: October 26, 2022

TO: Finance Committee 

FROM: Ronald L. Cheese – Director Patient Financial Services

SUBJECT: Preliminary October, 2022 Potential Bad Debts Eligible for Board Certification

Potential Bad Debts Eligible for Board Certification

Cerner Accounts	\$ 1,736,858.84
Hospital Accounts Affinity	\$ 22,448.65
Hospital Payment Plans Affinity	\$ 4,000.00
Medical Clinic Accounts	\$ 15,000.00
Ortho Clinic Accounts	\$ 00.00
Total Potential Bad Debt	\$ 1,778,307.49

Hospital Accounts Returned	\$ - -200,000.00	
Net Bad Debt Turned		\$ 1,578,307.49

Hospital Recoveries Collection Agency	\$ - 129,488.38	
Hospital Recoveries Payment Plans	\$ - 14,597.72	
Medical Clinic Recoveries	\$ - 9,776.77	
Ortho Clinic Recoveries	\$ - 2,196.07	
Total Bad Debt Recoveries		\$ - 156,058.94

Net Bad Debt Less Recoveries		\$ 1,422,248.55
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Cerner Accounts

Largest Account	\$ 96,015.00
Primary Self Pay	\$ 1,650,239.01
Commercial	\$ 64,577.14
Medicare	\$ 12,663.03
Medicaid	\$ 1,041.03

## MEMORANDUM

To: Board of Trustees  
From: Wm. Marty Kelsey  
Subject: Chair's Report...October Building and Grounds Committee Meeting  
Date: October 26, 2022

Chemo Mixing Room...Design Development Plans and Specs should be ready by mid-December. At that time we should have a good, initial project cost estimate. S T & B is working on the ventilation design. Discussion occurred regarding the proposed floor layout.

Dr. Sulentic Office...Construction is scheduled to occur between December 12<sup>th</sup> and mid-January.

Building Automation System...Vaughn's has 15 more VAV boxes to install; Harris will be following up with their end of the work. Completion is anticipated by about Thanksgiving.

Bulk Oxygen Project...work is slowly progressing. Coordination with the Joint Powers Water Board is occurring. For two days, water will be lost to the MOB due to water line work. Asphalt work will be moved to the Spring sometime due to project delays.

Lightning Arrest System...This proposed project has been pushed back to spring, 2023. Cost proposal may be available by January 1<sup>st</sup>. If the cost comes in high, a thorough risk assessment must be done to determine if the project should or should not move forward.

OB Showers Renovation...project is on hold for now. In early 2023, discussion will resume regarding how best to proceed.

SLIB Projects...staff informed the Committee that the SLIB meeting has been moved back to November 9<sup>th</sup>. No further information available.

Building & Grounds Annual Plan...Mr. Kelsey suggested that, in addition to an annual plan, that the MHSC staff begin working on a document that would identify some potential major maintenance or capital projects at the Hospital that could be considered and prioritized. Perhaps it would be prudent to look out 2-5 years as a framework for future short and medium term planning.

As always, for further information, please refer to the meeting minutes.

MEMORIAL HOSPITAL OF SWEETWATER COUNTY  
Building and Grounds Committee Meeting  
October 24, 2022

The Building and Grounds Committee met in regular session via Zoom on October 24, 2022,  
at 3:00 PM with Mr. Marty Kelsey presiding.

In Attendance:       Mr. Marty Kelsey, *Trustee - Chair*  
                              Mr. Ed Tardoni – *Trustee*  
                              Ms. Irene Richardson, *CEO*  
                              Ms. Tami Love, *CFO*  
                              Mr. James Horan, *Director of Facilities*  
                              Mr. Gerry Johnston, *Facilities Supervisor*  
                              Mr. Will Wheatley, *PlanOne Architects*

Mr. Tardoni called the meeting to order.

Mr. Tardoni asked for a motion to approve the agenda. Ms. Richardson made a motion to approve the agenda. Ms. Love seconded; motion passed.

Mr. Kelsey asked for a motion to approve the minutes from the September 22, 2022 meeting. Mr. Tardoni made a motion to approve the minutes. Ms. Richardson seconded; motion passed.

