

GUNNISON COUNTY BOARD OF COMMISSIONERS
WORK SESSION MEETING AGENDA

DATE: Tuesday, June 10, 2025

Page 1 of 1

PLACE: Board of County Commissioners' Meeting Room at the Gunnison County Courthouse
(REMOTE OPTION BELOW)

8:30 am

- Upper Gunnison River Water Conservancy District Update

8:40 am

- Colorado River Water Conservation District Update

8:50 am

- Gunnison Valley Health Board of Trustees Update

- Adjourn

Please Note: Packet materials for the above discussions will be available on the Gunnison County website at <http://www.gunnisoncounty.org/meetings> prior to the meeting.

ZOOM MEETING DETAILS:

Join Zoom Meeting: <https://gunnisoncounty-org.zoom.us/j/89798905619>

One tap mobile

+12532158782,,82753657556#,,,,*471302# US (Tacoma)

+13462487799,,82753657556#,,,,*471302# US (Houston)

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: UGRWCD Update - ADDED IN MEETING

Action Requested:

Parties to the Agreement:

Term Begins:

Term Ends:

Grant Contract #:

Summary:

Fiscal Impact:

Submitted by:

Submitter's Email Address:

Finance Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

County Attorney Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

Certificate of Insurance Required

Yes No

County Manager Review:

Comments:

Reviewed by:

Discharge Date:

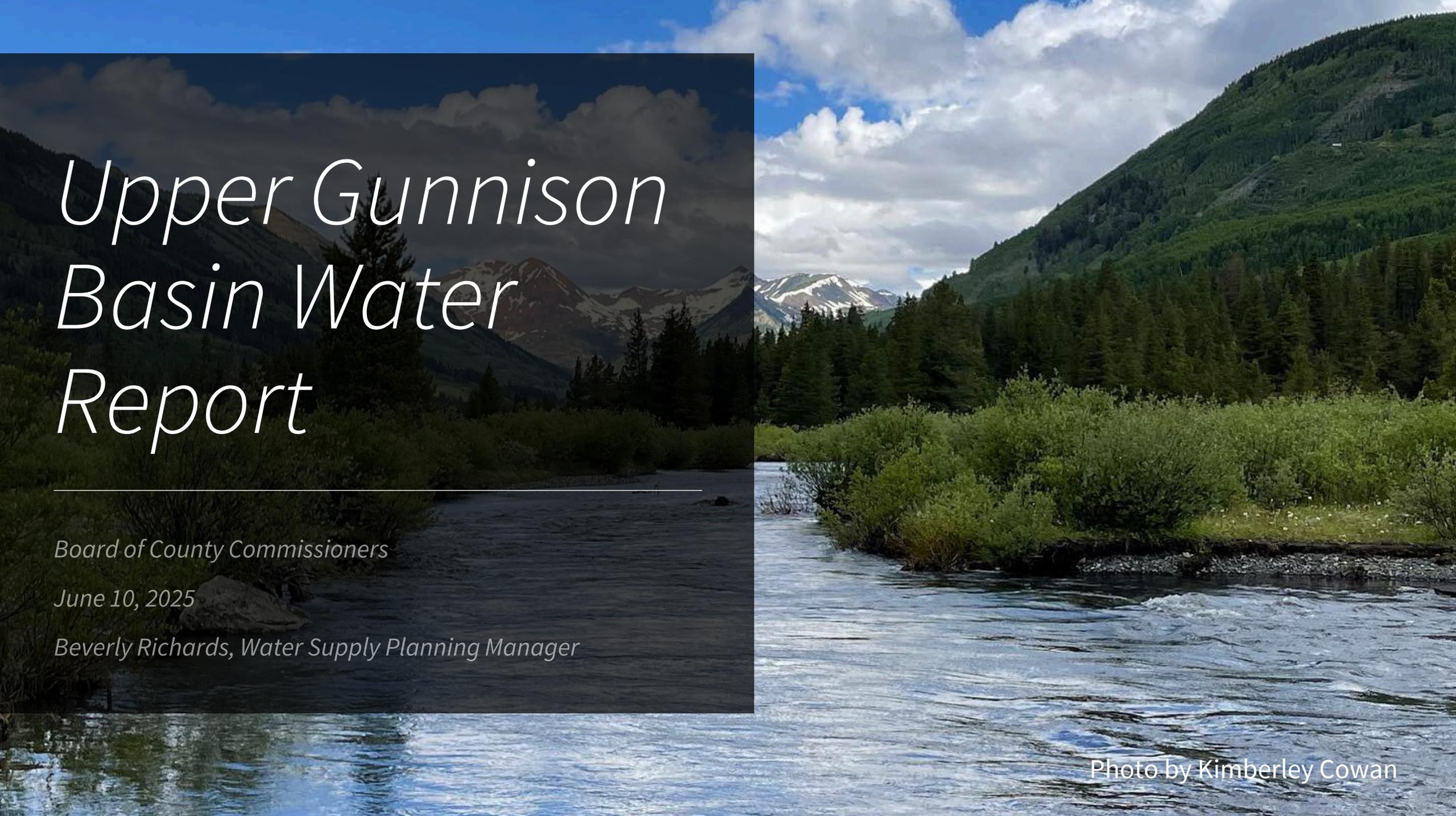
Consent Agenda

Regular Agenda

Worksession

Time Allotted:

Agenda Date:



Upper Gunnison Basin Water Report

Board of County Commissioners

June 10, 2025

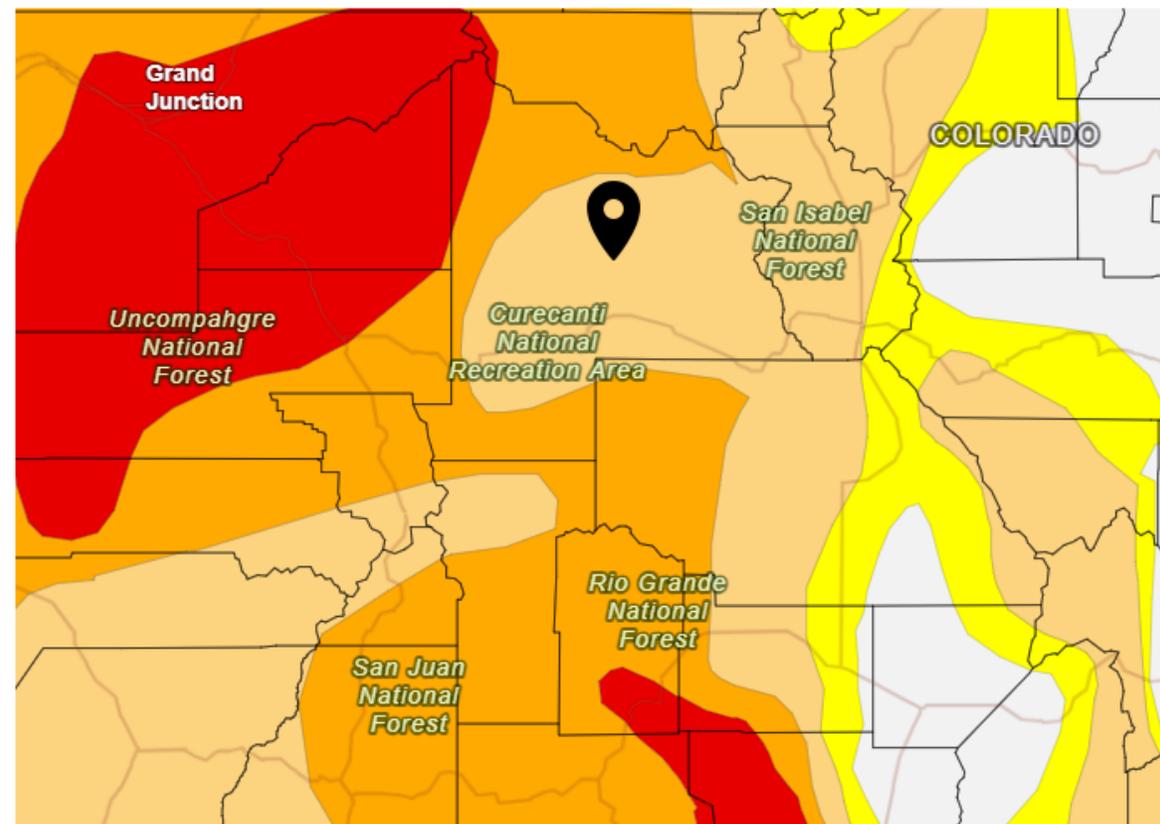
Beverly Richards, Water Supply Planning Manager

Photo by Kimberley Cowan

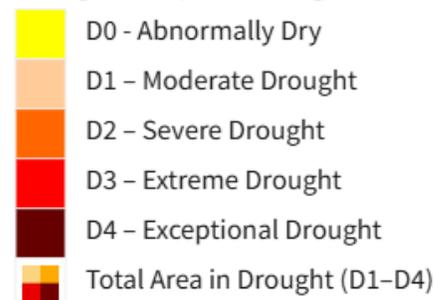
Drought Monitor Map

As of June 3, 2025
drought.gov

- 63% of Gunnison County has now moved into the moderate (D1) drought category.
- 5% of Gunnison County is now experiencing extreme drought.
- The whole state moved from 44% experiencing no drought conditions to 35% in the past 6 weeks



Drought & Dryness Categories



% of Gunnison County

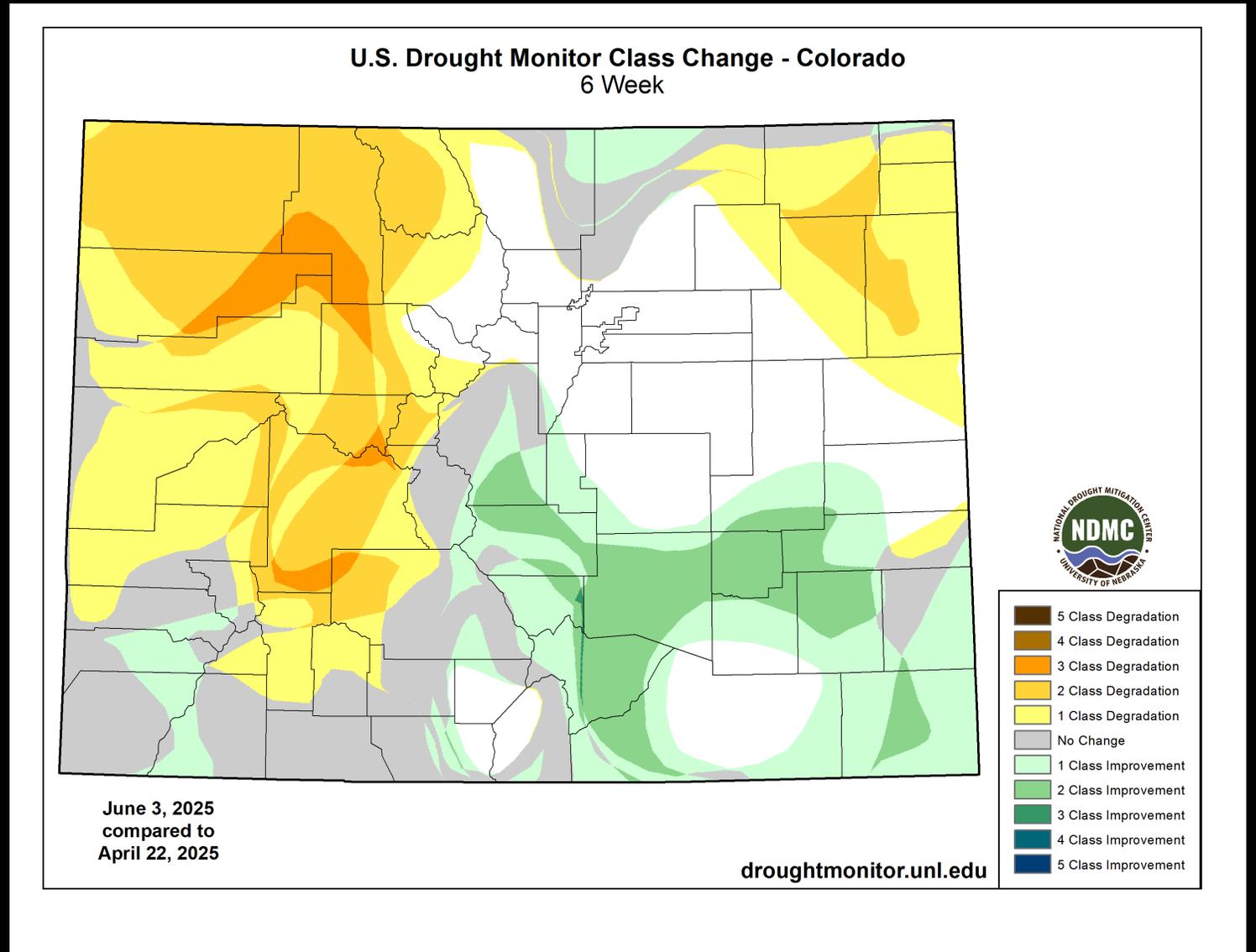
D0 - Abnormally Dry	0%
D1 - Moderate Drought	63.23%
D2 - Severe Drought	32.14%
D3 - Extreme Drought	4.63%
D4 - Exceptional Drought	0%
Total Area in Drought (D1-D4)	100.00%

Source(s): NDMC, NOAA, USDA
Data Valid: 06/03/25

Drought Monitor Class Change

As of June 3, 2025
drought.gov

- One to three class degradation has occurred in the County since April 22.
- There is some improvement in drought conditions to the south of the county due to recent precipitation.
- Areas to the west and north of the County have also seen one to three class degradation in drought conditions in this timeframe.

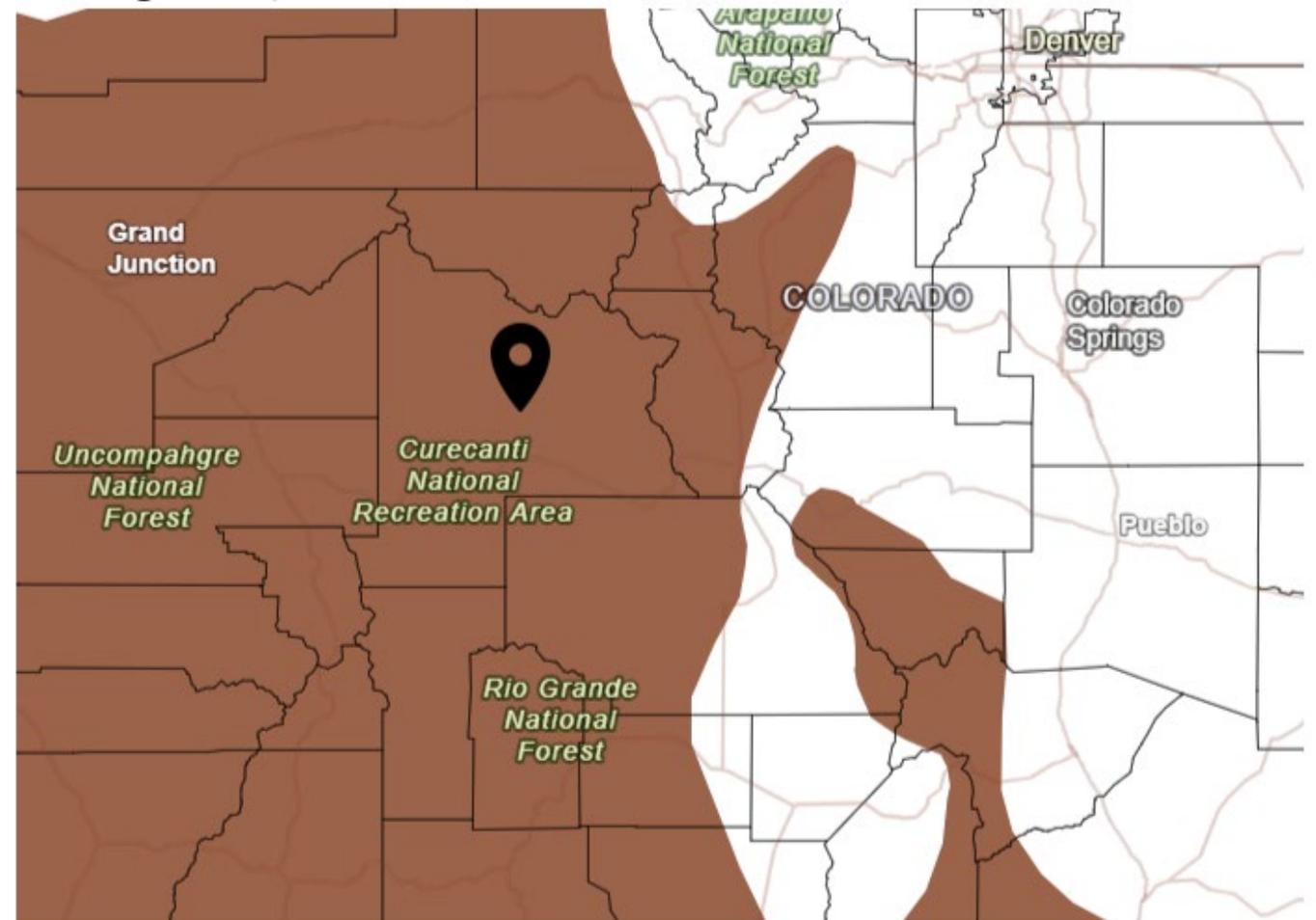


Seasonal Drought Outlook

As of May 31, 2025
drought.gov

- Forecasts indicate that drought conditions will persist throughout the Summer.

Seasonal (3-Month) Drought Outlook for May 31–August 31, 2025



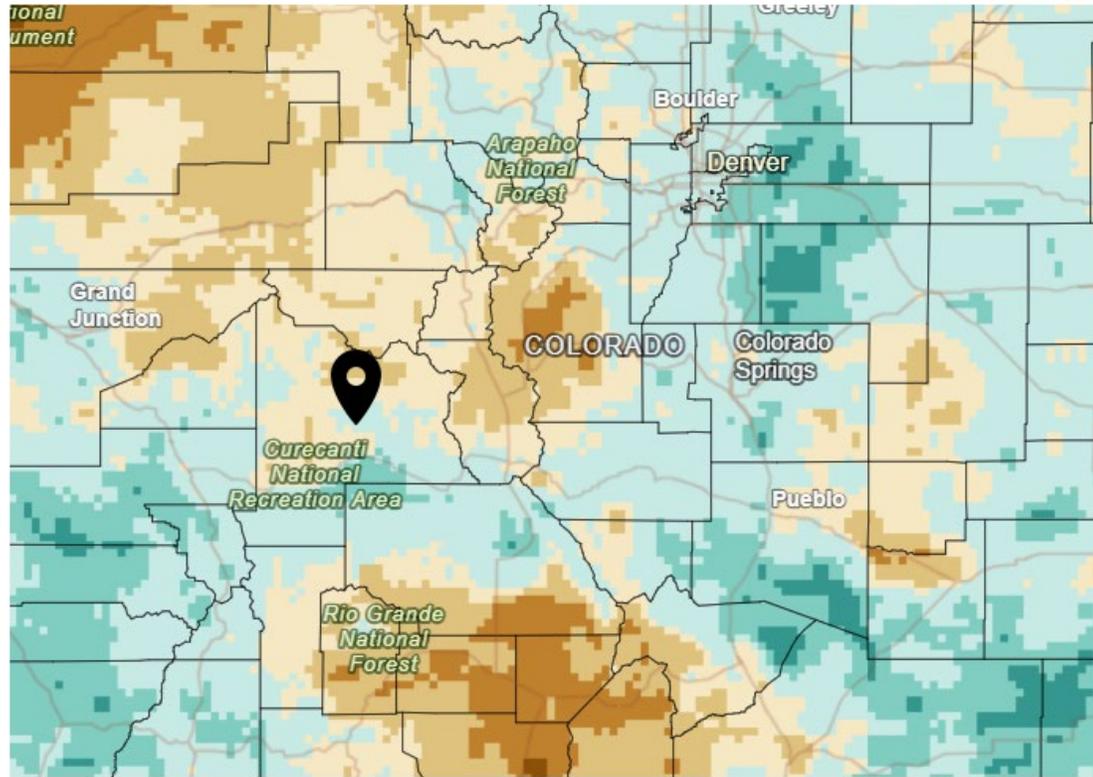
Drought Is Predicted To...



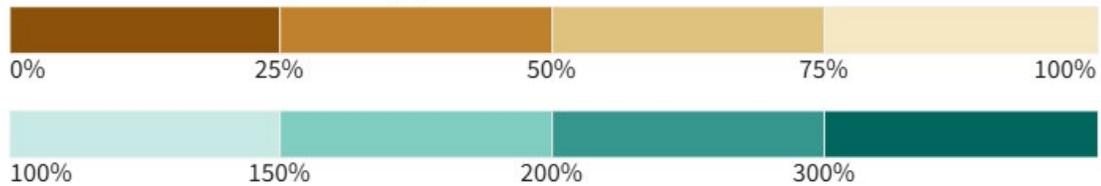
Source(s): Climate Prediction Center
Last Updated: 05/31/25

Drought.gov

30-Day Percent of Normal Precipitation



Percent of Normal Precipitation (%)



Source(s): UC Merced
Data Valid: 06/06/25

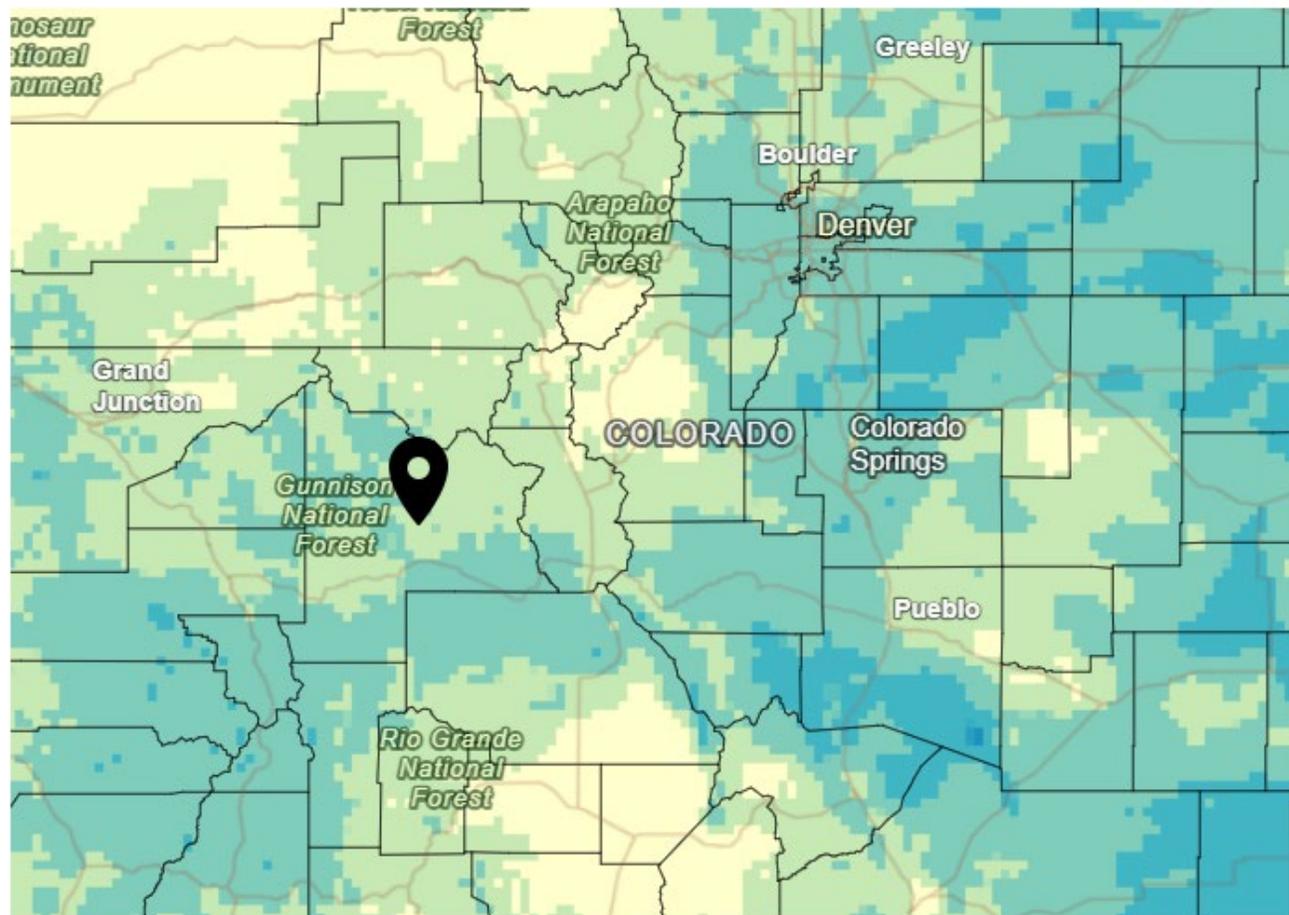
Drought.gov

Gunnison County Precipitation Past 30 Days

As of June 6, 2025
drought.gov

Precipitation has ranged from 50% to 200% of normal throughout Gunnison County for the past 30 days

7-Day Total Precipitation (Inches)



Inches of Precipitation



Source(s): UC Merced
Data Valid: 06/06/25

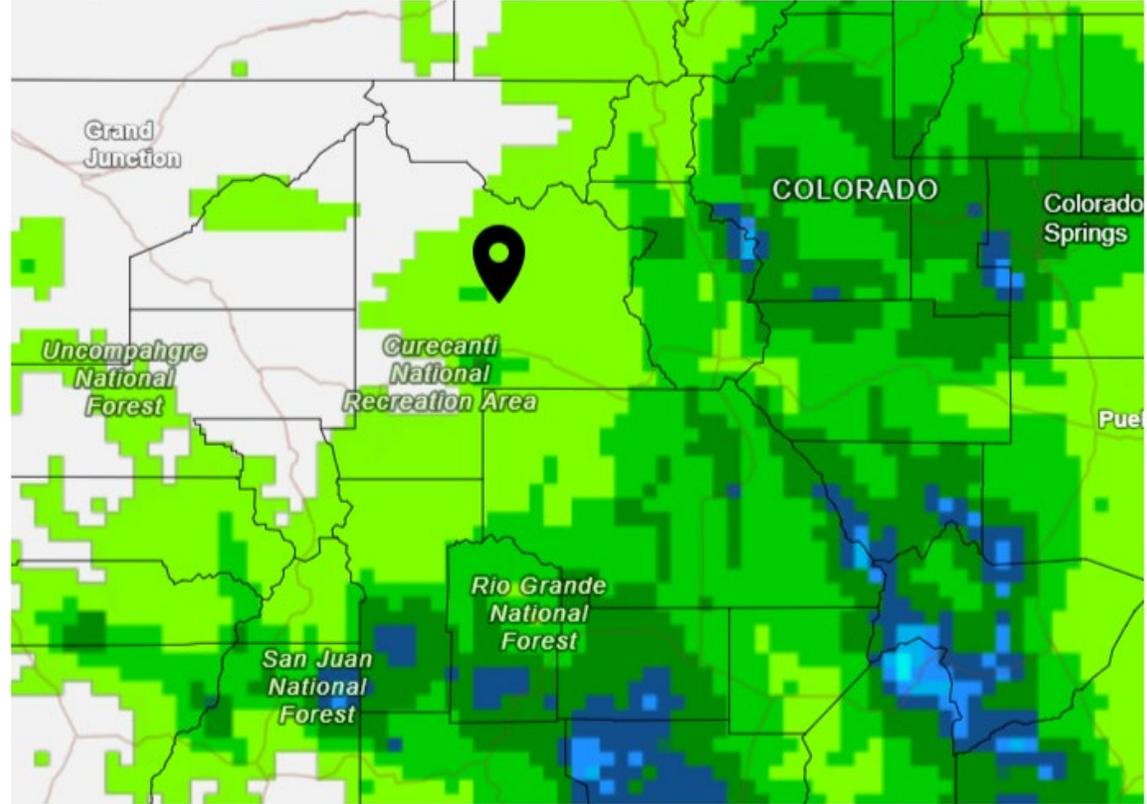
Drought.gov

Gunnison County Total Precipitation Past 7-days

As of June 6, 2025
drought.gov

The past 7 days has seen precipitation in the amounts of 1/2" to 2" throughout the County.

7-Day Quantitative Precipitation Forecast for June 8-15, 2025



Predicted Inches of Precipitation



Source(s): National Weather Service Weather Prediction Center
Last Updated: 06/09/25

Drought.gov

Gunnison County Quatitative Precipitation Forecast June 8 - June 15

*As of June 9, 2025
drought.gov*

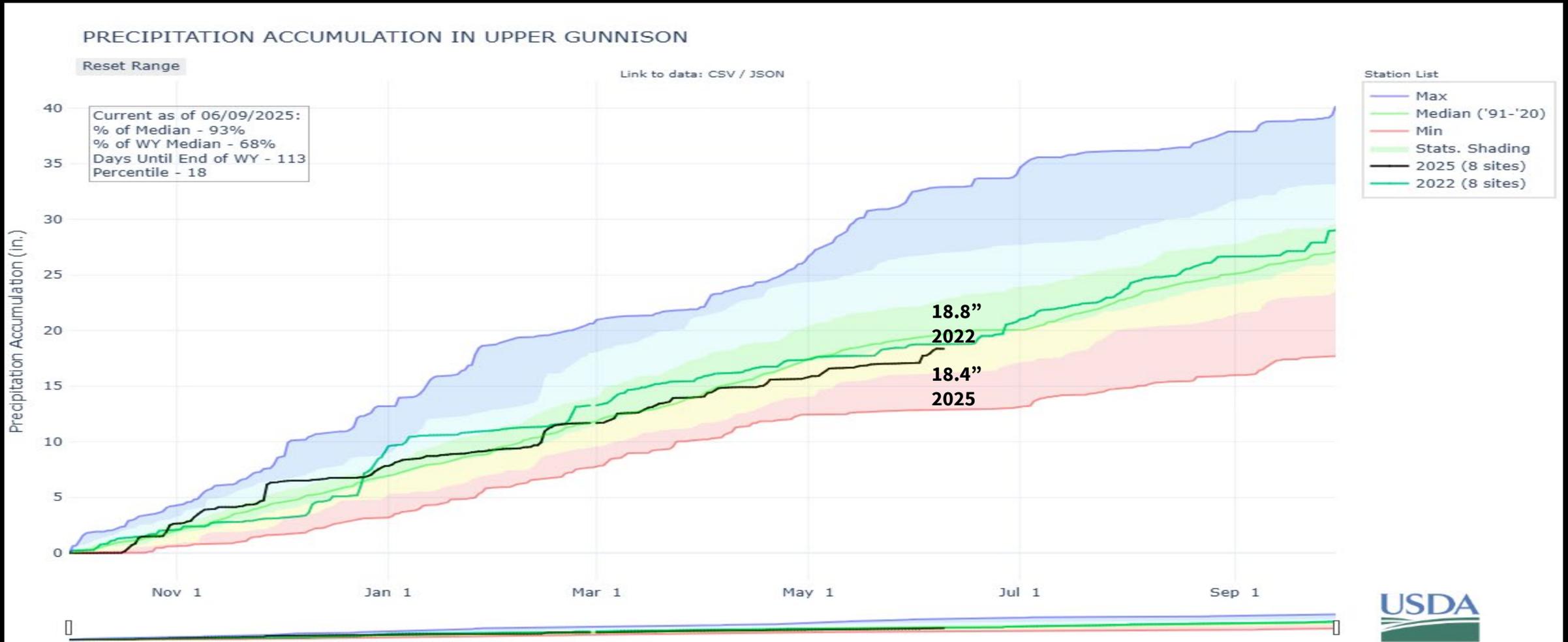
The 7-day forecast shows a possibility of precipitation ranging from .01” to a small area of .5”.

Upper Gunnison Basin Precipitation

As of June 9, 2025
NRCS

Precipitation accumulation for WY25 is currently at 93% of the median

Median amount is 19.7” of precipitation and WY25 to date and is currently 18.4”



Current Streamflow Amounts

CDSS
June 9, 2025

Station Name	June 9 (cfs)	Historical Average June 9 (cfs)	Peak Amount (cfs)?	Peak Date?
Gunnison River near Gunnison	1,460	2,700	2,190	June 3
Tomichi Creek at Sargent's	180	243	436	June 3
Tomichi Creek at Gunnison	347	554	574	June 5
Taylor River at Taylor Park	290	438	466	June 3
Taylor River blw Taylor Park Reservoir	253	324	Based on Releases	
Taylor River at Almont	551	965	623	June 3
Slate River abv Baxter Gulch	495	726	732	June 1
Coal Creek abv McCormick Ditch	104	188	195	June 2
East River blw Cement Creek	926	1,425	1,290	June 3
East River at Almont	925	1,290	1,502	June 3
Ohio Creek near Baldwin	217	348	348	June 3
Lake Fork blw Lake San Cristobal	533	496	646	June 1
Henson Creek at Lake City	491	496	606	May 31
Lake Fork at Gateview	1,100	1,023	1,190	June 1

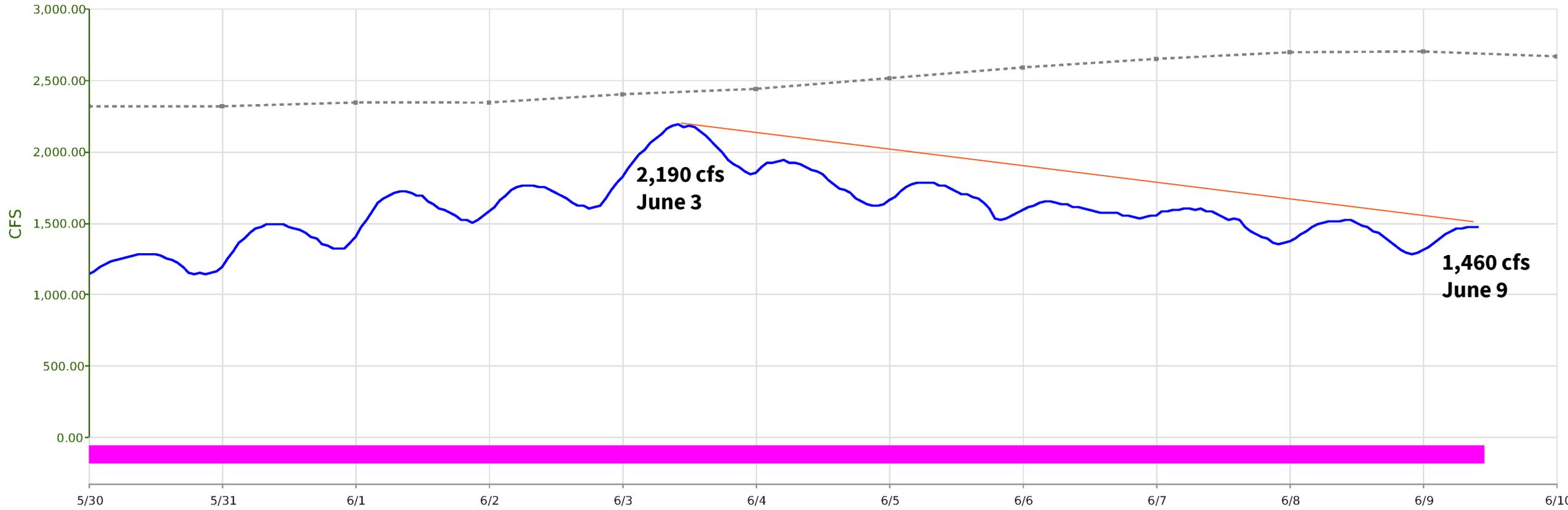
Satellite Imagery – Remaining Snow
ASO, June 9, 2025



Hydrograph – Gunnison River near Gunnison

CDSS, June 9, 2025

GUNGUNCO - GUNNISON RIVER NEAR GUNNISON, CO.