**Maintenance Metrics**

Mr. Horan reviewed the metrics and said they are holding the course. There has been some overtime due to being short staffed but salary expense is under budget. Mr. Kelsey asked how many FTEs they were down. Mr. Horan said the just filled two positions and there is still one position open. Mr. Tardoni said the metrics look good and seem steady with the backlog staying the same.

**Old Business – Project Review**

**Pharmacy Chemo Mixing Room**

Mr. Wheatley distributed the design schedule after receiving approval from staff on design layout. He is working with ST&B engineers on vertical ducting and routing through the floors. He will have schematic drawings completed this month. The plans will be sent to Department of Health and the Board of Pharmacy in November for review. He is predicting we will be ready for public bids in January or February. Mr. Kelsey asked if Mr. Tardoni's emailed questions could be addressed. Mr. Horan said the room and anteroom size, room pressurization, exhaust fans, outside exhausting and temperature are all reasons for making this project a priority. Renovating the space in the same area would have been very expensive due to the need for a temporary mixing trailer so the group looked at other options. There is also the issue of the new USP 800 requirement for filters at the ceiling level and the need to increase the space by 40% per the new regulations. Mr. Tardoni said he has not seen any information on the exhaust plan. Mr. Wheatley explained the current duct and the options they looked at. Mr. Kelsey asked about the schedule. Mr. Wheatley said they would have detailed specs for bidding documents the first week of December with advertised bid going out in late December to early January. Mr. Kelsey asked if we would have a

cost estimate by mid-December and Mr. Wheatley confirmed we should have something for approval at the December meeting.

#### Dr. Sulentic Office

Mr. Wheatley met with Dr. Sulentic, his staff and the contractor to create the schedule. The work will begin December 12 and will be completed by January 10.

#### Building Automation System

Mr. Johnston said Vaughn's has 15 VAV's left to install with Harris following behind to install the controls. They are shooting for a completion date before Thanksgiving. They are hoping to schedule a couple days to work in the Administration office this week as the work can be noisy and a disruption.

#### Bulk Oxygen

Kelsey asked about the progress as everything had been approved to move forward. Mr. Johnston said he had a plan for a design so the MOB wouldn't lose water for two days. However, DEQ will need to approve if it is permanent. He is working with the City of Rock Springs for a temporary option so we can get the project moving. Mr. Tardoni said the water line is owned by the Joint Powers Water Board and is leased by the City. Mr. Johnston said he will talk to the City about the operation. Mr. Kelsey asked where we stand financially on this project. The cost of the permanent option, which will be done inhouse is about \$9,000. Wylie is waiting for us to get the water line in place so we don't lose water for two days in the MOB. Mr. Kelsey said it is fair to say the asphalt will be delayed to next spring. Mr. Johnston said they will lay road base instead to get through the winter.

#### Lightning Arrest System

Mr. Horan said the potential contractor has received their UL certification needed for approval through OSHA. They are working with the engineer for a comprehensive cost. They are all committed to other projects right now but will have a cost to us by the end of the year. This will push the project to the spring, which is before lighting season in July and August.

#### OB Shower Renovation

Mr. Horan said this project continues to be tabled. Ms. Love said we will look at it again after the beginning of the year due to the expected number of births over the next several months. We will reassess after the first of the year for financial concerns also.

#### Tabled Projects

No other table projects were discussed.

## **Old Business - Other**

### **SLIB Projects**

Ms. Love said the SLIB committee has postponed the meeting until November 9<sup>th</sup> as they needed more time to review projects. Mr. Kelsey asked if Administration will be attending the meetings in person. Ms. Richardson said they are hoping to attend.

### **Building and Grounds Annual Plan**

Mr. Kelsey asked if the annual plan could be expanded for all projects, looking at major maintenance projects over the next 2 to 3 years. Mr. Horan said they would work on updating the plan with these additional projects. Mr. Kelsey also asked if we could update the plan with timelines for the projects also. Mr. Kelsey asked about the S2 tie in project that was approved at this meeting last month. Ms. Love said there had been a question of capital versus operations. It has been written up as a capital project but we are waiting on financials to make the decision to move the project to Finance & Audit and the Board for approval.