Legend

Flags

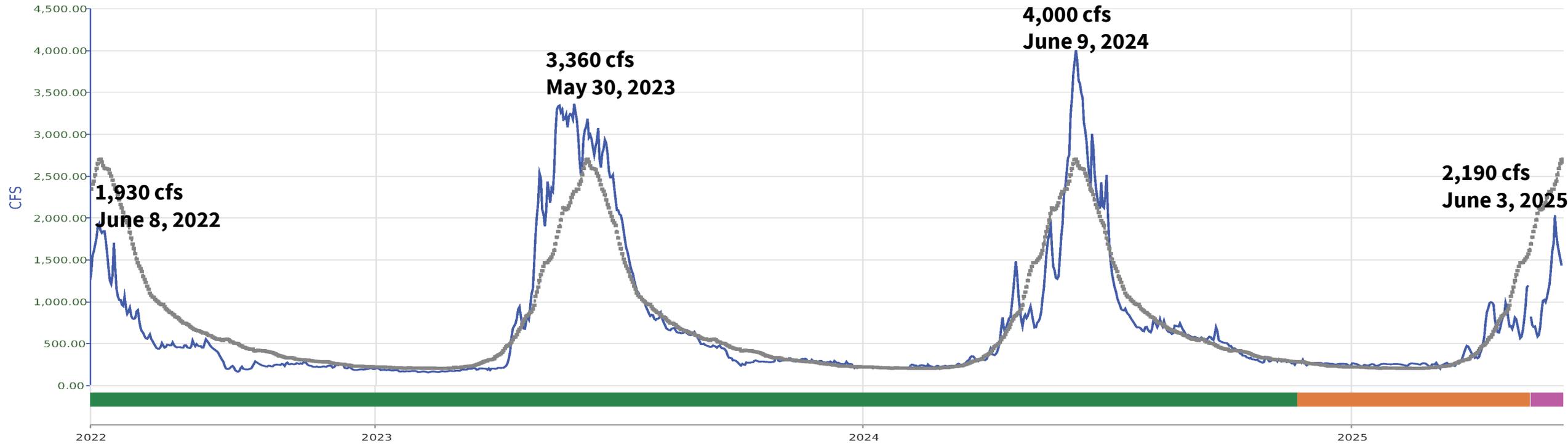
■ U - 3rd Party Data - Original data as collected by DWR; Reliability unknown

Hydrograph Comparison – Gunnison River near Gunnison

2022-2025

CDSS, June 9, 2025

GUNGUNCO - GUNNISON RIVER NEAR GUNNISON, CO.



Legend

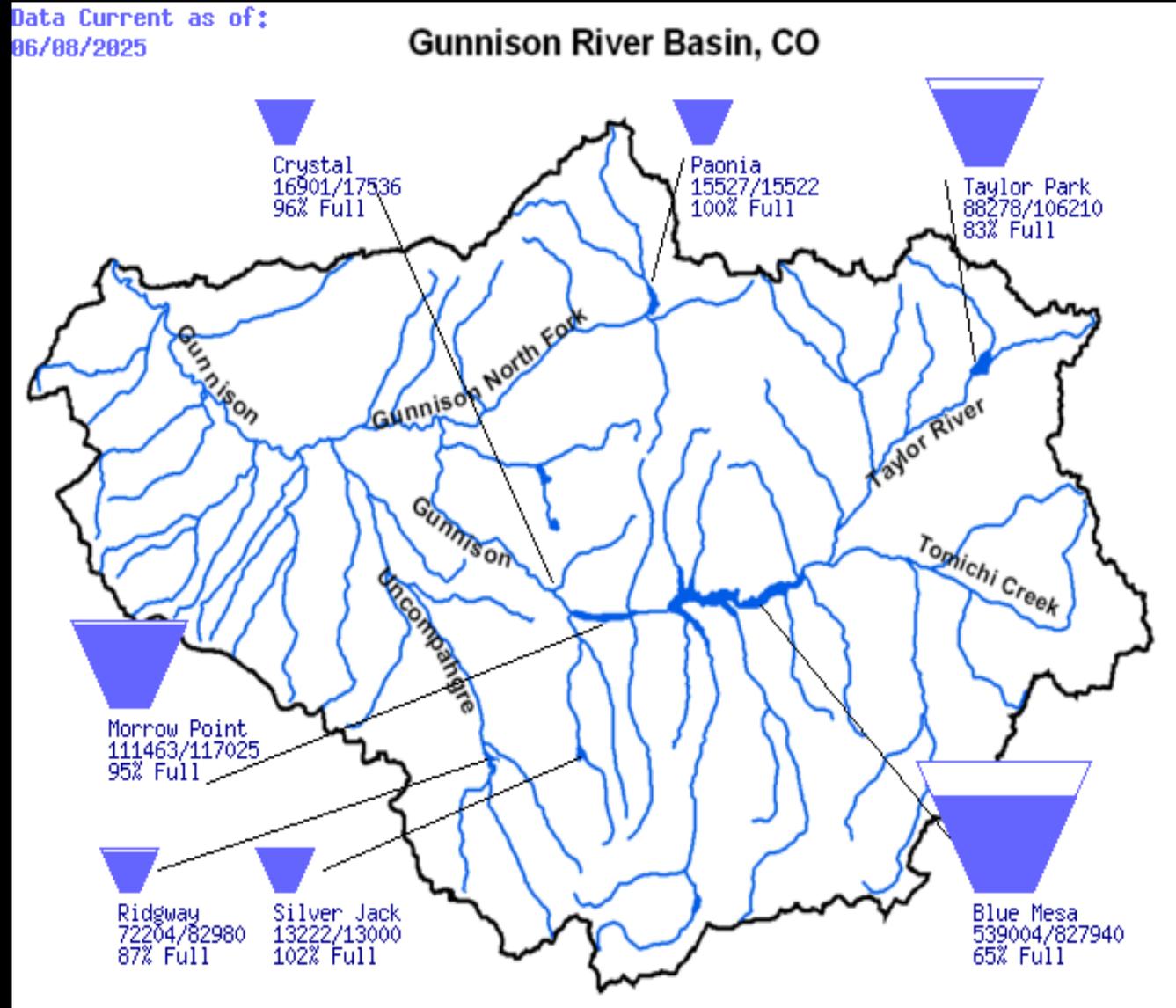
— 2025 - - Historical Average Discharge

Flags
■ A - Approved - Processing and review completed. ■ P - Provisional data subject to revision. Some review and corrections may have been made to improve data quality but final processing has not been completed.
■ U - 3rd Party Data - Original data as collected by DWR; Reliability unknown

Reservoir Storage Gunnison River Basin

as of June 8, 2025
(Bureau of Reclamation)

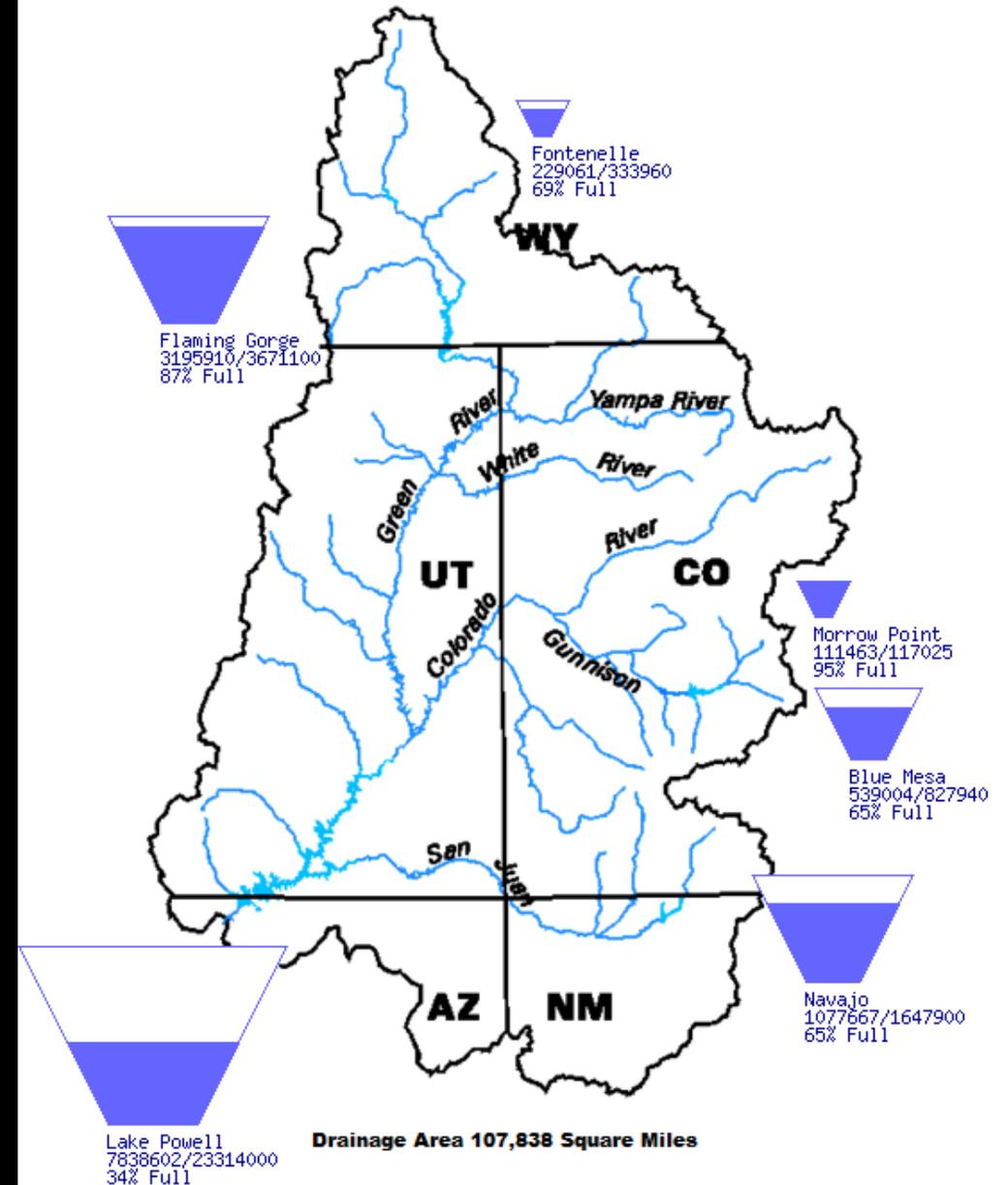
- Reservoir storage for the entire Gunnison Basin is currently at 89% of full.
- Reservoir storage for the Upper Gunnison Basin (Taylor and Blue Mesa) is currently at 74% of full.
- In 2025, Taylor Reservoir is forecasted to fill to 90,683 acre-feet which is 85% full.
- The 2025 forecasted runoff volume for Blue Mesa is 645,000 acre-feet (71% of average).



Upper Colorado River Drainage Basin

Reservoir Storage Upper Colorado River Drainage Basin as of June 8, 2025 (Bureau of Reclamation)

- Flaming Gorge – 87% full
- Fontenelle – 69% Full
- Morrow Point – 95% full
- Blue Mesa – 65% full
- Navajo – 65% full
- Lake Powell – 34% full
- Total Upper Colorado Storage - 69%





07/22/2015

AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Gunnison Valley Health Board of Trustees Update

Action Requested: Discussion

Parties to the Agreement:

Term Begins:

Term Ends:

Grant Contract #:

Summary:

GVH Board of Trustees Update

Fiscal Impact:

Submitted by: Holly Perry

Submitter's Email Address: hperry@gunnisoncounty.org

Finance Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

County Attorney Review:

Required

Not Required

Comments:

Reviewed by:

Discharge Date:

Certificate of Insurance Required

Yes No

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\mbirmie

Discharge Date: 6/4/2025

Consent Agenda

Regular Agenda

Worksession

Time Allotted: 60 minutes

Agenda Date: 6/10/2025



GUNNISON VALLEY HEALTH MONTHLY / BOCC CEO REPORT

June 2025

ORGANIZATIONAL EXCELLENCE – Perform To Thrive

BE EPIC

- **WE MADE IT!**
 - **GVH went live with Epic on Saturday morning, May 3rd at 2:30 AM**
- **1 Month Insights:**
 - GVH has an incredible and change hardy team who have done an amazing job in navigating a change project such an EHR conversion
 - Refining use and operations and optimizing new workflows that are associated with the medical record
 - Clinicians and staff are already talking about the improvement it is making in coordinating care, communicating about patients, and obtaining better data out of the system
 - On-site support ended on Friday, 05.30.25
 - The community experienced some decreased access to care in our outpatient/elective areas and were very patient as staff and providers navigated a new record
 - We are receiving lots of positive feedback from our patients about the MyChart functionality

FINANCIAL EXCELLENCE

- **Permanent CFO Search:**
 - Initial rounds of candidate interviews continue
 - New candidates were presented by the search firm this past week
 - Determining if we will bring any of these candidates onsite. Our goal/plan is to bring a cohort of finalists for on-site interviews
- **Interim CFO:**
 - Beginning preparations for a handoff in interim CFO duties if we do not hire a CFO by August 15th when Ginette Sebenaler leaves
- **Supply Chain – Navigating Tariffs**
 - Vizient ask suppliers for the following information:
 - Product Pedigree & Member Impact Report
 - Updated Cross References
 - Cost structure with detailed COGS breakdown (raw materials, labor, transportation, etc.)
 - Margin impact and strategy for absorbing or passing costs
 - Cost mitigation actions
 - Market insights
 - Inventory status and lead time forecasts
 - Pathway to savings for clients
 - Live Brief - <https://vizientinc-delivery.sitecorecontenthub.cloud/api/public/content/18152ccb05b5403b9c56bc70bb846a33>
 - Based on our Vizient Analysis:
 - GVH approximately \$1.2M dollars in spend subject to tariff risk.
 - If we assume 10% additional tariff risk, our total spend could go up by \$120,000, increasing GVH’s overall contract spend with Vizient by 2%

PEOPLE FIRST

- **PROVIDER RECRUITMENT**
 - **No current searches**
- **KEY LEADERSHIP UPDATES**



GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

- **Open Director of Marketing and Public Relations -**
 - Onsite interviews were completed last week. Reviewing scores and feedback to determine a final selection
- **Open Director of Radiology –**
 - Contingent search firm retained. Overall search being led by Wade Baker
 - Caleb Young is the Interim Director of Radiology
- **GVH HR STATISTICS - See Appendix A.**
- **GVH HR Focused on “Creating the Pipeline”:**
 - **International Nurses via Flint Recruitment**
 - 8 RNs hired (3-year commitment to work at GVH, in return they earn their Green card)
 - Med/Surg = 1 RN
 - Labor & Delivery = 3 RNs
 - Long Term Care = 4 RNs
 - Currently recruiting for replacements (1 LTC RN was termed, 1 L&D RN resigned due to situational illness)
 - Flint is also working to recruit Med Techs (Lab) & Imaging Techs
 - **Increased Tuition Reimbursement Funding**
 - **New Grads**
 - Lawson Yow, M/S RN – Started as an RN 11/2024
 - Chloe Walker, M/S RN – Started as an RN 2/2025
 - Anyssa Huff, LTC RN – Graduating Spring 2025
 - Pamela Stoeber, LTC LPN – Graduating Spring 2025
 - Natalie Gillette, Xray Tech – Graduating Spring 2025
 - **In School/Progress**
 - Phlebotomist --> MLT/Lab Summer 2025
 - •C.N.A. --> BSN Summer 2027
 - •C.N.A. --> BSN Summer 2025
 - •RN --> NP 2026/2027
 - **Career Fair Attendance by GVH HR**
 - **2024**
 - UCCS Beth-El Nursing Program
 - Western Colorado University (Spring & Fall)
 - Grand Valley Career Fair
 - AIMS Community Career Fair
 - CU Denver
 - Regis University
 - UCCS, Pueblo
 - **2025**
 - UCCS Beth-El Nursing Program
 - Western Colorado University
 - Technical College of the Rockies
 - **On The Job Training**
 - Medical Assistant Certification
 - Certified Nurse Aid Certification w/ GHS/WCU

QUALITY AND PATIENT SAFETY

- **GVH Management Team met to discuss 3-year strategic and operational quality and patient safety priorities. The team will reconvene after Epic go-live and will present to BOT Q&O sometime in late Summer.**

SERVICE EXCELLENCE



GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

- Working on Post Go-Live plan for continued MyChart roll out and enhancements

CHOOSE GVH

SERVICE LINE UPDATES

- **Primary Care Service Line (SL)** structure kicked off on 01.29.25
 - Tracking Epic implementation and new workflow optimization. We are noticing an increased demand for Medical Assistants to manage the increased information that flows through their responsibilities.
 - The team is developing a primary care KPI Dashboard and is also engaging in policy decisions regarding schedules and late policy.
 - Good provider engagement overall but we need improved in-person meeting presence vs. online
 - The management team is reviewing action items from Stroudwater's Physician Practice Optimization evaluation and will be prioritizing items to complete in the 2nd half of 2025, and the 1st half of 2026
- **Orthopedic Service Line**
 - Await review of professional services contract with a regional partner to help provide hand, foot and ankle, and possibly spine surgery to GVH, 1-2x/month (both office and surgical time)
- **Dermatology Service Line**
 - Location and space identified for the physical location of our Mohs Procedures/Surgeries at GVH
 - We are working through regulatory, license, and survey requirements
 - We are still planning on an Aug/Sept go-live with these services

MEDICAL STAFF SYNERGY – Unleash Provider Potential

PHYSICIAN PRACTICE REIMAGINED

- **Provider Compensation Committee –**
 - Meeting with Stroudwater Team to set up a timeline for the next 7 months with an end of year deliverable of a Compensation Structure and Strategy for Board review

CLINICAL SERVICES COLLABORATION- Build For The Future

EMS BUILDING UPDATE

- Remain on schedule and on budget for mid to late September completion

MOB PROJECT UPDATE

- Financing Analysis is underway
- Received proposal for financial modeling (pro forma of new MOB) from Stroudwater (to be completed immediately after financing analysis)
- On track to present recommendations for decision-making at July BOT work session

STRENGTHENING COMMUNITY HEALTH – Together In Health

- **Gunnison Valley Health Foundation Annual Gala**
 - The focus will be **Our Valley / Our Health**, showcasing the breadth of services GVH provides the community and launching ourcampaign.
- **Rural Futures Focus Group Coming – 06.25.25 -**
 - Facilitated by the CU Farley Health Policy Center – Dr. Lauren Hughes
 - Focus group participants being identified at this time
 - The goal is to gather participant information/viewpoints about concerns about Rural Health

TRANSITION PAYMENT MODELS – Value For The Valley

- **ACO Update –** Nothing new

STRATEGIC PLANNING

2025 STRATEGIC PLAN

- **2025 – 2027 Attached for your information.**



GUNNISON VALLEY HEALTH

GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

- **2025 Annual Strategic Planning Meeting scheduled for July 21st and 22nd.** Agenda is under development and will be finalized at June BOT Strategic Planning Committee

ATTACHMENTS

Appendix A – HR Stats

Appendix B – Under The Golden Dome – CHA Legislative Update

Appendix C – 2025 – 2027 GVH Strategic Plan

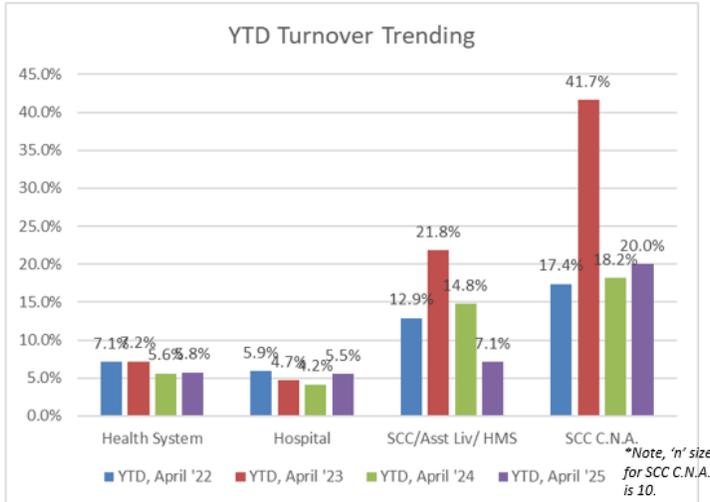
Appendix D – GVH Foundation Gala Invite



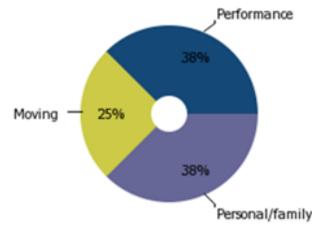
GUNNISON VALLEY HEALTH / BOCC CEO REPORT June 2025

APPENDIX A – 2025 April YTD HR Statistics

Employee Turnover



Reasons for Termination



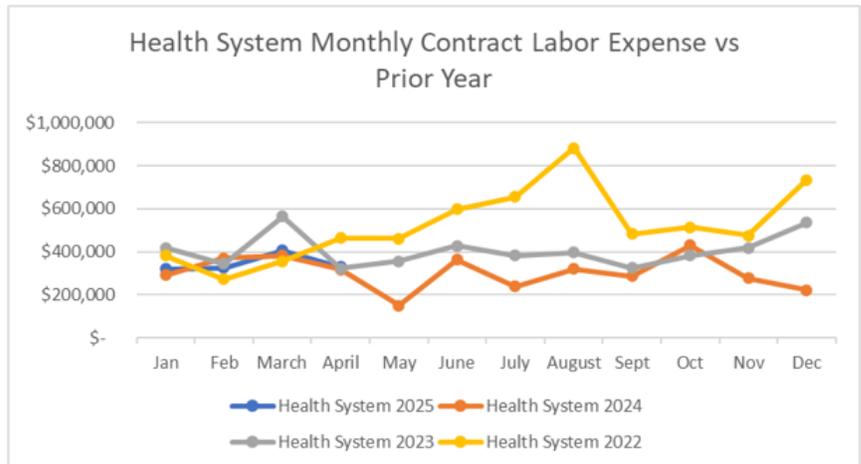
Note: In 2023 we began including employees reducing status from FT/PT to PRN as Turnover. We did not have a way to track that in prior years.

- National average of turnover in 2023:
- Hospitals = 25.9%
 - Long-term care = 90.7%
 - LTC Certified Nurse Aide = 101.6%

A total of 7 employees left the organization in March 2025, 5 were from the Hospital company and 2 from Senior Living Community.

Contract Labor

- YTD \$17k increase vs. prior year.
- Increase of 1.28%.



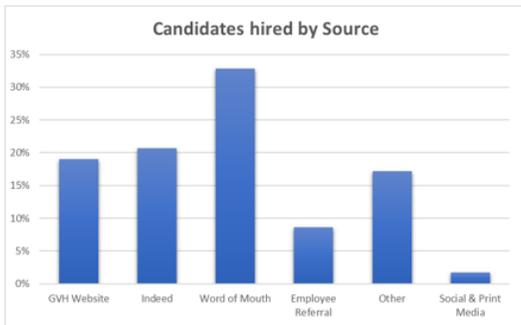
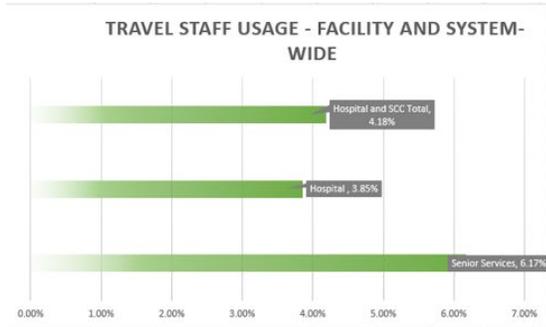
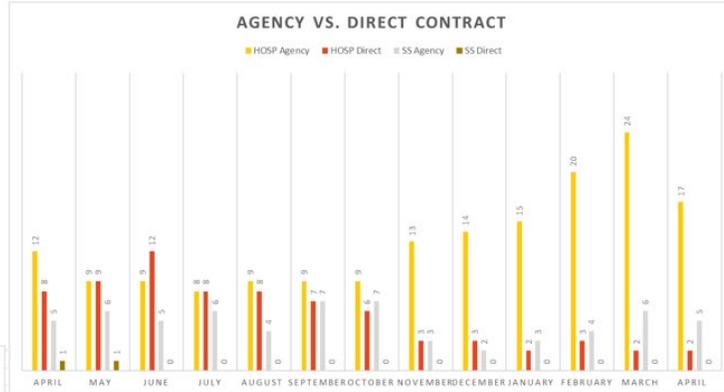
	April
Health System 2025	\$ 330,737
Health System 2024	\$ 318,201
Health System 2023	\$ 323,104
Health System 2022	\$ 464,452



GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

Agency & Direct Contract Staff



Recruitment Update

	FT Job Postings	
	2024	2025
January	65	28
February	60	29
March	59	24
April	46	31
May	41	
June	34	
July	35	
August	35	
September	33	
October	32	
November	37	
December	32	

Time to fill - Quarterly Comparison (24/25)

- Second Quarter 2024 - 87 Days
- Third Quarter 2024 - 107 Days
- Fourth Quarter 2024 - 92 Days
- First Quarter 2025 - 96 Days

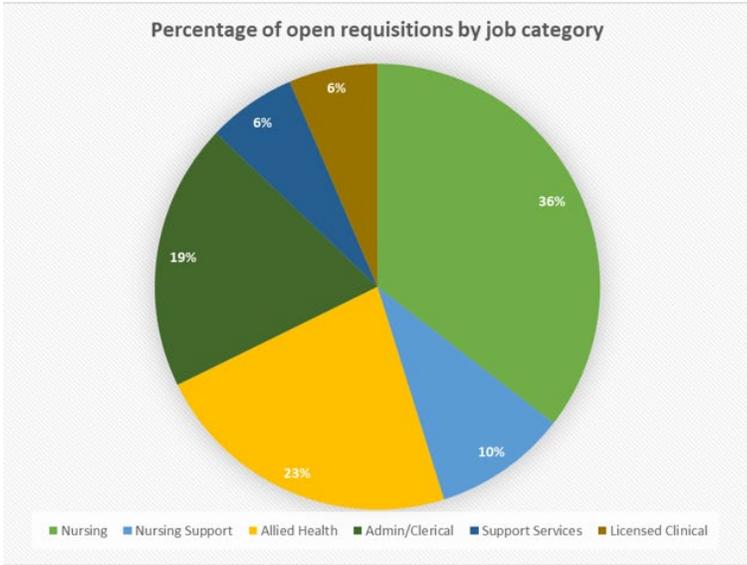
Health System Vacancy Rate		
Month	Health System	RN's
November 2024	6.94%	11.94%
December 2024	6.99%	11.28%
January 2025	5.98%	11.19%
February 2025	6.10%	10%
March 2025	5%	9%
April 2025	5.9%	8.15%



GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

GVH Hires & Open Requisitions



Total Open Opportunities

- * 31 Full Time
- * 4 Part Time

Hard to Fill Positions

1. CT Tech
2. OB Nurse Manager
3. Home Health/Hospice RN
4. Home Health Physical Therapist





GUNNISON VALLEY HEALTH

GUNNISON VALLEY HEALTH / BOCC CEO REPORT

June 2025

APPENDIX B – Under The Golden Dome – CHA Legislative Session Update
See corresponding slide deck

Health Care Under the Gold Dome

Review of the 2025 Legislative Session

May 14, 2025



Today's Webinar



Saskia Young
VP, legislative affairs



Bridget Frazier
Senior manager, public policy



Quick!

- Slides with this logo indicate CHA has an in-depth issue brief available

Questions?

- Please type your question into the chat at anytime throughout the presentation



Visit www.cha.com

- Today's slide and recording of the webinar, along with in-depth issue briefs, our annual legislative report, and other helpful resources are all available

Today's Agenda



Legislative Session by the Numbers



2025 Headwinds and Health System Pressures



Top Legislative Themes



CHA's 2025 Legislative Agenda



New Laws Impacting Hospitals



What to Expect in 2026



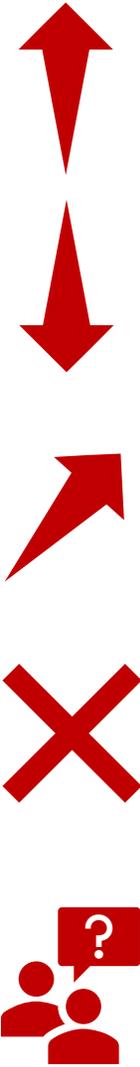
CHA Member Resources



Legislative Session by the Numbers

- The General Assembly introduced 657 pieces of legislation and passed 74%
 - 171 were killed
 - 486 are headed to the governor
- On behalf of its members, CHA:
 - Tracked 52 bills
 - Testified 25 times in committee hearings
 - Negotiated nearly 100 amendments
- CHA's work to protect the 340B program saves Colorado hospitals \$700M

Navigating 2025: Heavy Headwinds



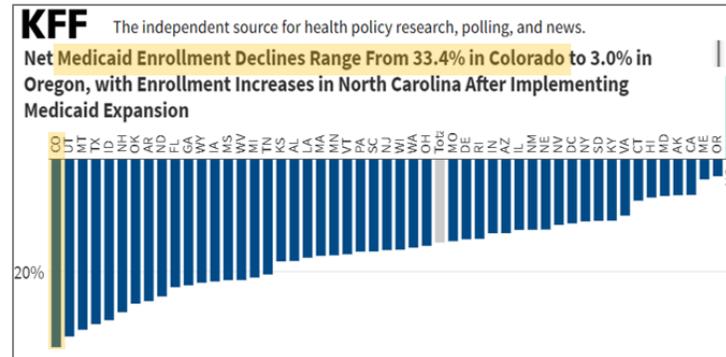
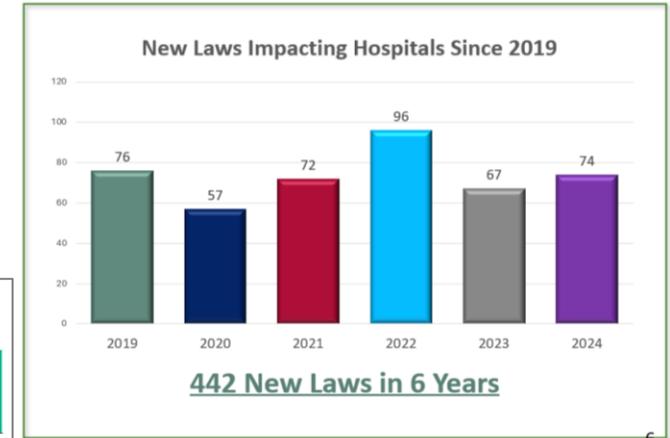
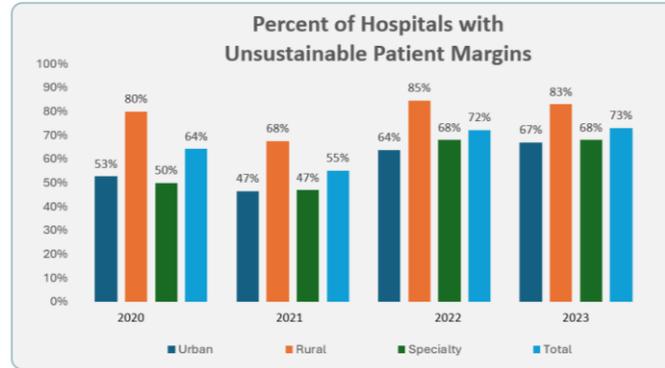
Labor and supply costs up 40% since 2019

Only 1 in 4 Colorado hospitals has margins needed for long-term sustainability

Costly burden of implementing 442 state laws impacting hospitals over last 6 years

500k+ Coloradans lost Medicaid coverage due to state failures on post-COVID re-enrollment

Major federal uncertainty on supply cost, funding, culture war issues impacting health and health care



These major pressures have real consequences for our employees, patients, and communities

Hospital Closures	Discharge Backlogs	Reduced Access to Care	Increased Costs	Reduced Services Lines	Further Distance to Care



Major Themes This Session



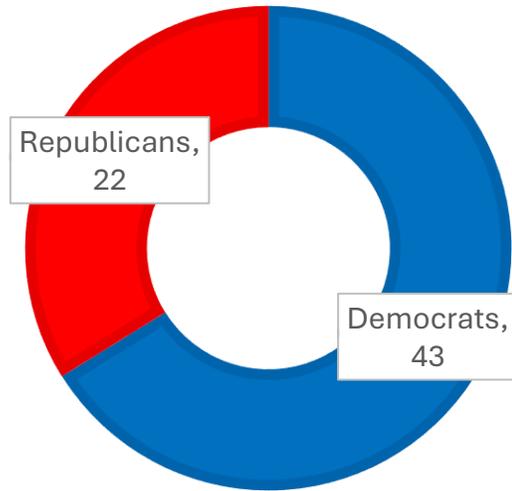
cha
Colorado Hospital Association

One Party Domination



HOUSE

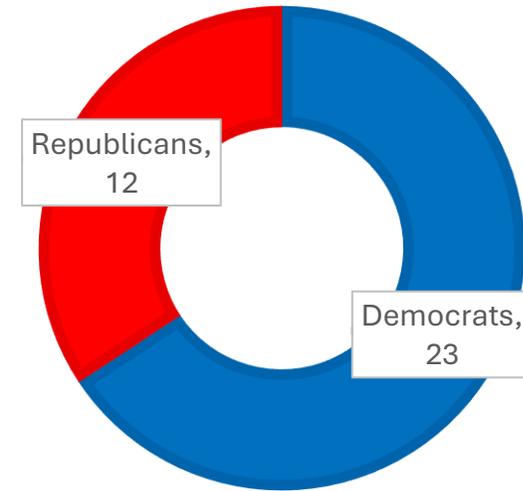
■ Democrats ■ Republicans



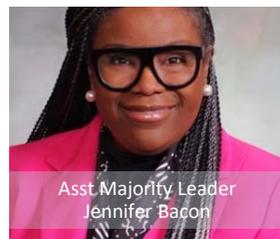
22 members of the Colorado General Assembly this year were appointed via a vacancy committee (that's more than 1 in 5 state lawmakers)