## **New Business**

### **MOB Renovations**

Ms. Love shared some information on the need to relocate some offices out of a clinical area in the MOB that we plan on using for a new telepsych service. The contract for this service will be going to the Board next week. We are looking at renovating the existing MOB conference room into office space. We would also renovate one of the breakrooms on the second floor into a conference room. We are getting prices for just the current conference room at this time and will review.

## **Other**

The next meeting is scheduled for November 15, 2022. It was agreed to change the meeting time for this committee to 3:00 pm. Ms. Love will send out an updated calendar invite for everyone's schedule.

*Submitted by Tami Love*

Minutes  
Governance Committee Meeting  
October 24, 2022

Present: Barbara Sowada, Marty Kelsey, and Irene Richardson

Call to Order: Barbara Sowada called the Zoom meeting to order at 2:00 pm

Agenda was created during the meeting

Minutes had been previously approved

Old Business – None

New Business

1. Discussed attached document regarding 1) Talking Points for Board Orientation and 2) Talking Points for Board Recruitment. There is the potential to have to replace one board member per year for the next three years.
  - a. Irene will assign staff member to draft a written document for board orientation.
  - b. Draft will include points listed and will be given to board members at January, 2023, Board meeting for their response.
  - c. Wyoming State Statute reviewed regarding appointment to Memorial hospitals' boards. Statute states five-year terms; however, is silent on the number of terms a board member can be appointed. MHSC Board bylaws state board members may be appointed for 2, five-year terms. If the member is completing a term for someone else, the member is still eligible for 2, five-year terms of his/her own. Barbara will investigate whether County Commissioners bylaws discuss term limits for board members.

2. Iprotean education videos for November are Supply Chain: Mitigating Risk and Disruption Beyond the Pandemic.

3. Brief discussion regarding "Think Tank" material Ed presented at October Board meeting; no action taken. Brief, discussion regarding physician recruitment in age of burnout, early retirement, and residency shortages; no action taken.

The meeting was adjourned at 2:45 pm.

Next meeting is Monday, November 21, 2022, at 2:00 pm by Zoom.

Respectfully submitted,

Barbara J. Sowada, Ph.D.



## Talking Points

### Re: Orientation and Recruitment

#### Board Orientation Talking Points

- Some kind of written packet would be helpful
  - List of common clinical and financial healthcare abbreviations and acronyms
  - Photos and names of employed physicians
  - Leadership team contact information
  - Contact information for Board, President of MEC, Board Attorney, and County Commissioners
  - Brief history of MHSC
  - Brief description of fiduciary duties of Board (obedience, care, loyalty)
  - List of committees and brief description
  - Names and brief bio of Board members, findable on website
  - Explanation of how to access Iprotean
  - WY State statute that governs Memorial hospitals. Don't need full statute, just number.
  - Short reference regarding affiliation with University of Utah, including the services U of U brings here plus affiliation with HCI.
- Opportunity to tour the hospital and meet with CEO and Senior Leadership

#### Recruitment Talking Points

- Engage Board and Senior Leaders in recruiting new members
- Get Commissioner approval before initiating recruitment efforts
  - Visit with Chair of Commission around March, 2023, to determine their view re Board engaging in Commissioners recruiting efforts
- Attempt to complement, not duplicate, existing members' skills and experience
- Recruits should not have an "agenda"
- Consider creating "pipeline" using Foundation and/or Patient Advisory Committee as recruiting pools

Minutes  
Executive Oversight and Compensation Committee Meeting  
October 18, 2022  
By Zoom

Present: Barbara Sowada, Taylor Jones, and Irene Richardson

Call to Order: Barbara called the Zoom meeting to order at 3:00 pm

Agenda was created during the meeting

Minutes – First meeting of the Committee; therefore, no minutes of previous meeting

New Business

1. Committee charter was reviewed and revised. Is ready to be presented at November BOT meeting. meeting was adjourned at 3:00 pm.

Next meeting is to be determined.

Respectfully submitted,

Barbara J. Sowada, Ph.D.