SENATE

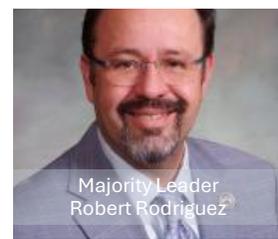
■ Democrats ■ Republicans



Leadership



Leadership



Major Themes



Federal
Uncertainty



Budget
Shortfall



Consumer
Protections



Labor and
Employment



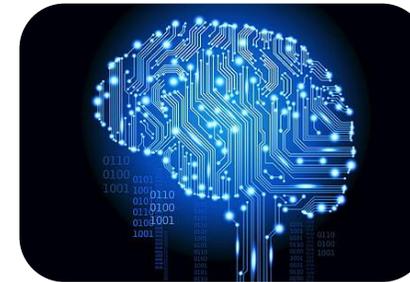
Health Care



Housing



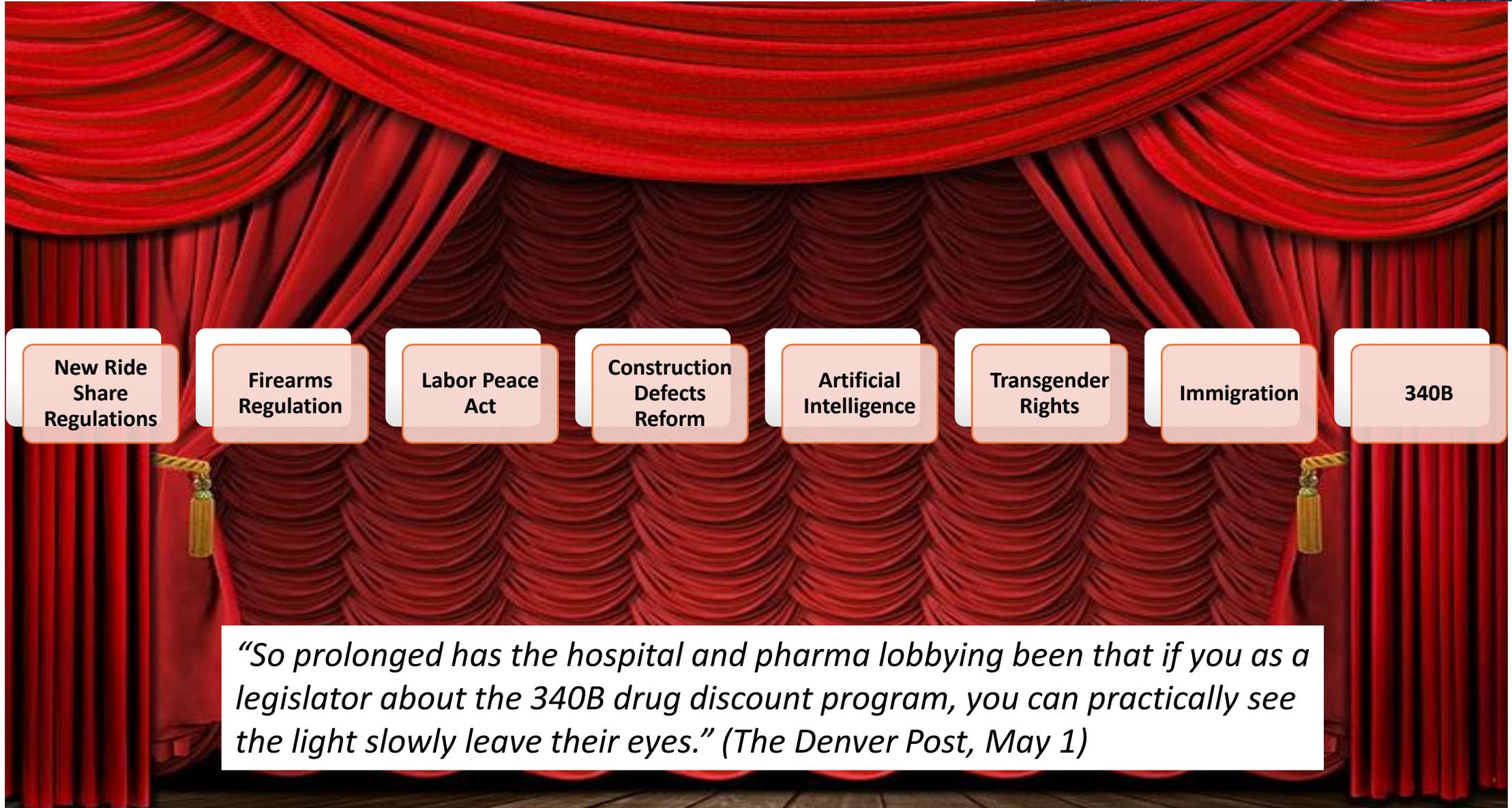
Environmental



Technology



Big Fights Took Center Stage



New Ride Share Regulations

Firearms Regulation

Labor Peace Act

Construction Defects Reform

Artificial Intelligence

Transgender Rights

Immigration

340B

“So prolonged has the hospital and pharma lobbying been that if you as a legislator about the 340B drug discount program, you can practically see the light slowly leave their eyes.” (The Denver Post, May 1)

Navigating Another Difficult Budget Year



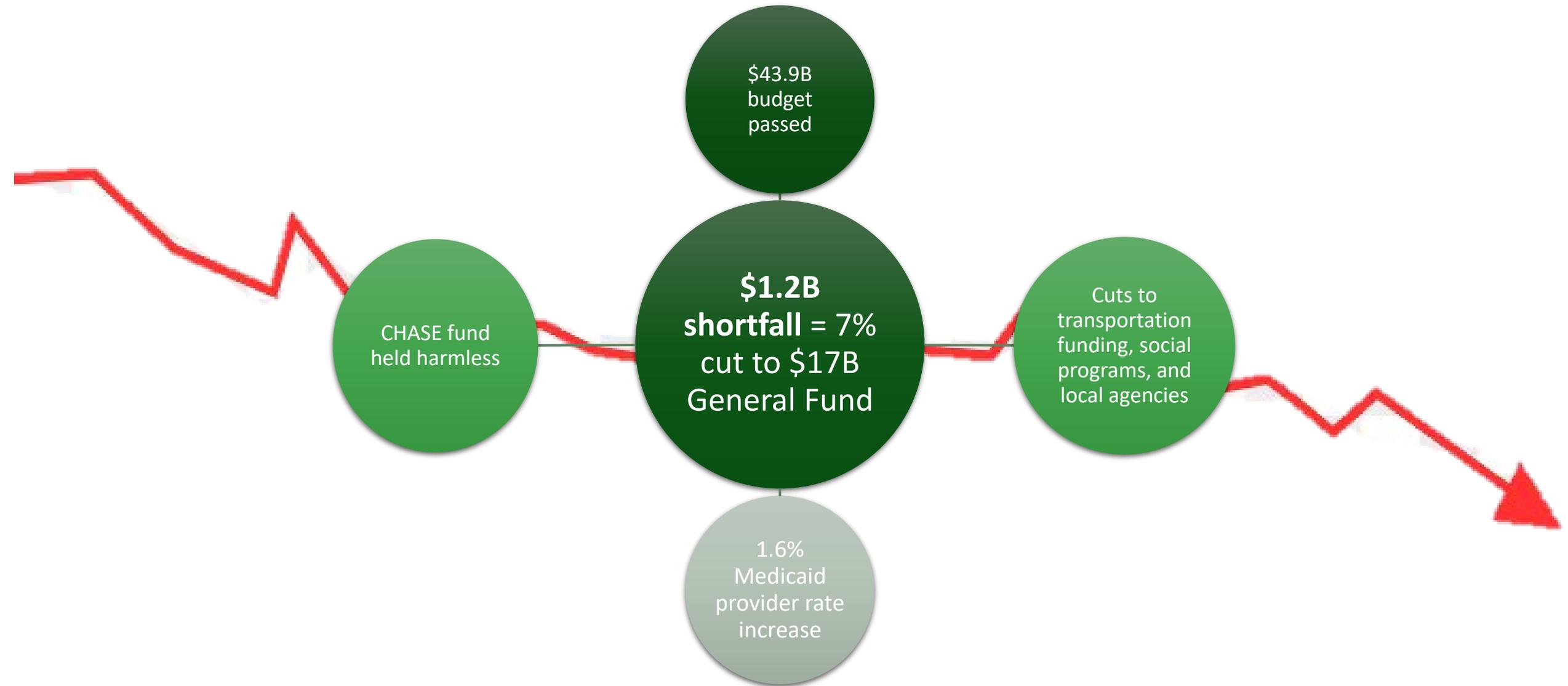
\$43.9B
budget
passed

CHASE fund
held harmless

**\$1.2B
shortfall = 7%
cut to \$17B
General Fund**

Cuts to
transportation
funding, social
programs, and
local agencies

1.6%
Medicaid
provider rate
increase





CHA 2025 Legislative Agenda



2025 Legislative Agenda At-A-Glance



Medicaid Optimization and Accountability



- 1 CHASE Program:**
Maximize Federal Funding
- 2 RAC Audits:**
Improve Efficiency & Decrease Provider Burden
- 3 Medicaid Enrollment:**
Correct Colorado's Coverage Trajectory

Hospital Sustainability and Patient Care



- 4 Facility Fees:**
Protect Access Throughout the State
- 5 340B Program:**
Safeguard Availability of Life-Saving Treatment
- 6 Rural Health:**
Strengthen Facilities & Communities

Rate Setting Defeated → Funding for Safety Net



Rate Setting (HB 25-1174)

- Sets limits on how much insurance carriers must reimburse health care providers
- Restricts facilities from billing any outstanding balance not paid by the carrier other than application in-network coinsurance

FAIL

Funding for Safety Net (SB 25-290)

- Creates the Provider Stabilization Fund
- Funded by a loan from the Unclaimed Property Trust Fund
- Provides provider stabilization payments to safety net providers

State Directed Payment Program (HB 25-1213)

- CHA amendment gives CHASE/HCPF the authority to:
 - Receive IGTs into the Hospital Provider Fee cash fund
 - Continue development of SDP pre-print
- CHASE is now an umbrella with distinct programs within it:
 - Hospital Provider Fee
 - Nursing Home Fee
 - Intermediate Care Facility Fee
 - Disability Buy-In Premiums
- No Changes to the CHASE Board

PASSED



340B Program: Safeguard Availability of Life-Saving Treatment



This year, legislators face a crucial choice that will impact the future of the 340B Drug Pricing Program in Colorado and the benefits it provides to patients.

Vote **YES**
on SB 25-071

PASSED

Keeps money in Colorado:

- Stops the national effort from Big Pharma to weaken 340B
- Keeps drug companies from restricting the benefits to hospitals and their communities
- Maintains important benefits that improve access to care, reduce costs, and help keep local hospitals and health centers viable

Increases transparency:

- Requires annual reporting of a hospital's aggregate 340B benefit
- Details how the program money is spent by 340B entities to help their patients and communities
- Ensures that 340B savings continue to be used for patient care



Vote **NO**
on SB 25-124

FAIL

Takes needed funds from Colorado:

- Threatens the \$700 million currently available for charity care and health care services
- Limits access for low-income patients to lifesaving, highly specialized care

Gives money to Big Pharma:

- Places reporting requirements on care providers that are incredibly burdensome
- Will make participation in 340B program untenable
- With fewer communities benefitting from 340B, all savings go back to Big Pharma's pockets

RAC Audits: Improve Efficiency & Decrease Provider Burden



CHA secured major reforms to Colorado's Recovery Audit Contractor (RAC) Program through SB 25-314:

- Set clear limits on how many audits can happen — and include safeguards against overly aggressive tactics
- Shorten how far back auditors can go when reviewing past claims
- Improve accuracy by involving clinical experts in the audit process
- Prevent audits on hospital claims that Medicare already says must be inpatient
- Make audit rules and procedures easier to understand and follow
- Improve communication between auditors and providers
- Give hospitals more opportunities to engage and increase transparency
- Reduce incentives that encourage unnecessary or excessive audits

PASSED



Rural Health: Strengthen Facilities & Communities



Rural hospitals are the economic engines of their communities and are constantly forced to do more with less. 85% of Colorado's rural hospitals provide care without sustainable operating margins.



Your zip code should not determine your health. By providing support for rural hospitals, Colorado can ensure that our rural health care system is strong, available, and sustainable.



CHA-led HB 25-1085 was signed by the governor

- Revises County Hospital Statutes to improve county hospital operations and governance

PASSED





New Laws Impacting Hospitals



cha
Colorado Hospital Association

Response to Federal Uncertainty



EMTALA

SB 25-130 – Aligns state law with EMTALA by requiring emergency facilities to provide non-discriminatory, timely care, and sets standards for patient transfer and discharge



Immigration

SB 25-276 – Expands guardrails for disclosing personal identifying information unless required by state or federal law



Legal Protections for Transgender Individuals

HB 25-1312 – Expands the definition of gender to include chosen name and how an individual chooses to be addressed



Hospital Operations



Pushed to 2026

Antitrust
SB 25-198

Expands notice requirements for mergers, acquisitions, and other material transactions involving hospitals and health care entities

Statute of Limitations
HB 25-1226

Consider legislative changes that determine if patients are receiving timely billing for health care services

Physician Non-competes
SB 25-083

Restricts the use of non-compete agreements for the practice of medicine, APRNs, midwives, and dentistry, and allows providers to disclose information



Increase Consumer Protections



Junk Fees

HB 25-1090

Requires sellers to clearly disclose the total price of goods and services



Price Gouging

HB 25-1010

Creates new protections against price gouging during declared disaster emergencies



Significant Impact

SB 25-157

Eliminates the significant public impact test



Artificial Intelligence

SB 25-318

Would've delayed implementation of SB 24-205 to Jan. 1, 2027 and redefined "high-risk AI"





Regulatory Reform (SB 25-306)

Requires the state Auditor's Office to conduct performance audits in the Colorado Air Pollution Control Division and the Division of Labor Standards and Statistics

Workers' Compensation (HB 25-1300)

Expands patients' choice of doctors in the workers' compensation system

Labor Peace Act (SB 25-005)

Removes the requirement in the Colorado Labor Peace Act that 75% of workers must agree before unions can negotiate union security agreements



Insurance Carrier Oversight and Reform



Electronic Communications

(SB 25-010)

- Allows insurance documents to be shared electronically with patient consent

HAIE Update

(HB 25-1297)

- Increases the fee cap and adjusts how funds are distributed within the Health Insurance Affordability Enterprise

FAIL

Arbitration of Claims

(HB 25-1151)

- Directs DORA to create rules to allow multiple health insurance claims to be grouped together in arbitration

FAIL

EMS Reimbursement

(HB 25-1088)

- Establishes a regulatory framework for ground ambulance service billing to allow political subdivisions to submit rates, sets reimbursement limits for OON, and prohibits balance billing

Medical Necessity

(HB 25-1002)

- Requires insurance plans to offer behavioral health, mental health, and substance use disorder coverage that is medically necessary

Single Payer

(SB 25-045)

- Directs the Colorado School of Public Health to review and analyze proposed legislation to create a single-payer, nonprofit health care system



Care Delivery & Disease Response



Workplace Violence Prevention (SB 25-166)

- Adds a workplace violence metric to HQIP and establishes a stakeholder group

Badging Requirements (SB 25-152)

- Requires practitioners wear a visible badge and communicate their license or certificate upon first patient encounter

14-day Blood Retention (SB 25-273)

- Requires hospitals to retain blood samples for 14 days following a coroner's request

Death Certificates (HB 25-1082)

- Allows PAs and APRNs to complete death certificates

CDPHE Disease Control (HB 25-1027)

- Updates several public health laws related to emergency preparedness, school immunizations, agency reporting, and access to Hep C testing



Behavioral Health Support



Behavioral Health Crisis Response

(SB 25-042)

- Expands support for co-responder teams and mobile crisis units

Voluntary Do Not Sell List

(SB 25-034)

- Creates a voluntary process for individuals to temporarily give up their right to buy a firearm





Building Decarbonization

HB 25-1269

- Sets new building performance standards for 2040 and creates a state-led program to support emissions reduction and energy efficiency



Require Disclosure of Climate Emissions

HB 25-1119

- Requires large companies operating in Colorado with over \$1 billion in annual revenue to publicly report their greenhouse gas emissions

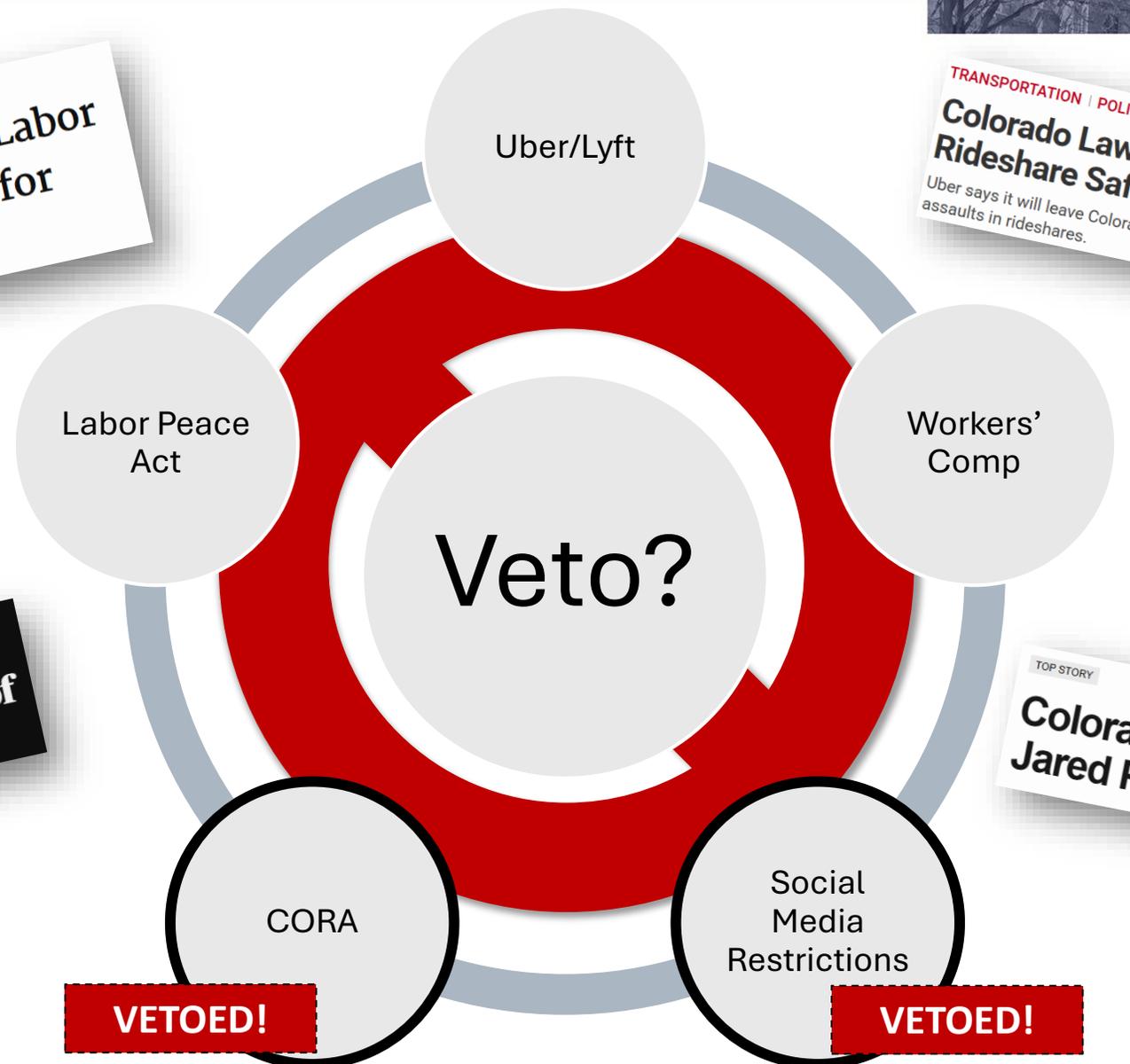
FAIL

Vetoes & Potential Vetoes



NEWS: POLITICS AND GOVERNMENT
Jared Polis plans to veto Labor Peace Act bill, a priority for Colorado unions

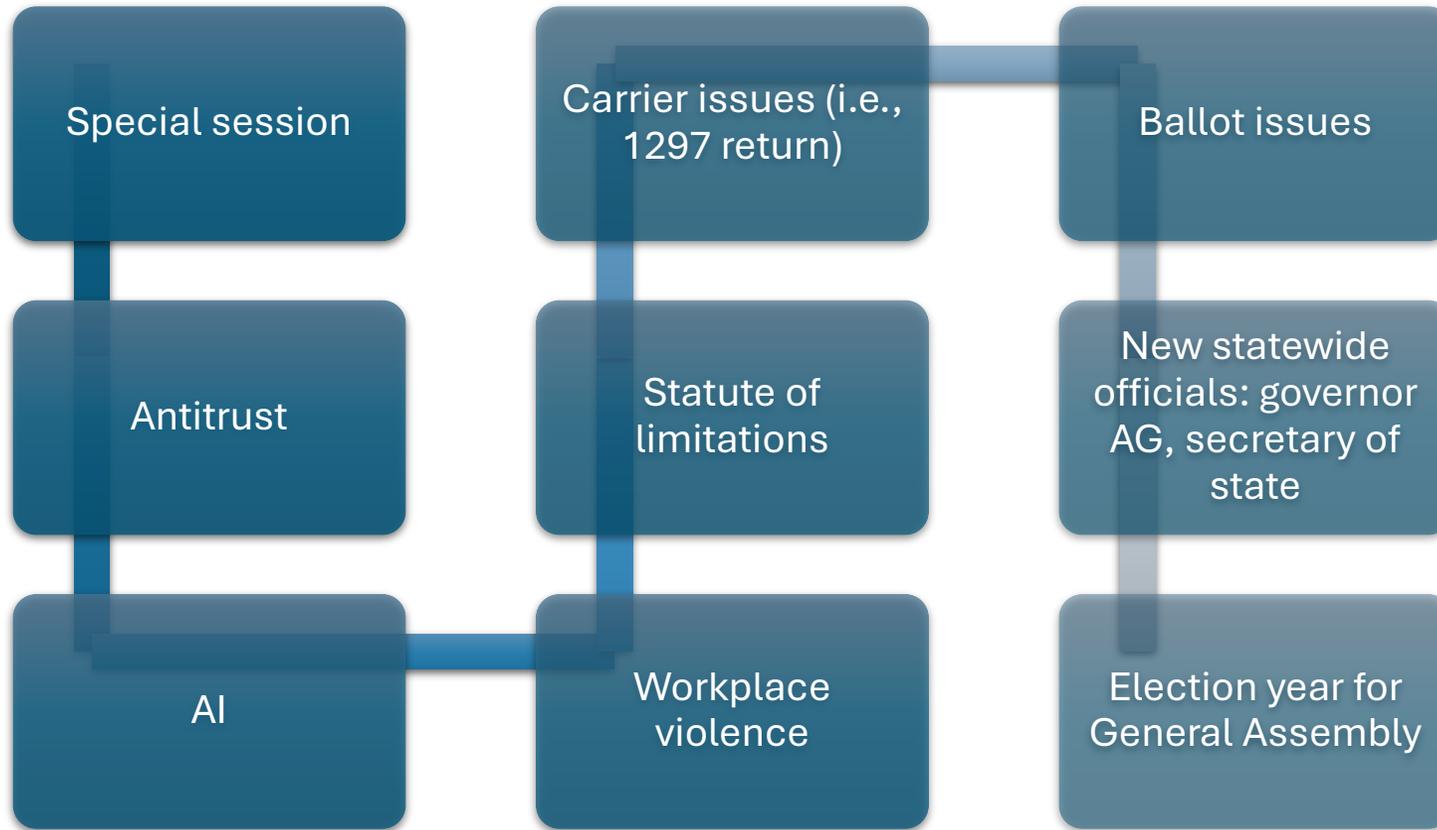
TRANSPORTATION | POLITICS | TECH
Colorado Lawmakers "Beg" Governor to Sign Rideshare Safety Bill Despite Threats From Uber
Uber says it will leave Colorado if the governor doesn't veto a bill intended to help prevent sexual assaults in rideshares.



LOCAL NEWS
Colorado legislature will not vote to overturn Polis's veto of an open records bill

TOP STORY
Colorado Senate overrides Gov. Jared Polis veto of social media bill

What to Expect Heading into 2026



CHA Resources Available to You



Additional Resources:

2025 Annual
Legislative
Report

CHA
Regulatory
Issue Briefs

Hospital
Community
Data
Dashboard are
available at
www.cha.com

Please let us know if you'd like to be added to the monthly CHA Regulatory Update newsletter and call



Interactive Data Dashboards

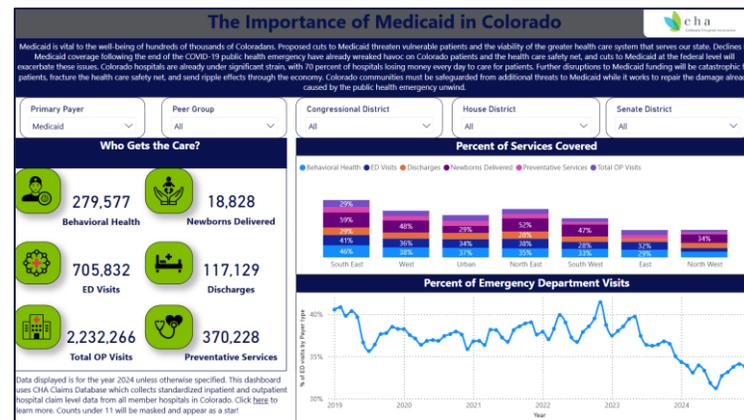
By Hospital

Details on patient visits, payer mix, community support



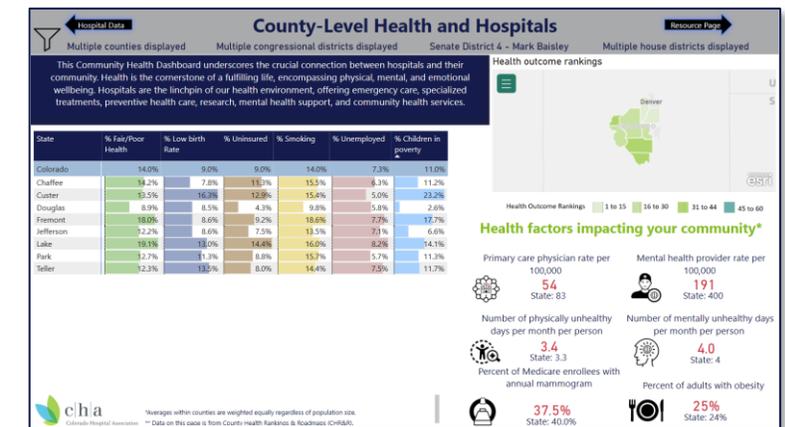
Medicaid Impact

Details on care for patients with Medicaid and uninsured



By Community

Community-level health and health care details



Dashboards are searchable by county, Congressional District, and state House and Senate districts

Questions?

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Bridget Frazier

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Thank You for Your Advocacy & Partnership!





WWW.GUNNISONVALLEYHEALTH.ORG



GUNNISON VALLEY HEALTH

2025-2027 STRATEGIC ACTION PLAN





introduction.

Rural healthcare systems across the United States are experiencing unprecedented financial challenges as reflected by the loss of services provided, hospital closures and the shift from a volume-based to a value-based payment system.

Ultimately, the goal of Gunnison Valley Health (GVH) is to ensure long-term viability of operations for the community in order to follow through on our Mission, Vision and Values.

mission.

The mission of Gunnison Valley Health is to effectively organize and provide quality health care services that improve the health of our community.

vision.

As central to a vibrant, diverse and independent community, Gunnison Valley Health provides sustained, premier care that promotes lifelong health and wellness.

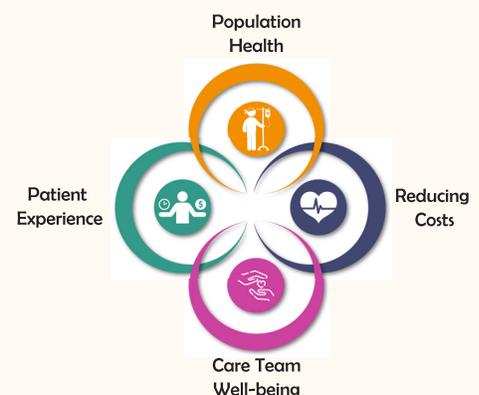
live well. live healthy. live inspired.

values.

I CARE: **integrity. compassion. accountability. respect. excellence.**

It will be imperative to carry out the work of our Mission and Vision in order to achieve the Quadruple Aim:

- Promote care team well-being and achieve top decile engagement.
- Promote a seamless and first-class patient experience and achieve top decile engagement scores.
- Promote the health of our population by providing health care services that meet the needs of our community.
- Reduce healthcare costs to improve the long-term financial viability of GVH and to decrease health care costs for the community.





The 2025 – 2027 Strategic Plan Framework will help Gunnison Valley Health:

- Match the movement toward a value-based system with changes in the payment models to help ensure financial and long-term sustainability.
- Allow us to develop specific, proactive strategies to simultaneously transform the delivery system and payment system while developing community health in an incremental manner.
- Allow us to maintain flexibility to address market timing and uncertainties as well as drive our mission, vision and values.

We will do this by following the premise that **Form Follows Function, Function Follows Finance of Payment**



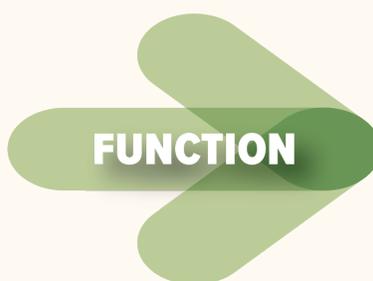
**MACRO-ECONOMIC
PAYMENT SYSTEM**

Government Payers

- Changing from fee for service to population-based payment systems

Private Payers

- Follow government payers
- Steerage to lower cost providers



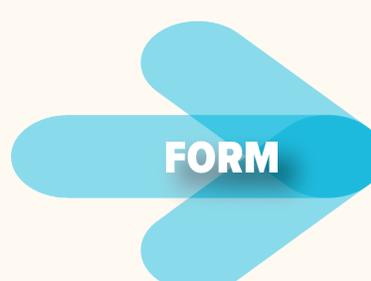
PROVIDER IMPERATIVES

Fee For Service

- Management of price, utilizations and costs

Population-Based Payment System

- Management of care for defined population
- Providers assume insurance risk



PROVIDER ORGANIZATION

Evolution From

- Independent organizations competing with each other for market share based on volume

To

- Aligned organization competing with other aligned organizations for covered lives based on quality and value

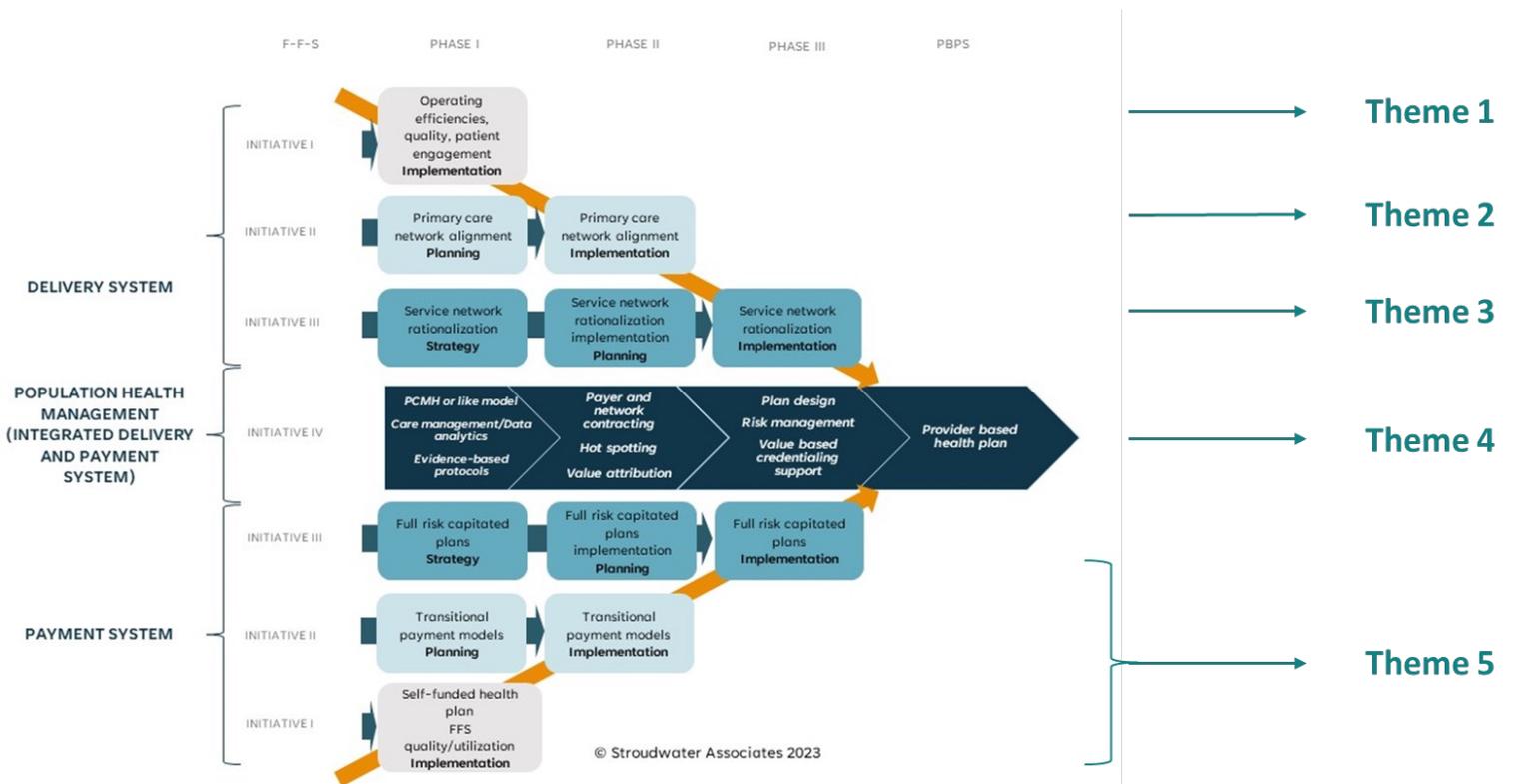
**NETWORK AND CARE
MANAGEMENT ORGANIZATION**

New competencies required

- Network development
- Care management
- Risk contracting
- Risk management



Based on this concept, GVH will stack its strategic initiatives in different phases over the next three years to mark the different phases of transition to Value Based Care as the overall healthcare market moves similarly and to respond to government and commercial payer pressure and changes.





OVERARCHING STRATEGIC THEMES TO ACHIEVE THE VISION

GVH identified the following Strategic Initiatives to ensure success and sustainability as we navigate the next three years through the transition framework in a rapidly changing environment:

theme 1. Organizational Excellence – Perform To Thrive

Drive quality, safety, patient-centered care and financial excellence throughout our organization while identifying new sources of revenue, expanding market share and building on existing revenue streams. Invest in the people of GVH to achieve and strengthen an accountable, quality-focused culture that positions the organization as a provider and workplace of choice.

theme 2. Medical Staff Synergy – Unleash Provider Potential

Further develop and strengthen an integrated medical staff that provides access to a high-quality experience for patients and families, caregivers and healthcare team.

theme 3. Clinical Services Collaboration – Build For The Future

We will strive for appropriate access to specialists, technology and facilities to meet future demand. We will collaborate with like-minded, high-quality providers to serve our community and recognize the value of GVH.

theme 4. Strengthening Community Health – Together In Health

Actively engage in developing a comprehensive population/community health management system that provides access to high-quality “sick care” and a progressive approach to “well care” resulting in improved well-being for the communities served.

theme 5. Transitioning Payment Models – Value For The Valley

While maximizing revenues in the existing payment system, proactively transition from volume-based to value-based payment, including through the optimization of alternative payment models (e.g., ACO).

HEALTHCARE IN THE GUNNISON VALLEY

STRATEGIC PLAN 2025 - 2027



ORGANIZATIONAL EXCELLENCE

Perform to Thrive



MEDICAL STAFF SYNERGY

Unleash Provider Potential



CLINICAL SERVICES COLLABORATION

Build the Future



STRENGTHENING COMMUNITY HEALTH

Together in Health



TRANSITIONING PAYMENT MODELS

Value for the Valley

Strategy

1. Be Epic
2. People first
3. Achieve financial excellence
4. Choose GVH
5. Enable performance excellence to achieve top decile quality, safety and patient experience
6. Develop and implement a GVH housing strategy

Strategy

1. Empower providers via service line structure and performance
2. Align provider incentives with organizational priorities
3. Develop a 5-year medical staff plan

Strategy

1. Build a medical office building to support the future of ambulatory care in the Gunnison Valley
2. Explore additional regional collaboration to bring additional specialty services to the Gunnison Valley
3. Develop a long-term plan for hospital facilities and infrastructure

Strategy

1. Continue efforts and focus on health equity in the Gunnison Valley for Hispanic, Cora and other underserved and under-represented populations
2. Complete 2025 Community Health Needs Assessment and action plan

Strategy

1. Maximize GVH performance in Medicare Accountable Care Organization focusing on increasing lives covered, shared savings and performance metrics and screenings
2. Create valued-based programs for GVH self-insured population
3. Clinically integrated network development for other employers



ORGANIZATIONAL EXCELLENCE

PERFORM TO THRIVE

GOAL: BE EPIC

Fully leverage information technology and digital health innovation to serve the needs of our community.

OVERALL GOAL LEADERS: CEO & CFO

ACTION ITEMS (HIGH – 2025)

- Fully implement EPIC on time and on budget
- Expand the utilization and optimization of data through the strategic use of Epic and other sources to develop a measurement culture grounded in data analytics
- Develop an IT and innovation master plan

ACTION ITEMS (MEDIUM)

- Expand telemedicine and RPM offerings at GVH
- Improve IT expense management and capital planning

GOAL: PEOPLE FIRST

GVH to improve retention and recruitment of staff within the Gunnison Valley.

OVERALL GOAL LEADER: Director of HR

ACTION ITEMS (HIGH – 2025)

- Maintain competitive wages relative to the market via implementation of Gallagher survey results
- Decrease utilization and costs of travelers
- Improve staff retention throughout GVH
- Fill key positions vital to the GVH Mission

ACTION ITEMS (MEDIUM)

- Partner with WCU to develop a pipeline of clinical recruits
- Optimize marketing of the Gunnison Valley lifestyle to potential recruits
- Utilize the GVH leadership academy to facilitate a mindset of organizational performance excellence

ACTION ITEMS (LOW)

- Grow the Medical Pathways development program to develop a pipeline of potential clinical recruits by fostering relationships with high schools, colleges, junior colleges and the community

GOAL: PEOPLE FIRST

Develop and implement a GVH housing strategy that meets the traditional and longer-term housing needs for staffing.

OVERALL GOAL LEADER: VP of Operations

ACTION ITEMS (HIGH – 2025)

- Identify, engage and align with community and private partners to pursue potential staff housing developments
- Update GVH Housing Strategic Plan

ACTION ITEMS (MEDIUM)

- Explore year two housing stipends
- Assist staff in identifying potential existing housing throughout the community

GOAL: FINANCIAL EXCELLENCE

Optimize revenue cycle management operations and sustain improvements for the long term.

OVERALL GOAL LEADER: CFO

ACTION ITEMS (HIGH – 2025)

- Improve the understanding of revenue cycle performance across the organization by creating a measurement culture via the deployment of a revenue cycle KPI dashboard
- Improve front-end processes and operations, focusing on accurate registrations and an effective denials management strategy and operations
- Create and establish the GVH Revenue Cycle Committee that will meet weekly
- Deploy systems to achieve days in Net A/R of less than 45 days while decreasing contractual allowances, bad debt and charity care to 30% of gross revenue
- Review, categorize and renegotiate payor contracts to optimize payment terms for GVH and hold payors accountable for current contract performance

ACTION ITEMS (MEDIUM)

- Develop two-way continuous communication dialogue between the revenue cycle team, practice managers and providers in order to discuss issues regarding coding and billing in real time
- Establish a bi-annual to real time process to review/update the GVH chargemaster



ORGANIZATIONAL EXCELLENCE

PERFORM TO THRIVE

GOAL: FINANCIAL EXCELLENCE

Develop systems, processes, and operations management functions to ensure the long-term financial stability of GVH.

OVERALL GOAL LEADER: CFO

ACTION ITEMS (HIGH – 2025)

- Enhance and further develop expense and revenue management capabilities of the GVH leadership team via the quarterly business review (QBR) process
- Improve the understanding of revenue cycle performance across the organization by creating a measurement culture via the deployment of a revenue cycle KPI dashboard
- Implement cost report improvements (provider professional time, bad debt, ED standby time, etc.)
- Actively invest in, pursue and improve revenue opportunities within GVH's 340B program
- Enhance organizational wide performance on expense management including supply chain costs, salary and benefit expenses

ACTION ITEMS (MEDIUM)

- Develop a long-term capital investment strategy
- Continue to improve financial performance of the GVH Senior Care Center to cover the cost of depreciation
- Develop productivity benchmarks for staffing
- Develop a plan for long-term financial success of the Alpine Ambulatory Surgery Center

ACTION ITEMS (LOW)

- Develop a collaborative fundraising plan with the GVH Foundation

GOAL: CHOOSE GVH

Develop, expand and maintain GVH service lines to increase patient utilization of services and improve market share.

OVERALL GOAL LEADERS: CNO & VP of Community Health & Development

ACTION ITEMS (HIGH – 2025)

- Execute GVH swing bed growth strategy
- Increase level of acuity of care that GVH can safely keep as an inpatient
- Grow hospital outpatient surgery volumes and sub-specialty surgical care
- Increase market capture of ancillary volumes (lab, imaging, rehabilitation services)

ACTION ITEMS (MEDIUM)

- Identify opportunities to consolidate and expand north valley service offerings
- Review internal GVH referral flow from GVH medical staff to ensure we are providing the right access to services
- Develop a comprehensive communication strategy to engage with the community about services that GVH provides and other current efforts and initiatives

GOAL: TOP-TIER PERFORMANCE

Achieve top decile performance in quality, safety and patient engagement scores.

OVERALL GOAL LEADERS: CMO & CNO

ACTION ITEMS (HIGH – 2025)

- Continue the development of the GVH Lean Transformation Program

ACTION ITEMS (MEDIUM)

- Continue the development of the GVH quality structure via Board Quality and Outcomes Committee and GVH Leadership Quality and Patient Safety Council
- Maintain organizational survey readiness and compliance status
- Implement national best practices as suggested by ARHQ, IHI, NAHQ and like organizations to improve care processes

ACTION ITEMS (LOW)

- Evaluate GVH's opportunity to achieve Pathways To Excellence and/or Baldrige recognition



MEDICAL STAFF SYNERGY

UNLEASH PROVIDER POTENTIAL

GOAL: MEDICAL STAFF

ALIGNMENT

Enhance provider alignment to further develop an integrated high performing medical staff.

OVERALL GOAL LEADERS: CEO & VP of Community Health & Development

ACTION ITEMS (HIGH – 2025)

- Identify and hire a Primary Care Medical Director
- Improve alignment with other local primary care practices
- Utilize the service line model to partner with providers to engage in conversations about quality, service, financial and growth metrics

- Implement the Stroudwater optimization plan
- Develop a provider compensation methodology and resulting contracts to align providers around organizational priorities and performance

ACTION ITEMS (MEDIUM)

- Develop and implement a physician leadership/ medical director training program or academy
- Develop a five-year medical staff plan to ensure GVH is prepared for the future with the correct complement of providers



CLINICAL SERVICES COLLABORATION

BUILD THE FUTURE

GOAL: STRATEGIC INFRASTRUCTURE

Develop and implement a facility building plan to support long-term strategic operations and growth of services for the greater community.

OVERALL GOAL LEADER: VP of Operations

ACTION ITEMS (HIGH – 2025)

- Finalize a plan for a consolidated medical office building in Gunnison, and possibly in the North Valley, by obtaining board approval for financing and engaging in the design process

ACTION ITEMS (LOW)

- Develop a long-term plan for hospital facilities and infrastructure for acute care on the current campus

GOAL: STRENGTH IN PARTNERSHIP

Explore opportunities for mutually beneficial relationships with tertiary, regional, and peer providers along the Western Slope and beyond.

OVERALL GOAL LEADER: VP of Operations & CEO

ACTION ITEMS (HIGH – 2025)

- Improve access to specialists through collaboration with other organizations, either in person or through telehealth

ACTION ITEMS (MEDIUM)

- Identify areas where the GVH community could benefit from the scale or resources by collaborating with other organizations
- Evaluate opportunities with regional providers to develop high value, mutually beneficial relationships that would benefit our service area, while maintaining GVH autonomy and flexibility to refer patients where appropriate



STRENGTHENING COMMUNITY HEALTH TOGETHER IN HEALTH

GOAL: IMPROVE HEALTH EQUITY

Improve health equity across the service area.

OVERALL GOAL LEADERS: VP of Community Health & Development & Marketing & Communications Director

ACTION ITEMS (MEDIUM)

- Continue to develop and refine the GVH health equity strategy to engage with immigrant, CORA, Hispanic or other underserved and under-represented communities in the Gunnison Valley
- Document GVH's commitment to health equity and report on multiple domains such as: equity as a strategic priority, data collection, data analysis, quality improvement, leadership identification of areas where the GVH community could benefit from the scale or resources by collaborating with other organizations

GOAL: BETTER HEALTH TOGETHER

Improve community health.

OVERALL GOAL LEADERS: VP of Community Health & Development & Marketing & Communications Director

ACTION ITEMS (HIGH - 2025)

- Develop the 2025 – 2028 Community Health Needs Assessment and utilize data to address true community health needs
- Develop and refine the strategic plan to address mental health needs within our service area

ACTION ITEMS (MEDIUM)

- Identify and expand community outreach programs with a goal of improving community health (nutrition, smoking cessation, diabetes management)
- Develop a KPI dashboard that shows progress towards community wellness initiatives and overall community health

ACTION ITEMS (LOW)

- Ensure capture of social drivers of health data to inform community needs





TRANSITIONING PAYMENT MODELS

VALUE FOR THE VALLEY

GOAL: SMART, ACCOUNTABLE CARE

Optimize participation in an accountable care organization (ACO).

OVERALL GOAL LEADER: VP of Community Health & Development

ACTION ITEMS (HIGH – 2025)

- Enhance performance in GVH's ACO
- Grow attributed lives in the Medicare ACO

ACTION ITEMS (LOW)

- Evaluate value-based payment opportunities for Medicare Advantage and other commercial plans

GOAL: SUSTAINABLE PAYMENT STRATEGIES

Optimize fee for service payment systems through proactive community engagement.

OVERALL GOAL LEADER: VP of Community Health & Development

ACTION ITEMS (HIGH – 2025)

- Maximize incentives and payments for health-related activity (well child visits, health physicals,

annual women's visits and appropriate screenings) through an organized approach including telemedicine initiatives

ACTION ITEMS (MEDIUM)

- Develop a focused Chronic Care Management Program

GOAL: MAXIMIZING PLAN VALUE

Maximize performance of self-insured plan.

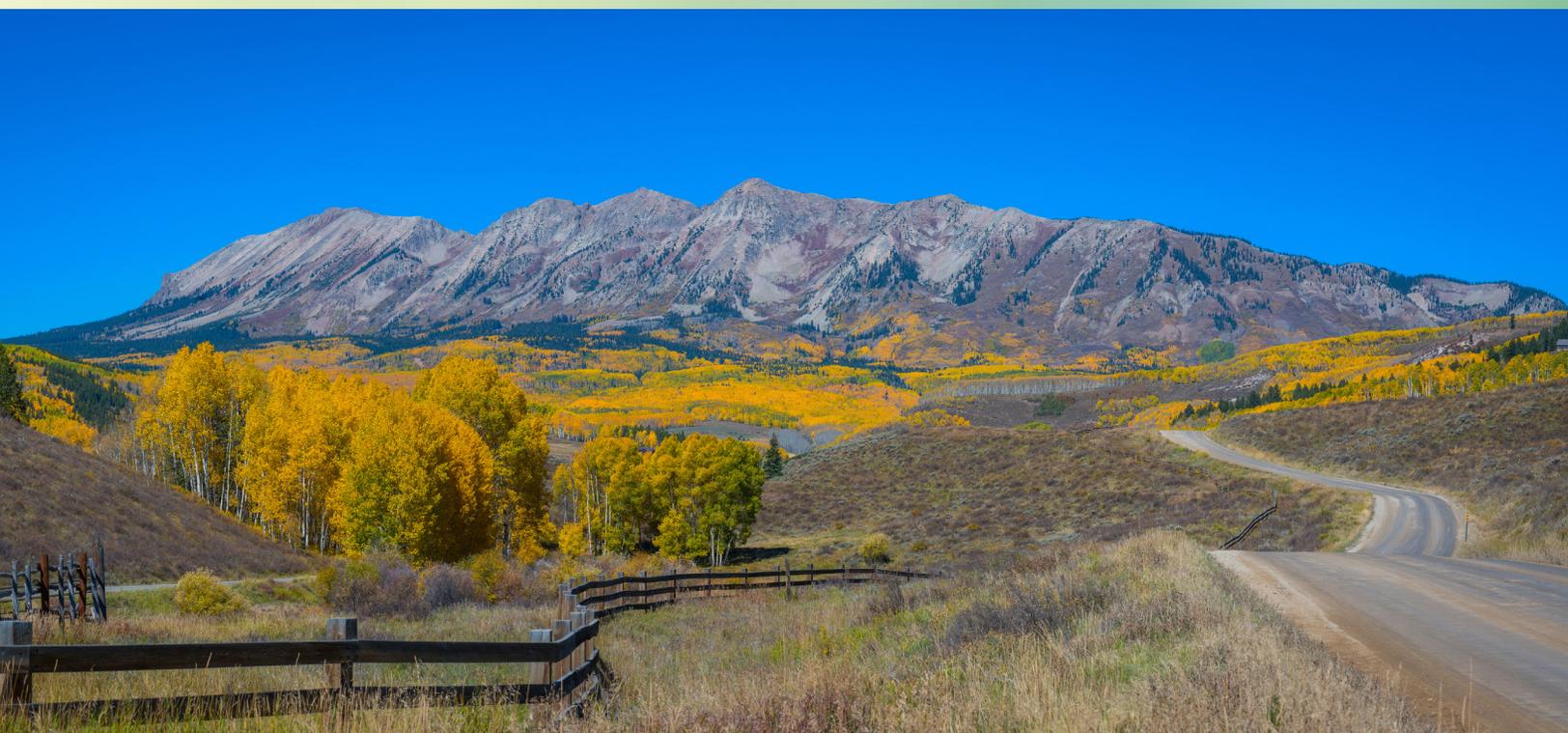
OVERALL GOAL LEADER: Director of HR

ACTION ITEMS (HIGH – 2025)

- Work with broker to review employee health plan claims to identify opportunities to improve employee health and reduce claim expenditures

ACTION ITEMS (LOW)

- Redesign health plan to provide incentives for healthy behavior, disincentives for unhealthy behaviors and to reduce out-migration





GUNNISON VALLEY HEALTH

Y O U ' R E I N V I T E D



5 T H A N N U A L G A L A

Tuesday, July 1

5 to 10 pm

Almont Resort

Peter Mickelson, Executive Chef

Live Auction

Raising funds to ensure our rural community has access to local high-quality healthcare.

Boogie Machine

70's disco tribute band

Glamorous and glitzy attire

is encouraged, but optional

To purchase tickets or to become a sponsor please visit
GunnisonValleyHealth.org/Foundation/Annual-Gala
or contact Tammy Scott | tscott@gvh-colorado.org | 970.642.8406



GUNNISON VALLEY HEALTH
FOUNDATION





MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

1. EXECUTIVE SUMMARY

The Month of April financial performance demonstrated:

- Gross Revenue **better than** budget by **9.2%**
- Net Revenue being **better than** budget by **7.2%**

Year To Date (YTD) performance demonstrated:

- Gross Revenue was **better than** budget by **5.1%**
- Net Revenue was **better than** budget **0.8%**

EXPENSES:

- **Worse than** budget during April by **(4.5%)** and **better than** budget by **1.8%** YTD.

OPERATING INCOME/(LOSS):

- April's loss was **better than** budget by **34.5%**. For the year, income was **better than** budget by **120.7%**.

NON-OPERATING REVENUE:

- It was **better than** budget by **163.3%** for the month, and **167.5% better than** budget YTD.
 - This is mainly due to Foundation donations for the EMS and EHR projects.

NET INCOME:

- It was **better than** the budget by **269%** for the month and **732% better than** the YTD budget.
- The result was a net income for the month of **\$416k**, bringing the overall YTD Net Income to **\$3.0m** or **9.04%**, GVH (including ASC) **\$3.2m** and SCC (**\$155k**).

Health System	APR 2025 Actual	APR 2025 Budget	VAR \$	VAR %	FY2025 Actual	FY2025 Budget	VAR \$	VAR %
Gross Revenue	14,424,234	13,213,584	1,210,650	9.2%	58,710,916	55,883,577	2,827,339	5.1%
Net Revenue	8,361,667	7,802,775	558,891	7.2%	33,230,001	32,969,194	260,808	0.8%
Contractual Adj. %	44.9%	42.9%	-2.0%	-4.7%	46.1%	43.2%	-3.0%	-6.9%
Expenses	8,714,142	8,341,269	(372,873)	-4.5%	33,083,810	33,676,358	592,548	1.8%
EBITDA - Debt Service	514,658	141,869	372,789	262.8%	3,403,424	2,016,278	1,387,146	68.8%
Operating Income/(Loss)	(352,475)	(538,493)	186,018	34.5%	146,192	(707,164)	853,356	120.7%
Non-Operating Revenue	768,946	292,024	476,922	163.3%	2,857,084	1,068,248	1,788,836	167.5%
Net Income	416,471	(246,470)	662,941	269.0%	3,003,275	361,084	2,642,192	731.7%



GUNNISON VALLEY HEALTH

MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Comparative Financial Results
 Gunnison Valley Health (GVH/SCC/ASC)
 April 2025 YTD

Net Revenues	Actual	Budget	Prior Year	Var to Budget	% Var to Budget	Var to PY	% Var to PY
Patient Revenue	31,618,110	31,754,144	27,169,956	(136,034)	-0.4%	4,448,154	16.4%
Other Operating Revenue	1,611,892	1,215,050	1,089,676	396,842	32.7%	522,216	47.9%
Total Operating Revenue	33,230,001	32,969,194	28,259,632	260,808	0.8%	4,970,370	17.6%
Expenses							
Salaries, Contract Labor and Benefits	19,932,988	20,616,202	16,828,460	(683,214)	-3.3%	3,104,529	18.4%
Supplies	4,339,392	4,492,174	4,042,908	(152,782)	-3.4%	296,484	7.3%
Purchase Services & Other Expenses	6,121,913	6,412,256	5,081,570	(290,343)	-4.5%	1,040,342	20.5%
Total Operating Expense before Capital	30,394,294	31,520,632	25,952,938	(1,126,338)	-3.6%	4,441,355	17.1%
Earnings Before Depreciation, Interest, and Amortization (EBITDA)	2,835,708	1,448,562	2,306,693	1,387,146	95.8%	529,014	22.9%
EBITDA - Debt Service	3,403,424	2,016,278	2,873,201	1,387,146	68.8%	530,223	18.5%
EBITDA Margin %	8.5%	4.4%	8.2%	4.1%		0.4%	
Depreciation and Amortization	2,052,632	1,979,312	1,624,572	73,320	3.7%	428,060	26.3%
Interest Expense	636,884	176,414	187,841	460,470	261.0%	449,043	239.1%
Total Operating Expense	33,083,810	33,676,358	27,765,351	(592,548)	-1.8%	5,318,459	19.2%
Operating Income	146,192	(707,164)	494,281	853,356	-120.7%	(348,089)	-70.4%
Operating Margin %	0.4%	-2.1%	1.7%	2.6%		-1.3%	
Investment Income	963,824	578,852	421,446	384,972	66.5%	542,378	128.7%
Other Income and Expenses	1,893,259	489,396	603,702	1,403,864	286.9%	1,289,558	213.6%
Net Income	3,003,275	361,084	1,519,429	2,642,192	731.7%	1,483,847	97.7%
Net Margin %	9.0%	1.1%	5.4%	7.9%		3.7%	



GUNNISON VALLEY HEALTH

MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Comparative Financial Results
 Gunnison Valley Hospital (Including ASC)
 April 2025 YTD

Net Revenues	Actual	Budget	Prior Year	Var to Budget	% Var to Budget	Var to PY	% Var to PY
Patient Revenue	29,504,210	29,972,771	25,516,482	(468,561)	-1.6%	3,987,727	15.6%
Other Operating Revenue	1,505,865	1,119,175	992,963	386,690	34.6%	512,901	51.7%
Total Operating Revenue	31,010,074	31,091,945	26,509,445	(81,871)	-0.3%	4,500,629	17.0%
Expenses							
Salaries, Contract Labor and Benefits	18,216,739	18,415,124	15,153,126	(198,385)	-1.1%	3,063,612	20.2%
Supplies	4,166,917	4,307,465	3,889,167	(140,548)	-3.3%	277,750	7.1%
Purchase Services & Other Expenses	5,803,425	6,053,972	4,764,610	(250,548)	-4.1%	1,038,815	21.8%
Total Operating Expense before Capital	28,187,081	28,776,561	23,806,904	(589,481)	-2.0%	4,380,177	18.4%
Earnings Before Depreciation, Interest, and Amortization (EBITDA)	2,822,994	2,315,384	2,702,542	507,609	21.9%	120,452	4.5%
EBITDA - Debt Service	2,945,978	2,438,368	2,825,264	507,609	20.8%	120,714	4.3%
EBITDA Margin %	9.1%	7.4%	10.2%	1.7%		-1.1%	
Depreciation and Amortization	1,465,748	1,389,068	1,030,466	76,680	5.5%	435,282	42.2%
Interest Expense	508,101	47,631	50,870	460,470	966.7%	457,231	898.8%
Total Operating Expense	30,160,929	30,213,260	24,888,240	(52,331)	-0.2%	5,272,690	21.2%
Operating Income	849,145	878,685	1,621,206	(29,541)	-3.4%	(772,061)	-47.6%
Operating Margin %	2.7%	2.8%	6.1%	-0.1%		-3.4%	
Investment Income	948,682	554,455	397,095	394,227	71.1%	551,587	138.9%
Other Income and Expenses	1,360,288	(7,008)	135,037	1,367,296	-19510.1%	1,225,251	907.3%
Net Income	3,158,115	1,426,132	2,153,338	1,731,983	121.4%	1,004,777	46.7%
Net Margin %	10.2%	4.6%	8.1%	5.6%		2.1%	



GUNNISON VALLEY HEALTH

MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Comparative Financial Results
Gunnison Living Community
April 2025 YTD

Net Revenues	Actual	Budget	Prior Year	Var to Budget	% Var to Budget	Var to PY	% Var to PY
Patient Revenue	2,113,900	1,781,373	1,653,473	332,527	18.7%	460,427	27.8%
Other Operating Revenue	106,027	95,875	96,713	10,153	10.6%	9,314	9.6%
Total Operating Revenue	2,219,927	1,877,248	1,750,187	342,679	18.3%	469,741	26.8%
Expenses							
Salaries, Contract Labor and Benefits	1,716,250	2,201,078	1,675,333	(484,829)	-22.0%	40,916	2.4%
Supplies	172,475	184,709	153,741	(12,234)	-6.6%	18,734	12.2%
Purchase Services & Other Expenses	318,488	358,283	316,960	(39,795)	-11.1%	1,528	0.5%
Total Operating Expense before Capital	2,207,213	2,744,071	2,146,035	(536,858)	-19.6%	61,178	2.9%
Earnings Before Depreciation, Interest, and Amortization (EBITDA)	12,714	(866,823)	(395,848)	879,537	-101.5%	408,562	-103.2%
EBITDA - Debt Service	457,446	(422,091)	47,937	879,537	-208.4%	409,509	854.3%
EBITDA Margin %	0.6%	-46.2%	-22.6%	46.7%		23.2%	
Depreciation and Amortization	586,884	590,244	594,106	(3,360)	-0.6%	(7,221)	-1.2%
Interest Expense	128,783	128,783	136,971	0	0.0%	(8,188)	-6.0%
Total Operating Expense	2,922,881	3,463,098	2,877,112	(540,217)	-15.6%	45,769	1.6%
Operating Income	(702,953)	(1,585,850)	(1,126,925)	882,897	-55.7%	423,972	-37.6%
Operating Margin %	-31.7%	-84.5%	-64.4%	52.8%		32.7%	
Investment Income	15,142	24,398	24,352	(9,255)	-37.9%	(9,209)	-37.8%
Other Income and Expenses	532,971	496,404	468,664	36,567	7.4%	64,307	13.7%
Net Income	(154,840)	(1,065,048)	(633,909)	910,209	-85.5%	479,069	-75.6%
Net Margin %	-7.0%	-56.7%	-36.2%	49.8%		29.2%	

Comparative Financial Results
Foundation
April 2025 YTD

	Actual	Budget	Prior Year	Var to Budget	% Var to Budget	Var to PY	% Var to PY
Investment Income	63,903	12,200	68,460	51,703	423.80%	(4,557)	(6.7%)
Donations/Grants	624,314	205,400	236,955	418,914	203.95%	387,359	163.47%
Other Expense	(1,642,593)	(493,568)	(235,123)	(1,149,025)	(232.8%)	(1,407,470)	(598.6%)
Net Income	(954,376)	(275,968)	70,292	(678,408)	245.83%	(1,024,668)	(1457.7%)



MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Gunnison Valley Health
Volume Indicators
April 2025 YTD

Year-to-Date	Actual	Budget	Prior Year	Var to Bud	% Var to Bud	Var to PY	% Var to PY
Admissions							
Med/Surg	142	158	158	(16)	(10.1%)	(16)	(10.1%)
OB/Births	30	47	45	(17)	(36.2%)	(15)	(33.3%)
Observation	266	177	204	89	50.0%	62	30.4%
Swing Bed	23	17	22	6	35.3%	1	4.5%
Patient Days							
Med/Surg	438	533	512	(95)	(17.9%)	(74)	(14.5%)
OB/Births	61	74	74	(13)	(17.6%)	(13)	(17.6%)
Observation	241	180	196	61	34.0%	45	22.7%
Swing Bed	307	226	274	81	35.8%	33	12.0%
Average Daily Census							
Med/Surg	1.8	2.2	2.1	(0.4)	(17.9%)	(0.3)	(14.5%)
OB/Births	0.5	0.6	0.6	(0.1)	(17.6%)	(0.1)	(17.6%)
Observation	2.0	1.5	1.6	0.5	34.0%	0.4	22.7%
Swing Bed	2.6	1.9	2.3	0.7	35.8%	0.3	12.0%
Case Mix Index	0.7957		0.8861			(0.090)	(10.2%)
Surgeries							
Surgery - Inpatient	80	82	76	(2)	(2.1%)	4	5.3%
Surgery - Outpatient	249	257	229	(8)	(3.0%)	20	8.7%
Surgeries - Total (less Scope)	329	338	305	(9)	(2.8%)	24	7.9%
Scopes (IP/OP)	242	212	212	30	14.2%	30	14.2%
General (IP/OP)	54	69	68	(15)	(21.7%)	(14)	(20.6%)
Ortho (IP/OP)	224	199	198	25	12.7%	26	13.1%
OB/GYN (IP/OP)	28	30	28	(2)	(6.6%)	-	0.0%
Urology (IP/OP)	6	11	4	(5)	(46.7%)	2	50.0%
ENT (IP/OP)	0	6	6	(6)	(100.0%)	(6)	(100.0%)
Cataract (OP)	17	24	1	(7)	(29.2%)	16	1600.0%
ASC Surgeries	39	40	0	(1)	(2.5%)		



MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Gunnison Valley Health
Volume Indicators
April 2025 YTD

Year-to-Date	Actual	Budget	Prior Year	Var to Bud	% Var to Bud	Var to PY	% Var to PY
ER Visits							
ER Visits	2,099	1,888	1,888	211	11.2%	211	11.2%
ER Admissions	33	40	40	(7)	(17.5%)	(7)	(17.5%)
ER Conversion Factor	1.6%	2.1%	2.1%	-0.5%	(25.8%)	-0.5%	(25.8%)
Clinic and Ancillary							
Family Medicine Clinic Visits	8,406	10,331	4,419	(1925)	(18.6%)	3,987	90.2%
CB Mtn Clinic Visits	1,491	1,555	1,498	(64)	(4.1%)	(7)	(0.5%)
Urgent Care Clinic Visits	2,048	1,553	1,700	495	31.9%	348	20.5%
Outpatient visits*	24,674	22,401	22,268	2,273	10.1%	2,406	10.8%
EMS Billable Trips	291	218	247	73	33.3%	44	17.8%
Rehab Billable Modalities	15,347	13,762	14,517	1,585	11.5%	830	5.7%
Lab Exams	40,781	37,287	36,846	3,494	9.4%	3,935	10.7%
Cardiopulmonary Exams	3,068	3,004	2,847	64	2.1%	221	7.8%
Radiology Exams	9,272	8,032	7,952	1,240	15.4%	1,320	16.6%
Gunnison Living Community							
SCC Patient Days	4,188	3,851	3,307	337	8.8%	881	26.6%
Assisted Living Patient Days	2,337	1,875	1,807	462	24.7%	530	29.3%
Hospice Patient Days	174	370	413	(196)	(53.0%)	(239)	(57.9%)
Home Health Census	103	114	114	(11)	(9.9%)	(11)	(9.6%)

*Includes RT, EKG, Imaging, Lab, PT, OT, ST, Oncology, Cardiovascular, Sleep Therapy



GUNNISON VALLEY HEALTH

MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

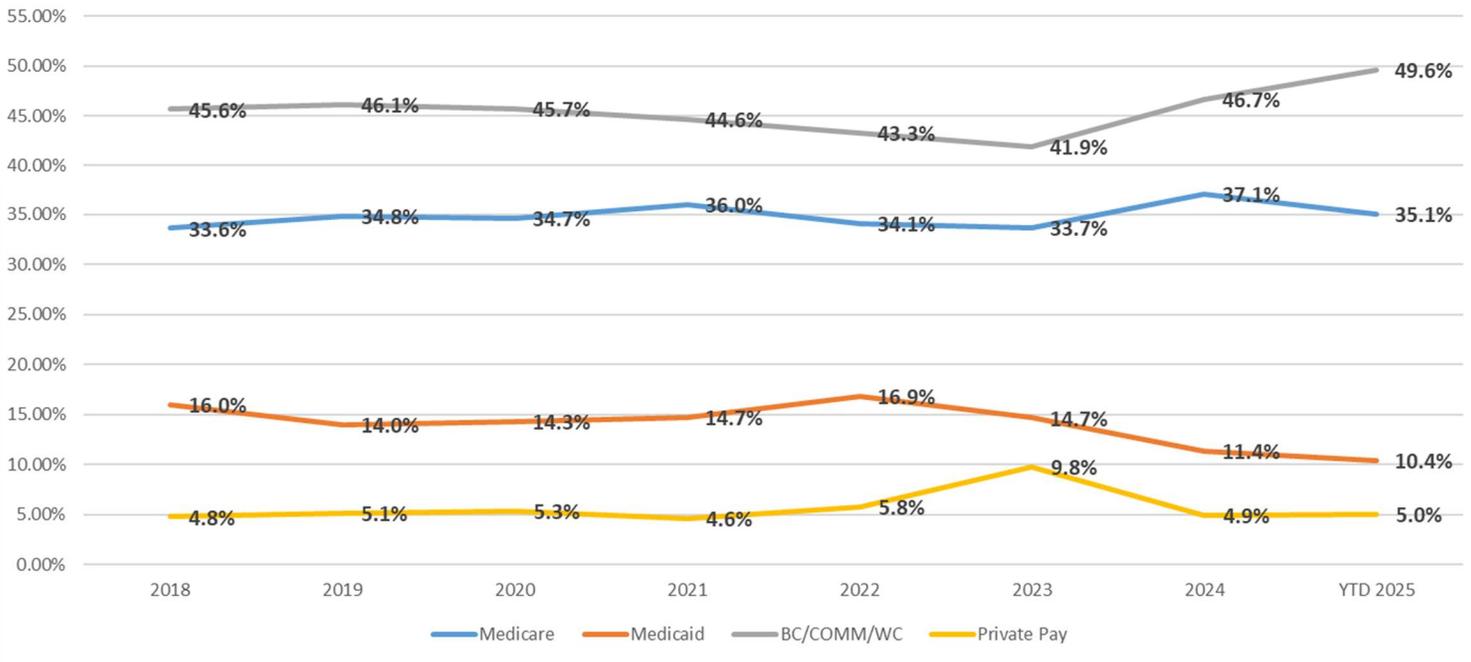
Comparative Net Patient Margin
 Gunnison Valley Health
 April 2025 YTD

	Actual	Budget	Prior Year	Var to Budget	% Var to Budget	Var to PY	% Var to PY
Gunnison Valley Hospital							
Total Patient Revenue	54,987,164	52,984,304	35,667,844	2,002,860	3.8%	19,319,320	54.2%
Net Revenue	29,007,291	29,527,213	19,390,813	(519,922)	(1.8.%)	9,616,478	49.6%
<i>Net Patient Revenue Margin</i>	52.8%	55.7%	54.4%	-3.0%	(5.3.%)	-1.6%	(3.0.%)
Gunnison Living Community							
Senior Care Center	1,962,620	1,776,600	5,178,614	186,020	10.5%	(3,215,994)	(62.1.%)
Hospice/Home Health	158,390	82,862	615,653	75,528	91.1%	(457,263)	(74.3.%)
Assisted Living	271,521	225,261	661,397	46,260	20.5%	(389,876)	(58.9.%)
Total Patient Revenue	2,392,531	2,084,723	6,455,664	307,808	14.8%	(4,063,133)	(195.3.%)
Net Revenue	2,113,898	1,781,371	5,554,140	332,527	18.7%	(3,440,242)	(61.9.%)
<i>Net Patient Revenue Margin</i>	88.4%	85.4%	86.0%	2.9%	3.4%	2.3%	2.7%
Key Metrics							
Revenue by APD	13,244	6,817	4,732	6,426	94.3%	8,512	179.9%
Expense by APD	7,174	3,834	2,449	3,339	87.1%	4,725	192.9%
Days Cash on Hand	157	195	230	(38)	(19.5.%)	(73)	(31.7.%)
Cash (millions)	39.8		48.5				
Debt Service Coverage Ratio	5.94	4.50	5.15	1.44	32.0%	0.79	15.3%
GVH Encounters	18,114	14,276	14,276	3,838	26.9%	3,838	26.9%
Adjusted Patient Days	4,152	7,772	7,538	(3,620)	(46.6.%)	(3,386)	(44.9.%)
GVH Cash Collected % of Net Rev	77.5%		100.9%			(0.23)	(23.2.%)
Salaries & Benefits as % Net Revenue	59.3%	59.6%	54.4%	-0.2%	(0.4.%)	0.05	9.1%
Supplies as % Net Revenue	13.2%	13.7%	14.8%	-0.5%	(3.8.%)	(0.02)	(10.8.%)



MONTHLY FINANCIAL SUMMARY - April 2025 & YTD

Gunnison Valley Hospital - CPSI Payer Mix Trend



Payer	Apr-25	Apr-24	Change	YTD 2025	YTD 2024	Change
Medicare	34.0%	37.1%	-3.1%	35.1%	33.0%	2.1%
Medicaid	10.6%	12.5%	-1.8%	10.4%	11.9%	-1.5%
Blue Cross	11.8%	12.9%	-1.0%	12.6%	15.4%	-2.8%
Commercial	36.7%	32.8%	4.0%	34.9%	33.0%	1.9%
Work Comp	0.9%	1.3%	-0.4%	2.0%	1.6%	0.4%
Private Pay	5.9%	3.5%	2.5%	5.0%	5.2%	-0.2%
	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%